



Improving Lives Through Healthy Minds
810-648-0330

Michigan Mission-Based Performance Indicator System

FY 2024

Annual Report

Sanilac County Community Mental Health
Authority
Michigan Mission-Based Performance Indicator
System
FY2024 Annual Summary Report

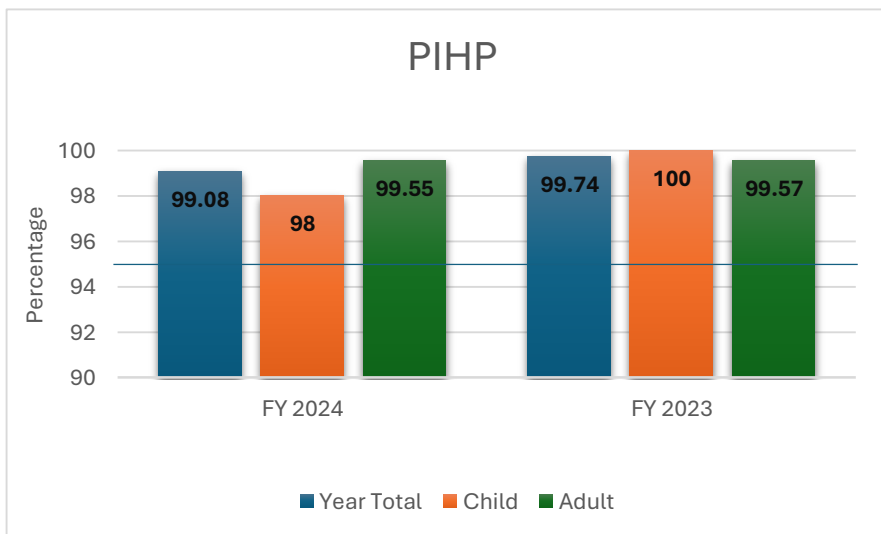
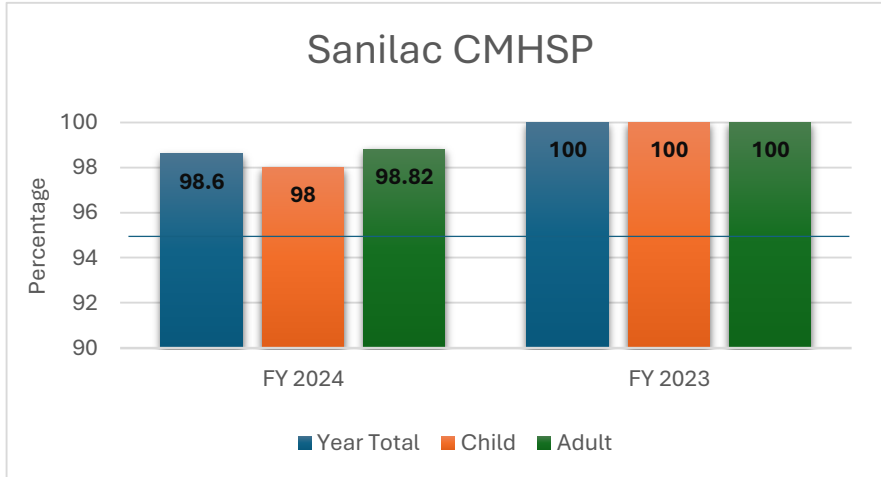
This report is a summary of the performance indicators reported to the Michigan Department of Health and Human Services (MDHHS) by the CMH for the PIHP and the State of Michigan. The Michigan Mission-Based Performance Indicator System (MMBPIS) was implemented in Fiscal Year 1997. The indicators have been revised over time, with the current revision effective October 1, 2023.

The indicators measure the performance of the CMH for all beneficiaries served, with just the Medicaid beneficiary information being reported to the PIHP and all beneficiary information being reported to the State of Michigan. Since the indicators are a measure of performance, deviations from standards and negative statistical outliers may be addressed through contract action. Information from these indicators will be published on the MDHHS website within 90 days of the close of the reporting period.

This report summarizes Sanilac CMHA's results for Fiscal Year 2024 as well as trending information for the last year of Performance Indicator data. Each indicator chart has a standard line added to it, to easily distinguish Sanilac CMHA's performance against the designated performance expectation. Indicator #5 is the only indicator without a set standard expectation, this is due to this area measuring the percentage of denials over a given time period.

Performance Indicator 1

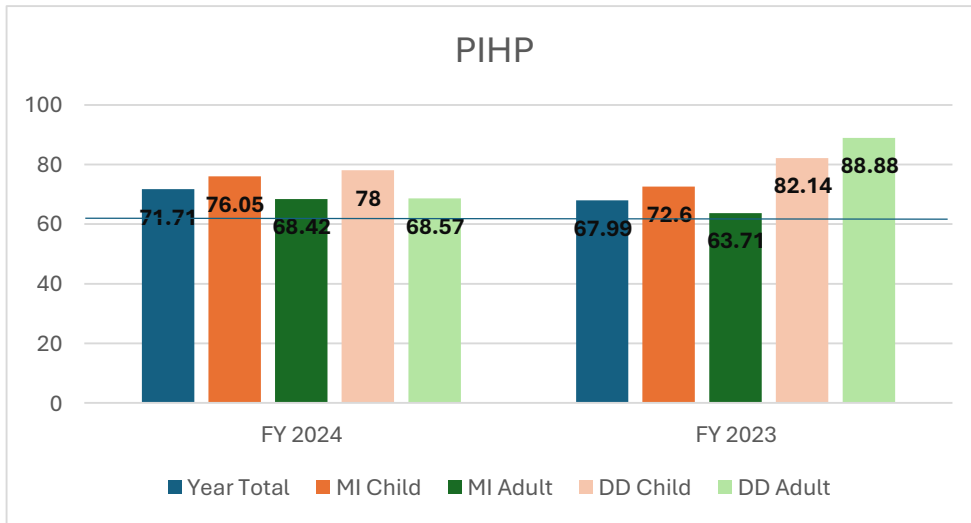
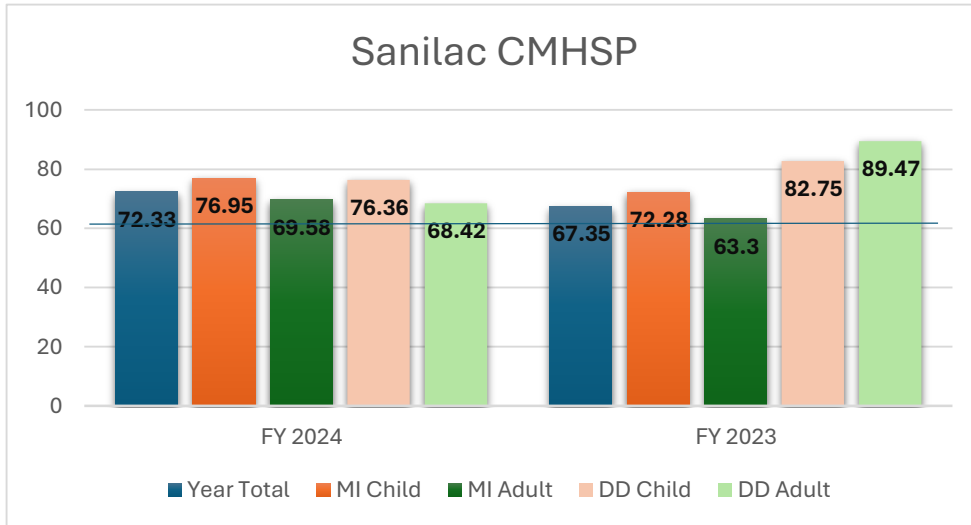
Indicator 1: The percentage of persons receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours. The standard is 95%.



For this area both CMHSP and PIHP data were above the standard in both Fiscal Year 2024 and 2023. As previously stated above, this indicator focuses on the percentage of persons receiving a pre-admission screening for psychiatric hospitalization for whom the disposition was completed within three hours. One potential explanation as to why this indicator falls below 100% is the likelihood that multiple crisis calls were received throughout the same night, resulting in a disposition time being beyond the three-hour allotted time.

Performance Indicator 2A

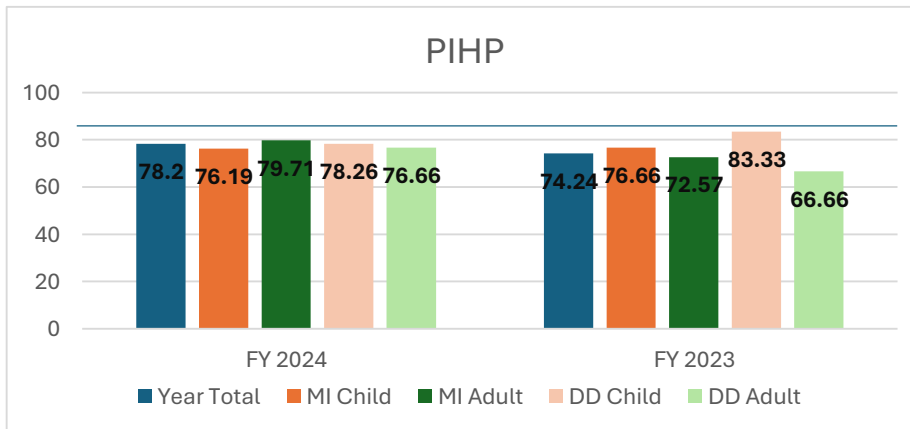
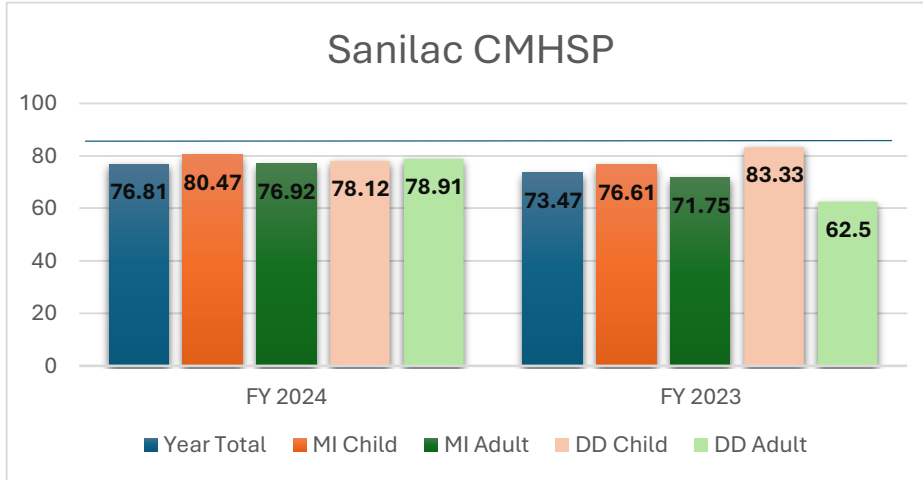
Indicator 2A: The percentage of new persons during the period receiving a completed biopsychosocial (BPS) assessment within 14 calendar days of a non-emergent request for service. The standard is 75th percentile which is 62.0%.



As illustrated above Sanilac CMHA was above the standard in both Fiscal Year 2024 and 2023. This measure examines the percentage of people who received a BPS within 14 calendar days of a non-emergent request for service. Quick access to care is essential for the beginning stages of the person-centered planning process and connecting with necessary services and supports.

Performance Indicator 3

Indicator 3: Percentage of new persons during the period starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment. The standard is 75th percentile which is 83.8%.

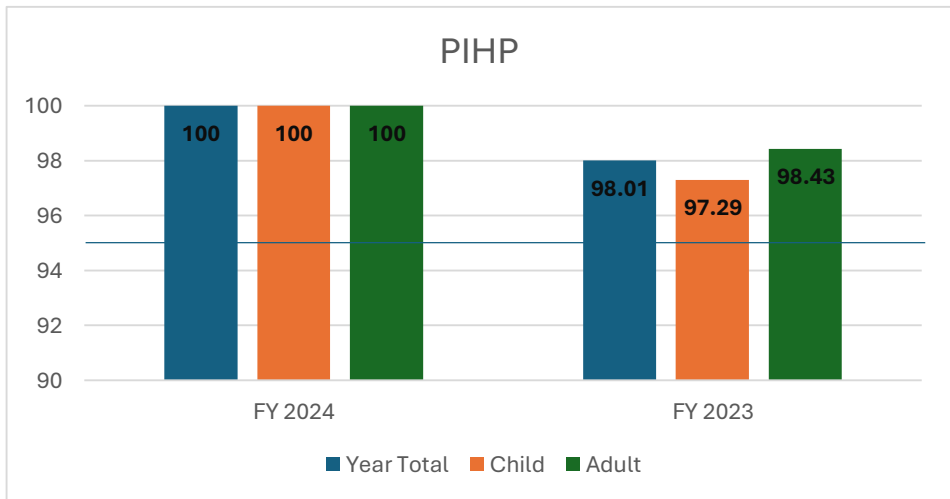
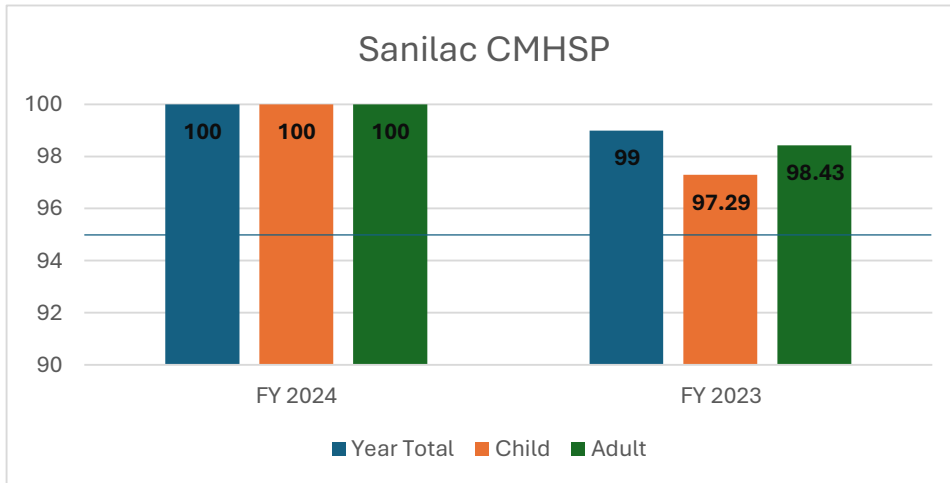


Unfortunately, Sanilac CMHA fell below the standard percentage for indicator 3 in both Fiscal Year 2024 and 2023 in all population subcategories. While many ongoing services are scheduled to begin prior to the 14 calendar days being up, whenever an appointment is cancelled, rescheduled, or no-showed and does not take place within 14 days, even by individual request, it is counted as occurring outside of the original 14-day timeframe. A Plan of Correction has been submitted to Region 10 that states Sanilac CMHA is dedicated to ensuring the individuals served receive timely access to ongoing services. All individuals are given an appointment card with the day, time and name of the worker that they will be meeting with. There is also an appointment reminder system that has been implemented that provides a reminder text the day prior to an appointment. The importance of keeping

appointments is also emphasized.

Performance Indicator 4A

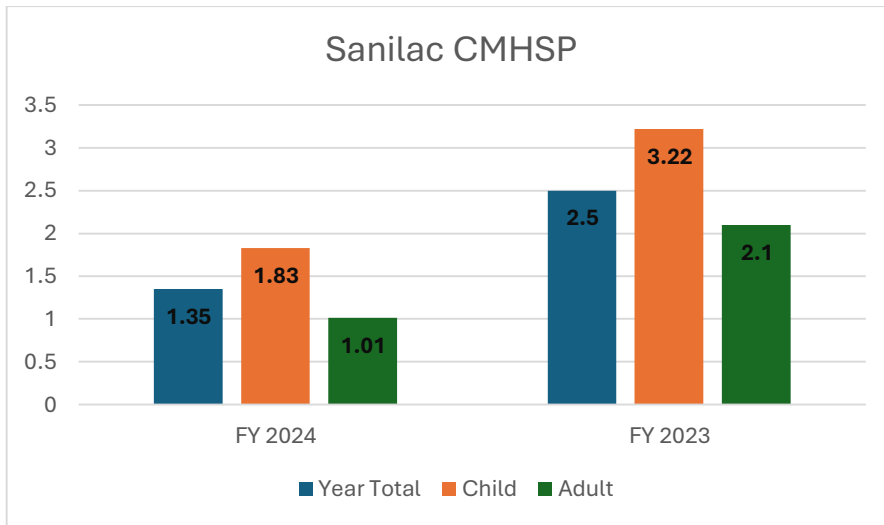
Indicator 4A: The percentage of discharges from a psychiatric inpatient unit that were seen for follow-up care within seven days. The standard is 95%.



Sanilac CMHA was above the standard percentage for both Fiscal Year 2024 and 2023. It is imperative that individuals are seen for follow up care within seven days of being discharged from a psychiatric unit. Sanilac CMHA has been working with psychiatric hospitals to ensure that individuals are receiving discharge planning and timely follow-up care with Sanilac CMHA.

Performance Indicator 5

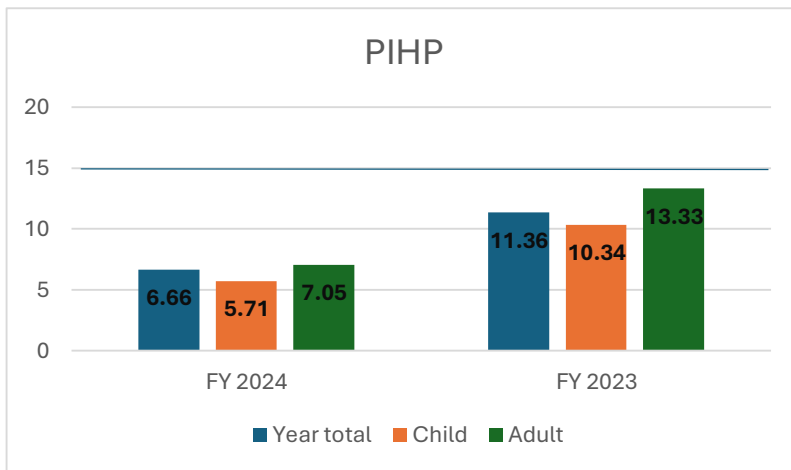
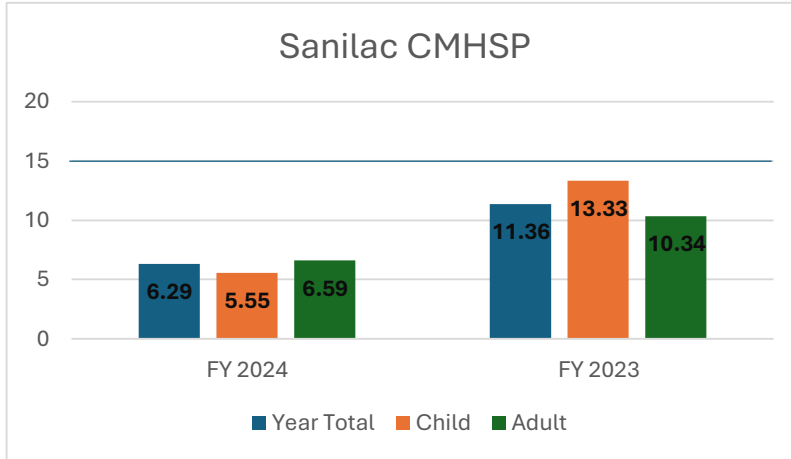
Indicator 5: Percentage of face-to-face assessments during the time period that resulted in denials.



Indicator 5 does not report to the PIHP due to this indicator examining all individuals who were determined to be ineligible for ongoing services. This area examines all insurance types, not only Medicaid covered individuals. As a result of this, there is no visual data regarding the PIHP for this indicator. CCBHC has expanded the service eligibility requirements.

Performance Indicator 10

Indicator 10: The percentage of readmissions during the year to an inpatient psychiatric unit within 30 days of discharge. The standard is 15% or less.



As shown above, Sanilac CMHA met the standard for this particular indicator. This indicator examines the percentage of individuals readmitted to a psychiatric unit within 30 days of discharge. Sanilac CMHA strives to provide our individuals with the support needed to avoid readmission to a psychiatric unit, however, sometimes readmission is necessary to ensure safety for all involved.