Michigan Mission Based Performance Indicator System (MMBPIS) FY25Q1 Summary

Background: Mid-State Health Network's (MSHN) Quality Assessment Performance Improvement Program (QAPIP) 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) through the Michigan Mission Based Performance Indicator System (MMBPIS). 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 as a result of these findings.

FY25 Goal: MSHN will meet or exceed all MDHHS standards/benchmarks outlined for MMBPIS relating to Access and Outcome indicators.

MSHN demonstrated performance above the MDHHS standards/benchmarks for ten of the twelve MMBPIS indicators. As two of these indicators have fallen below standards/baselines, ongoing discussion and review of improvement efforts will take place with the MSHN Quality Improvement Council (QIC) in April.

Indicators below MDHHS Standards/Benchmarks (FY25Q1)	
Indicator 2: The percentage of new persons during the quarter receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service (MDHHS Benchmark 62.30%)	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 (MDHHS Benchmark 72.90%)
MSHN FY25Q1 Performance: 58.29%	MSHN FY25Q1 Performance: 61.76%

Figure 1: MSHN Performance by Indicator for FY25Q1 and Standards

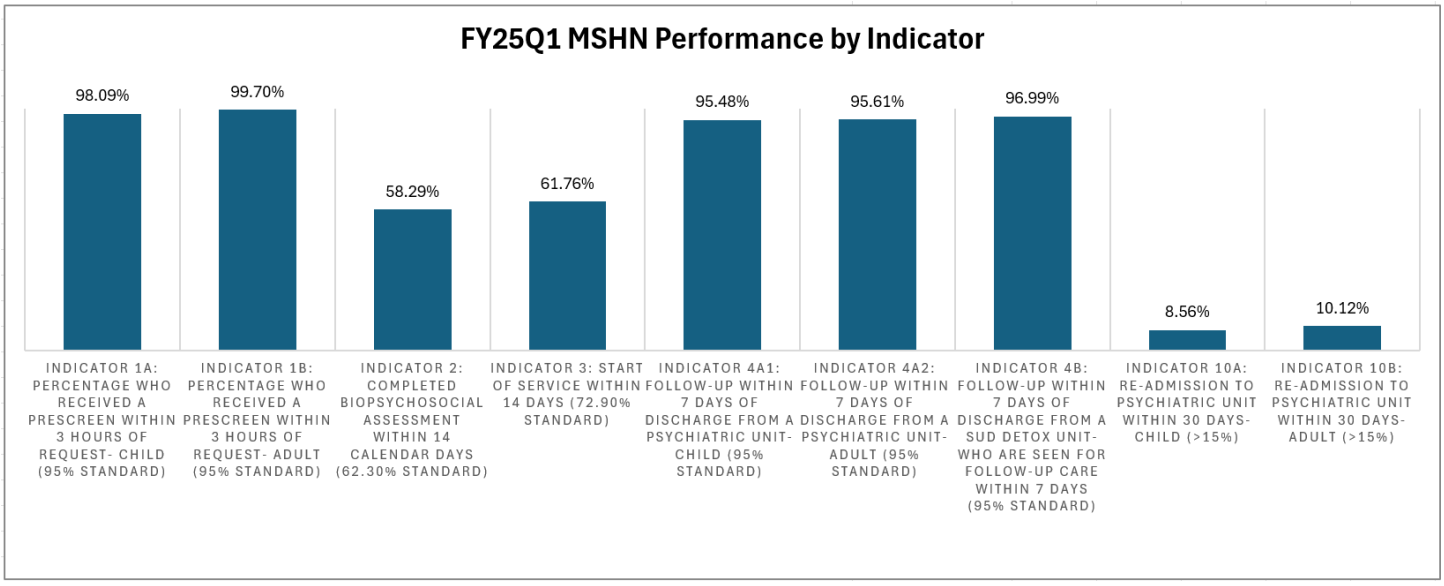


Figure 2: MSHN MMBPIS Longitudinal Performance

	Population	Standard	FY24Q1	FY24Q2	FY24Q3	FY24Q4	FY25Q1
Indicator 1: Percentage who received a Prescreen within 3 hours of request	**Children**	**≥95%**	98.58%	98.63%	*98.22%	*99.47%	98.09%
	Adults	**≥95%**	*99.67%	*99.33%	*99.67%	*99.51%	99.70%
Indicator 2: Percentage of new persons who have completed Bio-psychosocial Assessment within 14 Days	**MI Child**	**No established standards for populations**	*60.43%	*65.52%	*69.02%	*66.16%	58.89%
	MI Adults		*64.31%	*64.59%	*67.02%	*69.97%	59.26%
	DD Child		*43.51%	*56.63%	47.51%	52.78%	47.29%
	DD Adult		*67.83%	*73.33%	*65.09%	57.69%	56.12%
	Total	**>62.3%**	*61.79%	*64.60%	*66.21%	*67.27%	58.29%
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	**SUD**	**>75.3%**	*72.40%	*74.17%	*73.30%	*73.43%	*69.63%
Indicator 3: Percentage of new persons who had a medically necessary service within 14 days	**MI Child**	**No established standards for populations**	58.28%	58.59%	62.21%	61.60%	54.86%
	MI Adults		58.09%	67.71%	68.21%	67.95%	63.24%
	DD Child		*76.05%	*80.97%	*81.43%	*83.64%	78.31%
	DD Adult		65.74%	67.01%	70.71%	62.37%	67.47%
	Total	**>72.9%**	59.72%	65.56%	67.52%	67.19%	61.76%
Indicator 4: Percentage who had a Follow-Up within 7 Days of Discharge from a Psychiatric Unit/SUD Detox Unit	**Children**	**≥95%**	*94.67%	*97.37%	*100%	*99.24%	95.48%
	Adults	**≥95%**	*95.20%	*95.99%	*97.16%	*96.22%	95.61%
	MSHN SUD	**≥95%**	95.02%	*98.05%	91.91%	90.95%	95.27%
Indicator 10: Percentage who had a Re-admission to Psychiatric Unit within 30 Days	**Children**	**≤15%**	*9.36%	*8.84%	*6.38%	*8.95%	8.56%
	Adults	**≤15%**	*10.73%	*10.95%	*12.79%	*11.44%	10.12%

* indicates MSHN exceeded the Michigan State Performance for the Performance indicator for that quarter

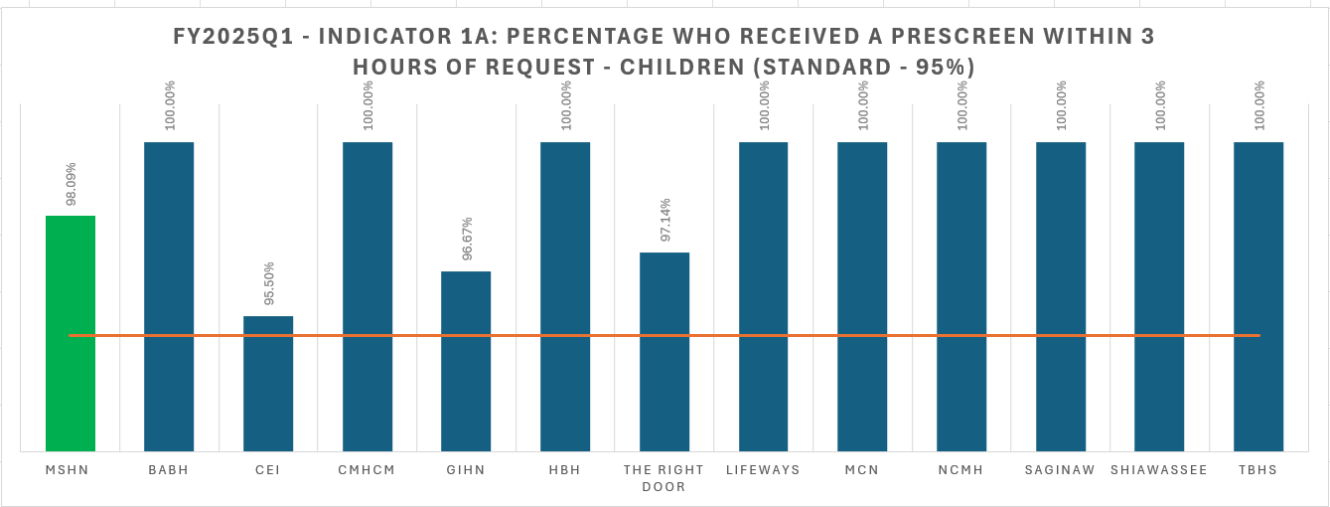
Orange highlighting indicates indicators that have not met established MDHHS performance standards

Data Analysis

Indicator 1a: Percentage who received a Prescreen within 3 hours of request (Children)

MSHN demonstrated a slight decrease in the number of prescreens that were completed for children when compared to the previous two fiscal years when looking at comparable Q1 data. The number of children requiring a prescreen for psychiatric inpatient care decreased by 8.5% in FY25Q1 compared to FY24Q1:

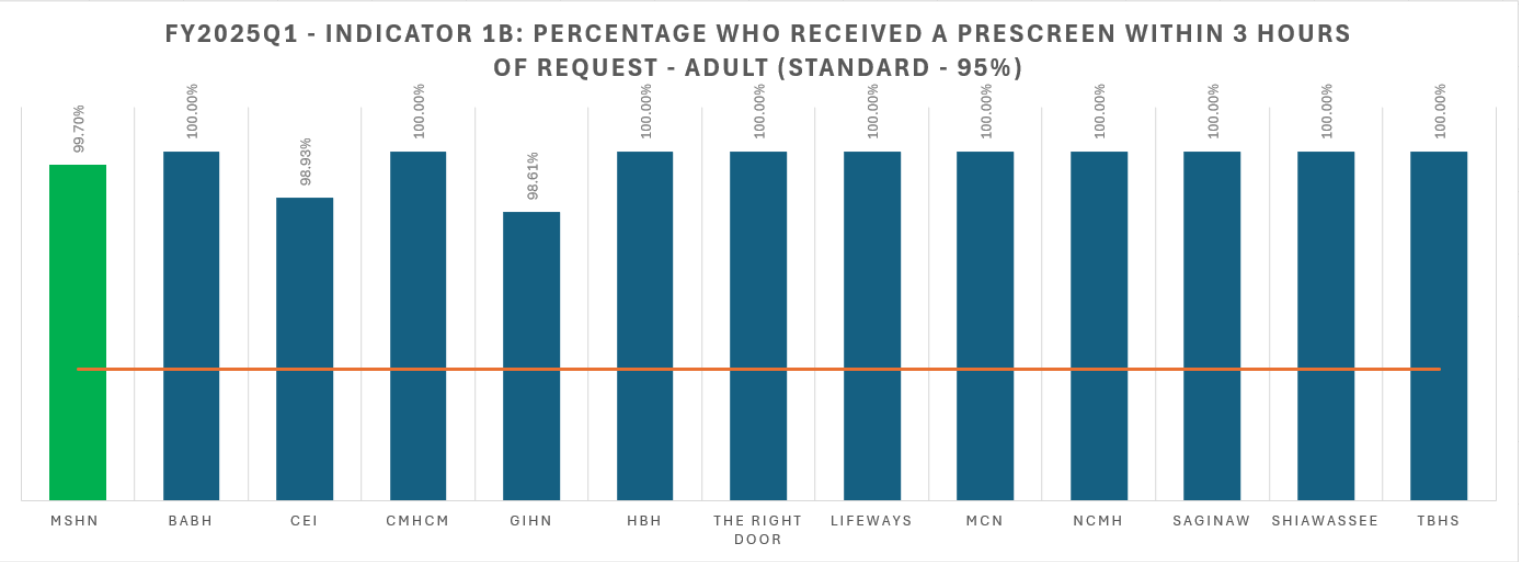
Measurement Period	Performance Rate	Numerator #	Denominator #
Michigan Performance Standard	95%		
FY23Q1 (10/1/2022-12/31/2022)	99.32%	876	882
FY24Q1 (10/1/2023-12/31/2023)	98.58%	902	915
FY25Q1 (10/1/2024-12/31/2024)	98.09%	821	837



Indicator 1b: Percentage who received a Prescreen within 3 hours of request (Adults)

MSHN has demonstrated consistent high performance over the past three fiscal years and has met the MDHHS standard for the number of prescreens that were completed for adults within 3 hours of request. The number of adults requiring a prescreen for psychiatric inpatient decreased by 2.8% in FY25Q1 when compared to FY24Q1:

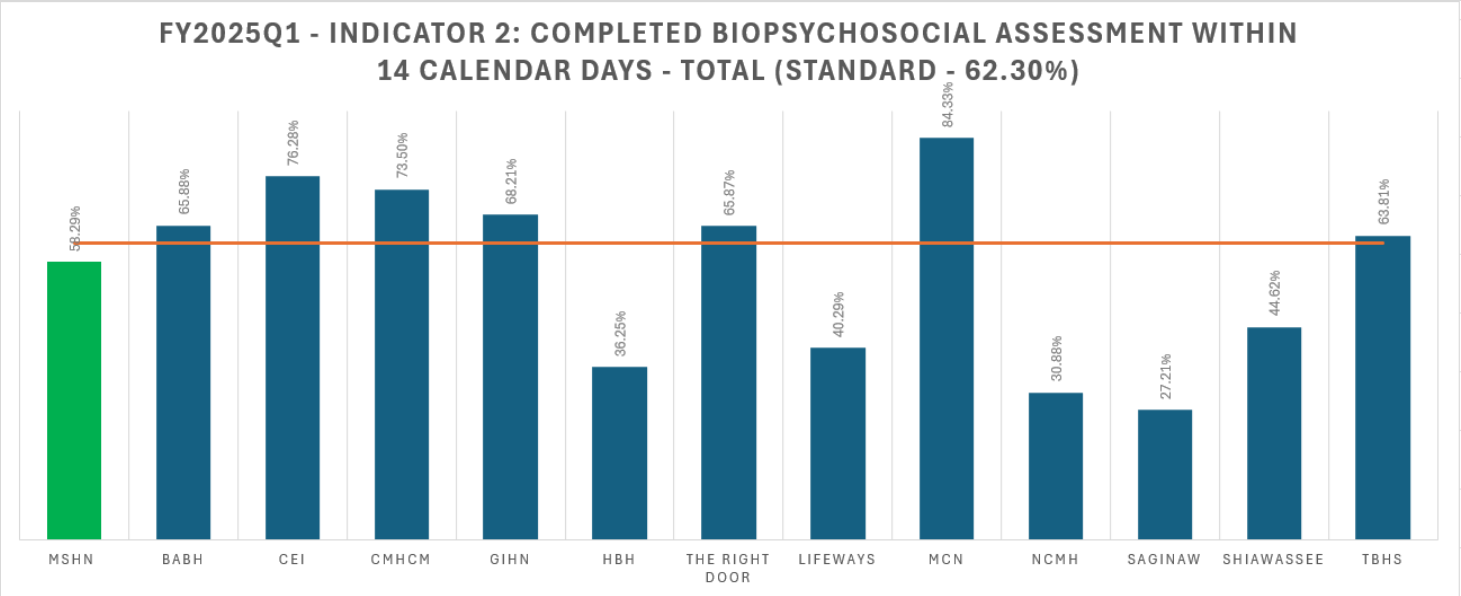
Measurement Period	Performance Rate	Numerator #	Denominator #
Michigan Performance Standard	95%		
FY23Q1 (10/1/2022-12/31/2022)	99.42%	2,389	2,403
FY24Q1 (10/1/2023-12/31/2023)	99.67%	2,401	2,409
FY25Q1 (10/1/2024-12/31/2024)	99.70%	2,334	2,341



Indicator 2: 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)

MSHN did not meet the MDHHS benchmark in FY25Q1 for indicator 2; performance in this indicator decreased by 3.5% when compared to FY24Q1. In addition, there was a 10.5% decrease in the total number of individuals completing a biopsychosocial assessment in FY25Q1 when compared to FY24Q1 for the region. This indicator continues to be under review by QIC for additional improvement efforts:

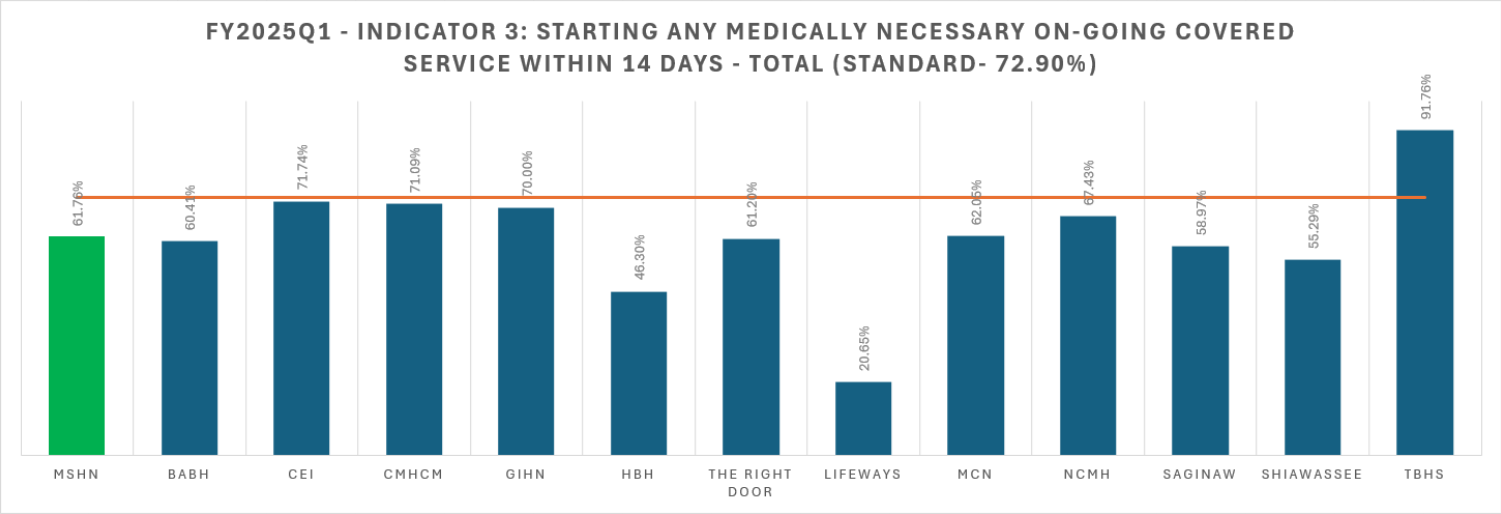
Measurement Period	Performance Rate	Numerator #	Denominator #
Michigan Performance Standard	62.30%		
FY23Q1 (10/1/2022-12/31/2022)	60.81%	2,385	3,922
FY24Q1 (10/1/2023-12/31/2023)	61.79%	2,781	4,501
FY25Q1 (10/1/2024-12/31/2024)	58.29%	2,349	4,030



***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)**

MSHN did not meet the overall benchmark standard (72.9%) for Indicator 3 in FY25Q1, however, there was an increase in performance of 2.04% when compared to FY24Q1 for this indicator. This indicator will be reviewed by QIC for additional improvement efforts where possible:

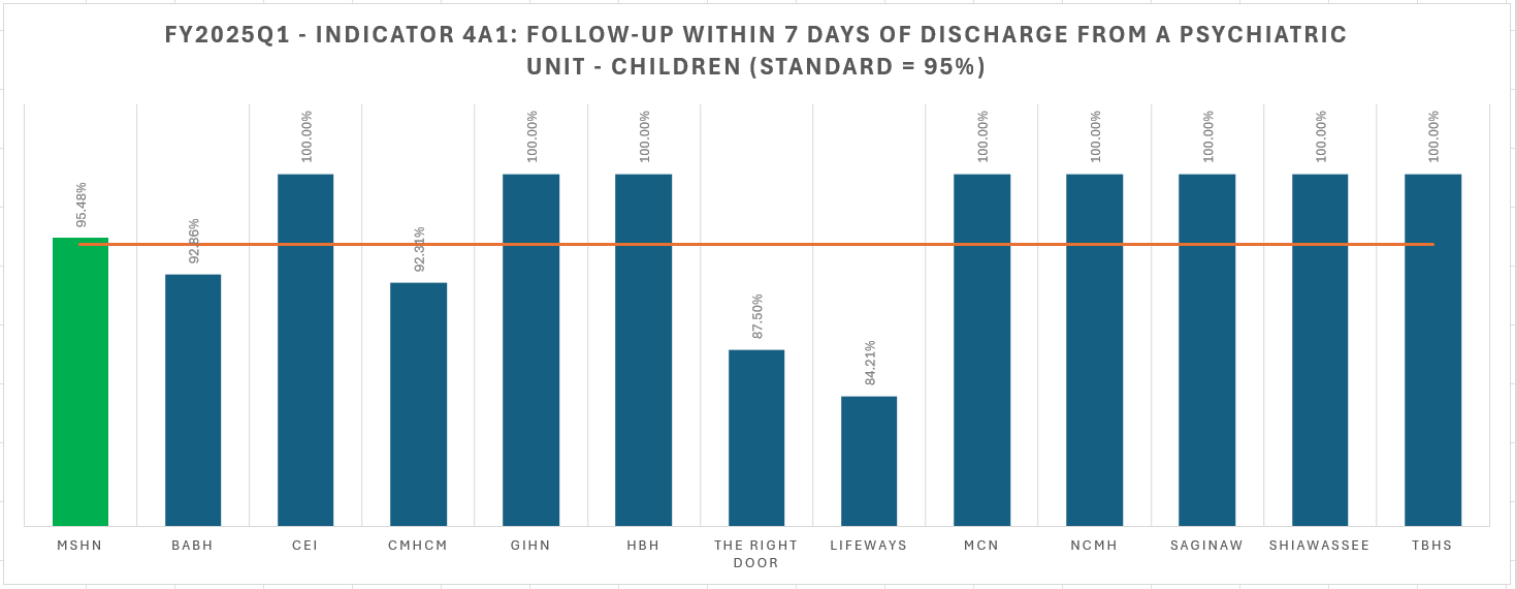
Measurement Period	Performance Rate	Numerator #	Denominator #
Michigan Performance Standard	72.90%		
FY23Q1 (10/1/2022-12/31/2022)	59.53%	1,856	3,118
FY24Q1 (10/1/2023-12/31/2023)	59.72%	2,122	3,553
FY25Q1 (10/1/2024-12/31/2024)	61.76%	1,878	3,041



***Indicator 4a1*: Follow-Up within 7 Days of Discharge from a Psychiatric Unit (Children)**

MSHN has maintained consistent performance in follow-up after discharges for children and has performed at or above the 95% standard for the past several fiscal years for this indicator. In FY25Q1, there was a 3.3% increase in the number of children discharged from a psychiatric unit when compared to FY24Q1:

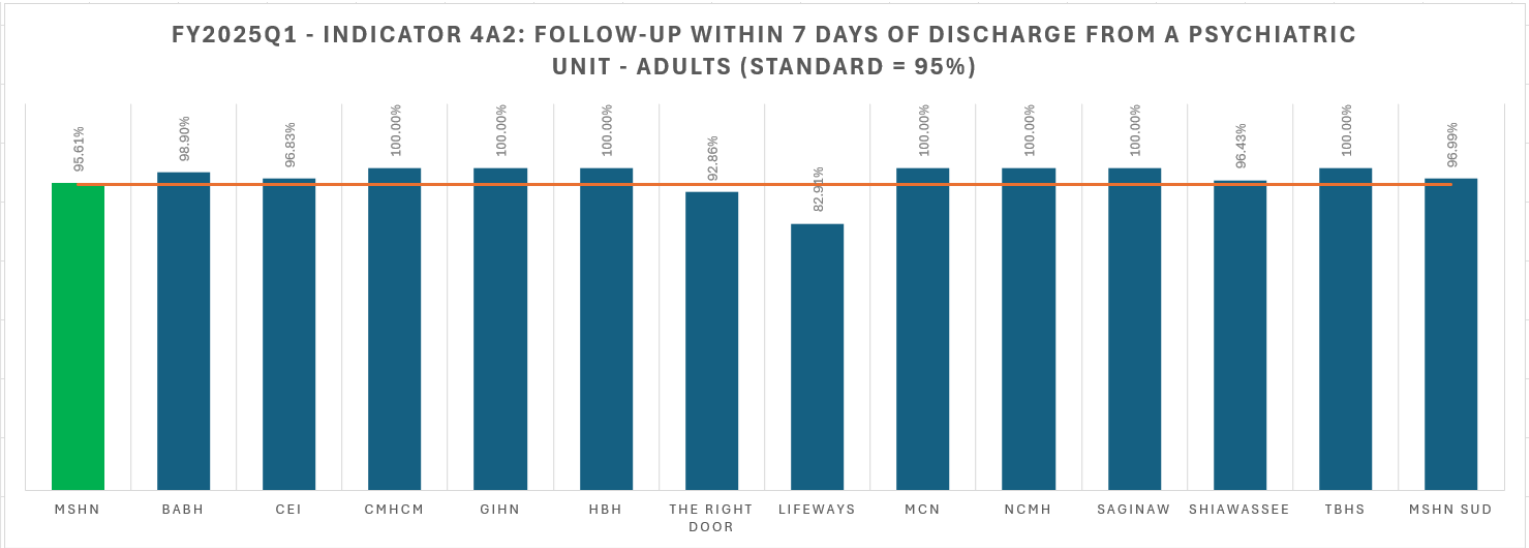
Measurement Period	Performance Rate	Numerator #	Denominator #
Michigan Performance Standard	>=95%		
FY23Q1 (10/1/2022-12/31/2022)	97.25%	106	109
FY24Q1 (10/1/2023-12/31/2023)	94.67%	142	150
FY25Q1 (10/1/2024-12/31/2024)	95.48%	148	155



Indicator 4a2: Follow-Up within 7 Days of Discharge from a Psychiatric Unit (Adults)

In FY25Q1, MSHN met the standard performance rate of 95% for follow-up within 7 days of discharge from a psychiatric unit for adults. There was a 5.49% increase in the number of adults discharging from psychiatric units in FY25Q1 when compared to FY24Q1:

Measurement Period	Performance Rate	Numerator #	Denominator #
Michigan Performance Standard	>=95%		
FY23Q1 (10/1/2022-12/31/2022)	95.60%	478	500
FY24Q1 (10/1/2023-12/31/2023)	95.20%	555	583
FY25Q1 (10/1/2024-12/31/2024)	95.61%	588	615



Indicator 4b: Follow-Up within 7 Days of Discharge from a Detox Unit (SUD)

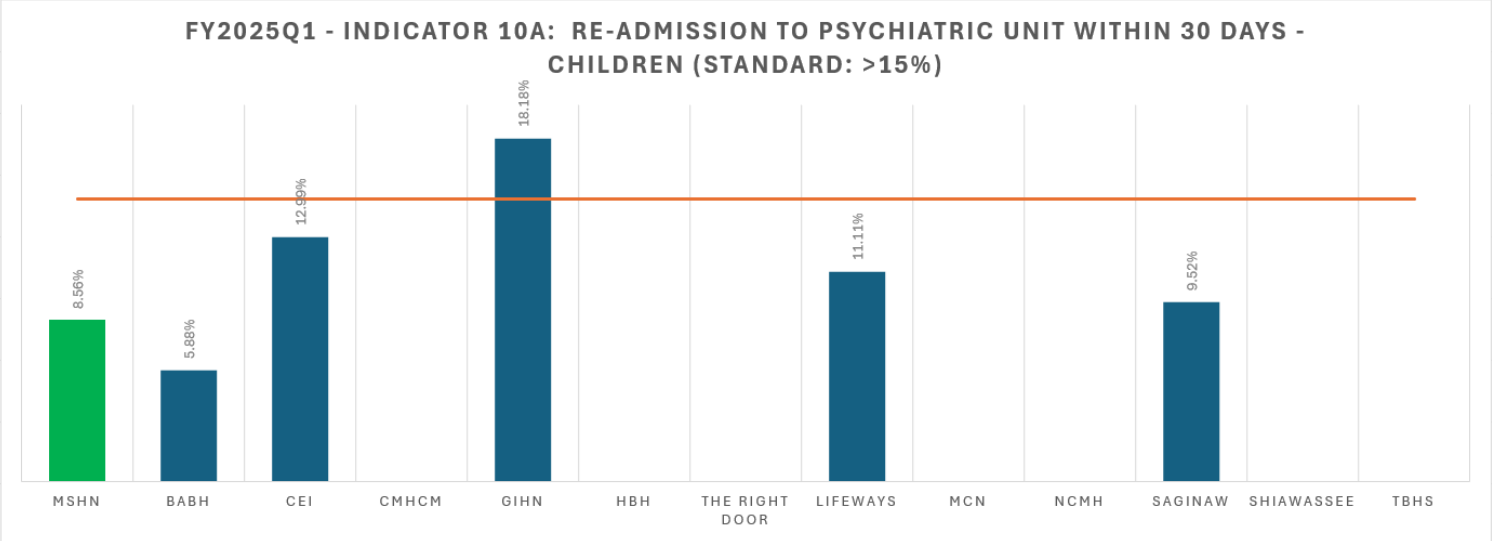
MSHN met the overall standard (>=95%) for Indicator 4b in FY25Q1. Overall, there was a 15.92% decrease in the number of individuals discharging from an SUD Detox Unit needing follow-up between FY25Q1 and FY24Q1:

Measurement Period	Performance Rate	Numerator #	Denominator #
Michigan Performance Standard	>=95%		
FY23Q1 (10/1/2022-12/31/2022)	97.83%	180	184
FY24Q1 (10/1/2023-12/31/2023)	95.02%	191	201
FY25Q1 (10/1/2024-12/31/2024)	95.27%	161	169

Indicator 10a: Re-admission to Psychiatric Unit within 30 Days (Children)

In FY25Q1, MSHN was well below the 15% standard for indicator 10a. Compared to FY24Q1, there was a 9.36% increase in the number of children who were psychiatrically hospitalized overall in FY25Q1. There was no significant change in performance rates between FY25Q1 and FY24Q1 and compliance with this indicator remains high:

Measurement Period	Performance Rate	Numerator #	Denominator #
Michigan Performance Standard	<=15%		
FY23Q1 (10/1/2022-12/31/2022)	8.75%	14	160
FY24Q1 (10/1/2023-12/31/2023)	9.36%	19	203
FY25Q1 (10/1/2024-12/31/2024)	8.56%	19	222



Indicator 10b: Re-admission to Psychiatric Unit within 30 Days (Adults)

In FY25Q1, MSHN was below the 15% standard for indicator 10b at 10.12%. Compared to FY24Q1, there was a .61% decrease in the percentage of adults re-hospitalized within 30 days of a psychiatric admission, and a 11.03% increase in the number of individuals psychiatrically hospitalized overall:

Measurement Period	Performance Rate	Numerator #	Denominator #
Michigan Performance Standard	<=15%		
FY23Q1 (10/1/2022-12/31/2022)	13.01%	108	830
FY24Q1 (10/1/2023-12/31/2023)	10.73%	105	979
FY25Q1 (10/1/2024-12/31/2024)	10.12%	110	1,087

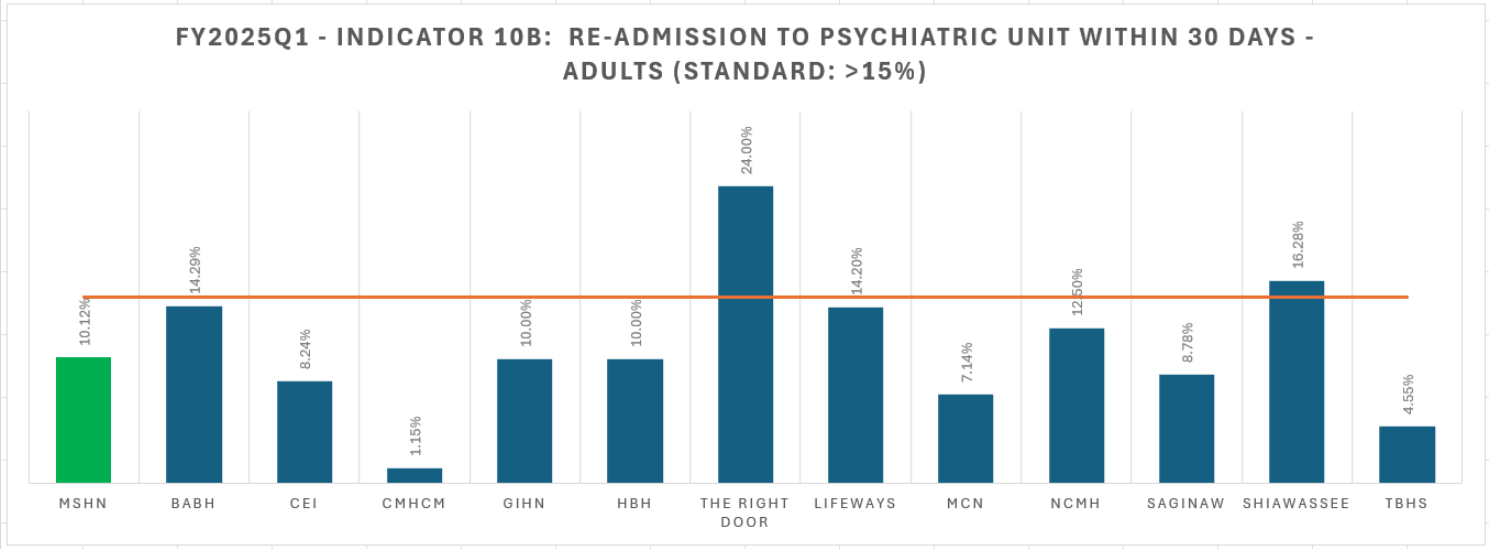


Figure 3. Causal Factors for Out of Compliance Indicator 2 and 3 for FY25Q1

	Indicator 2 FY25Q1	Indicator 3 FY25Q1
Out-of-Compliance	1681	1163
Blank	9.5%	14.7%
Consumer No showed/Canceled appointment	22.4%	31.1%
Consumer chose not to pursue services- Consumer chose not to use CMHSP/PIHP services	3.5%	3.3%
Consumer refused an appointment offered or requested an appointment outside of the required timeframe.	22.0%	12.9%
Consumer rescheduled the appointment	7.1%	7.6%
No appointment available within 14 days with any staff	20.3%	7.7%
Staff cancel/reschedule	1.4%	2.8%
Unable to complete Biopsychosocial as a result of an emergent service need	1.5%	0.0%
Assessment determined not eligible	0.3%	0.4%
Consumer unable to be reached	5.2%	2.2%
Other	7.0%	17.3%

Summary and Improvement Opportunities for FY25

The data from FY25Q1 revealed notable improvement opportunities across the region, in particular for Indicators 2 and 3, as both of these indicators fell below MDHHS benchmarks for this quarter. Region wide discussion took place on April 24th, 2025 with the MSHN Quality Improvement Council (QIC) and several CMHSPs are implementing targeted interventions to address these deficits. At the regional level, collaborative discussions have highlighted key challenges such as appointment availability, staffing shortages, and process inefficiencies. Quarter one of each fiscal year, in particular, has been challenging due to multiple holidays, staff time off and limited availability, and consumer choice relating to appointment dates. MSHN has initiated broader conversations with the region to review successful practices from high-performing CMHSPs, like Montcalm, whose extended service hours and internal flagging systems have significantly enhanced compliance for indicator 2. These improvements are being reviewed for replication across the region's CMHSPs to determine feasibility to increase compliance in these different indicators. Additionally, MSHN will be exploring the outcome tracking methodologies used by Detroit and Oakland's PIHPs to determine how they are able to maintain such high compliance levels for indicators 2 and 3 overall; this discussion will take place at the May Quality leads meeting with the PIHPs.

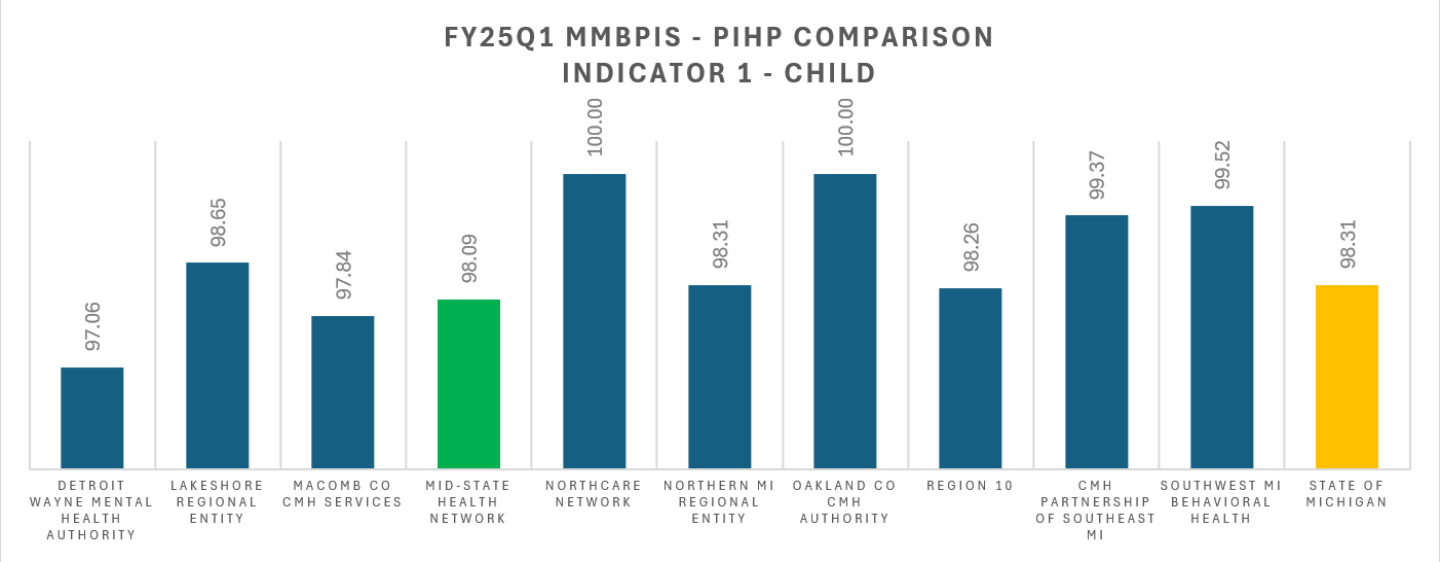
Additionally, efforts are currently underway regionally for completion of additional analysis for indicator 3 in particular as this is also part of the MDHHS Performance Improvement Project (PIP) efforts. Preliminary findings include the following:

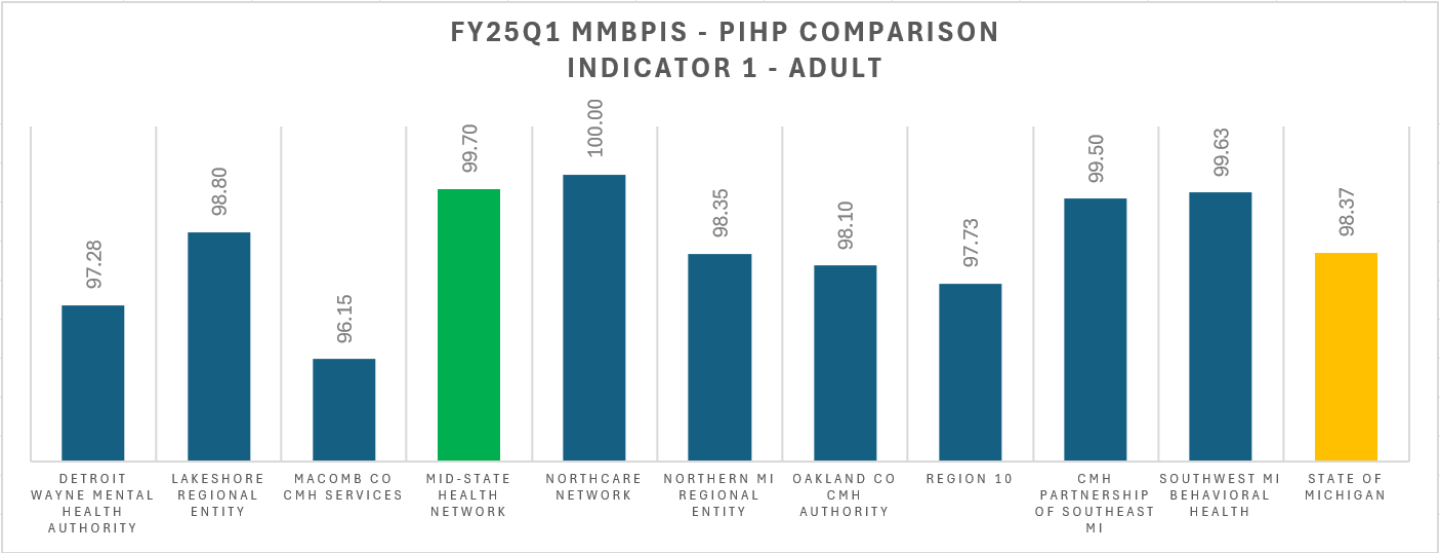
Key Analysis Takeaways for Indicator 3
Younger children (0-5) in the mental illness (MI) population face significant barriers to timely care, with a higher risk of missing the 14-day service window. This effect appears consistent across CMHs, suggesting a system-wide challenge.
Telehealth continues to enhance timely access to care. Individuals using telehealth services are noticeably more likely to get care on time, highlighting the importance of growing remote care options to keep services flowing smoothly.
December poses a major challenge for timely care, with services far more likely to miss the deadline. This delay is likely due to holiday closures and reduced staffing around Christmas and New Year's. In contrast, April tends to flow more smoothly, possibly thanks to fewer holiday disruptions and better scheduling conditions. These seasonal swings highlight key times to focus efforts on improving access.
Appointments near holidays, not just in December, often lead to delays. Services scheduled around major holidays increase the chances of missing the deadline. Tweaking schedules or adding resources during these busy times could ease the strain.
Community Mental Health (CMH) agencies show some variation in performance, but delays are mostly individual. While notable outliers exist, such as higher non-compliance in a few locations and lower rates in others, these differences may stem from sample size variation or unique local conditions rather than systematic differences in CMH operations. Compliance rates appear to be primarily driven by service type, population characteristics, and timing rather than broad agency differences.

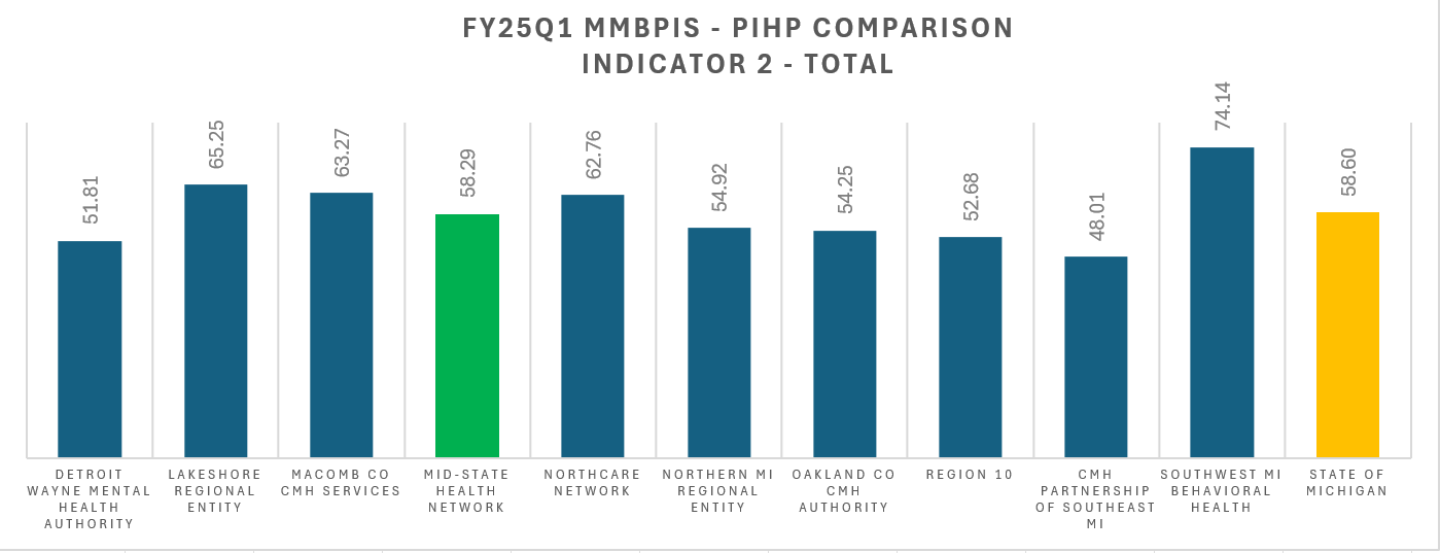
Individually, CMHSPs are launching various quality improvement strategies to close performance gaps. For example, CEI is conducting in-depth analysis of disparities in children's first service engagement and modifying variables to improve accuracy and outcomes. Saginaw is developing a new data dashboard and offering consumer education sessions on Medicaid transportation to assist in the mitigation of no-shows. Huron is addressing both staff training and systemic process delays and has integrated real-time data tracking into clerical workflows. Central created a Child and Family Coordinator role to support follow-through, while Newaygo and Montcalm are offering extended hours to meet overall demand for access to services. Through a combination of regional knowledge sharing and localized innovation, the collective efforts should elevate MSHN's MMBPIS performance and align more consistently with MDHHS benchmarks in upcoming future quarters.

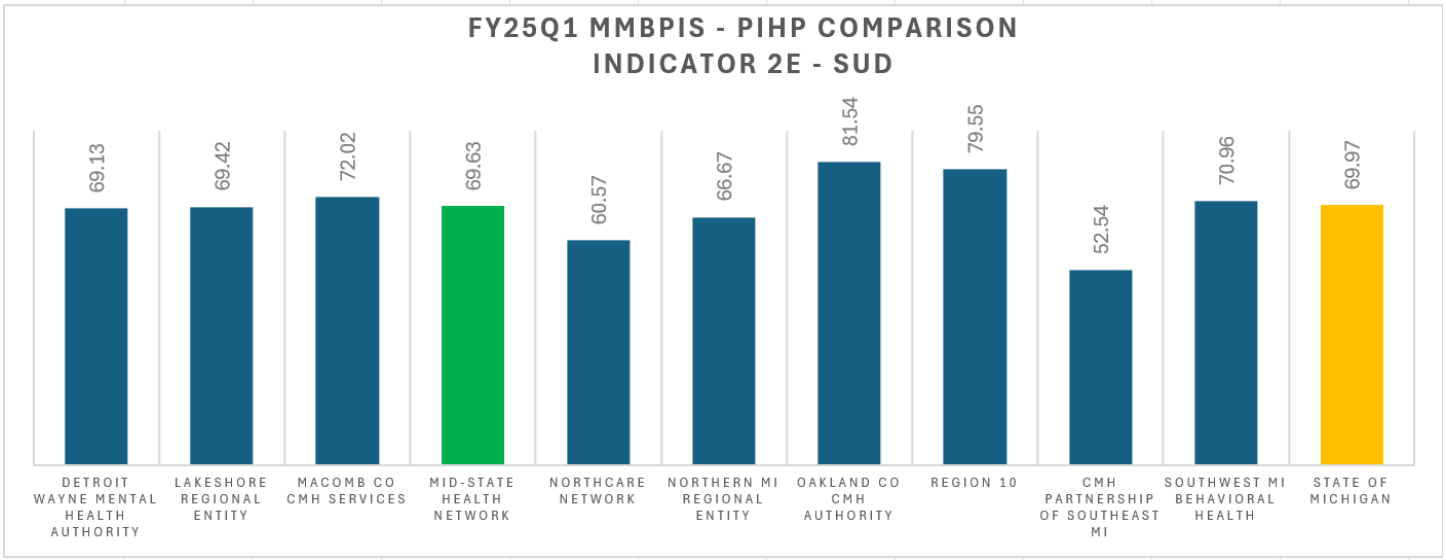
Prepared by: Kara Laferty, 3/27/2025
Presented to QIC: 4/24/2025

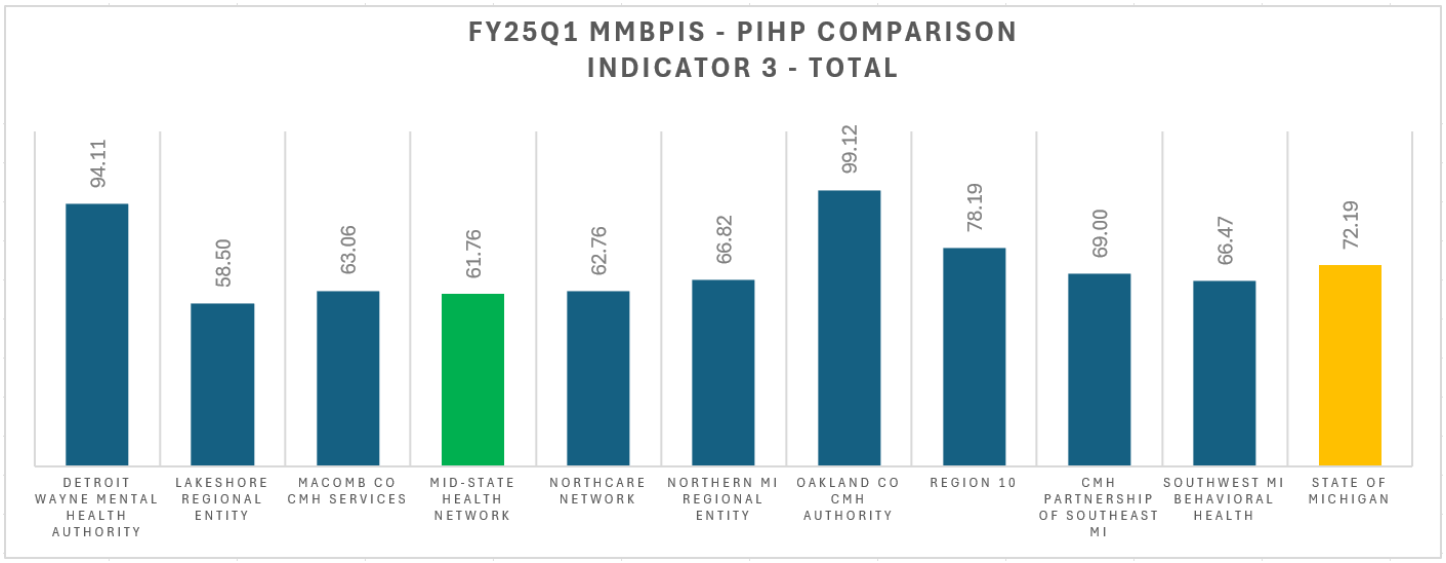
Appendix A: PIHP Comparisons and State of Michigan Averages

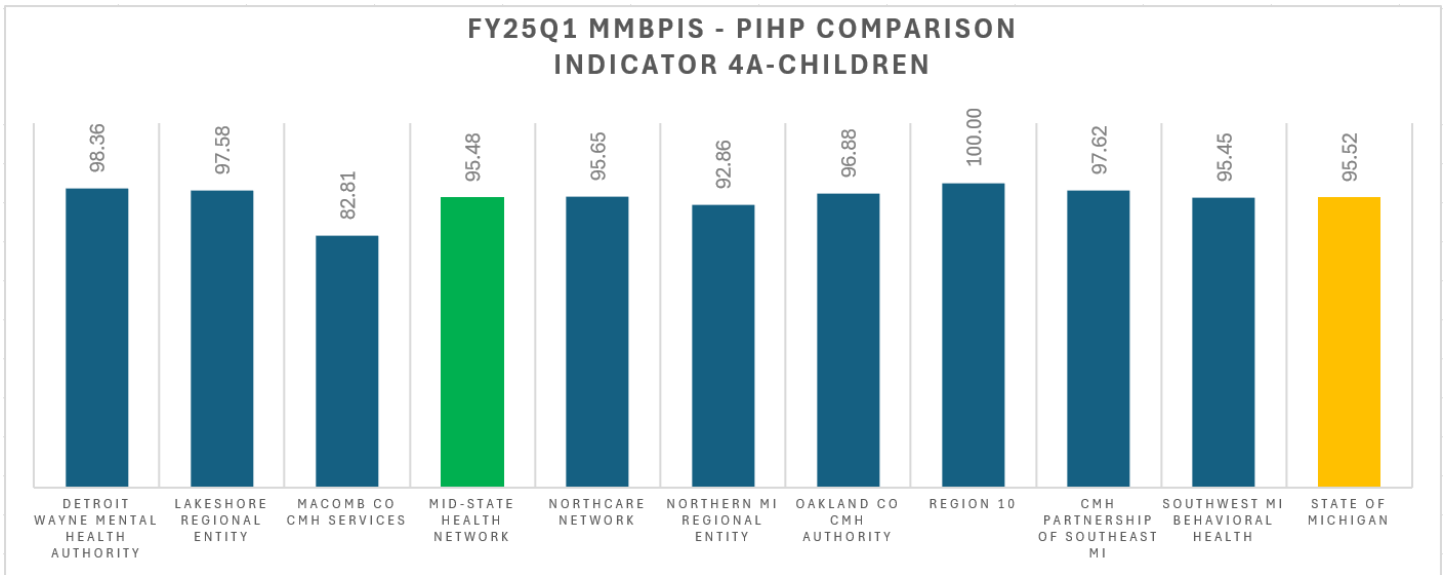







FY25Q1 MMBPIS - PIHP COMPARISON
INDICATOR 2E - SUD
69.13
69.42
72.02
69.63
60.57
66.67
81.54
79.55
52.54
70.96
69.97
DETROIT WAYNE MENTAL HEALTH AUTHORITY
LAKESHORE REGIONAL ENTITY
MACOMB CO CMH SERVICES
MID-STATE HEALTH NETWORK
NORTHCARE NETWORK
NORTHERN MI REGIONAL ENTITY
OAKLAND CO CMH AUTHORITY
REGION 10
CMH PARTNERSHIP OF SOUTHEAST MI
SOUTHWEST MI BEHAVIORAL HEALTH
STATE OF MICHIGAN


FY25Q1 MMBPIS - PIHP COMPARISON
INDICATOR 3 - TOTAL
94.11
58.50
63.06
61.76
62.76
66.82
99.12
78.19
69.00
66.47
72.19
DETROIT WAYNE MENTAL HEALTH AUTHORITY
LAKESHORE REGIONAL ENTITY
MACOMB CO CMH SERVICES
MID-STATE HEALTH NETWORK
NORTHCARE NETWORK
NORTHERN MI REGIONAL ENTITY
OAKLAND CO CMH AUTHORITY
REGION 10
CMH PARTNERSHIP OF SOUTHEAST MI
SOUTHWEST MI BEHAVIORAL HEALTH
STATE OF MICHIGAN


FY25Q1 MMBPIS - PIHP COMPARISON
INDICATOR 4A-CHILDREN
98.36
97.58
82.81
95.48
95.65
92.86
96.88
100.00
97.62
95.45
95.52
DETROIT WAYNE MENTAL HEALTH AUTHORITY
LAKESHORE REGIONAL ENTITY
MACOMB CO CMH SERVICES
MID-STATE HEALTH NETWORK
NORTHCARE NETWORK
NORTHERN MI REGIONAL ENTITY
OAKLAND CO CMH AUTHORITY
REGION 10
CMH PARTNERSHIP OF SOUTHEAST MI
SOUTHWEST MI BEHAVIORAL HEALTH
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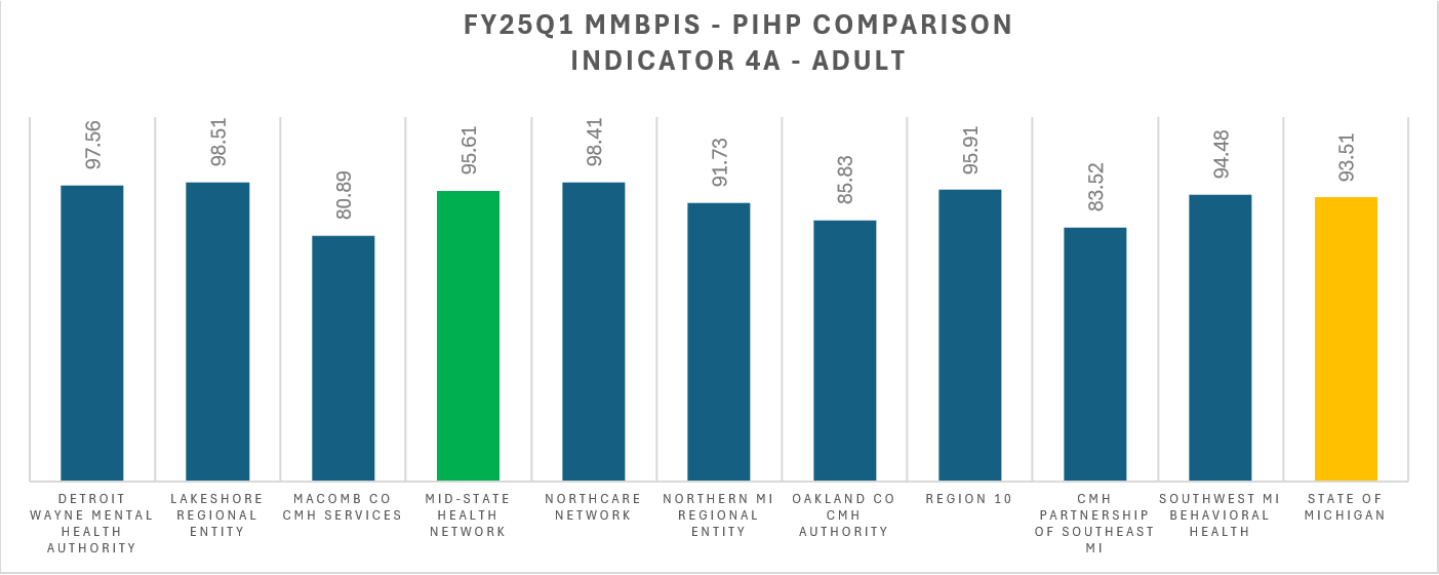
FY25Q1 MMBPIS - PIHP COMPARISON
INDICATOR 4A - ADULT
97.56
98.51
80.89
95.61
98.41
91.73
85.83
95.91
83.52
94.48
93.51
DETROIT WAYNE MENTAL HEALTH AUTHORITY
LAKESHORE REGIONAL ENTITY
MACOMB CO CMH SERVICES
MID-STATE HEALTH NETWORK
NORTHCARE NETWORK
NORTHERN MI REGIONAL ENTITY
OAKLAND CO CMH AUTHORITY
REGION 10
CMH PARTNERSHIP OF SOUTHEAST MI
SOUTHWEST MI BEHAVIORAL HEALTH
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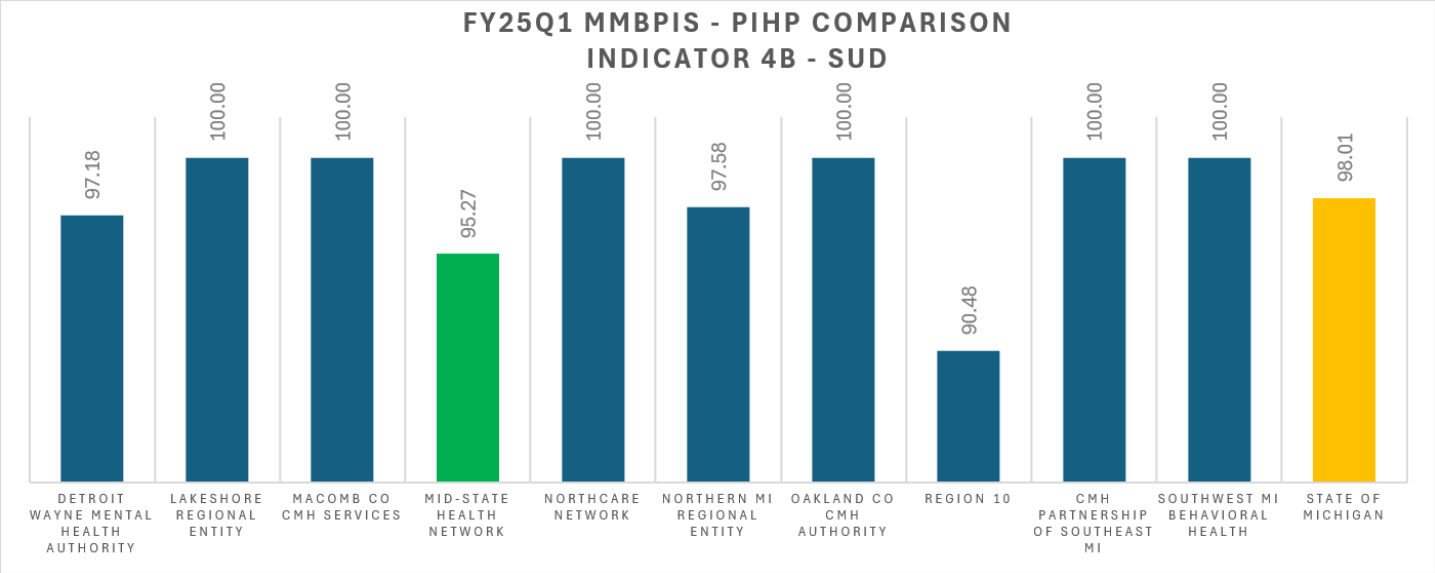
FY25Q1 MMBPIS - PIHP COMPARISON
INDICATOR 4B - SUD
97.18
100.00
100.00
95.27
100.00
97.58
100.00
90.48
100.00
100.00
98.01
DETROIT WAYNE MENTAL HEALTH AUTHORITY
LAKESHORE REGIONAL ENTITY
MACOMB CO CMH SERVICES
MID-STATE HEALTH NETWORK
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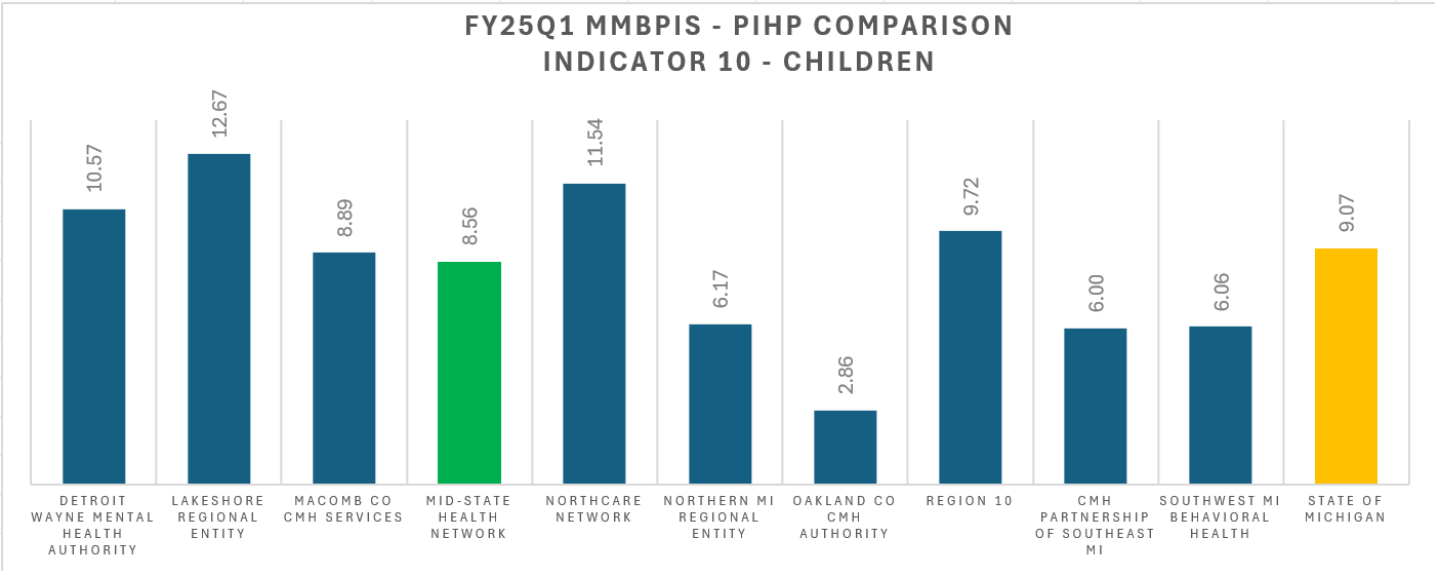
FY25Q1 MMBPIS - PIHP COMPARISON
INDICATOR 10 - CHILDREN
10.57
12.67
8.89
8.56
11.54
6.17
2.86
9.72
6.00
6.06
9.07
DETROIT WAYNE MENTAL HEALTH AUTHORITY
LAKESHORE REGIONAL ENTITY
MACOMB CO CMH SERVICES
MID-STATE HEALTH NETWORK
NORTHCARE NETWORK
NORTHERN MI REGIONAL ENTITY
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REGION 10
CMH PARTNERSHIP OF SOUTHEAST MI
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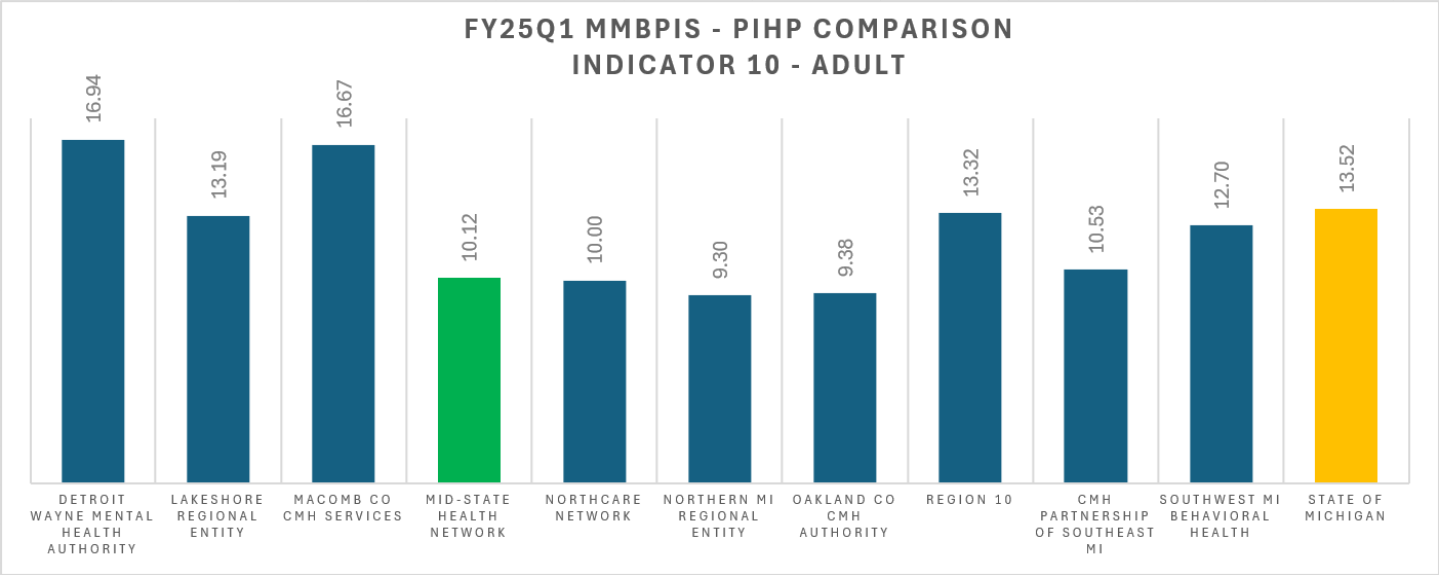
STATE OF MICHIGAN


FY25Q1 MMBPIS - PIHP COMPARISON
INDICATOR 10 - ADULT
16.94
13.19
16.67
10.12
10.00
9.30
9.38
13.32
10.53
12.70
13.52
DETROIT WAYNE MENTAL HEALTH AUTHORITY
LAKESHORE REGIONAL ENTITY
MACOMB CO CMH SERVICES
MID-STATE HEALTH NETWORK
NORTHCARE NETWORK
NORTHERN MI REGIONAL ENTITY
OAKLAND CO CMH AUTHORITY
REGION 10
CMH PARTNERSHIP OF SOUTHEAST MI
SOUTHWEST MI BEHAVIORAL HEALTH
STATE OF MICHIGAN