REGION 10 PREPAID INPATIENT HEALTH PLAN

FY2025 3rd 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.*

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

- The SUD network met/exceeded the two set performance standards.
- Regional performance decreased 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) met/exceeded the two set performance standards.
- Sanilac CMH met/exceeded the first performance standard, but did not meet/exceed the second, higher performance standard.
- Lapeer CMH and St. Clair CMH did not meet/exceed the two set performance standards.
- Regional performance decreased from FY2025 second quarter to FY2025 third 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 PIHP continues to encourage substantive root cause analyses and continuous improvement plans.

Region 10 PIHP
Michigan Mission-Based Performance Indicator System

FY2025 – 3rd Quarter Summary Report

(April 1, 2025 – June 30, 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 third quarter of fiscal year 2025, along with trend data starting from the second 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)									
	2Q FY23	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**	**4Q FY24**	**1Q FY25**	**2Q FY25**	**3Q FY25**
Genesee Health System	100%	99.31%	100%	98.48%	100%	100%	100%	100%	100%	100%
Lapeer CMH	100%	100%	100%	100%	100%	100%	100%	100%	95.65%	100%
Sanilac CMH	100%	100%	100%	100%	100%	**94.87%** (37/39)	100%	100%	100%	100%
St. Clair CMH	100%	100%	100%	100%	100%	98.53%	98.51%	95.15%	98.67%	98.78%
PIHP Totals	**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**	**99.64% N=278**

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)									
	2Q FY23	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**	**4Q FY24**	**1Q FY25**	**2Q FY25**	**3Q FY25**
Genesee Health System	99.81%	99.63%	99.82%	97.72%	99.64%	99.83%	100%	99.81%	100%	100%
Lapeer CMH	100%	100%	100%	100%	100%	100%	100%	100%	98.81%	98.99%
Sanilac CMH	100%	100%	100%	100%	100%	100%	98.51%	97.62%	98.04%	97.01%
St. Clair CMH	100%	100%	100%	100%	100%	100%	96.97%	**91.63%** (197/215)	**87.61%** (191/218)	**92.00%** (207/225)
PIHP Totals	**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**	**97.77% N=941**

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)									
	2Q FY23	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**	**4Q FY24**	**1Q FY25**	**2Q FY25**	**3Q FY25**
Genesee Health System	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)	**42.59%** (471/1,106)
Lapeer CMH	58.57%	62.11%	67.58%	68.11%	68.09%	67.99%	67.65%	**58.68%** (142/242)	**51.54%** (134/260)	64.29%
Sanilac CMH	71.07%	70.55%	73.39%	71.52%	70.06%	75.45%	69.23%	77.52%	81.08%	76.05%
St. Clair CMH	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%	76.20%
PIHP Totals	**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**	**57.96% N=2,186**

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)									
	2Q FY23	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**	**4Q FY24**	**1Q FY25**	**2Q FY25**	**3Q FY25**
Genesee Health System	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)	**45.29%** (149/329)
Lapeer CMH	44.12%	37.50%	77.42%	65.33%	62.92%	68.09%	63.16%	**37.93%** (33/87)	**20.93%** (18/86)	**58.90%** (43/73)
Sanilac CMH	84.00%	76.32%	76.67%	74.51%	83.02%	75.81%	70.21%	86.67%	87.27%	74.58%
St. Clair CMH	73.59%	71.20%	63.24%	**47.57%** (98/206)	**41.09%** (83/202)	**61.44%** (94/153)	79.04%	64.16%	80.54%	78.29%
PIHP Totals	**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**	**57.91% N=613**

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)									
	2Q FY23	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**	**4Q FY24**	**1Q FY25**	**2Q FY25**	**3Q FY25**
Genesee Health System	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)	**42.03%** (240/571)
Lapeer CMH	69.33%	71.43%	62.41%	70.00%	71.27%	66.04%	69.93%	74.81%	72.67%	66.91%
Sanilac CMH	62.89%	65.98%	69.62%	67.90%	64.44%	72.22%	68.29%	69.44%	77.11%	76.92%
St. Clair CMH	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%	74.49%
PIHP Totals	**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**	**58.87% N=1,240**

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)									
	2Q FY23	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**	**4Q FY24**	**1Q FY25**	**2Q FY25**	**3Q FY25**
Genesee Health System	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)	**39.66%** (69/174)
Lapeer CMH	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)	**57.14%** (4/7)
Sanilac CMH	83.33%	90.00%	83.33%	78.57%	80.00%	88.89%	70.59%	100.00%	100.00%	76.92%
St. Clair CMH	64.62%	66.67%	72.31%	**30.19%** (16/53)	**30.95%** (13/42)	73.53%	66.67%	**67.31%** (35/52)	76.74%	80.70%
PIHP Totals	**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**	**51.39% N=251**

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)									
	2Q FY23	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**	**4Q FY24**	**1Q FY25**	**2Q FY25**	**3Q FY25**
Genesee Health System	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)	**40.63%** (13/32)
Lapeer CMH	57.14%	84.62%	83.33%	75.00%	66.67%	77.78%	92.86%	62.50%	87.50%	80.00%
Sanilac CMH	83.33%	100%	88.89%	80.00%	**50.00%** (7/14)	100%	70.00%	75.00%	**50.00%** (2/4)	75.00%
St. Clair CMH	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%	80.49%
PIHP Totals	**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**	**64.63% N=82**

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)									
	2Q FY23	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**	**4Q FY24**	**1Q FY25**	**2Q FY25**	**3Q FY25**
Region 10 PIHP SUD	73.26%	74.00%	78.17%	**74.15%** (1446/1950)	**74.59%** (1350/1810)	77.74%	79.04%	79.65%	80.83%	76.44%
PIHP Totals	**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**	**76.44% N=1,863**

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)									
	2Q FY23	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**	**4Q FY24**	**1Q FY25**	**2Q FY25**	**3Q FY25**
Genesee Health System	97.86%	98.82%	97.41%	96.40%	97.18%	98.61%	98.81%	97.54%	99.84%	99.53%
Lapeer CMH	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)	**35.10%** (73/208)
Sanilac CMH	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%	**73.05%** (103/141)
St. Clair CMH	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)	**69.42%** (404/582)
PIHP Totals	**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**	**77.47% N=1,571**

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)									
	2Q FY23	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**	**4Q FY24**	**1Q FY25**	**2Q FY25**	**3Q FY25**
Genesee Health System	99.49%	98.66%	94.71%	98.64%	99.48%	99.01%	98.24%	95.81%	100.00%	99.50%
Lapeer CMH	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)	**29.63%** (24/81)
Sanilac CMH	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)	**75.00%** (36/48)
St. Clair CMH	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)	**77.04%** (104/135)
PIHP Totals	**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**	**78.33% N=466**

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)									
	2Q FY23	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**	**4Q FY24**	**1Q FY25**	**2Q FY25**	**3Q FY25**
Genesee Health System	96.65%	98.58%	97.88%	93.70%	95.51%	98.34%	98.98%	97.74%	99.70%	99.36%
Lapeer CMH	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)	**37.39%** (43/115)
Sanilac CMH	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%	**72.50%** (58/80)
St. Clair CMH	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)	**64.09%** (232/362)
PIHP Totals	**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**	**74.05% N=871**

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)									
	2Q FY23	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**	**4Q FY24**	**1Q FY25**	**2Q FY25**	**3Q FY25**
Genesee Health System	98.99%	99.39%	99.22%	100%	98.78%	99.14%	100%	100%	100%	100%
Lapeer CMH	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)	**37.50%** (3/8)
Sanilac CMH	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)	**72.73%** (8/11)
St. Clair CMH	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)	**76.00%** (38/50)
PIHP Totals	**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**	**88.37% N=172**

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)									
	2Q FY23	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**	**4Q FY24**	**1Q FY25**	**2Q FY25**	**3Q FY25**
Genesee Health System	96.67%	100%	100%	100%	93.75%	96.43%	93.75%	100%	100%	100%
Lapeer CMH	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%	**75.00%** (3/4)
Sanilac CMH	75.00%	66.67%	60.00%	**50.00%** (3/6)	**80.00%** (8/10)	100%	**77.78%** (7/9)	100%	**80.00%** (4/5)	**50.00%** (1/2)
St. Clair CMH	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)	85.71%
PIHP Totals	**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**	**88.71% N=62**

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)									
	2Q FY23	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**	**4Q FY24**	**1Q FY25**	**2Q FY25**	**3Q FY25**
Genesee Health System	100%	**94.64%** (53/56)	95.56%	**91.11%** (41/45)	98.18%	100%	96.43%	100%	97.92%	97.67%
Lapeer CMH	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Sanilac CMH	100%	**88.89%** (8/9)	100%	100%	100%	100%	100%	100%	**85.71%** (6/7)	100%
St. Clair CMH	100%	95.00%	**86.67%** (13/15)	**87.50%** (14/16)	95.65%	100%	100%	100%	100%	100%
PIHP Totals	**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**	**98.68% N=76**

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)									
	2Q FY23	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**	**4Q FY24**	**1Q FY25**	**2Q FY25**	**3Q FY25**
Genesee Health System	**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%	98.04%
Lapeer CMH	100%	100%	100%	100%	**94.12%** (16/17)	100%	100%	**88.46%** (23/26)	100%	**87.10%** (27/31)
Sanilac CMH	100%	100%	100%	100%	100%	100%	**93.75%** (15/16)	100%	100%	**90.48%** (19/21)
St. Clair CMH	96.47%	96.59%	96.83%	**91.94%** (57/62)	96.30%	98.46%	95.59%	97.33%	97.65%	97.92%
PIHP Totals	**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**	**96.35% N=301**

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)									
	2Q FY23	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**	**4Q FY24**	**1Q FY25**	**2Q FY25**	**3Q FY25**
Region 10 PIHP SUD	**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)	95.51%
PIHP Totals	**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**	**95.51% N=89**

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)									
	2Q FY23	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**	**4Q FY24**	**1Q FY25**	**2Q FY25**	**3Q FY25**
Total Medicaid Beneficiaries Served	17,536	17,948	17,626	17,417	17,639	17,787	17,402	17,569	17,739	18,189
Number of Area Medicaid Recipients	251,434	253,895	256,464	242,289	229,322	217,458	202,970	202,869	202,369	200,868
PIHP Totals	**6.97%**	**7.07%**	**6.87%**	**7.19%**	**7.69%**	**8.18%**	**8.57%**	**8.66%**	**8.85%**	**9.06%**

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)									
	2Q FY23	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**	**4Q FY24**	**1Q FY25**	**2Q FY25**	**3Q FY25**
Number of HSW Enrollees Receiving at Least One HSW Service Other Than Supports Coordination	562	555	538	516	501	493	493	495	505	491
Total Number of HSW Enrollees	579	568	553	531	510	501	509	507	513	498
PIHP Totals	**97.06%**	**97.71%**	**97.29%**	**97.18%**	**98.24%**	**98.40%**	**96.86%**	**97.63%**	**98.44%**	**98.59%**

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)									
	2Q FY23	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**	**4Q FY24**	**1Q FY25**	**2Q FY25**	**3Q FY25**
Genesee Health System	7.69%	7.53%	12.99%	6.49%	10.11%	12.93%	13.95%	11.88%	4.11%	3.64%
Lapeer CMH	10.00%	10.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Sanilac CMH	9.09%	9.09%	**25.00%** (3/12)	0.00%	14.29%	12.50%	0.0%	0.00%	0.00%	**33.33%** (3/9)
St. Clair CMH	11.54%	4.17%	**20.00%** (4/20)	5.26%	4.00%	11.76%	8.7%	6.90%	14.29%	7.69%
PIHP Totals	**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**	**7.14% N=98**

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)									
	2Q FY23	**3Q FY23**	**4Q FY23**	**1Q FY24**	**2Q FY24**	**3Q FY24**	**4Q FY24**	**1Q FY25**	**2Q FY25**	**3Q FY25**
Genesee Health System	12.43%	14.04%	13.67%	14.67%	13.55%	14.19%	13.18%	13.46%	**15.74%** (54/343)	12.42%
Lapeer CMH	5.13%	6.25%	10.87%	12.50%	0.00%	9.52%	**16.98%** (9/53)	9.09%	8.82%	13.73%
Sanilac CMH	11.54%	0.00%	12.50%	5.26%	0.00%	14.29%	7.41%	10.53%	**17.65%** (3/17)	6.25%
St. Clair CMH	11.38%	9.92%	10.20%	12.09%	12.04%	14.29%	**16.52%** (19/115)	14.88%	**17.54%** (20/114)	14.84%
PIHP Totals	**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**	**12.76% N=533**

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 42.59% - 76.20%. 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 76.44%.

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 35.10% - 99.53%. One CMH exceeded the performance standards for this indicator, and another demonstrated improvement compared to the previous quarter.

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 children. For persons discharged from SUD Detox, the SUD Network met/exceeded the performance standard, demonstrated by a compliance rate of 95.51%.

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 adult population breakout, three CMHs met the standard for children.

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 635 of 1,106 events were non-compliant. Of these 635 events, reasons for non-compliance included individuals who cancelled or did not show for a scheduled appointment (18), those who reported an unwillingness or inability to wait for intake at the time they presented as walk-ins (28), those who completed an assessment outside of 14 days (145), those who were given walk-in information but did not present for intake (427), and those who did not complete intake for various other personal reasons (17).

GHS identified walk-in wait times as one contributing factor within their control for completing timely intake assessments. At baseline in FY2024 second quarter, 14 consumers (4%) were unable or unwilling to wait to complete their intake. After targeted interventions, FY2024 third quarter, FY2024 fourth quarter, and FY2025 first quarter showed a decline in non-compliance related to wait times, reflecting positive progress. However, in FY2025 second quarter, this trend reversed, with an increase in the number of consumers who were unwilling or unable to wait to complete intake. This issue continued in FY2025 third quarter, with 28 consumers impacted compared to 19 in second quarter, indicating a continued upward trend in wait time related challenges.

To address wait time concerns, GHS plans to adjust staffing and scheduling to ensure adequate coverage during peak walk-in hours. GHS will enhance consumer flow by offering scheduled appointments alongside walk ins and offering appointments at either of our locations. GHS will monitor wait times on a regular basis, collecting consumer feedback and using data trends to continue guiding ongoing improvements.

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 across all population breakouts.

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 achieved both performance standards for this indicator overall, but did not meet/exceed the higher performance standard for the child population breakouts (IDD-Child, MI-Child).

A root cause analysis revealed 80 of 224 events were non-compliant, including 33 for children and 47 for adults. Among children, the most common reasons for non-compliance included individuals cancelling or not showing for a scheduled appointment (11), and lack of appointment availability within the required 14-day timeframe (7). For adults, the primary cause for non-compliance was cancellations/no-shows by the person served (37).

Lapeer CMH continues to offer same-day, walk-in intakes within their Children's Department to support timely access to assessments. To further reduce barriers, staff report contacting families the day before scheduled appointments to remind them of their upcoming visit and encourage attendance. When

appointments are missed, follow-up calls are made the following day and again one week later to support re-engagement and rescheduling.

PI #3 – Ongoing service within 14 days of assessment
A root cause analysis revealed 135 of 208 individuals did not receive follow-up care within the required timeframe. This included 62 children and 73 adults.

For children, one identified barrier to timely follow-up was the adjustment to same-day intake scheduling, which impacted staff coverage and reduced the number of available appointment slots for subsequent ongoing services. Lapeer CMH noted that supervisors were able to identify these scheduling challenges quickly and implement adjustments that improved children's access to ongoing services.

For adults, barriers included a lack of clinical staff to meet the demand for in-person services, and instances of clients leaving their biopsychosocial (BPS) assessments without a follow-up appointment scheduled.

Lapeer CMH has taken several corrective actions to address these issues. Staffing schedules have been modified based on the observed needs of children seeking services, and referrals to community agencies are made when appropriate to ensure timely access to care. Caseloads are being reviewed to confirm alignment with service demand, and a newly trained outpatient therapist is increasing their caseload to expand service capacity. Additionally, as of January, the intake process has been revised so that intake workers contact outpatient support staff or the outpatient coordinator directly to schedule the next available appointment before the individual leaves the BPS appointment. Lapeer CMH also plans to explore the need for additional in-person therapists to improve timely service delivery.

PI #4 – Follow-up service within seven days of discharge
Lapeer CMH exceeded the 95% performance standard for the child population (100%) but did not meet the standard for the adult population (87.10%). Among the 31 adults that were discharged from a psychiatric inpatient unit, four (4) were determined not to have received follow-up care within seven days.

The primary barriers identified included coordination challenges across multiple hospitals and the need for consistent points of contact to improve communication and discharge planning.

In response, Lapeer CMH reports implementing a new policy in November to establish clear work instructions and expectations for both hospital and clinical staff. Through this policy, Lapeer CMH created a Hospital Liaison position to strengthen coordination of care, improve communication with hospital partners, and ensure smoother transitions for individuals returning to community-based services. Moving forward, Lapeer CMH will continue to implement this policy and monitor its effectiveness to ensure timely discharge planning and follow-up care.

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 achieved both performance standards across all population breakouts.

PI #3 – Ongoing service within 14 days of assessment
Sanilac CMH met the lower performance benchmark overall and for the MI-Child population breakout, but did not meet the higher benchmark for the MI-Adult, IDD-Child, or IDD-Adult populations.

A root cause analysis revealed that 38 of 141 events were non-compliant. The most common reasons for non-compliance involved individuals cancelling, rescheduling, or not attending scheduled appointments.

In response, Sanilac CMH continues to implement strategies aimed at improving engagement and reducing missed appointments. Individuals receive reminder text messages or phone calls prior to scheduled visits, based on their preference, and are provided appointment cards at the time of scheduling with the date, time, provider name, and contact information. Staff also emphasize the importance of attending scheduled appointments and encourage open communication if rescheduling is needed. These reminder and outreach efforts have been well received and continue to contribute to improved engagement and service timeliness.

PI #4 – Follow-up service within seven days of discharge
Sanilac CMH exceeded the 95% performance standard for the child population breakout (100%) but did not meet the standard for adults (90.48%).

Root cause analysis revealed two (2) of 21 adults did not receive a follow-up service within seven days of their discharge.

Sanilac CMH has implemented a coordinated process to promote timely follow-up care after discharge from an inpatient psychiatric unit. Following discharge, a Peer Support Specialist reaches out to each individual to check in, remind them of their scheduled follow-up appointment, and discuss any needs or concerns during the transition period. Additionally, the Hospital Liaison coordinates with the psychiatric unit prior to discharge to arrange follow-up care and ensure continuity of services.

PI #10 – Readmission within 30 days of discharge
Sanilac CMH exceeded the performance standard of <15% in the adult population breakout (6.25%), but failed to meet the standard for children (33.33%).

Root cause analysis revealed 6 of 9 children were readmitted within 30 days of discharge.

To help reduce the risk of readmission, Sanilac CMH has implemented follow-up and engagement processes for individuals recently discharged from inpatient psychiatric care. Following discharge, a Peer Support Specialist contacts the individual or family by phone to offer support and remind them of upcoming appointments. Additionally, the frequency of appointments with the treatment team is increased to provide added support and decrease the likelihood of rehospitalization.

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 (98.78%), but narrowly missed meeting the standard for the adult population (92.00%).

Root cause analysis revealed 18 of 225 adults 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 178 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 (94), those who were seen outside of the 14-day window (29), those who declined appointments within the 14 days or elected not to receive services (39), appointments that were rescheduled by the consumer (15), and appointments that were rescheduled by staff (1).

In response, St. Clair CMH reports that their team will continue to provide outreach as well as customized efforts depending on the individual's circumstances, or that of family members, guardians, etc.

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 achieved the performance standard across all population breakouts.

Region 10 SUD System

PI #2 – First service within 14 days of request
A total of 102 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 4 individuals were not seen for follow-up care within seven days of discharge from a detox unit. Outreach was conducted with one SUD Provider 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.