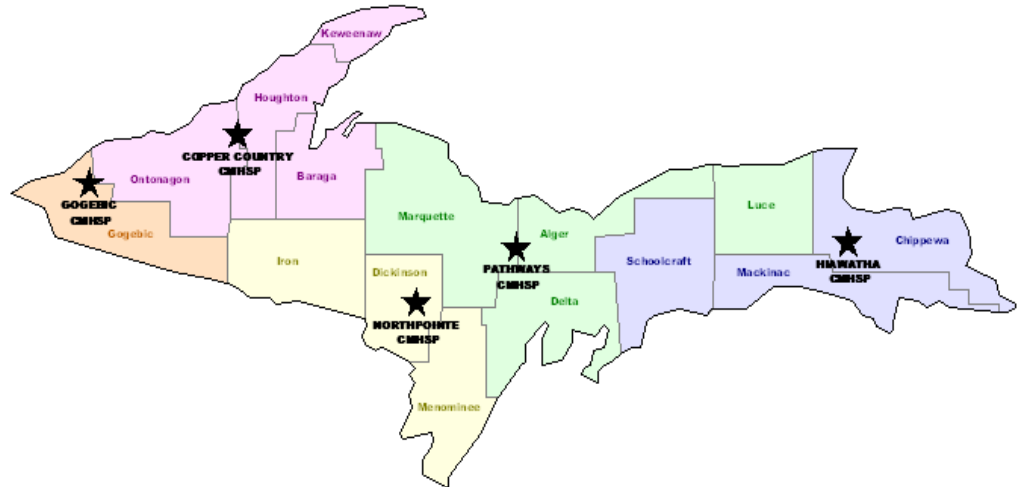




# 2010 Annual Performance Management Report

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*In Memory of David Schultz  
Pathways/NorthCare Board Chairperson  
(December 5, 1945 - March 25, 2011)*

## From The Chief Operating Officer

*By William Slavin, NorthCare COO*

During the past ten years, Prepaid Inpatient Health Plans (PIHPs) such as NorthCare have managed the Medicaid resources to support systems for children with serious emotional disturbances, persons with developmental disabilities, adults with serious mental illnesses, and persons with substance use disorders. This has enabled Michigan's publicly funded mental health and substance use disorder system to:

- Transform our system to almost an entirely community based system.
- Blend general fund, Medicaid, private insurance, and grant financing resources to create integrated, responsible, and coordinated care.
- Meet performance-based state and federal metrics related to access for care, timeliness of service, and care coordination outreach to primary care physicians.

In times of shrinking resources it is critical, now more than ever, to make sure consumers receive the right care, at the right time, at the right cost with the right outcomes.

**Right Care:** We continue to emphasize and promote the use of Evidence Based Practices-practices with a demonstrated history of effectiveness and efficiency. We arranged and supported extensive training opportunities in the Upper Peninsula to reduce unnecessary travel time and expense. This year we have seen strides at all affiliates in the implementation of the Supported Employment Evidence Based Practice as part of a two year block grant project. This practice complements the current practices of Family Psychoeducation, Parent Management Training-Oregon Model, Co-Occurring, Assertive Community Treatment and Dialectical Behavior Therapy.

**Right Time:** Realizing that not everyone is ready for active treatment we have devoted resources toward treatment planning based on stages of readiness. Mark Lewis, president of MML Consulting provided specific training at three sites across the Upper Peninsula to increase the skills of practitioners in applying strength-based, recovery oriented treatment principles in their work with consumers. The training included:

- Writing objectives with the client according to their level of readiness;
- Adjusting plans of service based on objectives achieved; and
- Increasing the consumer's level of readiness.

**Right Cost:** We continue to look for efficiencies in all areas of operations and have placed considerable focus on administrative efficiencies in order to optimize funding for direct care. Even so, we must continue to promote and endorse those services that are efficient and effective.

**Right Outcomes:** Partnering with consumers in the development of realistic plans of service is essential and increasingly we are held accountable to demonstrate the value of the services we purchase or provide. Toward that end we have sought the assistance of experts in the field of behavioral health outcomes. Leslie Mahlmeister from Wayne State University and Heidi Whale from the Michigan Department of Community Health have begun work with the Performance Improvement Leadership Team and ACT team leaders under a mental health infrastructure block grant and Steve Onken from the University of Hawaii is scheduled for some initial consultation relative to consumer outcome measures.

We have enjoyed a year of positive partnership with consumers, family members, providers and other stakeholders. We remain committed to ensuring access to quality care for our consumers. Realizing the changes will accelerate and the responsibilities of the PIHP will increase, we are grateful for the partnerships that contribute to our ongoing mutual success.

## Community Mental Health Services

The table to the right shows the number of individuals with Medicaid served in FY09 and FY10 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	FY10	FY10 % of Total
Total People Served	4350	4645	
Adults with Mental Illness	2199	2362	51%
Children with Mental Illness	797	935	20%
Individuals with Developmental Disabilities	1354	1348	29%
Community Inpatient Utilization			
Admissions	470	550	
Inpatient Days	3222	3588	
Average Length of Stay (In days)	7.1	6.5	

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.

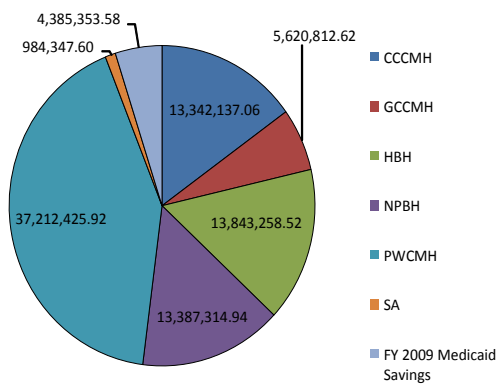
### 2010 HIGHLIGHTS

WRAP facilitators have been consulting with Bob and Jeanne White, Advanced WRAP Trainers, during the year to further develop their skills as WRAP facilitators and learn how to get groups started in their local site.

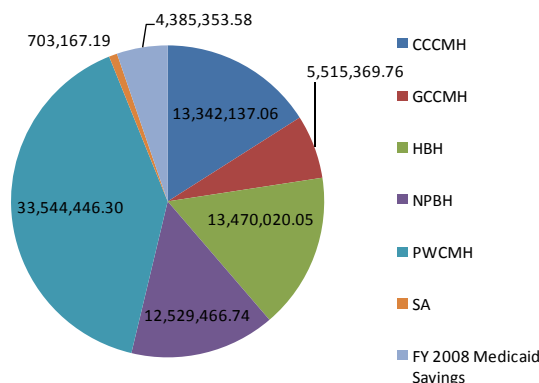
NorthCare worked with the Jail Diversion Liaison Staff from the five CMHSPs to develop a single point of access for inmates in jail who would benefit from a mental health screening to determine if jail diversion could be an option for them. This was implemented in the EMR in December.

CMHSPs in the NorthCare Network collectively employed 20 Peer Support Specialists.

### Revenue Allocation FY10



### Expenditures FY10



NOTE: Financial figures are preliminary -- year end closing not final as of 3-31-11

## From Chaos to Recovery by Barbara Pancratz

My name is Barbara Pancratz. For me, recovery began with the diagnosis of my mental illness, Bipolar Type 2. Most people respond to a mental illness diagnosis with fear, shame, and denial. This was not my response. I embraced my diagnosis because it answered so many questions and made my past life experience make sense.



My life prior to diagnosis was chaos. I searched for an explanation of the chaos for 30 years, all my adult life. I sought professional help, seeing 3 psychiatrists, 2 psychologists, and numerous counselors. Life was very difficult. I suffered severe depressions with periods of hypomania. My mood was usually depressed and felt sad, hopeless, and worthless. My bipolar disorder progressed and the depressions became deeper and longer. It was difficult to get out of bed almost every day. Thankfully there were brief periods of normal mood where happiness would shine through. But I struggled with the depression, facing it with the high value of human life taught and demonstrated by my parents and my relationship with God. These gave me the strength where suicide was not an option, so I was not plagued often with suicidal thoughts and never actions. Depression was so much a part of my life that I functioned only enough to go to work. I worked as a computer programmer and registered nurse. With periods of hypomania, I would become irritable and grandiose, thinking I knew better than anyone, including my supervisors. Therefore I lost many jobs. After the last job loss, my parents moved me to Iron Mountain to be closer to them. I went to Northpointe Behavioral Health Center, for more help. I told the case manager I wanted to know why I kept losing jobs. She asked many questions and finally said "I think you have bipolar disorder." This was confirmed by a psychiatrist. I finally had an answer to many questions about my past.

My journey to recovery began. Recovery is walking on a path where you have choices to walk in the direction of possibilities or stay in your diagnosis. Staying in your diagnosis is a dead end. But taking steps down the path opens up many choices. I realized I was not my diagnosis but a whole person with opportunities and possibilities. My first choice was to take medications. With these prescribed medications, my depression lifted and I did not cycle into mania. My case manager suggested I go to the Phoenix Center, a skills building center. This gave me a reason to get out of bed, a place to go, and a place to socialize. I also read and learned about bipolar type 2.

Educating myself helped me to understand myself and my past. Part of my education was to attend National Alliance on Mental Illness (NAMI) meetings. This fork taken led to making new friends, sharing experiences, and more knowledge. New opportunities on my path of recovery came along. I attended NAMI conferences and became active in our NAMI Wishigan, our local NAMI chapter. I had fun, learned, grew in my recovery, and met many people.

One day at the Phoenix Center, the center supervisor approached me, asking "Would you like to become a peer support specialist (PSS)?" After some questions were answered, I agreed to apply for the position. I was hired. Becoming a certified PSS involved attending a state training and passing a certification exam. Another fork in my path of recovery led to more opportunities. I began working with the Phoenix Center's evening activities. Facilitating groups is my favorite part of my job. My goals are to provide information and get as much participation as possible. Currently, I am facilitating two different kinds of groups: the Peer Support Recovery Group and a WRAP (Wellness Recovery and Action Plan) group.

This is my recovery journey. The possibility of a detour on my path with a relapse exists, but the possibility does not control me or keep me in bed. I now have a community of friends and specific action plans to help point me back to this amazing path of recovery.

## 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 years 2009 and 2010.

**MDCH** assesses NorthCare's compliance with our contract through review of policy, consumer and staff interviews, program visits, and clinical record reviews every other year with a follow-up checks every other year. FY09 full review results are compared to FY09 state averages below. Next full review is scheduled for August 2011.

Areas Reviewed	FY09 Full Review Results	FY09 State Average
Consumer Involvement	100%	100%
Aggregate Program Scores	92%	90%
Person-Centered Planning	85%	79%
Administrative Requirements	75%	74%
Coordination	90%	79%
Record Documentation Requirements	92%	92%
Overall	90%	87%

**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 FY10 compliance review is compared to FY09.

Areas Reviewed	FY09		FY10	
	A 95%- 100%	B 75%- 94%	A 95%- 100%	B 75%- 94%
Quality Assessment & Performance Improvement Plan & Structure	100%		100%	
Performance Measures	99%		100%	
Practice Guidelines	98%		100%	
Staff Qualifications	100%		100%	
Utilization Management	100%		100%	
Customer Services	100%		100%	
Enrollee Grievance Process		92%	96%	
Enrollee Rights & Protections	97%		100%	
Subcontracts & Delegation	100%		100%	
Provider Network	100%		100%	
Credentialing	100%		100%	
Access & Availability		85%	100%	
Coordination of Care	100%		100%	
Appeals		83%		93%
Overall	96%		99%	

### 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 2010 and compared to fiscal year 2009.

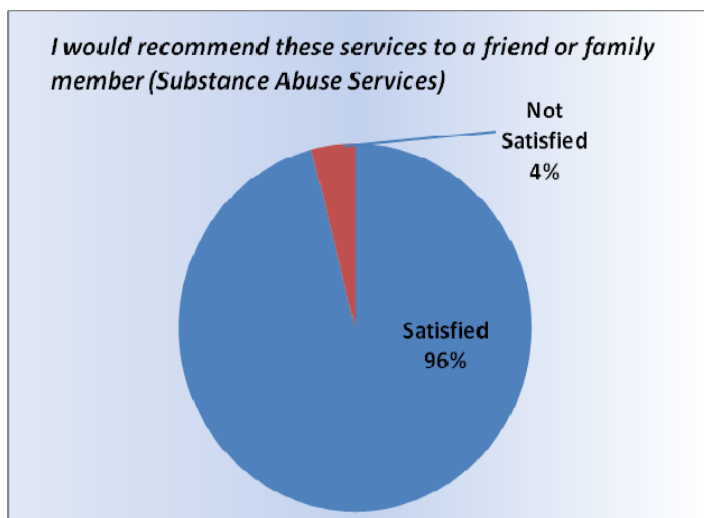
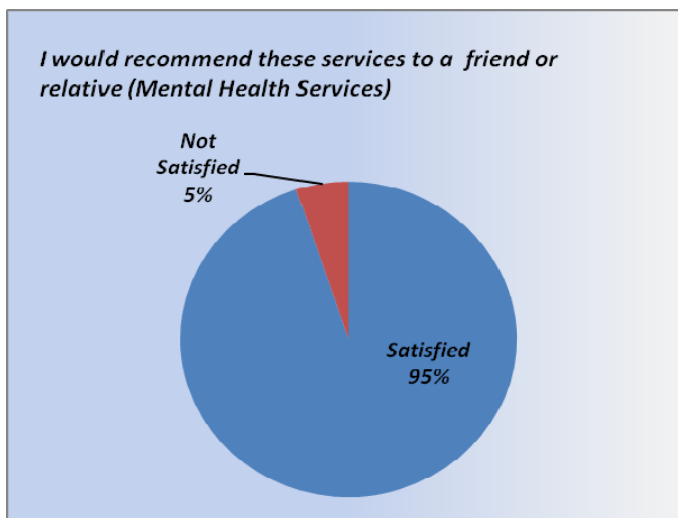
Performance Measures	FY09		FY10	
	A Fully Met	B Substantially Met	A Fully Met	B Substantially Met
New persons receiving an assessment w/in 14 days of request for non-emergency service.	A		A	
New persons starting on-going services w/in 14 days of non-emergent assessment.	A		A	
Percent of discharges from psychiatric inpatient unit who are seen for follow-up care w/in 7 days of discharge.	A		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 2010, 95% of all responders who have received mental health services indicated that they would recommend mental health services to a friend or family member while 96% respondents receiving substance abuse services indicated they would recommend their service provider to a friend or family member. This is a reduction of one percentage point from last year. A comparison of responses from the past five years for each question can be found at [www.northcare-up.org](http://www.northcare-up.org).

In FY10, we experienced a 24.6% rate of return for mental health surveys and 8.6% 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...*

" Very satisfied with ALL my workers

"Thank you for all your help!"

"Be careful of what is discussed - not always necessary to bring up the past so often."

"I am very very pleased."

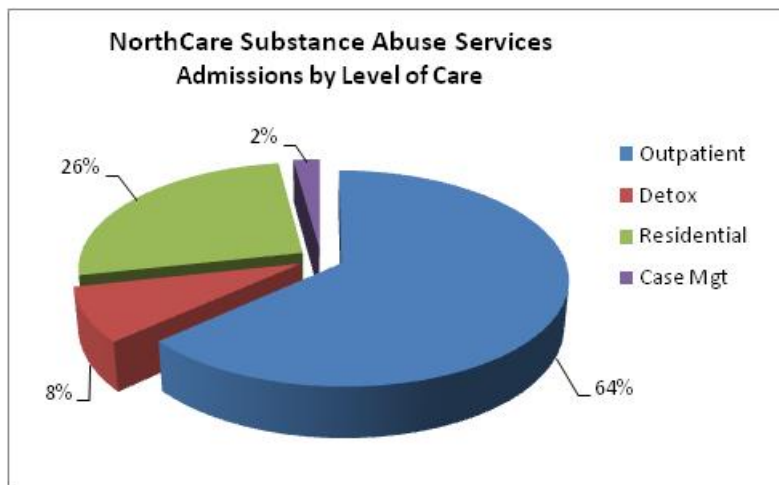
"Thank you Thank you Thank you!"

## Substance Abuse Services

The NorthCare Substance Abuse Services Coordinating Agency and CDR staff have continued their efforts to plan, coordinate and oversee the delivery of substance abuse services in the region. Although FY2010 was the final year that specialty funding was provided for Co-occurring, Gambling and Strategic Prevention Framework State Incentive Grant projects, a new concept, Recovery Oriented Systems of Care, was introduced in Michigan. The ROSC model embraces recovery within the community. Expect to learn more about ROSC in FY2011. The following information reflects Treatment and Prevention services provided in FY2010.

### Treatment

The charts below depict the 2,207 total Substance Abuse Treatment admissions for 1,541 clients broken down by the Level of Care and the County of Residence of the clients served.



### Admissions by County of Residence

County	#Admissions	% of All Admissions
Alger	65	2.9
Baraga	90	4.1
Chippewa	283	12.8
Delta	375	17.0
Dickinson	91	4.1
Gogebic	25	1.1
Houghton	87	3.9
Iron	34	1.5
Keweenaw	5	.2
Luce	37	1.7
Mackinac	69	3.1
Marquette	815	36.9
Menominee	143	6.5
Ontonagon	4	.2
Otsego	1	.0
Schoolcraft	83	3.8
<b>Total Admissions:</b>	<b>2207</b>	<b>100</b>

NorthCare CA is responsible for Medicaid and ABW funding for each of these counties. Additionally, non-Medicaid dollars support services for clients in the highlighted counties.

### FY2010-Treatment HIGHLIGHTS

□  
*"I can't really rate this (program). God and these people gave me back my life... How does a person rate something so precious?"*  
 ---

---  
*"(Program) has been a good help to me. To counseling, classes & the Women and Children program - thank you!"*  
 ---

□  
**Annual Medicaid Client Satisfaction Survey** for SA Treatment Providers showed **96%** overall satisfaction with Treatment received

□  
**CDR Access Unit** Performed **852** screenings and referrals to Treatment Providers in FY2010, an **18%** increase over FY2009

□  
**Primary Substance, at Admission:**  
**48%** = Alcohol  
**36%** = Opiates  
**12%** = Marijuana  
**3%** = Other Drugs  
**1%** = Cocaine/Crack

□  
**Admissions by Age**  
**4%** = Ages < 18  
**61%** = Ages 18-34  
**28%** = Ages 35-50  
**7%** = Ages > 50

□  
**Treatment Funding** in the Pathways / NorthCare region totaled **\$2,261,333**, which included Medicaid.

□

## Substance Abuse Services

Peer Recovery and Relapse Prevention services were officially added to the service array in FY2010

### Prevention

Prevention services provided in FY2010 are summarized below.

#### Evidence-Based Prevention Programs

- Prime for Life
- Children in the Middle
- Botvin Life Skills
- Strengthening Families
- Protecting You, Protecting Me
- Big Brothers/Big Sisters

These EBPs, combined with other Prevention Services, totaled \$900,865 in the 8-county region. Evidence-Based Practices represented 96% of prevention service hours reported in FY2010.

#### Recent "Prime for Life" Survey Responses

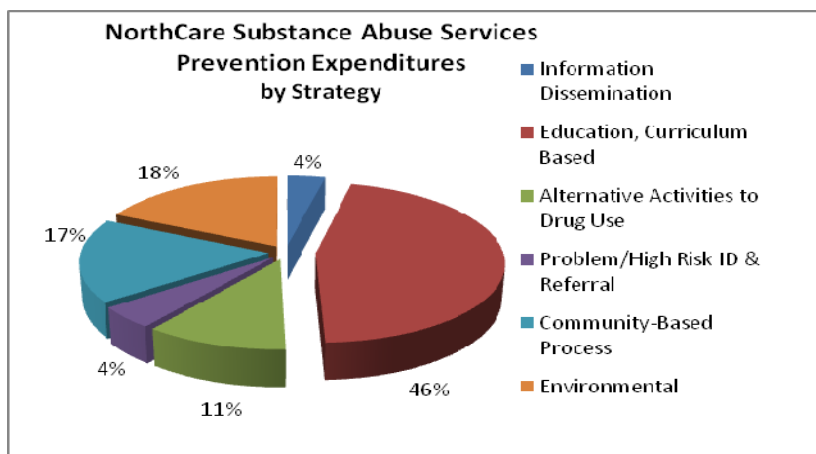
##### What did you find most helpful?

- "Just knowing the difference of high risk & low risk (behaviors). It set it in stone for me."*
- "probably the fact that the instructors were good facilitators."*
- "learning the 1-2-3 guidelines"*

##### What will you do differently?

- "put myself in low-risk category and stay there"*
- "make better choices - I will not drink and drive again and be responsible for someone's pain"*
- "follow the 1-2-3 guidelines"*

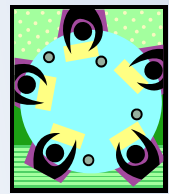
The chart depicts the total Prevention allocation, broken down by the six substance abuse prevention strategies:



In FY2010, the **Synar Rate** for Pathways/NorthCare CA region was at **13.6%**

### FY2010-Prevention HIGHLIGHTS

MC<sup>2</sup> - Marquette County SA and Violence Prevention Coalition - Celebrated its 20<sup>th</sup> Anniversary in November, 2010! Our agency's 20 year membership in MC<sup>2</sup> demonstrates this CA's commitment to the coalition.



**Substance Abuse Coalitions** are being formed to address local substance abuse issues.



**Prescription Drug Abuse** has emerged as a major problem in most of the region's communities. Resources are being devoted to address this serious problem.

**Regional Trends** from 2005-2009 reflect a decrease of alcohol-related traffic crashes.



### 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.

Mental Health First Aid trainings help educate people about mental illness and its symptoms. This is significant because 1 in 4 persons are diagnosed with a mental illness. They are our brothers, sisters, children, parents, co-workers and clients. For Fiscal Year 2010 there were a total of ten courses held with 146 community members trained in Mental Health First Aid across the Upper Peninsula.

If interested in a local training contact Sally Olson at 1-888-333-8030 or 906-225-4411.

### Active Engagement

To provide the right care at the right time means individuals are able to experience greater participation in their community. The Active Engagement Workgroup has dedicated the efforts of this multi agency and community team to increasing opportunities for individuals to become members of their communities. The AE workgroup focused first on developing a communication network of websites, email trees and face to face meetings to make regional connections and share resources. These efforts have resulted in an increase in the number of opportunities in the areas of recreational sports, dances, art classes, volunteer work, just to name a few.

### Gentle Teachings

In November of 2010 three *Working With People* trainings were held across the U.P. The two day training was attended by direct care-givers, case managers and supervisors.

The *Working With People* trainings taught the basics of providing positive supports and the important role of a gentle caregiver. The Upper Peninsula CMHSPs have embraced the practices of Gentle Teaching.

### Supported Employment

This fiscal year 27 of 139 consumers with mental illness enrolled in supported employment were helped to find competitive employment by NorthCare Network affiliates. We are excited to announce that we also received a 2-year block grant to implement Evidence Based Supported Employment in our region, which will help improve these results in the years to come. Consumers with mental illness who receive Evidence Based Supported Employment on average are able to secure competitive work in the community 58% of the time as opposed to 21% of the time with traditional supported employment services. They also experience increased income, increased self-esteem, improved quality of life, decreases in mental health symptoms, and reduced numbers of hospitalizations.

NorthCare continues to improve performance within our region. The dedication of the staff to continuously monitor and improve service is clear, as this report demonstrates. The people we reach and assist in transforming lives is evidenced with the stories in this report. NorthCare is working towards reaching more people within our region, while improving efficiencies. We look forward to continuous improvements for all that we serve.

John W. Basse  
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](http://www.northcare-up.org)**

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

*Funding for this publication is provided in part by Michigan Department of Community Health*