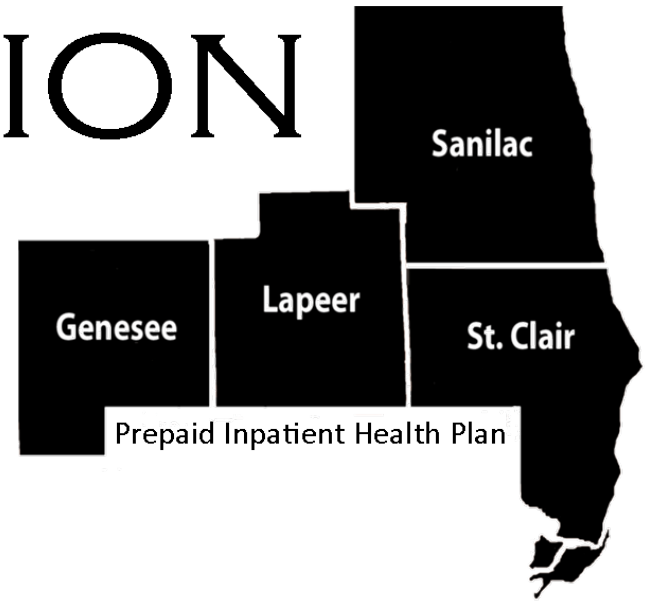
Region 10



Michigan Mission-Based Performance Indicator System

April - June

FY 2024 – 3rd Quarter

Region 10 PIHP
Michigan Mission-Based Performance Indicator System

FY2024 – 3rd Quarter Summary Report

(April 1, 2024 – June 30, 2024)

This report is a summary of the performance indicators reported to the Michigan Department of Health and Human Services (MDHHS) by the PIHP (data aggregated from CMH / SUD providers). The Michigan Mission-Based Performance Indicator System (MMBPIS) was implemented in fiscal year 1997. The indicators have been revised over time.

The indicators measure the performance of the PIHP for Medicaid beneficiaries served through the CMH/SUD affiliates. Since the indicators are a measure of performance, deviations from standards and negative statistical outliers may be addressed through contract action. Information from these indicators will be published on the MDHHS website within 90 days of the close of the reporting period.

This report summarizes the PIHP's results from the third quarter of fiscal year 2024 as well as trending information for the past three years of Performance Indicator data.

Performance Indicator 1

Indicator 1.a. The percentage of children receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours. *The standard is 95%.*

	PIHP (Medicaid only)											
	4Q FY21	**1Q FY22**	**2Q FY22**	**3Q FY22**	**4Q FY22**	**1Q FY23**	**2Q FY23**	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**
Genesee Health System	99.39%	100%	99.50%	100%	99.09%	100%	100%	99.31%	100%	98.48%	100%	100%
Lapeer CMH	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Sanilac CMH	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	**94.87%** (37/39)
St. Clair CMH	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	98.53%
PIHP Totals	**99.64% N = 279**	**100% N = 335**	**99.73% N = 377**	**100% N = 380**	**99.57% N = 234**	**100% N = 295**	**100% N = 354**	**99.67% N = 300**	**100% N = 249**	**99.29% N = 280**	**100% N=296**	**98.97% N=292**

Indicator 1.b. The percentage of adults receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours. *The standard is 95%.*

	PIHP (Medicaid only)											
	4Q FY21	**1Q FY22**	**2Q FY22**	**3Q FY22**	**4Q FY22**	**1Q FY23**	**2Q FY23**	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**
Genesee Health System	99.69%	100%	100%	99.45%	99.81%	99.59%	99.81%	99.63%	99.82%	97.72%	99.64%	99.83%
Lapeer CMH	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Sanilac CMH	100%	100%	100%	98.41%	100%	100%	100%	100%	100%	100%	100%	100%
St. Clair CMH	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
PIHP Totals	**99.81% N = 1029**	**100% N = 758**	**100% N = 853**	**99.57% N = 928**	**99.89% N = 901**	**99.77% N = 877**	**99.89% N = 937**	**99.78% N = 908**	**99.89% N = 945**	**98.57% N = 908**	**99.77% N=876**	**99.90% N=971**

Performance Indicator 2

Indicator 2. The percentage of new persons receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service. *PIHPs and CMHs are expected to meet and exceed the MDHHS-established standard percentiles, effective Fiscal Year 2024 Quarter 1.*

The 50th percentile standard is 57.0% and the 75th percentile standard is 62.0%.

	PIHP (Medicaid only)											
	4Q FY21	**1Q FY22**	**2Q FY22**	**3Q FY22**	**4Q FY22**	**1Q FY23**	**2Q FY23**	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**
Genesee Health System	62.94%	61.41%	51.46%	35.76%	39.29%	45.09%	43.08%	44.02%	48.38%	**43.76%** (519/1,186)	**37.65%** (456/1,211)	**40.34%** (470/1,165)
Lapeer CMH	50.50%	40.41%	63.14%	75.61%	74.40%	76.02%	58.57%	62.11%	67.58%	68.11%	68.09%	67.99%
Sanilac CMH	73.98%	68.91%	75.89%	71.09%	73.76%	77.42%	71.07%	70.55%	73.39%	71.52%	70.06%	75.45%
St. Clair CMH	68.40%	58.94%	52.45%	47.56%	62.96%	59.47%	65.79%	66.86%	62.31%	**45.37%** (323/712)	**43.79%** (342/781)	**55.37%** (361/652)
PIHP Totals	**63.98% N = 1613**	**58.64% N = 1644**	**54.88% N=2008**	**46.86% N = 1818**	**54.25% N = 1849**	**54.99% N = 2086**	**53.80% N = 2463**	**54.23% N = 2327**	**56.34% N = 2176**	**48.76% N = 2303**	**45.55% N=2463**	**50.66% N=2262**

Indicator 2.a.

The percentage of new children with emotional disturbance receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service. *PIHPs and CMHs are expected to meet and exceed the MDHHS-established standard percentiles, effective Fiscal Year 2024 Quarter 1.*

The 50th percentile standard is 57.0% and the 75th percentile standard is 62.0%.

	PIHP (Medicaid only)											
	4Q FY21	**1Q FY22**	**2Q FY22**	**3Q FY22**	**4Q FY22**	**1Q FY23**	**2Q FY23**	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**
Genesee Health System	65.06%	60.68%	47.95%	34.80%	37.66%	43.54%	42.00%	39.94%	47.29%	**41.64%** (157/377)	**34.64%** (133/384)	**33.87%** (126/372)
Lapeer CMH	74.36%	64.18%	46.99%	85.71%	76.00%	77.46%	44.12%	37.50%	77.42%	65.33%	62.92%	68.09%
Sanilac CMH	78.38%	80.95%	83.87%	78.85%	79.59%	82.05%	84.00%	76.32%	76.67%	74.51%	83.02%	75.81%
St. Clair CMH	70.00%	72.57%	62.38%	47.26%	75.17%	68.97%	73.59%	71.20%	63.24%	**47.57%** (98/206)	**41.09%** (83/202)	**61.44%** (94/153)
PIHP Totals	**69.11% N = 382**	**66.80% N = 518**	**56.97% N = 574**	**50.80% N = 502**	**57.62% N = 479**	**58.48% N = 607**	**54.74% N = 749**	**50.69% N = 649**	**57.58% N = 554**	**48.24% N = 709**	**43.41% N=728**	**48.60% N=681**

Indicator 2.b.

The percentage of new adults with mental illness receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service. *PIHPs and CMHs are expected to meet and exceed the MDHHS-established standard percentiles, effective Fiscal Year 2024 Quarter 1.*

The 50th percentile standard is 57.0% and the 75th percentile standard is 62.0%.

	PIHP (Medicaid only)											
	4Q FY21	**1Q FY22**	**2Q FY22**	**3Q FY22**	**4Q FY22**	**1Q FY23**	**2Q FY23**	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**
Genesee Health System	56.67%	58.62%	47.84%	33.03%	40.94%	44.98%	42.29%	43.38%	47.04%	**43.88%** (276/629)	**41.59%** (267/642)	**42.91%** (248/578)
Lapeer CMH	41.04%	26.13%	74.42%	66.67%	73.53%	74.22%	69.33%	71.43%	62.41%	70.00%	71.27%	66.04%
Sanilac CMH	75.00%	59.38%	66.15%	67.69%	69.44%	75.32%	62.89%	65.98%	69.62%	67.90%	64.44%	72.22%
St. Clair CMH	64.29%	51.24%	46.94%	46.94%	59.28%	56.06%	61.70%	65.21%	60.49%	**46.50%** (199/428)	**45.58%** (232/509)	**52.74%** (231/438)
PIHP Totals	**58.34% N = 941**	**51.83% N = 874**	**51.73% N = 1096**	**44.46% N = 1001**	**54.39% N = 1048**	**53.64% N = 1208**	**53.35% N = 1372**	**55.19% N = 1321**	**54.86% N = 1276**	**49.46% N = 1298**	**48.24% N=1422**	**51.30% N=1265**

Indicator 2.c.

The percentage of new children with developmental disabilities receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service*. PIHPs and CMHs are expected to meet and exceed the MDHHS-established standard percentiles, effective Fiscal Year 2024 Quarter 1.*

The 50th percentile standard is 57.0% and the 75th percentile standard is 62.0%.

	PIHP (Medicaid only)											
	4Q FY21	**1Q FY22**	**2Q FY22**	**3Q FY22**	**4Q FY22**	**1Q FY23**	**2Q FY23**	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**
Genesee Health System	73.94%	68.61%	65.64%	46.58%	37.33%	45.24%	46.58%	50.93%	51.05%	**47.14%** (66/140)	**29.38%** (47/160)	**47.16%** (83/176)
Lapeer CMH	78.57%	100%	38.46%	83.33%	78.57%	75.00%	26.32%	60.00%	70.00%	**60.00%** (9/15)	63.64%	81.25%
Sanilac CMH	62.50%	77.78%	85.71%	66.67%	72.73%	66.67%	83.33%	90.00%	83.33%	78.57%	80.00%	88.89%
St. Clair CMH	80.00%	58.70%	59.09%	48.28%	66.10%	53.70%	64.62%	66.67%	72.31%	**30.19%** (16/53)	**30.95%** (13/42)	73.53%
PIHP Totals	**75.00% N = 204**	**67.68% N = 198**	**63.71% N = 259**	**48.48% N = 231**	**48.72% N = 234**	**50.00% N = 198**	**50.60% N = 251**	**55.32% N = 282**	**57.56% N = 271**	**45.95% N = 222**	**35.04% N=234**	**54.89% N=235**

Indicator 2.d.

The percentage of new adults with developmental disabilities receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service*. PIHPs and CMHs are expected to meet and exceed the MDHHS-established standard percentiles, effective Fiscal Year 2024 Quarter 1.*

The 50th percentile standard is 57.0% and the 75th percentile standard is 62.0%.

	PIHP (Medicaid only)											
	4Q FY21	**1Q FY22**	**2Q FY22**	**3Q FY22**	**4Q FY22**	**1Q FY23**	**2Q FY23**	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**
Genesee Health System	85.29%	73.68%	47.06%	24.14%	38.46%	60.61%	52.38%	55.56%	64.10%	**50.00%** (20/40)	**36.00%** (9/25)	**33.33%** (13/39)
Lapeer CMH	46.67%	0%	81.82%	90.91%	71.43%	90.00%	57.14%	84.62%	83.33%	75.00%	66.67%	77.78%
Sanilac CMH	50.00%	75.00%	85.71%	40.00%	77.78%	100%	83.33%	100%	88.89%	80.00%	**50.00%** (7/14)	100%
St. Clair CMH	87.10%	63.64%	44.44%	53.85%	48.48%	50.00%	72.41%	64.00%	61.90%	**40.00%** (10/25)	**50.00%** (14/28)	**40.74%** (11/27)
PIHP Totals	**76.74% N = 86**	**57.41% N = 54**	**54.43% N = 79**	**47.62% N = 84**	**48.86% N = 88**	**61.64% N = 73**	**61.54% N = 91**	**64.00% N = 75**	**68.00% N = 75**	**50.00% N = 74**	**48.10% N=79**	**45.68% N=81**

Performance Indicator 2e

Indicator 2.e. The percentage of new persons receiving a face-to-face service for treatment or supports within 14 calendar days of a non-emergency request for service for persons with Substance Use Disorders. **This indicator is calculated by MDHHS**. *If the MDHHS calculation is not yet received, Region 10 PIHP will provide an estimated rate. PIHPs and SUD Treatment Providers are expected to meet and exceed the MDHHS-established standard percentiles, effective Fiscal Year 2024 Quarter 1.*

The 50th percentile standard is 68.2% and the 75th percentile standard is 75.3%.

	PIHP (Medicaid and Non-Medicaid)											
	4Q FY21	**1Q FY22**	**2Q FY22**	**3Q FY22**	**4Q FY22**	**1Q FY23**	**2Q FY23**	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**
Region 10 PIHP SUD	68.48%	66.52%	66.87%	64.54%	69.22%	72.21%	73.26%	74.00%	78.17%	**74.15%** (1446/1950)	**74.59%** (1350/1810)	**77.74%** (1505/1936)
PIHP Totals	**68.48% N = 2132**	**66.52% N = 2004**	**66.87% N = 2107**	**64.54% N = 2214**	**69.22% N = 2255**	**72.21% N = 2076**	**73.26% N = 1907**	**74.00% N = 1808**	**78.17% N = 1887**	**74.15% N = 1950**	**74.59% N = 1810**	**77.74% N=1936**

Performance Indicator 3

Indicator 3

The percent of new persons starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment. *PIHPs and CMHs are expected to meet and exceed the MDHHS-established standard percentiles, effective Fiscal Year 2024 Quarter 1.*

The 50th percentile standard is 72.9% and the 75th percentile standard is 83.8%.

	PIHP (Medicaid only)											
	4Q FY21	**1Q FY22**	**2Q FY22**	**3Q FY22**	**4Q FY22**	**1Q FY23**	**2Q FY23**	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**
Genesee Health System	98.91%	99.83%	99.84%	99.70%	98.90%	98.31%	97.86%	98.82%	97.41%	96.40%	97.18%	98.61%
Lapeer CMH	56.92%	48.78%	50.94%	58.27%	77.22%	67.82%	57.69%	55.14%	70.86%	**70.85%** (158/223)	**56.43%** (136/241)	**34.03%** (81/238)
Sanilac CMH	81.25%	79.73%	76.54%	73.53%	77.65%	66.67%	78.79%	71.13%	80.61%	**75.94%** (101/133)	**80.00%** (112/140)	**76.64%** (105/137)
St. Clair CMH	79.79%	93.41%	76.75%	71.84%	74.70%	67.28%	72.26%	68.99%	67.05%	**59.93%** (362/604)	**67.63%** (376/556)	**63.90%** (331/518)
PIHP Totals	**86.45% N = 1144**	**91.25% N = 1211**	**84.79% N = 1341**	**84.14% N = 1349**	**86.26% N = 1383**	**80.30% N = 1411**	**81.97% N = 1520**	**81.62% N = 1621**	**82.32% N = 1431**	**78.01% N = 1655**	**78.56% N=1539**	**75.02% N=1541**

Indicator 3.a.

The percentage of new children with emotional disturbance starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment. *PIHPs and CMHs are expected to meet and exceed the MDHHS-established standard percentiles, effective Fiscal Year 2024 Quarter 1.*

The 50th percentile standard is 72.9% and the 75th percentile standard is 83.8%.

	PIHP (Medicaid only)											
	4Q FY21	**1Q FY22**	**2Q FY22**	**3Q FY22**	**4Q FY22**	**1Q FY23**	**2Q FY23**	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**
Genesee Health System	98.43%	99.49%	100%	100%	98.18%	98.31%	99.49%	98.66%	94.71%	98.64%	99.48%	99.01%
Lapeer CMH	73.33%	77.14%	81.40%	77.08%	79.49%	57.14%	34.21%	37.50%	72.97%	**64.29%** (45/70)	**60.29%** (41/68)	**30.38%** (24/79)
Sanilac CMH	90.48%	90.00%	78.57%	80.00%	85.71%	71.79%	80.00%	72.41%	86.36%	**69.77%** (30/43)	87.76%	**70.37%** (38/54)
St. Clair CMH	88.78%	94.87%	80.77%	81.54%	76.38%	67.40%	76.54%	71.52%	74.82%	**61.88%** (112/181)	**74.32%** (110/148)	**67.65%** (92/136)
PIHP Totals	**91.67% N = 276**	**95.19% N = 416**	**88.27% N = 375**	**89.82% N = 393**	**87.47% N = 359**	**78.59% N = 453**	**83.37% N = 445**	**80.38% N = 474**	**84.51% N = 368**	**78.64% N = 515**	**84.25% N=457**	**75.16% N=471**

Indicator 3.b.

The percent of new adults with mental illness starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment. *PIHPs and CMHs are expected to meet and exceed the MDHHS-established standard percentiles, effective Fiscal Year 2024 Quarter 1.*

The 50th percentile standard is 72.9% and the 75th percentile standard is 83.8%.

	PIHP (Medicaid only)											
	4Q FY21	**1Q FY22**	**2Q FY22**	**3Q FY22**	**4Q FY22**	**1Q FY23**	**2Q FY23**	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**
Genesee Health System	99.64%	100%	99.67%	99.68%	98.71%	99.03%	96.65%	98.58%	97.88%	93.70%	95.51%	98.34%
Lapeer CMH	48.72%	36.11%	36.89%	42.86%	75.96%	72.45%	61.48%	60.58%	70.41%	**72.39%** (97/134)	**56.25%** (81/144)	**32.35%** (44/136)
Sanilac CMH	78.00%	71.88%	75.56%	65.71%	72.09%	60.71%	78.33%	71.43%	78.46%	**80.00%** (56/70)	**76.71%** (56/73)	**79.41%** (54/68)
St. Clair CMH	75.77%	94.61%	72.15%	68.48%	72.09%	66.67%	69.37%	66.86%	62.86%	**57.76%** (201/348)	**67.98%** (242/356)	**60.87%** (196/322)
PIHP Totals	**83.07% N = 632**	**88.60% N = 579**	**79.25% N = 689**	**79.43% N = 700**	**83.51% N = 758**	**80.16% N = 756**	**79.48% N = 843**	**79.37% N = 858**	**79.33% N = 808**	**75.58% N = 901**	**76.50% N=885**	**71.38% N=828**

Indicator 3.c.

The percent of new children with developmental disabilities starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment. *PIHPs and CMHs are expected to meet and exceed the MDHHS-established standard percentiles, effective Fiscal Year 2024 Quarter 1.*

The 50th percentile standard is 72.9% and the 75th percentile standard is 83.8%.

	PIHP (Medicaid only)											
	4Q FY21	**1Q FY22**	**2Q FY22**	**3Q FY22**	**4Q FY22**	**1Q FY23**	**2Q FY23**	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**
Genesee Health System	97.41%	100%	100%	99.28%	100%	95.00%	98.99%	99.39%	99.22%	100%	98.78%	99.14%
Lapeer CMH	75.00%	66.67%	100%	80.00%	81.82%	70.00%	54.55%	69.23%	80.00%	93.75%	**45.00%** (9/20)	**64.29%** (9/14)
Sanilac CMH	80.00%	62.50%	75.00%	83.33%	70.00%	100%	80.00%	66.67%	100%	85.71%	**62.50%** (5/8)	**80.00%** (8/10)
St. Clair CMH	69.70%	79.41%	84.62%	69.57%	79.25%	72.34%	75.71%	79.49%	69.64%	**62.00%** (31/50)	**37.04%** (10/27)	**75.00%** (27/36)
PIHP Totals	**89.76% N = 166**	**92.73% N = 165**	**96.79% N = 218**	**91.28% N = 195**	**91.96% N = 199**	**85.52% N = 141**	**88.41% N = 164**	**92.86% N = 224**	**90.05% N = 201**	**87.71% N = 179**	**76.64% N=137**	**90.34% N=176**

Indicator 3.d.

The percent of new adults with developmental disabilities starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment. *PIHPs and CMHs are expected to meet and exceed the MDHHS-established standard percentiles, effective Fiscal Year 2024 Quarter 1.*

The 50th percentile standard is 72.9% and the 75th percentile standard is 83.8%.

	PIHP (Medicaid only)											
	4Q FY21	**1Q FY22**	**2Q FY22**	**3Q FY22**	**4Q FY22**	**1Q FY23**	**2Q FY23**	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**
Genesee Health System	100%	100%	100%	100%	100%	100%	96.67%	100%	100%	100%	93.75%	96.43%
Lapeer CMH	50.00%	30.00%	37.50%	77.78%	75.00%	80.00%	100%	75.00%	50.00%	**33.33%** (1/3)	**55.56%** (5/9)	**44.44%** (4/9)
Sanilac CMH	75.00%	100%	75.00%	100%	100%	66.67%	75.00%	66.67%	60.00%	**50.00%** (3/6)	**80.00%** (8/10)	100%
St. Clair CMH	92.86%	93.75%	83.33%	64.52%	88.00%	63.64%	73.91%	65.22%	73.33%	**72.00%** (18/25)	**56.00%** (14/25)	**66.67%** (16/24)
PIHP Totals	**88.57% N = 70**	**84.31% N = 51**	**83.05% N = 59**	**78.69% N = 61**	**94.03% N = 67**	**81.97% N = 61**	**88.24% N = 68**	**81.54% N = 65**	**83.33% N = 54**	**80.00% N = 60**	**70.00% N=60**	**78.79% N=66**

Performance Indicator 4

Indicator 4.a.1. The percentage of children discharged from a psychiatric inpatient unit who are seen for follow-up care within seven days. ***95% is the standard.***

	PIHP (Medicaid only)											
	4Q FY21	**1Q FY22**	**2Q FY22**	**3Q FY22**	**4Q FY22**	**1Q FY23**	**2Q FY23**	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**
Genesee Health System	100%	95.24%	95.00%	96.55%	100%	100%	100%	**94.64%** (53/56)	95.56%	**91.11%** (41/45)	98.18%	100%
Lapeer CMH	100%	100%	100%	100%	100%	**88.89%** (8/9)	100%	100%	100%	100%	100%	100%
Sanilac CMH	100%	100%	100%	100%	**83.33%** (5/6)	100%	100%	**88.89%** (8/9)	100%	100%	100%	100%
St. Clair CMH	**94.12%** (16/17)	**94.12%** (16/17)	100%	100%	100%	**93.33%** (14/15)	100%	95.00%	**86.67%** (13/15)	**87.50%** (14/16)	95.65%	100%
PIHP Totals	**98.39% N = 62**	**95.77% N = 71**	**97.30% N = 74**	**97.73% N = 88**	**98.53% N = 68**	**97.30% N = 74**	**100% N = 77**	**94.57% N = 92**	**94.37% N = 71**	**91.43% N = 70**	**97.75% N=89**	**100% N=97**

Indicator 4.a.2. The percentage of adults discharged from a psychiatric inpatient unit who are seen for follow-up care within seven days. ***95% is the standard.***

	PIHP (Medicaid only)											
	4Q FY21	**1Q FY22**	**2Q FY22**	**3Q FY22**	**4Q FY22**	**1Q FY23**	**2Q FY23**	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**
Genesee Health System	98.51%	98.54%	97.90%	97.19%	95.60%	**92.02%** (150/163)	**93.51%** (173/185)	96.99%	97.87%	**92.99%** (199/214)	**93.91%** (185/197)	97.22%
Lapeer CMH	**70.83%** (17/24)	**62.86%** (22/35)	95.65%	100%	100%	95.83%	100%	100%	100%	100%	**94.12%** (16/17)	100%
Sanilac CMH	100%	**88.89%** (8/9)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
St. Clair CMH	99.00%	96.88%	**90.67%** (68/75)	97.70%	**93.90%** (77/82)	98.59%	96.47%	96.59%	96.83%	**91.94%** (57/62)	96.30%	98.46%
PIHP Totals	**96.69% N = 332**	**92.65% N = 245**	**95.67% N = 254**	**97.75% N = 311**	**95.71% N = 280**	**94.64% N = 280**	**95.21% N = 313**	**97.21% N = 287**	**97.94% N = 291**	**93.61% N = 313**	**94.82% N=309**	**97.90% N=286**

Indicator 4.b. The percentage of discharges from a substance use disorder detox unit who are seen for follow-up care within seven days. ***95% is the standard.***

	PIHP (Medicaid only)											
	4Q FY21	**1Q FY22**	**2Q FY22**	**3Q FY22**	**4Q FY22**	**1Q FY23**	**2Q FY23**	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**
Region 10 PIHP SUD	95.31%	**91.49%** (43/47)	**85.71%** (60/70)	98.46%	**90.67%** (68/75)	**94.95%** (94/99)	**91.01%** (81/89)	95.60%	**94.74%** (72/76)	96.10%	**91.14%** (72/79)	**93.90%** (77/82)
PIHP Totals	**95.31% N = 64**	**91.49% N = 47**	**85.71% N = 70**	**98.46% N = 65**	**90.67% N = 75**	**94.95% N = 99**	**91.01% N = 89**	**95.60% N = 91**	**94.74% N = 76**	**96.10% N = 77**	**91.14% N=79**	**93.90% N=82**

Performance Indicator 5

Indicator 5. The percentage of area Medicaid recipients having received PIHP Managed services. **This indicator is calculated by MDHHS.**

	PIHP (Medicaid only)											
	4Q FY21	1Q FY22	2Q FY22	3Q FY22	4Q FY22	1Q FY23	2Q FY23	3Q FY23	4Q FY23	1Q FY24	2Q FY24	3Q FY24
Total Medicaid Beneficiaries Served	15,808	15,649	16,384	16,834	16,797	16,957	17,536	17,948	17,626	17,417	17,639	17,787
Number of Area Medicaid Recipients	231,717	235,056	238,625	242,291	245,445	248,589	251,434	253,895	256,464	242,289	229,322	217,458
PIHP Totals	**6.82%**	**6.66%**	**6.87%**	**6.95%**	**6.84%**	**6.82%**	**6.97%**	**7.07%**	**6.87%**	**7.19%**	**7.69%**	**8.18%**

Performance Indicator 6

Indicator 6. The Percent of Habilitation Supports Waiver (HSW) enrollees in the quarter who received at least one HSW Service each month other than Supports Coordination. **This indicator is calculated by MDHHS.**

	PIHP (Medicaid only)											
	4Q FY21	1Q FY22	2Q FY22	3Q FY22	4Q FY22	1Q FY23	2Q FY23	3Q FY23	4Q FY23	1Q FY24	2Q FY24	3Q FY24
Number of HSW Enrollees Receiving at Least One HSW Service Other Than Supports Coordination	603	566	569	572	574	560	562	555	538	516	501	493
Total Number of HSW Enrollees	633	625	608	603	603	580	579	568	553	531	510	501
PIHP Totals	**95.26%**	**90.56%**	**93.59%**	**94.86%**	**95.19%**	**96.55%**	**97.06%**	**97.71%**	**97.29%**	**97.18%**	**98.24%**	**98.40%**

Performance Indicator 8

Indicator 8.a. The percent of adults with mental illness served by the CMHSPs and PIHPs that are employed competitively. The numbers below are calculations by MDHHS. This represents the total for FY2023.

Population	Total # of Enrollees	# of Enrollees who are competitively employed	Competitive employment rate
Region 10 PIHP	**10630**	**2182**	**20.50%**

Indicator 8.b. The percent of adults with developmental disabilities served by the CMHSPs and PIHPs that are employed competitively. The numbers below are calculations by MDHHS. This represents the total for FY2023.

Population	Total # of Enrollees	# of Enrollees who are competitively employed	Competitive employment rate
Region 10 PIHP	**1577**	**106**	**6.70%**

Indicator 8.c. The percent of adults dually diagnosed with mental illness/developmental disabilities served by the CMHSPs and PIHPs that are employed competitively. The numbers below are calculations by MDHHS. This represents the total for FY2023.

Population	Total # of Enrollees	# of Enrollees who are competitively employed	Competitive employment rate
Region 10 PIHP	**1347**	**131**	**9.70%**

Performance Indicator 9

Indicator 9.a. The percent of adults with mental illness served by the CMHSPs and PIHPs who earned minimum wage or more from any employment activities (competitive, supported or self-employment, or sheltered workshop). The numbers below are calculations by MDHHS. This represents the total for FY2023.

Population	Total # of Enrollees	# of Enrollees who earned minimum wage or more	Competitive employment rate
Region 10 PIHP	**2200**	**2185**	**99.30%**

Indicator 9.b. The percent of adults with developmental disabilities, served by the CMHSPs and PIHPs who earned minimum wage or more from any employment activities (competitive, supported or self-employment, or sheltered workshop). The numbers below are calculations by MDHHS. This represents the total for FY2023.

Population	Total # of Enrollees	# of Enrollees who earned minimum wage or more	Competitive employment rate
Region 10 PIHP	**195**	**123**	**63.10%**

Indicator 9.c. The percent of adults dually diagnosed with mental illness/developmental disabilities served by the CMHSPs and PIHPs who earned minimum wage or more from any employment activities (competitive, supported or self-employment, or sheltered workshop). The numbers below are calculations by MDHHS. This represents the total for FY2023.

Population	Total # of Enrollees	# of Enrollees who earned minimum wage or more	Competitive employment rate
Region 10 PIHP	**179**	**141**	**78.80%**

Performance Indicator 10

Indicator 10.a. The percentage of children readmitted to an inpatient psychiatric unit within 30 calendar days of discharge from a psychiatric inpatient unit.
15% or less within 30 days is the standard.

	PIHP (Medicaid only)											
	4Q FY21	**1Q FY22**	**2Q FY22**	**3Q FY22**	**4Q FY22**	**1Q FY23**	**2Q FY23**	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**
Genesee Health System	4.08%	13.11%	1.92%	9.20%	6.25%	6.35%	7.69%	7.53%	12.99%	6.49%	10.11%	12.93%
Lapeer CMH	12.50%	0%	0%	13.64%	14.29%	**15.38%** (2/13)	10.00%	10.00%	0.00%	0.00%	0.00%	0.00%
Sanilac CMH	14.29%	14.29%	**23.08%** (3/13)	0%	0.00%	9.09%	9.09%	9.09%	**25.00%** (3/12)	0.00%	14.29%	12.50%
St. Clair CMH	8.70%	5.26%	5.88%	10.00%	**23.08%** (3/13)	11.11%	11.54%	4.17%	**20.00%** (4/20)	5.26%	4.00%	11.76%
PIHP Totals	**6.90% N = 87**	**10.53% N = 95**	**5.26% N = 95**	**9.45% N = 127**	**8.51% N = 94**	**8.57% N = 105**	**8.93% N = 112**	**7.25% N = 138**	**14.78% N = 115**	**5.45% N = 110**	**8.80% N=125**	**12.08% N=149**

Indicator 10.b. The percentage of adults readmitted to inpatient psychiatric units within 30 calendar days of discharge from a psychiatric inpatient unit.
15% or less within 30 days is the standard.

	PIHP (Medicaid only)											
	4Q FY21	**1Q FY22**	**2Q FY22**	**3Q FY22**	**4Q FY22**	**1Q FY23**	**2Q FY23**	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**
Genesee Health System	10.58%	8.30%	9.51%	9.61%	7.79%	8.07%	12.43%	14.04%	13.67%	14.67%	13.55%	14.19%
Lapeer CMH	8.82%	**17.65%** (9/51)	6.25%	10.20%	**20.00%** (8/40)	2.63%	5.13%	6.25%	10.87%	12.50%	0.00%	9.52%
Sanilac CMH	8.33%	0%	13.33%	9.52%	0.00%	**17.39%** (4/23)	11.54%	0.00%	12.50%	5.26%	0.00%	14.29%
St. Clair CMH	14.79%	11.11%	**17.43%** (19/109)	10.00%	9.02%	**17.60%** (22/125)	11.38%	9.92%	10.20%	12.09%	12.04%	14.29%
PIHP Totals	**11.45% N = 585**	**9.86% N = 416**	**11.46% N = 419**	**9.75% N = 523**	**8.87% N = 485**	**10.62% N = 471**	**11.60% N = 526**	**12.01% N = 533**	**12.79% N = 555**	**13.77% N = 559**	**12.02% N=549**	**13.89% N=619**

Performance Indicator 13

Indicator 13.a The percent of adults with developmental disabilities served, who live in a private residence alone, with spouse, or non-relative(s). The numbers below are calculations by MDHHS. This represents the total for FY2023.

Population	Total # of Enrollees	# of Enrollees with a developmental disability who live in a private residence alone, with spouse or non-relatives	Private residence rate
Region 10 PIHP	**1577**	**245**	**15.54%**

Indicator 13.b The percent of adults dually diagnosed with mental illness/developmental disabilities served, who live in a private residence alone, with spouse, or non-relative(s). The numbers below are calculations by MDHHS. This represents the total for FY2023.

Population	Total # of Enrollees	# of Enrollees dually diagnosed with mental illness/developmental disabilities who live in a private residence alone, with spouse or non-relatives	Private residence rate
Region 10 PIHP	**1347**	**328**	**24.35%**

Performance Indicator 14

Indicator 14. The percent of adults with serious mental illness served, who live in a private residence alone, with spouse, or non-relative(s). The numbers below are calculations by MDHHS. This represents the total for FY2023.

Population	Total # of Enrollees	# of Enrollees with serious mental illness who live alone, with spouse or non-relative	Private residence rate
Region 10 PIHP	**10630**	**4651**	**43.75%**

NARRATIVE OF RESULTS

The following PIHP Performance Indicators for Medicaid consumers have performance standards that have been set by the Michigan Department of Health and Human Services.

Performance Indicator #1 states: "*The percentage of persons receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours."* ***The set performance standard is 95%****.* Three CMHs met the standard for this indicator for the child population breakout. All CMHs met the standard for this indicator for the adult population breakout.

Performance Indicator #2 states: "*The percentage of new persons receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service."* ***The set performance standards are 57.0% and 62.0%.*** The total CMH compliance rates ranged from 40.34% - 75.45%. Two CMHs met and exceeded the performance standards for this indicator.

Performance Indicator #2e states*: "The percentage of new persons receiving a face-to-face service for treatment or supports within 14 calendar days of a non-emergency request for service for persons with Substance Use Disorders."* ***The set performance standards are 68.2% and 75.3%.*** The SUD network exceeded the standard for this indicator with a compliance rate of 77.74%.

Performance Indicator #3 states, *"The percent of new persons starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment."* ***The set performance standards are 72.9% and 83.8%.*** The total CMH compliance rates ranged from 34.03% - 98.61%. One CMH met and exceeded the performance standards for this indicator.

Performance Indicator #4 states, *"The percentage of persons discharged from a psychiatric inpatient unit (or SUD Detox Unit) who are seen for follow-up care within seven days."* ***The set performance standard is 95%.*** For persons discharged from a psychiatric inpatient unit, all CMHs met the standard. For persons discharged from SUD Detox, the compliance rate was 93.90%.

Performance Indicator #10 states, *"The percentage of persons readmitted to an inpatient psychiatric unit within 30 calendar days of discharge from a psychiatric inpatient unit."* ***The set performance standard is 15% or less.*** All CMHs met the standard for this indicator for both the child and adult population breakouts.

When a CMH reports that the MDHHS standard for a performance indicator has not been achieved during a quarter, a root cause analysis and plan of correction are submitted to Region 10 PIHP along with the respective CMH data. The analysis is reviewed, and the plan of improvement is monitored over time by the PIHP along with the trend of scores on all the performance indicators.

If a set standard benchmark is not achieved for the region, the indicator is investigated further by various committees within the QAPIP structure such as Quality Improvement Committee, Quality Management Committee, and Improving Practices Leadership Team to increase input from CMH partners, identify contributing factors and systemic issues for the outliers, and review opportunities for improvement across the region.

SUMMARIES OF ROOT CAUSE ANALYSES AND PLANS OF CORRECTION/IMPROVEMENT

Genesee Health System (GHS)

PI #1 – Pre-admission screening completed within three hours

GHS exceeded the performance standard for this indicator across all population breakouts.

PI #2 – Assessment within 14 days of request

Root cause analysis revealed out of 1,165 individuals, 695 were non-compliant. Of these 695 individuals, reasons for non-compliance included those who cancelled or did not show for a scheduled appointment, those who indicated engagement in other services, those who reported an unwillingness or inability to wait for intake at the time they presented as walk-ins, those who reported their needs were resolved and/or chose not to follow-up with GHS, those who were given walk-in information but did not present for intake, and those who did not complete intake for various other personal reasons.

The following plan was submitted by GHS:

> Regarding walk-in intake process system improvement efforts, the GHS Intake Department's monitoring system for walk in wait times has been in effect for several months and the Intake Team is evaluating efficacy and making improvements based on this monitoring. Intake has ongoing discussions with team members on how to discuss walk in timeframes and options with individuals who walk in for intake and cannot immediately be seen. Third quarter plans include the expansion of the Intake Department, and the Intake Department has hired four additional workers since early summer. All four workers will be operational by October 1, 2024.
>
> A vast majority of non-compliance remains due to consumer choice, and in many cases the reasons for this are unknown as the consumer does not respond to outreach and/or is otherwise not available for feedback. GHS Quality Management is evaluating any potential interventions that could be beneficial in increasing engagement in intake and ongoing services. Intake continues to do considerable outreach in these cases.
>
> FY2024 second quarter data regarding intake wait time impact on indicator #2 decreased from 14 individuals to eight individuals, a 43% decrease.

PI #3 – Ongoing service within 14 days of assessment

GHS exceeded the performance standard for this indicator across all population breakouts.

PI #4 – Follow-up service within seven days of discharge

GHS exceeded the performance standard for this indicator across all population breakouts.

PI #10 – Readmission within 30 days of discharge

GHS exceeded the performance standard for this indicator across all population breakouts.

Lapeer CMH

PI #1 –Pre-admission screening completed within three hours

Lapeer CMH exceeded the performance standard for this indicator across all population breakouts.

PI #2 – Assessment within 14 days of request

Lapeer CMH exceeded the performance standard for this indicator across all population breakouts.

PI #3 – Ongoing service within 14 days of assessment

Root cause analysis revealed 157 of 238 individuals did not receive an ongoing service within 14 days of assessment.

The following plan was submitted by Lapeer CMH:

> Lapeer CMH implemented new processes of linking individuals with service the same day if they were willing to stay longer for that coordination. Outpatient is an area that was identified as still an issue with on-going services being started within 14 days. Some new staff have been hired to help with this lag time as well as making some adjustments to why individuals are assigned to Outpatient therapists to help with engagement into services.

PI #4 – Follow-up service within seven days of discharge

Lapeer CMH exceeded the performance standard for this indicator in all population breakouts.

PI #10 – Readmission within 30 days of discharge

Lapeer CMH exceeded the performance standard for this indicator across all population breakouts.

Sanilac CMH

PI #1 –Pre-admission screening completed within three hours

Sanilac CMH exceeded the performance standard for this indicator in the adult population (100%), but narrowly missed the 95% performance standard for the child population breakout (94.87%). Root cause analysis revealed 37 of 39 pre-admission screenings for psychiatric inpatient care were completed for children within 3 hours.

PI #2 – First service within 14 days of request

Sanilac CMH exceeded the performance standard for this indicator across all population breakouts.

PI #3 – Ongoing service within 14 days of assessment

Root cause analysis revealed 32 of 137 individuals did not receive an ongoing service within 14 days of assessment.

The following plan was submitted by Sanilac CMH:

> Sanilac CMH is still committed to ensuring individuals are receiving the correct service within the specified timeframes. Sanilac CMH is still providing appointment reminders and encouraging individuals to make it to their assigned appointment day.

PI #4 – Follow-up service within seven days of discharge

Sanilac CMH exceeded the performance standard for this indicator across all population breakouts.

PI #10 – Readmission within 30 days of discharge

Sanilac CMH exceeded the performance standard for this indicator across all population breakouts.

St. Clair CMH

PI #1 – Pre-admission screening completed within three hours

St. Clair CMH exceeded the performance standard for this indicator across all population breakouts.

PI #2 – First service within 14 days of request

Root cause analysis revealed 291 individuals did not receive an assessment within 14 days. Among these individuals, 214 did not show or cancelled, 25 were offered the first available appointment which was outside 14 days, 22 completed an assessment outside the 14-day window, 22 declined an appointment within 14 days or elected not to receive services, three were cancelled by staff due to a power outage, two rescheduled, two experienced a delay in referral from Access, and one was seen but the time was deemed unbillable. In cases where contact information was provided, outreach was attempted. Some contact information was found to be inaccurate. Some follow-up efforts required multiple outreaches to individuals until they were seen.

The following plan was submitted by St. Clair CMH:

> The CMH Performance Indicator Team will continue to analyze non-compliant cases to find strategies to reduce the number of cancelled or missed appointments and ensure a greater percentage of appointments are offered and completed within 14 days. St. Clair CMH will continue collaborating with the Performance Indicator Team, Intake Team, and Region 10 Supervisors. The Performance Indicator Team Supervisor will review any cases that are flagged by the Performance Indicator Review Team to ensure corrective action can be taken as quickly as possible.
>
> Additionally, all cases that were seen more than 14 days after screening will be reviewed individually, with steps taken to address the main reasons they were not seen earlier. Specifically, cases in which an individual did not show up or rescheduled will be reviewed to indicate what dates were offered to the individual. Special focus will be on the cases in which an offered initial appointment exceeded the 14-day compliance window. During the process of reviewing cases within each category, St. Clair CMH will evaluate and prioritize the efforts that will be most attainable in the shortest period of time in order to more immediately address issues that are a barrier to individuals seeking services. These efforts and their effects will be further monitored and detailed in future quarterly updates. St. Clair CMH is in the process of developing a procedure.

PI #3 – Ongoing service within 14 days of assessment

Root cause analysis revealed 187 individuals did not receive a follow-up service within 14 days of assessment. Reasons for non-compliance include 68 individuals cancelling or not showing for a scheduled appointment, 56 individuals seen outside of the 14-day window, 25 individuals declining appointments within the 14 days or electing not to receive services, and 12 individuals rescheduling appointments then being seen outside the 14 days.

In cases where contact information was provided, outreach was attempted. In certain programs there were consistent issues with not having available appointments within 14 days or failing to contact the consumer or offer appointments in a timely manner. Outreach attempts via phone or in person were not consistent across all programs.

The following plan was submitted by St. Clair CMH:

> The CMH Performance Indicator Team will analyze non-compliant cases to find strategies to reduce the number of cancelled and/or missed appointments and ensure a greater percentage of appointments are offered and completed within 14 days. Due to ongoing staffing changes and time considerations, the team was unable to conduct a thorough analysis but will make adjustments in the future to ensure more cases are reviewed.
>
> The CMH Performance Indicator Team Supervisor reached out to program supervisors to address any identified issues with offering appointments, lack of availability, or efforts at outreach.

All cases that were seen more than 14 days after the biopsychosocial assessment will be reviewed individually, with steps taken to address the main reasons they were not seen earlier. Specifically, cases in which an individual did not show up or rescheduled will be reviewed to indicate what dates were offered to the individual. Special focus will be on the cases in which an offered follow-up appointment exceeded the 14-day compliance window. During the process of reviewing cases within each category, St. Clair CMH will evaluate and prioritize the efforts that will be most attainable in the shortest period of time in order to more immediately address issues that are a barrier to individuals seeking follow-up services. These efforts and their effects will be further monitored and detailed in future quarterly updates. St. Clair CMH is in the process of developing a procedure.

PI #4 – Follow-up service within seven days of discharge
St. Clair CMH exceeded the performance standard for this indicator across all population breakouts.

PI #10 – Readmission within 30 days of discharge
St. Clair CMH exceeded the performance standard for this indicator across all population breakouts.

Region 10 SUD System

PI #2 – First service within 14 days of request
A total of 132 individuals were not seen for their first service within 14 days of the original request. Outreach was conducted with 13 SUD Providers in coordination with the PIHP Performance Indicator Team and the Provider Network Management Team.

Through their submitted Plans of Correction, Providers reported implementing corrective actions including offering same-day appointments, improving appointment reminders and follow-up processes, increasing access to transportation services, and training staff to address individual barriers. Additional efforts involved utilizing Peer Recovery Coaches for outreach, enhancing electronic reminder systems, collecting multiple methods of contact to ensure reliable communication, and maximizing intake availability to accommodate rescheduled appointments.

PI #4 – Follow-up service within seven days of discharge
Further review revealed five individuals were not seen for follow-up care within seven days of discharge from a detox unit. Outreach was conducted with two SUD Providers in collaboration with the PIHP Performance Indicator Team and the Provider Network Management Team.

Providers reported efforts to reinforce effective procedures through staff training and verification of aftercare arrangements.

Additional oversight and follow-up regarding corrective action items will occur through the contract monitoring process.