

LCMHA PERFORMANCE IMPROVEMENT YEAR END REPORT

FY 2020

LENAWEE COMMUNITY MENTAL HEALTH AUTHORITY

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MICHIGANS MISSION BASED PERFORMANCE INDICATOR SYSTEM (MMBPIS)

All indicators are reviewed quarterly by the local PI Liaison and the Regional PI Director. A plan of correction must be written when the expected threshold is not met (set by the state).

FY 2020

		1st Qtr %	2nd Qtr %	3rd Qtr %	4th Qtr %
INDICATOR #1 % of Referrals completed within 3 hours or less	Children	100	100	100	100
	Adults	100	100	100	100
INDICATOR #2a % of persons receiving an initial assessment within 14 calendar days of first request <i>*Effective Qtr 3, indicator now includes all requests, no exception, and no threshold</i>	MI Child	100	94	64	52
	MI Adult	100	100	67	56
	DD Child	100	100	83	85
	DD Adult	100	100	N/A	50
	Total	100	99	67	57
INDICATOR #2b % of persons receiving an initial assessment within 14 calendar days of first request	SUD	99	95	<i>*See new 2b</i>	
NEW INDICATOR #2b % of persons receiving treatment or supports within 14 days <i>*Effective Qtr 3, indicator now includes all requests, no exception, and no threshold</i>	SUD	<i>*See previous 2b</i>		82	82
NEW INDICATOR #2e % of persons that did not receive treatment or supports <i>*No threshold</i>	SUD	<i>*Effective Qtr 3*</i>		24	18
INDICATOR #3a % of persons started service within 14 days of assessment <i>*Effective Qtr 3 – no exceptions, no threshold</i>	MI Child	95	97	53	92
	MI Adult	96	96	70	79
	DD Child	80	100	100	80
	DD Adult	100	100	100	50
	Total	95	96	69	81

YEAR END REPORT 1/1/2021

PERFORMANCE IMPROVEMENT

LCMHA

INDICATOR #3b % of persons started service within 14 days of assessment	SUD	95	96	<i>*See NEW 2b</i>	
INDICATOR #4a % of persons discharged from Psych. Inpatient seen within 7 days	children	100	100	100	100
	adults	87	97	100	95
	Total	90	97	100	96
INDICATOR #4b % of persons discharged from substance abuse detox unit seen within 7 days	SUD	100	92	100	100
INDICATOR #10 % of discharges readmitted to Inpatient Care within 30 days of discharge	children	0	0	38	0
	adults	13	3	20	11
	Total	10	2	24	9

* Thresholds – 95%, except Indicator #10 – 15%

HEALTH & SAFETY

Purpose: Ensure health & safety in service delivery to all consumers and staff via monitoring the physical plant, designing and monitoring health and safety outcomes for consumers and staff, and ensuring excellence in health and safety training opportunities.

VISION: To create and support an environment that ensures safety and health to all stakeholders.

2020 Accomplishments:

- ✓ Completed Annual Flu Vaccine and TB testing Clinic
- ✓ Continued drills for employees in regards to bad weather, fire, bomb threat, challenging consumers
- ✓ Updated Emergency Procedures for Human Service building and Family Medical Sites
- ✓ Inspected/updated staff Alarm buttons with continued staff changes

PROVIDER MONITORING

Purpose: To identify performance indicators for service providers of LCMHA and to monitor those providers according to established measures.

VISION: Ensure that consumers are provided quality services and care by staff and organizations.

2020 Accomplishments:

- ✓ Updated provider audit tools regionally
- ✓ Conducted audits of providers in Lenawee County
- ✓ Reviewed audits with providers, including recommendations for improvement

RECORD REVIEW

Purpose: To develop a system/tool that will ensure all clinical staff are aware of organization and accreditation requirements relative to clinical records.

Vision: Through peer review, gain awareness of areas of improvement while monitoring regional expectations of proper documentation in a consumer record.

- ✓ A copy of the CMHPSM UM Committee Peer Review indicators was shared with the members to find information in the record
- ✓ The committee discussed the criteria for reviewing records. It was determined that 30 records per year would be reviewed. To date, 32 records (MI child, MI adult, I/DD) have been reviewed.
- ✓ The committee discussed adding records to review beyond 30. However, a method to bring back the results from the reviewer would need to be established in order for the applicable departments to be able to correct the problems found, and establish future best practices.
- ✓ The Columbia Suicide Severity Rating Scale needs to be completed. The C-SSRS section of BPS is often marked not applicable. If staff find that the radio button auto fills to not applicable, they need to uncheck it and complete the C-SSRS. The Supervisors will remind staff to do this.
- ✓ The C-SSRS issue will be addressed as a software fix for CRCT.
- ✓ Identified trends and made recommendations for improvement
- ✓ Follow up with teams will be ongoing

ENHANCING CONSUMER EXPERIENCE

Purpose: This Committee is charged with promoting staff wellness to encourage the best possible outcome for those we serve.

VISION: The creation and support of an environment ensuring safety and health to all stakeholders.

- ✓ A "what to expect" pamphlet is being handed out by Access staff, informing consumers what to expect at their first psychiatric evaluation and what is Tele-Psychiatry, so this is not a surprise to them at their first appointment.
- ✓ To support Staff in self-care, a massage therapist became available for staff to utilize at their cost, for a 15-minute session. This sign-up sheet is full monthly and this has been greatly appreciated by staff.
- ✓ A Trauma Stewardship book club was offered to employees
- ✓ The main waiting room Power Point was updated to provide consumers waiting with current information and upcoming activities.
- ✓ A focus has been to better serve consumers. Language barriers addressed; reading or writing assistance support is being offered.
- ✓ Focused on providing support to staff as we all learned to use the new electronic time sheet.
- ✓ Focused on adherence to using CRCT calendar for all staff to better serve our consumers and for accountability for staff.
- ✓ Committee worked to support staff and consumers with limited psychiatric time and transitioning of psychiatrists.

- ✓ Focused on trauma-informed care and what this means for both consumers and staff. Developed a survey around this topic so that trainings and education can occur on a regular basis. The committee will begin to spend more time on this topic to provide each team the specific support they need.
- ✓ Developed a plan to increase consumer input by attending CAC (Consumer Action Committee) workgroup meeting and invited CAC members to ECE work group meetings.

UTILIZATION REVIEW

Review of Indicators/Outcomes:

1. Readmitted to the Hospital within 30 days – reviewed monthly

Contributing factors for readmission included: co-occurring substance use disorder, new to the CMH system, and Bipolar or Mood Disorder accompanied by borderline Personality Disorder. DBT treatment, Engagement Groups at CMH and SUD providers are recommended/provided, and contacts with new consumers between the Assessment and first appointment with psychiatrist through a Peer Support Specialist is utilized.

Number of Readmissions to hospital within 30 days for year 2019/2020:

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEPT
1	1	0	1	1	0	4	4	2	2	0	2

2. CLS services more than 12 hours/day – reviewed annually to ensure services continue to be medically necessary.

3. High Cost Consumers in each department – reviewed annually

A report showing high cost consumers in each department was reviewed by UR Chair. Most high cost consumers were served in residential settings. There is a number of high cost consumers served in residential settings outside of Lenawee County. Typically, these consumers required locked community settings, an option that is not currently available in Lenawee. Review concluded that all services provided met medical necessity and were appropriate at the level authorized.

4. Non Medicaid Eligible Consumers

Consumers who are uninsured are assisted with applications for Medicaid and the Healthy Michigan Program. Weekly review continues for those individuals who are not Medicaid eligible. The majority of these individuals are eligible for Medicare or Medicaid Spend down. Individuals who are stable and not Medicaid eligible have been transferred to community psychiatrists or primary care physicians who are able to bill their insurances.

5. Requests for Additional Services for individuals funded by GF

Requests are reviewed by the Program Supervisor and brought to UR Committee for additional input as necessary.

6. Complex Care Consumers for Care Management –

Utilizing CC360 Insurance Claims Data is available through the Region. The report for the top 25 utilizers of medical hospitalization and ER is reviewed monthly by the Utilization Review

Committee. The impact of interventions after being discharged from the ER and hospitalization will be tracked and reported through Utilization Management Committee. If consumers do not have case management but are utilizing the hospitals they will be referred to case management to increase supports and reduce recidivism.

7. Reduce the number of Meds Only Consumers – reviewed at least quarterly

Project to reduce number of Meds Only consumers who no longer meet criteria for severe mental illness or SED by transitioning to community providers resulted in a reduction of Meds Only consumers. The scarcity of consistent community resources for psychiatry, especially child psychiatry, and having the ability of managing specialized medications, continues to be a barrier to transition to community services. This has improved over the years, but making sure the target population at LCMHA is able to be served continues to be a priority.

SENTINEL EVENTS

Per policy, LCMHA reviews, investigates, analyzes, acts upon, internally reports and tracks critical incidents, sentinel events, and risk events, in an accurate and timely manner. LCMHA also reports to MDHHS sentinel events and deaths in a timely manner. The purpose of event reviews is to identify systemic factors to prevent recurrence of such events.

In 2020, we conducted three (3) Sentinel Event Reviews. During the past fiscal year, a number of systemic improvements were implemented to reduce risk after being identified through a root cause analysis process.

PI LAB COMPLETION

Purpose: To monitor consumer labs, ensure completion of any labs ordered and documented, identify any barriers to completion of lab work.

- ✓ Barriers identified to completing labs:
 - Psychiatrist not ordering Labs due to American Psychiatric Association does not have the same requirement as the state report.
 - Labs were not being updated annually by psychiatrist as needed.
 - Lack of staff motivation for communication of barriers for consumer to get labs completed.
 - Due to COVID, access to available labs, consumers unwilling to wear mask.
- ✓ Identified problems with documentation
 - Lab work ordered/completed not consistently documented in record
 - We continue to collaborate with ProMedica to improve the receipt of lab results.
 - Partial lab results in record
 - Lab work results not properly being sent back to LCMHA
- ✓ Established procedure for Performance Improvement Liaison to run a monthly report, per case manager, for supervisors to review and case managers to discuss barriers with consumers. Case managers will document the barriers and plan to complete labs, and those are discussed at the Lab PI committee meeting. Meds clinic nurses run a report daily to see which consumers have

an appointment and need lab work completed. This has increased communication with consumer and psychiatrist, eliminating issues with labs expiring or labs not ordered.

All Medicaid Consumers have (HbA1c or glucose), HDL cholesterol, LDL cholesterol, total cholesterol, and triglycerides in the electronic health record at some point during the previous 4 quarters.

In 2019 the report changed to include A1C as a requirement instead of Glucose or A1C. With this change it significantly decreased the completion rate, and staff are working with primary care providers to gain an A1C result. This is not something that is commonly ordered by a psychiatrist. The report also compared the lab values that LCMHA has physically obtained, and has pulled data from other Health Platforms that have data that a consumer may have had completed elsewhere. This information allows LCMHA staff to connect with that medical provider and gain the lab information.

		2020_Q1	2020_Q2	2020_Q3	2020_Q4
PIHP	All known dates (CC360)	44% (1660/3745)	44% (1600/3672)	38% (1338/3558)	34% (1186/3499)
	Dates w/values (CRCT)	42% (1566/3745)	42% (1537/3672)	37% (1303/3558)	33% (1151/3499)
Len	All known dates (CC360)	67% (409/608)	65% (386/593)	59% (346/586)	59% (351/597)
	Dates w/values (CRCT)	64% (392/608)	63% (372/593)	57% (336/586)	56% (337/597)

Consumers with schizophrenia and diabetes, monitoring who had an HbA1c and LDL-C test

Affiliate	Total Consumers	% in Compliance using all known lab dates	% in Compliance using lab dates with discrete values only
Lenawee	21	86%	71%
Livingston	16	63%	56%
Monroe	30	47%	23%
Washtenaw	69	57%	52%
Total	136	60%	49%

BEHAVIOR TREATMENT COMMITTEE

The Behavior Treatment Committee reviews the needs of individual consumers on a monthly, quarterly, or annual basis; depending on the need of the consumer. Types of treatment plans that are reviewed include those that could be restrictive (freedom of movement/access to belongings/access to food/communication), intrusive (medication for behavior control) or include Emergency Physical Management.

Number of consumers reviewed in each quarter:

- ✓ 1st Qtr. – 15
- ✓ 2nd Qtr. – 21
- ✓ 3rd Qtr. – 22
- ✓ 4th Qtr. – 19

Number of Unique Incidents involving Behavior Management

affiliate	Classification	2020_Q1	2020_Q2	2020_Q3	2020_Q4
Lenawee	Block	5	3	8	21
	Control Position	2	2	0	1
	Hands Down	0	0	0	0
	Release	1	0	1	1

Number of Unique Consumers with incidents involving Behavior Management

affiliate	classification	2020_Q1	2020_Q2	2020_Q3	2020_Q4
Lenawee	Block	2	3	5	7
	Control Position	2	2	0	1
	Hands Down	0	0	0	0
	Release	1	0	1	1

STAFF DEVELOPMENT AND TRAINING COMMITTEE

Purpose: To monitor and maintain current staff training per regional and local policy

VISION: Ensure consumer and community success through the provision of employee training (professional development) opportunities.

- ✓ A new interactive Recipient Rights Training was added for staff and providers in response to the suspension of in-person trainings. This new online module will be completed instead of a full in-person training until in-person trainings are safe to resume.
- ✓ All clinical staff completed parity training
- ✓ Supervisors could assign additional PPE Training available in Relias to staff who would benefit
- ✓ Clinical staff received LOCUS training
- ✓ A diversity, equity and inclusion initiative was launched
- ✓ Motivational Interviewing
 - A Motivational Interviewing Practice series was offered to staff and providers
 - There was 1 Basic Motivational Interviewing Training
 - 1 Advanced Motivational Interviewing Training
 - 1 Motivational Interviewing Training for Supervisors
- ✓ Children’s Department and Access Staff attended a 6 day Standard 1, Feuerstein Instrumental Enrichment and Mediated Learning
- ✓ An Antiracism Book club was facilitated by the Community Outreach Coordinator for members of the Lenawee Community Collaborative with voluntary participation at monthly meetings
- ✓ There was a voluntary Trauma Stewardship book club
- ✓ A staff engagement survey was conducted by Insight HRM, LLC
- ✓ Revised training grid by team to designate mandatory and recommended training
- ✓ Developed a process to ensure completion of required trainings at time of re-credentialing

- ✓ Required staff trainings were added to PayHub (payroll/timekeeping software) for ease of tracking, with automatic reminders

INTEGRATED HEALTH

In 2014, Lenawee Community Mental Health and Family Medical Center became co-located in the now Federally Qualified Health Clinic (FQHC) managed by Family Medical Center. Services include dental health, physical health, behavioral health, mental health clinic, medication assisted treatment with Suboxone and Vivitrol, laboratory, a Department of Health & Human Services Office, pharmacy, and physical rehabilitation.

Registered Nurses, Administrative Assistants, Psychiatrists, a Master's level Social Worker and a Medical Assistant operate the Integrated Health Clinic at CMH. The clinic also offers an Outpatient Therapist and Integrated Health Care Manager (who is shared with the Family Medical Center) to assist consumers in navigating health care services inside and outside of the Family Medical Center building.

PI projects for Integrated Health Care:

1. For shared consumers with a release of information, CMH sends care coordination notes to all primary care providers to support medication reconciliation and communication between primary care providers and psychiatrists. Further discussion of shared consumers between FMC and CMH is also done daily at afternoon rounds when all disciplines in the building meet for collaboration on difficult cases.
2. Utilize data to track consumers who do not have a primary care provider. A primary care provider is needed in order to make referrals for nutrition, optometry, dental and even lab work. Recommendations go to the Case Manager, Integrated Health Care Peer or Manager to assist the consumer in connecting with these services.
3. Transfer of consumers to community psychiatry or primary care who no longer meet the criteria of severely and persistently mentally ill. Utilization management is completed in Access Department. If consumer no longer meets criteria, a referral to the Integrated Health Care Manager is made to assist in securing appropriate services. The relationship between Family Medical Center and LCMHA has allowed for scheduling appointments quickly and supporting transfers to primary care providers. There were 371 consumers in meds clinic in 2018 and in 2019 there were 213. For 2020, there are 143 meds clinic consumers. To support consumers in fully engaging in LCMHA services while providing a sustainable path to recovery, a focus has been to screen for those that need case management supports and peer supports. This has increased the amount of consumers offered more services at LCMHA and reduced the number of consumers who are open for medications only. With those added supports, consumers are able to improve their mental health and successfully transfer to a lower level of care sooner.

Other areas of Integrated Health within the agency:

- ✓ The state requires that LCMHA and the Medicaid Health Plans complete care coordination over the phone. There is conversation about high ER utilizers, this often

leaves the case manager feeling more prepared to discuss care plans with the Medicaid Health Plans.

- ✓ Data is also available of consumers that have had a case consultation completed.
- ✓ This has resulted in a decrease in ER utilization for consumers and an increase of health related conversations for the case managers, thereby improving the consumers overall health.

COMMUNITY COLLECTIVE IMPACT WORK

LCMHA is involved in each of the following collective impact groups:

- Lenawee Essential Needs Council
- OneLenawee
- Lenawee Health Network
- Lenawee Financial Stability Coalition
- Lenawee Cradle to Career

In 2020, these groups largely pivoted to providing necessary emergent services during the COVID-19 pandemic. Notable accomplishments include:

- ✓ Increasing food distribution through Lenawee County pantries by 40% as compared to 2019.
- ✓ Offering virtual Summer Lit Lab Pop Ups to students
- ✓ Receiving a grant from MDOT to hire a Mobility Manager to help coordinate transportation options
- ✓ Providing more than \$200,000 in assistance to people facing eviction through the Eviction Diversion Program

Recovery Oriented System of Care

A Collective Impact group consisting of agencies, community groups, health care and SUD service providers, members of the criminal justice system, schools etc. In 2020, this group combined with the Lenawee Substance Abuse Prevention Coalition to streamline coordination and reduce duplication.

- ✓ HRSA-RCORP Implementation Grant was secured for \$1,000,000 over three years
- ✓ Medication Assisted Treatment in the jail continued to be offered
- ✓ LCMHA, Pathways Engagement Center, and ProMedica Hickman Hospital met to develop a project integrating Recovery Coaches into the Emergency Department for pilot in 2021.
- ✓ The Lenawee County Health Department partnered with the Washtenaw Health Department to develop and implement a recovery-oriented marketing campaign, *It Is Possible*.

Behavioral Health Access Initiative:

Following the closure of the Herrick Inpatient behavioral health unit in June 2017 it has been a constant challenge to find hospitals to accept patients who require hospitalization. All available hospitals are

outside of Lenawee County creating transportation and other logistical issues for families trying to care for their loved ones. The LCMHA Board recognized that this was a serious issue and created an online effort to gauge the thoughts of the community. Over 6,000 signatures were gathered in support of a letter that was a “Call to Action”. A Town Hall meeting was held as a follow up, 150 concerned citizens attended this “brainstorming” session.

In 2020, LCMHA received the results of an analysis prepared by Public Sector Consultants evaluating the crisis services available to Lenawee County residents.