



MSHN

Mid-State Health Network

**2025
QUALITY ASSESSMENT
AND PERFORMANCE
IMPROVEMENT
PROGRAM (QAPIP)
REPORT EXECUTIVE
SUMMARY**

Executive Summary FY25 QAPIP Report

Overview

The Fiscal Year (FY) 2025 Quality Assessment and Performance Improvement Program (QAPIP) Report reflects MSHN's annual evaluation of the effectiveness of its system-wide quality initiatives across Region 5. The review demonstrates sustained progress in the delivery of high-quality, person-centered, and equitable behavioral health and substance use disorder (SUD) services, with measurable improvement in access, outcomes, and stakeholder satisfaction.

The FY25 measurement period (October 1, 2024 to September 30, 2025) includes all twelve Community Mental Health Services Program (CMHSP) participants, SUD providers, and affiliated networks within MSHN's 21-county service region. The report summarizes performance results, external review outcomes, and recommendations that inform the FY26 QAPIP Plan.

QAPIP Report Highlights

MSHN maintains a robust, data-driven performance management system, integrating state and federal metrics, regional dashboards, and quality indicators across the domains of access, effectiveness, experience of care, and safety. Some key areas of highlight for the FY25 QAPIP Report include:

Michigan Mission-Based Performance Indicator System (MMBPIS)

- **Performance:** MSHN exceeded the state average on 9 of 18 indicators, maintaining strong outcomes in timeliness, follow-up, and engagement
- **Barriers Identified:** Ongoing workforce shortages, high rates of consumer no-shows, and inconsistent data interpretations between PIHPs
- **Next Steps (FY26):** Continue monitoring Indicators 1, 2, and 3, with Indicator #2 retained for Michigan Department of Health and Human Service (MDHHS) compliance, Indicator #1 for Network Adequacy, and Indicator #3 for the ongoing Performance Improvement Project (PIP)

Priority Populations

- **Performance:** Pregnant individuals experienced a marked improvement, from 35% compliance in FY23 to nearly 60% in FY25, with non-pregnant populations increasing from 80% to 87%
- **Effective Interventions:** Centralization of access for SUD withdrawal management and residential services led to improved timeliness of admission
- **Next Steps (FY26):** Continue targeted access initiatives to achieve full compliance with timeliness standards for all priority populations

Performance-Based Incentive Program (PBIP)

- **Performance/Status:** Partially met; MSHN continues to perform well in most metrics but noted variation in employment and follow-up measures
- **Next Steps (FY26):** Maintain ongoing improvement monitoring in FY26 to close gaps and reduce identified disparities consistent with MDHHS performance benchmarks

Performance Improvement Projects (PIPs)

- **Performance:** MSHN continued implementation of two long-term Performance Improvement Projects focused on reducing racial and ethnic disparities in access and penetration rates for behavioral health services:
 - **PIP #1: Access Disparity Reduction**
 - Statistically significant improvement- the disparity between Black/African American and White populations was statistically eliminated ($p > .05$) in FY25 Remeasurement 3 (CY2025 YTD)
 - Demonstrates sustained positive regional impact of interventions implemented across CMHSPs.
 - **PIP #2: Penetration Rate Disparity Reduction**
 - The disparity was reduced from 2.06% (CY21) to 1.51% (CY25 YTD), showing continuous narrowing of the gap, though not yet fully eliminated
- **Next Steps (FY26):** Continue current interventions through Remeasurement Period 3 (CY2025) and maintain focus on data-driven equity improvements in FY26



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Overview of FY25 Report Continued

Stakeholder Experience and Satisfaction

- **Performance:** MSHN achieved consistently high satisfaction rates across all surveyed populations:
 - Adult Mental Health: 91%, Children/Family Services: 91%, SUD Services: 90%, Long-Term Supports & Services (LTSS): 91%
- **Next Steps (FY26):** Continue use of MHSIP and YSS surveys in FY26 and transition to the CAHPS Behavioral Health Survey in FY27 under MDHHS's new three-year Behavioral Health Quality Strategy

Adverse Events and Behavior Treatment

- **Performance:** MSHN met or partially met most objectives related to adverse event management
 - Improvement areas identified include timeliness of reporting and remediation documentation in the Critical Incident Reporting System (CIRS)
- **Next Steps (FY26):** Develop training tools on sentinel and critical incident classifications, continue quarterly data validation, reconciliation through CRM and regional dashboard enhancements in FY26

Clinical Practice, Behavior Treatment, and Long-Term Supports and Services (LTSS)

- **Performance:**
 - Adoption of 1915(i) State Plan Amendment (SPA) clinical guidelines and publication of all practice standards on the MSHN website for transparency
 - Enhanced Behavior Treatment Plan oversight and Assertive Community Treatment (ACT) fidelity monitoring
 - Ongoing improvement in oversight of vulnerable individuals through regular site reviews and utilization monitoring
- **Next Steps (FY26):** Maintain practice guideline dissemination, fidelity tracking, and regional utilization reviews for ACT and LTSS services. Continue integration of Home and Community Based Services (HCBS) and 1915(i) program oversight within the QAPIP framework

Utilization Management (UM)

- **Performance:**
 - Maintained >90% compliance with service authorization and ABD timeliness standards
 - Conducted regional analysis of service utilization and medical necessity; identified discrepancies between MichiCANS decision-support recommendations and service authorizations
- **Next Steps (FY26):** Continue regional UM improvement activities in FY26, focusing on cross-system consistency and integration with person-centered planning

Integrated Care and Health Homes

- **Performance:** Maintained active participation in Behavioral Health Homes (BHH), SUD Health Homes (SUDHH), and Certified Community Behavioral Health Clinics (CCBHCs) in FY25
 - Established regional dashboards for tracking performance metrics
 - Improvement noted in cross-sector coordination and health outcomes; however, CCBHC oversight transitions to MDHHS beginning FY26
- **Next Steps (FY26):** Maintain focus on BHH and SUDHH quality improvement programs and refine integrated care reporting structures

Provider Monitoring and Oversight

- **Performance:**
 - Participated in six external reviews (Health Services Advisory Group (HSAG) and MDHHS), achieving strong compliance ratings:
 - HSAG PMV: Validation confirmed data accuracy and quality improvement infrastructure
 - MDHHS 1915(c)/(i) Waiver Review: Compliant - No corrective actions required
- **Common Review Findings:** Credentialing documentation gaps, delayed grievance acknowledgment, and inconsistent tracking mechanisms
- **Next Steps (FY26):** Strengthen credentialing oversight under the new MDHHS Universal Credentialing System (implemented successfully in FY25). Continue corrective action plan monitoring and alignment with 42 CFR §438 requirements

Council and Committee Effectiveness

- **Performance:** All MSHN councils and committees demonstrated continued engagement and measurable progress in FY25