



**IMPORTANT ASPECTS OF CARE REPORT:
FY 2007-08 (October 2007 – September 2008)**



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Executive Summary

The 2007-08 Important Aspects of Care Report is presented as a summary document of mental health and substance abuse cost and utilization data, as well as a demographic summary of the consumers receiving services in the Community Mental Health Partnership of Southeast Michigan (CMHPSM) during the 2007-08 Fiscal Year (FY). Some key points within this report are highlighted below:

❖ **County Profiles:**

Washtenaw County population increased to 350,003 while Lenawee, Livingston and Monroe counties experienced population declines. The unemployment rate in the affiliation ranged from 6.5% (Washtenaw) to 8.9% in Lenawee and Monroe counties. The percent of persons living below the poverty line ranged from 5.9% in Livingston County to a high of 12.7% in Washtenaw County. Lenawee County reported 11.1% living below the poverty line and Monroe County 6.8%. The median household income for the Southeast affiliation ranged from a high of \$70,735 in Livingston County to a low of \$50,240 in Lenawee County.

❖ **Consumers Served:**

The CMHPSM served a total of 10,888 consumers in FY08. Washtenaw County served 5,641, ninety-one (91) more consumers than the previous fiscal year. Lenawee (1,852), Livingston (1,552) and Monroe (1,843) served fewer consumers than the prior year. The affiliation penetration rate was 1.4% of the total population.

❖ **Medicaid and General Funds Expenditures:**

In FY08, the CMHPSM served 143 fewer Medicaid and 374 fewer general fund (GF) consumers, though the percentage served by funding source did not change significantly. In FY 08, 55% of the consumers served were Medicaid, while in FY07 54% of the consumers served were Medicaid. Lenawee experienced an increased from 55% to 61% of their total population served with Medicaid dollars. Livingston County remains constant. Monroe County increases from 60% to 62% Medicaid while Washtenaw increased from 49% to 50% Medicaid.

❖ **Age, Gender, and Ethnic Makeup of Consumers:**

79.9% of all consumers served in the CMHPSM are between the ages of 18-64, 14.4% are 0-17 and 5.7% are 65 years or older. These percentages have remained fairly constant over the last three years. 51.9% of consumers served are male while 46.7% are female. In 1.4% of the consumers served the gender is unknown. The composition of the CMHSP's consumers remained fairly constant: around 64% white, 30% African-American and 4% Hispanic. The minority population penetration rates for the CMHSP are: Lenawee County 1%; Livingston County 1.5%; Monroe County 1.9%; Washtenaw County 2.2%; Affiliation minority penetration rate is 2.0%.

❖ **Special Populations: Homeless:**

The percentage of consumers served that were homeless in the four counties was 5.59% (Lenawee 2.16%, Livingston 0.97%, Monroe 2.12%, Washtenaw 9.13%) and that represents a 1.23% decrease from FY08. 70.9% of the consumers served who were homeless in the CMHPSM are white; 25% African-American and 4.1% other; 67.7% of the consumers served who are homeless are male, 32.3% female; 98.2% of the consumers served who are homeless are between 18-64 years old, 1.3% are between 0-17; and 0.5% are 65+ years old.

❖ **Integrated Health:**

In Washtenaw and Livingston counties, a large percentage (more than 60%) of the consumers had a primary care physician (PCP) when they called for services. In Monroe and Lenawee, around 50% of consumers had a

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PCP at initial intake. Washtenaw continues to have a high percentage (80%) of callers with a PCP who had seen that doctor within the last 12 months.

❖ **Inpatient Costs and Days:**

. 58% of the affiliation's inpatient costs are from services in Washtenaw; compared to 17% in Lenawee, 15% in Livingston and 10% in Monroe. Affective disorders represents the highest cost (\$3,434,344 or 45% and schizophrenic disorders \$1,982,818 or 26%). The cost of treating affective and/or schizophrenia are more than twice as much as any other diagnosis. The cost of treating schizophrenic disorders has dropped from 33% in FY07 to 26% in FY08. If the percentage of inpatient costs and days due to schizophrenia continue to fall, the affiliation may need to consider whether resources that target this diagnosis can be shifted to areas of greater need.

❖ **Substance Abuse:**

The number of SA consumers served has remained constant over the last three years, with 1,998 total consumers served. This includes 1,181 adult males, 801 adult females, 47 male youths and 23 female youths. The number of consumers served with detox services increased 7.46%, 3.41% in outpatient services and 2.34% in short-term residential. The number of consumers receiving substance abuse services who were homeless was 1199 (35%). The ethnicity of the consumers receiving substance abuse services are 76% white, 18% African-American, 3% Hispanic, and 1% all others. 61.6% of the consumers receiving substance abuse services were funded by general fund (GF), 27.4% Medicaid and 11% ABW. This represents a 3% increase in GF expenses from the previous fiscal year.

Introduction

The Community Mental Health Partnership of Southeast Michigan (CMHPSM), which includes the CMH Systems in Lenawee, Livingston, Monroe and Washtenaw counties as well as the SA Coordinating Agency (CA) for Livingston and Washtenaw counties, has a unified mission to provide leadership in the development of integrated care through partnerships with consumers and the community to assure consumers achieve their desired outcomes. The goal of the CMHPSM's Performance Improvement Program is to monitor and evaluate the clinical and service quality of its health care, mental health and substance abuse services and delivery system in order to promote continuous performance improvement for its consumers and their families. In order to accomplish this goal, it is necessary to identify opportunities for improving mental health and substance abuse services by monitoring and evaluating the CMHPSM's Important Aspects of Care and Service, which reflect the demographic and epidemiologic characteristics of our consumers, their patterns of utilization, and the services provided to them.

The purpose of this report is to describe and report changes over time in the characteristics and the utilization of health care services of the CMHPSM consumer population. The results of the Important Aspects of Care Report are used to identify the need for clinical practice guideline development, health promotion activities, disease management programs and other focused performance improvement activities. This information is also helpful in establishing monitoring and evaluation activities.

The CMHPSM acknowledges that certain limitations in data collection and retrieval have resulted in some limitations in the aggregate data analysis for the affiliation. These limitations include:

- ❖ Data are gathered from a real time system – the majority of the data for this report is from Encompass, our information system, which has real time data which is updated daily so each time reports are ran these updates are captured, meaning the data will be different. Encompass reports for the data contained in this report were saved when ran and are available for review.
- ❖ Data are from a relatively new system – each individual county began using the Encompass system at different times which impacts the reliability and validity of the data as some staff have been using the system longer than others and if data is input by staff incorrectly, this is reflected when data is pulled.

County Profiles

Table 1 gives the most recent economic data available on the four affiliate counties.

Table 1: Economic Characteristics of Affiliate Counties

		2005	2006	2007
Lenawee	Population size	101,778	102,191	101,243
	Percent below poverty level	9.0%	10.8%	11.1%
	Unemployment rate	7.8%	10.0%	8.9%
	Median household income	\$48,274	\$46,901	\$50,240
Livingston	Population size	181,404	184,511	183,194
	Percent below poverty level	4.4%	5.2%	5.9%
	Unemployment rate	6.8%	7.1%	7.2%
	Median household income	\$71,546	\$70,629	\$70,735
Monroe	Population size	153,772	155,035	153,608
	Percent below poverty level	10.0%	6.2%	6.8%
	Unemployment rate	6.3%	7.4%	8.9%
	Median household income	\$55,663	\$54,444	\$53,750
Washtenaw	Population size	342,124	344,047	350,003
	Percent below poverty level	13.9%	14.5%	12.7%
	Unemployment rate	6.6%	6.0%	6.5%
	Median household income	\$53,495	\$56,817	\$61,049

Data Source: "American Community Survey", Census Bureau <http://factfinder.census.gov>

Statistical Highlights

- Washtenaw has the greatest overall population (350,003 in 2007). Monroe and Livingston have approximately half the population of Washtenaw, and Lenawee's population is approximately one third of Washtenaw's size. Only Washtenaw saw an increase in their population from 2006 to 2007. All other counties experienced a population decrease.
- Lenawee has the lowest median income of the four counties (\$50,240 in 2007), followed closely by Monroe (\$53,750 in 2007) and Washtenaw (\$61,049 in 2007). Livingston has the highest median income (\$70,735 in 2007). In all counties but Monroe, the median household income increased from 2006 to 2007.
- Monroe and Lenawee had the greatest unemployment rate (8.9% in 2007). In all counties but Lenawee, the unemployment rate increased from 2006 to 2007.
- Washtenaw had the greatest percentage below poverty line (12.7% in 2007). In all counties but Washtenaw, the percentage in poverty increased from 2006 to 2007.

Potential Implications

- Because Washtenaw has the largest population in the affiliation as well as the greatest number in poverty, it is expected that the number of consumers served in this county will be far greater than the number served in the other three counties.
- Because all counties but Washtenaw experienced a population decrease, it might be expected that the number of consumers served in these three counties may have also decreased.

Membership Profile

Consumers Served

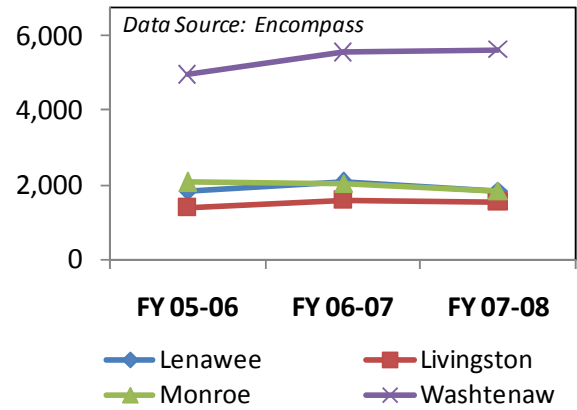
A total of 10,888 consumers were served by the Community Mental Health Partnership of Southeast Michigan (CMHPSM) in FY 2007-08 (including Medicaid and GF). A breakdown of these consumers is shown below in Table 2 and Figure 1.

Table 2: Percent of General Population Served

	FY 05-06	FY 06-07	FY 07-08
Lenawee	1,838	2,058	1,852
% of total population	1.8%	2.0%	1.8%
Livingston	1,408	1,586	1,552
% of total population	0.8%	0.9%	0.8%
Monroe	2,069	2,055	1,843
% of total population	1.3%	1.3%	1.2%
Washtenaw	4,949	5,550	5,641
% of total population	1.4%	1.6%	1.6%
CMHPSM Total	10,264	11,249	10,888
% of total population	1.3%	1.4%	1.4%

Data Source: Encompass, "American Community Survey",
Census Bureau <http://factfinder.census.gov>

Figure 1: Total Consumers Served



Statistical Highlights

- In FY 2007-08, there were 206 fewer consumers served per year in Lenawee, 34 fewer consumers served per year in Livingston, 212 fewer consumers served per year in Monroe, and 91 additional consumers served per in Washtenaw. Overall, this amounts to 362 fewer consumers served for the CMHPSM.
- However, because the populations have decreased in all counties except Washtenaw, the decrease in the number served has not resulted in significant changes in the percent of the population served. Overall, the CMHPSM has served a relatively constant proportion of the overall population (1.4% in FY06-07 and in FY 07-08).

Potential Implications

- If the population continues to shrink, we can expect to serve a smaller number of consumers.
- This year's capacity assessment should be used to determine whether the penetration rate is also increasing.

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Medicaid and General Funds Expenditures

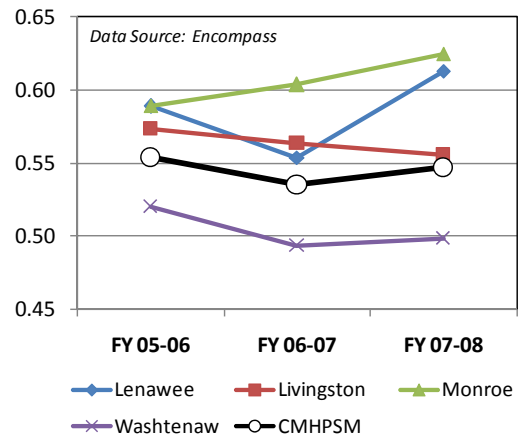
Table 3 and Figure 2 show the numbers and percentages of consumers served during the FY that had Medicaid or were served with General Fund (GF) dollars. When consumers lost/gained eligibility for Medicaid midway through FY 2007-08, they were served with both Medicaid and GF dollars. In these cases, consumers were counted in both Medicaid and GF totals (unlike totals in Table 2, which lists unique consumers).

Table 3: Medicaid and GF Consumers Served

		FY05-06	FY06-07	FY07-08
Lenawee	Total	1,961	1,748	1,920
	Medicaid	1,154(59%)	968(55%)	1176 (61%)
	GF	807(41%)	780(45%)	744 (39%)
Livingston	Total	1,555	2,232	1,686
	Medicaid	891(57%)	1,258(56%)	936 (56%)
	GF	664(43%)	974(44%)	750 (44%)
Monroe	Total	2,237	2,246	1,980
	Medicaid	1,317(59%)	1,355(60%)	1236 (62%)
	GF	920(41%)	891(40%)	744 (38%)
Washtenaw	Total	5,304	5,966	6,089
	Medicaid	2,756(52%)	2,942(49%)	3,032 (50%)
	GF	2,548(48%)	3,024(51%)	3,057 (50%)
CMHPSM	Total	11,057	12,192	11,675
	Medicaid	6,118(55%)	6,523(54%)	6,380 (55%)
	GF	4,939(45%)	5,669(46%)	5,295 (45%)

Data Source: Encompass

Figure 2: Percent of Consumers that were served with Medicaid dollars



Statistical Highlights

- In FY 2006-07, the CMHPSM as a whole served 143 fewer Medicaid consumers and 374 fewer GF consumers, yet the percentages of total consumers served with Medicaid and GF dollars did not change significantly: 55% of CMHPSM consumers were served with Medicaid funds in FY 2007-08, compared with 54% in FY 2006-07.
- From FY 2006-07 to FY 2007-08, Lenawee experienced an increase from 55% to 61% of their total population served with Medicaid dollars.
- From FY 2006-07 to FY 2007-08, the total number and percent served with Medicaid dollars in Livingston remained fairly constant.
- From FY 2006-07 to FY 2007-08, Monroe experienced an increase from 60% to 62% of their total population served with Medicaid dollars.
- From FY 2006-07 to FY 2007-08, Washtenaw experienced an increase from 49% to 50% of their total population served with Medicaid dollars.

Potential Implications

- The fluctuation of Lenawee’s GF population could indicate a number of things: a change on the non-Medicaid eligible consumers in that county, a change in the ability to serve Medicaid eligible consumers, fluctuating issues with spend-downs, etc. Whatever the cause, this fluctuation should continue to be monitored for trends when allocating GF and Medicaid dollars within the affiliation.

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Age of Consumers

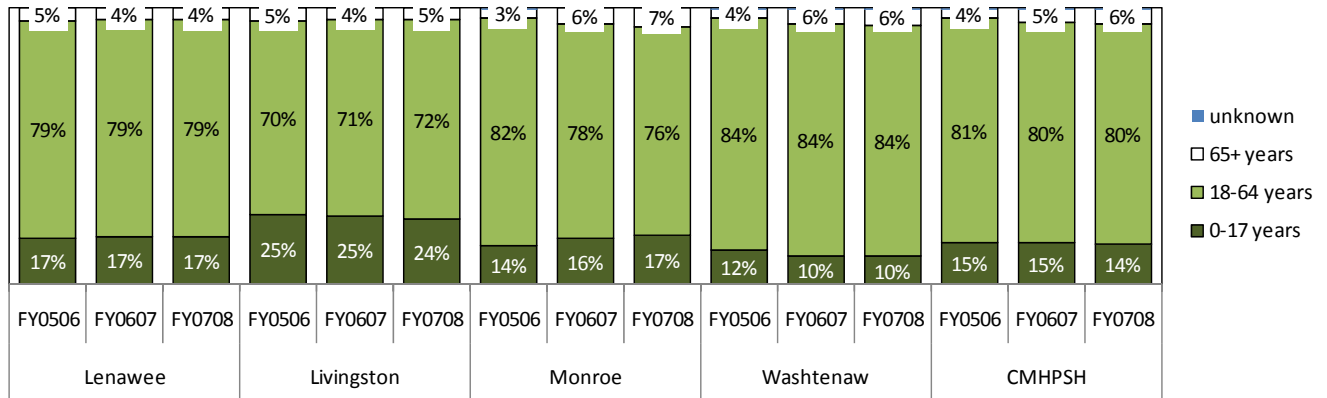
Table 4 and Figure 3 show the change in age composition of consumers over the last three years.

Table 4: Number and Percentage of Consumers Served Within Each County, By Age Group

		FY 05-06	FY 06-07	FY 07-08
Lenawee	total	1,838	2,058	1,861
	unknown	0 (0%)	0 (0%)	0 (0%)
	0-17 years	307 (16.7%)	355 (17.2%)	317 (17%)
	18-64 years	1446 (78.7%)	1618 (78.6%)	1465 (78.7%)
	65+ years	85 (4.6%)	85 (4.1%)	79 (4.2%)
Livingston	total	1,408	1,586	1,552
	unknown	0 (0%)	0 (0%)	0 (0%)
	0-17 years	355 (25.2%)	389 (24.5%)	365 (23.5%)
	18-64 years	983 (69.8%)	1131 (71.3%)	1117 (72%)
	65+ years	70 (5%)	66 (4.2%)	70 (4.5%)
Monroe	total	2,069	2,055	1,843
	unknown	2 (0.1%)	0 (0%)	0 (0%)
	0-17 years	289 (14%)	336 (16.4%)	321 (17.4%)
	18-64 years	1706 (82.5%)	1595 (77.6%)	1397 (75.8%)
	65+ years	72 (3.5%)	124 (6%)	125 (6.8%)
Washtenaw	total	4,949	5,550	5,641
	unknown	2 (0%)	4 (0.1%)	1 (0%)
	0-17 years	606 (12.2%)	577 (10.4%)	563 (10%)
	18-64 years	4162 (84.1%)	4648 (83.7%)	4730 (83.9%)
	65+ years	179 (3.6%)	321 (5.8%)	347 (6.2%)
CMHPSM	total	10,264	11,249	10,897
	unknown	4 (0%)	4 (0%)	1 (0%)
	0-17 years	1557 (15.2%)	1657 (14.7%)	1566 (14.4%)
	18-64 years	8297 (80.8%)	8992 (79.9%)	8709 (79.9%)
	65+ years	406 (4%)	596 (5.3%)	621 (5.7%)

Data Source: Encompass

Figure 3: Percent of Consumers Served Within Each Age Group, By County



Statistical Highlights

- In all counties, the vast majority of consumers were in the 18-64 age group. This percentage was smallest in Monroe (72% in FY 07-08) and greatest in Washtenaw (84% in FY 07-08).
- The relative percentages within each age category have remained fairly stable over the last three years.

Potential Implications

- Because relative age distribution of consumers has remained fairly constant, there does not appear to be an immediate need to shift resources towards any given age group (assuming that these resources currently meet the age related needs of our consumers).

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Gender of Consumers

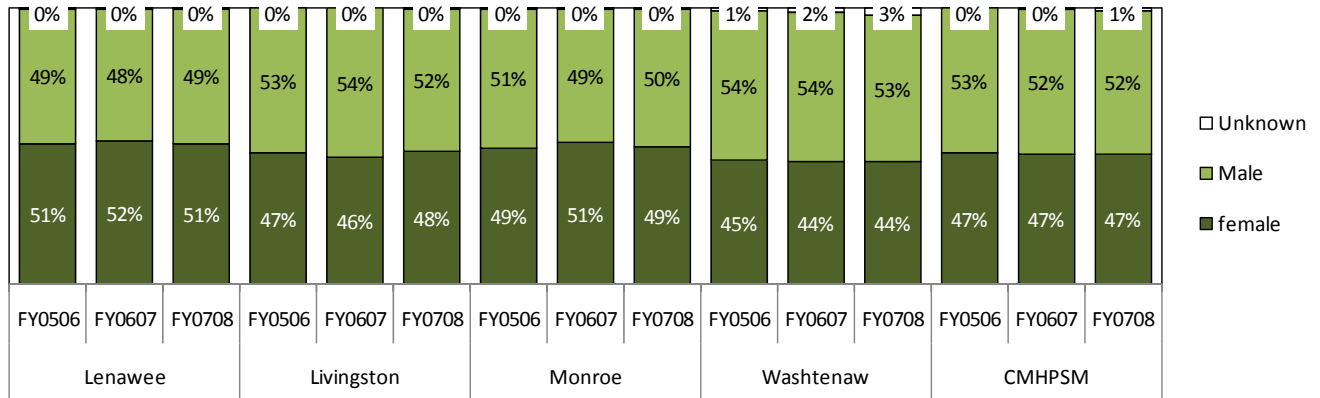
Table 5 and Figure 4 show the numbers and percentages of consumers served, by gender. Genders recorded as “unknown” are a result of data entry errors or transgendered members of the population.

Table 5: Consumers Served, by Gender

		FY04-05	FY05-06	FY06-07
Lenawee	Total	1,838	2,058	1,852
	Female	936 (50.9%)	1066 (51.8%)	939 (50.7%)
	Male	899 (48.9%)	987 (48%)	912 (49.2%)
	Unknown	3 (0.2%)	5 (0.2%)	1 (0.1%)
Livingston	Total	1,408	1,586	1,552
	Female	667 (47.4%)	728 (45.9%)	744 (47.9%)
	Male	741 (52.6%)	858 (54.1%)	806 (51.9%)
	Unknown	0 (0%)	0 (0%)	2 (0.1%)
Monroe	Total	2,067	2,055	1,843
	Female	1022 (49.4%)	1054 (51.3%)	912 (49.5%)
	Male	1044 (50.5%)	999 (48.6%)	929 (50.4%)
	Unknown	1 (0%)	2 (0.1%)	2 (0.1%)
Washtenaw	Total	4,948	5,550	5,641
	Female	2217 (44.8%)	2466 (44.4%)	2492 (44.2%)
	Male	2684 (54.2%)	2998 (54%)	3002 (53.2%)
	Unknown	47 (0.9%)	86 (1.5%)	147 (2.6%)
CMHPSM	Total	10,261	11,249	10,888
	Female	4842 (47.2%)	5314 (47.2%)	5087 (46.7%)
	Male	5368 (52.3%)	5842 (51.9%)	5649 (51.9%)
	Unknown	51 (0.5%)	93 (0.8%)	152 (1.4%)

Data Source: Encompass

Figure 4: Percent of Consumers Served Within Each Gender



Statistical Highlights

- In all counties, the gender distribution has remained fairly constant over the last 3 fiscal years, with roughly the
- Over the last three fiscal years, Washtenaw’s “NA” category increased from 47 (0.95% of all cases) to 86 (1.55% of all cases) to 147 (2.61% of all cases)

Potential Implications

- If the increase “NA” in Washtenaw is reflective of data entry errors and not an increase in transgendered consumers, this may indicate an increasing need for Encompass data integrity checks.

Ethnicity of Consumers

Figure 5 and Figure 6 show the ethnic composition of the consumers served in FY 2007-08.

Figure 5: Proportion of Consumers that are Hispanic, by County (actual count given in label)

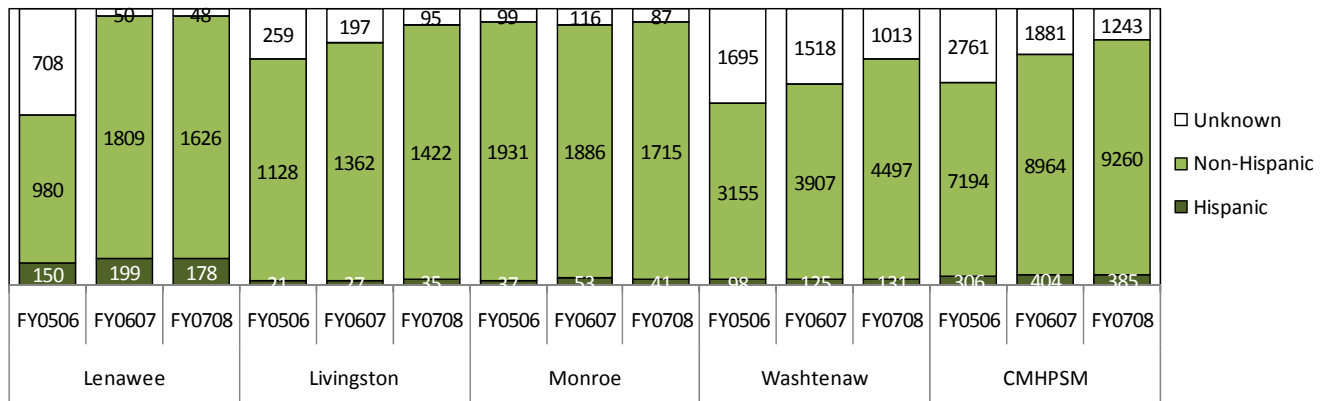
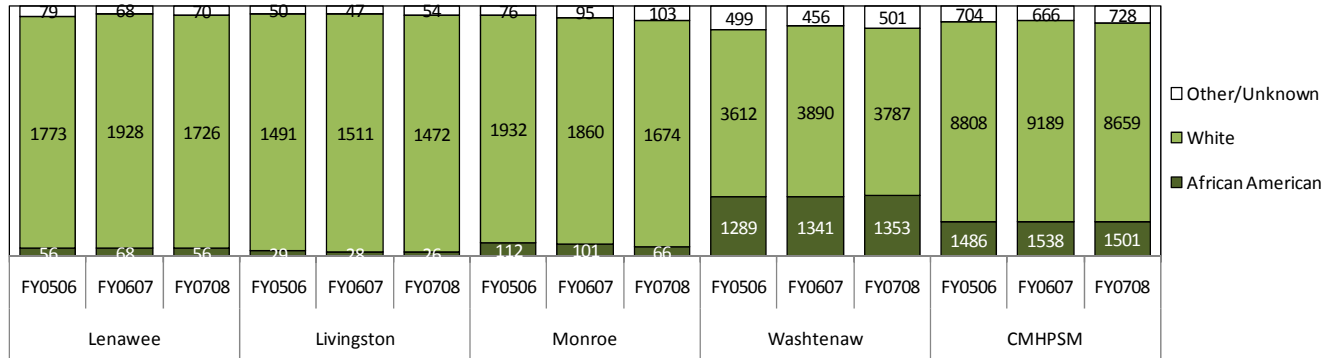


Figure 6: Proportion of Consumers that are African American, White, or Other/Unknown, by County (actual count given in label)



Statistical Highlights

- Caucasians make up the bulk of CMHPSM’s consumers, followed closely by African Americans, and then Hispanics. Whereas the white consumers were seen in abundance in all four counties, African American consumers were served primarily in Washtenaw.
- The composition of the CMHPSM’s consumers remained fairly constant: around 64% white, 30% African American, 4% Hispanic.

Potential Implications

- Because relative ethnic and racial distribution of consumers has remained fairly constant, there does not appear to be an immediate need to shift resources towards any given minority (assuming that these resources currently meet the cultural and linguistic needs of our consumers).

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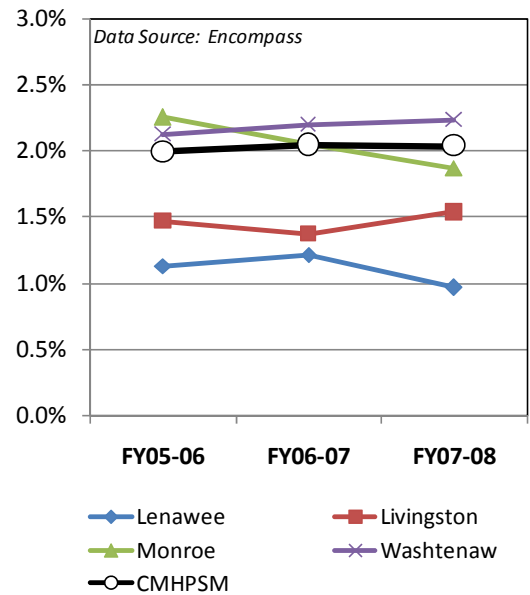
Table 6 and Figure 7 describe the absolute increase and penetration rate among minorities served by the CMHPSM. Minority status is defined as having ethnicity of African American, American Native, Asian, Native Hawaiian/Pacific, or Other (non-white) race.

Table 6: Percent of Minorities Served

		FY05-06	FY06-07	FY07-08
Lenawee	Total Minorities in Population	9,843	9,843	9,843
	Minorities Served	111 (1.1%)	119 (1.2%)	95 (1%)
Livingston	Total Minorities in Population	4,299	4,299	4,299
	Minorities Served	63 (1.5%)	59 (1.4%)	66 (1.5%)
Monroe	Total Minorities in Population	6,973	6,973	6,973
	Minorities Served	157 (2.3%)	143 (2.1%)	130 (1.9%)
Washtenaw	Total Minorities in Population	70,431	70,431	70,431
	Minorities Served	1493 (2.1%)	1549 (2.2%)	1571 (2.2%)
CMHPSM	Total Minorities in Population	91,546	91,546	91,546
	Minorities Served	1824 (2%)	1870 (2%)	1862 (2%)

Data Sources: Encompass, Average count from Aug and Nov 2004 State of Michigan, Department of Community Health, Consultation Draft Report

Figure 7: Percent of Minorities Served



Statistical Highlights

- In Washtenaw and Livingston, there has been an increase in the absolute number of minorities served from FY 2006-07 to FY 2007-08. In Lenawee and Monroe, there has been a decrease.
- Overall, the affiliation is serving a relatively consistent percentage of the minority population (around 2%).

Potential Implications

- The above estimates of penetration should be viewed with caution since the estimated number of eligibles was not updated every year. A more precise and useful accounting of penetration will be found in this year's capacity assessment.

Special Populations: Homeless

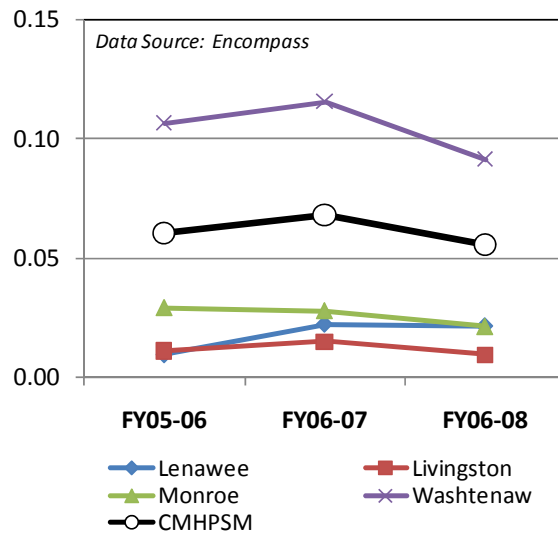
Table 7 and Figure 8 show the percentage of total consumers served that were homeless in the four counties.

Table 7: Homeless Consumers Served by CMHPSM

		FY05-06	FY06-07	FY 07-08
Lenawee	Total Served	1,838	2,058	1,852
	Total Homeless Served	18	46	40
	Percent Homeless	0.98%	2.24%	2.16%
Livingston	Total Served	1,408	1,586	1,552
	Total Homeless Served	16	24	15
	Percent Homeless	1.14%	1.51%	0.97%
Monroe	Total Served	2,069	2,055	1,843
	Total Homeless Served	60	57	39
	Percent Homeless	2.90%	2.77%	2.12%
Washtenaw	Total Served	4,949	5,550	5,641
	Total Homeless Served	527	640	515
	Percent Homeless	10.65%	11.53%	9.13%
CMHPSM	Total Served	10,264	11,249	10,888
	Total Homeless Served	621	767	609
	Percent Homeless	6.05%	6.82%	5.59%

Data Source: Encompass

Figure 8: Percent of Total Served that are Homeless



Statistical Highlights

- The percent of consumers that are homeless is decreasing slightly in all counties.
- After a small increase from FY 2005-06 to FY 2006-07, there were 6 fewer homeless consumers served in Lenawee, 9 fewer homeless consumers served per year in Livingston, 18 fewer homeless consumers served in Monroe, and 125 fewer homeless consumers served in Washtenaw from FY2006-07 to FY 2007-08.

Potential Implications

- The absolute and relative number of homeless served seems to fluctuate from year to year without a clear trend. This is most likely due to random fluctuation, but should be monitored for future trends.

FY 2007-08 IMPORTANT ASPECTS OF CARE REPORT

Table 8 - Table 12 and Figure 9 show the gender, age and racial distribution of the homeless consumers that were served within the four counties.

Table 8: Homeless Consumers Served in Lenawee

		FY05-06	FY06-07	FY06-07
Lenawee	Total	18	46	40
	Female	6 (33.3%)	20 (43.5%)	21 (52.5%)
	Male	12 (66.7%)	26 (56.5%)	19 (47.5%)
	Age 0-17	0 (0%)	0 (0%)	0 (0%)
	Age 18-64	18 (100%)	46 (100%)	40 (100%)
	Age 65+	0 (0%)	0 (0%)	0 (0%)
	White	16 (88.9%)	40 (87%)	37 (92.5%)
	Afr.American	1 (5.6%)	3 (6.5%)	3 (7.5%)
	Other	1 (5.6%)	3 (6.5%)	0 (0%)

Table 10: Homeless Consumers Served in Monroe

		FY05-06	FY06-07	FY06-07
Monroe	Total	60	57	39
	Female	24 (40%)	21 (36.8%)	17 (43.6%)
	Male	36 (60%)	36 (63.2%)	22 (56.4%)
	Age 0-17	0 (0%)	1 (1.8%)	3 (7.7%)
	Age 18-64	60 (100%)	55 (96.5%)	36 (92.3%)
	Age 65+	0 (0%)	1 (1.8%)	0 (0%)
	White	49 (81.7%)	47 (82.5%)	34 (87.2%)
	Afr.American	9 (15%)	9 (15.8%)	5 (12.8%)
	Other	2 (3.3%)	1 (1.8%)	0 (0%)

Table 9: Homeless Consumers Served in Livingston

		FY05-06	FY06-07	FY06-07
Livingston	Total	16	24	15
	Female	7 (43.8%)	10 (41.7%)	9 (60%)
	Male	9 (56.3%)	14 (58.3%)	6 (40%)
	Age 0-17	0 (0%)	0 (0%)	0 (0%)
	Age 18-64	16 (100%)	24 (100%)	15 (100%)
	Age 65+	0 (0%)	0 (0%)	0 (0%)
	White	14 (87.5%)	24 (100%)	15 (100%)
	Afr.American	1 (6.3%)	0 (0%)	0 (0%)
	Other	1 (6.3%)	0 (0%)	0 (0%)

Table 11: Homeless Consumers Served in Washtenaw

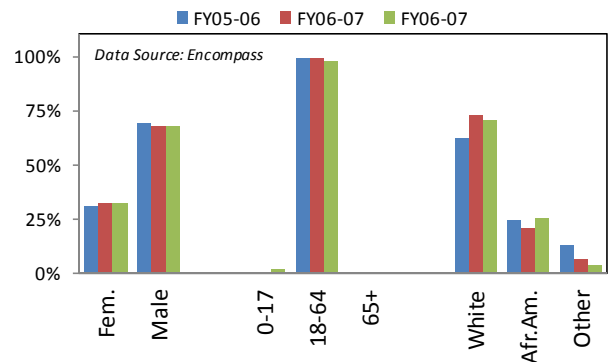
		FY05-06	FY06-07	FY06-07
Washtenaw	Total	527	640	515
	Female	153 (29%)	194 (30.3%)	148 (28.7%)
	Male	374 (71%)	445 (69.5%)	365 (70.9%)
	Age 0-17	1 (0.2%)	0 (0%)	5 (1%)
	Age 18-64	524 (99.4%)	635 (99.2%)	507 (98.4%)
	Age 65+	2 (0.4%)	3 (0.5%)	2 (0.4%)
	White	309 (58.6%)	447 (69.8%)	346 (67.2%)
	Afr.American	141 (26.8%)	148 (23.1%)	144 (28.0%)
	Other	77 (14.6%)	45 (7%)	25 (4.9%)

Table 12: Homeless Consumers Served by CMHPSM

		FY05-06	FY06-07	FY06-07
CMHPSM	Total	621	767	609
	Female	190 (30.6%)	245 (31.9%)	195 (32%)
	Male	431 (69.4%)	521 (67.9%)	412 (67.7%)
	Age 0-17	1 (0.2%)	1 (0.1%)	8 (1.3%)
	Age 18-64	618 (99.5%)	760 (99.1%)	598 (98.2%)
	Age 65+	2 (0.3%)	4 (0.5%)	2 (0.3%)
	White	388 (62.5%)	558 (72.8%)	432 (70.9%)
	Afr.American	152 (24.5%)	160 (20.9%)	152 (25%)
	Other	81 (13%)	49 (6.4%)	25 (4.1%)

Data Source: Encompass

Figure 9: Age, Gender and Ethnic Distribution of Homeless Consumers Served by CMHPSM



Statistical Highlights

- Over time, most homeless consumers have been white males between 18-64 years of age.
- The percentage of homeless that are female (and male) seems to be relative stable over time, with around 32% female and 68% male.
- Looking at the CMHPSM’s homeless consumers as a whole, demographic shifts resemble that of Washtenaw. This is simply due to the fact that Washtenaw’s homeless make up more than 80% of all homeless consumers in the affiliation

Special Populations: Mental Health & the Criminal Justice System

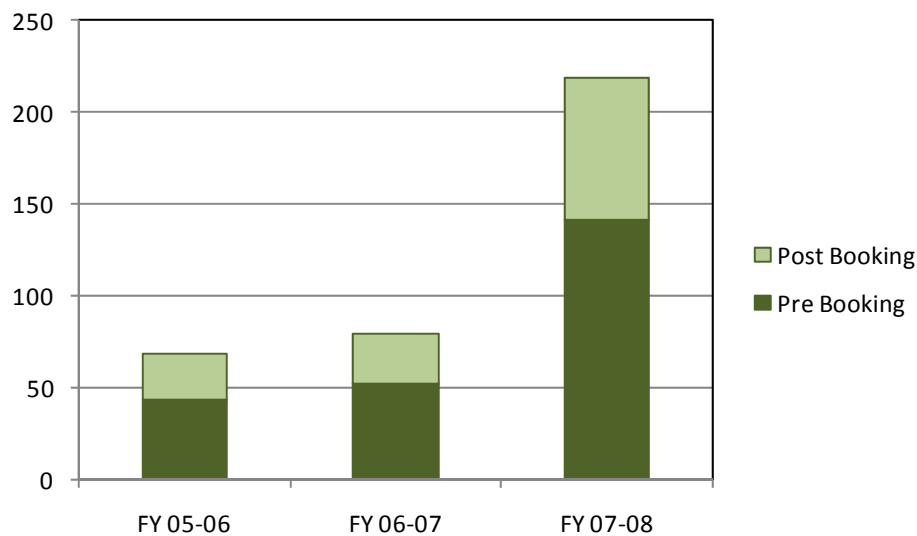
Data in Table 13 and Figure 10 are from the state of Michigan, and show the number of Jail diversions for MI consumers of the CMHPSM.

Table 13: Number of People Diverted from Jail

	FY 05-06	FY 06-07	FY 07-08
Total	68	79	218
Pre-Booking	44 (64.7%)	52 (65.8%)	141 (64.7%)
Post-Booking	24 (35.3%)	27 (34.2%)	77 (35.3%)

Data Source: State of MI

Figure 10: Number of Diversions that are Pre/Post Booking



Statistical Highlights

- Although the relative percentage of diversions that take place pre-booking remains relatively constant around 65%, the total number of jail diversion has increased sharply in FY 07-08 from 79 to 218.
-

Potential Implications

- Because the rate of jail diversions is increasing faster than the rate of consumers served, this could indicate that the quality of this program is improving or that there are simply an increasing number of arrests of potential consumers. In either case, this trend should continue to be monitored to ensure appropriate levels of resources for this service.
- The percentage of diversions that occurred statewide were 41% (pre-booking) and 37% (post-booking) in FY 06-07. The rate for CMHPSM’s pre-booking diversions far exceeds the rate statewide, indicating better than average service in MI.
- The pre booking rate may still be underestimated due to good community education. Police routinely take potential inmates directly to the hospital for evaluation rather than to jail. The four counties are strategizing ways to capture the data for these pre-booking diversions. A Regional Jail Diversion Committee continues to meet to create and modify a jail diversion document in Encompass.

WCHO Integrated Health

Consumers with a Primary Care Physician

Beginning in 2003, the WCHO began collecting data to determine the number and percentage of consumers who reported having a primary care physician (PCP) during their intake screening in Access, and if they had a primary care physician, the percentage of these callers who had seen their PCP in the last twelve months. Figure 11 shows the trended percentage of callers with a PCP, and **Error! Reference source not found.** gives the gender and assigned CMHSP team (DD or MI) of the FY 2006-07 callers who did not have a PCP. Figure 12 shows the trended percentage of callers with a PCP who reported seeing their physician within the last twelve months.

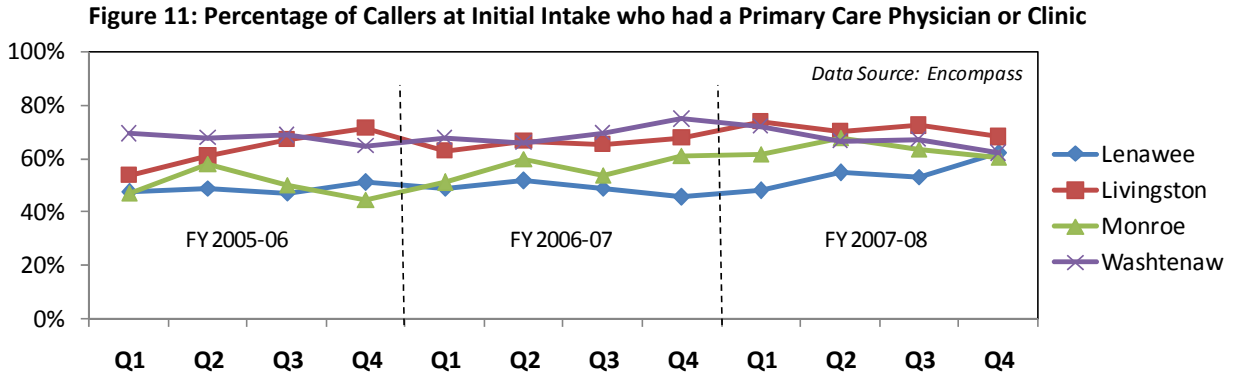
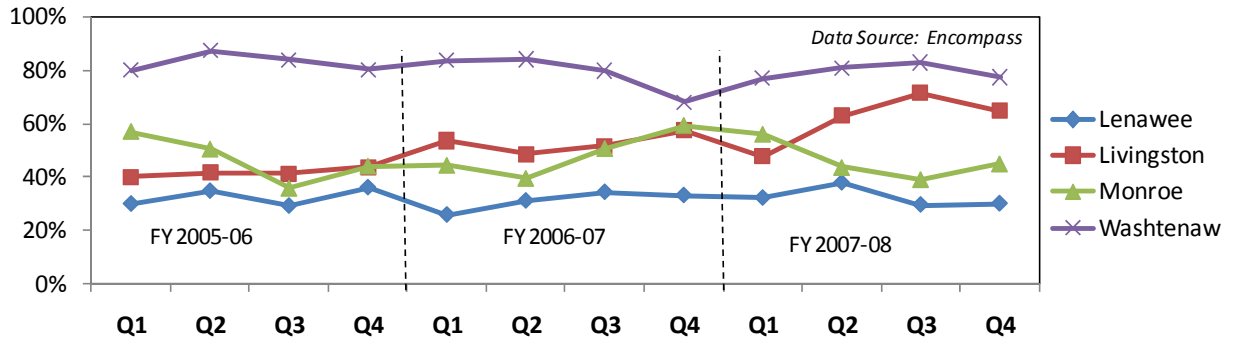


Figure 12: Percentage of Callers at Initial Intake (with Primary Care Physician) who were Seen by Primary Care in Last 12 Months



Statistical Highlights

- In Washtenaw and Livingston counties, a relatively large percentage (more than 60%) of the consumers had a primary care physician when they called for services. In Monroe and Lenawee, around 50% of consumers had a primary care physician at initial intake.
- Washtenaw continues to have a relatively high percentage of callers (who had a primary care physician) that had seen their doctor within the last twelve months (more than 80%). It is also trending upwards in Livingston.
- Lenawee county consistently has the lowest percentage of consumers with a primary care physician who had seen their doctor within the twelve months of their call. The rate is trending downwards for Monroe county.

Potential Implications

- Because every consumer should have a primary care physician, the goal is 100% for all four counties. However, the actual percentage is far less than this goal for all four counties. The affiliation is currently in the fourth phase of a study (Coordination of Care) to increase these percentages.
- As these percentages only reflect the status of consumers at initial intake, follow-up analyses should be conducted to determine the percentage of these consumers who eventually did see their primary care physician in a timely manner.

Epidemiologic Profile: Inpatient Costs and Days

Figure 13 describes the inpatient costs and days associated with mental health conditions among affiliation consumers in FY 08-09. Figure 14 and Table 14 show the proportion of total costs and days associated with each county over time, and Table 15 shows the proportion of total costs and days associated with each diagnosis over time.

Figure 13: Inpatient Costs and Days Associated with Mental Health Conditions in FY 07-08

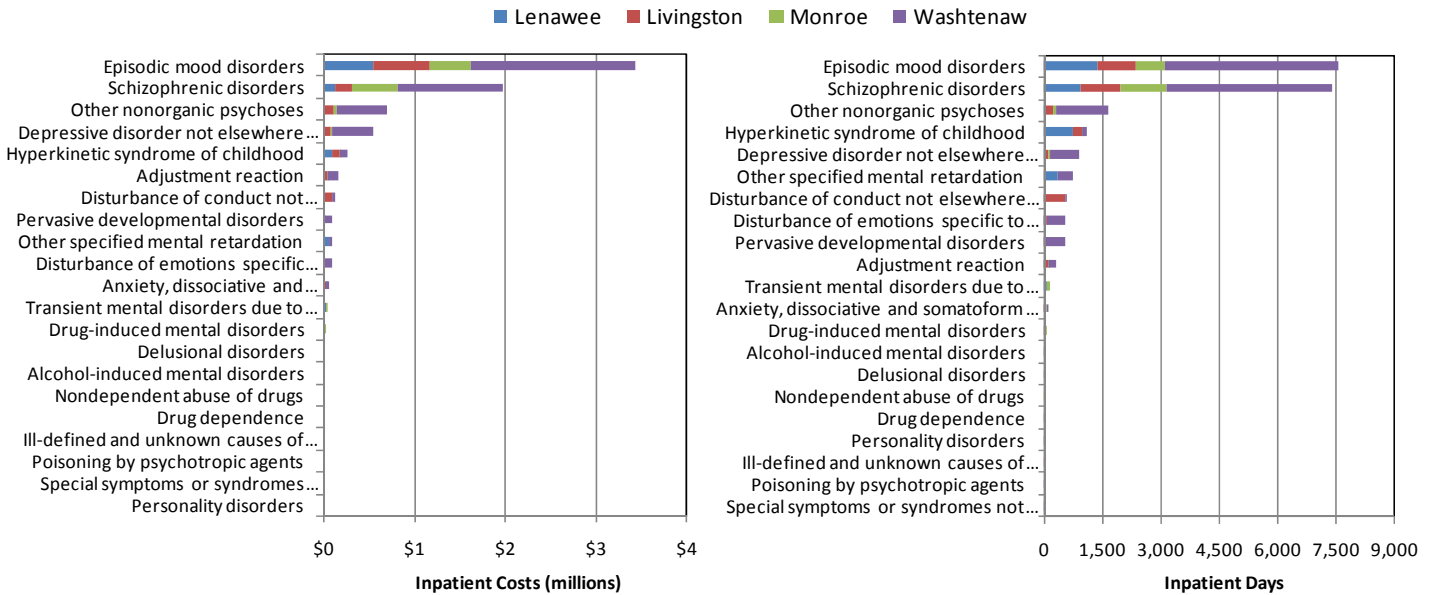
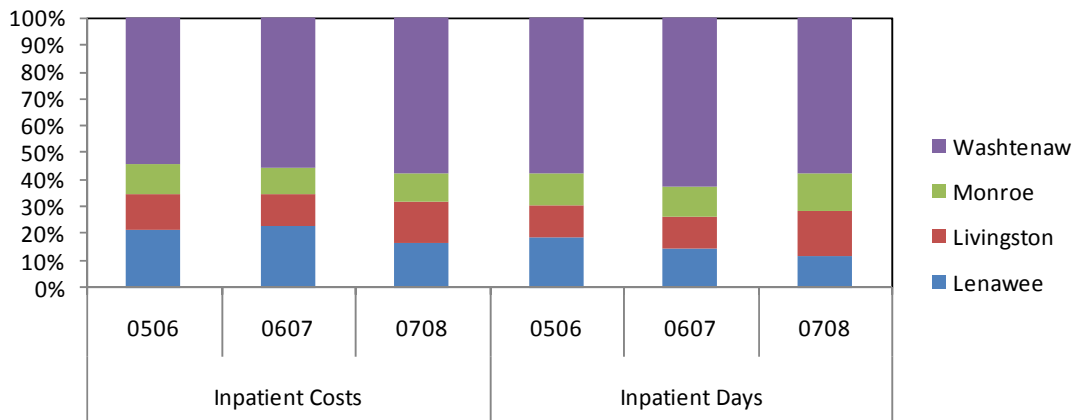


Table 14: Proportion of Affiliation Inpatient Days and Costs in each County over Time

		Lenawee	Livingston	Monroe	Washtenaw
Inpatient Costs	FY 05-06	4753 (21%)	3019 (13%)	2527 (11%)	12065 (54%)
	FY 06-07	5663 (23%)	2823 (12%)	2379 (10%)	13579 (56%)
	FY 07-08	3627 (17%)	3314 (15%)	2139 (10%)	12518 (58%)
Inpatient Days	FY 05-06	\$1675018 (18%)	\$1116362 (12%)	\$1078339 (12%)	\$5222529 (57%)
	FY 06-07	\$1276147 (14%)	\$1097054 (12%)	\$983390 (11%)	\$5554782 (62%)
	FY 07-08	\$929132 (12%)	\$1280097 (17%)	\$1042444 (14%)	\$4446589 (58%)

Figure 14: Proportion of Affiliation Inpatient Days and Costs in each County over Time



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Table 15 trends the proportion of Inpatient days and costs associated with each of the most costly diagnoses over the last three fiscal years.

Table 15: Percentage of Inpatient Days and Costs Associated with the Most Expensive Mental Health Diagnoses over Time

Diagnosis	Hospital Days			Hospital Costs		
	FY 05-06	FY 06-07	FY 07-08	FY 05-06	FY 06-07	FY 07-08
Episodic mood disorders	6830 (31%)	7264 (30%)	7529 (35%)	\$3,296,051 (36%)	\$3,299,161 (37%)	\$3,434,344 (45%)
Schizophrenic disorders	7384 (33%)	9348 (38%)	7379 (34%)	\$2,877,924 (32%)	\$2,896,765 (33%)	\$1,982,818 (26%)
Other nonorganic psychoses	1416 (6%)	1064 (4%)	1633 (8%)	\$527,147 (6%)	\$535,455 (6%)	\$706,065 (9%)
Depressive disorder not elsewhere classified	922 (4%)	933 (4%)	901 (4%)	\$547,048 (6%)	\$568,800 (6%)	\$544,736 (7%)
Hyperkinetic syndrome of childhood	466 (2%)	724 (3%)	1093 (5%)	\$187,400 (2%)	\$203,621 (2%)	\$271,528 (4%)

Data Source: Encompass

Statistical Highlights

- “Episodic Mood Disorders” continues to be the most costly diagnosis in FY07-08 (\$3,434,344), followed by “Schizophrenia” (\$1,982,818). The cost associated with each of these disorders is more than twice as much as any other diagnosis, and together they account for approximately 2/3 of all inpatient costs.
- The bulk of inpatient days continue to be due to “Episodic Mood Disorders” and “Schizophrenia”, which consistently account for 2/3 of all inpatient days.
- Washtenaw consumers consistently account for 50-60% % of all inpatient costs and days. Lenawee consumers have accounted for a decreasing percentage of inpatient days over time (18% to 12% over the last three fiscal years) while Livingston has accounted for an increasing percentage (12% to 17% over the last three fiscal years)
- The percentage of all Inpatient costs due to “Schizophrenia” has decreased sharply the last fiscal year (\$2,896,765 to \$1,982,818, representing 33% to 26% of all costs), which is accompanied by a decrease in the percentage of inpatient days due to this diagnosis (9348 to 7379, representing 38% to 34% of all inpatient days).

Potential Implications

- If the percentage of inpatient costs and days due to “Schizophrenia” continue to fall, the affiliation may consider whether resources that target this diagnosis can be shifted to areas of greater need. This trend should continue to be monitored to determine whether the trend continues.

Substance Abuse

Age and Gender of Substance Abuse Consumers

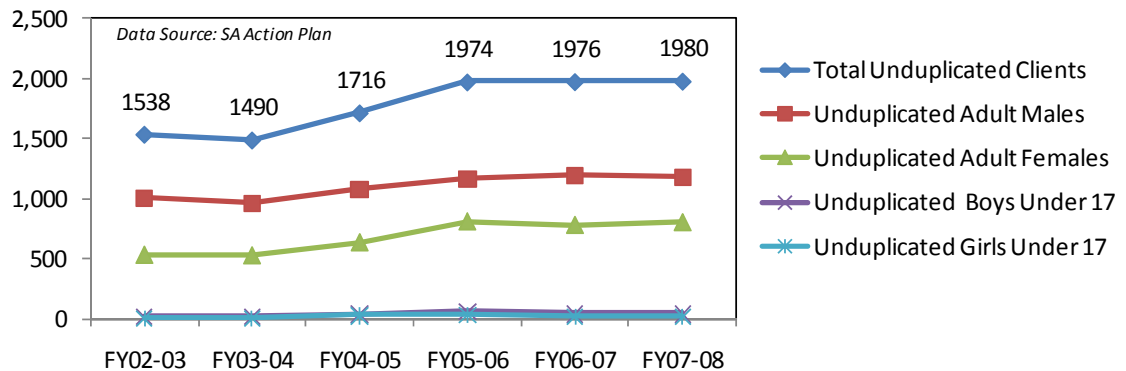
The Livingston – Washtenaw Coordinating Agency (CA) oversees substance abuse treatment as well as prevention in both Livingston and Washtenaw counties. The other two affiliate counties, Lenawee and Monroe, are served by other substance abuse CAs. Substance Abuse data shown and discussed below are for the Livingston-Washtenaw CA only.

Table 16: Number and % Change (From Previous Year) for Admitted Livingston-Washtenaw CA Substance Abuse Consumers

	FY02-03	FY03-04	FY04-05	FY05-06	FY06-07	FY07-08
Total Unduplicated Consumers	1538	1490	1716	1974	1976	1980
% change from previous year	18.49%	-3.12%	15.17%	15.03%	0.10%	0.20%
Unduplicated Adult Males	1003	963	1080	1168	1198	1181
% change from previous year	21.87%	-3.99%	12.15%	8.15%	2.57%	-1.42%
Unduplicated Adult Females	535	530	637	808	779	801
% change from previous year	12.63%	-0.93%	20.19%	26.84%	-3.59%	2.82%
Unduplicated under 17 Boys	28	29	46	65	49	47
% change from previous year	40.00%	3.57%	58.62%	41.30%	-24.62%	-4.08%
Unduplicated under 17 Girls	14	15	32	37	27	23
% change from previous year	0.00%	7.14%	113.33%	15.63%	-27.03%	-14.81%

Data Source: SA 2007-2009 Action Plan

Figure 15: Number of Livingston-Washtenaw CA Substance Abuse Consumers Admitted



Statistical Highlights

- The rate of utilization increased until FY 05-06, but has remained steady since that time (see Table 2:).

Potential Implications

- Although the number of SA consumers served has remained relatively constant over the last three years, there is currently a study underway to increase substance abuse penetration. The total penetration should be expected to increase over the next fiscal year.

Level of Care for Substance Abuse Consumers

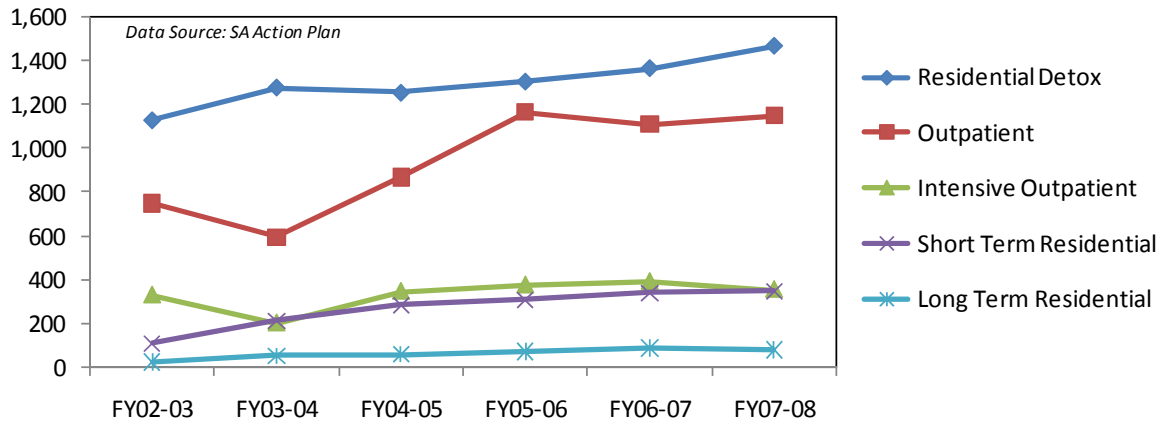
Figure 16 and Table 17 show the number of consumers served within each level of care.

Table 17: Number of Substance Abuse Consumers Served, by Level of Care

	FY02-03	FY03-04	FY04-05	FY05-06	FY06-07	FY07-08
Residential Detox	1128	1278	1254	1305	1367	1469
% change from previous year	25.89%	13.30%	-1.88%	4.07%	4.75%	7.46%
Outpatient	752	599	870	1166	1113	1151
% change from previous year	31.70%	-20.35%	45.24%	34.02%	-4.55%	3.41%
Intensive Outpatient	333	204	350	379	395	359
% change from previous year	28.57%	-38.74%	71.57%	8.29%	4.22%	-9.11%
Short Term Residential	111	216	284	310	342	350
% change from previous year	63.24%	94.59%	31.48%	9.15%	10.32%	2.34%
Long Term Residential	25	54	62	75	91	83
% change from previous year	-60.32%	116.00%	14.81%	20.97%	21.33%	-8.79%

Data Source: SA FY 06-07-2009 Action Plan

Figure 16: Number of Substance Abuse Consumers Served, by Level of Care



Statistical Highlights

- Residential Detox, the most utilized service, continues to experience an increase in utilization over the years.
- Outpatient utilization seems to be the most sensitive to funding. It increases sharply (~300 new unduplicated cases per year) in years where funds do not run out early, and was the only service to experience decreases in utilization in years where funding was short.

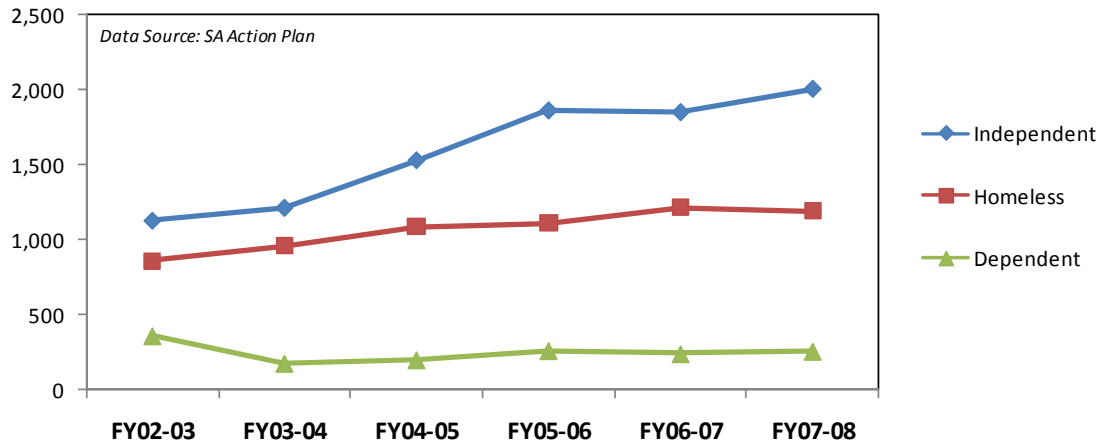
FY 2006-07 IMPORTANT ASPECTS OF CARE REPORT

Table 18: Living Arrangements for Substance Abuse Consumers Served

	FY02-03	FY03-04	FY04-05	FY05-06	FY06-07	FY07-08
Independent	1129	1215	1531	1862	1851	2006
<i>% change from previous year</i>	42.01%	7.62%	26.01%	21.62%	-0.59%	8.37%
Homeless	860	961	1090	1113	1219	1199
<i>% change from previous year</i>	11.25%	11.74%	13.42%	2.11%	9.52%	-1.64%
Dependent	360	175	199	260	239	256
<i>% change from previous year</i>	24.57%	-51.39%	13.71%	30.65%	-8.08%	7.11%

Data Source: SA FY 06-07-2009 Action Plan

Figure 17: Living Arrangements for Substance Abuse Consumers Served



Statistical Highlights

- Utilization increased for consumers in independent and dependent living arrangements in FY 06-07.
- Utilization of SA by homeless consumers decreased slightly over the last fiscal year.

Ethnicity of Substance Abuse Consumers

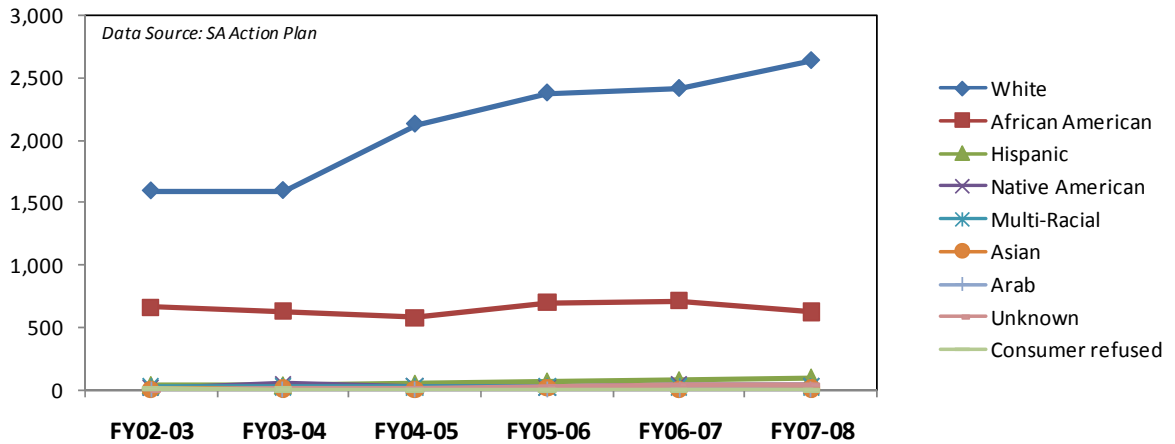
Table 19 and Figure 18 show the number of substance abuse consumers served within each ethnicity.

Table 19: Race/Ethnic Origin of Substance Abuse Consumers Served

	FY02-03	FY03-04	FY04-05	FY05-06	FY06-07	FY07-08
White	1590	1593	2126	2376	2412	2636
<i>% change from previous year</i>	31.51%	0.19%	33.46%	11.76%	1.52%	9.29%
African American	660	626	576	702	710	624
<i>% change from previous year</i>	14.58%	-5.15%	-7.99%	21.88%	1.14%	-12.11%
Hispanic	39	37	49	67	77	98
<i>% change from previous year</i>	95.00%	-5.13%	32.43%	36.73%	14.93%	27.27%
Native American	16	46	30	23	39	32
<i>% change from previous year</i>	-33.33%	187.50%	-34.78%	-23.33%	69.57%	-17.95%
Multi-Racial	24	22	26	25	22	24
<i>% change from previous year</i>	60.00%	-8.33%	18.18%	-3.85%	-12.00%	9.09%
Asian	5	8	4	13	6	9
<i>% change from previous year</i>	0.00%	60.00%	-50.00%	225.00%	-53.85%	50.00%
Arab	3	7	2	5	6	2
<i>% change from previous year</i>	-50.00%	133.33%	-71.43%	150.00%	20.00%	-66.67%
Unknown	NA	6	6	22	33	34
<i>% change from previous year</i>	---	---	0.00%	266.67%	50.00%	3.03%
Consumer refused	12	6	1	2	4	2
<i>% change from previous year</i>	300.00%	-50.00%	-83.33%	100.00%	100.00%	-50.00%

Data Source: SA FY 06-07-2009 Action Plan

Figure 18: Race/Ethnic Origin of Substance Abuse Consumers Served



Statistical Highlights

- The majority of substance abuse consumers were white, and the number of white consumers seeking substance abuse services has increased steadily every year.
- The second largest group of consumers of SA services are African Americans. This trend is largely due to the fact that most of these data describe services in Washtenaw, where African Americans make up more than ¼ of the consumers served. This trend should not be expected to represent the situation in Monroe or Lenawee counties.

Funding Sources for Substance Abuse Consumers

FY 2006-07 IMPORTANT ASPECTS OF CARE REPORT

Substance Abuse Expenses for FY 2007-08 are located in below and are broken down by type (GF, Medicaid and ABW) and the number of consumers served for the FY is also shown (unduplicated). Expense data is from the substance abuse Legislative Report that goes to the state.

Table 20: Substance Abuse Expenses and Consumers Served, by Funding Type

	Clients			Expenses		
	FY 05-06	FY 06-07	FY 07-08	FY05-06	FY05-06	FY06-07
Total	1735	1867	1844	\$1,785,484	\$2,332,624	\$2,246,436
Medicaid	428 (24.7%)	457 (24.5%)	463 (25.1%)	\$557,873 (31.2%)	\$702,507 (30.1%)	\$614,918 (27.4%)
General Fund	1303 (75.1%)	1348 (72.2%)	1392 (75.5%)	\$1,052,197 (58.9%)	\$1,367,040 (58.6%)	\$1,383,299 (61.6%)
ABW	145 (8.4%)	178 (9.5%)	166 (9%)	\$175,414 (9.8%)	\$263,077 (11.3%)	\$248,219 (11%)

Data Source: Encompass SA Legislative Report

Figure 19: Sub Abuse Consumers Served, by funding type

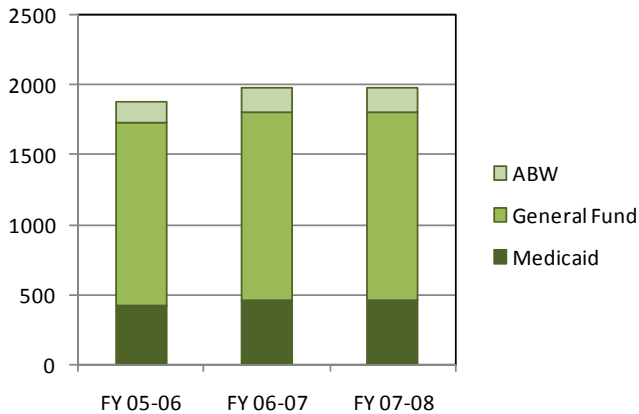
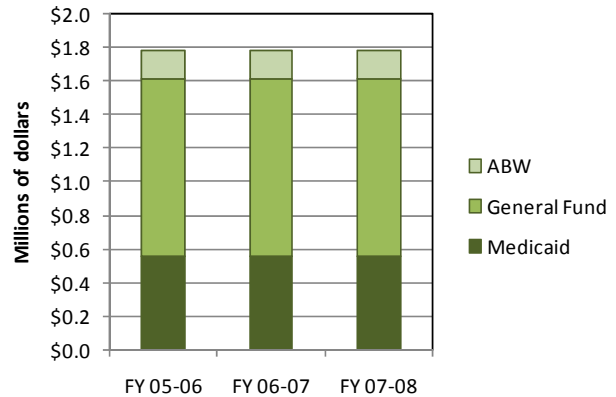


Figure 20: Sub Abuse Expenses, by funding type



Statistical Highlights

- Medicaid, General Fund (GF), and ABW comprise same relative proportion of expenses over the last three fiscal years.
- General fund dollars typically represent around 60% of expenses and is used to serve 75% of all SA consumers, yielding approximately \$800-\$1000 per general fund client.
- Medicaid dollars typically represent around 30% of expenses but is used to serve just 25% of all SA consumers, yielding approximately \$1300-\$1500 per Medicaid client.
- Medicaid dollars typically represent around 10% of expenses but is used to serve 10% of all SA consumers, yielding approximately \$1200-\$1400 per ABW client.

Potential Implications

- There are relatively fewer dollars spent per general fund consumer than with other funding sources, which may indicate that funding source plays a role in authorizations for services.

Conclusions & Next Steps

CONCLUSIONS:

- ❖ The four county region of the Community Mental Health Partnership of Southeast Michigan (CMHPSM) has experienced a population decline in all counties except Washtenaw, and a corresponding decline in the consumers served except in Washtenaw County. The Affiliation will need to monitor the census for each county for long-term service planning.
- ❖ The Important Aspects of Care can be combined with the Capacity Assessment to assist staff in evaluating the current and future allocation of resources.
- ❖ The report highlights the potential for an increased demand for services in the 0-17 and 65+ age groups. The Affiliation can use the Capacity Assessment to support planning for under-served populations in our communities.
- ❖ As the external economic environment continues to deteriorate, Medicaid enrollment can be expected to increase, as well as the demand of GF to support the uninsured and under-insured. Resources could be cut to balance state budgets problems creating additional stress on the local systems of care.

NEXT STEPS:

- ❖ Affiliation planning to determine resources needed to support unmet needs of under-served populations
- ❖ Affiliation wide efforts at creating efficiencies in administrative and clinical processes
- ❖ Continue with local CMHSP efforts at enhancing collaborative relationships with community organizations
- ❖ Washtenaw County to continue with efforts to decrease inpatient costs – CCRT
- ❖ CMHSP effort to reduce GF spending
- ❖ Continue to explore innovative ways to ensure sustainable funding for integrated health initiatives