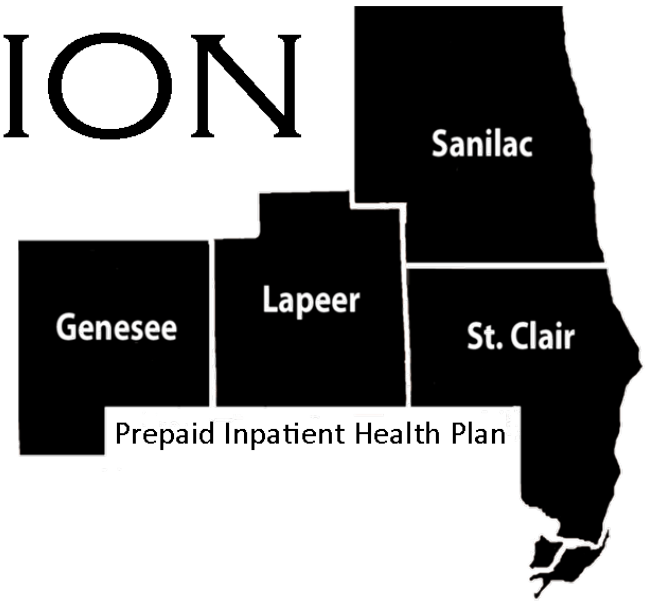
Region 10



Michigan Mission-Based Performance Indicator System

October - December
FY 2024 – 1st Quarter

Region 10 PIHP
Michigan Mission-Based Performance Indicator System

FY2024 – 1st Quarter Summary Report

(October 1, 2023 – December 31, 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.

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 first 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)											
	2Q FY21	**3Q FY21**	**4Q FY21**	**1Q FY22**	**2Q FY22**	**3Q FY22**	**4Q FY22**	**1Q FY23**	**2Q FY23**	**3Q FY23**	**4Q FY23**	**1Q FY24**
Genesee Health System	100%	100%	99.39%	100%	99.50%	100%	99.09%	100%	100%	99.31%	100%	98.48%
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%
PIHP Totals	**100% N = 346**	**100% N = 342**	**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**

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)											
	2Q FY21	**3Q FY21**	**4Q FY21**	**1Q FY22**	**2Q FY22**	**3Q FY22**	**4Q FY22**	**1Q FY23**	**2Q FY23**	**3Q FY23**	**4Q FY23**	**1Q FY24**
Genesee Health System	99.56%	99.85%	99.69%	100%	100%	99.45%	99.81%	99.59%	99.81%	99.63%	99.82%	97.72%
Lapeer CMH	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Sanilac CMH	100%	100%	100%	100%	100%	98.41%	100%	100%	100%	100%	100%	100%
St. Clair CMH	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
PIHP Totals	**99.71% N = 1036**	**99.91% N = 1080**	**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**

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. *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)											
	2Q FY21	**3Q FY21**	**4Q FY21**	**1Q FY22**	**2Q FY22**	**3Q FY22**	**4Q FY22**	**1Q FY23**	**2Q FY23**	**3Q FY23**	**4Q FY23**	**1Q FY24**
Genesee Health System	63.65%	59.19%	62.94%	61.41%	51.46%	35.76%	39.29%	45.09%	43.08%	44.02%	48.38%	**43.76%** (519/1,186)
Lapeer CMH	77.72%	66.16%	50.50%	40.41%	63.14%	75.61%	74.40%	76.02%	58.57%	62.11%	67.58%	68.11%
Sanilac CMH	80.15%	69.47%	73.98%	68.91%	75.89%	71.09%	73.76%	77.42%	71.07%	70.55%	73.39%	71.52%
St. Clair CMH	80.86%	79.90%	68.40%	58.94%	52.45%	47.56%	62.96%	59.47%	65.79%	66.86%	62.31%	**45.37%** (323/712)
PIHP Totals	**72.43% N = 1411**	**67.50% N = 1326**	**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**

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. *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)											
	2Q FY21	**3Q FY21**	**4Q FY21**	**1Q FY22**	**2Q FY22**	**3Q FY22**	**4Q FY22**	**1Q FY23**	**2Q FY23**	**3Q FY23**	**4Q FY23**	**1Q FY24**
Genesee Health System	60.00%	58.44%	65.06%	60.68%	47.95%	34.80%	37.66%	43.54%	42.00%	39.94%	47.29%	**41.64%** (157/377)
Lapeer CMH	89.80%	89.47%	74.36%	64.18%	46.99%	85.71%	76.00%	77.46%	44.12%	37.50%	77.42%	65.33%
Sanilac CMH	82.22%	70.00%	78.38%	80.95%	83.87%	78.85%	79.59%	82.05%	84.00%	76.32%	76.67%	74.51%
St. Clair CMH	76.81%	83.18%	70.00%	72.57%	62.38%	47.26%	75.17%	68.97%	73.59%	71.20%	63.24%	**47.57%** (98/206)
PIHP Totals	**72.68% N = 377**	**72.13% N = 348**	**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**

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. *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)											
	2Q FY21	**3Q FY21**	**4Q FY21**	**1Q FY22**	**2Q FY22**	**3Q FY22**	**4Q FY22**	**1Q FY23**	**2Q FY23**	**3Q FY23**	**4Q FY23**	**1Q FY24**
Genesee Health System	63.09%	56.46%	56.67%	58.62%	47.84%	33.03%	40.94%	44.98%	42.29%	43.38%	47.04%	**43.88%** (276/629)
Lapeer CMH	71.54%	54.70%	41.04%	26.13%	74.42%	66.67%	73.53%	74.22%	69.33%	71.43%	62.41%	70.00%
Sanilac CMH	78.26%	69.81%	75.00%	59.38%	66.15%	67.69%	69.44%	75.32%	62.89%	65.98%	69.62%	67.90%
St. Clair CMH	82.11%	78.54%	64.29%	51.24%	46.94%	46.94%	59.28%	56.06%	61.70%	65.21%	60.49%	**46.50%** (199/428)
PIHP Totals	**71.54% N = 801**	**64.66% N = 764**	**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**

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*. 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)											
	2Q FY21	**3Q FY21**	**4Q FY21**	**1Q FY22**	**2Q FY22**	**3Q FY22**	**4Q FY22**	**1Q FY23**	**2Q FY23**	**3Q FY23**	**4Q FY23**	**1Q FY24**
Genesee Health System	69.37%	66.36%	73.94%	68.61%	65.64%	46.58%	37.33%	45.24%	46.58%	50.93%	51.05%	**47.14%** (66/140)
Lapeer CMH	100%	92.31%	78.57%	100%	38.46%	83.33%	78.57%	75.00%	26.32%	60.00%	70.00%	60.00%
Sanilac CMH	75.00%	70.00%	62.50%	77.78%	85.71%	66.67%	72.73%	66.67%	83.33%	90.00%	83.33%	78.57%
St. Clair CMH	82.86%	71.88%	80.00%	58.70%	59.09%	48.28%	66.10%	53.70%	64.62%	66.67%	72.31%	**30.19%** (16/53)
PIHP Totals	**73.78% N = 164**	**69.70% N = 165**	**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**

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*. 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)											
	2Q FY21	**3Q FY21**	**4Q FY21**	**1Q FY22**	**2Q FY22**	**3Q FY22**	**4Q FY22**	**1Q FY23**	**2Q FY23**	**3Q FY23**	**4Q FY23**	**1Q FY24**
Genesee Health System	66.67%	72.22%	85.29%	73.68%	47.06%	24.14%	38.46%	60.61%	52.38%	55.56%	64.10%	**50.00%** (20/40)
Lapeer CMH	83.33%	36.36%	46.67%	0%	81.82%	90.91%	71.43%	90.00%	57.14%	84.62%	83.33%	75.00%
Sanilac CMH	100%	50.00%	50.00%	75.00%	85.71%	40.00%	77.78%	100%	83.33%	100%	88.89%	80.00%
St. Clair CMH	88.00%	94.44%	87.10%	63.64%	44.44%	53.85%	48.48%	50.00%	72.41%	64.00%	61.90%	**40.00%** (10/25)
PIHP Totals	**78.26% N = 69**	**71.43% N = 49**	**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**

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. **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 only through 2Q FY20)											
	2Q FY21	**3Q FY21**	**4Q FY21**	**1Q FY22**	**2Q FY22**	**3Q FY22**	**4Q FY22**	**1Q FY23**	**2Q FY23**	**3Q FY23**	**4Q FY23**	**1Q FY24**
Region 10 PIHP SUD	68.74%	69.09%	68.48%	66.52%	66.87%	64.54%	69.22%	72.21%	73.26%	74.00%	78.17%	**74.15%** (1446/1950)
PIHP Totals	**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**	**74.15% N = 1950**

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. *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)											
	2Q FY21	**3Q FY21**	**4Q FY21**	**1Q FY22**	**2Q FY22**	**3Q FY22**	**4Q FY22**	**1Q FY23**	**2Q FY23**	**3Q FY23**	**4Q FY23**	**1Q FY24**
Genesee Health System	99.59%	99.57%	98.91%	99.83%	99.84%	99.70%	98.90%	98.31%	97.86%	98.82%	97.41%	96.40%
Lapeer CMH	81.29%	75.89%	56.92%	48.78%	50.94%	58.27%	77.22%	67.82%	57.69%	55.14%	70.86%	**70.85%** (158/223)
Sanilac CMH	78.05%	76.56%	81.25%	79.73%	76.54%	73.53%	77.65%	66.67%	78.79%	71.13%	80.61%	**75.94%** (101/133)
St. Clair CMH	84.33%	82.04%	79.79%	93.41%	76.75%	71.84%	74.70%	67.28%	72.26%	68.99%	67.05%	**59.93%** (362/604)
PIHP Totals	**90.45% N = 1058**	**88.98% N = 1007**	**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**

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*. 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)											
	2Q FY21	**3Q FY21**	**4Q FY21**	**1Q FY22**	**2Q FY22**	**3Q FY22**	**4Q FY22**	**1Q FY23**	**2Q FY23**	**3Q FY23**	**4Q FY23**	**1Q FY24**
Genesee Health System	100%	99.16%	98.43%	99.49%	100%	100%	98.18%	98.31%	99.49%	98.66%	94.71%	98.64%
Lapeer CMH	92.11%	80.00%	73.33%	77.14%	81.40%	77.08%	79.49%	57.14%	34.21%	37.50%	72.97%	**64.29%** (45/70)
Sanilac CMH	65.52%	77.27%	90.48%	90.00%	78.57%	80.00%	85.71%	71.79%	80.00%	72.41%	86.36%	**69.77%** (30/43)
St. Clair CMH	83.67%	84.88%	88.78%	94.87%	80.77%	81.54%	76.38%	67.40%	76.54%	71.52%	74.82%	**61.88%** (112/181)
PIHP Totals	**89.18% N = 268**	**89.89% N = 267**	**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**

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. *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)											
	2Q FY21	**3Q FY21**	**4Q FY21**	**1Q FY22**	**2Q FY22**	**3Q FY22**	**4Q FY22**	**1Q FY23**	**2Q FY23**	**3Q FY23**	**4Q FY23**	**1Q FY24**
Genesee Health System	99.63%	100%	99.64%	100%	99.67%	99.68%	98.71%	99.03%	96.65%	98.58%	97.88%	93.70%
Lapeer CMH	76.67%	71.25%	48.72%	36.11%	36.89%	42.86%	75.96%	72.45%	61.48%	60.58%	70.41%	**72.39%** (97/134)
Sanilac CMH	82.93%	81.25%	78.00%	71.88%	75.56%	65.71%	72.09%	60.71%	78.33%	71.43%	78.46%	**80.00%** (56/70)
St. Clair CMH	83.25%	81.91%	75.77%	94.61%	72.15%	68.48%	72.09%	66.67%	69.37%	66.86%	62.86%	**57.76%** (201/348)
PIHP Totals	**89.53% N = 602**	**87.90% N = 537**	**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**

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. *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)											
	2Q FY21	**3Q FY21**	**4Q FY21**	**1Q FY22**	**2Q FY22**	**3Q FY22**	**4Q FY22**	**1Q FY23**	**2Q FY23**	**3Q FY23**	**4Q FY23**	**1Q FY24**
Genesee Health System	98.86%	99.02%	97.41%	100%	100%	99.28%	100%	95.00%	98.99%	99.39%	99.22%	100%
Lapeer CMH	100%	84.62%	75.00%	66.67%	100%	80.00%	81.82%	70.00%	54.55%	69.23%	80.00%	93.75%
Sanilac CMH	100%	55.56%	80.00%	62.50%	75.00%	83.33%	70.00%	100%	80.00%	66.67%	100%	85.71%
St. Clair CMH	82.14%	75.00%	69.70%	79.41%	84.62%	69.57%	79.25%	72.34%	75.71%	79.49%	69.64%	**62.00%** (31/50)
PIHP Totals	**95.35% N = 129**	**90.38% N = 156**	**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**

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. *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)											
	2Q FY21	**3Q FY21**	**4Q FY21**	**1Q FY22**	**2Q FY22**	**3Q FY22**	**4Q FY22**	**1Q FY23**	**2Q FY23**	**3Q FY23**	**4Q FY23**	**1Q FY24**
Genesee Health System	100%	100%	100%	100%	100%	100%	100%	100%	96.67%	100%	100%	100%
Lapeer CMH	66.67%	87.50%	50.00%	30.00%	37.50%	77.78%	75.00%	80.00%	100%	75.00%	50.00%	**33.33%** (1/3)
Sanilac CMH	75.00%	100%	75.00%	100%	75.00%	100%	100%	66.67%	75.00%	66.67%	60.00%	**50.00%** (3/6)
St. Clair CMH	100%	82.35%	92.86%	93.75%	83.33%	64.52%	88.00%	63.64%	73.91%	65.22%	73.33%	**72.00%** (18/25)
PIHP Totals	**94.92% N = 59**	**91.49% N = 47**	**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**

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)											
	2Q FY21	**3Q FY21**	**4Q FY21**	**1Q FY22**	**2Q FY22**	**3Q FY22**	**4Q FY22**	**1Q FY23**	**2Q FY23**	**3Q FY23**	**4Q FY23**	**1Q FY24**
Genesee Health System	100%	97.06%	100%	95.24%	95.00%	96.55%	100%	100%	100%	**94.64%** (53/56)	95.56%	**91.11%** (41/45)
Lapeer CMH	100%	100%	100%	100%	100%	100%	100%	**88.89%** (8/9)	100%	100%	100%	100%
Sanilac CMH	100%	100%	100%	100%	100%	100%	**83.33%** (5/6)	100%	100%	**88.89%** (8/9)	100%	100%
St. Clair CMH	100%	100%	**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)
PIHP Totals	**100% N = 76**	**98.70% N = 77**	**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**

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)											
	2Q FY21	**3Q FY21**	**4Q FY21**	**1Q FY22**	**2Q FY22**	**3Q FY22**	**4Q FY22**	**1Q FY23**	**2Q FY23**	**3Q FY23**	**4Q FY23**	**1Q FY24**
Genesee Health System	97.18%	96.10%	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)
Lapeer CMH	100%	**87.88%** (29/33)	**70.83%** (17/24)	**62.86%** (22/35)	95.65%	100%	100%	95.83%	100%	100%	100%	100%
Sanilac CMH	100%	100%	100%	**88.89%** (8/9)	100%	100%	100%	100%	100%	100%	100%	100%
St. Clair CMH	96.15%	97.22%	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)
PIHP Totals	**97.29% N = 332**	**95.75% N = 353**	**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**

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)											
	2Q FY21	**3Q FY21**	**4Q FY21**	**1Q FY22**	**2Q FY22**	**3Q FY22**	**4Q FY22**	**1Q FY23**	**2Q FY23**	**3Q FY23**	**4Q FY23**	**1Q FY24**
Region 10 PIHP SUD	**87.76%** (43/49)	**74.16%** (66/89)	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%
PIHP Totals	**87.76% N = 49**	**74.16% N = 89**	**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**

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)											
	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22	3Q FY22	4Q FY22	1Q FY23	2Q FY23	3Q FY23	4Q FY23	1Q FY24
Total Medicaid Beneficiaries Served	15,703	15,735	15,808	15,649	16,384	16,834	16,797	16,957	17,536	17,948	17,626	17,417
Number of Area Medicaid Recipients	224,811	227,887	231,717	235,056	238,625	242,291	245,445	248,589	251,434	253,895	256,464	242,289
PIHP Totals	**6.98%**	**6.90%**	**6.82%**	**6.66%**	**6.87%**	**6.95%**	**6.84%**	**6.82%**	**6.97%**	**7.07%**	**6.87%**	**7.19%**

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)											
	2Q FY21	3Q FY21	4Q FY21	1Q FY22	2Q FY22	3Q FY22	4Q FY22	1Q FY23	2Q FY23	3Q FY23	4Q FY23	1Q FY24
Number of HSW Enrollees Receiving at Least One HSW Service Other Than Supports Coordination	634	610	603	566	569	572	574	560	562	555	538	516
Total Number of HSW Enrollees	654	620	633	625	608	603	603	580	579	568	553	531
PIHP Totals	**96.94%**	**98.39%**	**95.26%**	**90.56%**	**93.59%**	**94.86%**	**95.19%**	**96.55%**	**97.06%**	**97.71%**	**97.29%**	**97.18%**

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
Region 10 PIHP	**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)											
	2Q FY21	**3Q FY21**	**4Q FY21**	**1Q FY22**	**2Q FY22**	**3Q FY22**	**4Q FY22**	**1Q FY23**	**2Q FY23**	**3Q FY23**	**4Q FY23**	**1Q FY24**
Genesee Health System	4.55%	4.35%	4.08%	13.11%	1.92%	9.20%	6.25%	6.35%	7.69%	7.53%	12.99%	6.49%
Lapeer CMH	0%	10.00%	12.50%	0%	0%	13.64%	14.29%	**15.38%** (2/13)	10.00%	10.00%	0.00%	0.00%
Sanilac CMH	**25.00%** (1/4)	**25.00%** (1/4)	14.29%	14.29%	**23.08%** (3/13)	0%	0.00%	9.09%	9.09%	9.09%	**25.00%** (3/12)	0.00%
St. Clair CMH	**21.05%** (4/19)	12.90%	8.70%	5.26%	5.88%	10.00%	**23.08%** (3/13)	11.11%	11.54%	4.17%	**20.00%** (4/20)	5.26%
PIHP Totals	**8.08% N = 99**	**8.79% N = 91**	**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**

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)											
	2Q FY21	**3Q FY21**	**4Q FY21**	**1Q FY22**	**2Q FY22**	**3Q FY22**	**4Q FY22**	**1Q FY23**	**2Q FY23**	**3Q FY23**	**4Q FY23**	**1Q FY24**
Genesee Health System	13.67%	11.55%	10.58%	8.30%	9.51%	9.61%	7.79%	8.07%	12.43%	14.04%	13.67%	14.67%
Lapeer CMH	3.03%	**16.67%** (7/42)	8.82%	**17.65%** (9/51)	6.25%	10.20%	**20.00%** (8/40)	2.63%	5.13%	6.25%	10.87%	12.50%
Sanilac CMH	8.00%	8.33%	8.33%	0%	13.33%	9.52%	0.00%	**17.39%** (4/23)	11.54%	0.00%	12.50%	5.26%
St. Clair CMH	14.41%	**15.09%** (16/106)	14.79%	11.11%	**17.43%** (19/109)	10.00%	9.02%	**17.60%** (22/125)	11.38%	9.92%	10.20%	12.09%
PIHP Totals	**12.94% N = 564**	**12.44% N = 579**	**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**

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.

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."* ***The set performance standards are 57.0% and 62.0%.*** The total CMH compliance rates ranged from 43.76% - 71.52%. Two CMHs met and exceeded the performance standards for this indicator.

Performance Indicator #2b 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 had an estimated compliance rate of 73.38%.

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 59.93% - 96 .40%. 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%.*** GHS and St. Clair CMH did not meet the standard for this indicator for both the child and adult population breakouts. The PIHP total also did not meet the standard for this indicator for both the child and adult population breakouts. The SUD system did meet the standard for the SUD population with a compliance rate of 96.10%.

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 #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, individuals scheduling and/or rescheduling their appointments to a date outside of the 14-day window due to individuals' preferences, and individuals not choosing services elsewhere. GHS also reported most individuals were provided walk-in intake information and did not to present for intake.

The following plan was submitted by GHS: GHS will continue to provide outreach via telephone and letter, confirming contact information from the Access screen. GHS will continue to provide phone reminders regarding walk-in hours and processes and will continue to problem solve with consumers when barriers to intake completion are present. GHS will continue to provide intake services on a walk-in basis at two locations for individuals' convenience, as well as providing scheduled appointments as needed. Additionally, Hospital Liaisons will continue to provide coordination, education on available services, assessment of barriers to intake attendance, and resources to overcome reported barriers, such as transportation assistance and reminder notifications.

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 cancelling or rescheduling appointments and individuals choosing not to continue with CMH services. Additionally, some individuals were seen but the contacts/services were not billable.

The following plan was submitted by GHS: GHS Quality Management will provide education to teams related to billing of first service appointments. GHS will continue to provide access to walk-in first services appointments, and teams will continue to increase their capacity for this service. GHS will continue to link individuals with specific needs to resources related to those needs (particularly outpatient services at the provider of their choice and SUD treatment). GHS will continue to encourage participation in services for individuals who participate in assessment as a result of another entities' requirement. GHS will conduct a meeting with relevant departments to discuss strategies for increasing the perceived value of services in these situations.

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

Root cause analysis revealed individuals did not receive a follow-up service within seven days of hospital discharge due to individuals cancelling or rescheduling appointments and individuals not showing for appointments. Additionally, some individuals were seen by Partial Hospital Programs (PHPs), but the contacts/services were either not billable or not billed.

The following plan was submitted by GHS: Non-compliance was largely related to billing lag and claims issues with PHPs. GHS will conduct a systems analysis of billing and claims lag to determine next steps.

Lapeer CMH

PI #2a – Assessment within 14 days of request

Root cause analysis revealed 81 individuals did not receive a service within 14 days of request.

The following plan was submitted by Lapeer CMH: Individuals can continue to utilize Lapeer's walk-in intake process for their initial appointment. The intake calendar will be utilized by staff to schedule initial appointments, if the appointment scheduled is not same day as request call, then the person will receive a reminder message the day prior to the scheduled appointment. In the event of a no-show or cancelled appointment, Lapeer staff will attempt an outreach call and try to re-schedule before the 14-day timeframe.

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 cancelling appointments, staff cancelling appointments, individuals not keeping scheduled appointments, and staff not being available for appointments within 14 days.

The following plan was submitted by Lapeer CMH: Lapeer CMH will change their process for persons served to be directly connected with staff following their intake appointment. This will allow staff to begin engagement prior to the Individual Plan of Service (IPOS) and to further explain services available in the department they are referred to.

Sanilac CMH

PI #2a – Assessment within 14 days of request

Root cause analysis revealed 43 individuals did not receive an assessment within 14 days of request.

The following plan was submitted by Sanilac CMH: Individuals will receive a reminder text message or phone call the day before their scheduled appointment. Additionally, when an individual needs to reschedule their appointment, Sanilac CMH staff try to schedule the appointment within the 14-day timeframe.

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 being scheduled outside of the 14-day window, individuals not showing or cancelling their scheduled appointments, individuals moving out of county, or individuals choosing to use an outside provider.

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 individuals not showing or cancelling their scheduled appointments, individuals declining appointments within 14 days or choosing not to receive services, individuals rescheduling their appointments, appointments cancelled by staff, individuals receiving services in jail, and failure to schedule.

The following plan was submitted by St. Clair CMH: The St. Clair CMH Performance Indicator Team will analyze out of compliance cases to find strategies to reduce the number of individuals that do not show and ensure a greater percentage of appointments are offered and completed within 14 days. CMH Intake and Region 10 Supervisors will continue to collaborate and communicate with the Performance Indicator Team to improve the collection of contact information and outreach attempts. All cases that were seen more than 14 days after screening will be reviewed individually, and steps taken to address the main reasons they were not seen earlier. Additionally, 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, 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.

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 individuals not showing or cancelling their scheduled appointments, individuals declining appointments within 14 days or choosing not to receive services, individuals rescheduling their appointments, and failure to offer an appointment within 14 days.

The following plan was submitted by St. Clair CMH: The St. Clair CMH Performance Indicator Team will analyze out of compliance cases to find strategies to reduce the number of individuals that do not show and ensure a greater percentage of appointments are offered and completed within 14 days. The CMH Performance Indicator Team Supervisor will reach 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, and steps taken to address the main reasons they were not seen earlier. Additionally, 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, 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.

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

Root Cause Analysis revealed seven individuals did not receive a follow-up service within seven days of hospital discharge. For two cases, the hospital did not follow proper procedure and notify Access and CMH staff as part of the discharge process. St. Clair CMH also reported five cases were out of compliance due to Access staff scheduling appointments outside of seven days without rationale, CMH staff scheduling over seven days, and CMH staff cancelling an appointment and not offering alternative staff to conduct the appointment.

The following plan was submitted by St. Clair CMH: The CMH Hospital Liaison is also actively working to ensure hospitals are aware of the proper discharge procedure, as well as aware of the appropriate CMH and Access contacts to contact shall they have any questions. The Hospital Liaison and their supervisor will create a list of contacts for the hospitals in which St. Clair CMH individuals received Inpatient Psychiatric. They will then contact these individuals/departments with a letter that will include an attachment that clarifies the steps needed to be in compliance with their obligations as a contracted provider. Additionally, the CMH Performance Indicator Team Supervisor will address the issue of the 7-day window after hospital discharge at the regularly scheduled Supervisor's

Leadership meeting. Efforts will be made to increase the availability of appointments for follow-up services. The CMH Performance Indicator Team has also coordinated with the Access Supervisor to ensure staff are trained on the hospital discharge and follow-up procedure.

Region 10 SUD System

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

There were 504 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.

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

Further review revealed three 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.

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