



2009 Annual Performance Management Report

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From The Chief Operating Officer

By Cynthia Shaffer, LMSW, NorthCare COO

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NorthCare has had another busy year. The Michigan Department of Community Health asked us to renew our application as the PIHP. As part of the renewal process, we held 10 public forums across the Upper Peninsula. These sessions, where we went out to you, and listened to your concerns and suggestions were the highlight of the year for NorthCare. We used your feedback in completing our Application for Renewal and Recommitment (ARR), which we submitted in June. This is a good project for our region and truly, every meeting was positive and filled with creative ideas. We know this attitude will continue and lead us as we begin to implement this five-year plan. We are now meeting with content experts from the Department and will update our plan based on their feedback.

In January 2009, NorthCare implemented an Advisory Council for board members from all five affiliate Boards. The Chair of the Council is Jim Moore from Hiawatha Behavioral Health. The Council provides a forum to hear concerns from our partners, increase communication between Board Members, and to receive updates and information from NorthCare. The quarterly meetings have had educational sessions with Dr. Joseph Cools, NorthCare Medical Director, and interesting discussions about administrative efficiencies. Finance updates are a standing agenda item. We hope to get more Board members involved in this council next year.

NorthCare trainings continued this year with great success. We brought in Steve Onken, an international expert on Recovery, Amy Long an excellent speaker and advocate for Recovery, and Ann Carden continued her work with Motivational Interviewing for staff and Peer Support Specialists. Bob and Jeanne White also returned to provide booster sessions for all the Boards who are developing Wellness Recovery Action Plan programs locally. In addition, the region has four staff trained in Mental Health First Aid - a 12 hour program which focuses on reducing stigma in the local community. In this report, you will learn more about the exciting work we are doing and our performance.

As always, please let us know what you think and how we can assist in improving services throughout our region.

Cyndi Shaffer, COO

2009 HIGHLIGHTS

The 2009 U.P. Consumer Conference “Triumphs and Tribulations in Recovery” provided learning opportunities for approximately 130 attendees. Amy Long, a survivor of the mental health system and personal trauma was the keynote speaker. Amy provided a passionate message that the “healer lies within” each of us.

WRAP - (Wellness Recovery Action Plan) continued to make progress in the U.P. WRAP groups were held across the region along with WRAP Tune-Up sessions. A WRAP facilitator training was also held at Bay Cliff Health Camp to certify 16 new WRAP facilitators.



Mental Health First Aid

Mental Health First Aid is a 12 hour course designed to give members of the public key skills to help someone who is developing a mental health problem or experiencing a mental health crisis. Just as CPR training helps a layperson without medical training assist an individual following a heart attack, Mental Health First Aid training helps a layperson assist someone experiencing a mental health crisis. The National Council on Community Behavioral Healthcare provides training to individuals who want to teach Mental Health First Aid. Four (4) individuals in the Upper Peninsula have taken the training and are ready to travel.

Bonnie Kaunisto and Becky Mills, both from Hiawatha Behavioral Health; Philip Gardiepy-Hefner from Northpointe Behavioral Health and Sally Olson from NorthCare Network have all become Certified Mental Health First Aid trainers.

The outcomes research on Mental Health First Aid demonstrates that it makes people feel more comfortable managing a crisis and builds mental health literacy - helping the public identify, understand and respond to signs of mental illness. Specifically, studies found that those trained in Mental Health First Aid have greater confidence in providing help to others, greater likelihood of advising people to seek professional help, improved relationships with health professionals about treatments, and decreased stigmatizing attitudes.

Community Mental Health Services

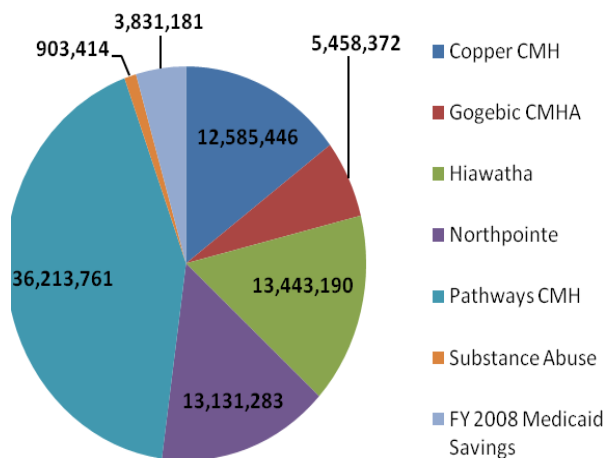
The table to the right shows the number of individuals with Medicaid served in FY09 by the five UP CMHSPs. The percentages reflect the distribution across the three primary groups served. Psychiatric inpatient admissions are included.

Consumers Served by Community Mental Health	FY09	% of Total
Total People Served	4350	
Adults with Mental Illness	2199	51%
Children with Mental Illness	797	18%
Individuals with Developmental Disabilities	1354	31%
Community Inpatient Utilization		
Admissions	470	
Inpatient Days	3222	
Average Length of Stay (In days)	7.1	

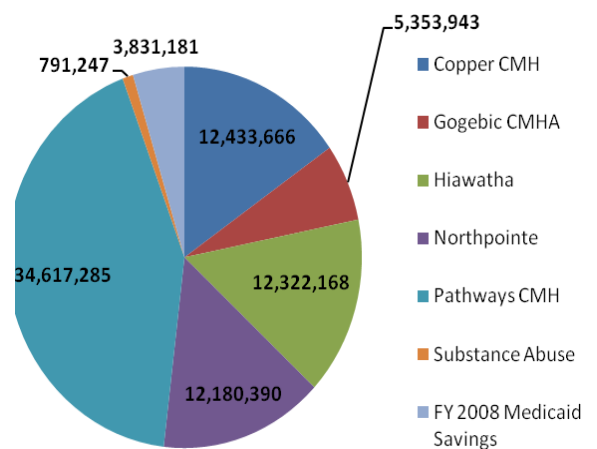
NorthCare Network is responsible for the management of Medicaid funds to provide services to beneficiaries with mental illnesses, developmental disabilities, and substance abuse disorders across the 15 counties in the Upper Peninsula of Michigan. NorthCare receives the Medicaid funds and then advances these funds to the five CMHSP's.

NorthCare is allowed to carry unspent funds forward in one of two ways. Money can be transferred into an Internal Service Fund to protect the region if Medicaid is overspent in a future year. Or money can be directed toward improvements in clinical services or creating administrative efficiencies to reduce future expenditures. An example of this is the development of the regional electronic health record - ELMER.

Revenue Allocations FY09



Expenditures FY09



NOTE: Financial figures are preliminary -- year end closing not final as of 2-13-10

Performance Report Card for Mental Health Services

External Performance Audits

NorthCare's performance is measured by the Michigan Department of Community Health (MDCH) and an External Quality Review Organization (EQRO) through annual audits. The following charts represent findings from independent audits completed by both organizations during fiscal year 2009.

MDCH assesses NorthCare's compliance through review of policy, discussions with staff, on-site program visits, clinical record reviews, and interviews with consumers and family members. Results from NorthCare's FY09 full MDCH review are shown below:

MDCH Full Review - FY09				
Areas Reviewed	A 95%- 100%	B 75%- 94%	C 50%- 74%	F Below 50%
Consumer Involvement	A			
Services - General	A			
Peer Delivered & Operated Drop-In Centers	A			
Home-Based Services		B		
Assertive Community Treatment Services		B		
Targeted Case Management Services	A			
Co-Occurring Mental Health & Substance Abuse Services	A			
Person-Centered Planning		B		
Administrative Requirements		B		
Coordination of Care		B		
Plan of Service & Documentation Requirements		B		
Overall		B		

EQRO-The federal Balanced Budget Act (BBA) requires each state to contract with an outside entity to determine compliance with the BBA as well as validation of performance measures and performance improvement projects. Results of NorthCare's FY09 full compliance review are shown below:

EQRO Review - FY09				
Areas Reviewed	A 95%- 100%	B 75%- 94%	C 50%- 74%	F Below 50%
Quality Assessment & Performance Improvement Plan & Structure	A			
Performance Measures	A			
Practice Guidelines	A			
Staff Qualifications	A			
Utilization Management	A			
Customer Services	A			
Enrollee Grievance Process		B		
Enrollee Rights & Protections	A			
Subcontracts & Delegation	A			
Provider Network	A			
Credentialing	A			
Access & Availability		B		
Coordination of Care	A			
Appeals		B		
Overall	A			

Performance Measures

NorthCare is required to submit performance data (representing Medicaid consumers) to the Michigan Department of Community Health on a quarterly basis. The following chart represents indicators that measure timeliness of services provided by NorthCare's provider Network for fiscal year 2009.

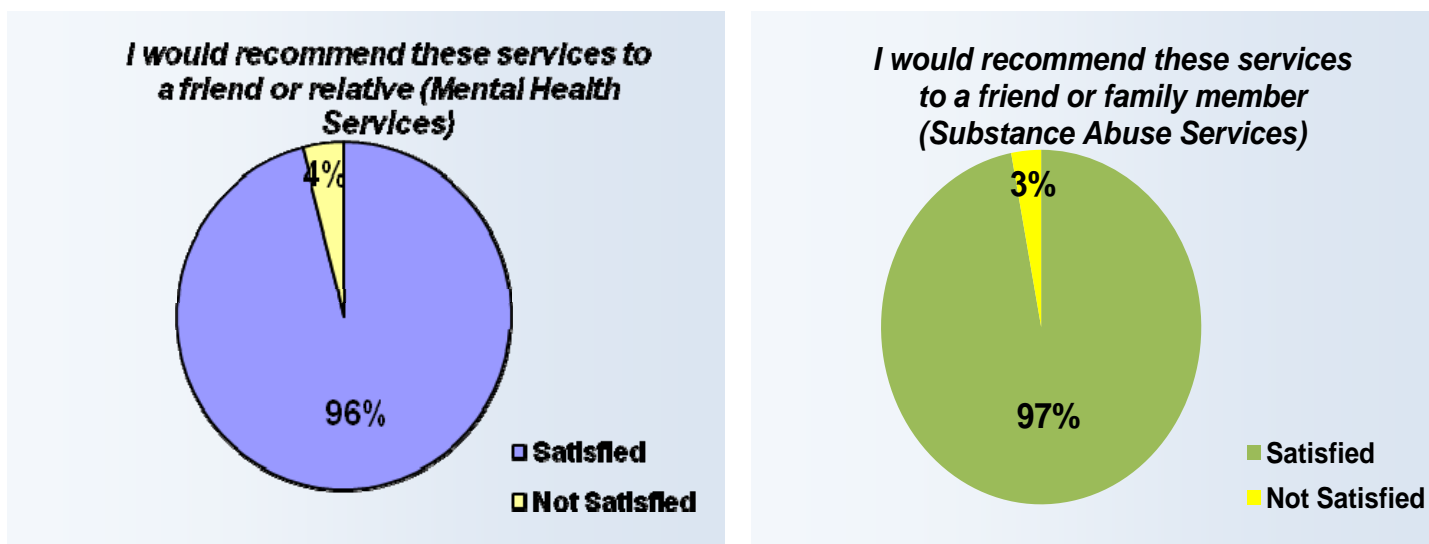
Performance Measures	A 95%- 100%	B 75%- 94%	C 50%- 74%	F Below 50%
New persons receiving an assessment w/in 14 days of request for non-emergency service.	A			
New persons starting on-going services w/in 14 days of non-emergent assessment.	A			
Percent of discharges from psychiatric inpatient unit who are seen for follow-up care w/in 7 days of discharge.	A			

Consumer Satisfaction

Each year, the five Community Mental Health Service Providers (CMHSP) and NorthCare's Substance Abuse Coordinating Agency (CA) survey consumers about their level of satisfaction with services received. Survey results are sent to NorthCare where they are compiled for regional reporting. NorthCare ensures each CMHSP and the CA has processes in place to follow-up on any comments to ensure suggestions and comments are being examined.

Satisfaction levels and responses are fairly consistent from year to year. During fiscal year 2009, 96% of all responders who have received mental health services indicated that they would recommend mental health services to a friend or family member while 97% respondents receiving substance abuse services indicated they would recommend their service provider to a friend or family member. A comparison of responses from the past four years for each question can be found at www.northcare-up.org.

In FY09, we experienced a 24% rate of return for mental health surveys and 10% rate of return for substance abuse surveys. We continue to encourage consumers and guardians who receive a survey to complete and return it. Your suggestions and comments provide us with opportunity to improve services.



Comments gathered through this the survey process...

"I don't know what I would have done without the help I have and still am receiving."

"I am very impressed with the services I am receiving from" I have a great treatment team."

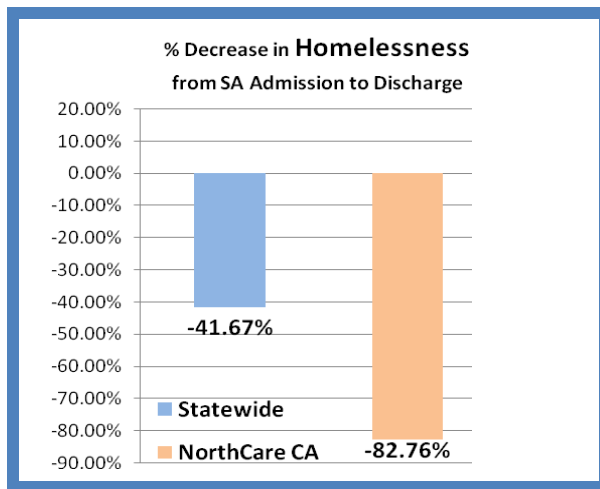
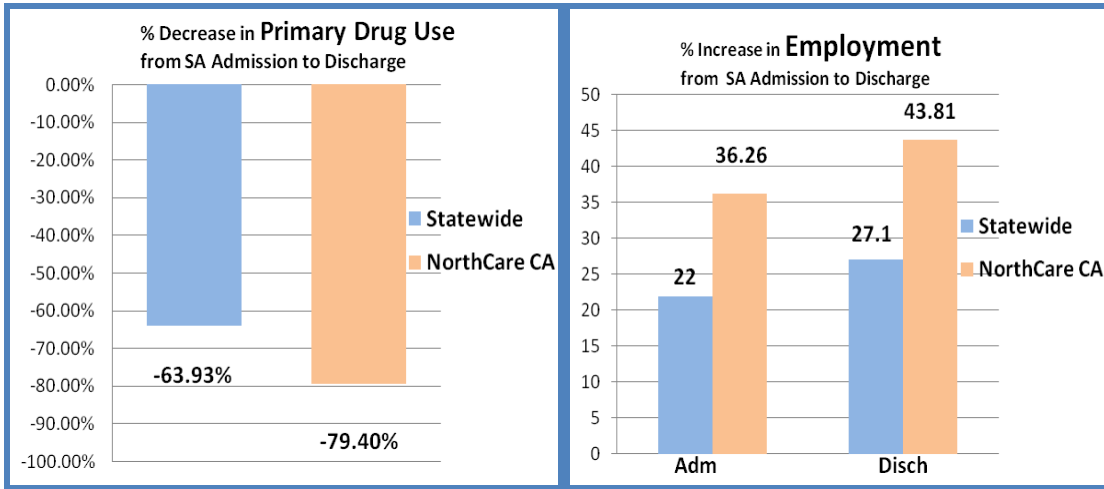
"The Services I get are an integral part of my recovery. I don't know how I could do it alone. Thanks."

"My daughter receives exceptional care. The staff treat her as if she's family."

"I got the help I needed. Thank you! I think you people saved my life!"

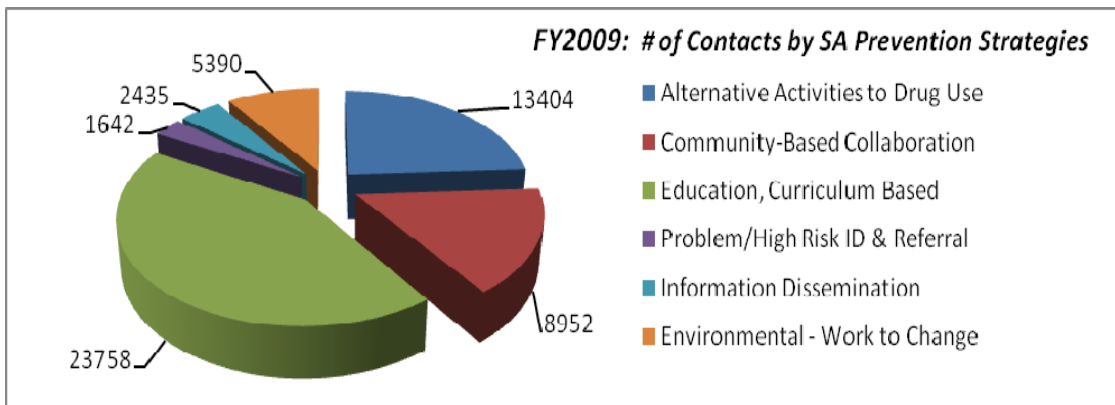
"I very much appreciate the help that is given to my son."

Substance Abuse Services



NorthCare Substance Abuse Prevention Services

Substance Abuse Prevention Services made 55,581 Total Contacts in FY2009. 17,093 contacts made were one-time events, while 38,488 contacts made were on-going sequential events. The following chart depicts the total contacts, broken down by the six substance abuse prevention strategies:



“The National Outcome Measures (NOMs) are designed to embody meaningful, real life outcomes for people who are striving to attain and sustain recovery; build resilience; and work, learn, live, and participate fully in communities. The Substance Abuse and Mental Health Services Administration (SAMHSA) developed the NOMs domains in collaboration with the States.”

MDCH provides reports to Coordinating Agencies showing the State average for several of the NOMs. Based on 2,045 NorthCare Substance Abuse Treatment Admissions in FY2009, the charts depict how NorthCare CA compares to the State average in three important National Outcome Measure domains.

The NorthCare Network Application for Renewal and Recommitment (ARR) required significant support from our community partners. We thank you all for the hard work done on the eleven teams convened during the spring of 2009. We cannot present all plans developed here (for the final submission go to www.northcare-up.org) but will highlight the initiatives that will get underway in 2010.

Practices Improvement Leadership Team (PILT)

MDCH through the ARR process expands our role to actively improve clinical services through quality improvement projects across the region. The **PILT** is responsible to monitor the many projects and provide assistance to local sites with treatment implementation and outcome measurements of the effectiveness of treatment.

The Peer Support Specialist (PSS) Workgroup

Peer Support Specialists are providing services at four of our five community mental health agencies. The low number of PSS regionally led to forming this workgroup. The PSS workgroup will focus on developing regional policies for recruiting, hiring, training and evaluating PSS and their services.

The Residential Review Workgroup

A twofold approach will focus on improving care in residential programs. John Basse, NorthCare CFO leads the group of finance Directors exploring strategies to attract and retain an effective workforce. A clinical team focused on improving positive behavioral supports for individuals requiring high levels of care is addressing the training needs of residential staff.

The Active Engagement Workgroup

This workgroup is an exciting collaboration with regional partners who support individuals with developmental disabilities. It also includes family members and other caretakers seeking to improve community life for individuals with disabilities. Better broadcasting of community activities and assisting more individuals to participate are two goals of this group.

More News!

ELMER – our new electronic health record

As of October 1, 2009 the entire NorthCare region is now “live” on ELMER our new electronic health record. This tool allows us to migrate care information from pieces of paper to a highly secure central system where physicians and clinicians can readily access critical information at any time, day or night. No more waiting for charts from the records room or to be shipped from site to site.

Clearly from this report you can see that NorthCare has had yet another very productive year. Part of the reason for the success of NorthCare for all of these years is directly related to the guidance of Chief Operating Officer, Cynthia Shaffer. Since the inception of NorthCare, Cyndi has been at the helm - steering the course of the regional work that has benefitted many throughout the UP. After 25 years with the community mental health system, Cyndi has decided to retire. We all wish her the best; she will be greatly missed by all.

*Gail J. Hall, LMSW, ACSW
Pathways | NorthCare Chief Executive
Officer*

For more information about NorthCare or our projects please contact us at:

1-888-333-8030

Or visit us on the web at:

www.northcare-up.org

NorthCare Network Community Mental Health and Substance Abuse Service Providers' names and contact information can be found at our website

2009 HIGHLIGHTS

Fifteen folks from the UP attended a Dual Recovery Anonymous Conference in Lansing in September 2009. Attendees returned empowered to start local groups modeled on the AA program but committed to recovery from an emotional or psychiatric disorder as well as a substance use disorder.

NorthCare participated in two trainings coordinated by NMU Public Safety and NAMI for Law Enforcement to learn more about assisting individuals with serious mental illness. In 2010, four more trainings will be held across the Upper Peninsula.

CMHSPs in the NorthCare Network collectively employ 18 Peer Support Specialists.