



FY2024 4th Quarter Michigan Mission-Based Performance Indicator Report Executive Summary February 2025

Background

This report is a summary of the performance indicators reported to the Michigan Department of Health and Human Services (MDHHS) by the PIHP.

Quarterly data and reports are submitted to the PIHP by CMHSPs for performance indicators 1, 2, 3, 4a, and 10. For the performance indicators measuring follow up with substance use disorder (SUD) providers, performance indicators 2b and 4b, PIHP staff use available data and follow up with SUD Providers to prepare the quarterly data and reports.

Performance and Findings

Performance indicator 2: *The percentage of new persons receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service.*

- Genesee Health System (GHS) did not meet/exceed the two set performance standards.
- Regional performance improved from FY2024 third quarter to FY2024 fourth quarter.

Performance indicator 2b: *The 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 for persons with Substance Use Disorders.*

- Regional performance improved from FY2024 third quarter to FY2024 fourth quarter.

Performance indicator 3: *The percent of new persons starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment.*

- Lapeer CMH and St. Clair CMH did not meet/exceed the two set performance standards.
- Sanilac CMH met/exceeded the first performance standard, but did not meet/exceed the second, higher performance standard.
- Regional performance improved from FY2024 third quarter to FY2024 fourth quarter.

Next Steps

For performance indicators 2 and 3, the PIHP requires CMHSPs to prepare and submit a plan indicating the categorized reasons for noncompliance, with specific focus on which evaluated and prioritized reasons the CMHSP will act on to improve individuals' access to care and services. An initial plan is submitted annually, with subsequent quarterly updates. A new template for root cause analyses and plans will be developed and shared with the CMHSPs to use when evaluating and reporting FY2025 first quarter performance indicators.

Region 10 PIHP
Michigan Mission-Based Performance Indicator
System

FY2024 – 4th Quarter Summary Report
(July 1, 2024 – September 30, 2024)

This report is a summary of the performance indicators reported to the Michigan Department of Health and Human Services (MDHHS) by the PIHP (data aggregated from CMH / SUD providers). The Michigan Mission-Based Performance Indicator System (MMBPIS) was implemented in fiscal year 1997. The indicators have been revised over time.

The indicators measure the performance of the PIHP for Medicaid beneficiaries served through the CMH/SUD affiliates. Since the indicators are a measure of performance, deviations from standards and negative statistical outliers may be addressed through contract action. Information from these indicators will be published on the MDHHS website within 90 days of the close of the reporting period.

This report summarizes the PIHP's results from the fourth quarter of fiscal year 2024 as well as trending information for the past three years of Performance Indicator data.

Performance Indicator 1

Indicator 1.a. The percentage of children receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours. *The standard is 95%.*

	PIHP (Medicaid only)											
	1Q FY22	2Q FY22	3Q FY22	4Q FY22	1Q FY23	2Q FY23	3Q FY23	4Q FY23	1Q FY24	2Q FY24	3Q FY24	4Q FY24
Genesee Health System	100%	99.50%	100%	99.09%	100%	100%	99.31%	100%	98.48%	100%	100%	100%
Lapeer CMH	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Sanilac CMH	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	94.87% (37/39)	100%
St. Clair CMH	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	98.53%	98.51%
PIHP Totals	100% N = 335	99.73% N = 377	100% N = 380	99.57% N = 234	100% N = 295	100% N = 354	99.67% N = 300	100% N = 249	99.29% N = 280	100% N = 296	98.97% N = 292	99.59% N = 241

Indicator 1.b. The percentage of adults receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours. *The standard is 95%.*

	PIHP (Medicaid only)											
	1Q FY22	2Q FY22	3Q FY22	4Q FY22	1Q FY23	2Q FY23	3Q FY23	4Q FY23	1Q FY24	2Q FY24	3Q FY24	4Q FY24
Genesee Health System	100%	100%	99.45%	99.81%	99.59%	99.81%	99.63%	99.82%	97.72%	99.64%	99.83%	100%
Lapeer CMH	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Sanilac CMH	100%	100%	98.41%	100%	100%	100%	100%	100%	100%	100%	100%	98.51%
St. Clair CMH	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	96.97%
PIHP Totals	100% N = 758	100% N = 853	99.57% N = 928	99.89% N = 901	99.77% N = 877	99.89% N = 937	99.78% N = 908	99.89% N = 945	98.57% N = 908	99.77% N = 876	99.90% N = 971	99.20% N = 874

Performance Indicator 2

Indicator 2. The percentage of new persons receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service. *PIHPs and CMHs are expected to meet and exceed the MDHHS-established standard percentiles, effective Fiscal Year 2024 Quarter 1.*

The 50th percentile standard is 57.0% and the 75th percentile standard is 62.0%.

	PIHP (Medicaid only)											
	1Q FY22	2Q FY22	3Q FY22	4Q FY22	1Q FY23	2Q FY23	3Q FY23	4Q FY23	1Q FY24	2Q FY24	3Q FY24	4Q FY24
Genesee Health System	61.41%	51.46%	35.76%	39.29%	45.09%	43.08%	44.02%	48.38%	43.76% (519/1,186)	37.65% (456/1,211)	40.34% (470/1,165)	38.08% (433/1,137)
Lapeer CMH	40.41%	63.14%	75.61%	74.40%	76.02%	58.57%	62.11%	67.58%	68.11%	68.09%	67.99%	67.65%
Sanilac CMH	68.91%	75.89%	71.09%	73.76%	77.42%	71.07%	70.55%	73.39%	71.52%	70.06%	75.45%	69.23%
St. Clair CMH	58.94%	52.45%	47.56%	62.96%	59.47%	65.79%	66.86%	62.31%	45.37% (323/712)	43.79% (342/781)	55.37% (361/652)	73.92%
PIHP Totals	58.64% N = 1644	54.88% N=2008	46.86% N = 1818	54.25% N = 1849	54.99% N = 2086	53.80% N = 2463	54.23% N = 2327	56.34% N = 2176	48.76% N = 2303	45.55% N = 2463	50.66% N = 2262	54.41% N = 2202

Indicator 2.a.

The percentage of new children with emotional disturbance receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service. *PIHPs and CMHs are expected to meet and exceed the MDHHS-established standard percentiles, effective Fiscal Year 2024 Quarter 1.*

The 50th percentile standard is 57.0% and the 75th percentile standard is 62.0%.

	PIHP (Medicaid only)											
	1Q FY22	2Q FY22	3Q FY22	4Q FY22	1Q FY23	2Q FY23	3Q FY23	4Q FY23	1Q FY24	2Q FY24	3Q FY24	4Q FY24
Genesee Health System	60.68%	47.95%	34.80%	37.66%	43.54%	42.00%	39.94%	47.29%	41.64% (157/377)	34.64% (133/384)	33.87% (126/372)	38.91% (128/329)
Lapeer CMH	64.18%	46.99%	85.71%	76.00%	77.46%	44.12%	37.50%	77.42%	65.33%	62.92%	68.09%	63.16%
Sanilac CMH	80.95%	83.87%	78.85%	79.59%	82.05%	84.00%	76.32%	76.67%	74.51%	83.02%	75.81%	70.21%
St. Clair CMH	72.57%	62.38%	47.26%	75.17%	68.97%	73.59%	71.20%	63.24%	47.57% (98/206)	41.09% (83/202)	61.44% (94/153)	79.04%
PIHP Totals	66.80% N = 518	56.97% N = 574	50.80% N = 502	57.62% N = 479	58.48% N = 607	54.74% N = 749	50.69% N = 649	57.58% N = 554	48.24% N = 709	43.41% N = 728	48.60% N = 681	54.83% N = 600

Indicator 2.b.

The percentage of new adults with mental illness receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service. *PIHPs and CMHs are expected to meet and exceed the MDHHS-established standard percentiles, effective Fiscal Year 2024 Quarter 1.*

The 50th percentile standard is 57.0% and the 75th percentile standard is 62.0%.

	PIHP (Medicaid only)											
	1Q FY22	2Q FY22	3Q FY22	4Q FY22	1Q FY23	2Q FY23	3Q FY23	4Q FY23	1Q FY24	2Q FY24	3Q FY24	4Q FY24
Genesee Health System	58.62%	47.84%	33.03%	40.94%	44.98%	42.29%	43.38%	47.04%	43.88% (276/629)	41.59% (267/642)	42.91% (248/578)	38.75% (229/591)
Lapeer CMH	26.13%	74.42%	66.67%	73.53%	74.22%	69.33%	71.43%	62.41%	70.00%	71.27%	66.04%	69.93%
Sanilac CMH	59.38%	66.15%	67.69%	69.44%	75.32%	62.89%	65.98%	69.62%	67.90%	64.44%	72.22%	68.29%
St. Clair CMH	51.24%	46.94%	46.94%	59.28%	56.06%	61.70%	65.21%	60.49%	46.50% (199/428)	45.58% (232/509)	52.74% (231/438)	72.49%
PIHP Totals	51.83% N = 874	51.73% N = 1096	44.46% N = 1001	54.39% N = 1048	53.64% N = 1208	53.35% N = 1372	55.19% N = 1321	54.86% N = 1276	49.46% N = 1298	48.24% N = 1422	51.30% N = 1265	55.87% N = 1244

Indicator 2.c.

The percentage of new children with developmental disabilities receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service. *PIHPs and CMHs are expected to meet and exceed the MDHHS-established standard percentiles, effective Fiscal Year 2024 Quarter 1.*

The 50th percentile standard is 57.0% and the 75th percentile standard is 62.0%.

	PIHP (Medicaid only)											
	1Q FY22	2Q FY22	3Q FY22	4Q FY22	1Q FY23	2Q FY23	3Q FY23	4Q FY23	1Q FY24	2Q FY24	3Q FY24	4Q FY24
Genesee Health System	68.61%	65.64%	46.58%	37.33%	45.24%	46.58%	50.93%	51.05%	47.14% (66/140)	29.38% (47/160)	47.16% (83/176)	33.51% (63/188)
Lapeer CMH	100%	38.46%	83.33%	78.57%	75.00%	26.32%	60.00%	70.00%	60.00% (9/15)	63.64%	81.25%	35.71% (5/14)
Sanilac CMH	77.78%	85.71%	66.67%	72.73%	66.67%	83.33%	90.00%	83.33%	78.57%	80.00%	88.89%	70.59%
St. Clair CMH	58.70%	59.09%	48.28%	66.10%	53.70%	64.62%	66.67%	72.31%	30.19% (16/53)	30.95% (13/42)	73.53%	66.67%
PIHP Totals	67.68% N = 198	63.71% N = 259	48.48% N = 231	48.72% N = 234	50.00% N = 198	50.60% N = 251	55.32% N = 282	57.56% N = 271	45.95% N = 222	35.04% N = 234	54.89% N = 235	43.26% N = 282

Indicator 2.d.

The percentage of new adults with developmental disabilities receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service. *PIHPs and CMHs are expected to meet and exceed the MDHHS-established standard percentiles, effective Fiscal Year 2024 Quarter 1.*

The 50th percentile standard is 57.0% and the 75th percentile standard is 62.0%.

	PIHP (Medicaid only)											
	1Q FY22	2Q FY22	3Q FY22	4Q FY22	1Q FY23	2Q FY23	3Q FY23	4Q FY23	1Q FY24	2Q FY24	3Q FY24	4Q FY24
Genesee Health System	73.68%	47.06%	24.14%	38.46%	60.61%	52.38%	55.56%	64.10%	50.00% (20/40)	36.00% (9/25)	33.33% (13/39)	44.83% (13/29)
Lapeer CMH	0%	81.82%	90.91%	71.43%	90.00%	57.14%	84.62%	83.33%	75.00%	66.67%	77.78%	92.86%
Sanilac CMH	75.00%	85.71%	40.00%	77.78%	100%	83.33%	100%	88.89%	80.00%	50.00% (7/14)	100%	70.00%
St. Clair CMH	63.64%	44.44%	53.85%	48.48%	50.00%	72.41%	64.00%	61.90%	40.00% (10/25)	50.00% (14/28)	40.74% (11/27)	82.61%
PIHP Totals	57.41% N = 54	54.43% N = 79	47.62% N = 84	48.86% N = 88	61.64% N = 73	61.54% N = 91	64.00% N = 75	68.00% N = 75	50.00% N = 74	48.10% N = 79	45.68% N = 81	68.42% N = 76

Performance Indicator 2e

Indicator 2.e.

The 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 for persons with Substance Use Disorders. **This indicator is calculated by MDHHS. If the MDHHS calculation is not yet received, Region 10 PIHP will provide an estimated rate. PIHPs and SUD Treatment Providers are expected to meet and exceed the MDHHS-established standard percentiles, effective Fiscal Year 2024 Quarter 1.**

The 50th percentile standard is 68.2% and the 75th percentile standard is 75.3%.

	PIHP (Medicaid and Non-Medicaid)											
	1Q FY22	2Q FY22	3Q FY22	4Q FY22	1Q FY23	2Q FY23	3Q FY23	4Q FY23	1Q FY24	2Q FY24	3Q FY24	4Q FY24
Region 10 PIHP SUD	66.52%	66.87%	64.54%	69.22%	72.21%	73.26%	74.00%	78.17%	74.15% (1446/1950)	74.59% (1350/1810)	77.74%	79.04%
PIHP Totals	66.52% N = 2004	66.87% N = 2107	64.54% N = 2214	69.22% N = 2255	72.21% N = 2076	73.26% N = 1907	74.00% N = 1808	78.17% N = 1887	74.15% N = 1950	74.59% N = 1810	77.74% N = 1936	79.04% N = 1956

Performance Indicator 3

Indicator 3 The percent of new persons starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment. *PIHPs and CMHs are expected to meet and exceed the MDHHS-established standard percentiles, effective Fiscal Year 2024 Quarter 1.*

The 50th percentile standard is 72.9% and the 75th percentile standard is 83.8%.

	PIHP (Medicaid only)											
	1Q FY22	2Q FY22	3Q FY22	4Q FY22	1Q FY23	2Q FY23	3Q FY23	4Q FY23	1Q FY24	2Q FY24	3Q FY24	4Q FY24
Genesee Health System	99.83%	99.84%	99.70%	98.90%	98.31%	97.86%	98.82%	97.41%	96.40%	97.18%	98.61%	98.81%
Lapeer CMH	48.78%	50.94%	58.27%	77.22%	67.82%	57.69%	55.14%	70.86%	70.85% (158/223)	56.43% (136/241)	34.03% (81/238)	53.81% (106/197)
Sanilac CMH	79.73%	76.54%	73.53%	77.65%	66.67%	78.79%	71.13%	80.61%	75.94% (101/133)	80.00% (112/140)	76.64% (105/137)	78.83% (108/137)
St. Clair CMH	93.41%	76.75%	71.84%	74.70%	67.28%	72.26%	68.99%	67.05%	59.93% (362/604)	67.63% (376/556)	63.90% (331/518)	66.55% (378/568)
PIHP Totals	91.25% N = 1211	84.79% N = 1341	84.14% N = 1349	86.26% N = 1383	80.30% N = 1411	81.97% N = 1520	81.62% N = 1621	82.32% N = 1431	78.01% N = 1655	78.56% N = 1539	75.02% N = 1541	78.72% N = 1490

Indicator 3.a.

The percentage of new children with emotional disturbance starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment. *PIHPs and CMHs are expected to meet and exceed the MDHHS-established standard percentiles, effective Fiscal Year 2024 Quarter 1.*

The 50th percentile standard is 72.9% and the 75th percentile standard is 83.8%.

	PIHP (Medicaid only)											
	1Q FY22	2Q FY22	3Q FY22	4Q FY22	1Q FY23	2Q FY23	3Q FY23	4Q FY23	1Q FY24	2Q FY24	3Q FY24	4Q FY24
Genesee Health System	99.49%	100%	100%	98.18%	98.31%	99.49%	98.66%	94.71%	98.64%	99.48%	99.01%	98.24%
Lapeer CMH	77.14%	81.40%	77.08%	79.49%	57.14%	34.21%	37.50%	72.97%	64.29% (45/70)	60.29% (41/68)	30.38% (24/79)	40.91% (18/44)
Sanilac CMH	90.00%	78.57%	80.00%	85.71%	71.79%	80.00%	72.41%	86.36%	69.77% (30/43)	87.76%	70.37% (38/54)	76.74% (33/43)
St. Clair CMH	94.87%	80.77%	81.54%	76.38%	67.40%	76.54%	71.52%	74.82%	61.88% (112/181)	74.32% (110/148)	67.65% (92/136)	73.10% (106/145)
PIHP Totals	95.19% N = 416	88.27% N = 375	89.82% N = 393	87.47% N = 359	78.59% N = 453	83.37% N = 445	80.38% N = 474	84.51% N = 368	78.64% N = 515	84.25% N = 457	75.16% N = 471	80.60% N = 402

Indicator 3.b.

The percent of new adults with mental illness starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment. *PIHPs and CMHs are expected to meet and exceed the MDHHS-established standard percentiles, effective Fiscal Year 2024 Quarter 1.*

The 50th percentile standard is 72.9% and the 75th percentile standard is 83.8%.

	PIHP (Medicaid only)											
	1Q FY22	2Q FY22	3Q FY22	4Q FY22	1Q FY23	2Q FY23	3Q FY23	4Q FY23	1Q FY24	2Q FY24	3Q FY24	4Q FY24
Genesee Health System	100%	99.67%	99.68%	98.71%	99.03%	96.65%	98.58%	97.88%	93.70%	95.51%	98.34%	98.98%
Lapeer CMH	36.11%	36.89%	42.86%	75.96%	72.45%	61.48%	60.58%	70.41%	72.39% (97/134)	56.25% (81/144)	32.35% (44/136)	55.04% (71/129)
Sanilac CMH	71.88%	75.56%	65.71%	72.09%	60.71%	78.33%	71.43%	78.46%	80.00% (56/70)	76.71% (56/73)	79.41% (54/68)	80.28% (57/71)
St. Clair CMH	94.61%	72.15%	68.48%	72.09%	66.67%	69.37%	66.86%	62.86%	57.76% (201/348)	67.98% (242/356)	60.87% (196/322)	62.72% (217/346)
PIHP Totals	88.60% N = 579	79.25% N = 689	79.43% N = 700	83.51% N = 758	80.16% N = 756	79.48% N = 843	79.37% N = 858	79.33% N = 808	75.58% N = 901	76.50% N = 885	71.38% N = 828	75.69% N = 839

Indicator 3.c.

The percent of new children with developmental disabilities starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment. *PIHPs and CMHs are expected to meet and exceed the MDHHS-established standard percentiles, effective Fiscal Year 2024 Quarter 1.*

The 50th percentile standard is 72.9% and the 75th percentile standard is 83.8%.

	PIHP (Medicaid only)											
	1Q FY22	2Q FY22	3Q FY22	4Q FY22	1Q FY23	2Q FY23	3Q FY23	4Q FY23	1Q FY24	2Q FY24	3Q FY24	4Q FY24
Genesee Health System	100%	100%	99.28%	100%	95.00%	98.99%	99.39%	99.22%	100%	98.78%	99.14%	100%
Lapeer CMH	66.67%	100%	80.00%	81.82%	70.00%	54.55%	69.23%	80.00%	93.75%	45.00% (9/20)	64.29% (9/14)	70.00% (7/10)
Sanilac CMH	62.50%	75.00%	83.33%	70.00%	100%	80.00%	66.67%	100%	85.71%	62.50% (5/8)	80.00% (8/10)	78.57% (11/14)
St. Clair CMH	79.41%	84.62%	69.57%	79.25%	72.34%	75.71%	79.49%	69.64%	62.00% (31/50)	37.04% (10/27)	75.00% (27/36)	70.91% (39/55)
PIHP Totals	92.73% N = 165	96.79% N = 218	91.28% N = 195	91.96% N = 199	85.52% N = 141	88.41% N = 164	92.86% N = 224	90.05% N = 201	87.71% N = 179	76.64% N = 137	90.34% N = 176	88.30% N = 188

Indicator 3.d.

The percent of new adults with developmental disabilities starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment. *PIHPs and CMHs are expected to meet and exceed the MDHHS-established standard percentiles, effective Fiscal Year 2024 Quarter 1.*

The 50th percentile standard is 72.9% and the 75th percentile standard is 83.8%.

	PIHP (Medicaid only)											
	1Q FY22	2Q FY22	3Q FY22	4Q FY22	1Q FY23	2Q FY23	3Q FY23	4Q FY23	1Q FY24	2Q FY24	3Q FY24	4Q FY24
Genesee Health System	100%	100%	100%	100%	100%	96.67%	100%	100%	100%	93.75%	96.43%	93.75%
Lapeer CMH	30.00%	37.50%	77.78%	75.00%	80.00%	100%	75.00%	50.00%	33.33% (1/3)	55.56% (5/9)	44.44% (4/9)	71.43% (10/14)
Sanilac CMH	100%	75.00%	100%	100%	66.67%	75.00%	66.67%	60.00%	50.00% (3/6)	80.00% (8/10)	100%	77.78% (7/9)
St. Clair CMH	93.75%	83.33%	64.52%	88.00%	63.64%	73.91%	65.22%	73.33%	72.00% (18/25)	56.00% (14/25)	66.67% (16/24)	72.73% (16/22)
PIHP Totals	84.31% N = 51	83.05% N = 59	78.69% N = 61	94.03% N = 67	81.97% N = 61	88.24% N = 68	81.54% N = 65	83.33% N = 54	80.00% N = 60	70.00% N = 60	78.79% N = 66	78.69% N = 61

Performance Indicator 4

Indicator 4.a.1. The percentage of children discharged from a psychiatric inpatient unit who are seen for follow-up care within seven days. **95% is the standard.**

	PIHP (Medicaid only)											
	1Q FY22	2Q FY22	3Q FY22	4Q FY22	1Q FY23	2Q FY23	3Q FY23	4Q FY23	1Q FY24	2Q FY24	3Q FY24	4Q FY24
Genesee Health System	95.24%	95.00%	96.55%	100%	100%	100%	94.64% (53/56)	95.56%	91.11% (41/45)	98.18%	100%	96.43%
Lapeer CMH	100%	100%	100%	100%	88.89% (8/9)	100%	100%	100%	100%	100%	100%	100%
Sanilac CMH	100%	100%	100%	83.33% (5/6)	100%	100%	88.89% (8/9)	100%	100%	100%	100%	100%
St. Clair CMH	94.12% (16/17)	100%	100%	100%	93.33% (14/15)	100%	95.00%	86.67% (13/15)	87.50% (14/16)	95.65%	100%	100%
PIHP Totals	95.77% N = 71	97.30% N = 74	97.73% N = 88	98.53% N = 68	97.30% N = 74	100% N = 77	94.57% N = 92	94.37% N = 71	91.43% N = 70	97.75% N = 89	100% N = 97	97.70% N = 87

Indicator 4.a.2. The percentage of adults discharged from a psychiatric inpatient unit who are seen for follow-up care within seven days. **95% is the standard.**

	PIHP (Medicaid only)											
	1Q FY22	2Q FY22	3Q FY22	4Q FY22	1Q FY23	2Q FY23	3Q FY23	4Q FY23	1Q FY24	2Q FY24	3Q FY24	4Q FY24
Genesee Health System	98.54%	97.90%	97.19%	95.60%	92.02% (150/163)	93.51% (173/185)	96.99%	97.87%	92.99% (199/214)	93.91% (185/197)	97.22%	94.39% (185/196)
Lapeer CMH	62.86% (22/35)	95.65%	100%	100%	95.83%	100%	100%	100%	100%	94.12% (16/17)	100%	100%
Sanilac CMH	88.89% (8/9)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	93.75% (15/16)
St. Clair CMH	96.88%	90.67% (68/75)	97.70%	93.90% (77/82)	98.59%	96.47%	96.59%	96.83%	91.94% (57/62)	96.30%	98.46%	95.59%
PIHP Totals	92.65% N = 245	95.67% N = 254	97.75% N = 311	95.71% N = 280	94.64% N = 280	95.21% N = 313	97.21% N = 287	97.94% N = 291	93.61% N = 313	94.82% N = 309	97.90% N = 286	95.18% N = 311

Indicator 4.b. The percentage of discharges from a substance use disorder detox unit who are seen for follow-up care within seven days. **95% is the standard.**

	PIHP (Medicaid only)											
	1Q FY22	2Q FY22	3Q FY22	4Q FY22	1Q FY23	2Q FY23	3Q FY23	4Q FY23	1Q FY24	2Q FY24	3Q FY24	4Q FY24
Region 10 PIHP SUD	91.49% (43/47)	85.71% (60/70)	98.46%	90.67% (68/75)	94.95% (94/99)	91.01% (81/89)	95.60%	94.74% (72/76)	96.10%	91.14% (72/79)	93.90% (77/82)	91.67% (66/72)
PIHP Totals	91.49% N = 47	85.71% N = 70	98.46% N = 65	90.67% N = 75	94.95% N = 99	91.01% N = 89	95.60% N = 91	94.74% N = 76	96.10% N = 77	91.14% N = 79	93.90% N = 82	91.67% N = 72

Performance Indicator 5

Indicator 5. The percentage of area Medicaid recipients having received PIHP Managed services. **This indicator is calculated by MDHHS.**

	PIHP (Medicaid only)											
	1Q FY22	2Q FY22	3Q FY22	4Q FY22	1Q FY23	2Q FY23	3Q FY23	4Q FY23	1Q FY24	2Q FY24	3Q FY24	4Q FY24
Total Medicaid Beneficiaries Served	15,649	16,384	16,834	16,797	16,957	17,536	17,948	17,626	17,417	17,639	17,787	17,402
Number of Area Medicaid Recipients	235,056	238,625	242,291	245,445	248,589	251,434	253,895	256,464	242,289	229,322	217,458	202,970
PIHP Totals	6.66%	6.87%	6.95%	6.84%	6.82%	6.97%	7.07%	6.87%	7.19%	7.69%	8.18%	8.57%

Performance Indicator 6

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. **This indicator is calculated by MDHHS.**

	PIHP (Medicaid only)											
	1Q FY22	2Q FY22	3Q FY22	4Q FY22	1Q FY23	2Q FY23	3Q FY23	4Q FY23	1Q FY24	2Q FY24	3Q FY24	4Q FY24
Number of HSW Enrollees Receiving at Least One HSW Service Other Than Supports Coordination	566	569	572	574	560	562	555	538	516	501	493	493
Total Number of HSW Enrollees	625	608	603	603	580	579	568	553	531	510	501	509
PIHP Totals	90.56%	93.59%	94.86%	95.19%	96.55%	97.06%	97.71%	97.29%	97.18%	98.24%	98.40%	96.86%

Performance Indicator 8

Indicator 8.a. The percent of adults with mental illness served by the CMHSPs and PIHPs that are employed competitively. The numbers below are calculations by MDHHS. This represents the total for FY2023.

Population	Total # of Enrollees	# of Enrollees who are competitively employed	Competitive employment rate
Region 10 PIHP	10630	2182	20.50%

Indicator 8.b. The percent of adults with developmental disabilities served by the CMHSPs and PIHPs that are employed competitively. The numbers below are calculations by MDHHS. This represents the total for FY2023.

Population	Total # of Enrollees	# of Enrollees who are competitively employed	Competitive employment rate
Region 10 PIHP	1577	106	6.70%

Indicator 8.c. The percent of adults dually diagnosed with mental illness/developmental disabilities served by the CMHSPs and PIHPs that are employed competitively. The numbers below are calculations by MDHHS. This represents the total for FY2023.

Population	Total # of Enrollees	# of Enrollees who are competitively employed	Competitive employment rate
Region 10 PIHP	1347	131	9.70%

Performance Indicator 9

Indicator 9.a. The percent of adults with mental illness served by the CMHSPs and PIHPs who earned minimum wage or more from any employment activities (competitive, supported or self-employment, or sheltered workshop). The numbers below are calculations by MDHHS. This represents the total for FY2023.

Population	Total # of Enrollees	# of Enrollees who earned minimum wage or more	Competitive employment rate
Region 10 PIHP	2200	2185	99.30%

Indicator 9.b. The percent of adults with developmental disabilities, served by the CMHSPs and PIHPs who earned minimum wage or more from any employment activities (competitive, supported or self-employment, or sheltered workshop). The numbers below are calculations by MDHHS. This represents the total for FY2023.

Population	Total # of Enrollees	# of Enrollees who earned minimum wage or more	Competitive employment rate
Region 10 PIHP	195	123	63.10%

Indicator 9.c. The percent of adults dually diagnosed with mental illness/developmental disabilities served by the CMHSPs and PIHPs who earned minimum wage or more from any employment activities (competitive, supported or self-employment, or sheltered workshop). The numbers below are calculations by MDHHS. This represents the total for FY2023.

Population	Total # of Enrollees	# of Enrollees who earned minimum wage or more	Competitive employment rate
Region 10 PIHP	179	141	78.80%

Performance Indicator 10

Indicator 10.a. The percentage of children readmitted to an inpatient psychiatric unit within 30 calendar days of discharge from a psychiatric inpatient unit.
15% or less within 30 days is the standard.

	PIHP (Medicaid only)											
	1Q FY22	2Q FY22	3Q FY22	4Q FY22	1Q FY23	2Q FY23	3Q FY23	4Q FY23	1Q FY24	2Q FY24	3Q FY24	4Q FY24
Genesee Health System	13.11%	1.92%	9.20%	6.25%	6.35%	7.69%	7.53%	12.99%	6.49%	10.11%	12.93%	13.95%
Lapeer CMH	0%	0%	13.64%	14.29%	15.38% (2/13)	10.00%	10.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Sanilac CMH	14.29%	23.08% (3/13)	0%	0.00%	9.09%	9.09%	9.09%	25.00% (3/12)	0.00%	14.29%	12.50%	0.0%
St. Clair CMH	5.26%	5.88%	10.00%	23.08% (3/13)	11.11%	11.54%	4.17%	20.00% (4/20)	5.26%	4.00%	11.76%	8.7%
PIHP Totals	10.53% N = 95	5.26% N = 95	9.45% N = 127	8.51% N = 94	8.57% N = 105	8.93% N = 112	7.25% N = 138	14.78% N = 115	5.45% N = 110	8.80% N = 125	12.08% N = 149	10.77% N = 130

Indicator 10.b. The percentage of adults readmitted to inpatient psychiatric units within 30 calendar days of discharge from a psychiatric inpatient unit.
15% or less within 30 days is the standard.

	PIHP (Medicaid only)											
	1Q FY22	2Q FY22	3Q FY22	4Q FY22	1Q FY23	2Q FY23	3Q FY23	4Q FY23	1Q FY24	2Q FY24	3Q FY24	4Q FY24
Genesee Health System	8.30%	9.51%	9.61%	7.79%	8.07%	12.43%	14.04%	13.67%	14.67%	13.55%	14.19%	13.18%
Lapeer CMH	17.65% (9/51)	6.25%	10.20%	20.00% (8/40)	2.63%	5.13%	6.25%	10.87%	12.50%	0.00%	9.52%	16.98% (9/53)
Sanilac CMH	0%	13.33%	9.52%	0.00%	17.39% (4/23)	11.54%	0.00%	12.50%	5.26%	0.00%	14.29%	7.41%
St. Clair CMH	11.11%	17.43% (19/109)	10.00%	9.02%	17.60% (22/125)	11.38%	9.92%	10.20%	12.09%	12.04%	14.29%	16.52% (19/115)
PIHP Totals	9.86% N = 416	11.46% N = 419	9.75% N = 523	8.87% N = 485	10.62% N = 471	11.60% N = 526	12.01% N = 533	12.79% N = 555	13.77% N = 559	12.02% N = 549	13.89% N = 619	13.90% N = 597

Performance Indicator 13

Indicator 13.a The percent of adults with developmental disabilities served, who live in a private residence alone, with spouse, or non-relative(s). The numbers below are calculations by MDHHS. This represents the total for FY2023.

Population	Total # of Enrollees	# of Enrollees with a developmental disability who live in a private residence alone, with spouse or non-relatives	Private residence rate
Region 10 PIHP	1577	245	15.54%

Indicator 13.b The percent of adults dually diagnosed with mental illness/developmental disabilities served, who live in a private residence alone, with spouse, or non-relative(s). The numbers below are calculations by MDHHS. This represents the total for FY2023.

Population	Total # of Enrollees	# of Enrollees dually diagnosed with mental illness/developmental disabilities who live in a private residence alone, with spouse or non-relatives	Private residence rate
Region 10 PIHP	1347	328	24.35%

Performance Indicator 14

Indicator 14. The percent of adults with serious mental illness served, who live in a private residence alone, with spouse, or non-relative(s). The numbers below are calculations by MDHHS. This represents the total for FY2023.

Population	Total # of Enrollees	# of Enrollees with serious mental illness who live alone, with spouse or non-relative	Private residence rate
Region 10 PIHP	10630	4651	43.75%

NARRATIVE OF RESULTS

The following PIHP Performance Indicators for Medicaid consumers have performance standards that have been set by the Michigan Department of Health and Human Services.

Performance Indicator #1 states: *“The percentage of persons receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours.”* **The set performance standard is 95%.** All CMHs exceeded the standard for this indicator for both the child and adult population breakouts.

Performance Indicator #2 states: *“The percentage of new persons receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service.”* **The set performance standards are 57.0% and 62.0%.** The total CMH compliance rates ranged from 38.08% - 73.92%. Three CMHs exceeded the performance standards for this indicator.

Performance Indicator #2e states: *“The 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 for persons with Substance Use Disorders.”* **The set performance standards are 68.2% and 75.3%.** The SUD network exceeded the standards for this indicator with a compliance rate of 79.04%.

Performance Indicator #3 states, *“The percent of new persons starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment.”* **The set performance standards are 72.9% and 83.8%.** The total CMH compliance rates ranged from 53.81% - 98.81%. One CMH exceeded the performance standards for this indicator.

Performance Indicator #4 states, *“The percentage of persons discharged from a psychiatric inpatient unit (or SUD Detox Unit) who are seen for follow-up care within seven days.”* **The set performance standard is 95%.** For persons discharged from a psychiatric inpatient unit, all CMHs met the standard for the child population breakout, two CMHs met the standard for adults. For persons discharged from SUD Detox, the compliance rate was 91.67%.

Performance Indicator #10 states, *“The percentage of persons readmitted to an inpatient psychiatric unit within 30 calendar days of discharge from a psychiatric inpatient unit.”* **The set performance standard is 15% or less.** All CMHs met the standard for the child population breakout, two CMHs met the standard for adults.

When a CMH reports that the MDHHS standard for a performance indicator has not been achieved during a quarter, a root cause analysis and plan of correction are submitted to Region 10 PIHP along with the respective CMH data. The analysis is reviewed, and the plan of improvement is monitored over time by the PIHP along with the trend of scores on all the performance indicators.

If a set standard benchmark is not achieved for the region, the indicator is investigated further by various committees within the QAPIP structure such as Quality Improvement Committee, Quality Management Committee, and Improving Practices Leadership Team to increase input from CMH partners, identify contributing factors and systemic issues for the outliers, and review opportunities for improvement across the region.

SUMMARIES OF ROOT CAUSE ANALYSES AND PLANS OF CORRECTION/IMPROVEMENT

Genesee Health System (GHS)

PI #1 – Pre-admission screening completed within three hours

GHS exceeded the performance standard for this indicator across all population breakouts.

PI #2 – Assessment within 14 days of request

Root cause analysis revealed out of 1,137 events, 704 were non-compliant. Of these 704 events, reasons for non-compliance included individuals who cancelled or did not show for a scheduled appointment, those who reported an unwillingness or inability to wait for intake at the time they presented as walk-ins, those who reported their needs were resolved and/or chose not to follow-up with GHS, those who completed an assessment outside of 14 days, those who were given walk-in information but did not present for intake, and those who did not complete intake for various other personal reasons.

GHS reports the GHS Intake Department has been monitoring walk-in wait times, and the Intake Team is evaluating efficacy and making improvements based on this monitoring. Additionally, the Intake Team has ongoing discussions with team members on how to discuss walk in timeframes and options with individuals who walk in for intake and cannot immediately be seen. The Intake Team has partnered with IT to make consumer documents available in the patient portal, which increases consumer satisfaction if some paperwork can be completed while waiting. Plans for Fiscal Year 2025 first quarter include ongoing expansion of the Intake Department, as Intake has hired four additional workers since early summer, all of which are operational, and they continue to interview for open positions.

GHS also reports most non-compliant events are due to individual choice, and in many cases, the reasons for this are unknown as outreach attempts are not successful and/or individuals are otherwise not available for feedback. GHS Quality Management is evaluating any potential interventions that could be beneficial in increasing engagement in intake and ongoing services. The Intake Team continues to do considerable outreach in these cases.

PI #3 – Ongoing service within 14 days of assessment

GHS exceeded the performance standard for this indicator across all population breakouts.

PI #4 – Follow-up service within seven days of discharge

GHS exceeded the performance standard for the child population breakout (96.43%) but narrowly missed the 95% performance standard for the adult population (94.39%). Root cause analysis revealed 13 of 252 individuals were not seen for follow-up care within seven days of discharge.

GHS identified non-compliance in the fourth quarter is largely related to miscommunication of follow-up appointment time and date between hospital and primary programs, specifically Intake. Per GHS, this is an emergent issue. In October of 2024, GHS Behavioral Health Urgent Care (BHUC) hired four BHUC Case Managers who have assumed the role of coordinating with individuals on inpatient units who are not already engaged in ongoing services. These Case Managers are coordinating with hospital discharge planners to ensure appointments are scheduled, are within the timeframe, are accurate to date and time, and are communicated with consumers. It is anticipated that this will correct the systemic concern and thus far, Fiscal Year 2025 first quarter numbers are not indicating ongoing issues in this area.

PI #10 – Readmission within 30 days of discharge

GHS exceeded the performance standard for this indicator across all population breakouts.

Lapeer CMH

PI #1 –Pre-admission screening completed within three hours

Lapeer CMH exceeded the performance standard for this indicator across all population breakouts.

PI #2 – Assessment within 14 days of request

Lapeer CMH exceeded the performance standard in all population breakouts, with the exception of children with developmental disabilities. Among this population, root cause analysis revealed nine of 14 individuals did not receive an assessment within 14 days of request. Lapeer CMH reports to be working towards implementing same day walk-in intakes for children's services by September 2025.

PI #3 – Ongoing service within 14 days of assessment

Root cause analysis revealed 91 of 197 individuals did not receive an ongoing service within 14 days of assessment.

Lapeer CMH reports continuing the new process of linking persons with services same day if they are willing to stay longer for that coordination. Lapeer CMH reports seeing some improvement with this process. Lapeer CMH has hired a new staff to meet the needs for Outpatient therapy requests for adults and a contractual worker for children. Additional positions will be explored as needed.

PI #4 – Follow-up service within seven days of discharge

Lapeer CMH exceeded the performance standard for this indicator in all population breakouts.

PI #10 – Readmission within 30 days of discharge

Lapeer CMH exceeded the performance standard for the child population breakout but failed to meet the standard for the adult population.

Lapeer CMH reviews all readmissions to inpatient hospitalizations at Clinical Case Review Committee meetings. Additionally, in November 2024, Lapeer CMH implemented a new hospital discharge policy that improved discharge planning when admitted to the hospital along with increased community supports following discharge for at least one month post discharge.

Sanilac CMH

PI #1 –Pre-admission screening completed within three hours

Sanilac CMH exceeded the performance standard for this indicator across all population breakouts.

PI #2 – First service within 14 days of request

Sanilac CMH exceeded the performance standard for this indicator across all population breakouts.

PI #3 – Ongoing service within 14 days of assessment

Root cause analysis revealed 29 of 137 individuals did not receive an ongoing service within 14 days of assessment.

Sanilac CMH reports they are committed to ensuring individuals are receiving the correct service within the specified timeframes. Sanilac CMH is still providing appointment reminders and encouraging individuals to make it to their assigned appointment day.

PI #4 – Follow-up service within seven days of discharge

Sanilac CMH exceeded the performance standard for this indicator in the child population breakout (100%), but narrowly missed the 95% performance standard for the adult population (93.75%). Root cause analysis revealed one of 25 individuals did not receive a follow-up service within seven days of discharge.

PI #10 – Readmission within 30 days of discharge

Sanilac CMH exceeded the performance standard for this indicator across all population breakouts.

St. Clair CMH

PI #1 – Pre-admission screening completed within three hours

St. Clair CMH exceeded the performance standard for this indicator across all population breakouts.

PI #2 – First service within 14 days of request

St. Clair CMH exceeded the performance standard for this indicator across all population breakouts.

PI #3 – Ongoing service within 14 days of assessment

Root cause analysis revealed 190 of 568 individuals did not receive a follow-up service within 14 days of assessment. Reasons for non-compliance include those who cancelled or did not show for a scheduled appointment, those who were seen outside of the 14-day window, those who declined appointments within the 14 days or elected not to receive services, and those who were rescheduled.

In cases where contact information was provided, outreach was attempted. In certain programs there were consistent issues with not having available appointments within 14 days or failing to contact the consumer or offer appointments in a timely manner. Outreach attempts via phone or in person were not consistent across all programs.

St. Clair CMH indicated their Performance Indicator Team will analyze non-compliant cases to find strategies to reduce the number of cancelled and/or missed appointments and ensure a greater percentage of appointments are offered and completed within 14 days. Additional staff were added to review cases, resulting in more cases reviewed compared to the previous quarter.

PI #4 – Follow-up service within seven days of discharge

St. Clair CMH exceeded the performance standard for this indicator across all population breakouts.

PI #10 – Readmission within 30 days of discharge

St. Clair CMH exceeded the performance standard for this indicator for the child population breakout but failed to meet the standard for the adult population.

St. Clair CMH will continue to offer services at time of hospital discharge and work to meet individuals needs and offer support, so they do not return to the hospital. Education will be provided so individuals are aware of alternative sources of treatment besides inpatient hospitalization. In the cases in which the individual is homeless and seeking hospitalization as a source of food and shelter, Hospital Liaison staff and Mobile Crisis Unit staff can provide resources regarding food and shelter.

Region 10 SUD System

PI #2 – First service within 14 days of request

A total of 129 individuals were not seen for their first service within 14 days of the original request. Outreach was conducted with 13 SUD Providers in coordination with the PIHP Performance Indicator Team and the Provider Network Management Team.

PI #4 – Follow-up service within seven days of discharge

Further review revealed six individuals were not seen for follow-up care within seven days of discharge from a detox unit. Outreach was conducted with two SUD Providers in collaboration with the PIHP Performance Indicator Team and the Provider Network Management Team.

Additional oversight and follow-up regarding corrective action items will occur through the contract monitoring process.