

Executive Summary

Goal: MSHN will meet or exceed the MMBPIS standards for Access (Indicators 1, 2, 3, and 4) and Outcomes (Indicator 10).

Objectives:

- Complete quarterly performance summaries to monitor performance and review progress (including barriers, improvement efforts, recommendations, and status of recommendation). *Status:* Complete
- Complete a Fishbone Diagram to identify barriers and assist in development of improvement strategies in collaboration with committees. *Status:* Complete

Figure 1. MSHN FY24 Longitudinal Performance

	Population	Standard	FY24Q1	FY24Q2	FY24Q3	FY24 YTD
Indicator 1: Percentage who received a Prescreen within 3 hours of request. (95% Standard)	Children	≥95%	98.58%	98.63%	*98.22%	98.48%
	Adults	≥95%	*99.67%	*99.33%	*99.67%	99.56%
Indicator 2: Percentage of new persons who have completed Bio-psychosocial Assessment within 14 Days. (Cumulative 62.30% Standard)	MI Child	>62.0%	*60.43%	*65.52%	*69.02%	64.76%
	MI Adults	>62.0%	*64.31%	*64.59%	*67.02%	65.26%
	DD Child	>62.0%	*43.51%	*56.63%	47.51%	49.29%
	DD Adult	>62.0%	*67.83%	*73.33%	*65.09%	68.71%
	Total	>62.0%	*61.79%	*64.60%	*66.21%	64.13%
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. (Cumulative 75.50% Standard)	SUD	>75.3%	*72.40%	*74.17%	*73.30%	73.29%
Indicator 3: Percentage of new persons who had a medically necessary service within 14 days. (Cumulative 72.9% Standard)	MI Child	>72.9%	58.28%	58.59%	62.21%	59.58%
	MI Adults	>72.9%	58.09%	67.71%	68.21%	64.51%
	DD Child	>72.9%	*76.05%	*80.97%	*81.43%	79.59%
	DD Adult	>72.9%	65.74%	67.01%	70.71%	67.76%
	Total	>72.9%	59.72%	65.56%	67.52%	64.13%
Indicator 4: Percentage who had a Follow-Up within 7 Days of Discharge from a Psychiatric Unit/SUD Detox Unit (Quarterly 95% Standard)	Children	≥95%	*94.67%	*97.37%	*100%	97.22%
	Adults	≥95%	*95.20%	*95.99%	*97.16%	96.14%
	MSHN SUD	≥95%	95.02%	*98.05%	91.91%	95.16%
Indicator 10: Percentage who had a Re-admission to Psychiatric Unit within 30 Days (≤15% Standard)	Children	≤15%	*9.36%	*8.84%	*6.38%	8.25%
	Adults	≤15%	*10.73%	*10.95%	*12.79%	11.52%

*Exceeded the Michigan State Performance. FY24Q3 Source -Consultative Draft Not Finalized

Conclusion: MSHN exceeded the State Average Performance on 12 of the 18 indicators as indicated in the MMBPIS PIHP Consultative Report FY24Q3. The [MMBPIS PIHP Final Report FY24Q2](#) is the most recent published report.

Quality improvement strategies for the following CMHSP participants should be reviewed/developed based on performance:

Indicator 2: Lifeways, SCCCMHA, SHW, TBHS

Indicator 3: BABH, GIHN, HBH, The Right Door, Lifeways, NCMH, SCCMHA

Indicator 4: CEI, *TBHS

Indicator 10: HBH, MCN, NCMH, SHW

Data Analysis:

The leading cause for out of compliance was consumer canceled or no showed for an appointment, followed by consumer chose appointment outside of the required timelines or refused an appointment offered within the required timelines.

Figure 2. MSHN Network Provider Exception Rates

	Indicator 4			Indicator 10		
	FY24Q1	FY24Q2	FY24Q3	FY24Q1	FY24Q2	FY24Q3
BABH	39.13%	32.26%	26.36%	0.00%	0.00%	0.00%
CEI	40.38%	43.32%	39.92%	29.28%	17.14%	5.91%
CMHCM	18.92%	15.09%	11.54%	0.00%	0.00%	0.00%
GIHN	10.81%	11.76%	15.79%	0.00%	0.00%	0.00%
HBH	29.63%	37.93%	50.00%	0.00%	0.00%	0.00%
The Right Door	11.43%	6.90%	15.63%	0.00%	0.00%	0.00%
Lifeways	39.35%	37.44%	40.95%	5.09%	1.48%	3.45%
MCN	34.88%	17.95%	15.79%	15.69%	0.00%	0.00%
Newaygo	12.50%	28.21%	21.05%	0.00%	0.00%	0.00%
Saginaw	31.33%	23.97%	29.58%	0.00%	0.00%	0.00%
SHW	38.10%	24.49%	17.39%	0.00%	0.00%	0.00%
TBHS	51.85%	21.43%	20.83%	20.51%	0.00%	0.00%
MSHN	33.06%	30.17%	30.36%	10.93	5.82%	2.57%
4b MSHN-SUD	39.13%	43.53%	44.73%			

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

	Indicator 2				Indicator 3			
	FY23	FY24Q1	FY24Q2	FY24Q3	FY23	FY24Q1	FY24Q2	FY24Q3
Out-of-Compliance/Exception	6996	1720	1514	1383	5160	1431	1144	1039
Blank	26%	13.5%	15.85%	20.68%	37.8%	28.1%	29.1%	24.64%
Consumer No showed/Canceled appointment	19.4%	27.2%	37.25%	35.36%	22.8%	28.7%	34.09%	37.05%
Consumer chose not to pursue services- Consumer chose not to use CMHSP/PIHP services	2.6%	4.0%	2.51%	3.47%	2.2%	3.3%	2.97%	4.91%
Consumer refused an appointment offered or requested an appointment outside of the required timeframe.	16.3%	24.3%	18.30%	16.92%	10.1%	13.4%	13.20%	14.63%
Consumer rescheduled the appointment	7.4%	10.3%	10.30%	10.34%	5.6%	5.5%	9.00%	7.70%
No appointment available within 14 days with any staff	20.6%	14.2%	5.15%	6.07%	9.2%	17.1%	6.47%	6.45%
Staff cancel/reschedule	.7%	1.0%	1.45%	1.01%	1.6%	1.6%	2.27%	1.92%
Unable to complete Biopsychosocial as a result of an emergent service need	.1%	0.3%	.59%	0.51%	.1%	0.2%	.17%	0.10%
Assessment determined not eligible	0%	0.2%	.13%	0.07%	1.0%	0.3%	.26%	0.29%
Consumer unable to be reached	.04%	4.4%	7.27%	5.57%	.6%	1.3%	1.14%	2.31%
Other-	5.8%	0%	.33%	0%	9.0%	0.1%	1.05%	0%

Figure 4. Causal Factors Exceptions/Out of compliance Indicator 4a and 4b

Out-of-Compliance/Exception	Indicator 4a				Indicator 4b			
	FY23	FY24Q1	FY24Q2	FY24Q3	FY23	FY24Q1	FY24Q2	FY24Q3
Blank	4.6%	6.28%	5.9%	4.27%	0%	0%	1.14%	9.09%
Consumer No showed/Canceled appointment	62.6%	57.28%	63.64%	56.98%	7.8%	5.16%	5.11%	9.09%
Consumer chose not to pursue services	11.2%	10.3%	8.81%	35.04%	40.5%	45.16%	18.18%	68.83%
Consumer chose not to use CMHSP/PIHP services, chose provider outside of network	12.5%	0%	16.19%	*	23.3%	30.97%	14.20%	*
Consumer refused an appointment offered or requested an appointment outside of the required timeframe.	1.1%	.75%	.28%	.57%	21.6%	14.84%	5.97%	11.69%
Consumer rescheduled the appointment	4.4%	4.0%	2.84%	2.28%	1.0%	3.87%	2.84%	1.30%
No appointment available within 14 days with any staff	.3%	.5%	.28%	0%	0%	0%	0%	0%
Staff cancel/reschedule	.7%	1.5%	.85%	.57%	0%	0%	0%	0%
Unable to complete Biopsychosocial as a result of an emergent service need	.8%	0%	0%	.28%	0%	0%	0%	0%
Assessment determined not eligible	0%	0%	0%	0%	0%	0%	0%	0%
Consumer unable to be reached	0%	.75%	.28%	0%	0%	0%	0%	0%
Other-	1.8%	0%	.57%	0%	.9%	0%	.28%	0%

*Combined Consumer chose not to pursue services and Consumer chose not to use CMHSP/PIHP.

Follow Up to Data Analysis:

Ind.	Barrier/Causal Factors	Interventions	Start Date	Who
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
		Rebuild Workforce and increase staffing levels.		SCCMHA
		Utilize additional staff to ensure seen within 14 days.		GIHN
		Contracting with an outside agency.		SHW
		Postings, outreach to colleges, interns		CEI
		Recruitment-billboards, commercials, job fairs.		CEI
		Paying for Masters-additional education.		NCMH
		Business cards with QR codes.		The Right Door
2/3	Scheduled outside of the required timeframes -Process not followed	Education / Training staff.	FY23	BABH, Lifeways
		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
2/3	Consumer No Show/ Canceled	Utilize peers for increased engagement	FY23	HBH
4	Lack of Care Coordination	Training including but not limited to coordination process and ensuring appropriate releases are in place for community treatment	FY23	CMHCM
	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	SCCMHA

10	Lack of appropriate supervised housing.	Work collaboratively with MDHHS and community treatment providers for coordination, approvals and development	FY23	CMHCM
		Utilize/ develop crisis stabilization units and crisis residential as a step down	FY23	CEI MCN
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
		Training on the access requirements and process. This may include documentation of exceptions etc.	FY23 FY23	BABH SUD Providers

Any Additional Follow Up/Attachments:

Attachment 1 Provider Network FY24Q3 Data

Reviewed/Approved by: Quality Improvement Council

Date: 10/24/2024

Table 1. FY24Q3 Indicator 1-Preadmission Screening

Affiliate / CMH	Denom	Num	Child	Denom	Num	Adult
Bay-Arenac	48	48	100.00%	252	252	100.00%
CEI	304	290	95.39%	524	520	99.24%
Central MI	137	137	100.00%	350	350	100.00%
Gratiot	45	45	100.00%	97	97	100.00%
Huron	22	22	100.00%	41	41	100.00%
Ionia	17	17	100.00%	73	73	100.00%
LifeWays	28	28	100.00%	249	247	99.20%
Montcalm	14	14	100.00%	59	58	98.31%
Newaygo	28	27	96.43%	45	45	100.00%
Saginaw	130	130	100.00%	593	593	100.00%
Shiawassee	43	43	100.00%	90	89	98.89%
Tuscola	26	26	100.00%	46	46	100.00%
Total/PIHP:	842	827	98.22%	2419	2411	99.67%

Table 2. FY24Q3 Indicator 4a – Hospital Discharges Follow-Up CMHSP Data

Affiliate / CMH	Gross	Exc	Denom	Num	Child	Gross	Exc	Denom	Num	Adult
Bay-Arenac	20	5	15	15	100.00%	109	29	80	78	97.50%
CEI	41	16	25	25	100.00%	207	83	124	116	93.55%
Central MI	13	3	10	10	100.00%	91	9	82	81	98.78%
Gratiot	9	0	9	9	100.00%	29	6	23	22	95.65%
Huron	13	5	8	8	100.00%	13	8	5	5	100.00%
Ionia	4	0	4	4	100.00%	28	5	23	23	100.00%
LifeWays	25	11	14	14	100.00%	207	84	123	118	95.93%
Montcalm	3	0	3	3	100.00%	35	6	29	29	100.00%
Newaygo	9	1	8	8	100.00%	29	7	22	22	100.00%
Saginaw	26	8	18	18	100.00%	116	34	82	82	100.00%
Shiawassee	10	0	10	10	100.00%	36	8	28	28	100.00%
Tuscola	8	2	6	6	100.00%	16	3	13	12	92.31%
Total/PIHP:	181	51	130	130	100.00%	916	282	634	616	97.16%

Table 3. FY24Q3 Indicator 10 - Inpatient Recidivism

Affiliate / CMH	Gross	Exc	Denom	Num	Child	Gross	Exc	Denom	Num	Adult
Bay-Arenac	21	0	21	2	9.52%	108	0	108	12	11.11%
CEI	62	14	48	1	2.08%	361	11	350	41	11.71%
Central MI	14	0	14	1	7.14%	92	0	92	10	10.87%
Gratiot	10	0	10	2	20.00%	30	0	30	5	16.67%
Huron	13	0	13	2	15.38%	13	0	13	3	23.08%
Ionia	4	0	4	0	0.00%	28	0	28	2	7.14%
LifeWays	25	3	22	0	0.00%	207	5	202	30	14.85%
Montcalm	3	0	3	0	0.00%	35	0	35	8	22.86%
Newaygo	9	0	9	1	11.11%	29	0	29	3	10.34%
Saginaw	26	0	26	3	11.54%	125	0	125	15	12.00%
Shiawassee	10	0	10	0	0.00%	36	0	36	6	16.67%
Tuscola	8	0	8	0	0.00%	15	0	15	1	6.67%
Total/PIHP:	205	17	188	12	6.38%	1079	16	1063	136	12.79%

Table 4. FY24Q3 Indicator 4b Substance Use Disorder Withdrawal Management Providers Data

Provider	Grand Total	Exceptions	Valid Total	In Compliance	Performance Rate
PIHP Mid-State Health Network	313	140	173	159	91.91%
Addiction Treatment Services	21	9	12	11	91.67%
Bear River Health	107	27	80	78	97.50%
CMH CEI	70	33	37	33	89.19%
DOT Caring Centers	21	10	11	9	81.82%
Flint Odyssey House	16	11	5	3	60.00%
Harbor Hall, Inc.	1	0	1	1	100.00%
HealthSource Saginaw	46	31	15	14	93.33%
Henry Ford Allegiance Health	5	4	1	1	100.00%
Meridian Health Services	7	5	2	2	100.00%
Sacred Heart Rehabilitation Center	14	8	6	4	66.67%
Salvation Army	3	1	2	2	100.00%
Sunrise Centre	1	0	1	1	100.00%

Table 5. FY24Q3 Indicator 2 Request-Timeliness

CMHSP	Denom	Num	MI / Child	Denom	Num	MI / Adult	Denom	Num	DD / Child	Denom	Num	DD / Adult	Denom	Num	Total
Bay-Arenac	65	39	60.00%	224	142	63.39%	41	25	60.98%	13	8	61.54%	343	214	62.39%
CEI	282	239	84.75%	252	209	82.94%	73	6	8.22%	8	2	25.00%	615	456	74.15%
Central MI	253	193	76.28%	482	374	77.59%	31	22	70.97%	13	11	84.62%	779	600	77.02%
Gratiot	68	39	57.35%	116	74	63.79%	6	4	66.67%	2	2	100.00%	192	119	61.98%
Huron	34	23	67.65%	60	37	61.67%	1	1	100.00%	4	2	50.00%	99	63	63.64%
Ionia	113	95	84.07%	162	116	71.60%	17	16	94.12%	4	2	50.00%	296	229	77.36%
LifeWays	192	95	49.48%	311	183	58.84%	36	15	41.67%	14	8	57.14%	553	301	54.43%
Montcalm	109	97	88.99%	142	115	80.99%	17	14	82.35%	13	10	76.92%	281	236	83.99%
Newaygo	55	32	58.18%	126	80	63.49%	3	1	33.33%	2	2	100.00%	186	115	61.83%
Saginaw	123	76	61.79%	286	167	58.39%	61	35	57.38%	25	19	76.00%	495	297	60.00%
Shiawassee	45	3	6.67%	78	13	16.67%	12	2	16.67%	4	0	0.00%	139	18	12.95%
Tuscola	52	29	55.77%	56	28	50.00%	3	2	66.67%	4	3	75.00%	115	62	53.91%
Total/PIHP:	1391	960	69.02%	2295	1538	67.02%	301	143	47.51%	106	69	65.09%	4093	2710	66.21%

#3 FY24Q3 Indicator 3 1st Service – Timeliness

CMHSP	Denom	Num	MI / Child	Denom	Num	MI / Adult	Denom	Num	DD / Child	Denom	Num	DD / Adult	Denom	Num	Total
Bay-Arenac	61	39	63.93%	169	109	64.50%	44	37	84.09%	11	5	45.45%	285	190	66.67%
CEI	240	122	50.83%	261	208	79.69%	95	89	93.68%	11	7	63.64%	607	426	70.18%
Central MI	190	145	76.32%	309	231	74.76%	29	27	93.10%	13	7	53.85%	541	410	75.79%
Gratiot	53	40	75.47%	87	69	79.31%	7	7	100.00%	2	2	100.00%	149	118	79.19%
Huron	32	13	40.63%	43	23	53.49%	1	1	100.00%	1	1	100.00%	77	38	49.35%
Ionia	88	61	69.32%	129	89	68.99%	14	11	78.57%	2	2	100.00%	233	163	69.96%
LifeWays	122	55	45.08%	199	90	45.23%	24	10	41.67%	13	9	69.23%	358	164	45.81%
Montcalm	89	63	70.79%	124	91	73.39%	17	12	70.59%	12	12	100.00%	242	178	73.55%
Newaygo	50	35	70.00%	96	61	63.54%	2	2	100.00%	2	1	50.00%	150	99	66.00%
Saginaw	98	55	56.12%	206	120	58.25%	58	41	70.69%	22	14	63.64%	384	230	59.90%
Shiawassee	31	22	70.97%	44	34	77.27%	12	9	75.00%	5	5	100.00%	92	70	76.09%
Tuscola	31	25	80.65%	41	40	97.56%	4	4	100.00%	5	5	100.00%	81	74	91.36%
Total/PIHP:	1085	675	62.21%	1708	1165	68.21%	307	250	81.43%	99	70	70.71%	3199	2160	67.52%