Management Summary

(Annual Performance Report)

October 1, 2008 – September 30, 2009

103 West U. S. 2

Wakefield, MI 49968

906-229-6100

COMMUNITY MENTAL HEALTH AUTHORITY BOARD

It is the mission of the Community Mental Health Authority Board to enhance the quality of life for our community by offering comprehensive behavioral health services. It is the ultimate goal of all services provided or contracted by the Authority to assist all residents of Gogebic County to attain or to maintain the capacity to participate in the opportunities, benefits and responsibilities of society.

CMH Authority Board: The CMH Authority Board consists of 12 members appointed by the Gogebic County Board of Commissioners pursuant to the Michigan Mental Health Code. Two (2) primary and two (2) secondary consumers were added to the Board per the Mental Health Code changes of 1996.

The Board meets monthly and works with a number of sub-committees that research/study various issues and make recommendations to the full CMHA Board for final action. Sub-committees include: Personnel, Finance, Nominating/By-Laws Review, and Steering. In addition, there is Board member representation on the Recipient Rights Advisory Committee and the Consumer Advisory Council.

Chief Executive Officer: The CEO is responsible for the overall day-to-day operation of CMHA Board-operated services including: all personnel, contracted services, planning, policy development, risk management, training, quality assurance, capital outlay and physical plant improvements.

The CEO is hired and employed by the CMHA Board. The CEO has direct supervision over three department directors: Clinical Services, Board Administration/Management Information Systems, and Community Services. The CEO also has direct supervision over the positions of CMHA Board's Executive Secretary/Quality Improvement Coordinator, Recipient Rights Officer, and the Maintenance Coordinator.

Deputy Director: The Deputy Director is responsible for the Board Administration, Finance and Management Information Systems Departments and its personnel. This includes all aspects of the Information Systems, Data Reporting, Human Resources, Medical Records, Accounts Payable, Payroll, General Ledger, Accounts Receivable and Secretarial. The Deputy Director also serves as CEO in his absence.

Clinical Services Director: The Clinical Services Director is responsible for services for individuals with a serious mental illness, serious emotional disturbance, and/or co-occurring disorders, including psychiatric and crisis/emergency services. The Clinical Director directly supervises the Access Coordinator, the Utilization Management Coordinator, and children's services.

Community Services Director: The Community Services Director is responsible for services for individuals with developmental disabilities. The Community Services Director supervises the Health Services, Rehabilitation, and Residential Services programs.

Recipient Rights: The Recipient Rights Officer (RRO) is responsible to assure that agency policy and practices are in compliance with State Office of Recipient Rights Guidelines. The RRO is charged with protecting the rights of consumers by providing rights training, investigating reported rights violations and reviewing all incident reports. Reports derived from investigations are given to appropriate supervisory personnel for disposition. The RRO chairs the quarterly Recipient Rights Advisory Committee meetings.

<u>Human Resources Coordinator</u>: The Human Resources Coordinator supports the CEO in coordinating the Human Resource function. This includes recruitment of personnel, training and orientation of new employees, management of the agency's training program, health insurance and other benefit administration, workers compensation, unemployment claims, hiring and discharge details, EEOC, FMLA, and ADA.

<u>Quality Improvement Coordinator</u>: Duties of the Quality Improvement Coordinator include maintenance of agency policy and procedure manual, management of the agency's training program, maintenance of CARF Accreditation, coordinate the Quality Assessment and Performance Improvement Program (QAPIP), be an Ad Hoc member of all quality improvement (QI) work groups, and chair the agency's Consumer Advisory Council.

- The CMHA Board's QAPIP has developed an organizational structure for evaluation, goal attainment and continuous quality improvement. This structure is parented by the Steering Committee. The Steering Committee has the responsibility to maintain a corporate culture based on continuing quality improvement philosophies and to oversee its progress, and for the design and operation of the structure and systems to support QI. The Steering Committee is comprised of the CEO, Program Directors, and the QI Coordinator. To assist the Steering Committee in carrying out the Board's mission, a QI Council will be maintained for the purpose of reviewing QAPIP activities, reviewing and analyzing data, and recommending changes for service improvement on an on-going basis. The QI Council will serve as a medium for communication and integration across all areas of quality improvement throughout the agency. The Medical Director/designee participates in QI Council meetings when available. Standing members of the QI Council shall be the QI Coordinator, Utilization Management Coordinator, the Recipient Rights Officer, and the Safety & Risk Management Committee Chairperson; other members shall be appointed representing different disciplines of the agency. The QI Council meets as needed but not less than quarterly.

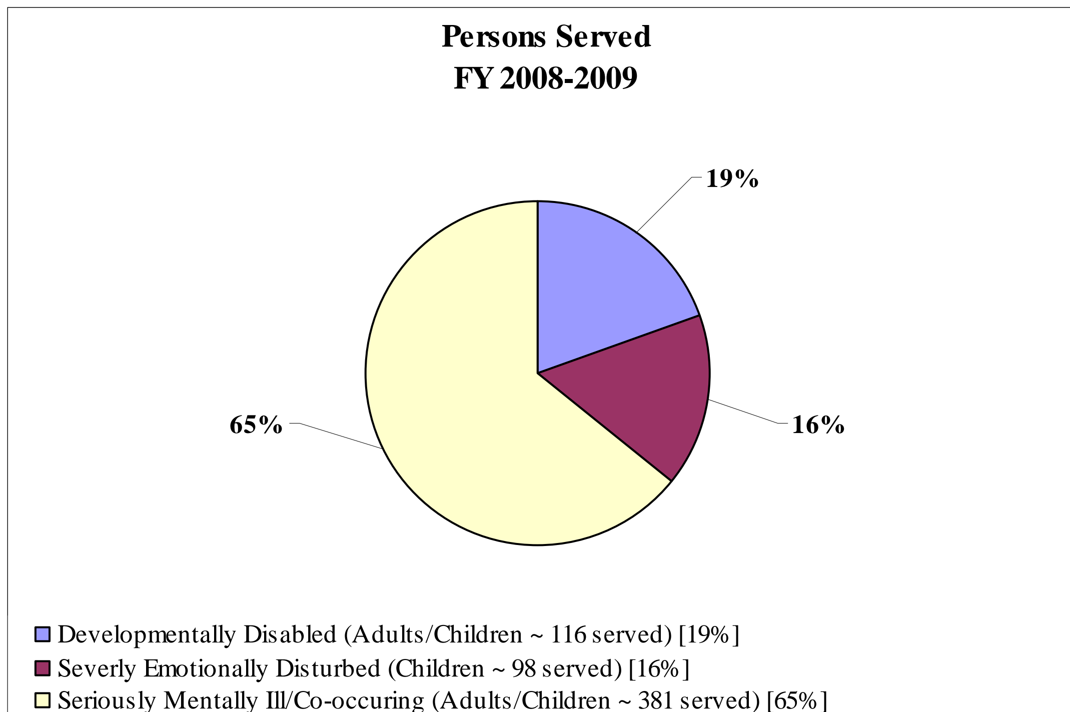
<u>Maintenance Coordinator</u>: The Maintenance Coordinator is responsible to perform light repairs, snow shoveling/blowing/plowing, maintain buildings and grounds, coordinate agency vehicle maintenance, assist with building security and safety, and coordinate maintenance and repairs with the lessee when a leased building is involved.

Available Services

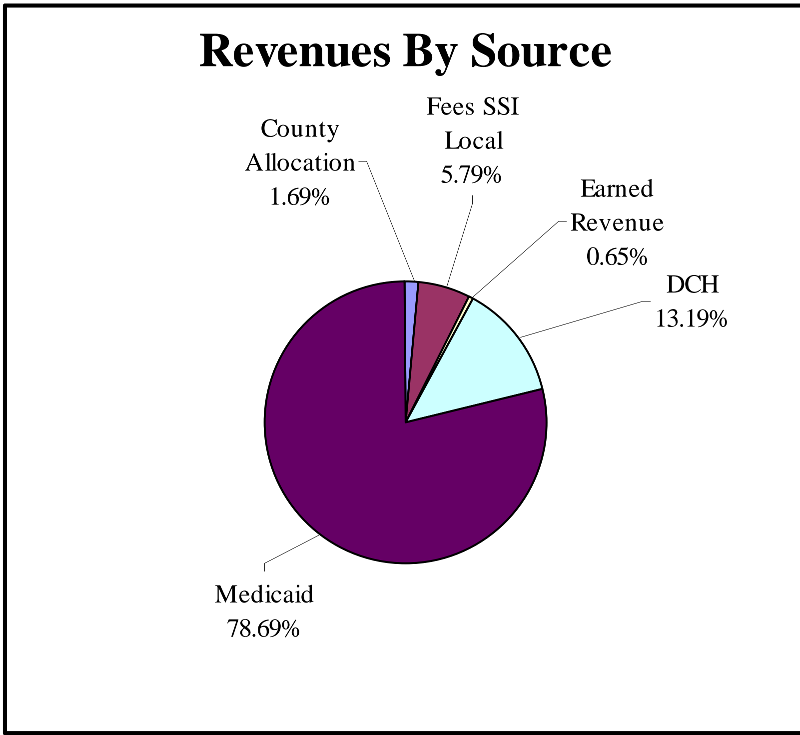
CMHA provides a variety of services for consumers with a serious mental illness, serious emotional disturbance, and/or co-occurring disorder, and a developmental disability. Some of the services include Community In-patient, Supports Coordination, Jail Diversion, Physical Therapy, Medication Administration, and Home-based; a complete listing of services provided is available by contacting CMHA. The programs specifically accredited by *CARF International . . . Commission on Accreditation of Rehabilitation Facilities*, include Case Management/Supports Coordination, Community Housing (Residential), Employment Services (Supported Employment), Crisis Intervention (Emergency Services), and Assertive Community Treatment.

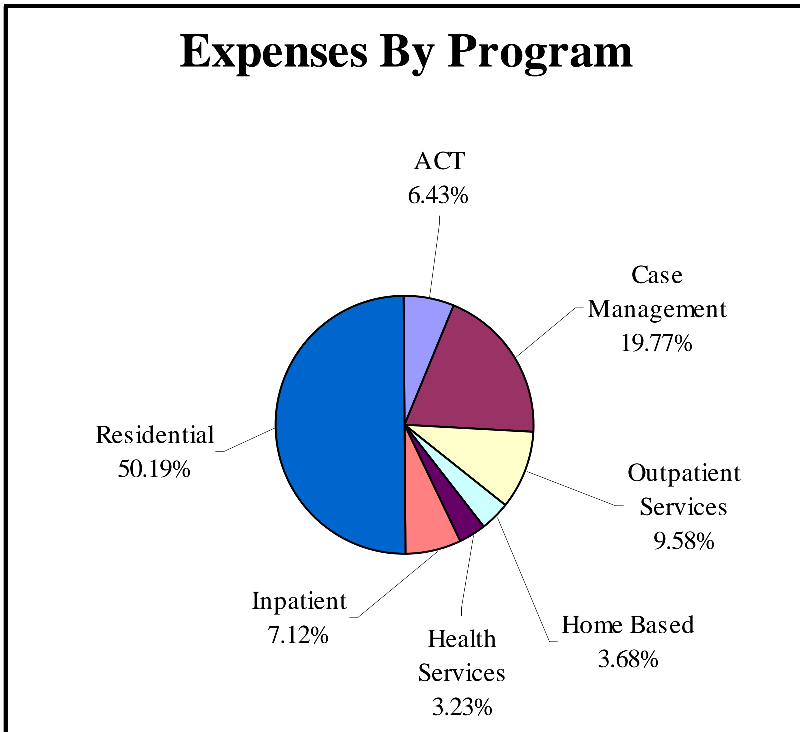
Persons Served

An unduplicated count of 595 individuals were served during this fiscal year. Of the 595 individuals served, 95 were considered "unreportable", i.e., did not receive on-going services (were VA or Mi-Child consumers, received emergency services only, and/or screened for services but did not meet eligibility criteria). The break down per population is shown in the graph.



Financial Profile
FY 2008-2009





OFFICE OF RECIPIENT RIGHTS

SITE VISITS BY RIGHTS OFFICE STAFF

13 visits to various sites: includes monitoring facilities for rights compliance, investigating complaints, incident reports, and visits with consumers and staff to appraise progress and maintain accessibility.

TRAINING PROVIDED BY RIGHTS OFFICE STAFF

Initial Recipient Rights trainings = 15, Initial HIPAA training = 15, HIPAA refresher = 60, Behavior Management Plan = 17, Physical Management Policy = 17, Recipient Rights Module Training = 42, Fire Drill Evacuation and Physical Management = 49, MDCH Administrative Rule Definitions = 87, Recipient Rights - Being an Unperson = 47, Incident Reports = 43, Recipient Rights Consumer Training = 10

TRAINING RECEIVED BY RIGHTS OFFICE STAFF (Training that fulfills RRO requirements)

Recipient Rights Officer received the following training: Technical Requirement on Behavior Treatment Committee, Advanced Interviewing Concepts, Cultural Competency Overview, Expert Witness, Self Determination and Rights, Technical Requirement Overview

COMPLAINTS RECEIVED

6 complaints received
2 complaints were handled as interventions and were unsubstantiated
4 complaints investigated
4 complaints substantiated

INCIDENTS

One-hundred twenty-four (124) incidents occurred, an increase of 60 from last fiscal year; 53 different consumers were involved in the various incidents, an increase of 17 consumers from last fiscal year. The QI Council, the Safety Committee and/or the Pharmacy & Therapeutics Committee continue to monitor the various incidents for patterns and/or trends. Training for staff and pro-active strategies are implemented, as needed, to assist in the decrease of incidents.

Origination of Incident	# of Incidents	Category of Incident	# of Incidents
Lakeshore Home	14	Injuries Requiring ER Visit/Admit to Hospital	13
Lakeview Home	36	Serious Challenging Behavior	29
Midland Home	26	Medication Error	25
CMH	0	Physical Illness Requiring Admit to Hosp	4
Other	48	Falls	19
		Arrest/Conviction	9
		Death	8
		Inappropriate Sexual Acts	1
		Not Entered/Unknown	16

Outcomes Summary for FY 2008-2009
(with Quality Improvement Plans for FY 2009-2010)

Site Surveys

Agency	**NorthCare**	**DCH**
Survey Dates	6/23/09	8/27/09
Survey Report Received	10/5/09 (Documentation Review) 10/23/09 (Full Site Review)	10/29/09
Plan of Correction Submitted	11/4/09 (Documentation Review) 11/13/09 (Full Site Review)	11/12/09 (NorthCare then submitted regional Plan to DCH)

<u>NorthCare</u>

- NorthCare conducted a *Consumer Documentation Review*, reviewing documentation in 10 random consumer medical records. The survey report indicated that of the 42 standards reviewed, 30 were in full compliance, scoring 100%. Twelve standards were non-compliant, scoring below 90% and a Plan of Correction was submitted to NorthCare for those non-compliant standards. Total overall compliance for this review was 91.78%, an increase from 87.91% last fiscal year.
- NorthCare conducted a *full* site review via desk audit, meaning that all required documentation was provided *electronically* to NorthCare staff with them reviewing documentation at their offices in Marquette rather than here, on site, at CMH. The *full* site survey report indicated that of the 43 applicable standards reviewed, 32 were fully met, 8 were substantially met, 2 were partially met, and 1 was not met, for an overall compliance rating of 97.95%, a slight decrease from 100% from the 2008 audit. A Plan of correction was submitted to NorthCare addressing the indicators that were rated "*substantially* met", "*partially* met", and "*not* met".

➢ *<u>QI Plan</u>*
  - On-going monitoring of the Consumer Documentation Review and the full site review Plans of Correction and assure continued compliance.

<u>Department of Community Health (DCH)</u>

- DCH conducted a site visit of NorthCare Network from August 17 – September 2, 2009. The purpose of the site visit was to review NorthCare Network's practices for compliance with a set of protocols based on the requirements of the Mental Health Code, the Medicaid Provider Manual, and the current contract with DCH. DCH conducted an on-site review at this CMH on August 27th. The site review report identified 18 findings specific to this CMH for which a Plan of Correction had to be developed. The Plan of Correction was submitted to NorthCare who then submitted an overall regional Plan of Correction to DCH.

➢ *<u>QI Plan</u>*
  - On-going monitoring of the Plan of Correction and assure continued compliance.

<u>Other</u>

φ Group Home Licensing ~ Annual fire alarm inspections conducted by Superiorland Electronics and annual sprinkler inspections were conducted at the Midland Avenue, Lakeview, and Lakeshore Group Homes; the fire Marshall also performed inspections at all three group homes. Environmental inspections were completed at Lakeview and the Midland Avenue group homes. Adult Foster Care License inspections were completed at Midland, Lakeview, Lakeshore, and Greenbush homes. All minor citations received were immediately remedied.

Outcomes Management System (OMS)

- The function of the OMS is to collect and monitor outcome goals and objectives that were developed internally by QI work groups for CARF accredited programs. The programs monitored were Case Management, Assertive Community Treatment, Emergency Services, Residential, and Supported Employment. Although not CARF affiliated, goals and objectives for Customer Services continued to be monitored, as well. Data (includes access standards but does not include satisfaction – see *Satisfaction Survey Summary* section of this report) for the fiscal year shows 86% compliance (56 out of 65 applicable objectives), an increase from 82.53% last fiscal year. Areas of non-compliance were continually monitored. The OMS work groups reviewed fiscal year data and modified where needed, the goals/objectives/methodology for data collection and Program Descriptions and Plans for FY 2009-2010.
- *Michigan Mission-Based Performance Indicators* ~ Of the five indicators monitored quarterly, four have an established compliance rate of 95%; compliance exceeded the established standard at 100% eleven times throughout the year, one indicator was still compliant at 96% and non-compliance was occurred four times. There is one indicator having a '15% or less' standard which monitors children and adults who are readmitted to an inpatient psychiatric unit within 30 days of discharge; the goal is to have zero readmissions within 30 days of discharge. The indicator was non-compliant for all four quarters.
- *Pre-paid Inpatient Health Plan (PIHP) Performance Indicators* ~ The indicators monitored mirror those for the *Michigan Mission-Based Performance Indicators*; however, they focus solely on *Medicaid* beneficiaries served. For the four indicators having an established compliance rate of 95%, compliance exceeded the established standard at 100% eleven times throughout the year, two indicators were still compliant at 95%, and non-compliance occurred three times. The indicator having a '15% or less' standard was non-compliant for all four quarters.

➢ QI Plan
  - Continue to monitor and maintain the OMS, making modifications as needed.

Utilization Management (UM)

- A new UM Committee was formed and a new UM Coordinator was appointment during this fiscal year. The Committee modified the UM Plan, reestablished functional UM activities, and developed new UM indicators to monitor.
- Record Review continues to be a significant component of the UM/QI process. The Record Review Committee disbanded during this fiscal year and the UM Committee became responsible for all record review functions. Data continued to be collected and reviewed quarterly with education and training provided to staff, as needed.

➢ QI Plan
  - Continue to develop, implement and monitor all aspects of the UM system.
  - Continue to monitor unusual incidents, and as required, report, review, track, and act upon sentinel events.
  - Due to the implementation of ELMER, develop new electronic process for record review; implement changes and train staff.

Safety and Risk Management

- The Safety and Risk Management Committee continued to be a strong and active committee. The Committee conducted 39 disaster drills in the CMH main building (35 last fiscal year); 39 vehicle inspections (21 last fiscal year); and 4 internal building inspections (one per quarter). One "external" building inspection was completed by a Michigan Certified Building Inspector (same as last fiscal year). There were no safety-related issues/citations identified from the external inspection; there were, however, some computer cable/wiring issues in offices that needed attention

and were taken care of immediately. Staff responded appropriately to actual incidents of medical emergencies and power outages.

- A variety of safety trainings conducted throughout the year include: CPR/First Aid, Blood Borne Pathogens, TB testing, new booster seat legislation, driver safety, violence in the work place, initial and refresher non-violent crisis intervention, crisis intervention and risk assessment, emergency preparedness, Michigan nutrition and food safety, various medication training, emergency hazard equipment, CMHA disaster drill plan, residential emergency and disaster (agency policy). For optimal consumer safety using the least restrictive approaches and through the person-centered planning process, CMHA's Occupational Therapist also addressed consumer-based fall prevention, lifting and transferring guidelines, mobility guidelines, adaptive equipment needs, and safe swallowing/feeding guidelines. Safety information was also provided to new employees during orientation and to all employees throughout the year via paycheck stuffers, memos, and posters.
- There were a total of 15 staff injuries (a decrease of one from last fiscal year) resulting in a total of two lost work days (an increase from zero lost days last fiscal year). The Safety Committee reviewed staff injuries on a monthly basis with analysis and follow-up recommendations, as appropriate.
- Through the QI process, consumer incident reports continue to be monitored. The Person-Centered-Planning Team continues to address individual consumer risk for falls with follow-up intervention as directed by the PCP team, including medication reviews, fall-prevention guidelines and assessment for adaptive equipment needs such as a mechanical lifting devices, walker, cane, gait belt, wheelchair, etc.
- As a commitment to promoting accessibility, the Safety Committee continued quarterly reviews of the Accessibility Plan, removing various accessibility barriers when identified. The Loss Prevention Consultant from the agency's Workman's Compensation Carrier met with the Safety Committee and provided direct observation and follow-up consultation within group home settings. The consultant reviewed existing worker's compensation programs and offered risk management suggestions to reduce future workplace exposures. The Safety Committee continued to review agency policies, procedures, and CARF standards relating to health, safety, and transportation.
- The Pharmacy & Therapeutics (P & T) Committee, a sub-committee of Safety, continued to review and monitor all medication errors to determine patterns/trends and provide medication training and/ or intervention as needed. There were a total of 25 medication errors for this fiscal year (an increase of 15 from last fiscal year). The Committee continued to review agency policies, procedures, forms utilized by RN's, and CARF standards, and provided various trainings (i.e., infection control, blood-borne pathogens, medication/pharmacy) as needed. Dr. Joe Cools, agency Psychiatrist/ Medical Director, and Dr. James Rocco alternately participated in the P & T meetings on a quarterly basis.

➢ *QI Plan*
  - Continue to monitor the safety and risk management goals and objectives and implement prevention and pro-active plans as needed.
  - Maintain quarterly review of the Accessibility Plan and update as appropriate.
  - Review agency policies and procedures and assure continued compliance with applicable CARF standards relating to accessibility, health, safety, and transportation.
  - Continue to monitor unusual incidents pertaining to health and safety and implement prevention and pro-active plans as appropriate.

Strategic Plan

- Goals and objectives were reviewed and monitored quarterly. Although some goals and objectives are on-going and were carried over, with modifications, to the FY 2009-2010 Strategic Plan, various new goals and objectives were also added.

- *QI Plan*
  - QI Council to maintain quarterly monitoring of the strategic plan goals and objectives.

Education

- Required training for staff continued to be provided and monitored. Staff continued to participate in various competency-based trainings relating to their specific job responsibilities.
- CMH's Training Coordinators continued to participate in the bi-monthly Learning Management System (LMS) User's Group meetings and in regional Training Coordinators meetings.
- Staff provided presentations to the CMH Board of Directors at their monthly meetings. These presentations focused on various issues and topics relating to mental health and staff responsibilities; question and answer sessions followed each presentation.
- Agency RN's provided six CPR classes and one first aid class for the community.
- *QI Plan*
  - Continue to utilize the regional Required Training List and assure required training is assigned accordingly. Continue to monitor training via the LMS and enter other trainings (not LMS) staff participate in.
  - Assign additional trainings as needed and/or requested.
  - Training Coordinators to continue participation on the regional Training Coordinators Committee and to participate in additional LMS Systems Administrator training, as needed.
  - Schedule community education trainings as needed and/or requested and track such trainings.

Quality Assessment and Performance Improvement Program (QAPIP)

- The agency's Quality Improvement Council continued to meet quarterly to review various data (i.e., satisfaction, performance indicators, CARF accredited program outcomes, record review, etc.), to receive QI sub-committee updates, and to review regional information.
- State Performance Improvement Projects (PIP) ~ The Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program contract between the Michigan Department of Community Health (DCH) and NorthCare Network, the Prepaid Inpatient Health Plan (PIHP), contains standards for implementing Quality Assessment and Performance Improvement Programs (QAPIP). The standards published by the Centers for Medicare and Medicaid Services (CMS) require that the PIHP "conducts performance improvement projects (PIP) that achieve, through ongoing measurement and intervention, demonstrable and sustained improvement in significant aspects of clinical care and non-clinical services that can be expected to have a beneficial effect on health outcomes and enrollee satisfaction." Two PIPs are required and were new projects for FY 2009; the first project topic was mandated by the State and the second project topic was chosen by the PIHP.
  - Project #1~Improving the Penetration Rate for Children with a Serious Emotional Disturbance, with a Developmental Disability, and/or who have both a Serious Emotional Disturbance and a Developmental Disability (project time frame: 10/01/08 – 9/30/11)
    - DCH selected this PIP study topic based on recommendations provided by the Department's QI Committee. The QI Committee recommended the topic area after reviewing performance data that showed PIHP's had lower than expected penetrations rates for children with a Serious Emotional Disturbance, with a Developmental Disability, or with both a Serious Emotional Disturbance and a Developmental Disability. Although the PIHP's throughout Michigan had overall lower than expected penetration rates for children, access data presented early in FY 2009 by Dr. Joe Cools showed this CMH was above the expected penetration rates.
    - As a result of a conference call between representatives from PIHP's throughout the State, the Health Services Advisory Group (HSAG - the external quality review organization

contracted by the State to conduct external quality reviews of the PIHP's), and DCH, the project actually focused on *increasing the number of children served* in the noted populations versus *improving the penetration rate*.
    - NorthCare gathered regional data for this PIP and provided status reports to the State as required.

- Project #2~Reducing the Rate of Adults who are Readmitted to an Inpatient Psychiatric Unit Within 30 Days of Discharge
    - This study is intended to identify and implement interventions that will increase the quality of care, while inpatient and upon discharge, reducing the likelihood of adults being readmitted to a psychiatric inpatient unit within 30 days of their discharge. This information is currently monitored via the Michigan Mission-Based Performance Indicators, Table 6-Indicator #12, which has an established compliance rate of 15% or less.
    - *Regional* FY 2008 data was utilized baseline data for the initial performance level measurement. *Regional* data showed 18.8% adults were readmitted to a psychiatric inpatient unit within 30 days of their discharge; this CMH had zero readmissions to a psychiatric inpatient unit within 30 days of discharge, resulting in full compliance.
    - FY 09 data showed that this CMH met the standard of *15% or less* for three of the four quarters. There was one re-admission out of two discharges (50%), resulting in non-compliance for the 3rd quarter.
    - *Regional* FY 09 data also showed that the standard was met at *15% or less* for three of the four quarters. *Regionally*, there were 16 re-admissions out of 73 discharges (22%), resulting in non-compliance for the 3rd quarter.
    - NorthCare continued submitting the required bi-annual project status reports to DCH.

- Service Verification
    - NorthCare conducted the *Medicaid* Service Verification as part of their Consumer Documentation Review during the June 2009 audit of this CMH. Ten consumer medical records and 165 services were reviewed; results are shown in the table, below. Identified issues were addressed and remedied as needed.
    - Service Verification (not limited to Medicaid only consumers) continued to be a part of the internal monthly record reviews conducted by CMH providers; results are shown in the table, below. Identified issues were addressed and remedied as needed.
- *QI Plan*
    - Continue implementation and monitoring of all performance improvement projects, to include service verification.
    - With the implementation of ELMER (electronic medical record) on 10/01/09, develop and implement new record review process via ELMER, for FY 2010.

	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	FY 08-09	NorthCare
Number of Records Reviewed	40	41	39	22	142	10
Number of Services Reviewed	313	756	782	516	2,367	165
Units Documented = Units Billed	96%	97%	88%	98%	94%	NA (methodology not the same for monitoring)
Service Documented in IPOS	97%	100%	92%	98%	96%	98.57%
Evidence Service was Provided	97%	98%	89%	98%	95%	99.38%

Input from the Persons Served and the Community

- Input, suggestions, and recommendations received from the persons served, their families, guardians and the community is valued, is a vital part of service improvement, and is one of the best ways to assist the agency in improving the services that are provided. Input is received through various means, i.e., suggestion box, satisfaction surveys, complaints via Customer Services, representation on the CMH Board and various committees. Suggestions and their responses are posted periodically throughout the CMH building, provided to specialized residential settings (group homes) and are reviewed by the Consumer Advisory Council and the QI Council.

➢ *QI Plan*

  - Continue to receive, review and respond to customer input as appropriate.

Satisfaction Survey Summary

φ Satisfaction surveys continued to be distributed monthly to various consumers and annually to referral sources (individuals in the community who refer other individuals to CMH for services). Satisfaction results are reviewed by the CMH Board, the QI Council, the Consumer Advisory Council, and staff. An annual report is also shared with consumers via posting the report in the CMH lobby and in the Outpatient waiting area, and by providing the report to the specialized residential settings (group homes).

φ The graphs on the following page show satisfaction results for each CARF accredited program (Case Management, Community Housing [Residential], Assertive Community Treatment [ACT], Employment Services (Supported Employment), and Crisis Intervention [Emergency Services]). Additional graphs include satisfaction results from referral sources and other CMH service areas that did not seek CARF accreditation (Outpatient, Home-based, Peer Supports Program).

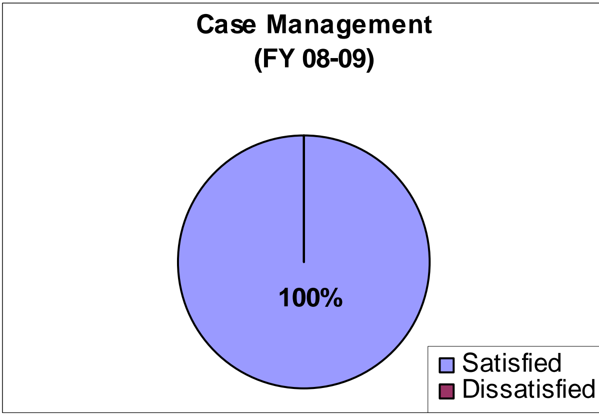
φ For the second consecutive year, the agency participated in a State-wide satisfaction survey process of the Assertive Community Treatment and Home-based programs. The goal of the survey was to obtain consumer perceptions related to access, quality and appropriateness of services, overall satisfaction, personal outcomes, and person centered planning to improve services. Two different survey tools were utilized, the Mental Health Statistics Improvement Program survey was used for adults receiving ACT services and the Youth Satisfaction Survey for Families survey was used for children/adolescents receiving Home-based services.

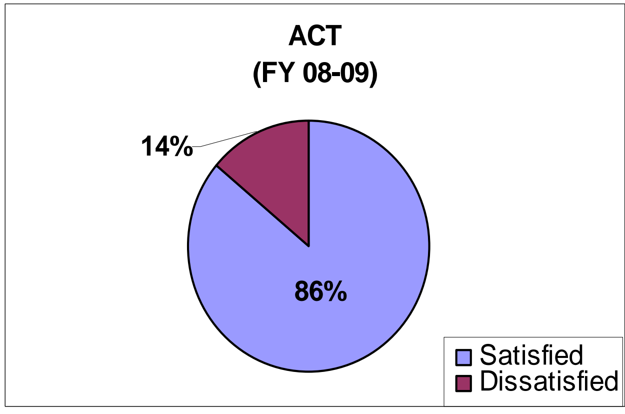
φ As part of the 2009 Program Policy Guidelines from the Michigan Department of Community Health, and in partnership with the Recovery Council, CMH's were to participate in the State-wide Recovery Enhancing Environment (REE) Survey process. The REE is a survey for adults with serious mental illness designed to identify the extent to which recovery-enhancing factors are present within mental health programs and the extent to which individuals receiving services report that they are experiencing recovery. Although the REE was to be implemented during FY 09, it was implemented at only five CMH's by October (FY 10). This CMH had 42 consumers participate; results of the REE survey have not yet been received by DCH.

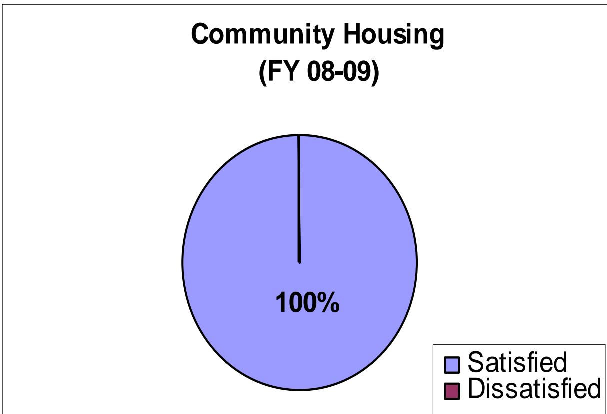
➢ *QI Plan*

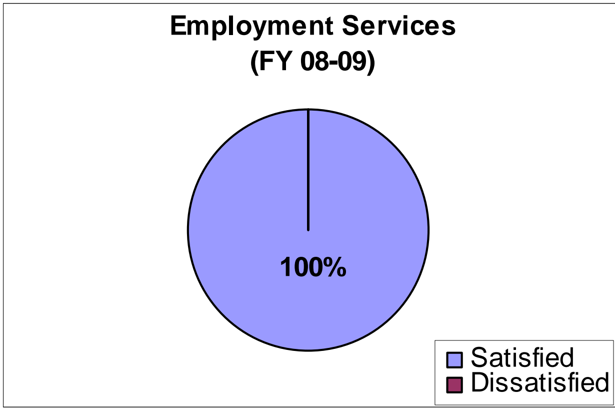
φ Continue to distribute satisfaction surveys, monitor data, and respond to comments/issues as appropriate.

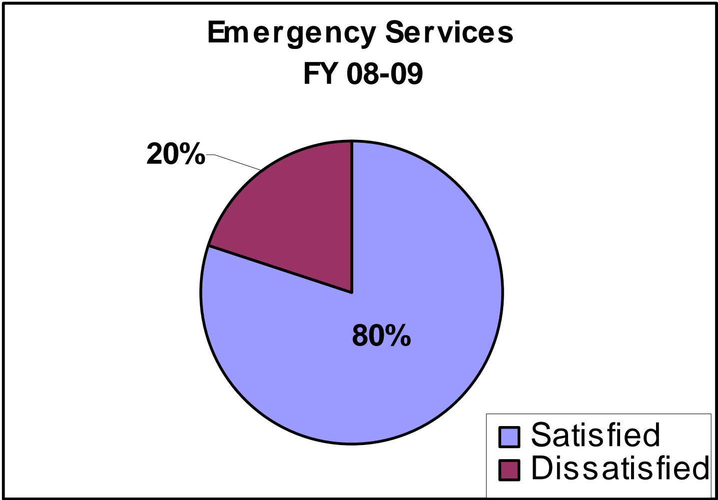
φ Include the Infant Mental Health program in the satisfaction survey process.

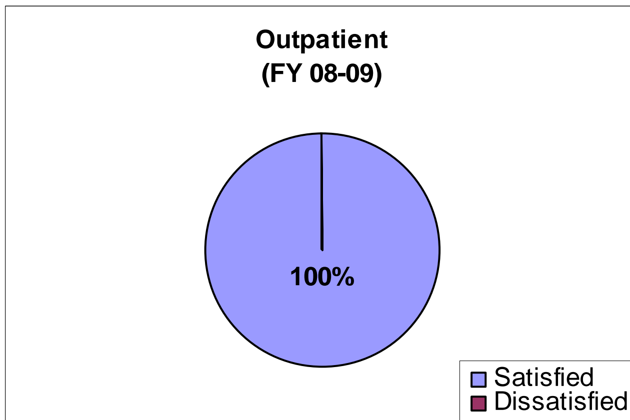

Case Management
(FY 08-09)
100%
Satisfied
Dissatisfied

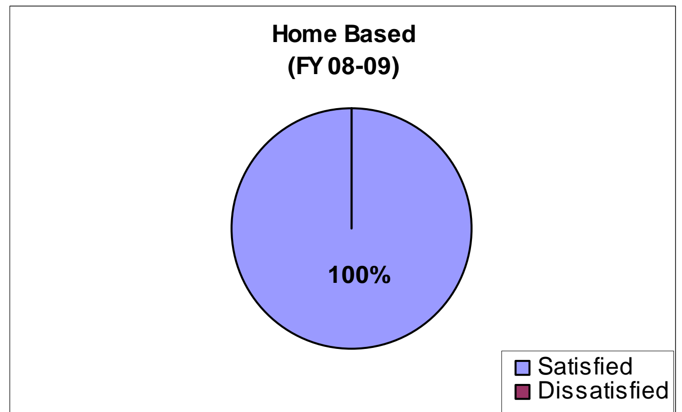

ACT
(FY 08-09)
14%
86%
Satisfied
Dissatisfied

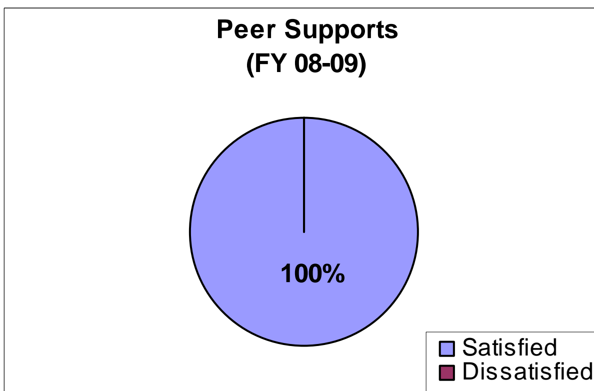

Community Housing
(FY 08-09)
100%
Satisfied
Dissatisfied

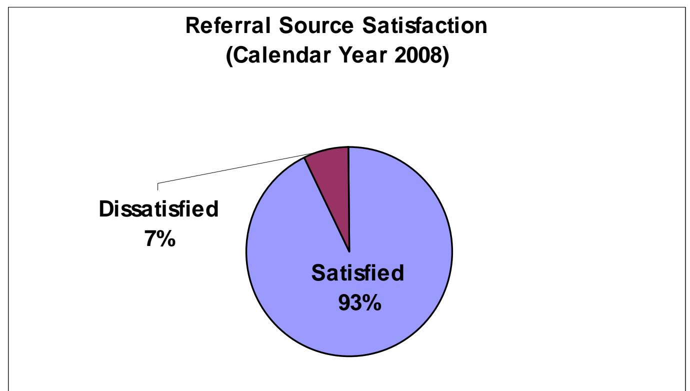

Employment Services
(FY 08-09)
100%
Satisfied
Dissatisfied


Emergency Services
FY 08-09
20%
80%
Satisfied
Dissatisfied









Note: Referral Source Satisfaction survey data for calendar year 2009 will not be available until the FY 2010 Annual Management Summary.

Consumer Comments

Satisfaction Surveys

- ★ I feel your services are excellent and helped me much. Thank you.
- ★ Am very satisfied with the services provided for my adopted son.
- ★ Thank You!
- ★ Services seem good. Everyone seems nice!
- ★ Very helpful, thank you!
- ★ Staff is always friendly, along with Doctor, concerned about how everything is going, willing to listen and help if they can.
- ★ Everyone there is wonderful.
- ★ Very satisfied with services and Julie Hewitt.
- ★ My lifeline, Thanks Much.
- ★ The staff is great.
- ★ Please keep the Center open. Whatever the name will be because there is me and a few others that need this group. Because it's a nice group to belong to and without it where would we go or what would we do?
- ★ Mental Health helps very, very much! Bill Malloy helps me very much! And everyone I've seen is very friendly. I am happy with everything.
- ★ Mr. Tibaldo was wonderful with (name)!
- ★ We only had services for two months. Thank you.
- ★ Tom (Gayan) should receive something. He does such a good job with my son. Never had anybody that understands him like Tom does. Tom should get the Best Worker of the month award or something. If it wasn't for Mental Health, I would not know where my son would be right now.
- ★ Our family really appreciates the services we have received from CMH - Thanks!
- ★ Thanks for everything.
- ★ I very much appreciate the help that is given to my son.
- ★ Good services also friendly and smiles a lot.
- ★ I got the help I needed. Thank you! I think you people saved my life!
- ★ It's comforting knowing I have a support group that works with me and are there for me if I start slipping backwards. I have had problems with depression a big part of my life and have not always had this service.

Emergency Services Satisfaction Surveys

- ★ Thank you for letting me come there at mental health. It helps me very, very much. Bill Malloy is a very helpful man, and so is everyone else there. Thank you again very much!
- ★ Crisis person could have looked more into background and not gone over board sent to center too far away with no follow up. Just sent away locked up medical file not reviewed.
- ★ Thank you for your help!
- ★ Keep up the good work. Thank God there are people like yourselves that sincerely care about others. Thank you!
- ★ Really appreciate Gwenn, she has been most helpful and rest of staff have been supportive & willing to go the extra mile!
- ★ There was a long delay due to inability to contact Juvenile Judge - don't know what the difficulty was due to.
- ★ As an older person, the young people can't grasp a lifetime. Crisis person asked all the standard questions, and agreed with what I already knew were the standard options. Frightened of my moods/actions, I left knowing it is all up to me.

- ★ Screen your employees so they are fully qualified and so that they don't cause someone to go "over the edge".
- ★ The service I received was very valuable. I plan to continue my treatment with CMH.
- ★ I needed help & I got it. Very good.
- ★ The service from the CLS workers is excellent. Much needed and appreciated. I believe that they are hard working and giving. They are stretched to the max and beyond. The programs should be expanded, perhaps more CLS drivers. The Serenity Center should have more hours, open at least one day on the weekend.
- ★ Get a better trained person to be on your response team.

Referral Source Satisfaction Surveys
Comments regarding CMH's Strengths

- ★ Providing a range of mental health services to our community.
- ★ Very helpful at the jail - keep up the good work!!
- ★ Good people, aggressive, attempts to keep up with changing environment.
- ★ Friendly, helpful staff. Knowledge of patient base.
- ★ Keeping up with their current clients when they are incarcerated.

Barriers Encountered

- ★ Confusion over procedure, particularly with children.
- ★ I do not think it's a referral issue, but we appreciate it when all the paperwork is completed on a cert before we call our officers for pick up and transport so they do not have to sit and wait.

Supported Employment Review

Supported Employment (SE) Reviews were utilized as part of the agency's Outcomes Management System Data Collection. A sampling of Supported Employment Program and Employee Reviews were distributed quarterly to contract sites and community placements.

- ❖ Ten (10) *Employee* Reviews were returned. 'Employees' (the consumers placed in the community) had ratings between 1 (needs immediate improvement) and 5 (goes beyond required duties). One review returned was not checked, one rated a 2, four rated a 3, three rated a 4, and one rated a 5.

- ❖ Ten (10) *SE Program* Reviews were returned. Both questions "Has Supported Employment Services provided you with the assistance promised?" and "Would you utilize our services again in the future?" were rated 100% on all reviews returned.

- ❖ Comments on the reviews include:
  - ★ "Name" is a joy to work with. She always has an upbeat personality and our resident enjoys being around her. I feel you have a good program and I can't think of any way to improve it. The workers we have fit in well with our residents and employees."
  - ★ "I would like to know more about your program."
  - ★ "Verbal prompts needed most times, worker gets along very well with residents, conversing and assisting them at Bingo. Melanie is a great help in supervising and communicating "name's" needs and potential."
  - ★ "Phone call prior to visits to make sure worker and supervisor are there. Please put attention "name" on envelopes – mail person did not know who to give it to. Thanks."

- “At times there isn’t enough work to keep busy, especially if we have court-ordered community service personnel. May I suggest one weekend day per week, alternating each week (i.e. Saturday week 1, Sunday week 2, etc.).”
- “Very satisfied with the program-how it is executed and the results.”
- “I truly believe there is a “job” for everyone who wants one-this program is testament to the fact and an extremely needed commodity-Thank you for offering this!”
- “At times difficult to understand. Does not always initiate on own, but does perform tasks when asked. Discussed this with the person in the position.”
- “Name” is an important part of our program-he performs his job very well and we are fortunate to have him on our staff. Because of the independent nature of “name’s” position, it is hard for me to rank/score him but because I receive no complaints (minimal), I know him to be doing his job.”
- “Name” is very energetic and the residents and staff love having her around”.

The Board is committed to the quality improvement system and continually strives to improve programs and to achieve the highest level of satisfaction. As continually evidenced by various regulatory and/or accreditation site surveys and by satisfaction results, the Board continues to meet their mission of ‘***Enhancing the quality of life for our community by offering comprehensive behavioral health services’***.