

**Van Buren
Community Mental Health Authority
Ends Monitoring Report (Part I)
June 2019**

SUBJECT: Adults with Serious Mental Illness or Developmental Disabilities

POLICY:

There will be an improvement in the quality of life for adults and older adults with serious mental illness or developmental disabilities which will be noted by improvement in their:

- functioning
- positive participation in their community

The following report presents evidence that VBCMh services are improving the functioning and positive participation of adult customers. This report comes from information that has been collected for a number of years. Highlighted in yellow below are the portions of the CEO interpretation of the End for which data is provided. (In the report to be presented at the next Board meeting, the data collected will focus on the other portions of the interpretation statements.)

CEO Interpretation:

Improvement in functioning means that adults and older adults served will demonstrate an increased sense of well being and self sufficiency. Adults and older adults will have relief from acute psychiatric conditions and will indicate that symptoms of mental illness interfere less with their daily life. They will indicate that VBCMh staff helped them obtain the information needed to take charge of managing their illness and indicate that VBCMh would be their chosen provider and one they would recommend to others. Adults and older adults with developmental disabilities will maximize their physical and cognitive ability to interact with people and their environment, whether at home, workplace, or general community settings.

With the change to SWMBH as the PIHP, the customer survey utilized changed to the MHSIP. The outcome-oriented scales on the MHSIP have been collected by VBCMh for a number of years and the MHSIP outcome data are the focus of the second part of this Ends Report for adults to be presented in September. Several questions from MHSIP domains not included in the outcome-oriented sections of this survey are also indicative of positive outcomes of services. Three of these items were:

- “Staff helped me obtain the information I needed to take charge of managing my illness.”
- “I would recommend this agency to a friend or family member.” And
- “If I had other choices, I would still get services from this agency.”

Obtaining information needed to take charge of managing one’s illness is indicative of improvements in functioning. Being willing to recommend the agency to others and indicating that one would choose the agency for service if other choices were available are indicative that the person had a positive experience with services at VBCMh. All three of these items were rated as agree or strongly agree by more than 90% of VBCMh adult customers surveyed. VBCMh averages in the domains from which these questions appear (General Satisfaction; Quality and Appropriateness) were equal to or higher than the SWMBH averages and significantly higher than the national averages. (SWMBH does not publish individual question averages.)

93.4% of respondents agreed or strongly agreed with the statement “Staff helped me obtain the information I needed to take charge of managing my illness.”

93% of respondents agreed or strongly agreed with the statement “I would recommend this agency to a friend or family member.”

And 90% of respondents agreed or strongly agreed with the statement “If I had other choices, I would still get services from this agency.”

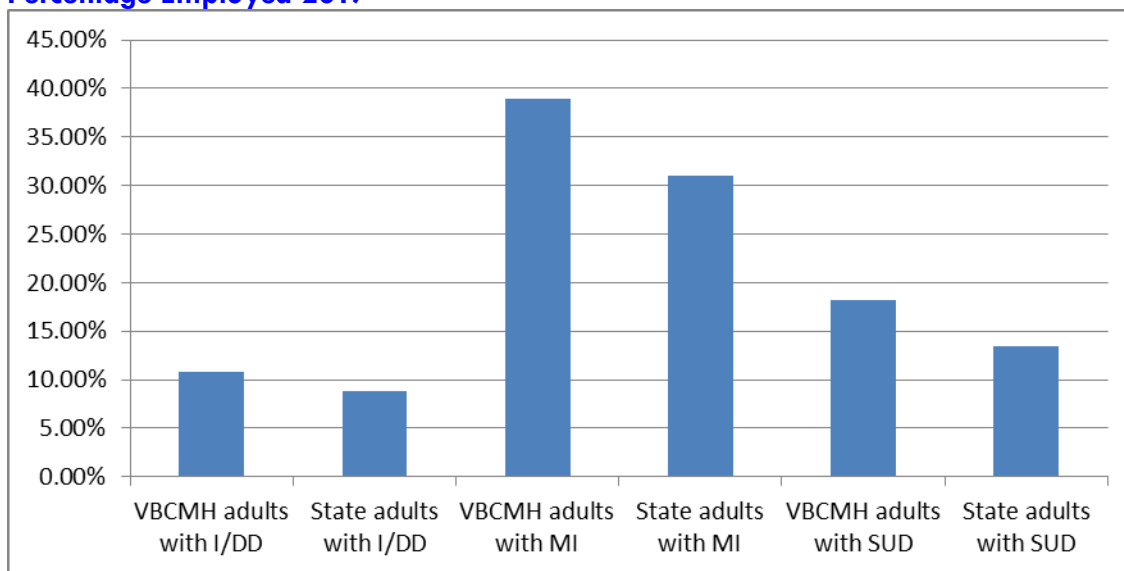
CEO Interpretation

Improvement in positive participation in their community means that adults and older adults will optimize their level of self-sufficiency, will self define their occupancy of time and have increased engagement in activities they find meaningful. Defining how their time is occupied and engaging in meaningful activities includes having friendships and family relationships and contributing to their communities through competitive employment. Adults and older adults will live in places that are safe and where they have choice in their day to day lives. Improvement in positive participation in their community also means they will spend less time in psychiatric hospitals.

“Contributing to their communities through competitive employment”

Data from the most recent report of the Michigan Department of Health and Human Services (MDHHS) to the legislature indicate that a higher percentage of VBCMh adult customers were employed in the community than the state of Michigan averages. This higher percentage was true for all three categories of persons served (those with intellectual and developmental disabilities (I/DD); those with mental illness (MI) and those with substance use disorder (SUD).) The comparative data is shown below in graph and in a table on the next page.

Percentage Employed 2017



Percentage employed 2017

VBCMh adults with I/DD 10.80%

State adults with I/DD 8.80%

VBCMh adults with MI 39.00%

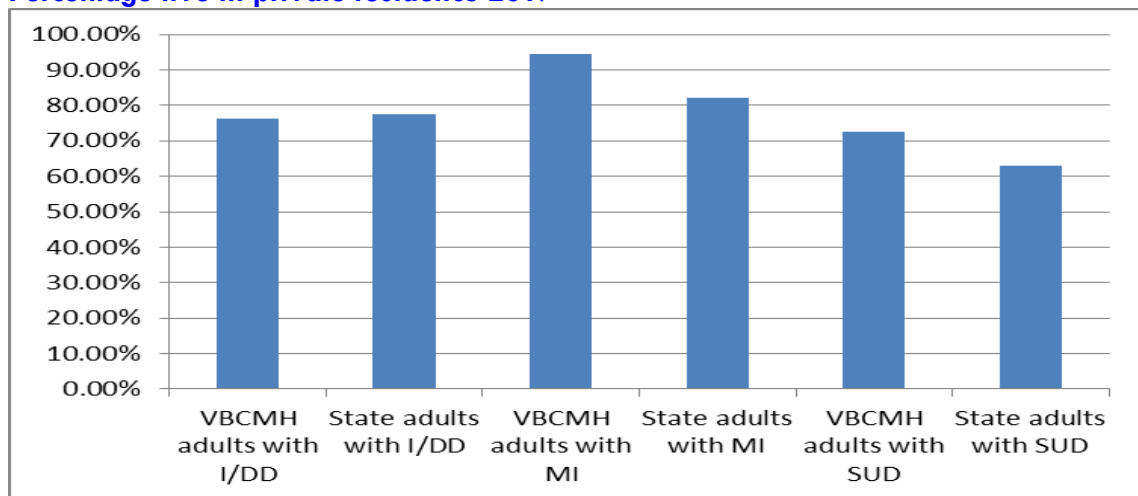
State adults with MI	31.00%
VBCMh adults with SUD	18.20%
State adults with SUD	13.50%

As of 2017, the state no longer counts work in enclaves or in sheltered settings as employed and also no longer allows persons to self select as not interested in employment and not be counted in this data. Thus, the percentages employed are lower for both VBCMh and that state averages than reported in previous years.

“Live in places that are safe and where they have choice in their day to day lives”

Living in a private residence or outside a more structured or institutional setting is generally acknowledged to equate in more choice and control over day to day decisions. Data from the most recent report of DHHS to the legislature indicate that a higher percentage of VBCMh adult customers with mental illness and adult customers with SUD reside in a private residence rather than residential foster care, institutional settings or are homeless. In past years, this trend was also true for adults with I/DD. The last two years of reports shows that the rate of VBCMh adult customers with I/DD living in private residences is statistically equal to the state average for adults with I/DD. The state average increased by 20 percentage points in 2016 and stayed at this increased level in 2017; while the VBCMh average increased by 2 percentage points and has been consistent for the last five. It is not known what caused the state average to increase so dramatically. There have been changes to the way the state collects the data and the federal rule called Home and Community Based Services which requires more freedoms in residential settings. Both of these factors may have contributed to the large increase in the state’s average. Available national data indicate that 69% of adults with I/DD live in private residences so Michigan is a leader in this area.

Percentage live in private residence 2017



Percentage live in private residence

VBCMh adults with I/DD	76.30%
State adults with I/DD	77.50%
VBCMh adults with MI	94.60%
State adults with MI	82.10%
VBCMh adults with SUD	72.70%
State adults with SUD	63.10%

“Spend less time in psychiatric hospitals”

A variety of measures indicate that Van Buren county residents spend less time in psychiatric hospitals. VBCMh has consistently been a leader in the low number of residents per 1,000 who are admitted to psychiatric hospitals. In the 2018 fiscal year, SWMBH service use evaluation report indicates that VBCMh continued to be a leader in this measure with a lower use than the regional average on use of hospitalization per 1,000 enrollees in Medicaid and Healthy Michigan Plan. This report shows an average of 4.7 people per 1,000 enrollees were hospitalized and the SWMBH average was 7.4.

The standard in the state of Michigan is that fewer than 15% of persons will be re-admitted to an inpatient psychiatric unit within 30 days of discharge. Looking at all discharged adults in 2017 from data published on the state website, for VBCMh, 4.4% (or 4 of 91) were readmitted to an inpatient psychiatric unit within 30 days of discharge. The state of Michigan average for 2017 was 9.8%. Looking over multiple years of data, it appears that the readmission rate for VBCMh has always been better than the state standard, and the state average. VBCMh’s average of 4.4% is typical over the years. The state average decreased by 4% from last year. Increasing attention is being focused on hospital readmission rates nationwide as an outcome measure for assessing performance of health care systems, and Medicare is now penalizing hospitals whose readmission rates for any type of admission exceed standards.

In general, the majority of persons hospitalized for psychiatric services are not receiving services from VBCMh at the time they need this highly intensive level of care. For adults who were open to services at VBCMh, less than 2% needed psychiatric hospitalization in fiscal year 2018 (34 open adult customers needed hospitalization during 2017-18; the number was 36 adults for the year prior). (This low percentage includes persons open to services but not actively attending their appointments.)

Data published by MDHHS for the 2016 fiscal year shows that VBCMh spent 12.6% of its expenditures on adults for psychiatric inpatient care while the state average expenditure was 21.7%. The average percentage of expenditures on adults for psychiatric inpatient went up by 2% for both VBCMh and the state average compared to the prior year. Spending significantly less on inpatient care is an indicator of better client outcomes as it indicates people are not requiring this level of intensive service.

These data indicate that Van Buren County residents spend less time in psychiatric hospitals and that persons served have a lower need than average for admission to a psychiatric unit.

These data begin to demonstrate that VBCMh services are improving functioning and positive participation of adults with serious mental illness or developmental disabilities.

Part Two of this monitoring report will be presented at the next Board meeting.