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MICHIGAN MISSION BASED PERFORMANCE INDICATOR SYSTEM:

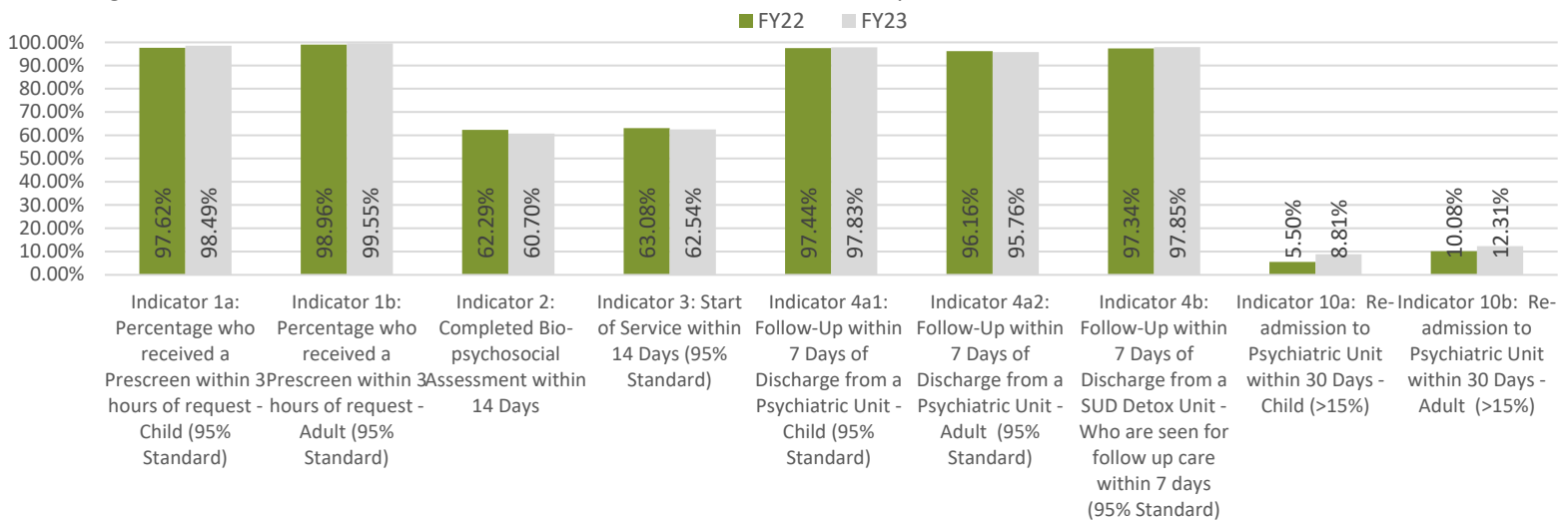
Mid-State Health Network’s (MSHN) Quality Assessment Performance Improvement Program monitors performance in the areas of access, efficiency, and outcomes through standardized performance indicators established by the Michigan Department of Health and Human Services (MDHHS). Factors that may interfere with the provision of care are identified and strategies aimed at improving the healthcare received by those individuals served are developed.

FY23 Goal: MSHN will meet or exceed the MMBPIS standards for Access (Indicators 1 and 4) and Outcomes (Indicator 10).

MSHN reached the goal by meeting or exceeding the standard set by MDHHS for the Michigan Mission Based Performance Indicator System (MMBPIS). The standards and performance rates are indicated in the data analysis. The leading causes for “Out of Compliance” for Indicator 2 were “No Appointments Available” (21%) followed by “No Show/Cancel” (19%). The leading causes for Indicator 3 were “No Show/Cancel” (23%), followed by “Consumer requested an appointment outside of the required timeframe or refused an appointment offered within”(10%). The highest percentage of individuals who did not follow up within 7 days of a psychiatric inpatient or withdrawal management discharge (Indicator 4) “Chose not to pursue services or No Show/Cancel”. The interventions identified for FY22 and FY23 had little impact and will be evaluated for changes. Michigan is addressing the workforce shortage; however, this may not have an immediate effect on the current workforce. Potential changes include but are not limited to the Social Work Licensure Modernization Act, which removes the examination requirements and restructures the licensing program. Effective January 1, 2024 Marriage and Family therapist (MFT) and Mental Health Counselors

The most recently finalized [MMBPIS PIHP Final Report FY23Q3](#) indicates that MSHN demonstrated performance above the State of Michigan for eight of the twelve indicators, performing in the top five for six of the twelve indicators (Appendix A). This is an increase from the previous quarter where MSHN performed above the State of Michigan and in the top five for seven of the twelve indicators.

Figure 1. MSHN MMBPIS Cumulative Annual Performance Rate Comparison



Data Analysis:

MSHN demonstrated improvement in the number of prescreens completed within 3 hours from the previous year. No significant variance in the data for the yearly comparisons for children, however, quarter 2 did indicate the highest number of prescreens across the region. The number of adults requiring a prescreen for psychiatric inpatient increased by 7% in FY23 compared to FY22.

Figure 2. PIHP Indicator 1 Performance

Indicator 1a: Percentage who received a Prescreen within 3 hours of request (Children).			
Measurement Period	Performance Rate	Numerator #	Denominator #
Michigan Performance Standard	95%	NA	NA
FY22 (10/1/2021-09/30/2022)	97.69%	3422	3503
FY23 (10/1/2022-09/30/2023)	98.49%	3522	3576
Indicator 1b: Percentage who received a Prescreen within 3 hours of request (Adults).			
Measurement Period	Performance Rate	Numerator #	Denominator #
Michigan Performance Standard	95%	NA	NA
FY22 (10/1/2021-09/30/2022)	98.97%	9770	9872
FY23 (10/1/2022-09/30/2023)	99.55%	10511	10559

There was no external standard set by MDHHS for Indicator 2 and 3. MSHN demonstrated a decrease in performance from the previous year for both accessing services and engaging in services. There was a 4% increase in new people from FY22. The quarter data indicates a 22% increase in Q4 compared to Q1. For those individuals who requested services 23% did not engage in services.

Figure 3. PIHP Indicator 2 Performance

Indicator 2a: The percentage of new persons during the quarter receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service. Total (MI adults, MI children, I/DD adults, I/DD children).			
Measurement Period	Performance Rate	Numerator #	Denominator #
Michigan Performance Standard	NA	NA	NA
FY22 (10/1/2021-09/30/2022)	62.29%	10631	17066
FY23 (10/1/2022-09/30/2023)	60.70%	10804	17800
Indicator 3: Percentage of new persons during the quarter starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment. Total (MI adults, MI children, I/DD adults, and I/DD children)			
Measurement Period	Performance Rate	Numerator #	Denominator #
Michigan Performance Standard	NA	NA	NA
FY22 (10/1/2021-09/30/2022)	63.08%	7995	12674
FY23 (10/1/2022-09/30/2023)	62.54%	8616	13776

MSHN met the standard for Indicator 4a in FY23, however, demonstrated a decrease for adults from the previous year. The number of children that were discharged in FY23 increased by 30%(n=116). The number of adults increased by 19%(n=364) in FY23. Individuals (n=child-27, n=adults-35) who chose an appointment outside of the required time frame or chose not to pursue services within the region are considered “exceptions” and were removed from the denominator. Attachment 1 provides more specific information about the exceptions.

Figure 4. Indicator 4a PIHP Performance

Indicator 4a1: Follow-Up within 7 Days of Discharge from a Psychiatric Unit (Children)			
Measurement Period	Performance Rate	Numerator #	Denominator #
Michigan Performance Standard	>=95%	NA	NA
FY22 (10/1/2021-09/30/2022)	97.44%	380	390
FY23 (10/1/2022-09/30/2023)	97.83%	495	506
Indicator 4a2: Follow-Up within 7 Days of Discharge from a Psychiatric Unit (Adults)			
Measurement Period	Performance Rate	Numerator #	Denominator #
Michigan Performance Standard	>=95%	NA	NA
FY22 (10/1/2021-09/30/2022)	96.16%	1827	1900
FY23 (10/1/2022-09/30/2023)	95.76%	2168	2264

MSHN demonstrated improvement in Indicator 4b from the previous year. Attachment 1 provides additional information related to the individuals (41%) who chose an appointment outside of the required time frame or shoes not to pursue services from MSHN.

Figure 5. Indicator 4b PIHP Performance

Indicator 4b: Follow-Up within 7 Days of Discharge from a Detox Unit (SUD)			
Measurement Period	Performance Rate	Numerator #	Denominator #
Michigan Performance Standard	>=95%	NA	NA
FY22 (10/1/2021-09/30/2022)	97.18%	655	674
FY23 (10/1/2022-09/30/2023)	97.48%	774	794

MSHN met the standard for Indicator 10, however, did demonstrate an increase in the readmission rate from previous year for both children and adults. 31% more children (n=174) were discharged from a psychiatric inpatient unit in FY23. 14% more adults (n=470) were discharged from a psychiatric inpatient unit compared to previous year.

Figure 6. Indicator 10 PIHP Performance

Indicator 10a: Re-admission to Psychiatric Unit within 30 Days (Children)			
Measurement Period	Performance Rate	Numerator #	Denominator #
Michigan Performance Standard	<=15%	NA	NA
FY22 (10/1/2021-09/30/2022)	5.50%	31	564
FY23 (10/1/2022-09/30/2023)	8.81%	65	738
Indicator 10b: Re-admission to Psychiatric Unit within 30 Days (Adults)			
Measurement Period	Performance Rate	Numerator #	Denominator #
Michigan Performance Standard	<=15%	NA	NA
FY22 (10/1/2021-09/30/2022)	10.08%	345	3422
FY23 (10/1/2022-09/30/2023)	12.31%	479	3892

Figure 7. PIHP Out of Compliance/Exceptions Report

Out of Compliance / Exception Reasons	Ind. 2 Request to Assessment		Ind. 3 Assessment to Service		Ind. 4 FU after Psych Inpatient/Detox Discharge				Ind. 10 Readmission	
	FY22	FY23	FY22	FY23	FY22		FY23		FY22	FY23
Total # Out of Compliance or Exception	6435	6996	4679	5160	1411	667	1510	588	451	487
Consumer canceled/no showed for an appointment	32.8%	19.4%	33.6%	22.8%	54.5%	11.7%	62.6%	7.8%	NA	NA
Consumer rescheduled an appointment	5.7%	7.4%	5.3%	5.6%	2.6%	1.8%	4.4%	1.0%	NA	NA
Consumer requested an appointment outside of the required timeframe/Consumer refused an appointment offered within the required timeframe	28.3%	16.3%	17.5%	10.1%	1.6%	33.1%	1.1%	21.6%	NA	NA
No appointments available within the required timeframe	4.1%	20.6%	7.5%	9.2%	0.1%	0.0%	0.3%	0.0%	NA	NA
Consumer chose not to pursue services	2.6%	2.4%	7.0%	2.2%	12.1%	34.2%	11.2%	40.5%	5%	4%
Staff cancel/reschedule	1.2%	0.7%	1.2%	1.6%	0.6%	0.0%	0.7%	0.0%	NA	NA
Unable to be reached	0.6%	0.4%	0.3%	0.6%	0.0%	0.0%	0.0%	0.0%	NA	NA
Assessment determined not eligible for specialty mental health services	0.0%	0.0%	1.2%	1.0%	0.1%	0.0%	0.0%	0.0%	NA	NA
Consumer chose not to use CMHSP/PIHP services, chose provider outside of network	0.8%	0.5%	0.3%	0.3%	15.0%	16.0%	12.5%	23.3%	68%	71%
Unable to complete assessment due to emergent need	0.1%	0.1%	0.0%	0.1%	0.1%	0.1%	0.8%	0.0%	NA	0%
Other (autism consumer, guardianship, missing disability designation, rapid access, documentation, referred out for services)	5.8%	6.0%	6.6%	9.0%	2.1%	0.0%	1.8%	0.9%	NA	NA
Blank (0)	17.9%	26.0%	19.5%	37.8%	11.3%	3.0%	4.6%	4.9%	27%	24%

Figure 8. Follow Up to Data Analysis. FY22 compared to FY23.

Improvement Strategies					
Indicator	Barrier/Causal Factors	Interventions	Start Date	Who	Status of Progress
2/3	Scheduled outside of the required timeframes -No appointments available within required timeframe	Consumer are provided services through mobile response stabilization services until scheduled appointment.	FY23	SCCMHA	No Improvement
		Rebuild Workforce and increase staffing levels.	FY23	SCCMHA	
		Utilize additional staff to ensure seen within 14 days.	FY23	GIHN	No significant change
		Contracting with an outside agency.	FY23	SHW	No Improvement
		Postings, outreach to colleges, interns Recruitment-billboards, commercials, job fairs.	FY23	CEI	Effective
		Paying for Masters-additional education.	FY23	CEI	
		Business cards with QR codes.	FY23	NCMH	No Improvement
		Incentives for staff referrals	FY23	The Right Door	No Improvement
2/3	Scheduled outside of the required timeframes - Process not followed	Education / Training staff.	FY23	BABH, Lifeways	Effective
		Development of procedure and policy with specific actions and timelines to track post hospital follow ups, and follow up with consumer and provider	FY23	Lifeways	Effective
2/3	Consumer No Show/ Canceled	Utilize peers for increased engagement	FY23	HBH	No Improvement
4	Lack of Care Coordination	Develop/improve discharge planning process with internal staff and hospital	FY22	The Right Door HBH, Lifeways	Effective
		Training including but not limited to coordination process and ensuring appropriate releases are in place for community treatment	FY22 FY22 FY23	GIHN Lifeways CMHCM	Effective
	Staff Cancel	Process developed to ensure supervisors are aware of crisis, hospital discharge appointment to ensure follow up with another clinician in the event of an unexpected staff absence.	FY23	Saginaw	Effective
10	Lack of appropriate supervised housing.	Work collaboratively with MDHHS and community treatment providers for coordination, approvals and development	FY23	CMHCM	Effective
		Utilize/ develop crisis stabilization units and crisis residential as a step down	FY23	CEI MCN	New New

4/10	Process may not have been followed or be adequate to address the needs of individuals	Review each case for any process variation and develop appropriate action steps	FY23	NMCH	Effective
		Training on the access requirements and process. This may include documentation of exceptions etc.	FY23 FY22 FY22 FY23	BABH SCCMHA GIHN SUD Providers	Improvement No significant change Improvement

Summary:

MSHN met the cumulative standard for each indicator for FY23. MSHN did not meet the standard for Indicator 4b for FY23Q4. The leading causes for Indicator 2, Requests for service to assessment were No Appointments Available (21%) followed by No Show/Cancel (19%). The leading cause for Indicator 3, Assessment to Next Service was No Show/Cancel (23%). Followed by Consumer requested an appointment outside of the required timeframe or refused an appointment offered within the required time frame (10%). The highest percentage of individuals who did not follow up within 7 days of a psychiatric inpatient or withdrawal management discharge (Indicator 4) Chose not to pursue services or No Show/Cancel. The interventions identified were evaluated for progress. Additional interventions will be explored. Michigan is addressing legislation and licensing to impact the workforce shortage; however, this may not have an immediate effect on the current workforce. Potential changes include but are not limited to the Social Work licensure Modernization Act, which removes the examination requirements and restructures the licensing program. Effective January1, 2024 Marriage and family therapist (MFT) and Mental Health counselors (MHC) can enroll in Medicare to bill for services furnished for the diagnosis and treatment of mental illness, targeted workforce development for students toward clinical professions, and tuition reimbursement.

Reviewed by/Distributed to: QIC

Date: 1/25/2024, revised 1/30/2024

Attachment 1 Cumulative Data FY23

CMHSP FY23 Cumulative Data- Access

#1 - Pre-Admission Screening		In-Compliance	Out-of-compliance	Grand Total	FY23 Performance Rate
Adult	MSHN	10511	48	10559	99.55%
	Bay-Arenac	1098		1098	100.00%
	CEI	2193	31	2224	98.61%
	Central MI	1596	1	1597	99.94%
	Gratiot	424	3	427	99.30%
	Huron	249		249	100.00%
	Ionia	327		327	100.00%
	LifeWays	1142	3	1145	99.74%
	Montcalm	281	2	283	99.29%
	Newaygo	172	1	173	99.42%
	Saginaw	2488		2488	100.00%
	Shiawassee	361		361	100.00%
	Tuscola	180	7	187	96.26%
Child	MSHN	3522	54	3576	98.49%
	Bay-Arenac	264		264	100.00%
	CEI	989	44	1033	95.74%
	Central MI	513		513	100.00%
	Gratiot	113		113	100.00%
	Huron	100		100	100.00%
	Ionia	126	3	129	97.67%
	LifeWays	300	1	301	99.67%
	Montcalm	104	1	105	99.05%
	Newaygo	64	3	67	95.52%
	Saginaw	702		702	100.00%
	Shiawassee	138		138	100.00%
	Tuscola	109	2	111	98.20%
#2a - 1st Request Timeliness		In-Compliance	Out-of-compliance	Grand Total	Performance Rate
Total	MSHN	10804	6996	17800	60.70%
	Bay-Arenac	943	670	1613	58.46%
	CEI	2119	628	2747	77.14%
	Central MI	2638	1078	3716	70.99%
	Gratiot	541	251	792	68.31%
	Huron	282	97	379	74.41%
	Ionia	811	430	1241	65.35%
	LifeWays	1119	1220	2339	47.84%
	Montcalm	842	306	1148	73.34%
	Newaygo	569	452	1021	55.73%
	Saginaw	457	1351	1808	25.28%
	Shiawassee	277	202	479	57.83%
Tuscola	206	311	517	39.85%	
#2e SUD - Expired SUD requests			1868		

#3 - 1st Service Timeliness		In-Compliance	Out-of-compliance	Grand Total	Performance Rate
Total	MSHN	8616	5160	13776	62.54%
	Bay-Arenac	865	392	1257	68.81%
	CEI	1625	948	2573	63.16%
	Central MI	1979	737	2716	72.86%
	Gratiot	460	146	606	75.91%
	Huron	152	129	281	54.09%
	Ionia	625	472	1097	56.97%
	LifeWays	508	1122	1630	31.17%
	Montcalm	625	314	939	66.56%
	Newaygo	465	275	740	62.84%
	Saginaw	781	480	1261	61.93%
	Shiawassee	260	92	352	73.86%
	Tuscola	271	53	324	83.64%

CMHSP FY23 Cumulative Data- Follow up and Recidivism.

#4a - Hospital Discharges Follow-Up		In-Compliance	Out-of-compliance	Exception	Grand Total	Valid Total	Performance Rate	Exception Rate	Performance Rate (no exceptions)
Adult	MSHN	2168	96	1214	3478	2264	95.76%	34.91%	62.33%
	Bay-Arenac	309	7	199	515	316	97.78%	38.64%	60.00%
	CEI	350	5	187	542	355	98.59%	34.50%	64.58%
	Central MI	307	3	102	412	310	99.03%	24.76%	74.51%
	Gratiot	100	4	15	119	104	96.15%	12.61%	84.03%
	Huron	43	2	23	68	45	95.56%	33.82%	63.24%
	Ionia	90	7	25	122	97	92.78%	20.49%	73.77%
	LifeWays	374	51	329	754	425	88.00%	43.63%	49.60%
	Montcalm	96		28	124	96	100.00%	22.58%	77.42%
	Newaygo	56	2	22	80	58	96.55%	27.50%	70.00%
	Saginaw	316	3	216	535	319	99.06%	40.37%	59.07%
	Shiawassee	64	11	39	114	75	85.33%	34.21%	56.14%
	Tuscola	63	1	29	93	64	98.44%	31.18%	67.74%
Child	MSHN	495	11	189	695	506	97.83%	27.19%	71.22%
	Bay-Arenac	97		27	124	97	100.00%	21.77%	78.23%
	CEI	104	1	40	145	105	99.05%	27.59%	71.72%
	Central MI	44		15	59	44	100.00%	25.42%	74.58%
	Gratiot	24		3	27	24	100.00%	11.11%	88.89%
	Huron	19		7	26	19	100.00%	26.92%	73.08%
	Ionia	17	2	1	20	19	89.47%	5.00%	85.00%
	LifeWays	84	2	37	123	86	97.67%	30.08%	68.29%
	Montcalm	14		3	17	14	100.00%	17.65%	82.35%
	Newaygo	21	2	4	27	23	91.30%	14.81%	77.78%
Saginaw	57	3	35	95	60	95.00%	36.84%	60.00%	

	Shiawassee	6	1	4	11	7	85.71%	36.36%	54.55%
	Tuscola	8		13	21	8	100.00%	61.90%	38.10%
SUD	#4b Withdrawal Management F/U	774	25	563	1362	799	96.87%	41.34%	56.83%
	#10 - Inpatient Recidivism	No	Yes	Exception	Grand Total	Valid Total	Performance Rate	Exception Rate	Performance Rate (no exceptions)
Adult	MSHN	3413	479	439	4331	3892	12.31%	10.14%	12.31%
	Bay-Arenac	431	87	3	521	518	16.80%	0.58%	16.80%
	CEI	790	111	394	1295	901	12.32%	30.42%	12.32%
	Central MI	380	34		414	414	8.21%	0.00%	8.21%
	Gratiot	105	15		120	120	12.50%	0.00%	12.50%
	Huron	66	2		68	68	2.94%	0.00%	2.94%
	Ionia	109	13		122	122	10.66%	0.00%	10.66%
	LifeWays	631	101	24	756	732	13.80%	3.17%	13.80%
	Montcalm	117	8	16	141	125	6.40%	11.35%	6.40%
	Newaygo	79	3		82	82	3.66%	0.00%	3.66%
	Saginaw	529	71	2	602	600	11.83%	0.33%	11.83%
	Shiawassee	91	24		115	115	20.87%	0.00%	20.87%
	Tuscola	85	10		95	95	10.53%	0.00%	10.53%
	Child	MSHN	673	65	48	786	738	8.81%	6.11%
Bay-Arenac		114	11		125	125	8.80%	0.00%	8.80%
CEI		156	20	47	223	176	11.36%	21.08%	11.36%
Central MI		57	3		60	60	5.00%	0.00%	5.00%
Gratiot		26	1		27	27	3.70%	0.00%	3.70%
Huron		25	1		26	26	3.85%	0.00%	3.85%
Ionia		19	1		20	20	5.00%	0.00%	5.00%
LifeWays		108	14	1	123	122	11.48%	0.81%	11.48%
Montcalm		17			17	17	0.00%	0.00%	0.00%
Newaygo		27	2		29	29	6.90%	0.00%	6.90%
Saginaw		94	10		104	104	9.62%	0.00%	9.62%
Shiawassee		10	1		11	11	9.09%	0.00%	9.09%
Tuscola		20	1		21	21	4.76%	0.00%	4.76%

Attachment 2 Quarterly Performance

MSHN Longitudinal Quarterly Performance

	Population	FY22Q3	FY22Q4	FY23Q1	FY23Q2	FY23Q3	FY23Q4
Indicator 1: Percentage who received a Prescreen within 3 hours of request (95% Standard)	Children	98.53%	97.22%	99.32%	98.23%	97.69%	98.83%
	Adults	98.74%	99.15%	99.42%	99.25%	99.70%	99.79%
*Indicator 2: Percentage who have had a completed Bio-psychosocial Assessment within 14 Days. No Standard	MI Child	63.92%	63.39%	59.14%	57.13%	61.13%	62.22%
	MI Adults	60.10%	61.62%	62.95%	58.27%	63.84%	65.97%
	DD Child	55.29%	55.19%	49.21%	40.98%	42.74%	45.21%
	DD Adult	67.59%	74.76%	57.29%	49.18%	71.91%	51.69%
	Total	61.24%	62.13%	60.81%	56.75%	61.94%	63.36%
Indicator 3: Percentage of who had a Medically Necessary Service within 14 Days. No Standard	MI Child	56.03%	64.36%	56.86%	61.01%	56.82%	60.61%
	MI Adults	61.66%	63.65%	59.47%	62.85%	63.68%	62.69%
	DD Child	71.94%	78.34%	77.16%	81.42%	81.85%	82.12%
	DD Adult	63.04%	69.79%	61.90%	61.62%	65.91%	60.82%
	Total	60.53%	65.12%	59.53%	63.50%	63.09%	63.68%
Indicator 4: Percentage who had a Follow-Up within 7 Days of Discharge from a Psychiatric Unit/SUD Detox Unit (95% Standard)	Children	96.30%	97.80%	97.25%	96.06%	98.74%	99.10%
	Adults	96.49%	97.25%	95.60%	96.81%	97.35%	93.29%
	MSHN SUD	97.16%	96.74%	97.83%	97.78%	98.01%	96.20%
Indicator 10a: Percentage who had a Re-admission to Psychiatric Unit within 30 Days (>15% Standard)	Children	2.68%	10.45%	8.75%	9.19%	9.52%	7.41%
	Adults	8.87%	9.66%	13.01%	12.70%	12.33%	11.40%

CMHSP FY23Q4 Performance

Affiliate / CMH	#1 - Pre-Admission Screening		#4 - Hospital Discharges F/U		#10 - Inpatient Recidivism	
	Child	Adult	Child	Adult	Child	Adult
Bay-Arenac	100.00%	100.00%	100.00%	95.06%	9.52%	18.42%
CEI	96.80%	100.00%	100.00%	98.86%	14.71%	9.92%
Central MI	100.00%	100.00%	100.00%	97.85%	0.00%	9.24%
Gratiot	100.00%	99.07%	100.00%	96.43%	0.00%	14.29%
Huron	100.00%	100.00%	100.00%	85.71%	20.00%	5.00%
Ionia	100.00%	100.00%	100.00%	90.00%	0.00%	0.00%
LifeWays	100.00%	100.00%	100.00%	83.74%	0.00%	13.76%
Montcalm	100.00%	98.65%	100.00%	100.00%	0.00%	3.70%
Newaygo	95.00%	100.00%	100.00%	100.00%	0.00%	13.64%
Saginaw	100.00%	100.00%	100.00%	98.70%	16.00%	7.14%
Shiawassee	100.00%	100.00%	75.00%	63.16%	0.00%	20.69%
Tuscola	100.00%	93.10%	100.00%	100.00%	0.00%	8.57%
Total/PIHP:	98.83%	99.79%	99.10%	93.29%	7.41%	11.40%

CMHSP FY23Q4 Performance

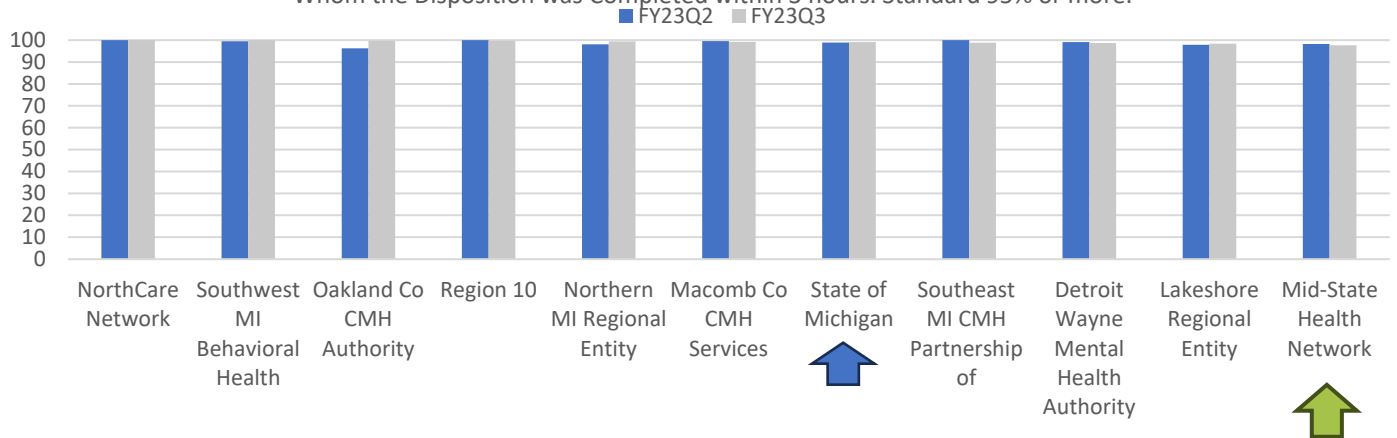
Affiliate / CMH	#2a - 1st Request Timeliness					#3 - 1st Service Timeliness				
	MI / Child	MI / Adult	DD / Child	DD / Adult	Total	MI / Child	MI / Adult	DD / Child	DD / Adult	Total
Bay-Arenac	59.82%	47.16%	*76.00%	*71.43%	52.37%	68.13%	69.42%	*96%	*85.71%	71.69%
CEI	84.40%	81.77%	7.41%	*20.83%	72.29%	66.31%	62.18%	95.28%	*33.33%	68.77%
Central MI	63.99%	77.16%	*88.24%	*76.47%	73.50%	78.41%	68.12%	*80%	*58.33%	71.02%
Gratiot	63.93%	66.91%	*80.00%	*0.00%	66.02%	64.29%	76.42%	*100%	*100.00%	74.19%
Huron	*76.47%	85.29%	*100.00%	*100.00%	84.27%	*36.36%	61.54%	*0%	*0.00%	55.38%
Ionia	67.86%	78.74%	*81.82%	*85.71%	75.37%	46.51%	61.21%	*63.64%	*66.67%	56.72%
LifeWays	68.72%	73.09%	61.54%	*69.23%	71.01%	27.34%	39.25%	*30.43%	*58.33%	35.96%
Montcalm	60.23%	70.00%	*82.61%	*58.82%	67.36%	57.63%	71.67%	*59.09%	*92.31%	67.76%
Newaygo	56.44%	64.14%	*66.67%	*	61.04%	65.22%	75.63%	*0.00%	*0.00%	71.05%
Saginaw	25.00%	27.53%	14.29%	*22.73%	25.71%	66.06%	59.42%	89.13%	*60.00%	64.99%
Shiawassee	69.70%	52.70%	*56.25%	*50.00%	57.48%	*74.07%	81.25%	*41.67%	*100.00%	74.16%
Tuscola	38.78%	37.65%	*100.00%	*100.00%	41.55%	*59.09%	59.65%	*100.00%	*100.00%	63.22%
Total/PIHP:	62.22%	65.97%	45.21%	51.69%	63.36%	60.61%	62.69%	82.12%	60.82%	63.68%

Substance Use Provider FY23Q4 Data

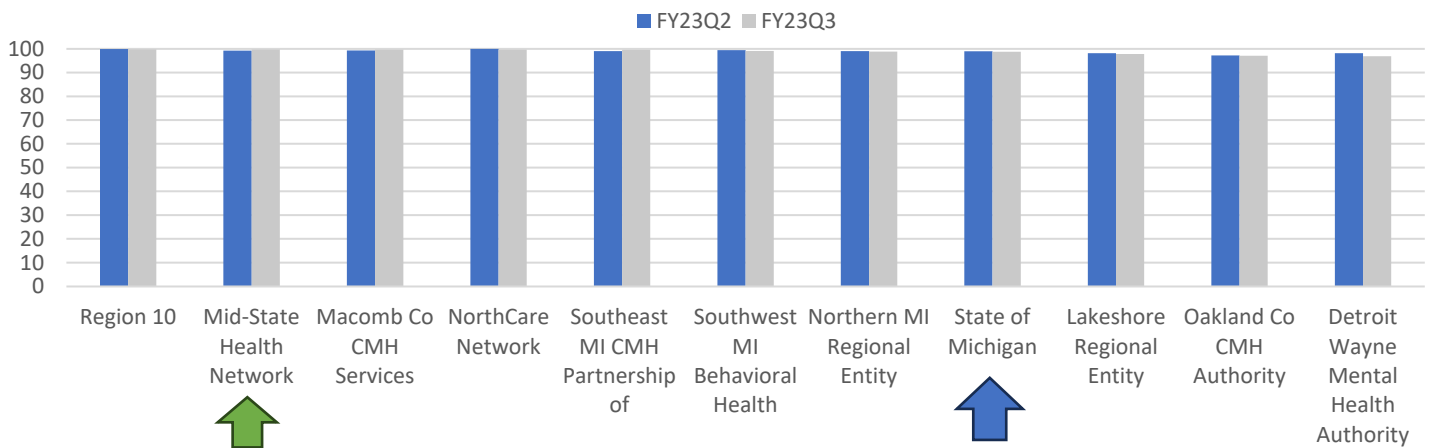
Provider	#4b SUD - Detox Follow-Up				
	Gross	Exc	Denom	Num	SUD
Addiction Treatment Services	26	9	17	15	88.24%
Bear River Health	124	26	98	97	98.98%
CMH for Clinton, Eaton Ingham Counties	57	30	27	27	100.00%
DOT Caring Centers	33	16	17	17	100.00%
Flint Odyssey House	27	20	7	4	57.14%
Henry Ford Allegiance Health	9	7	2	2	100.00%
Meridian Health Services	6	5	1	1	100.00%
Sacred Heart Rehabilitation Center	15	11	4	3	75.00%
Salvation Army	10	1	9	9	100.00%
Sunrise Centre	2	0	2	2	100.00%
Total/PIHP:	309	125	184	177	96.20%

Appendix A. Most Recent PIHP Statewide Comparison Report

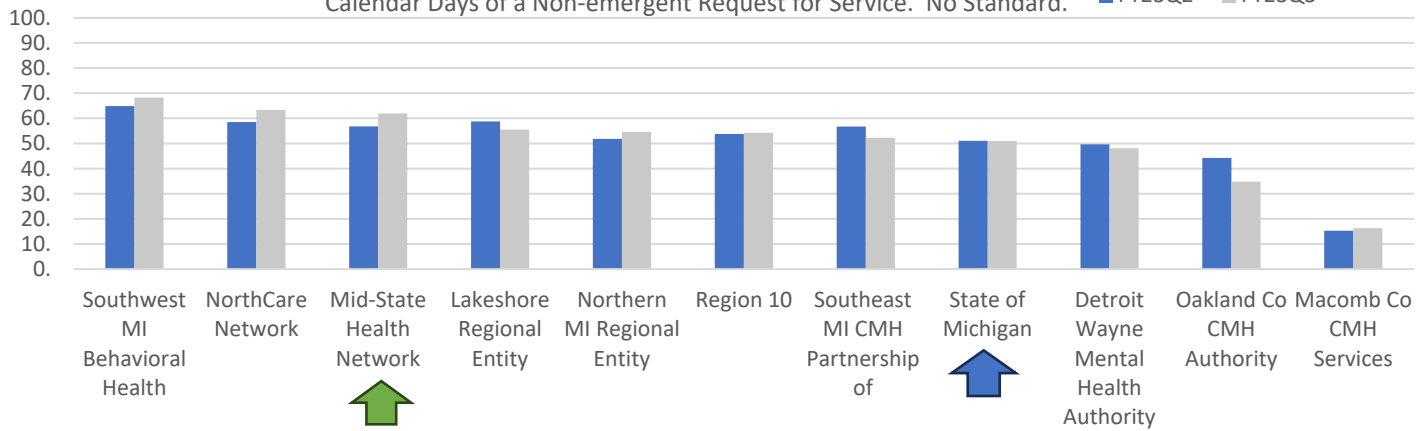
Indicator 1a: Percentage of Children Receiving a Pre-Admission Screen for Psychiatric Inpatient Care for Whom the Disposition was Completed within 3 hours. Standard 95% or more.



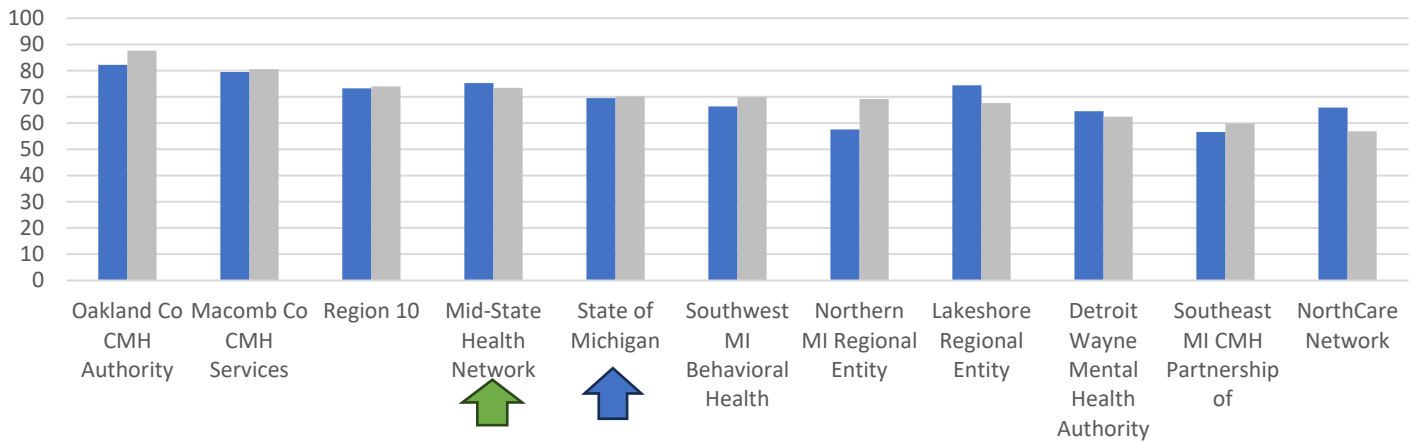
Indicator 1b: Percentage of Adults Receiving A Pre-Admission Screen for Psychiatric Inpatient Care for Whom the Disposition was Completed Within 3 hours.



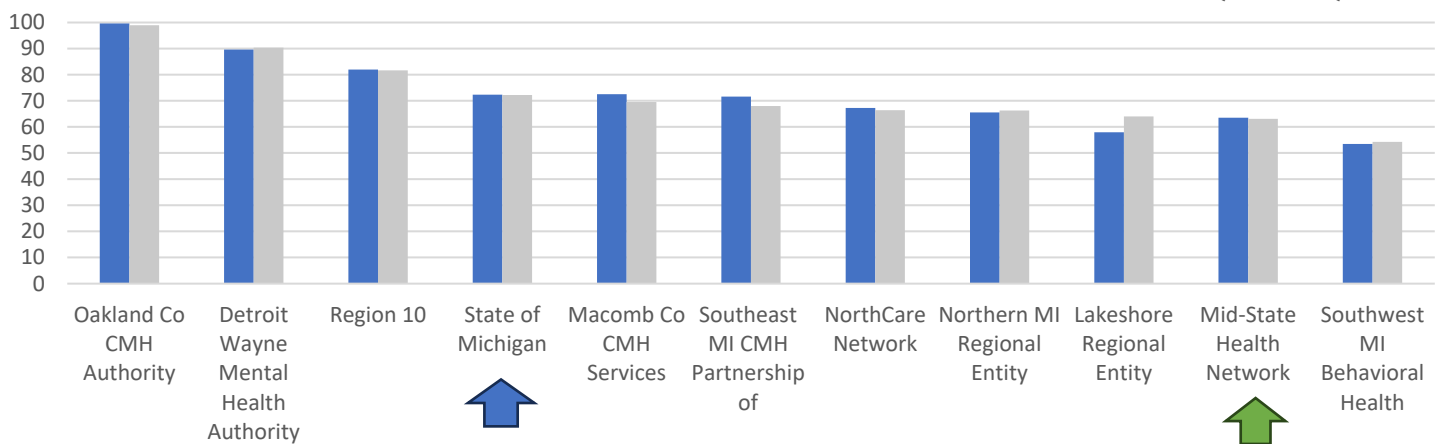
Indicator 2: Percentage of New Persons Receiving a Completed Biopsychosocial Assessment within 14 Calendar Days of a Non-emergent Request for Service. No Standard.



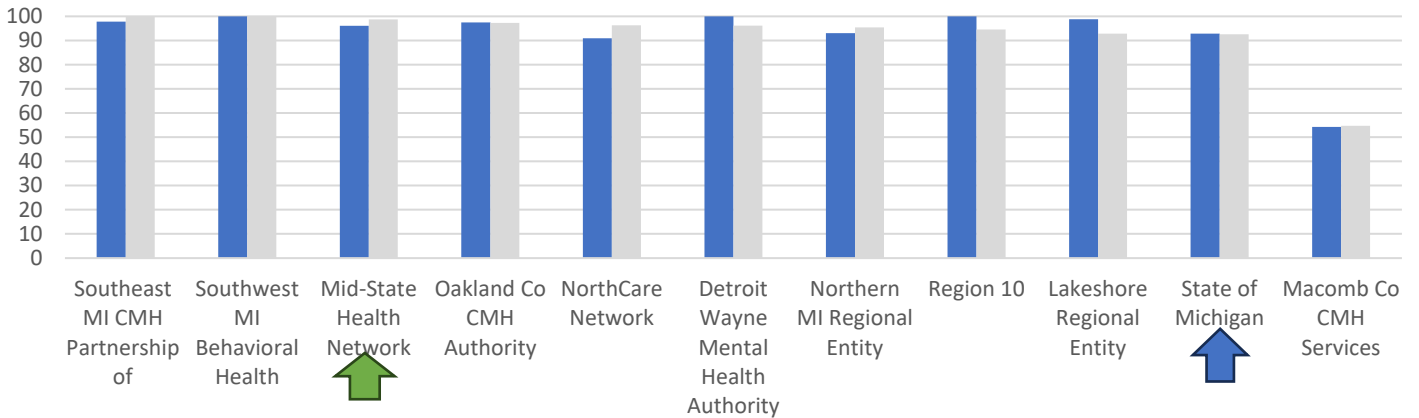
Indicator 2e: Percentage of New Persons Receiving a Face to Face Service for Treatment or Supports Within 14 Calendar Days of a Non-Emergency Request for Service. No Standard.



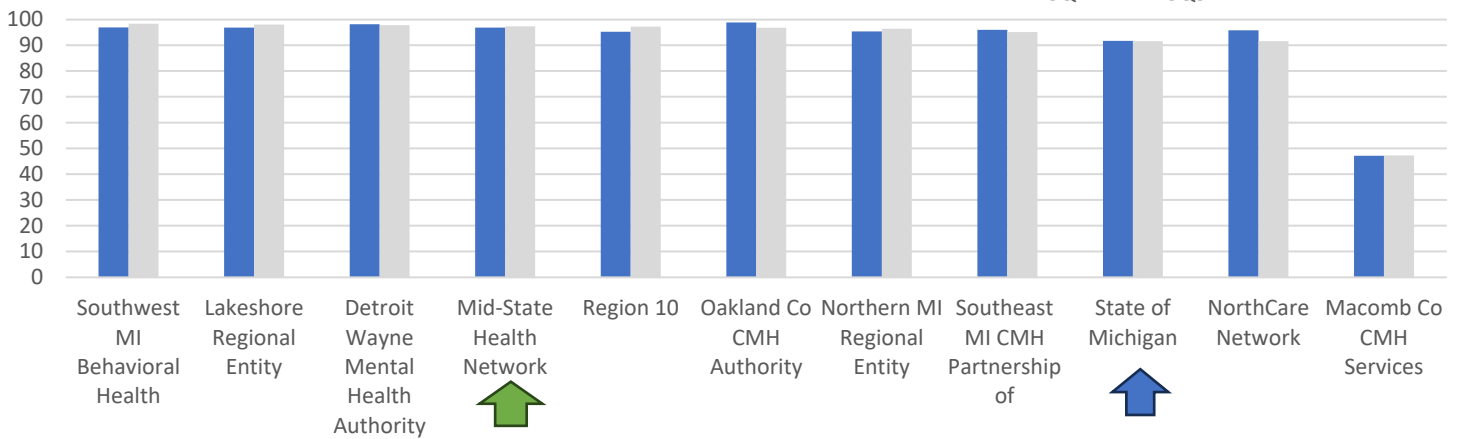
Indicator 3: Percentage of New Persons Starting any Medically Necessary On-going Covered Service Within 14 Days of Completing a Biopsychosocial Assessment. No Standard.



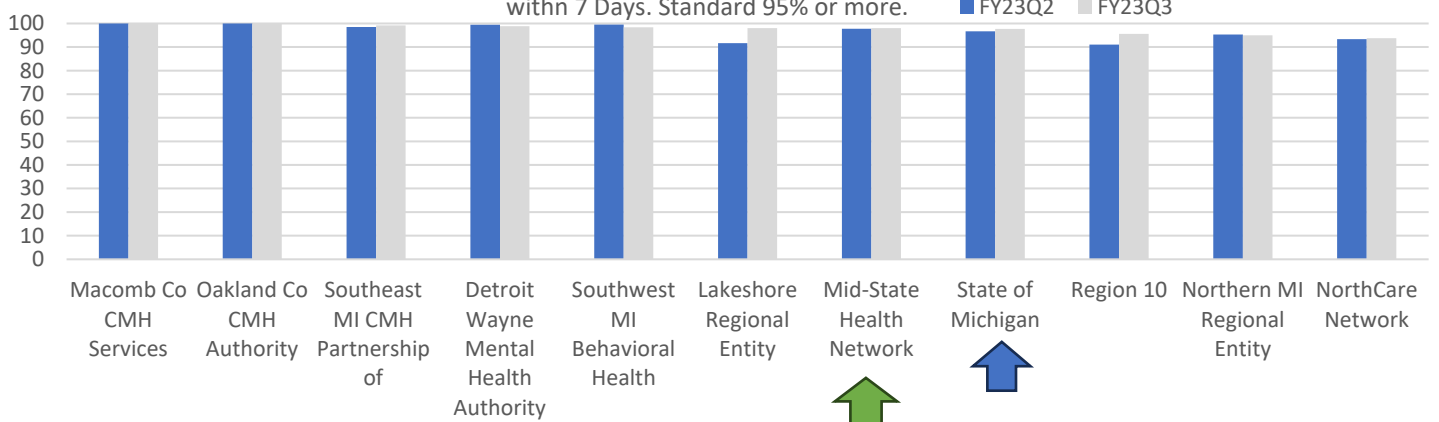
Indicator 4a(1): Percentage of Children Discharged from a Psychiatric Inpatient Unit Who are Seen for Follow Up Care within 7 Days. Standard 95% or more.



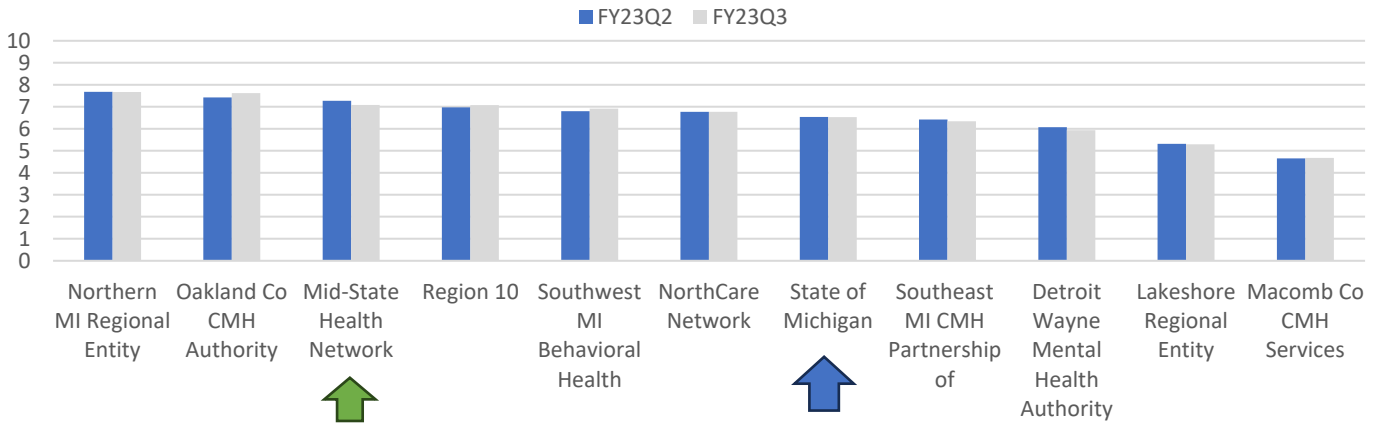
Indicator 4a(2): Percentage of Adults Discharged from a Psychiatric Inpatient Unit Who are Seen for Follow Up Care Within 7 Days. Standard 95% or more.



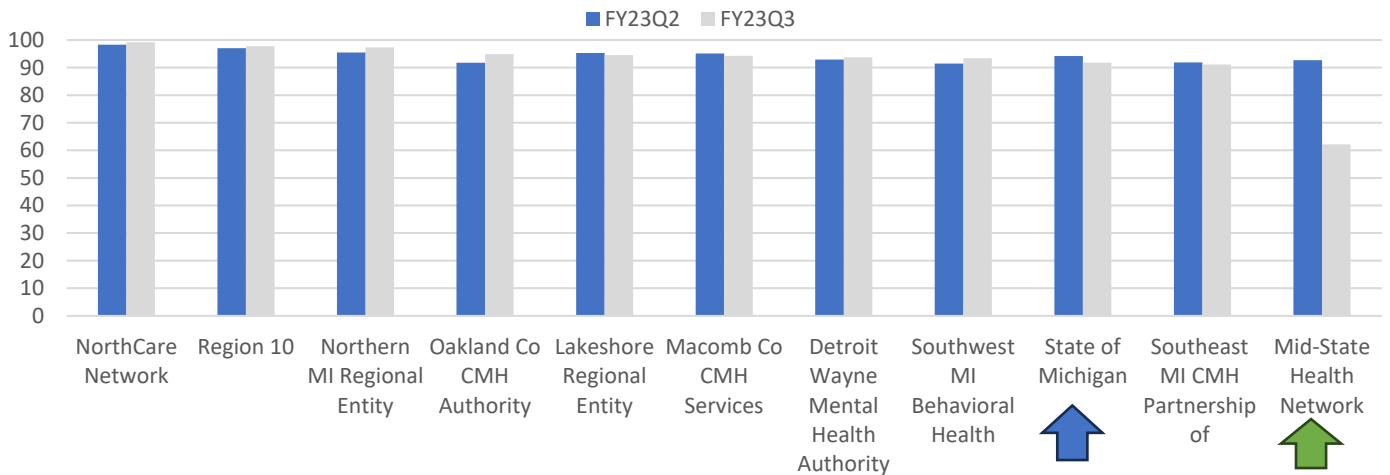
Indicator 4b: Percentage of Discharges from a Substance Abuse Detox Unit Who are Seen for Follow-Up Care with 7 Days. Standard 95% or more.



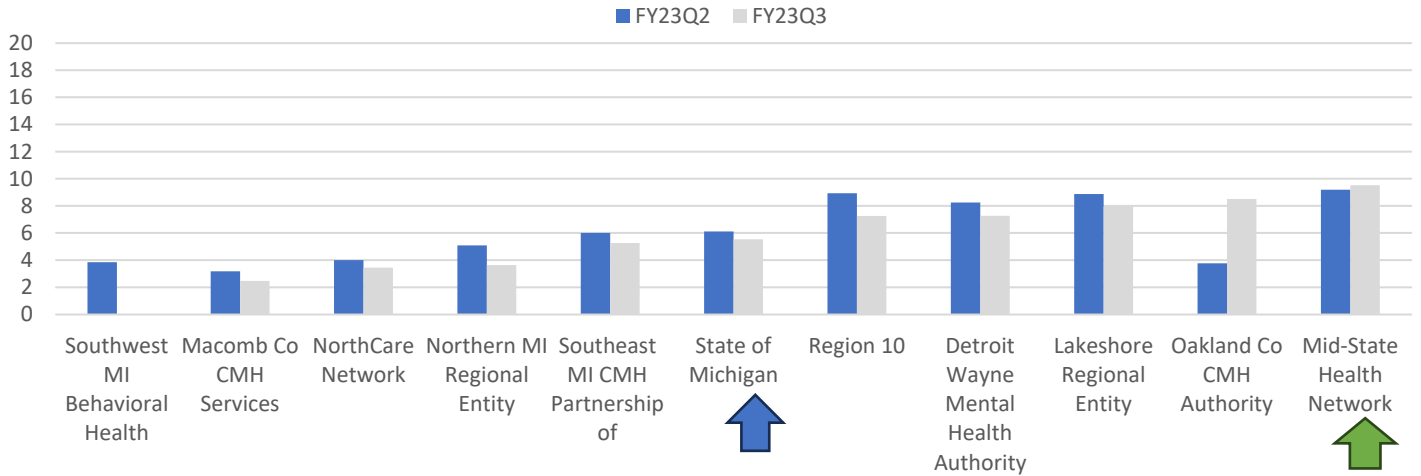
Indicator 5: Percentage of Area Medicaid Recipients Having Received PIHP Managed Services.



Indicator 6: The Percent of Habilitativion Supports Waiver (HSW) Enrollees Who Recieved a Least One HSW Service Each Month Other Than Supports Coordination.



Indicator 10a: Percentage of Children Readmitted to Inpatient Psychiatric Units Within 30 Calendar Days-Children. Standard 15% or less.



Indicator 10b: Percentage of Adults Readmitted to Inpatient Psychiatric Units Within 30 Calendar Days-Adults. Standard 15% or less.

