

SECTION 404 (2) (1) (ii)
PERFORMANCE INDICATOR
REPORTING REQUIREMENTS
FY 2004

The Michigan Mission Based Performance Indicator System (version 1.0) was first implemented in FY'97. That original set of indicators reflected nine months of work by more than 90 consumers, advocates, CMHSP staff, MDCH staff and others. The original purposes for the development of the system remain. Those purposes include:

1. To clearly delineate the dimensions of quality that must be addressed by the Public Mental Health System as reflected in the Mission statements from Delivering the Promise and the needs and concerns expressed by consumers and the citizens of Michigan. Those domains are: ACCESS, EFFICIENCY, and OUTCOME.
2. To develop a state-wide aggregate status report to address issues of public accountability for the public mental health system (including appropriation boilerplate requirements of the legislature, legal commitments under the Michigan Mental Health Code, etc.)
3. To provide a data-based mechanism to assist MDCH in the management of CMHSP contracts that would impact the quality of the service delivery system statewide.
4. To the extent possible, facilitate the development and implementation of local quality improvement systems; and
5. To link with existing health care planning efforts and to establish a foundation for future quality improvement monitoring within a managed health care system for the consumers of public mental health services in the state of Michigan.

Version 5.0 of the indicator system contains both revised and new measures of CMHSP performance. Existing indicators 1, 5, and 8 have been modified and now will be reported by sub-population, i.e., children with serious emotional disturbance (SED) and all other persons. Of the eight new indicators added to the system, more than half focus on children. These measures address issues such as enrollment in the Early On program, the collection and reporting of Child and Adolescent Functional Assessment Scale (CAFAS) scores, and the provision of services beyond respite care to children with developmental disabilities. For the first time, the indicator system will contain measures reflecting the domain of adequacy and appropriateness of care. Two National Association of State Mental Health Program Directors (NASMHPD) core indicators dealing with the use of atypical anti-psychotic medications have been added. A third NASMHPD core indicator, the percentage of expenditures spent on administrative functions, also has been adopted as a measure of the efficiency of plan administration.

All of the indicators here are measures of CMHSP performance, rather than affiliation performance. Therefore, performance indicators should be reported by the CMHSP/affiliate.

Due Dates for Performance Indicators (except Table #13, Sentinel Events):

<u>Reporting Periods:</u>	<u>Due Dates:</u>
10/01/04 - 12/31/04	January 31, 2005
01/01/05 - 03/31/05	April 30, 2005
04/01/05 - 06/30/05	July 31, 2005
07/01/05 - 09/30/05	October 31, 2005
10/01/05 - 12/31/05	January 31, 2006

**FY'2003-05 QUALITY MANAGEMENT MEASURES
by Type of Measure and Dimension of Quality**

Type of Measures

Dimension of Quality

I	Compliance Indicator	A.	Access
II	Quality Improvement Indicator	B.	Efficiency
III	Monitoring Measure	C.	Outcome
		D.	Quality & Appropriateness

I. Compliance Indicators

A. ACCESS

1. The percentage of children with SED and the percentage of all other persons receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours
Standard: 95%
2. The percentage of persons receiving a face-to-face meeting with a professional within 14 calendar days of a non-emergency request for service (by 4 sub-populations: MI-adults, MI-children, DD-adults, DD-children)
Standard: 95%
3. Percentage of persons starting any needed on-going service within 14 days of a non-emergent assessment with a professional (by 4 sub-populations: MI-adults, MI-children, DD-adults, DD-children)
Standard: 95% within 14 days
- ★4. The percentage of persons who met the OBRA Level II Assessment criteria for specialized mental health services for persons residing in nursing homes, as determined by the Department, who received CMHSP managed mental health services **Standard: 95% 100%**

B. EFFICIENCY - No compliance indicators currently required

C. OUTCOMES

5. The percentage of children with SED and the percentage of all other persons readmitted to an inpatient psychiatric unit within 30 days of discharge.
Standard: 15% or less

D. QUALITY AND APPROPRIATENESS

6. Required contractual reports are submitted within the contractually-defined time frames. **Standard = 100%**
7. CMHSP maintains a **95%** accuracy rate on selected data elements in demographic and service use files submitted to MDCH

II. Quality Improvement Measures

A. ACCESS

Continuity of Care

8. The percentage of children with SED and the percentage of all other persons discharged from a psychiatric inpatient unit who are seen for follow-up care within 7 days.

B. EFFICIENCY

Utilization of Services (Data collected from Sub-Element Report)

9. Days of psychiatric inpatient care per thousand persons with mental illness served
10. Percentage of expenditures for persons with developmental disabilities used for 24-hour specialized residential care provided in a group home or institutional setting for which the case is paid by the CMHSP
11. Percentage of expenditures for persons with mental illness used for psychiatric inpatient care

C. OUTCOMES

Employment

12. Percentage of persons with developmental disabilities receiving any daytime service who are served in supported employment
13. Percentage of persons with developmental disabilities who earned minimum wage and above
14. Percentage of adults (18-65 years of age) with serious mental illness who are employed and/or are in supported employment (information to be collected from demographic data)
15. Percentage of adults (18-65 years of age) with developmental disabilities who are employed and/or are in supported employment (information to be collected from demographic data)

Living Arrangement

16. Percentage of children served living with their families¹
17. Percentage of adults with developmental disabilities served living in their own residence²

¹ “Family” means natural or adoptive relatives (parents, grandparents, siblings, etc.)

² “Own residence” means lease, rental agreement, or deed/mortgage of home, apartment, or condominium in the adult consumer’s name or the name of his/her spouse, friend, guardian, relative or parent. Consumers living with (a) their parents, or (b) in a residence owned or leased by a CMHSP or provider, are **not considered** to be living in their “own residence.”

D. QUALITY AND APPROPRIATENESS - No quality improvement indicators currently required

III. Tracking Measures

A. ACCESS

Penetration Rates of Under-Served Populations

18. Ratio of the percentage of persons under 18 in the area population receiving services to the percentage of persons under 18 in the area population.
19. Ratio of percentage of persons 65 years and older in the area population receiving services to the percentage of persons 65 years and older in the area population.
20. Ratio of percentage of ethnic minority persons in the area population receiving services to the percentage of ethnic minority persons in the area population (by 4 sub-populations: Native American, Asian or Pacific Islander, African American, Hispanic).
21. Ratio of percentage of persons 18 or older with serious mental illness in the area population receiving services to the percentage of persons 18 or older with serious mental illness in the area population.
22. Percentage of area Medicaid recipients having received CMHSP managed services.
23. Percentage of total CMHSP service population, not living in a nursing home, with a diagnosis of dementia.
24. Number of children 0-3 years old, receiving home-based services, regardless of who has the open case, where the primary treatment target is the 0-3 child.
25. Number of children under age 18 referred by courts who were assessed by CMHSP, and number who received services (information to be collected from demographic data).

Continuity of Care

- ★~~26. The percentage of persons who met the OBRA Level II criteria determined to need nursing home care but less than specialized mental health services, as determined by the Department, who received CMHSP managed mental health services~~

Denial/Appeals

27. Percentage of face-to-face assessments with professionals that result in denials or referrals elsewhere
28. Percentage of Sec.705 second opinions that result in services

B. EFFICIENCY

Cost Per Case (Data collected from Sub-Element Report)

29. Cost per case for adults with mental illness (18-64, 65+)

30. Cost per case for children (under 18) with a mental illness or severe emotional disturbance
31. Cost per case for persons with a developmental disability (0-17, 18-84, 65+)

Other (Data collected from consumer level demographic report)

32. The percentage of Medicaid eligible persons who received (a) inpatient care, (b) day/night care, and (c) ambulatory services
33. The percentage of total expenditures spent on administrative functions (information to be collected from sub-element cost report data)

C. OUTCOMES

Employment

34. Percentage of persons in Supported Employment (SE) working 10+ hours per week
35. Percentage of adults with MI in SE earning minimum wage and above
36. Percentage of adults with MI and adults with DD in SE, continuously employed 6 months or longer

Living Arrangements

37. Percentage of adults with MI served living in their own residence³.

Recipient Rights (data collected semi-annually through Office of Recipient Rights reports)

38. Number of substantiated recipient rights complaints per 1,000 persons served, in the categories of Abuse and Neglect I and II
39. Total number of persons making an allegation of a rights violation per thousand persons served
40. Total number of substantiated allegations for all categories other than abuse and neglect per thousand persons served

Sentinel Events (Data collected semi-annually)

41. Number of sentinel events per thousand persons served (by 3 sub-populations: MI-adults, MI-children, and Persons with DD)
42. Number of suicides per thousand persons served (by 2 sub-populations: MI and DD)

³ “Own residence” means lease, rental agreement, or deed/mortgage of home, apartment, or condominium in the adult consumer’s name or the name of his/her spouse, friend, guardian, relative or parent. Consumers living with (a) their parents, or (b) in a residence owned or leased by a CMHSP or provider, are **not considered** to be living in their “own residence.”

QUALITY AND APPROPRIATENESS

43. The percentage of adults served (in intensive services such as ACT, specialized residential, continuous in-home supports, day program, inpatient psychiatric hospitalization, partial hospitalization, etc), who identify that they are parents of minor children (information to be collected from the consumer demographic data).
44. The percentage of children 0-3 served by CMHSP who are enrolled in the Early On program (information to be collected from the consumer demographic data).
45. The percentage of children with developmental disabilities, ages 0-17, who received services in addition to respite care (information to be collected from the encounter system data).
46. The percentage of adults with a diagnosis of schizophrenia served who received atypical anti-psychotic medications (information to be collected from the consumer demographic and pharmacy data).
47. The percentage of Medicaid eligible adults served on anti-psychotic medications receiving one of the new atypical anti-psychotic medications (information to be collected from the consumer demographic and pharmacy data).
48. The percentage of children/adolescents (age 7-17) initiating treatment during the quarter who have admission CAFAS scores (information to be collected from the consumer demographic data).
49. The ratio of the number of children/adolescents (age 7-17) with follow-up CAFAS scores at 90 days post-admission, 180 days post-admission, or at exit, to the number of children/adolescents with CAFAS scores at admission (information to be collected from the consumer demographic data).