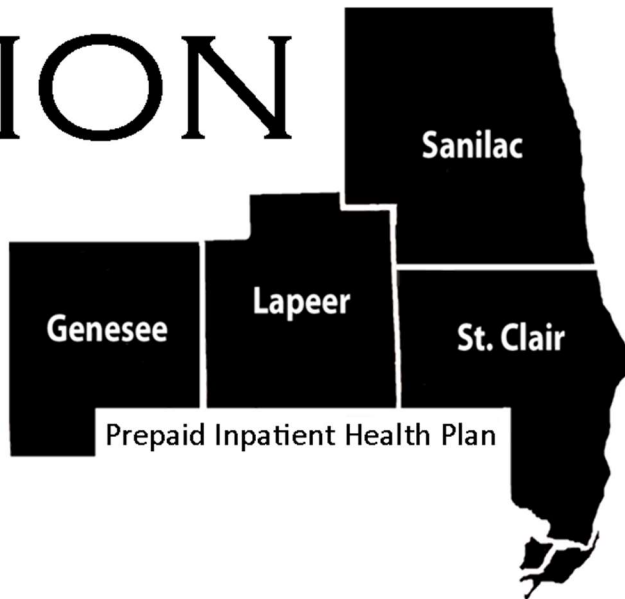


# REGION

# 10



Michigan Mission-Based Performance Indicator System  
JULY - SEPTEMBER  
FY 2023 – 4TH QUARTER

**Region 10 PIHP**  
**Michigan Mission-Based Performance Indicator System**

**FY2023 – 4<sup>th</sup> Quarter Summary Report**

(July 1, 2023 – September 30, 2023)

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, with the current revision effective April 1, 2020.

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 fourth quarter of fiscal year 2023 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)											
	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22	3Q FY22	4Q FY22	1Q FY23	2Q FY23	3Q FY23	4Q FY23
Genesee Health System	100%	100%	100%	99.39%	100%	99.50%	100%	99.09%	100%	100%	99.31%	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%	100%
St. Clair CMH	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>PIHP Totals</b>	<b>100%</b> N = 344	<b>100%</b> N = 346	<b>100%</b> N = 342	<b>99.64%</b> N = 279	<b>100%</b> N = 335	<b>99.73%</b> N=377	<b>100%</b> N = 380	<b>99.57%</b> N = 234	<b>100%</b> N= 295	<b>100%</b> N=354	<b>99.67%</b> N=300	<b>100%</b> N=249

**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)											
	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22	3Q FY22	4Q FY22	1Q FY23	2Q FY23	3Q FY23	4Q FY23
Genesee Health System	99.69%	99.56%	99.85%	99.69%	100%	100%	99.45%	99.81%	99.59%	99.81%	99.63%	99.82%
Lapeer CMH	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Sanilac CMH	100%	100%	100%	100%	100%	100%	98.41%	100%	100%	100%	100%	100%
St. Clair CMH	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>PIHP Totals</b>	<b>99.81%</b> N = 1027	<b>99.71%</b> N = 1036	<b>99.91%</b> N = 1080	<b>99.81%</b> N = 1029	<b>100%</b> N = 758	<b>100%</b> N=853	<b>99.57%</b> N = 928	<b>99.89%</b> N= 901	<b>99.77%</b> N= 877	<b>99.89%</b> N= 937	<b>99.78%</b> N= 908	<b>99.89%</b> N=945

## Performance Indicator 2a

### Indicator 2.a. (New)

The percentage of new persons receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service, effective 4/1/2020. *No standard for first year of implementation.*

	PIHP (Medicaid only)											
	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22	3Q FY22	4Q FY22	1Q FY23	2Q FY23	3Q FY23	4Q FY23
<b>Genesee Health System</b>	72.79%	63.65%	59.19%	62.94%	61.41%	51.46%	35.76%	39.29%	45.09%	43.08%	44.02%	48.38%
<b>Lapeer CMH</b>	66.88%	77.72%	66.16%	50.50%	40.41%	63.14%	75.61%	74.40%	76.02%	58.57%	62.11%	67.58%
<b>Sanilac CMH</b>	77.23%	80.15%	69.47%	73.98%	68.91%	75.89%	71.09%	73.76%	77.42%	71.07%	70.55%	73.39%
<b>St. Clair CMH</b>	79.77%	80.86%	79.90%	68.40%	58.94%	52.45%	47.56%	62.96%	59.47%	65.79%	66.86%	62.31%
<b>PIHP Totals</b>	<b>74.79%</b> N = 1297	<b>72.43%</b> N = 1411	<b>67.50%</b> N = 1326	<b>63.98%</b> N = 1613	<b>58.64%</b> N = 1644	<b>54.88%</b> N=2008	<b>46.86%</b> N = 1818	<b>54.25%</b> N= 1849	<b>54.99%</b> N= 2086	<b>53.80%</b> N=2463	<b>54.23%</b> N=2327	<b>56.34%</b> N=2176

**Indicator 2.a.1. (New)**

The percentage of new children with emotional disturbance receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service, effective 4/1/2020. *No standard for first year of implementation.*

	PIHP (Medicaid only)											
	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22	3Q FY22	4Q FY22	1Q FY23	2Q FY23	3Q FY23	4Q FY23
<b>Genesee Health System</b>	74.82%	60.00%	58.44%	65.06%	60.68%	47.95%	34.80%	37.66%	43.54%	42.00%	39.94%	47.29%
<b>Lapeer CMH</b>	80.49%	89.80%	89.47%	74.36%	64.18%	46.99%	85.71%	76.00%	77.46%	44.12%	37.50%	77.42%
<b>Sanilac CMH</b>	94.44%	82.22%	70.00%	78.38%	80.95%	83.87%	78.85%	79.59%	82.05%	84.00%	76.32%	76.67%
<b>St. Clair CMH</b>	80.65%	76.81%	83.18%	70.00%	72.57%	62.38%	47.26%	75.17%	68.97%	73.59%	71.20%	63.24%
<b>PIHP Totals</b>	<b>79.71%</b> <b>N = 340</b>	<b>72.68%</b> <b>N = 377</b>	<b>72.13%</b> <b>N = 348</b>	<b>69.11%</b> <b>N = 382</b>	<b>66.80%</b> <b>N = 518</b>	<b>56.97%</b> <b>N=574</b>	<b>50.80%</b> <b>N = 502</b>	<b>57.62%</b> <b>N= 479</b>	<b>58.48%</b> <b>N= 607</b>	<b>54.74%</b> <b>N=749</b>	<b>50.69%</b> <b>N=649</b>	<b>57.58%</b> <b>N=554</b>

**Indicator 2.a.2. (New)**

The percentage of new adults with mental illness receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service, effective 4/1/2020. *No standard for first year of implementation.*

	PIHP (Medicaid only)											
	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22	3Q FY22	4Q FY22	1Q FY23	2Q FY23	3Q FY23	4Q FY23
<b>Genesee Health System</b>	70.56%	63.09%	56.46%	56.67%	58.62%	47.84%	33.03%	40.94%	44.98%	42.29%	43.38%	47.04%
<b>Lapeer CMH</b>	60.75%	71.54%	54.70%	41.04%	26.13%	74.42%	66.67%	73.53%	74.22%	69.33%	71.43%	62.41%
<b>Sanilac CMH</b>	65.00%	78.26%	69.81%	75.00%	59.38%	66.15%	67.69%	69.44%	75.32%	62.89%	65.98%	69.62%
<b>St. Clair CMH</b>	77.39%	82.11%	78.54%	64.29%	51.24%	46.94%	46.94%	59.28%	56.06%	61.70%	65.21%	60.49%
<b>PIHP Totals</b>	<b>71.07%</b> <b>N = 788</b>	<b>71.54%</b> <b>N = 801</b>	<b>64.66%</b> <b>N = 764</b>	<b>58.34%</b> <b>N = 941</b>	<b>51.83%</b> <b>N = 874</b>	<b>51.73%</b> <b>N=1096</b>	<b>44.46%</b> <b>N = 1001</b>	<b>54.39%</b> <b>N= 1048</b>	<b>53.64%</b> <b>N= 1208</b>	<b>53.35%</b> <b>N=1372</b>	<b>55.19%</b> <b>N=1321</b>	<b>54.86%</b> <b>N=1276</b>

**Indicator 2.a.3. (New)**

The percentage of new children with developmental disabilities receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service, effective 4/1/2020. *No standard for first year of implementation.*

	PIHP (Medicaid only)											
	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22	3Q FY22	4Q FY22	1Q FY23	2Q FY23	3Q FY23	4Q FY23
<b>Genesee Health System</b>	78.95%	69.37%	66.36%	73.94%	68.61%	65.64%	46.58%	37.33%	45.24%	46.58%	50.93%	51.05%
<b>Lapeer CMH</b>	83.33%	100%	92.31%	78.57%	100%	38.46%	83.33%	78.57%	75.00%	26.32%	60.00%	70.00%
<b>Sanilac CMH</b>	100%	75.00%	70.00%	62.50%	77.78%	85.71%	66.67%	72.73%	66.67%	83.33%	90.00%	83.33%
<b>St. Clair CMH</b>	86.67%	82.86%	71.88%	80.00%	58.70%	59.09%	48.28%	66.10%	53.70%	64.62%	66.67%	72.31%
<b>PIHP Totals</b>	<b>81.90%</b> N = 116	<b>73.78%</b> N = 164	<b>69.70%</b> N = 165	<b>75.00%</b> N = 204	<b>67.68%</b> N = 198	<b>63.71%</b> N=259	<b>48.48%</b> N = 231	<b>48.72%</b> N= 234	<b>50.00%</b> N = 198	<b>50.60%</b> N = 251	<b>55.32%</b> N=282	<b>57.56%</b> N=271

**Indicator 2.a.4. (New)**

The percentage of new adults with developmental disabilities receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service, effective 4/1/2020. *No standard for first year of implementation.*

	PIHP (Medicaid only)											
	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22	3Q FY22	4Q FY22	1Q FY23	2Q FY23	3Q FY23	4Q FY23
<b>Genesee Health System</b>	75.00%	66.67%	72.22%	85.29%	73.68%	47.06%	24.14%	38.46%	60.61%	52.38%	55.56%	64.10%
<b>Lapeer CMH</b>	66.67%	83.33%	36.36%	46.67%	0%	81.82%	90.91%	71.43%	90.00%	57.14%	84.62%	83.33%
<b>Sanilac CMH</b>	100%	100%	50.00%	50.00%	75.00%	85.71%	40.00%	77.78%	100%	83.33%	100%	88.89%
<b>St. Clair CMH</b>	92.00%	88.00%	94.44%	87.10%	63.64%	44.44%	53.85%	48.48%	50.00%	72.41%	64.00%	61.90%
<b>PIHP Totals</b>	<b>83.02%</b> N = 53	<b>78.26%</b> N = 69	<b>71.43%</b> N = 49	<b>76.74%</b> N = 86	<b>57.41%</b> N = 54	<b>54.43%</b> N=79	<b>47.62%</b> N = 84	<b>48.86%</b> N= 88	<b>61.64%</b> N= 73	<b>61.54%</b> N=91	<b>64.00%</b> N=75	<b>68.00%</b> N=75



## Performance Indicator 2b

### Indicator 2.b. (New)

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, effective 4/1/2020. **This indicator is calculated by MDHHS.** *If the MDHHS calculation is not yet received, Region 10 PIHP will provide an estimated rate. No standard for first year of implementation.*

	PIHP (Medicaid only through 2Q FY20)											
	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22	3Q FY22	4Q FY22	1Q FY23	2Q FY23	3Q FY23	4Q FY23
Region 10 PIHP SUD	67.49%	68.74%	69.09%	68.48%	66.52%	66.87%	64.54%	69.22%	72.21%	73.26%	74.00%	78.17%
PIHP Totals	67.41% N = 2068	68.74% N = 1865	69.09% N = 1983	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

## Performance Indicator 3

### Indicator 3 (New)

The percent of new persons starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment, effective 4/1/2020. *No standard for first year of implementation.*

	PIHP (Medicaid only)											
	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22	3Q FY22	4Q FY22	1Q FY23	2Q FY23	3Q FY23	4Q FY23
<b>Genesee Health System</b>	99.36%	99.59%	99.57%	98.91%	99.83%	99.84%	99.70%	98.90%	98.31%	97.86%	98.82%	97.41%
<b>Lapeer CMH</b>	73.73%	81.29%	75.89%	56.92%	48.78%	50.94%	58.27%	77.22%	67.82%	57.69%	55.14%	70.86%
<b>Sanilac CMH</b>	79.52%	78.05%	76.56%	81.25%	79.73%	76.54%	73.53%	77.65%	66.67%	78.79%	71.13%	80.61%
<b>St. Clair CMH</b>	82.44%	84.33%	82.04%	79.79%	93.41%	76.75%	71.84%	74.70%	67.28%	72.26%	68.99%	67.05%
<b>PIHP Totals</b>	<b>88.92%</b> N = 1020	<b>90.45%</b> N = 1058	<b>88.98%</b> N = 1007	<b>86.45%</b> N = 1144	<b>91.25%</b> N = 1211	<b>84.79%</b> N=1341	<b>84.14%</b> N = 1349	<b>86.26%</b> N=1383	<b>80.30%</b> N=1411	<b>81.97%</b> N=1520	<b>81.62%</b> N=1621	<b>82.32%</b> N=1431

**Indicator 3.a. (New)**

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, effective 4/1/2020. *No standard for first year of implementation.*

	PIHP (Medicaid only)											
	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22	3Q FY22	4Q FY22	1Q FY23	2Q FY23	3Q FY23	4Q FY23
<b>Genesee Health System</b>	99.07%	100%	99.16%	98.43%	99.49%	100%	100%	98.18%	98.31%	99.49%	98.66%	94.71%
<b>Lapeer CMH</b>	80.56%	92.11%	80.00%	73.33%	77.14%	81.40%	77.08%	79.49%	57.14%	34.21%	37.50%	72.97%
<b>Sanilac CMH</b>	73.33%	65.52%	77.27%	90.48%	90.00%	78.57%	80.00%	85.71%	71.79%	80.00%	72.41%	86.36%
<b>St. Clair CMH</b>	87.88%	83.67%	84.88%	88.78%	94.87%	80.77%	81.54%	76.38%	67.40%	76.54%	71.52%	74.82%
<b>PIHP Totals</b>	<b>89.71%</b> N = 272	<b>89.18%</b> N = 268	<b>89.89%</b> N = 267	<b>91.67%</b> N = 276	<b>95.19%</b> N = 416	<b>88.27%</b> N=375	<b>89.82%</b> N = 393	<b>87.47%</b> N= 359	<b>78.59%</b> N= 453	<b>83.37%</b> N=445	<b>80.38%</b> N=474	<b>84.51%</b> N=368

**Indicator 3.b. (New)**

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, effective 4/1/2020. *No standard for first year of implementation.*

	PIHP (Medicaid only)											
	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22	3Q FY22	4Q FY22	1Q FY23	2Q FY23	3Q FY23	4Q FY23
<b>Genesee Health System</b>	99.63%	99.63%	100%	99.64%	100%	99.67%	99.68%	98.71%	99.03%	96.65%	98.58%	97.88%
<b>Lapeer CMH</b>	70.00%	76.67%	71.25%	48.72%	36.11%	36.89%	42.86%	75.96%	72.45%	61.48%	60.58%	70.41%
<b>Sanilac CMH</b>	82.61%	82.93%	81.25%	78.00%	71.88%	75.56%	65.71%	72.09%	60.71%	78.33%	71.43%	78.46%
<b>St. Clair CMH</b>	78.79%	83.25%	81.91%	75.77%	94.61%	72.15%	68.48%	72.09%	66.67%	69.37%	66.86%	62.86%
<b>PIHP Totals</b>	<b>87.61%</b> N = 581	<b>89.53%</b> N = 602	<b>87.90%</b> N = 537	<b>83.07%</b> N = 632	<b>88.60%</b> N = 579	<b>79.25%</b> N=689	<b>79.43%</b> N = 700	<b>83.51%</b> N= 758	<b>80.16%</b> N= 756	<b>79.48%</b> N=843	<b>79.37%</b> N=858	<b>79.33%</b> N=808

**Indicator 3.c. (New)**

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, effective 4/1/2020. *No standard for first year of implementation.*

	PIHP (Medicaid only)											
	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22	3Q FY22	4Q FY22	1Q FY23	2Q FY23	3Q FY23	4Q FY23
<b>Genesee Health System</b>	100%	98.86%	99.02%	97.41%	100%	100%	99.28%	100%	95.00%	98.99%	99.39%	99.22%
<b>Lapeer CMH</b>	88.89%	100%	84.62%	75.00%	66.67%	100%	80.00%	81.82%	70.00%	54.55%	69.23%	80.00%
<b>Sanilac CMH</b>	83.33%	100%	55.56%	80.00%	62.50%	75.00%	83.33%	70.00%	100%	80.00%	66.67%	100%
<b>St. Clair CMH</b>	84.38%	82.14%	75.00%	69.70%	79.41%	84.62%	69.57%	79.25%	72.34%	75.71%	79.49%	69.64%
<b>PIHP Totals</b>	<b>94.12%</b> N = 119	<b>95.35%</b> N = 129	<b>90.38%</b> N = 156	<b>89.76%</b> N = 166	<b>92.73%</b> N = 165	<b>96.79%</b> N=218	<b>91.28%</b> N = 195	<b>91.96%</b> N= 199	<b>85.52%</b> N= 141	<b>88.41%</b> N=164	<b>92.86%</b> N=224	<b>90.05%</b> N=201

**Indicator 3.d. (New)**

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, effective 4/1/2020. *No standard for first year of implementation.*

	PIHP (Medicaid only)											
	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22	3Q FY22	4Q FY22	1Q FY23	2Q FY23	3Q FY23	4Q FY23
<b>Genesee Health System</b>	95.00%	100%	100%	100%	100%	100%	100%	100%	100%	96.67%	100%	100%
<b>Lapeer CMH</b>	33.33%	66.67%	87.50%	50.00%	30.00%	37.50%	77.78%	75.00%	80.00%	100%	75.00%	50.00%
<b>Sanilac CMH</b>	100%	75.00%	100%	75.00%	100%	75.00%	100%	100%	66.67%	75.00%	66.67%	60.00%
<b>St. Clair CMH</b>	87.50%	100%	82.35%	92.86%	93.75%	83.33%	64.52%	88.00%	63.64%	73.91%	65.22%	73.33%
<b>PIHP Totals</b>	<b>87.50%</b> N = 48	<b>94.92%</b> N = 59	<b>91.49%</b> N = 47	<b>88.57%</b> N = 70	<b>84.31%</b> N = 51	<b>83.05%</b> N=59	<b>78.69%</b> N = 61	<b>94.03%</b> N= 67	<b>81.97%</b> N= 61	<b>88.24%</b> N=68	<b>81.54%</b> N=65	<b>83.33%</b> N=54

## 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)											
	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22	3Q FY22	4Q FY22	1Q FY23	2Q FY23	3Q FY23	4Q FY23
<b>Genesee Health System</b>	100%	100%	97.06%	100%	95.24%	95.00%	96.55%	100%	100%	100%	<b>94.64%</b> (53/56)	95.56%
<b>Lapeer CMH</b>	100%	100%	100%	100%	100%	100%	100%	100%	<b>88.89%</b> (8/9)	100%	100%	100%
<b>Sanilac CMH</b>	100%	100%	100%	100%	100%	100%	100%	<b>83.33%</b> (5/6)	100%	100%	<b>88.89%</b> (8/9)	100%
<b>St. Clair CMH</b>	95.65%	100%	100%	<b>94.12%</b> (16/17)	<b>94.12%</b> (16/17)	100%	100%	100%	<b>93.33%</b> (14/15)	100%	95.00%	<b>86.67%</b> (13/15)
<b>PIHP Totals</b>	<b>98.88%</b> N = 89	<b>100%</b> N = 76	<b>98.70%</b> N = 77	<b>98.39%</b> N = 62	<b>95.77%</b> N = 71	<b>97.30%</b> N=74	<b>97.73%</b> N = 88	<b>98.53%</b> N=68	<b>97.30%</b> N=74	<b>100%</b> N=77	<b>94.57%</b> N=92	<b>94.37%</b> N=71

**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)											
	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22	3Q FY22	4Q FY22	1Q FY23	2Q FY23	3Q FY23	4Q FY23
<b>Genesee Health System</b>	99.59%	97.18%	96.10%	98.51%	98.54%	97.90%	97.19%	95.60%	<b>92.02%</b> (150/163)	<b>93.51%</b> (173/185)	96.99%	97.87%
<b>Lapeer CMH</b>	<b>90.91%</b> (20/22)	100%	<b>87.88%</b> (29/33)	<b>70.83%</b> (17/24)	<b>62.86%</b> (22/35)	95.65%	100%	100%	95.83%	100%	100%	100%
<b>Sanilac CMH</b>	<b>93.33%</b> (14/15)	100%	100%	100%	<b>88.89%</b> (8/9)	100%	100%	100%	100%	100%	100%	100%
<b>St. Clair CMH</b>	97.53%	96.15%	97.22%	99.00%	96.88%	<b>90.67%</b> (68/75)	97.70%	<b>93.90%</b> (77/82)	98.59%	96.47%	96.59%	96.83%
<b>PIHP Totals</b>	<b>98.33%</b> N = 360	<b>97.29%</b> N = 332	<b>95.75%</b> N = 353	<b>96.69%</b> N = 332	<b>92.65%</b> N = 245	<b>95.67%</b> N=254	<b>97.75%</b> N = 311	<b>95.71%</b> N= 280	<b>94.64%</b> N= 280	<b>95.21%</b> N=313	<b>97.21%</b> N=287	<b>97.94%</b> N=291

**Indicator 4.b.** The percent 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)											
	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22	3Q FY22	4Q FY22	1Q FY23	2Q FY23	3Q FY23	4Q FY23
<b>Region 10 PIHP SUD</b>	95.12%	<b>87.76%</b> (43/49)	<b>74.16%</b> (66/89)	95.31%	<b>91.49%</b> (43/47)	<b>85.71%</b> (60/70)	98.46%	<b>90.67%</b> (68/75)	<b>94.95%</b> (94/99)	<b>91.01%</b> (81/89)	95.60%	<b>94.74%</b> (72/76)
<b>PIHP Totals</b>	<b>95.12%</b> N = 41	<b>87.76%</b> N = 49	<b>74.16%</b> N = 89	<b>95.31%</b> N = 64	<b>91.49%</b> N = 47	<b>85.71%</b> N=70	<b>98.46%</b> N = 65	<b>90.67%</b> N= 75	<b>94.95%</b> N=99	<b>91.01%</b> N=89	<b>95.60%</b> N=91	<b>94.74%</b> N=76



## 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)											
	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22	3Q FY22	4Q FY22	1Q FY23	2Q FY23	3Q FY23	4Q FY23
Total Medicaid Beneficiaries Served	15,178	15,703	15,735	15,808	15,649	16,384	16,834	16,797	16,957	17,536	17,948	17,626
Number of Area Medicaid Recipients	219,968	224,811	227,887	231,717	235,056	238,625	242,291	245,445	248,589	251,434	253,895	256,464
PIHP Totals	6.90%	6.98%	6.90%	6.82%	6.66%	6.87%	6.95%	6.84%	6.82%	6.97%	7.07%	6.87%

## 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)											
	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22	3Q FY22	4Q FY22	1Q FY23	2Q FY23	3Q FY23	4Q FY23
Number of HSW Enrollees Receiving at Least One HSW Service Other Than Supports Coordination	635	634	610	603	566	569	572	574	560	562	555	Not Received from MDHHS
Total Number of HSW Enrollees	643	654	620	633	625	608	603	603	580	579	568	Not Received from MDHHS
PIHP Totals	95.98%	96.94%	98.39%	95.26%	90.56%	93.59%	94.86%	95.19%	96.55%	97.06%	97.71%	

## 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 FY2022.

Population	Total # of Enrollees	# of Enrollees who are competitively employed	Competitive employment rate
Region 10 PIHP	9612	1683	17.52%

**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 FY2022.

Population	Total # of Enrollees	# of Enrollees who are competitively employed	Competitive employment rate
Region 10 PIHP	1583	105	6.63%

**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 FY2022.

Population	Total # of Enrollees	# of Enrollees who are competitively employed	Competitive employment rate
Region 10 PIHP	1274	109	8.56%

## 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 FY2022.

Population	Total # of Enrollees	# of Enrollees who earned minimum wage or more	Competitive employment rate
Region 10 PIHP	1702	1685	99.94%

**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 FY2022.

Population	Total # of Enrollees	# of Enrollees who earned minimum wage or more	Competitive employment rate
Region 10 PIHP	200	127	94.07%

**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 FY2022.

Population	Total # of Enrollees	# of Enrollees who earned minimum wage or more	Competitive employment rate
PIHP Totals	152	118	94.40%

## 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)											
	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22	3Q FY22	4Q FY22	1Q FY23	2Q FY23	3Q FY23	4Q FY23
<b>Genesee Health System</b>	13.10%	4.55%	4.35%	4.08%	13.11%	1.92%	9.20%	6.25%	6.35%	7.69%	7.53%	12.99%
<b>Lapeer CMH</b>	0%	0%	10.00%	12.50%	0%	0%	13.64%	14.29%	<b>15.38%</b> (2/13)	10.00%	10.00%	0.00%
<b>Sanilac CMH</b>	0%	<b>25.00%</b> (1/4)	<b>25.00%</b> (1/4)	14.29%	14.29%	<b>23.08%</b> (3/13)	0%	0.00%	9.09%	9.09%	9.09%	<b>25.00%</b> (3/12)
<b>St. Clair CMH</b>	11.54%	<b>21.05%</b> (4/19)	12.90%	8.70%	5.26%	5.88%	10.00%	<b>23.08%</b> (3/13)	11.11%	11.54%	4.17%	<b>20.00%</b> (4/20)
<b>PIHP Totals</b>	<b>11.67%</b> N = 120	<b>8.08%</b> N = 99	<b>8.79%</b> N = 91	<b>6.90%</b> N = 87	<b>10.53%</b> N = 95	<b>5.26%</b> N = 95	<b>9.45%</b> N = 127	<b>8.51%</b> N = 94	<b>8.57%</b> N = 105	<b>8.93%</b> N = 112	<b>7.25%</b> N=138	<b>14.78%</b> N=115

**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)											
	1Q FY21	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22	3Q FY22	4Q FY22	1Q FY23	2Q FY23	3Q FY23	4Q FY23
<b>Genesee Health System</b>	11.03%	13.67%	11.55%	10.58%	8.30%	9.51%	9.61%	7.79%	8.07%	12.43%	14.04%	13.67%
<b>Lapeer CMH</b>	5.56%	3.03%	<b>16.67%</b> (7/42)	8.82%	<b>17.65%</b> (9/51)	6.25%	10.20%	<b>20.00%</b> (8/40)	2.63%	5.13%	6.25%	10.87%
<b>Sanilac CMH</b>	4.76%	8.00%	8.33%	8.33%	0%	13.33%	9.52%	0.00%	<b>17.39%</b> (4/23)	11.54%	0.00%	12.50%
<b>St. Clair CMH</b>	13.51%	14.41%	<b>15.09%</b> (16/106)	14.79%	11.11%	<b>17.43%</b> (19/109)	10.00%	9.02%	<b>17.60%</b> (22/125)	11.38%	9.92%	10.20%
<b>PIHP Totals</b>	<b>10.94%</b> N = 585	<b>12.94%</b> N = 564	<b>12.44%</b> N = 579	<b>11.45%</b> N = 585	<b>9.86%</b> N = 416	<b>11.46%</b> N = 419	<b>9.75%</b> N = 523	<b>8.87%</b> N = 485	<b>10.62%</b> N = 471	<b>11.60%</b> N = 526	<b>12.01%</b> N=533	<b>12.79%</b> N=555

## Performance Indicator 11

**Indicator 11.** The annual number of substantiated recipient rights complaints in the categories of Abuse I and II and Neglect I and II per 1,000 persons served by CMHSPs and by PIHPs. This represents FY2022 results.

RR Complaints	Abuse I		Abuse II		Neglect I		Neglect II	
	# of Complaints from Medicaid Beneficiaries	# of Complaints Substantiated by ORR	# of Complaints from Medicaid Beneficiaries	# of Complaints Substantiated by ORR	# of Complaints from Medicaid Beneficiaries	# of Complaints Substantiated by ORR	# of Complaints from Medicaid Beneficiaries	# of Complaints Substantiated by ORR
Genesee Health System	1	0	34	4	9	4	9	6
Lapeer CMH	0	0	10	2	0	0	0	0
Sanilac CMH	1	0	13	3	3	1	2	1
St. Clair CMH	0	0	22	6	0	0	1	1
<b>PIHP Totals</b>	<b>2</b>	<b>0</b>	<b>79</b>	<b>15</b>	<b>12</b>	<b>5</b>	<b>12</b>	<b>8</b>

## 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 FY2022.

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	1583	265	16.74%

**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 FY2022.

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	1274	312	24.49%

## 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 FY2022.

Population	Total # of Enrollees	# of Enrollees with serious mental illness who live alone, with spouse or non-relative	Private residence rate
Region 10 PIHP	9612	4456	46.36%

## 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, except for Indicators #2a, #2b, and #3.

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%.** All CMHs met the standard for this indicator.

Performance Indicator #2a states: *“The percentage of new persons receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service.”* There is no standard for this indicator. The total CMH compliance rates ranged from 48.38% - 73.39%.

Performance Indicator #2b states: *“The percentage 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.”* There is no standard for this indicator. The SUD network had an estimated compliance rate of 78.17%

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.”* There is no standard for this indicator. The total CMH compliance rates ranged from 67.05%-97.41%.

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%.** St. Clair CMH did not meet the standard for this indicator for the children population breakout. The PIHP total also did not meet the standard for this indicator for the children population breakout. All CMHs met the standard for this indicator for the adult population breakout. The SUD system did not meet the standard for the SUD population.

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.** Sanilac CMH and St. Clair CMH did not meet the standard for the children population breakout. All CMHs met the standard for this indicator for the adult population breakout.

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 improvement 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.

Additionally, for indicators that do not have set performance standards, CMHs and SUD Providers submit written root cause analyses and plans of improvement to the PIHP. The Providers evaluate reasons for noncompliance to address barriers and improve individuals' access to care and services.

### **Root Cause Analyses / Corrective Action Plans**

#### Sanilac CMH-

##### PI #10a- Inpatient Recidivism

Root Cause Analysis revealed three of the twelve individuals discharged were readmitted within 30 days of discharge, two being the same individual. All three readmissions were due to the individual being harmful to themselves and/or others.

The following plan was submitted by Sanilac CMH: Staff will continue the current process in effect. The three readmission cases were reviewed and deemed critical and essential because of the severity of symptoms.

#### St. Clair CMH-

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

Root Cause Analysis revealed two individuals did not receive a follow-up service within seven days of hospital discharge; one due to a staff cancellation and one due to the hospital not completing proper procedure and did not plan discharge or set up an appointment through Access.

The following plan was submitted by St. Clair CMH: CMH intake unit staff, Hospital Liaison staff, Adult/Family Services Supervisor, DHS staff, and related agencies will collaborate and work to ensure safety of consumers and to provide timely follow up care within seven days of discharge.

##### PI#10a Child- Inpatient Recidivism

Root Cause Analysis revealed four individuals were readmitted to inpatient psychiatric treatment within 30 days of hospital discharge. This was due to various reasons such as readmission prior to being seen by CMH staff, unstable behaviors post-discharge, crisis treatment from CMH could not adequately address issues, requiring inpatient attention, and clients (parents/guardians) not following up with treatment recommendations, medications, follow-up appointments, etc.

The following plan was submitted by St. Clair CMH: CMH intake unit staff, Hospital Liaison staff, Adult/Family Services Supervisor, DHS staff, and related agencies will collaborate and work to ensure safety of consumers and ensure that follow-up care is offered and provided as quickly as possible to prevent readmission to the hospital within 30 days.

#### Region 10 SUD System –

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

Further review revealed four individuals were not seen for follow-up care within seven days of discharge from a detox unit. Outreach to two SUD Providers missing the follow-up care standard will occur via the PIHP's Provider Network Management department.

The SUD Providers not meeting the set performance standard are expected to submit Root Cause Analyses and Plans of Correction. To address systemic issues, the PIHP will review SUD Provider discharge processes, Root Cause Analyses, and Plans of Correction. Because the set standard benchmark was not achieved for the region, investigation and discussion will occur among PIHP Quality Management, Data Management, Clinical, and Provider Network Management department staff.

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



## Root Cause Analyses / Plans of Improvement

### Genesee Health System (GHS) –

#### PI #2a – Assessment within 14 days of request

Root cause analysis revealed that individuals did not receive an assessment within 14 days due to individuals cancelling or not showing to their appointments or individuals scheduling and/or rescheduling their appointments to a date outside of the 14-day window due to the consumer's preference. GHS also reported most individuals were encouraged to complete the intake process using walk-in services, at their convenience, and chose not to present for intake.

The following plan was submitted by GHS: GHS will continue to implement and revise their FY2023 plan. GHS is committed to increasing options for home or community visits, offering phone or videoconferencing, increasing ability to offer same-day services, and utilizing Navigators or Care Specialists from Access to support individuals between Access and Intake.

GHS will ensure that information regarding the array of virtual and phone services under the GHS umbrella is provided, taking special care to share information regarding the GHS Behavioral Health Urgent Care (BHUC) Virtual Office hours to provide phone support, and information about our new partnership with Common Ground Mobile Crisis Support for all ages. This includes meeting individuals at the location of their choosing to provide timely requested support, no matter the need, age, or insurance designation. Additionally, community education is being provided regarding the availability of Behavioral Health Urgent Care supports and GHS expanded crisis stabilization supports. This is anticipated to provide support to individuals who seek mental health support related to a single impactful event or crisis need and could then benefit from assistance transitioning to ongoing services and supports.

#### PI #3 – Ongoing service within 14 days of assessment

Root cause analysis revealed that individuals did not receive a service within 14 days of their assessment due to individuals declining specialty services at intake, requesting appointments outside of 14 days, and client completing Initial Recovery Service Plan/ first service but the encounter not being billed.

The following plan was submitted by GHS: GHS will provide linking and/or coordinating for immediate needs. To address barriers and meet individuals' preferences, GHS will also make consumers, parents, and guardians aware of other service options including via phone, videoconferencing, home-based services, and services in the community. Additional education is being provided to consumers and families regarding service array at time-of-service entry to encourage increased engagement. This includes the recent expansion of Behavioral Health Urgent Care hours of operation and expanded scope of mobile crisis stabilization services available to all members of the community. Regarding first service appointments occurring, but encounters not being billed, education was provided to clinical teams regarding completion of billing procedures.

### Lapeer CMH –

#### PI #2a – Assessment within 14 days of request

Root cause analysis revealed that individuals did not receive an assessment within 14 days due to individuals not showing for their appointments and individuals cancelling appointments that were originally scheduled within 14 days of request.

The following plan was submitted by Lapeer CMH: Staff will also continue to monitor the intake calendar for individuals that did not show for their scheduled appointment. Additionally, support staff, along with intake clinicians will continue to provide outreach to individuals to reschedule within 14 days of request for services.

#### PI #3 – Ongoing service within 14 days of assessment

Root cause analysis revealed that individuals did not receive a service within 14 days of their assessment due to individuals not showing for their appointments and individuals cancelling appointments that were scheduled within 14 days.

The following plan was submitted by Lapeer CMH: Intake clinicians will continue to provide IPOS appointment date and time prior to leaving their initial intake appointment.

Sanilac CMH –

PI #2a – Assessment within 14 days of request

Root cause analysis revealed individuals did not receive an assessment within 14 days mostly due to individuals not showing for their appointments or individuals cancelling and rescheduling their appointments to a date outside of the 14-day window. Additionally, one individual was not seen due to refusing services, and one individual was not able to be contacted by Region 10 Access.

The following plan was submitted by Sanilac CMH: Individuals receive a reminder text message or phone call the day before their scheduled appointment. Sanilac CMH staff attempt to reschedule missed or cancelled appointments within 14 days of the original request and encourage individuals and guardians to scheduled appointments within established standards.

PI #3 – Ongoing service within 14 days of assessment

Root cause analysis revealed individuals did not receive a service within 14 days of their assessment due to individuals not showing for their appointments or individuals cancelling and rescheduling their appointments to a later date. Additionally, two individuals refused appointments offered within the 14-day window.

The following plan was submitted by Sanilac CMH: Appointments are confirmed one day in advance via text or phone call. Individuals receive appointment cards which include appointment date and time, crisis line contact information, and contact information for the primary worker that their appointment is scheduled with. Clinicians stress the importance of keeping appointments and encourage individuals and guardians to schedule appointments within established standards.

St. Clair CMH –

PI #2a – Assessment within 14 days of request

Root cause analysis revealed individuals did not receive an assessment within 14 days for various reasons including unsuccessful outreaches to engage individuals in services, refusal of CMH services, not showing for scheduled appointments, or canceling or rescheduling appointments. Additional barriers were noted such as transportation, scheduling conflicts, and inaccurate contact information provided by the individuals.

The following plan was submitted by St. Clair CMH: St. Clair CMH will offer the appropriate level of service available. The CMH Program Director will review cases to ensure intake staff and/or screening staff collect accurate contact information necessary to engage individuals in scheduling service. Different levels of outreach will be assessed and provided as medically necessary.

PI #3 – Ongoing service within 14 days of assessment

Root cause analysis revealed individuals did not receive a service within 14 days of their assessment for various reasons including unsuccessful outreaches to engage individuals in services, refusal of CMH services, not showing for scheduled appointments, or canceling or rescheduling appointments. Additional barriers were noted such as homelessness, transportation, scheduling conflicts, and inaccurate contact information being provided by consumers.

The following plan was submitted by St. Clair CMH: St. Clair CMH will offer the appropriate level of service available. The CMH Program Director will review cases to ensure Program Supervisors and staff collect accurate contact information necessary to engage individuals in scheduling service, as well as addressing the importance of following through with the recommended level of care that is offered.

Region 10 SUD System –

PI #2b – First service within 14 days of request

There were 412 individuals not seen for their first service within 14 days of the original request. Outreach to 13 SUD Providers will occur via the PIHP's Provider Network Management department.

The SUD Providers with one or more cases out of compliance are expected to submit root cause analyses and plans of improvement. SUD Providers will analyze reasons for noncompliance for PI #2b then submit a plan to the PIHP to report on the evaluated and prioritized reasons for non-compliant events. The plan shall indicate how the Provider will improve individuals' access to care and services.

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