REGION 10 PREPAID INPATIENT HEALTH PLAN

FY2025 2nd Quarter Michigan Mission-Based Performance Indicator Report
Executive Summary

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 2e 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.*

- Sanilac CMH and St. Clair CMH met/exceeded the two set performance standards.
- Genesee Health System (GHS) and Lapeer CMH did not meet/exceed the two set performance standards.
- Regional performance increased from FY2025 first quarter to FY2025 second quarter.

Performance indicator 2e: *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 FY2025 first quarter to FY2025 second 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.*

- Genesee Health System (GHS) and Sanilac CMH met/exceeded the two set performance standards.
- Lapeer CMH and St. Clair CMH did not meet/exceed the two set performance standards.
- Regional performance increased from FY2025 first quarter to FY2025 second 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. The PIHP requests an initial, annual plan with quarterly updates. The updated root cause analysis and action plan templates, now in use, have proven helpful in guiding the development of more effective quality analyses and plans of action in the subsequent quarters. The PIHP continues to encourage substantive root cause analyses and continuous improvement plans.

Region 10 PIHP
Michigan Mission-Based Performance Indicator System

FY2025 – 2nd Quarter Summary Report

(January 1, 2025 – March 31, 2025)

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 second quarter of fiscal year 2025, along with trend data starting from the first quarter of fiscal year 2023.

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 FY23	**2Q FY23**	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**	**4Q FY24**	**1Q FY25**	**2Q FY25**
Genesee Health System	100%	100%	99.31%	100%	98.48%	100%	100%	100%	100%	100%
Lapeer CMH	100%	100%	100%	100%	100%	100%	100%	100%	100%	95.65%
Sanilac CMH	100%	100%	100%	100%	100%	100%	**94.87%** (37/39)	100%	100%	100%
St. Clair CMH	100%	100%	100%	100%	100%	100%	98.53%	98.51%	95.15%	98.67%
PIHP Totals	**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**	**98.26% N=287**	**99.16% N=239**

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 FY23	**2Q FY23**	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**	**4Q FY24**	**1Q FY25**	**2Q FY25**
Genesee Health System	99.59%	99.81%	99.63%	99.82%	97.72%	99.64%	99.83%	100%	99.81%	100%
Lapeer CMH	100%	100%	100%	100%	100%	100%	100%	100%	100%	98.81%
Sanilac CMH	100%	100%	100%	100%	100%	100%	100%	98.51%	97.62%	98.04%
St. Clair CMH	100%	100%	100%	100%	100%	100%	100%	96.97%	**91.63%** (197/215)	**87.61%** (191/218)
PIHP Totals	**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**	**97.73% N=883**	**96.59% N=850**

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 FY23	**2Q FY23**	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**	**4Q FY24**	**1Q FY25**	**2Q FY25**
Genesee Health System	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)	**42.07%** (414/984)	**38.99%** (462/1,185)
Lapeer CMH	76.02%	58.57%	62.11%	67.58%	68.11%	68.09%	67.99%	67.65%	**58.68%** (142/242)	**51.54%** (134/260)
Sanilac CMH	77.42%	71.07%	70.55%	73.39%	71.52%	70.06%	75.45%	69.23%	77.52%	81.08%
St. Clair CMH	59.47%	65.79%	66.86%	62.31%	**45.37%** (323/712)	**43.79%** (342/781)	**55.37%** (361/652)	73.92%	**61.46%** (405/659)	80.92%
PIHP Totals	**54.99% N=2,086**	**53.80% N=2,463**	**54.23% N=2,327**	**56.34% N=2,176**	**48.76% N=2,303**	**45.55% N=2,463**	**50.66% N=2,262**	**54.41% N=2,202**	**52.68% N=2,014**	**55.13% N=2,222**

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 FY23	**2Q FY23**	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**	**4Q FY24**	**1Q FY25**	**2Q FY25**
Genesee Health System	43.54%	42.00%	39.94%	47.29%	**41.64%** (157/377)	**34.64%** (133/384)	**33.87%** (126/372)	**38.91%** (128/329)	**40.07%** (121/302)	**34.47%** (121/351)
Lapeer CMH	77.46%	44.12%	37.50%	77.42%	65.33%	62.92%	68.09%	63.16%	**37.93%** (33/87)	**20.93%** (18/86)
Sanilac CMH	82.05%	84.00%	76.32%	76.67%	74.51%	83.02%	75.81%	70.21%	86.67%	87.27%
St. Clair CMH	68.97%	73.59%	71.20%	63.24%	**47.57%** (98/206)	**41.09%** (83/202)	**61.44%** (94/153)	79.04%	64.16%	80.54%
PIHP Totals	**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**	**50.08% N=607**	**47.89% N=641**

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 FY23	**2Q FY23**	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**	**4Q FY24**	**1Q FY25**	**2Q FY25**
Genesee Health System	44.98%	42.29%	43.38%	47.04%	**43.88%** (276/629)	**41.59%** (267/642)	**42.91%** (248/578)	**38.75%** (229/591)	**44.42%** (235/529)	**42.23%** (261/618)
Lapeer CMH	74.22%	69.33%	71.43%	62.41%	70.00%	71.27%	66.04%	69.93%	74.81%	72.67%
Sanilac CMH	75.32%	62.89%	65.98%	69.62%	67.90%	64.44%	72.22%	68.29%	69.44%	77.11%
St. Clair CMH	56.06%	61.70%	65.21%	60.49%	**46.50%** (199/428)	**45.58%** (232/509)	**52.74%** (231/438)	72.49%	**59.71%** (243/407)	81.37%
PIHP Totals	**53.64% N=1,208**	**53.35% N=1,372**	**55.19% N=1,321**	**54.86% N=1,276**	**49.46% N=1,298**	**48.24% N=1,422**	**51.30% N=1,265**	**55.87% N=1,244**	**55.03% N=1,143**	**60.84% N=1,259**

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 FY23	**2Q FY23**	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**	**4Q FY24**	**1Q FY25**	**2Q FY25**
Genesee Health System	45.24%	46.58%	50.93%	51.05%	**47.14%** (66/140)	**29.38%** (47/160)	**47.16%** (83/176)	**33.51%** (63/188)	**40.44%** (55/136)	**38.50%** (72/187)
Lapeer CMH	75.00%	26.32%	60.00%	70.00%	**60.00%** (9/15)	63.64%	81.25%	**35.71%** (5/14)	**25.00%** (3/12)	**0.00%** (0/16)
Sanilac CMH	66.67%	83.33%	90.00%	83.33%	78.57%	80.00%	88.89%	70.59%	100.00%	100.00%
St. Clair CMH	53.70%	64.62%	66.67%	72.31%	**30.19%** (16/53)	**30.95%** (13/42)	73.53%	66.67%	**67.31%** (35/52)	76.74%
PIHP Totals	**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**	**48.56% N=208**	**44.05% N=252**

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 FY23	**2Q FY23**	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**	**4Q FY24**	**1Q FY25**	**2Q FY25**
Genesee Health System	60.61%	52.38%	55.56%	64.10%	**50.00%** (20/40)	**36.00%** (9/25)	**33.33%** (13/39)	**44.83%** (13/29)	**17.65%** (3/17)	**27.59%** (8/29)
Lapeer CMH	90.00%	57.14%	84.62%	83.33%	75.00%	66.67%	77.78%	92.86%	62.50%	87.50%
Sanilac CMH	100%	83.33%	100%	88.89%	80.00%	**50.00%** (7/14)	100%	70.00%	75.00%	**50.00%** (2/4)
St. Clair CMH	50.00%	72.41%	64.00%	61.90%	**40.00%** (10/25)	**50.00%** (14/28)	**40.74%** (11/27)	82.61%	**59.26%** (16/27)	82.76%
PIHP Totals	**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**	**48.21% N=56**	**58.57% N=70**

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 FY23	**2Q FY23**	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**	**4Q FY24**	**1Q FY25**	**2Q FY25**
Region 10 PIHP SUD	72.21%	73.26%	74.00%	78.17%	**74.15%** (1446/1950)	**74.59%** (1350/1810)	77.74%	79.04%	79.65%	80.83%
PIHP Totals	**72.21% N=2,076**	**73.26% N=1,907**	**74.00% N=1,808**	**78.17% N=1,887**	**74.15% N=1,950**	**74.59% N=1,810**	**77.74% N=1,936**	**79.04% N=1,956**	**79.65% N=1,961**	**80.83% N=1,930**

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 FY23	**2Q FY23**	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**	**4Q FY24**	**1Q FY25**	**2Q FY25**
Genesee Health System	98.31%	97.86%	98.82%	97.41%	96.40%	97.18%	98.61%	98.81%	97.54%	99.84%
Lapeer CMH	67.82%	57.69%	55.14%	70.86%	**70.85%** (158/223)	**56.43%** (136/241)	**34.03%** (81/238)	**53.81%** (106/197)	**52.49%** (95/181)	**54.03%** (114/211)
Sanilac CMH	66.67%	78.79%	71.13%	80.61%	**75.94%** (101/133)	**80.00%** (112/140)	**76.64%** (105/137)	**78.83%** (108/137)	**72.66%** (93/128)	84.38%
St. Clair CMH	67.28%	72.26%	68.99%	67.05%	**59.93%** (362/604)	**67.63%** (376/556)	**63.90%** (331/518)	**66.55%** (378/568)	**67.06%** (340/507)	**63.06%** (367/582)
PIHP Totals	**80.30% N=1,411**	**81.97% N=1,520**	**81.62% N=1,621**	**82.32% N=1,431**	**78.01% N = 1,655**	**78.56% N=1,539**	**75.02% N=1,541**	**78.72% N=1,490**	**78.19% N=1,385**	**78.65% N=1,560**

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 FY23	**2Q FY23**	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**	**4Q FY24**	**1Q FY25**	**2Q FY25**
Genesee Health System	98.31%	99.49%	98.66%	94.71%	98.64%	99.48%	99.01%	98.24%	95.81%	100.00%
Lapeer CMH	57.14%	34.21%	37.50%	72.97%	**64.29%** (45/70)	**60.29%** (41/68)	**30.38%** (24/79)	**40.91%** (18/44)	**60.34%** (35/58)	**33.33%** (19/57)
Sanilac CMH	71.79%	80.00%	72.41%	86.36%	**69.77%** (30/43)	87.76%	**70.37%** (38/54)	**76.74%** (33/43)	**78.72%** (37/47)	**80.39%** (41/51)
St. Clair CMH	67.40%	76.54%	71.52%	74.82%	**61.88%** (112/181)	**74.32%** (110/148)	**67.65%** (92/136)	**73.10%** (106/145)	**65.69%** (90/137)	**64.96%** (89/137)
PIHP Totals	**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**	**78.73% N=409**	**77.57% N=428**

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 FY23	**2Q FY23**	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**	**4Q FY24**	**1Q FY25**	**2Q FY25**
Genesee Health System	99.03%	96.65%	98.58%	97.88%	93.70%	95.51%	98.34%	98.98%	97.74%	99.70%
Lapeer CMH	72.45%	61.48%	60.58%	70.41%	**72.39%** (97/134)	**56.25%** (81/144)	**32.35%** (44/136)	**55.04%** (71/129)	**48.67%** (55/113)	**58.14%** (75/129)
Sanilac CMH	60.71%	78.33%	71.43%	78.46%	**80.00%** (56/70)	**76.71%** (56/73)	**79.41%** (54/68)	**80.28%** (57/71)	**72.73%** (48/66)	89.39%
St. Clair CMH	66.67%	69.37%	66.86%	62.86%	**57.76%** (201/348)	**67.98%** (242/356)	**60.87%** (196/322)	**62.72%** (217/346)	**66.12%** (201/304)	**62.30%** (233/374)
PIHP Totals	**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**	**76.54% N=793**	**77.47% N=901**

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 FY23	**2Q FY23**	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**	**4Q FY24**	**1Q FY25**	**2Q FY25**
Genesee Health System	95.00%	98.99%	99.39%	99.22%	100%	98.78%	99.14%	100%	100%	100%
Lapeer CMH	70.00%	54.55%	69.23%	80.00%	93.75%	**45.00%** (9/20)	**64.29%** (9/14)	**70.00%** (7/10)	**66.67%** (4/6)	**76.47%** (13/17)
Sanilac CMH	100%	80.00%	66.67%	100%	85.71%	**62.50%** (5/8)	**80.00%** (8/10)	**78.57%** (11/14)	**36.36%** (4/11)	**66.67%** (4/6)
St. Clair CMH	72.34%	75.71%	79.49%	69.64%	**62.00%** (31/50)	**37.04%** (10/27)	**75.00%** (27/36)	**70.91%** (39/55)	**80.00%** (36/45)	**60.00%** (27/45)
PIHP Totals	**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**	**87.50% N=144**	**86.29% N=175**

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 FY23	**2Q FY23**	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**	**4Q FY24**	**1Q FY25**	**2Q FY25**
Genesee Health System	100%	96.67%	100%	100%	100%	93.75%	96.43%	93.75%	100%	100%
Lapeer CMH	80.00%	100%	75.00%	50.00%	**33.33%** (1/3)	**55.56%** (5/9)	**44.44%** (4/9)	**71.43%** (10/14)	**25.00%** (1/4)	87.50%
Sanilac CMH	66.67%	75.00%	66.67%	60.00%	**50.00%** (3/6)	**80.00%** (8/10)	100%	**77.78%** (7/9)	100%	**80.00%** (4/5)
St. Clair CMH	63.64%	73.91%	65.22%	73.33%	**72.00%** (18/25)	**56.00%** (14/25)	**66.67%** (16/24)	**72.73%** (16/22)	**61.90%** (13/21)	**69.23%** (18/26)
PIHP Totals	**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**	**71.79% N=39**	**82.14% N=56**

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 FY23	**2Q FY23**	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**	**4Q FY24**	**1Q FY25**	**2Q FY25**
Genesee Health System	100%	100%	**94.64%** (53/56)	95.56%	**91.11%** (41/45)	98.18%	100%	96.43%	100%	97.92%
Lapeer CMH	**88.89%** (8/9)	100%	100%	100%	100%	100%	100%	100%	100%	100%
Sanilac CMH	100%	100%	**88.89%** (8/9)	100%	100%	100%	100%	100%	100%	**85.71%** (6/7)
St. Clair CMH	**93.33%** (14/15)	100%	95.00%	**86.67%** (13/15)	**87.50%** (14/16)	95.65%	100%	100%	100%	100%
PIHP Totals	**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**	**100% N=91**	**97.26% N=73**

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 FY23	**2Q FY23**	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**	**4Q FY24**	**1Q FY25**	**2Q FY25**
Genesee Health System	**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)	96.18%	98.26%
Lapeer CMH	95.83%	100%	100%	100%	100%	**94.12%** (16/17)	100%	100%	**88.46%** (23/26)	100%
Sanilac CMH	100%	100%	100%	100%	100%	100%	100%	**93.75%** (15/16)	100%	100%
St. Clair CMH	98.59%	96.47%	96.59%	96.83%	**91.94%** (57/62)	96.30%	98.46%	95.59%	97.33%	97.65%
PIHP Totals	**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**	**95.91% N=269**	**98.23% N=282**

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 FY23	**2Q FY23**	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**	**4Q FY24**	**1Q FY25**	**2Q FY25**
Region 10 PIHP SUD	**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)	**90.48%** (57/63)	**79.63%** (43/54)
PIHP Totals	**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**	**90.48% N=63**	**79.63% N=54**

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 FY23	**2Q FY23**	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**	**4Q FY24**	**1Q FY25**	**2Q FY25**
Total Medicaid Beneficiaries Served	16,957	17,536	17,948	17,626	17,417	17,639	17,787	17,402	17,569	17,739
Number of Area Medicaid Recipients	248,589	251,434	253,895	256,464	242,289	229,322	217,458	202,970	202,869	202,369
PIHP Totals	**6.82%**	**6.97%**	**7.07%**	**6.87%**	**7.19%**	**7.69%**	**8.18%**	**8.57%**	**8.66%**	**8.85%**

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 FY23	**2Q FY23**	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**	**4Q FY24**	**1Q FY25**	**2Q FY25**
Number of HSW Enrollees Receiving at Least One HSW Service Other Than Supports Coordination	560	562	555	538	516	501	493	493	495	505
Total Number of HSW Enrollees	580	579	568	553	531	510	501	509	507	513
PIHP Totals	**96.55%**	**97.06%**	**97.71%**	**97.29%**	**97.18%**	**98.24%**	**98.40%**	**96.86%**	**97.63%**	**98.44%**

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 FY2024.

Population	Total # of Enrollees	# of Enrollees who are competitively employed	Competitive employment rate
Region 10 PIHP	**11,007**	**2,229**	**20.30%**

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 FY2024.

Population	Total # of Enrollees	# of Enrollees who are competitively employed	Competitive employment rate
Region 10 PIHP	**1,558**	**95**	**6.10%**

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 FY2024.

Population	Total # of Enrollees	# of Enrollees who are competitively employed	Competitive employment rate
Region 10 PIHP	**1,327**	**114**	**8.60%**

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 FY2024.

Population	Total # of Enrollees	# of Enrollees who earned minimum wage or more	Competitive employment rate
Region 10 PIHP	**2,247**	**2,232**	**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 FY2024.

Population	Total # of Enrollees	# of Enrollees who earned minimum wage or more	Competitive employment rate
Region 10 PIHP	**183**	**114**	**62.30%**

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 FY2024.

Population	Total # of Enrollees	# of Enrollees who earned minimum wage or more	Competitive employment rate
Region 10 PIHP	**162**	**127**	**78.40%**

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 FY23	**2Q FY23**	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**	**4Q FY24**	**1Q FY25**	**2Q FY25**
Genesee Health System	6.35%	7.69%	7.53%	12.99%	6.49%	10.11%	12.93%	13.95%	11.88%	4.11%
Lapeer CMH	**15.38%** (2/13)	10.00%	10.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Sanilac CMH	9.09%	9.09%	9.09%	**25.00%** (3/12)	0.00%	14.29%	12.50%	0.0%	0.00%	0.00%
St. Clair CMH	11.11%	11.54%	4.17%	**20.00%** (4/20)	5.26%	4.00%	11.76%	8.7%	6.90%	14.29%
PIHP Totals	**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**	**9.72% N=144**	**4.95% N=101**

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 FY23	**2Q FY23**	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**	**4Q FY24**	**1Q FY25**	**2Q FY25**
Genesee Health System	8.07%	12.43%	14.04%	13.67%	14.67%	13.55%	14.19%	13.18%	13.46%	**15.74%** (54/343)
Lapeer CMH	2.63%	5.13%	6.25%	10.87%	12.50%	0.00%	9.52%	**16.98%** (9/53)	9.09%	8.82%
Sanilac CMH	**17.39%** (4/23)	11.54%	0.00%	12.50%	5.26%	0.00%	14.29%	7.41%	10.53%	**17.65%** (3/17)
St. Clair CMH	**17.60%** (22/125)	11.38%	9.92%	10.20%	12.09%	12.04%	14.29%	**16.52%** (19/115)	14.88%	**17.54%** (20/114)
PIHP Totals	**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**	**13.32% N=548**	**15.75% N=508**

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 FY2024.

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	**1,558**	**231**	**14.83%**

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 FY2024.

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	**1,327**	**321**	**24.19%**

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 FY2024.

Population	Total # of Enrollees	# of Enrollees with serious mental illness who live alone, with spouse or non-relative	Private residence rate
Region 10 PIHP	**11,007**	**4,612**	**41.90%**

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 met the standard for the child population breakout, three CMHs met the standard for adults.

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 38.99% - 81.08%. Two CMHs demonstrated an improvement for this indicator compared to the previous quarter.

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 80.83%.

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 54.03% - 99.84%. Two CMHs 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 adult population breakout, three CMHs met the standard for children. For persons discharged from SUD Detox, the compliance rate was 79.63%.

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, one CMH 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 Continuous Improvement Plan (CIP) 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 CONTINUOUS PLANS OF IMPROVEMENT

Genesee Health System (GHS)

PI #1 – Pre-admission screening completed within three hours
GHS achieved the performance standard across all population breakouts.

PI #2 – Assessment within 14 days of request
Root cause analysis revealed 723 of 1,185 events were non-compliant. Of these 723 events, reasons for non-compliance included individuals who cancelled or did not show for a scheduled appointment (24), those who reported an unwillingness or inability to wait for intake at the time they presented as walk-ins (19), those who completed an assessment outside of 14 days (237), those who were given walk-in information but did not present for intake (434), and those who did not complete intake for various other personal reasons (9).

GHS plans to reevaluate processes currently in place to enhance service flow and consumer engagement during walk-in hours. Planned process evaluations include staffing adjustments, offering appointments at either program location, and communicating real time wait times for walk-ins.

PI #3 – Ongoing service within 14 days of assessment
GHS achieved both performance standards across all population breakouts.

PI #4 – Follow-up service within seven days of discharge
GHS achieved the performance standard across all population breakouts.

PI #10 – Readmission within 30 days of discharge
GHS achieved the performance standard of <15% in the child population breakout (4.11%), but fell short of meeting the benchmark for the adult population (15.74%).

Among the 57 readmissions that occurred, 28 were involuntary admissions, thereby limiting the opportunities for diversion to lower levels of care such as Crisis Residential Units (CRU) or Partial Hospitalization Programs (PHP). In 29 cases, diversion may have been possible at the time of prescreening. Of note, 32 individuals were not actively engaged in ongoing services at the time of their admission and did not attend their post-discharge intake appointment; fourteen of these were readmitted within nine days of discharge, and half of that subgroup (7) were experiencing homelessness or living in shelters.

Notably, the previous quarter demonstrated a significant increase in inpatient volume, potentially contributing to the elevated readmission rate observed. Identified barriers included limited availability of CRU beds and challenges related to social determinants of health (SDOH), particularly housing instability and lack of transportation. Despite these challenges, GHS observed fewer individuals with multiple readmissions compared to the prior quarter, reflecting improved stability among those served.

GHS plans to evaluate hospital petition/clinical certificates and Assisted Outpatient Treatment (AOT) processes for enhancement opportunities. GHS will reinforce the importance of follow-up engagement with hospital staff and identify barriers to diversion to CRU stepdown.

Lapeer CMH

PI #1 – Pre-admission screening completed within three hours
Lapeer CMH achieved the performance standard across all population breakouts.

PI #2 – Assessment within 14 days of request
Lapeer CMH met both performance standards for the adult population breakouts (MI-Adults and I/DD-Adults) but did not meet the standards for either child population (MI-Children or I/DD-Children).

A root cause analysis revealed that 126 of 260 events were non-compliant, including 84 for children and 42 for adults. Among children, the most common reason for non-compliance was lack of appointment

availability within the required 14-day timeframe (68 events). For adults, the primary cause for non-compliance was cancellations/no-shows by the person served (31 events). Contributing factors included limited clinical staffing and insufficient office space to support additional hires.

In response, Lapeer CMH relocated its Children's Department to the Lapeer County Health Department building on February 19, 2025, which created the capacity to hire new clinical staff and expand appointment availability. On April 28, 2025, same-day intakes were implemented for children to further improve access. These structural changes are supported by ongoing engagement strategies, including appointment reminders, follow-up calls, and outreach letters. Together, these efforts are expected to reduce non-compliance and improve overall performance in future quarters.

PI #3 – Ongoing service within 14 days of assessment
A root cause analysis revealed that 97 of 211 individuals did not receive follow-up care within the required timeframe. This included 42 children and 55 adults. Among children, the most common reason for non-compliance was a lack of available appointment slots with clinical staff. For adults, primary causes included a shortage of in-person appointment availability and individuals leaving their assessment appointments without a follow-up appointment scheduled.

Barriers to compliance included an ongoing shortage of clinical staff to meet service demand and limited office space to support new hires. These factors affected both child and adult service delivery. An increase in requests for in-person therapy also contributed to capacity challenges in the adult population.

Building on the office expansion, staffing increases, and implementation of same-day intakes for children described under Indicator 2, Lapeer CMH reports additional process improvements to support compliance with Indicator 3. The organization is actively recruiting to fill open clinical positions and is transitioning a telehealth therapist role to an in-person position to better meet service demand. Efforts have also been made to ensure that individuals leave their assessment appointments with a follow-up service scheduled before exiting. These changes are expected to improve access and reduce non-compliance in upcoming quarters.

PI #4 – Follow-up service within seven days of discharge
Lapeer CMH achieved the performance standard across all population breakouts.

PI #10 – Readmission within 30 days of discharge
Lapeer CMH achieved the performance standard across all population breakouts.

Sanilac CMH

PI #1 –Pre-admission screening completed within three hours
Sanilac CMH achieved the performance standard across all population breakouts.

PI #2 – First service within 14 days of request
Sanilac CMH met both performance standards for this indicator overall, but did not meet the standards for the I/DD-Adult population breakout (50%).

Two of the four events for I/DD-Adult consumers this quarter were found to be out of compliance. In both instances, the individuals requested to reschedule their appointments outside of the 14-day timeframe: one due to an anticipated snowstorm, the other due to personal availability. Sanilac CMH continues to emphasize the value of timely follow-up and work with clients to find the earliest available appointment to meet their needs.

Sanilac CMH utilizes an intake calendar where appropriate staff have designated intake availability blocked off in their schedule to assist with obtaining an intake appointment within 14 calendar days of a non-emergent request for services. This approach allows for smoother scheduling of intake appointments and assists with rescheduling, if needed.

PI #3 – Ongoing service within 14 days of assessment
Sanilac CMH met both performance standards for this indicator overall, but failed to meet either standard for the I/DD-Child population breakout, and only achieved the lower standard for the I/DD-Adult and MI-Child population breakouts. A root cause analysis revealed 20 of 128 individuals did not receive an ongoing service within 14 days of assessment.

In response, Sanilac CMH will offer telehealth options for individuals who may face barriers to in-person appointments. At the conclusion of each biopsychosocial assessment, individuals will be provided with an appointment card showing the date and time of their next service, as well as the name and contact information of their primary case worker to support direct communication and rescheduling if needed. Intake and clerical staff will assist with appointment coordination, and staff will discuss the importance of follow-through to support continuity of care.

PI #4 – Follow-up service within seven days of discharge
Sanilac CMH exceeded the 95% performance standard for the adult population (100%) but did not meet the standard for the child population (85.71%). Root cause analysis revealed 1 of 7 discharges for the child population was out of compliance; despite an appointment initially being scheduled within the 7-day window, follow-up occurred on day eight due to unexpected staff unavailability.

To support timely follow-up, Sanilac CMH will coordinate discharge planning via a hospital liaison, who works with inpatient units to schedule appointments prior to discharge. A Peer Support Specialist will conduct outreach to confirm appointments, provide support, and address any post-discharge needs/concerns.

PI #10 – Readmission within 30 days of discharge
Sanilac CMH exceeded the performance standard of <15% in the child population breakout (0%), but narrowly missed meeting the standard for the adult population (17.65%).

Root cause analysis revealed 3 of 17 adult discharges were readmitted within 30 days, each due to suicidal ideation requiring inpatient care. Despite Sanilac CMH staff increasing appointment frequency and support following discharge, hospitalization remained necessary in these cases to maintain client safety.

To help reduce future readmissions, Sanilac CMH utilizes a post-discharge outreach process. Peer Support Specialists contact individuals after discharge to provide support and remind them of upcoming appointments. Additionally, treatment teams increase appointment frequency as needed to support stabilization and reduce the likelihood of readmission.

St. Clair CMH
PI #1 – Pre-admission screening completed within three hours
St. Clair CMH exceeded the 95% performance standard for the child population breakout (98.67%), but did not meet the standard for the adult population (87.61%).

Root cause analysis revealed 27 of 218 individuals did not receive a completed pre-admission screening within three hours.

PI #2 – First service within 14 days of request
St. Clair CMH achieved both performance standards across all population breakouts.

PI #3 – Ongoing service within 14 days of assessment
Root cause analysis revealed 215 of 582 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 (100), those who were seen outside of the 14-day window (44), those who declined appointments within the 14 days or elected not to receive services (37), appointments that were rescheduled by the consumer (33), and appointments that were rescheduled by staff (1).

St. Clair reports that their CMH Performance Indicator Team will continue to investigate Out of Compliance cases to identify strategies to reduce the number of cancelled or missed appointments and ensure a greater percentage of appointments are offered and completed within 14 days.

PI #4 – Follow-up service within seven days of discharge
St. Clair CMH achieved the performance standard across all population breakouts.

PI #10 – Readmission within 30 days of discharge
St. Clair CMH met the performance standard of <15% in the child population breakout (14.29%), but fell short of meeting the standard for the adult population (17.54%). Root cause analysis revealed 20 of 114 adult discharges were readmitted within 30 days.

St. Clair CMH will continue to offer services at time of hospital discharge and staff will work to meet individuals needs and offer support so they do not return to the hospital. Education is provided so individuals are aware of alternative sources of treatment besides inpatient hospitalization. For the cases where an 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 114 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 11 individuals were not seen for follow-up care within seven days of discharge from a detox unit. Outreach was conducted with three 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.