



Appendix C: Michigan 2008–2009 PIP Summary Form:
Improving The Penetration Rates For Children

For Community Mental Health Affiliation of Mid-Michigan.

DEMOGRAPHIC INFORMATION

PIHP Name: Community Mental Health Affiliation of Mid-Michigan

Study Leader Name: Elizabeth Holcomb Title: Director of Quality, Customer Service and Recipient Rights

Telephone Number: 517-346-8246 E-mail Address: holcomb@ceicmh.org

Name of Project/Study: Improving the Penetration Rates for Children with Serious Emotional Disturbance, Children with a Developmental Disability, and Children who have both a Serious Emotional Disturbance, and a Developmental Disability

Type of Study:

- Clinical Nonclinical
 Collaborative HEDIS

Type of Delivery System: PIHP

Date of Study: 10/1/08 to 9/30/2010

Number of Medicaid Beneficiaries Served by PIHP 60836

Number of Medicaid Beneficiaries in Project/Study 60836

Section to be completed by HSAG

____ Year 1 Validation ____ Initial Submission ____ Resubmission
____ Year 2 Validation ____ Initial Submission ____ Resubmission
____ Year 3 Validation ____ Initial Submission ____ Resubmission

____ Baseline Assessment ____ Remeasurement 1
____ Remeasurement 2 ____ Remeasurement 3

Year 1 validated through Step ____



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Submission Date: 2/12/2010

Year 2 validated through Step _____

Year 3 validated through Step _____



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A. Activity I: Choose the study topic. PIP topics should target improvement in relevant areas of services and reflect the population in terms of demographic characteristics, prevalence of disease, and the potential consequences (risks) of disease. Topics may be derived from utilization data (ICD-9 or CPT coding data related to diagnoses and procedures; NDC codes for medications; HCPCS codes for medications, medical supplies, and medical equipment; adverse events; admissions; readmissions; etc.); grievances and appeals data; survey data; provider access or appointment availability data; beneficiary characteristics data such as race/ethnicity/language; other fee-for-service data; or local or national data related to Medicaid risk populations. The goal of the project should be to improve processes and outcomes of health care or services to have a potentially significant impact on beneficiary health, functional status, or satisfaction. The topic may be specified by the state Medicaid agency or CMS, or it may be based on input from beneficiaries. Over time, topics must cover a broad spectrum of key aspects of beneficiary care and services, including clinical and nonclinical areas, and should include all enrolled populations (i.e., certain subsets of beneficiaries should not be consistently excluded from studies).

Study topic: The Department of Community Health selected the performance improvement project topic based on recommendations provided by the Department's Quality Improvement Committee (QIC). The QIC recommended the topic area after reviewing PIHP performance data from fiscal year 2006, (Milliman State authorized actuarial study, 2007) that demonstrated that PIHPs had lower than expected penetration rates for children with a serious emotional disturbance, a developmental disability, or both a serious emotional disturbance and a developmental disability.

Data on penetration rates for the 3 categories of children involved in the study is not available prior to 2006.

The target population selected by MDCH focuses on all the Medicaid enrolled children in the PIHP catchment area which includes Benzie, Clinton, Eaton, Gratiot, Ingham, Ionia, Manistee and Newaygo Counties. This includes children with special healthcare needs, children with mental health and emotional disturbance issues, children with developmental disabilities, and children from low-income families who qualify for



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Medicaid.

The purpose of the study is to determine if, with implementation of various interventions, the number of children 0-18 years identified with an emotional disturbance, developmental disability or dually diagnosed, and provided any service by this PIHP will increase.

Increasing the numbers of children with SED and/or DD receiving services will potentially improve the behavioral health of more children in the PIHP catchment area. This may help the children maximize their ability to function in home/school and daily lives as well as increase overall satisfaction of the child, the child's family, and others who associate with the child by reducing behavioral health symptoms.



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B. Activity II: Define the study question(s). Stating the question(s) helps maintain the focus of the PIP and sets the framework for data collection, analysis, and interpretation.

Study questions:

- 1) Will targeted interventions result in an increase in the rate of children diagnosed with serious emotional disturbance (SED) who had a least one encounter during the measurement year?

Baseline Period	Total eligible	Total served	Penetration Rate
10/1/2005 to 9/30/2006	60836	1852	3.04%

- 2) Will targeted interventions result in an increase in the rate of children diagnosed with developmental disability who had at least one encounter during the measurement year?

Baseline Period	Total eligible	Total served	Penetration Rate
10/1/2005 to 9/30/2006	60836	169	0.28%

- 3) Will targeted interventions result in an increase in the rate of children diagnosed with serious emotional disturbance (SED) and a

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developmental disability who had at least one encounter during the measurement year?

Baseline Period	Total eligible	Total served	Penetration Rate
10/1/2005 to 9/30/2006	60836	124	0.2%

Definitions:

1. Child: a person who is less than 18 years of age.

2. Developmental Disability: Per the Michigan Mental Health Code a developmental disability is:

A. Children up to 5 years of age with:

A substantial developmental delay or a specific congenital or acquired condition with a high probability of resulting in developmental disability as defined in subdivision (a) if services are not provided.

B. Persons between 5 and 22 years and meet all of the following:

Attributable to a mental or physical impairment or a combination of mental and physical impairments

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Manifested before age 22

Likely to continue indefinitely

Results in substantial functional limitations in 3 or more following areas of major life activity:

i. self care

ii. receptive and expressive language

iii. learning

iv. mobility

v. self-direction

vi. capacity for independent living

vii. economic self-sufficiency

Reflects the individual's need for a combination and sequence of special, interdisciplinary or generic care, treatment or other services

that are of life long or extended duration and are individually planned and combined.

3. Dual Diagnosis: For the purposes of the this study, dual diagnosis refers to a child with a developmental disability and a an emotional disturbance.



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B. Activity II: Define the study question(s). Stating the question(s) helps maintain the focus of the PIP and sets the framework for data collection, analysis, and interpretation.

4. Medicaid Eligible: For purposes of this study is a person who has any of the following scope and coverage codes

D2, F1, F2, K1, K2, P1, T1 and T2.

5. Serious Emotional Disturbance: a child with a DSM IV diagnosis exclusive of mental retardation, developmental disability or substance use disorder. If a person is less than 18 years of age they are reported as having a serious emotional disturbance. If they are 18 years of age or older they are reported as having a mental illness.

NOTE: continuous enrollment does not apply to this study.

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C. Activity III: Select the study indicator(s). A study indicator is a quantitative or qualitative characteristic or variable that reflects a discrete event (e.g., an older adult has not received an influenza vaccination in the last 12 months) or a status (e.g., a beneficiaries blood pressure is/is not below a specified level) that is to be measured. The selected indicators should track performance or improvement over time. The indicators should be objective, clearly and unambiguously defined, and based on current clinical knowledge or health services research.

Study Indicator 1	Describe the rationale for selection of the study indicator: This indicator was selected by the State. The number of Medicaid eligible children in the PIHP service area diagnosed as having a serious emotional disturbance who have at least one PIHP reported encounter in the State’s data warehouse in during the baseline and during each remeasurement period.
Numerator: (no numeric value)	Number of Medicaid eligible children in the PIHP service area who have a serious emotional disturbance and who have at least one PIHP reported encounter in the State’s data warehouse during the measurement period.
Denominator: (no numeric value)	Number of Medicaid eligible children in the PIHP service area in FY 2006
Baseline Measurement Period	10/1/05 to 9/30/06
Baseline Goal	N/A
Remeasurement 1 Period	10/1/2008 to 9/30/2009
Remeasurement 2 Period	10/1/2009 to 9/30/2010
Benchmark	4.04% Penetration rate by 9/30/2010 ⁵
Source of Benchmark	MDCH as negotiated with the PIHP
Study Indicator 2	Describe the rationale for selection of the study indicator: This indicator was selected by the State.



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	The number of Medicaid eligible children in the PIHP service area who have a developmental disability who have at least one PIHP reported encounter in the State’s data warehouse in FY 2008-2010.
Numerator: (no numeric value)	Number of Medicaid eligible children in the PIHP service area who have a developmental disability and who have at least one PIHP reported encounter in the State’s data warehouse in 2008-2010
Denominator: (no numeric value)	Number of Medicaid eligible children in the PIHP service area diagnosed as having a developmental disability and who have at least one PIHP reported encounter in the State’s data warehouse in FY 2006.
Baseline Measurement Period	10/1/05 to 9/30/06
Baseline Goal	N/A
Remeasurement 1 Period	10/1/2008 to 9/30/2009
Remeasurement 2 Period	10/1/2009 to 9/30/2010
Benchmark	1.28% Penetration rate by 9/30/2010
Source of Benchmark	Established by MDCH with the PIHP in contract negotiations



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Study Indicator 3	Describe the rationale for selection of the study indicator: This indicator was selected by the State. The number of Medicaid eligible children in the PIHP service who have both a developmental disability and a serious emotional disturbance and that have at least one PIHP reported encounter in the State's data warehouse in FYs 2008-2010
Numerator: (no numeric value)	Number of Medicaid eligible children in the PIHP service area who have a serious emotional disturbance and a developmental disability and who have at least one PIHP reported encounter in the State's data warehouse in 2008-2010.
Denominator: (no numeric value)	Number of Medicaid eligible children in the PIHP service area who have a serious emotional disturbance and a developmental disability and at least one PIHP reported encounter in the State's data warehouse in 2005-2006
Baseline Measurement Period	10/1/05 to 9/30/06
Baseline Goal	N/A
Remeasurement 1 Period	10/1/08 to 9/30/09
Remeasurement 2 Period	10/1/09 to 9/30/10
Benchmark	1.2% penetration rate by 9/30/2010
Source of Benchmark	Established with MDCH by the PIHP in contract negotiations



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Use this area to provide additional information. Discuss the guidelines used and the basis for each study indicator.

Children included in this study indicator include those who meet the 1996 Mental Health Code definition for developmental disability and/or have a DSM IV diagnosis exclusive of developmental disability, mental retardation, or substance abuse disorder; received a covered service (encounter) during the year, were less than 18 years of age when they had the encounter and were Medicaid Eligible during the month in which the encounter occurred. For the purposes of this study, a Medicaid eligible is a person who has any of the following scope and coverage codes: D2, F1, F2, K1, K2, P1, T1 and T2. Determination of receipt of a Medicaid covered service will be made by correlating the encounter data in the State's data warehouse to the Medicaid Eligibility file using the Medicaid Identification number. Continuous enrollment does not apply to this PIP.

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D. Activity IV: Use a representative and generalizable study population. The selected topic should represent the entire eligible population of Medicare beneficiaries, with systemwide measurement and improvement efforts to which the study indicators apply. Once the population is identified, a decision must be made whether or not to review data for the entire population or a sample of that population. The length of beneficiaries' enrollment needs to be defined to meet the study population criteria.

The study population includes all the Medicaid enrolled children in the PIHP catchment area which includes Benzie, Clinton, Eaton, Gratiot, Ingham, Ionia, Manistee and Newaygo Counties. This includes children with special healthcare needs, children with mental health and emotional disturbance issues, children with developmental disabilities, and all children from low-income families who qualify for Medicaid. Continuous enrollment is not a requirement for the purposes of this study.

Definitions:

3. Child: a person who is less than 18 years of age.

4. Developmental Disability: Per the Michigan Mental Health Code a developmental disability is:

A. Children up to 5 years of age with:

A substantial developmental delay or a specific congenital or acquired condition with a high probability of resulting in developmental disability as defined in subdivision (a) if services are not provided.

B. Persons between 5 and 22 years and meet all of the following:

Attributable to a mental or physical impairment or a combination of mental and physical impairments

Manifested before age 22

Likely to continue indefinitely

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Results in substantial functional limitations in 3 or more following areas of major life activity:

viii. self care

ix. receptive and expressive language

x. learning

xi. mobility

xii. self-direction

xiii. capacity for independent living

xiv. economic self-sufficiency

Reflects the individual's need for a combination and sequence of special, interdisciplinary or generic care, treatment or other services that are of life long or extended duration and are individually planned and combined.

3. Dual Diagnosis: For the purposes of the this study, dual diagnosis refers to a child with a developmental disability and an emotional disturbance.

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D2, F1, F2, K1, K2, P1, T1 and T2.

5. Serious Emotional Disturbance: a child with a DSM IV diagnosis exclusive of mental retardation, developmental disability or substance use disorder. If a person is less than 18 years of age they are reported as having a serious emotional disturbance. If they are 18 years of age or older they are reported as having a mental illness.

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E. Activity V: Use sound sampling methods. If sampling is used to select beneficiaries of the study, proper sampling techniques are necessary to provide valid and reliable information on the quality of care provided. The true prevalence or incidence rate for the event in the population may not be known the first time a topic is studied.

Measure	Sample Error and Confidence Level	Sample Size	Population	Method for Determining Size (<i>Describe</i>)	Sampling Method (<i>Describe</i>)
The number of Medicaid eligible children in the PIHP service area who have at least one PIHP reported encounter in the State's data warehouse in FY09 and who have a serious emotional disturbance	NA	All Medicaid Eligible children in the PIHP service area	All Medicaid Eligible children in the PIHP service area	NA	NA
The number of Medicaid eligible children in the PIHP service area who have at least one PIHP reported encounter in the State's data warehouse in FY09 and who have a developmental disability.	NA	All Medicaid Eligible children in the PIHP service area	All Medicaid Eligible children in the PIHP service area	NA	NA
The number of Medicaid eligible children in the PIHP service area who have at least one PIHP reported encounter in the State's data warehouse in FY09 and who have a serious emotional	NA	All Medicaid Eligible children in the PIHP service area	All Medicaid Eligible children in the PIHP service area	NA	NA



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disturbance and a developmental disability.					
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F. Activity VIa: Use valid and reliable data collection procedures. Data collection must ensure that data collected on PIP indicators are valid and reliable. Validity is an indication of the accuracy of the information obtained. Reliability is an indication of the repeatability or reproducibility of a measurement.



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Data Sources

Hybrid (medical/treatment records and administrative)

Medical/Treatment Record Abstraction

Record Type

Outpatient

Inpatient

Other _____

Other Requirements

Data collection tool attached

Data collection instructions attached

Summary of data collection training attached

IRR process and results attached

Other Data

Administrative Data

Data Source

Programmed pull from claims/encounters

Complaint/appeal

Pharmacy data

Telephone service data /call center data

Appointment/access data

Delegated entity/vendor data _____

Other _____

Other Requirements

Data completeness assessment attached

Coding verification process attached



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Data is entered into an electronic medical record (CDT) by treating clinicians. The relevant data is extracted from CDT using report formats developed and validated by Information Services Business Analysts. All IS processes are validated by IS and that validation is verified through EQRO process.

Description of data collection staff to include training, experience, and qualifications:

Survey Data

Fielding Method

Personal interview

Mail

Phone with CATI script

Phone with IVR

Internet

Other _____

Other Requirements

Number of waves _____

Response rate _____

Incentives used _____



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F. Activity VIb: Determine the data collection cycle.	Determine the data analysis cycle.
<input checked="" type="checkbox"/> Once a year <input type="checkbox"/> Twice a year <input type="checkbox"/> Once a season <input type="checkbox"/> Once a quarter <input type="checkbox"/> Once a month <input type="checkbox"/> Once a week <input type="checkbox"/> Once a day <input type="checkbox"/> Continuous <input type="checkbox"/> Other (list and describe): <hr/> <hr/> <hr/>	<input checked="" type="checkbox"/> Once a year <input type="checkbox"/> Once a season <input type="checkbox"/> Once a quarter <input type="checkbox"/> Once a month <input type="checkbox"/> Continuous <input type="checkbox"/> Other (list and describe): <hr/> <hr/> <hr/> <hr/> <hr/>

F. Activity VIc. Data analysis plan and other pertinent methodological features.

Estimated percentage degree of administrative data completeness: The Information System Capabilities Assessment Tool (ISCAT) is completed each year for our External Quality Review Organization (HSAG) Assessment. CMHAMM's administrative data has been

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determined to be 100% complete and CMHAMM's process was identified as a best practice.

Describe the process used to determine data completeness and accuracy:

All encounter and QI data submissions are submitted monthly and any late Medicaid data is completed and submitted within 3 months of the close of the fiscal year. Performance Indicator data is submitted quarterly and is completed and submitted within 90 days after the close of the quarter.

Completeness is estimated by looking at expected levels of service and QI data based on historical counts of services provided, received and processed through the 837 Data Warehouse. It is also estimated by comparing previous quarter indicator results. Completeness is defined as those Medicaid encounters and indicator results that have been submitted to MDCH successfully.

The PIHP Information Services Department developed the DDSED report to ensure valid and accurate data is gathered for the project. Following is a report summary with details on the report.

Report ID: DDSED

Report Summary

Report Name:	DD-SED Report.
Location (menu):	Echo Reporter Tool



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Related Reports:	DCHDEMO , DCHLIV , OBRAACT , SMICNT , UNDUPCNT
General Description:	<p>This report provides the total number of Medicaid consumers within each of the categories described below:</p> <ol style="list-style-type: none"> 1. children with a DD, SED or dual DD/SED diagnosis 2. adults with a DD, SMI or dual DD / SMI diagnosis 3. all age groups with a DD, SMI or dual DD / SMI diagnosis depending on the selection of age group.
Running and Interpreting the Report	
Standard Prompts:	<p><i>Enter Date Range (required)</i> - The date range during which the client had a DCH reportable activity (service).</p> <p><i>Show Detail for Report (required)</i> - Indicates whether detail is shown in the report. Default is "No", meaning that only Summary will be displayed. Choosing "Yes" will display all clients used to calculate the total for the report.</p> <p><i>Age Group (not required)</i> - Select "Child", "Adult", or "All". Selecting "Child" will result in clients being reported that had a reportable activity during the date range and were under age 18 at the time of the activity. Selecting "Adult" will result in clients being reported that had a reportable activity during the date range and were age 18 or older at the time of the activity. Selecting "All" will result in age not being a factor in the selection (e.g. all ages are reported).</p>

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Sort:	By Category designation (DD, SED, SED/DD), and by client id within each category.
Selection Criteria:	<ol style="list-style-type: none"> 1. Client has had a face-to-face activity (attendance code 1) within the Activity Date range selected that was reported to DCH as an encounter. 2. Client is under the age of 18 on or before the date of service if Child age group is selected, 18 or over if Adult age group is selected or any age if All age group is selected. Service must be a reported encounter. 3. For Medicaid: The client has a pay source that recodes to MCAID using the recode table DCHPaySources that was active during the reporting period. 4. In the CDT screen DCH Additional Info, client has ‘Yes’ selected in the “DD per Mental Health Code” field. (OR) 5. Client has a diagnosis that recodes to SED (or SMI) using the DCHDXCategory recode table. SED is classified the same as SMI. <p>If no disability designation is determined for consumers who have received a reportable service determine if the diagnosis recodes to DD per the DCHDXCategory recode table. If yes, then count in the DD category.</p>
Report Details:	<p>This report provides an unduplicated count of consumers who received a DCH reportable activity. If there is only a SED (or SMI) diagnosis the consumer is counted once in the SED (or SMI) category. If consumer is identified as DD, the consumer is counted once in the DD category. If there is both a SED (or SMI) diagnosis and a DD classification, the consumer is considered co-occurring and counted once as SED/DD and will not be counted in the other two categories. Displays the total number of consumers within each category and the total for all categories.</p>

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	<p>Summary Level: Shows the unique counts of consumers at the diagnosis category level, DD, SED(or SMI) or SED(or SMI)/DD.</p> <p>Detail Level: Shows the consumer id, name and date of birth for each consumer included in the unique total counts.</p>
<p>Field Descriptions:</p>	<p style="text-align: center;"><i>Client ID</i> - Client ID code</p> <p style="text-align: center;"><i>Consumer Name</i> - Client name in 'last name, first name' format.</p> <p style="text-align: center;"><i>Birth Date</i> - Client's birthdate.</p>
<h3 style="margin: 0;">Technical Details</h3>	
<ol style="list-style-type: none"> 1. ar.client is used for client info 2. cd.cei837ActivworkFYxx tables are used to filter on dch reported activities 3. ar.cpsplan is used to get client pay sources 4. ar.psplanmaster is used to translate pay source 5. cd.ceiRecode is used to further translate pay source and filter on medicaid 6. cd.ceiDCHData is used for the primary determination of whether a qualification of DD can be made 7. cd.clientdiagnosis is used to gather active diagnosis from the date range entered 	



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8. cd.ceiRecode where tableid_c = 'DCHDXCategory' is used to determine whether a diagnosis qualifies as MI or DD
(secondary determination for DD)

**Requested
By:**

Liz Holcomb.

Purpose:

Provides information needed to determine the total unique DD, SED and dual DD/SED children within a fiscal year for the annual DCH Performance Improvement Project (PIP) report.

Date Written:

03/20/2009 M. Rathwell. Original Version.

**For
Assistance:**

[I.S. HelpDesk](#)

Supporting documentation: The Information System Capabilities Assessment Tool (ISCAT) is completed each year for our External Quality Review Organization (HSAG) Assessment

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G. Activity VIIa: Include improvement strategies (interventions for improvement as a result of analysis). List chronologically the interventions that have had the most impact on improving the measure. Describe only the interventions and provide quantitative details whenever possible (e.g., “Hired four customer service representatives” as opposed to “Hired customer service representatives”). Do not include intervention planning activities.

Date Implemented (MMYY)	Check if Ongoing	Interventions	Barriers That Interventions Address
1/1/2009	X	<p style="text-align: center;"><u>Staff training</u></p> <p>Clinicians who work with DD/SED children have been trained in data entry for co-occurring disorders</p>	<p>Staff have not always entered both DD/SED diagnoses. For example, staff working with children in the program for SED will assess for SED and other diagnoses but did not consistently enter all diagnoses such as DD.</p>
2006	X	<p><u>Coordination/Collaboration with School Districts</u></p> <p>Staff attend IEPCs in the schools for children with behavioral health issues or DD. This Staff can consult during this process, when appropriate offer CMH services at the time or make the family aware for future access and identify community need.</p> <p>Staff coordinate with local school districts to identify children who may be eligible for and need CMH services. A stronger CMH presence in the schools will increase awareness and shared services.</p>	<p>Education of school district staff and identification of potential referral sources. School districts have parallel services and also may bill Medicaid. Unless a child is a behavior problem, schools are not as likely to refer to CMH. There are many public school districts plus parochial, private and charter schools within the counties served with whom providers would need to coordinate.</p> <p>Different understandings and standards of</p>

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Date Implemented (MMYY)	Check if Ongoing	Interventions	Barriers That Interventions Address
2/2009	X	A second Affiliate added an Autism Support Team in February of 2009. Team members are providing community education and outreach on the Autism Spectrum. The team is also providing consultation to area schools	confidentiality also interfere with communication. Education of school district staff and identification of potential referral sources
5/2009	X	One affiliate has added an autism specialist to work with the Intermediate school districts in identifying children with autism spectrum.	There is confusion among parents and other about Autism. Providing training and consultation will increase community awareness and knowledge about this disease and move towards a better informed public with a potential for increased numbers of children served..
1/1/2008	X	Juvenile Justice/Law Enforcement Initiatives Staff will work with juvenile justice and law enforcement to divert arrests and convictions and to identify children	Identification of potential referral sources

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Date Implemented (MMYY)	Check if Ongoing	Interventions	Barriers That Interventions Address
		who need CMH services.	
2006	X	<p>DHS Collaboration/Coordination</p> <p>CMH is working with Department of Human Services staff to:</p> <ol style="list-style-type: none"> 1. identify children who need CMH services; 2. Identify shared cases and 3. coordinate/educate DHS staff about SED and DD and appropriate referrals to CMH. 	Identification of potential referral sources
2006	X	<p>Preschool/Daycare Initiatives</p> <p>CMH staff will link with preschools to identify young children who might benefit from services</p>	Community education and identification of potential referral sources
5/2009	X	<p>Psychiatry Service</p> <p>Tele-child psychiatrist has been added to CMH provider panel.</p>	Lack of Child Psychiatrist for one affiliate
10/1/2008	X	<p>Access to Services</p> <p>Lobby State Legislators for funding equity for</p>	More stringent admission criteria due to an inequitable funding system in the State of Michigan.

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Date Implemented (MMYY)	Check if Ongoing	Interventions	Barriers That Interventions Address
		<p style="text-align: center;">PIHPs/CMHSPs</p> <p style="text-align: center;">Expand access to services by lowering the entrance CAFAS score from 60 to 50.</p>	<p style="text-align: center;">This PIHPs funding is the bottom third in the State. A recent change in funding moved us towards parity which has allowed the increase</p>
2009	X	<p style="text-align: center;">Community Collaboratives</p> <p style="text-align: center;">A CMH clinical staff has been trained and placed on the Start Collaborative which is a State program located primarily in School Districts. This Collaborative targets children 3-6 years and focuses on early identification and treatment of physical, mental and developmental challenges</p>	<p style="text-align: center;">Reaching children who may not be identified for services in more traditional venues</p>
2/2009	X	<p style="text-align: center;">Peer supports</p> <p style="text-align: center;">Identified a group of parents who completed “parent trainers” training. The parents will be going into the community and working with parents and their children with DD.</p>	<p style="text-align: center;">Lack of peer supports for families with children with DD</p>



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Date Implemented (MMYY)	Check if Ongoing	Interventions	Barriers That Interventions Address

Describe the process used for the casual/barrier analyses that led to the development of the interventions:

Identified other agencies/organizations that may work with children with developmental and or mental health issues/concerns. Conducted focus groups with consumers/families/community partners and other stakeholders to identify need areas and opportunities for services and advice on meeting needs in those identified areas. Worked with the Affiliation Quality Improvement Work Group to brainstorm causes of and potential solutions for barriers.



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For Community Mental Health Affiliation of Mid-Michigan.

G. Activity VIIb: Implement intervention and improvement strategies. Real, sustained improvements in care result from a continuous cycle of measuring and analyzing performance, as well as, developing and implementing systemwide improvements in care. Describe interventions designed to change behavior at an institutional, practitioner, or beneficiary level.

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For Community Mental Health Affiliation of Mid-Michigan.

G. Activity VIIa: Include improvement strategies (interventions for improvement as a result of analysis). List chronologically the interventions that have had the most impact on improving the measure. Describe only the interventions and provide quantitative details whenever possible (e.g., “Hired four customer service representatives” as opposed to “Hired customer service representatives”). Do not include intervention planning activities.

Date Implemented (MMYY)	Check if Ongoing	Interventions	Barriers That Interventions Address
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G. Activity VIIb: Implement intervention and improvement strategies. Real, sustained improvements in care result from a continuous cycle of measuring and analyzing performance, as well as, developing and implementing systemwide improvements in care. Describe interventions designed to change behavior at an institutional, practitioner, or beneficiary level.

Baseline to Remeasurement 1: N/A

During the Baseline Remeasurement period, interventions designed to change behavior at an Institutional level include: Juvenile Justice/ Law enforcement Initiatives which resulted in children being referred to CMH upon entering the court system

In 2005, Children’s Services initiated a partnership with the Department of Human Services and the Courts. This partnership has opened the door to allow more children to be served.

Staff coordinate with local school districts to identify children who may be eligible for and need CMH services. A stronger CMH presence in the schools will increase awareness and shared services.

Remeasurement 1 to Remeasurement 2:

Practitioner Level:

Clinicians who work with DD/SED children have been trained in data entry for co-occurring disorders

Beneficiary Level:

Tele-child psychiatrist has been added to CMH provider panel.



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For Community Mental Health Affiliation of Mid-Michigan.

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Date Implemented (MMYY)	Check if Ongoing	Interventions	Barriers That Interventions Address
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A second Affiliate added an Autism Support Team in February of 2009. Team members are providing community education and outreach on the Autism Spectrum. The team is also providing consultation to area schools

One affiliate has added an autism specialist to work with the Intermediate school districts in identifying children with autism spectrum.

Expand access to services by lowering the entrance CAFAS score from 60 to 50.

Remeasurement 2 to Remeasurement 3:



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For Community Mental Health Affiliation of Mid-Michigan.

H. Activity VIIIa: Data analysis. Describe the data analysis process done in accordance with the data analysis plan and any ad hoc analyses (e.g., data mining) done on the selected clinical or nonclinical study indicators. Include the statistical analysis techniques used and *p* values.

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For Community Mental Health Affiliation of Mid-Michigan.

H. Activity VIIIa: Data analysis. Describe the data analysis process done in accordance with the data analysis plan and any ad hoc analyses (e.g., data mining) done on the selected clinical or nonclinical study indicators. Include the statistical analysis techniques used and *p* values.

Describe the data analysis process (include the data analysis plan):

Before continuing, it is important to note that because the data represent all of the study population, rather than a sample of the population, the ability to generalize the data to the population of all eligibles in the service area is moot. In addition, the State determined the initial numerator and denominator for the baseline. This PIHP has been unable to replicate those numbers. Those that have been identified by the PIHP have been higher than the State's calculations. Therefore, this discrepancy constitutes a threat to the validity of the results.

Based on the study indicators, information from PIHP data warehouse will be queried for the number of children with SED, DD or Co-occurring SED/DD, who received a service during the fiscal year, were on Medicaid, and were less than 18 years of age at the time of the service. The 2006 data, provided by the State, will be used to establish the baseline by population and provider. Therefore, for the first full year of the PIP, the total number of children meeting study criteria will be obtained from the data warehouse. This number (numerator) divided by the total number of Medicaid eligible children in FY 06 (denominator) will give us a percentage. This percentage will be compared to the percentage served in FY06. The difference between the FY 06 and FY 09 percentages will be the increase/loss.

To determine if there is a significant performance variation between reporting periods, a Chi-square analysis will be conducted for each of the three study populations each quarter. The Chi-square test of statistical significance is used to determine if the observed difference by reporting period is greater than would be attributable to chance. Alpha, (*p* value) to determine statistical significance is set a .05. Data will be analyzed against the interventions used to determine the most/least effective strategies. In areas where significant change has occurred, strategies and interventions that led to the increase will be analyzed. These techniques will be considered for implementation across the PIHP.

Baseline Measurement: During FY 2006 there were 60,836 children enrolled in Medicaid. Also during 2006 CMHAMM served 2303 children



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with SED, DD, or Dually diagnosed with SED/DD. Hence, 3.78% of the children with Medicaid received mental health services from PIHP providers.

By category there were 1933 children with SED or 3.18% of the 60836 children who were enrolled in Medicaid, 213 children with DD or 0.35% and 157 children with DD/SED or 0.26%.

Baseline to Remeasurement 1:

During the first remeasurement period, FY 2009, 2584 children were served by PIHP providers. This is 3.78% of the 60836 children enrolled in Medicaid in 2006 or an increase of 0.46% from baseline. The chi square statistic was 6.64 with 2 degrees of freedom for a probability of 0.0926 which demonstrates that the null hypothesis is upheld. The alpha level (P) is 0.05.

Using an alternate method, the increase can also be measured as the increase in the number of children in all 3 categories served in 2009 compared to the number of children served in 2006 by the PIHP. With that method, there was increase of 439 children served from 2006 to 2009 or an increase from 2006 baseline of 20.47%.

By category, in FY 2009, 2234 children with SED or 3.67% were served. This is an increase of 382 children or an increase of 0.037% from baseline. Comparing the percent change of the number served, there was a 20.63% increase from 2006 of children with SED served in 2009.

We believe the interventions most responsible for the increase in children with SED served are the contracts with courts and Juvenile Justice System to provide service to children who become involved in the criminal justice system and an increased presence in the



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schools.

The number of children served with DD during FY2009 increased from 169 to 207. This is a increase of 38 children over the 3 year period. The penetration rate at baseline was 0.28% The penetration rate at first remeasurement period increased to 0.34% for an increase of 0.06%. The increase is most likely attributed the recent outreach efforts to the schools.

The affiliate with the greatest increase in children with DD served in FY 2009 has attributed the change to the addition of an Autism Specialist in the schools. This has resulted in more children accurately diagnosed with autism. The number of children with DD increased from 9 to 23 or 155% increase. Compared to the baseline enrollment the number of children with DD increased from 0.014% to 0.038% or an increase of .024%.

Children dually diagnosed with SED/DD increased from 124 to 143 or an increase of 15 children or from baseline 0.04%. The increase is most likely due to training for staff on data entry of dual diagnosis.

Remeasurement 1 to Remeasurement 2:

Remeasurement 2 to Remeasurement 3:



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H. Activity VIIIb: Interpretation of study results. Describe the results of the statistical analysis, interpret the findings, and compare and discuss results/changes from measurement period to measurement period. Discuss the successfulness of the study and indicate follow-up activities. Identify any factors that could influence the measurement or validity of the findings.



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For Community Mental Health Affiliation of Mid-Michigan.

H. Activity VIIIb: Interpretation of study results. Describe the results of the statistical analysis, interpret the findings, and compare and discuss results/changes from measurement period to measurement period. Discuss the successfulness of the study and indicate follow-up activities. Identify any factors that could influence the measurement or validity of the findings.

Interpretation of study results (address factors that threaten the internal or external validity of the findings for each measurement period):

Before continuing, it is important to note that because the data represent all of the study population, rather than a sample of the population, the ability to generalize the data to the population of all eligibles in the service area is moot. In addition, the State determined the initial numerator and denominator for the baseline. This PIHP has been unable to replicate those numbers. Those that have been identified by the PIHP have been higher than the State's calculations. Therefore, this discrepancy constitutes a threat to the validity of the results.

Baseline Measurement: 2006 PIHP Penetration rate for children under 18 with Medicaid, receiving any service, was 3.78%

Baseline to Remeasurement 1: Remeasurement period runs from 10/1/08 to 9/30/09.

During the first remeasurement period, FY 2009, 2584 children were served by PIHP providers. This is 3.78% of the 60836 children enrolled in Medicaid in 2006 or an increase of 0.46% from baseline. The chi square statistic was 6.64 with 2 degrees of freedom for a probability of 0.0926 which demonstrates that the null hypothesis is upheld. The alpha level (P) is 0.05.

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Remeasurement 1 to Remeasurement 2:



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Remeasurement 2 to Remeasurement 3:



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I. Activity IX: Report improvement. Enter results for each study indicator, including benchmarks and statistical testing with complete *p* values, and statistical significance.

Quantifiable Measure 1: The percent of study eligible children with SED who received a service during FY 06

Time Period Measurement Covers	Baseline Project Indicator Measurement	Numerator	Denominator	Rate or Results	Industry Benchmark	Statistical Test Significance, and <i>p</i> value
10/1/05 to 9/30/06	Baseline:	1933	60836	3.18%	N/A	
10/1/2008 to 9/30/2009	Remeasurement 1	2234	60836	3.67%	4.18%	Chi Square not significant (P=0.05)
	Remeasurement 2		60836			
	Remeasurement 3					
	Remeasurement 4					
	Remeasurement 5					

Describe any demonstration of meaningful change in performance observed from Baseline and each measurement period (e.g., Baseline to Remeasurement 1, Remeasurement 1 to Remeasurement 2, or Baseline to final remeasurement):

There was no meaningful change in the first remeasurement period

Quantifiable Measure 2: The percent of study eligible children with DD who received a service during FY 06

Time Period Measurement	Baseline Project Indicator	Numerator	Denominator	Rate or Results	Industry Benchmark	Statistical Test
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I. Activity IX: Report improvement. Enter results for each study indicator, including benchmarks and statistical testing with complete *p* values, and statistical significance.

Covers	Measurement					Significance, and <i>p</i> value
10/1/05-9/30/06	Baseline:	169	60836	0.28%	N/A	N/A
	Remeasurement 1	207	60836	0.34%	1.28%	Chi Square not significant (P=0.05)
	Remeasurement 2		60836			
	Remeasurement 3					
	Remeasurement 4					
	Remeasurement 5					

Describe any demonstration of meaningful change in performance observed from Baseline and each measurement period (e.g., Baseline to Remeasurement 1, Remeasurement 1 to Remeasurement 2, or Baseline to final remeasurement):

There was no meaningful change in the first remeasurement period.



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I. Activity IX: Report improvement. Enter results for each study indicator, including benchmarks and statistical testing with complete *p* values, and statistical significance.

Quantifiable Measure 3: The percent of study eligible children with SED and DD who received a service during FY 06

Time Period Measurement Covers	Baseline Project Indicator Measurement	Numerator	Denominator	Rate or Results	Industry Benchmark	Statistical Test Significance, and <i>p</i> value
	<i>Baseline:</i>	124	60836	0.20 %	N/A	N/A
	Remeasurement 1	143	60836	0.24%	1.2%	Chi Square not significant (P=0.05)
	Remeasurement 2		60836			
	Remeasurement 3					
	Remeasurement 4					
	Remeasurement 5					

Describe any demonstration of meaningful change in performance observed from Baseline and each measurement period (e.g., Baseline to Remeasurement 1, Remeasurement 1 to Remeasurement 2, or Baseline to final remeasurement):

There was no meaningful change in the first remeasurement period



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J. Activity X: Describe sustained improvement. Describe any demonstrated improvement through repeated measurements over comparable time periods. Discuss any random, year-to-year variations, population changes, sampling errors, or statistically significant declines that may have occurred during the remeasurement process.

Sustained improvement: N/A. Sustained improvement cannot be assessed as the first remeasurement period has just been completed.