Contents

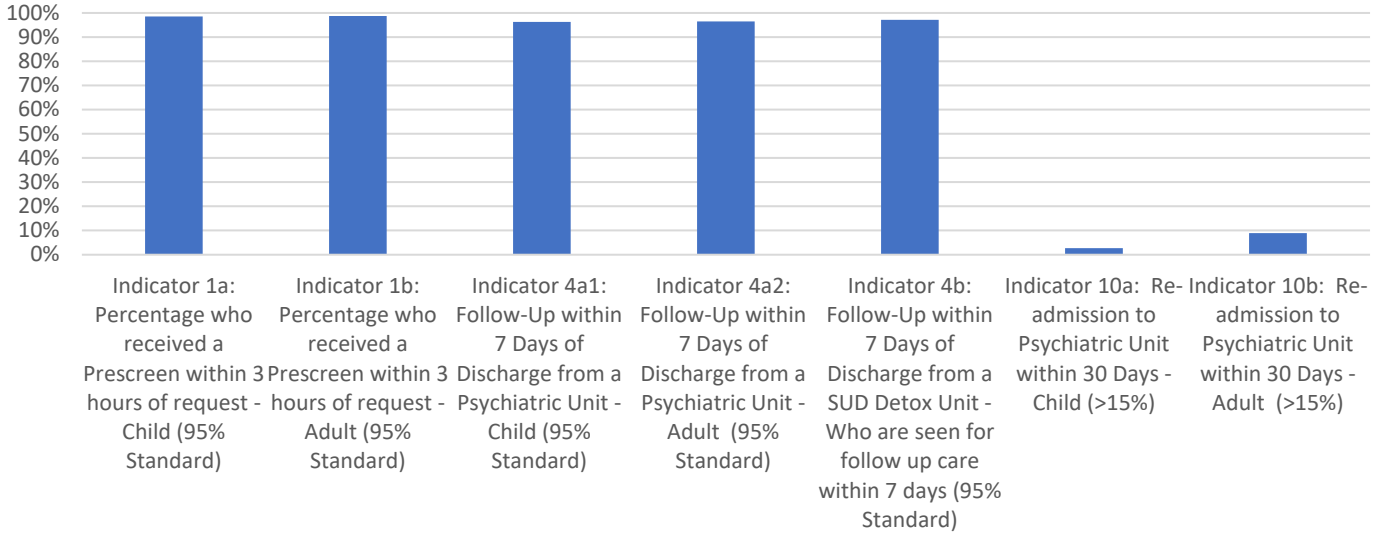
Executive Summary

The Michigan Department of Health and Human Services (MDHHS), in compliance with Federal mandates, establishes measures in the area of access, efficiency, and outcomes. Pursuant to its contract with MDHHS, MSHN is responsible for ensuring that it's CMHSP Participants and Substance Use Disorder Providers are measuring performance through the Michigan Mission Based Performance Indicator System (MMBPIS) established by MDHHS. This data is to be reported and reviewed as part of the Quality Assessment and Performance Improvement Program (QAPIP). MSHN regional performance is monitored through quarterly performance summaries. Regional trends are identified and discussed at the Quality Improvement Council (QIC) for regional planning efforts and coordination. When minimum performance standards are not met the CMHSP Participant/SUD Providers identify causal factors, intervention, implementation timeline to correct undesirable variation. Effectiveness of improvement efforts are monitored through quarterly performance data.

Goal: MSHN will meet or exceed the Michigan Mission Based Performance Indicator System standards for Access (Indicators 1 and 4) and Outcomes (Indicator 10). MSHN did achieve the goal for FY22Q3 by meeting the standard for indicator 1, 4, and 10. Indicators 2 and 3 have no standard for the first year. Meeting the standard indicates that MSHN provided access to treatment for 95% or more consumers within 3 hours of a request for a prescreen and within 7 days of a discharge from a psychiatric inpatient hospitalization or a Detox Unit for children and adults. Ninety percent or more consumers who were discharged from a psychiatric inpatient unit did not require inpatient psychiatric care during the 30 days following their discharge.

MSHN demonstrated performance above the State of Michigan for seven of the twelve indicators, performing in the top five for six of twelve indicators. The data demonstrates growth areas to be coordination with services for adults following a psychiatric inpatient or substance use withdrawal management discharge (Indicator 4 and 10) and engaging is mental health services following a request for service (Indicator 3).

Figure 1. MSHN MMBPIS performance rate for Indicators 1, 4, and 10 for FY22Q3



The following CMHSP participants demonstrated performance below the standard for FY22Q3:
Indicator 1: NCMH-Adults
Indicator 4: SCCMHA-Children; GIHN-Adults; HBH-Children, Adults(4); The Right Door-Children; Lifeways-Adults(7).
Indicator 10: All CMHSPs demonstrated satisfactory performance.

Data Analysis

The MMBPIS data collected is based on the definition and requirements that have been set forth within the Michigan Mission Based Performance Indicator System (MMBPIS) Code Book FY20, and the Reporting Requirements within the PIHP contract. Additional instructions are available in the REMI Help documents; and the MMBPIS Project Description. Exclusions and/or exceptions are allowed based on each individual indicator.

Access

Indicator 1: Percentage of Children/Adults who received a Prescreen within 3 hours of request (standard is 95% or above)

This indicator defines disposition as the decision made to refer or not to refer for inpatient psychiatric care. The start time is when the consumer is clinically, medically, and physically cleared and available to the PIHP/ CMHSP. The stop time is defined as the time when the person who has the authority approves or disapproves the hospitalization. For the purposes of this measure, the clock stops, although other activities to complete the admission may still be occurring.

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. MI adults, MI children, I/DD adults, I/DD children. (Effective 4/1/2020 No Standard the 1st 2 years)

MSHN demonstrated a 61.24% performance rate for the total for all population categories for Indicator 2 (Figure 2).

Indicator 2e: The percentage of new persons during the quarter 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. (Effective 4/1/2020 No Standard the 1st 2 Years)

ExMSHN SUD providers had 409 expired requests from individuals who requested and were approved for SUD treatment, however never received a service. This information is submitted to MDHHS for inclusion into the calculation of Indicator 2b. According to the preliminary data, available at the at the time of this report, MSHN demonstrated an 76.05% for those who requested a service and received a treatment or service within 14 days. (revised to include confirmed MSHN numbers for 4b, 11/14/2022)

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. MI adults, MI children, I/DD adults, and I/DD children (Effective 4/1/2020 No Standard the 1st 2 Years):

MSHN demonstrated a 60.53% performance rate for all population categories within Indicator 3 (Figure 2).

Figure 2. PIHP and CMHSP Indicator 2 and 3 performance rate FY22Q3.

	#2a - 1st Request Timeliness					#2e-1st Request	#3 - 1st Service Timeliness				
Affiliate / CMH	MI / Child	MI / Adult	DD / Child	DD / Adult	Total	SUD	MI / Child	MI / Adult	DD / Child	DD / Adult	Total
Bay-Arenac	46.02%	55.04%	72.41%	66.67%	53.98%		58.44%	71.97%	85.71%	75.00%	69.63%
CEI	76.67%	45.51%	26.32%	38.10%	54.34%		37.46%	54.48%	72.62%	36.36%	49.04%
Central MI	68.44%	74.95%	76.19%	87.50%	72.72%		75.41%	69.60%	71.43%	100.00%	72.18%
Gratiot	67.86%	66.36%	100.00%	100.00%	67.47%		58.70%	77.91%	100.00%	100.00%	72.06%
Huron	92.31%	83.33%	100.00%	100.00%	88.31%		56.00%	47.06%	100.00%	66.67%	56.52%
The Right Door	87.34%	89.78%	50.00%	100.00%	87.72%		50.00%	62.94%	37.50%	100.00%	58.74%
LifeWays	29.94%	35.81%	17.24%	57.89%	33.64%		22.64%	30.06%	0.00%	41.18%	26.67%
Montcalm	83.56%	72.37%	90.00%	83.33%	77.43%		68.18%	67.50%	73.68%	70.00%	68.37%
Newaygo	54.05%	45.12%	33.33%	0.00%	46.59%		67.69%	63.89%	40.00%	100.00%	64.80%
Saginaw	57.45%	62.43%	86.67%	76.92%	64.81%		70.11%	49.23%	80.70%	72.73%	62.81%
Shiawassee	57.50%	79.41%	75.00%	100.00%	72.41%		82.76%	77.59%	100.00%	75.00%	79.57%
Tuscola	69.44%	61.90%	66.67%	100.00%	66.06%		82.61%	94.87%	100.00%	100.00%	91.55%
MSHN SUD						76.05%					
Total/PIHP:	**63.92%**	**60.10%**	**55.29%**	**67.59%**	**61.24%**		**56.03%**	**61.66%**	**71.94%**	**63.04%**	**60.53%**

*n=equal to or less than 6 eligible records. **unconfirmed

Indicator 4a: Follow-Up within 7 Days of Discharge from a Psychiatric Unit (standard is 95% or above):

MSHN did meet the standard for FY22Q3. In Figure 3, MSHN demonstrated a 96.30% for children. MSHN demonstrated an increase in performance with a 96.49% for adults.

Indicator 4b: Follow-Up within 7 Days of Discharge from a Detox Unit (standard is 95% or above):

MSHN met the standard for FY22Q3 in Figure 3, MSHN demonstrated a 97.16% performance rate for individuals who were seen for follow-up care within 7 days of discharge from a detox unit. Nine out of twelve SUD providers demonstrated performance above the standard. Additional information related to those identified as "exceptions" is found in Figures 7-10.

The following are exceptions for Indicator 4a and 4b:

- Consumers who request an appointment outside the seven-day period, refuse an appointment offered within the seven-calendar day period, do not show for an appointment or reschedule (The dates of refusal or dates offered must be documented).
- Consumers who choose not to use CMHSP/PIHP services. For the purposes of this indicator, Providers who provide substance abuse services only, are currently not considered to be a CMHSP/PIHP service.

Outcomes

Indicator 10: Re-admission to Psychiatric Unit within 30 Days (standard is 15% or less):

MSHN met the standard for FY22Q3. As indicated in Figure 3, MSHN demonstrated a 2.68% performance rate for children who were re-admitted within 30 days of being discharged from a psychiatric hospitalization. MSHN demonstrated an 8.87% performance rate for adults who were readmitted within 30 days of being discharged from a psychiatric hospitalization. Individuals who chose not to use PIHP services were identified as an "exception" for this measure.

Figure 3. PIHP and CMHSP Indicator 1a, 1b, 4a, 4b, and 10a, 10b performance rate for FY22Q3

	#1 - Pre-Admission screening		#4a - Hospital Discharges F/U		#4b - Detox F/U	#10 - Inpatient Recidivism	
Affiliate / CMH	**Child**	**Adult**	**Child**	**Adult**	**SUD**	**Child**	**Adult**
Bay-Arenac	100.00%	100.00%	95.24%	95.71%		4.17%	8.49%
CEI	96.75%	95.72%	100.00%	97.37%		7.50%	12.77%
Central MI	99.19%	100.00%	100.00%	97.92%		0.00%	1.47%
Gratiot	100.00%	99.21%	100.00%	100.00%		0.00%	13.33%
Huron	100.00%	100.00%	75.00%	85.71%			
Ionia	96.97%	100.00%	66.67%	96.88%		0.00%	5.41%
LifeWays	100.00%	100.00%	100.00%	89.33%		0.00%	6.85%
Montcalm	97.06%	100.00%	100.00%	100.00%		0.00%	3.57%
Newaygo	100.00%	89.66%	100.00%	100.00%		0.00%	8.33%
Saginaw	100.00%	99.81%	92.31%	100.00%		0.00%	11.59%
Shiawassee	100.00%	100.00%	100.00%	100.00%		0.00%	2.94%
Tuscola	100.00%	100.00%	100.00%	100.00%		0.00%	0.00%
MSHN SUD					99.37%		
Total/PIHP:	**98.53%**	**98.74%**	**96.30%**	**96.49%**	**99.37%**	**2.68%**	**8.87%**

*n=less than or equal to 6; red indicates the standard was not met

Figure 4. MSHN longitudinal data Indicators 1, 2, 3 performance rate.

	Population	FY21Q3	FY21Q4	FY22Q1	FY22Q2	FY22Q3
Indicator 1: Percentage who received a Prescreen within 3 hours of request 95% Standard	Children	99.38%	98.32%	96.73%	98.00%	98.53%
	Adults	99.36%	99.17%	99.19%	98.77%	98,74%
***Indicator 2: Percentage who have had a completed Bio-psychosocial Assessment within 14 Days. No Standard**	MI Child	67.15%	67.61%	65.77%	63.78%	63.92%
	MI Adults	60.75%	64.81%	62.59%	61.38%	60.10%
	DD Child	61.80%	68.33%	62.21%	58.58%	55.29%
	DD Adult	69.41%	77.27%	64.56%	63.46%	67.59%
	Total	63.06%	66.31%	63.73%	62.08%	61.24%
Indictor 2e:	MSHN SUD	81.29%	78.68%	74.92%	77.04%	76.05%
Expired Requests	MSHN SUD	237	341	387	392	409
***Indicator 3: Percentage of who had a Medically Necessary Service within 14 Days. No Standard**	MI Child	65.80%	68.15%	57.60%	60.24%	56.03%
	MI Adults	71.14%	71.10%	63.07%	67.56%	61.66%
	DD Child	80.30%	79.39%	68.00%	75.24%	71.94%
	DD Adult	68.35%	70.19%	56.58%	72.60%	63.04%
	Total	69.83%	70.81%	61.27%	65.53%	60.53%

Green represents those that met or exceeded the standard. Red indicates the standard was not me

Figure 5. MSHN Longitudinal data. Indicators 4 and 10 performance rate.

	Population	FY21Q3	FY21Q4	FY22Q1	FY22Q2	FY22Q3
Indicator 4: Percentage who had a Follow-Up within 7 Days of Discharge from a Psychiatric Unit/SUD Detox Unit (95% Standard)	Children	98.39%	99.21%	96.81%	98.97%	96.30%
	Adults	96.67%	95.97%	94.93%	95.75%	96.49%
	MSHN SUD	95.30%	96.15%	95.48%	99.37%	97.16%
Indicator 10a: Percentage who had a Re-admission to Psychiatric Unit within 30 Days (>15% Standard)	Children	6.71%	10.14%	3.85%	5.60%	2.68%
	Adults	11.72%	12.05%	11.44%	10.42%	8.87%

Green represents those that met or exceeded the standard. Red indicates the standard was not met.

Out of Compliance/Exception Data

MSHN completes an analysis of those records that were "out of compliance" and those that were identified as "exceptions. Exceptions are allowed for Indicators 4 and 10. Indicators 2 and 3 do not allow for exceptions. If an individual does not meet the timelines as required, the record is considered to be "out of compliance". The reasons for "out of compliance" can be found in attachment 1.

Figure 6. Indicator 2 and 3 Total Records

	#2a - 1st Request Timeliness				#3 - 1st Service Timeliness			
	FY21Q4	FY22Q1	FY22Q2	FY22Q3	FY21Q4	FY22Q1	FY22Q2	FY22Q3
Total Records Submitted	**3595**	**4224**	**4518**	**4221**	**2891**	**3282**	**3235**	**3167**
Total Out of Compliance	**1211**	**1532**	**2805**	**1636**	**844**	**1271**	**2120**	**1250**

*Figure 7. Indicator 4a MSHN and the CMHSP participants exception rate. *Pandemic Emergency Orders*

Indicator 4a	*FY21Q3	FY21Q4	FY22Q1	FY22Q2	FY22Q3
BABH	36.10%	33.87%	29.92%	31.78%	30.00%
CEI	34.93%	54.29%	96.08%	45.76%	49.50%
CMHCM	46.24%	14.12%	10.34%	12.50%	27.27%
GIHN	12.37%	13.04%	5.56%	15.38%	16.22%
HBH	12.12%	33.33%	14.29%	33.33%	37.93%
The Right Door	21.77%	43.59%	42.42%	12.00%	12.50%
Lifeways	37.50%	15.00%	17.24%	44.77%	48.89%
MCN	22.50%	43.46%	49.64%	18.42%	19.44%
Newaygo	51.84%	7.41%	18.18%	4.76%	37.50%
Saginaw	19.44%	28.57%	16.67%	34.51%	34.48%
SHW	27.27%	31.39%	29.92%	31.25%	33.33%
TBHS	31.03%	35.71%	18.18%	18.18%	28.57%
MSHN	**36.10%**	**37.79%**	**40.20%**	**33.18%**	**37.05%**
4b MSHN-SUD	**50.66%**	**43.65%**	**49.18%**	**50.77%**	**49.86%**

*Figure 8. Indicator 10-MSHN and the CMHSP Participants exception rate. *Pandemic Emergency Orders*

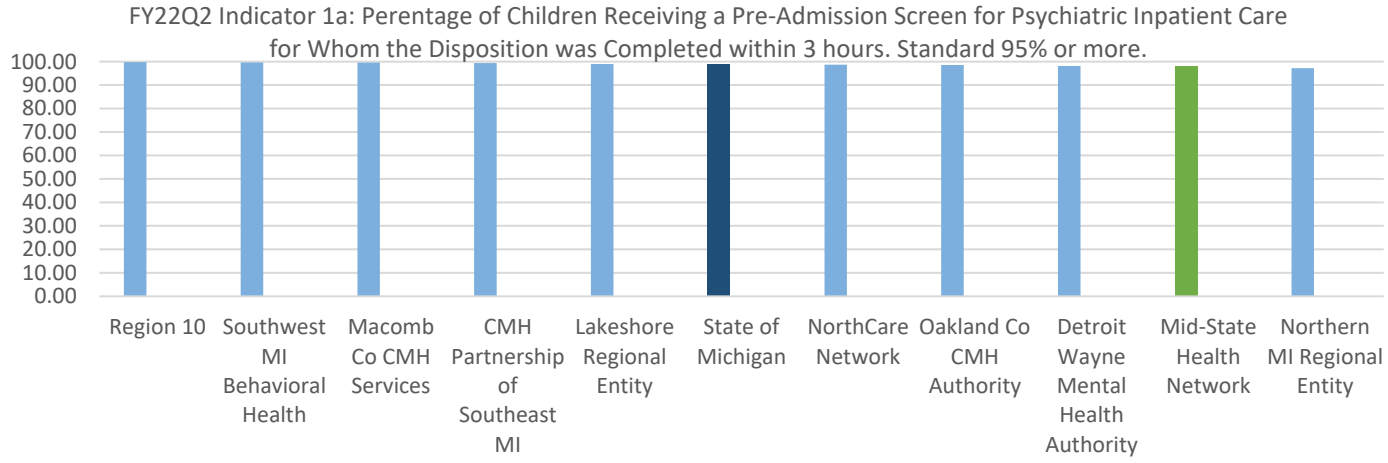
Indicator 10	*FY21Q3	FY21Q4	FY22Q1	FY22Q2	FY22Q3
BABH	0.00%	0.00%	0.00%	0.00%	0.00%
CEI	23.15%	27.02%	28.25%	31.14%	30.90%
CMHCM	0.00%	0.00%	0.00%	0.00%	0.00%
GIHN	0.00%	0.00%	0.00%	0.00%	0.00%
HBH	0.00%	0.00%	0.00%	0.00%	0.00%
The Right Door	0.00%	0.00%	0.00%	0.00%	2.78%
Lifeways	0.00%	0.00%	2.51%	2.91%	0.00%
MCN	3.67%	3.46%	0.00%	0.00%	0.00%
Newaygo	0.00%	0.00%	0.00%	0.00%	0.00%
Saginaw	0.00%	0.00%	0.00%	0.00%	0.00%
SHW	0.00%	0.00%	0.00%	0.00%	0.00%
TBHS	0.00%	0.00%	9.09%	0.00%	0.00%
MSHN	**7.16%**	**8.12%**	**8.57%**	**10.68%**	**11.40%**

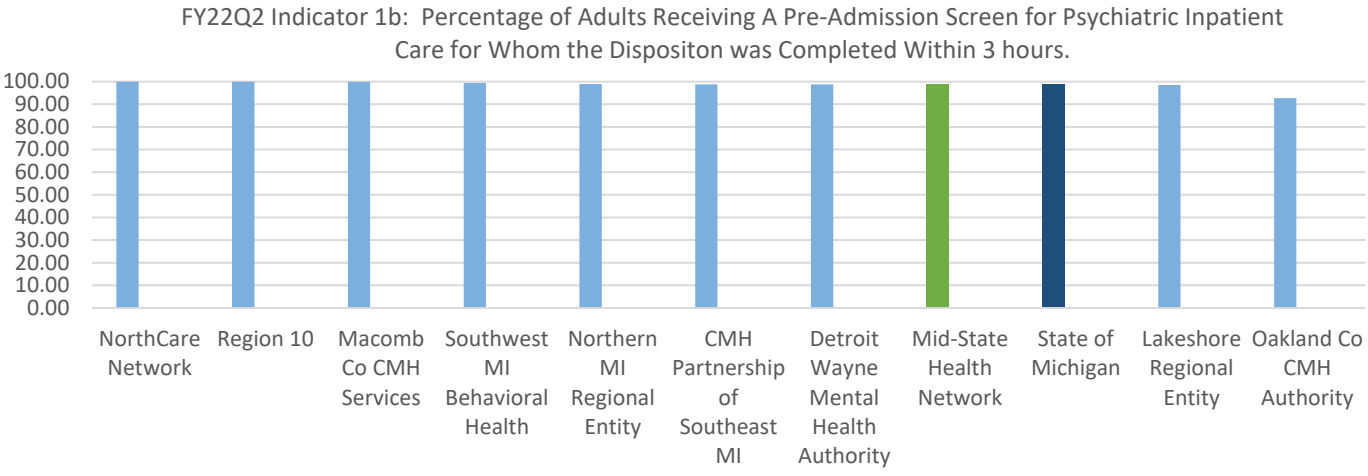
PIHP MMBPIS Comparison Report -FY22Q2 Final State Data

An analysis was completed using the most recent finalized report, comparing MSHN performance to other PIHPs and the State of Michigan.

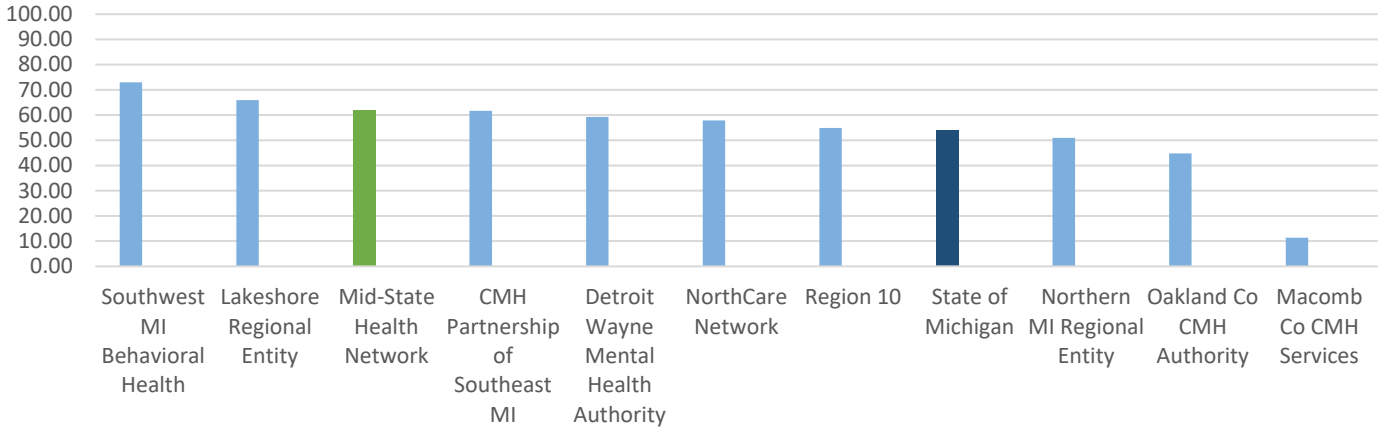
In addition to the indicators that are calculated and reviewed quarterly by MSHN, the following indicators calculated by MDHHS were included:

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

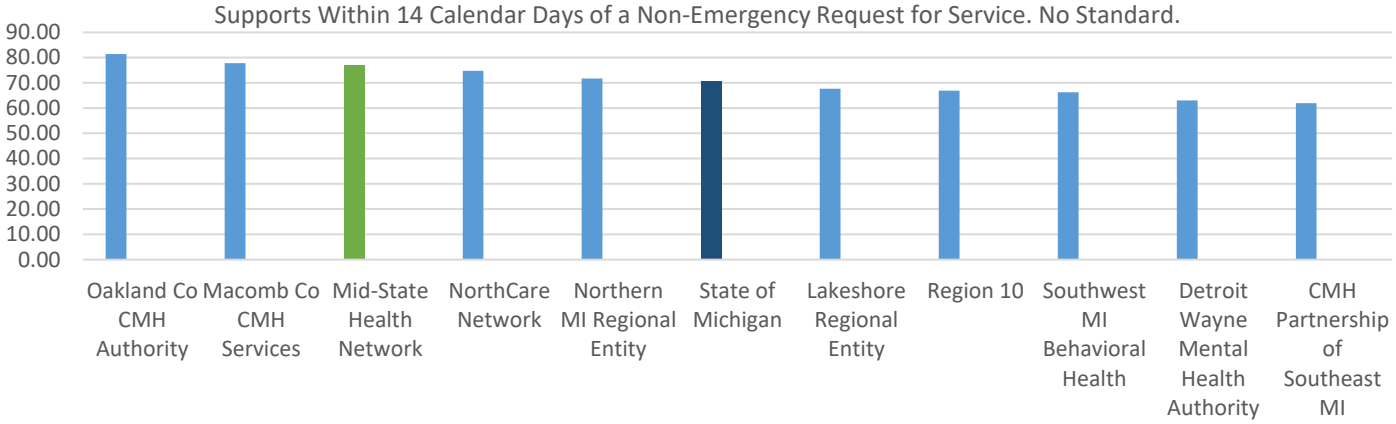




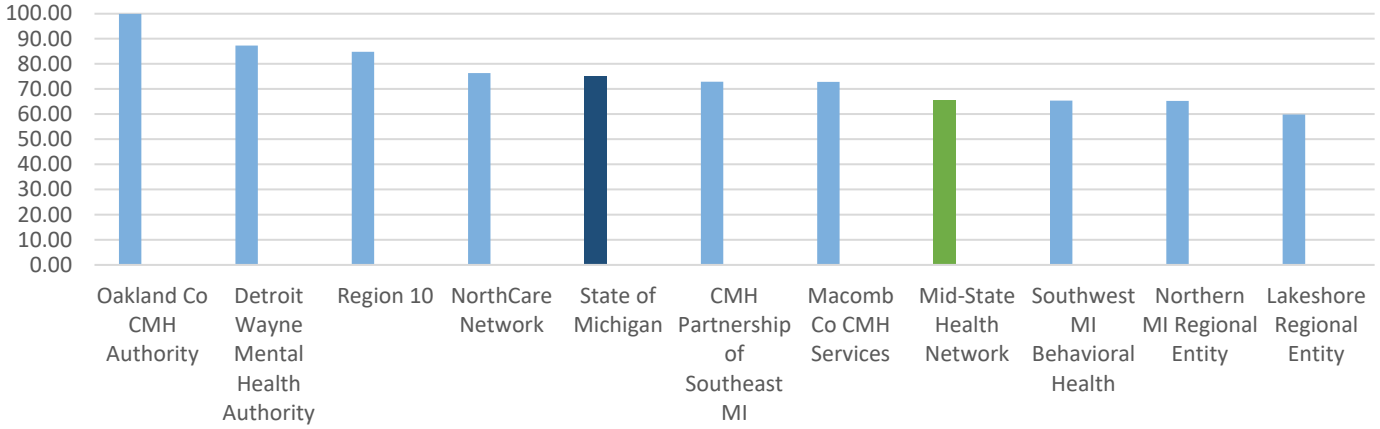
FY22Q2 Indicator 2: Percentage of New Persons Receiving a Completed Biopsychosocial Assessment within 14 Calendar Days of a Non-emergent Request for Service. No Standard.



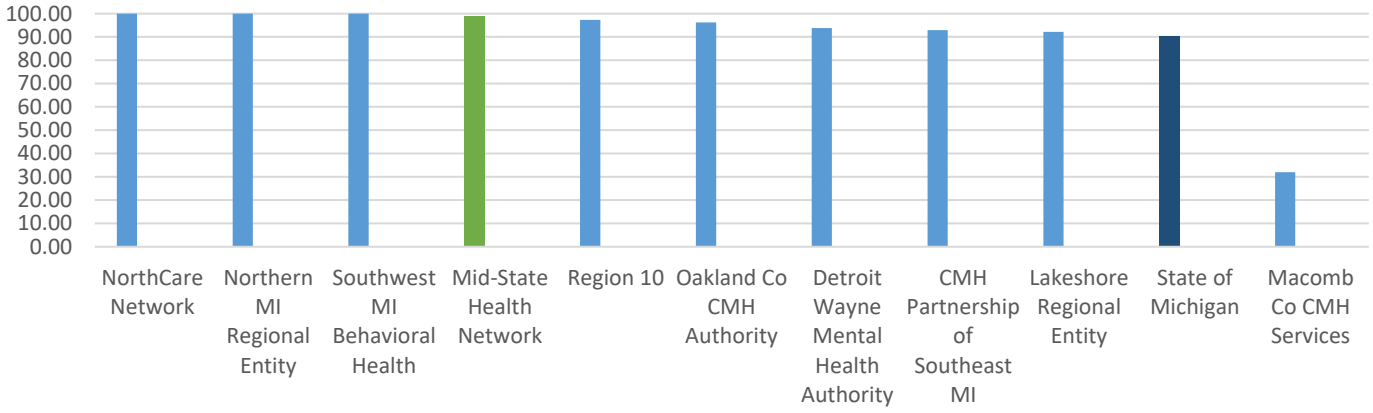
FY22Q2 Indicator 2e: Percentage of New Persons Receiving a Face to Face Service for Treatment or Supports Within 14 Calendar Days of a Non-Emergency Request for Service. No Standard.



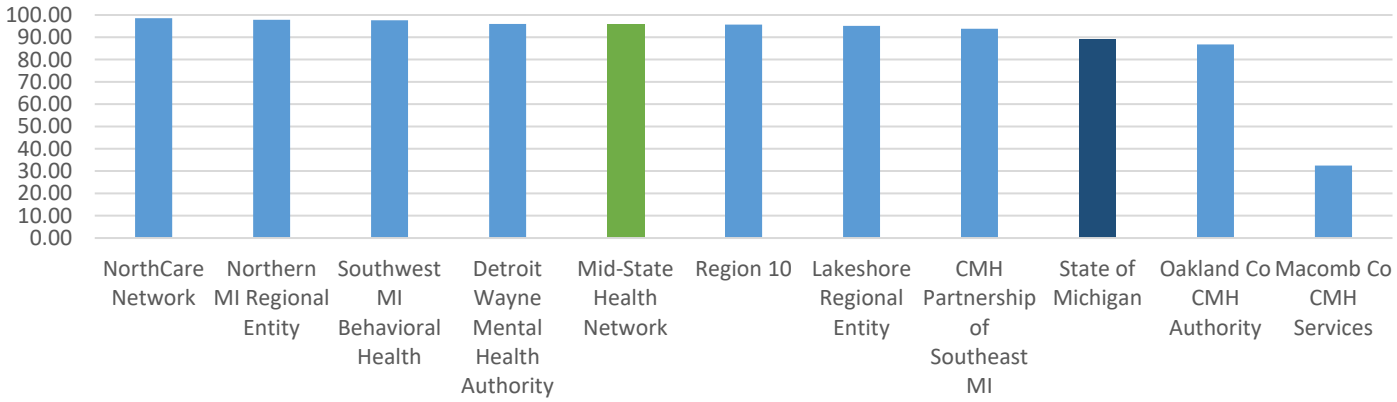
FY22Q2 Indicator 3: Percentage of New Persons Starting any Medically Necessary On-going Covered Service Within 14 Days of Completing a Biopsychosocial Assessment. No Standard.



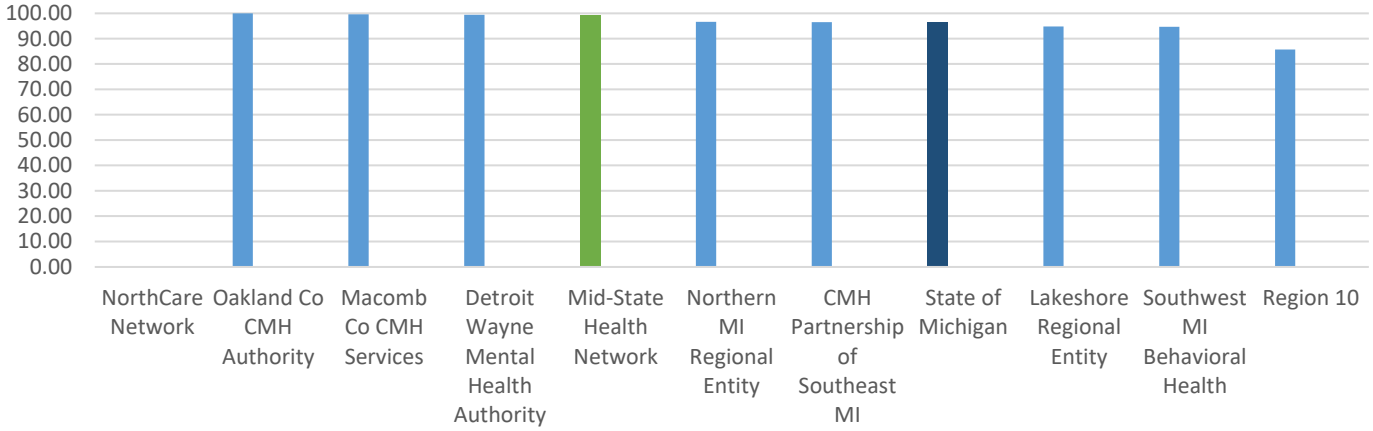
FY22Q2 Indicator 4a(1): Percentage of Children Discharged from a Psychiatric Inpatient Unit Who are Seen for Follow Up Care within 7 Days. Standard 95% or more



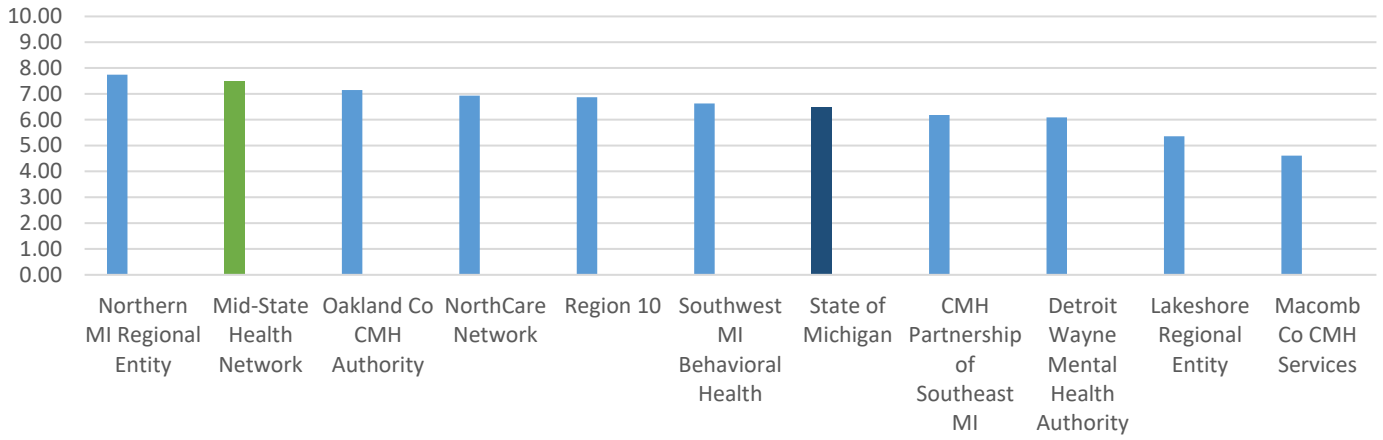
FY22Q2 Indicator 4a(2): Percentage of Adults Discharged from a Psychitric Inpatient Unit Who are Seen for Follow Up Care Within 7 Days.
Standard 95% or more



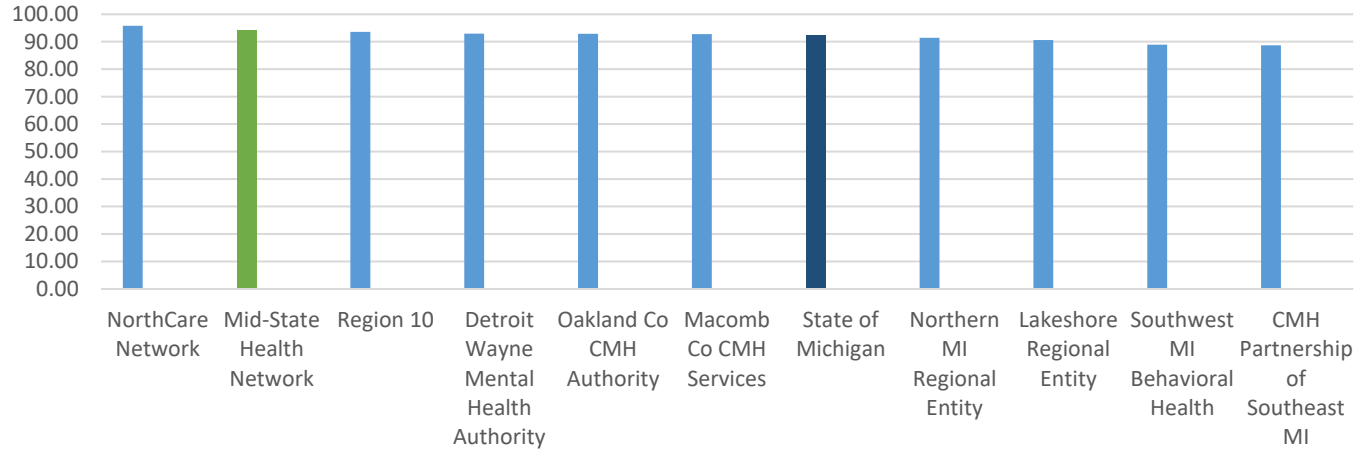
FY22Q2 Indicator 4b: Percentage of Discharges from a Substance Abuse Detox Unit Who are Seen for Follow-Up Care withn 7 Days. Standard 95% or more



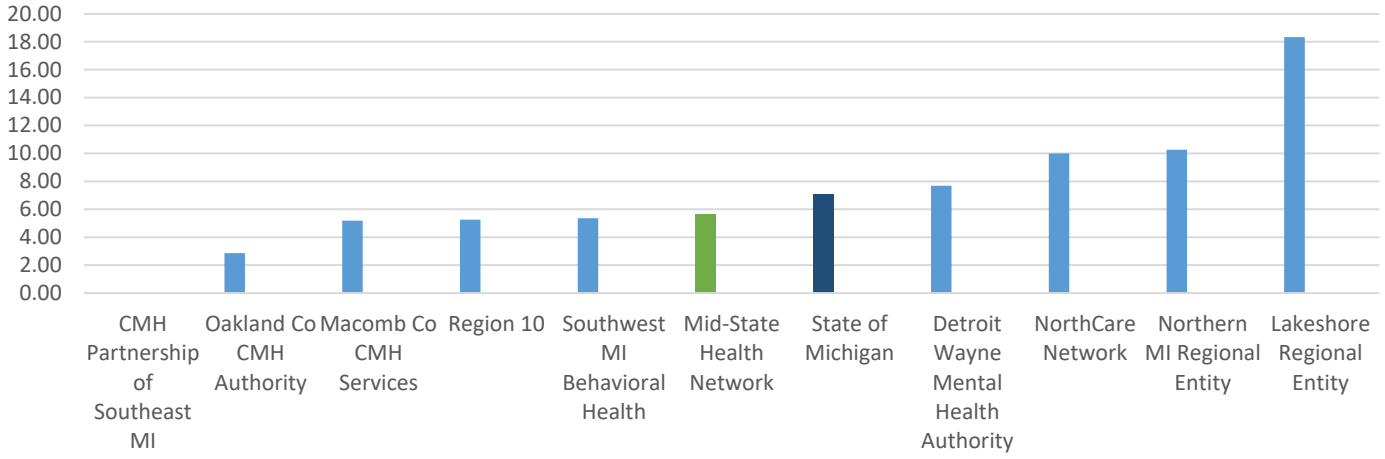
FY22Q2 Indicator 5: Percentage of Area Medicaid Recipients Having Recieved PIHP Managed Services

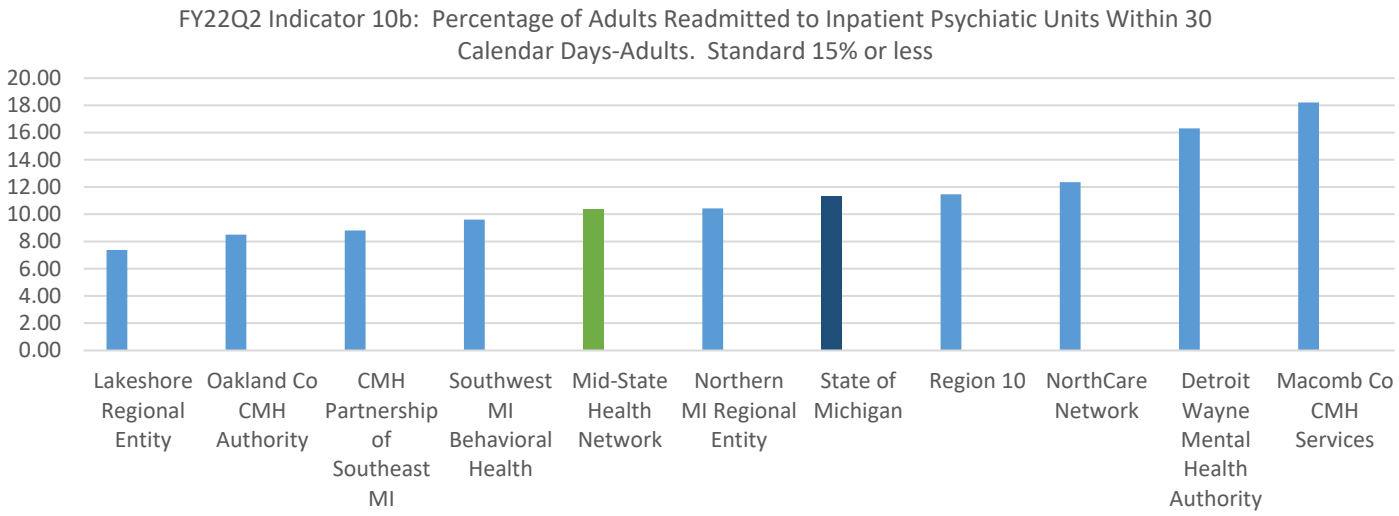


FY22Q2 Indicator 6; The Percent of Habilitativion Supports Waiver (HSW) Enrollees Who Recieved a Least One HSW Service Each Month Other Than Supports Coordination



FY22Q2 Indicator 10a: Percentage of Children Readmitted to Inpatient Psychiatic Units Within 30 Calendar Days-Children. Standard 15% or less




FY22Q2 Indicator 10b: Percentage of Adults Readmitted to Inpatient Psychiatic Units Within 30 Calendar Days-Adults. Standard 15% or less
20.00
18.00
16.00
14.00
12.00
10.00
8.00
6.00
4.00
2.00
0.00
Lakeshore Regional Entity
Oakland Co CMH Authority
CMH Partnership of Southeast MI
Southwest MI Behavioral Health
Mid-State Health Network
Northern MI Regional Entity
State of Michigan
Region 10
NorthCare Network
Detroit Wayne Mental Health Authority
Macomb Co CMH Services

Causal Factors/Barriers

- Staff shortages decreased appointments available.
- Increased Level of Care needed
- An increase in the severity of mental health issues
- Mental health compounded with substance use issues
- An increase in families not cooperating in follow up treatment for their child or family member
- The limited availability of increased level of care placements resulting in repeated hospitalizations
- Lack of coordination upon discharge with inpatient unit
- Home environment not supportive of recovery
- Medications needing additional adjustment to address behavioral concerns/instability
- Individual not cooperative with prescribed medication regimen upon discharge
- Individuals' medication was not in full effective upon discharged/early discharge
- Hospital discharged against the CMHSP recommendations
- The cost of the medication/ insurance limitations (Medical Directors Feedback)
- The inpatient unit prescribing Benzos (Medical Directors Feedback)
- The inpatient unit's inability to prescribe an injectable medication (Medical Directors Feedback)

Interventions

- Utilization of appointment reminder system through text and phone.
- Implementation of incentives for referrals for employment.
- Implementation of psychiatric urgent care to circumvent inpatient admissions and to assist individuals who have been discharged
- Staff including peers to reach out through face-to-face attempts for those who do not follow up after discharge
- Retrospective review occurring on all cases to identify trends to avoid future hospitalizations. Implementation of weekly team meetings to discuss hospital admissions and discharges ensuring coordination occurs
- Increased coordination and linking with provider including the Psychiatrist to ensure medical needs are met
- Increased level of care provided through available alternate resources
- Implementation of a Hospital Utilization Group (HUG). Reviews individual with 2 or more hospitalizations in 6 months and/or level of stay greater than 6 days.
- Utilization of paraprofessionals/Family Support Assistant services
- Ensuring housing and SUD treatment referrals are discussed during the admission process
- The use of the power point training and/or other documentation for training of new staff as well as annual review for all staff.
- CMHSPs should review data prior to submission to ensure the appropriate data elements are submitted according to the format as indicated in the instructions.
- All CMHSPs should review the records to ensure those submitted are eligible for Medicaid at least one month during the reporting period.
- MSHN to continue to verify Medicaid eligibility prior to submission to MDHHS.
- SUD providers should ensure documentation is accurate and completed as required in REMI.
- MSHN will implement a QI process for SUD providers who perform below the standard.

Prepared by: Sandy Gettel, MSHN Quality Manager **Date:** 10/24/2022
Approved by: MSHN QIC **Date:** 10/27/2022

Indicator 2 and 3 Reasons for "Out of Compliance"

	#2a - 1st Request Timeliness				#3 - 1st Service Timeliness			
Out of Compliance Reasons	**FY21Q4**	**FY22Q1**	**FY22Q2**	**FY22Q3**	**FY21Q4**	**FY22Q1**	**FY22Q2**	**FY22Q3**
Consumer No Show	442	824	439	420	295	437	301	429
Consumer rescheduled the appointment	104	196	176	171	69	146	61	78
Consumer requested or refused an appointment outside the required time frame	111	172	305	528	112	200	146	198
Blank	432	105	491	125	286	59	320	239
No appointments available within the required timeframe	23	72	112	196	38	178	77	133
Biopsychosocial not completed	31	53	33	0	0	0	0	0
Consumer chose not to pursue services	41	41	32	65	13	114	106	73
Staff cancel/reschedule	18	26	29	0	13	26	14	0
Appointment scheduled outside of the required timeframe	0	16	38	56	0	32	50	33
Consumer chose not to use CMHSP/PIHP services	5	15	13	14	1	6	0	4
Consumer unable to be reached	0	4	19	15	0	1	5	4
Unable to complete due to emergent services needed	4	3	3	0	3	0	0	0
Consumer not eligible for ongoing services/Referred out for appropriate services	0	2	8	4	12	40	8	19
Next Appointment Not Made	0	2	9	14	0	24	26	35
Autism	0	0	5	6	0	0	0	2
Custom-Waitlisted	0	1	1	0	0	3	0	0
Other-Rapid Access/referral not for an assessment/appt made, but no documentation/SUD Admissions/delayed due to PT	0	0	0	22	2	5	0	0

Indicator 10, 4 Reasons for "Exception".

	#10 - Inpatient Recidivism			#4a - Hospital Discharges F/U			#4b Detox Follow-Up		
Exception Categories	**FY22Q1**	**FY22Q2**	**FY22Q3**	**FY22Q1**	**FY22Q2**	**FY22Q3**	**FY22Q1**	**FY22Q2**	**FY22Q3**
Consumer chose not to pursue services	7	5	5	46	38	40	58	53	55
Consumer chose provider outside of network	87	104	23	83	44	76	16	22	34
Consumer rescheduled	NA	NA	NA	12	14	11	7	6	4
Consumer no showed	NA	NA	NA	208	138	213	14	24	22
Refused or requested a follow up appointment outside of the required timeline.	NA	NA	NA	0	3	3	49	58	58
Required Medical Admission-Transfer Found	NA	NA	NA	0	0	1	3	0	0
Assessment not completed due to an emergent service needed	NA	NA	NA	2	0	0	0	1	0
Custom	NA	NA	NA	1	0	0	0	0	0
No Available Bed	NA	NA	NA	0	0	0	1	0	0
Blank	0	0	0	4	45	20	2	0	2
Assessment not eligible for services						1			2
Grand Total	**95**	**109**	**28**	**355**	**282**		**150**	**164**	