

Executive Summary

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

Objectives:

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

FY24Q2 Summary:

Indicator	Standard	Status
Indicator 1a: Percentage of children who received a prescreen within 3 hours of request.	≥95%	Met
Indicator 1b: Percentage of adults who received a prescreen within 3 hours of request.	≥95%	*Met
Indicator 2: Percentage of new persons who have completed bio-psychosocial assessment within 14 Days. (Adults and children with IDD and MI) (Cumulative Standard)	62.3%	*Met
Indicator 2e: Percentage of persons receiving a face-to-face service for substance use treatment or supports within 14 calendar days of a non-emergency request for service. (Cumulative Standard)	75.5%	*Not Met
Indicator 3: Percentage of new persons who had a medically necessary service within 14 days. (Adults and children with IDD and MI) (Cumulative Standard)	72.9%	Not Met
Indicator 4a1: Percentage of children who had a follow-up within 7 days of discharge from a psychiatric unit.	≥95%	*Met
Indicator 4a1: Percentage of adults who had a follow-up within 7 days of discharge from a psychiatric unit.	≥95%	*Met
Indicator 4b: Percentage who had a follow-up within 7 days of discharge from a withdrawal management program.	≥95%	Met
Indicator 10a: Percentage of children who had a re-admission to a psychiatric unit within 30 days.	≤15%	*Met
Indicator 10a: Percentage of adults who had a re-admission to a psychiatric unit within 30 days.	≤15%	*Met

* Exceeded the State Average Performance

Conclusion: MSHN exceeded the State Average Performance on 7 of the 10 indicators as indicated in the [MMBPIS PIHP Final Report FY24Q1](#). Quality improvement strategies for the following CMHSP participants should be reviewed/developed based on performance:

- Indicator 1: The Right Door, NCMH, TBHS
- Indicator 2: BABH, GIHN, Lifeways, NCMH, SCCMHA, SHW, TBHS
- Indicator 3: BABH, CEI, CMCMH, GIHN, HBH, The Right Door, Lifeways, MCN, NCMH, SCCMHA, SHW
- Indicator 4: BABH, CMHCM, GIHN, Lifeways, SHW, TBHS
- Indicator 10: HBH, MCN, NCMH, SHW

Based on data available the leading causes for Indicator 2 and 3 “Out of Compliance” continue to be “consumer no-showed/canceled” or “refused an appointment offered within time frame or requested and appointment outside of the required timeframe”. The interventions identified for FY23 for increasing the availability of appointments within the required timeframe were effective.

Data Analysis:

Figure 1. MSHN Longitudinal Quarterly Performance

	Population	Standard	FY23Q1	FY23Q2	FY23Q3	FY23Q4	FY24Q1	FY24Q2
Indicator 1: Percentage who received a Prescreen within 3 hours of request. (95% Standard)	Children	≥95%	99.32%	98.23%	97.69%	98.83%	98.58%	98.63%
	Adults	≥95%	99.42%	99.25%	99.70%	99.79%	99.67%	99.33%
Indicator 2: Percentage of new persons who have completed Bio-psychosocial Assessment within 14 Days. (Cumulative 62.30% Standard)	MI Child	>62.0%	59.14%	57.13%	61.13%	62.22%	60.43%	65.52%
	MI Adults	>62.0%	62.95%	58.27%	63.84%	65.97%	64.31%	64.59%
	DD Child	>62.0%	49.21%	40.98%	42.74%	45.21%	43.51%	56.63%
	DD Adult	>62.0%	57.29%	49.18%	71.91%	51.69%	67.83%	73.33%
	Total	>62.0%	60.81%	56.75%	61.94%	63.36%	61.79%	64.60%
Indicator 2e: Percentage of new persons receiving a face to face service for treatment or supports within 14 calendar days of a non-emergency request for service. (Cumulative 75.50% Standard)	SUD	>75.3%	72.68%	75.25%	72.75%	73.31%	72.40%	*74.17%
Indicator 3: Percentage of new persons who had a medically necessary service within 14 days. (Cumulative 72.9% Standard)	MI Child	>72.9%	56.86%	61.01%	56.82%	60.61%	58.28%	58.59%
	MI Adults	>72.9%	59.47%	62.85%	63.68%	62.69%	58.09%	67.71%
	DD Child	>72.9%	77.16%	81.42%	81.85%	82.12%	76.05%	80.97%
	DD Adult	>72.9%	61.90%	61.62%	65.91%	60.82%	65.74%	67.01%
	Total	>72.9%	59.53%	63.50%	63.09%	63.68%	59.72%	65.56%
Indicator 4: Percentage who had a Follow-Up within 7 Days of Discharge from a Psychiatric Unit/SUD Detox Unit (Quarterly 95% Standard)	Children	≥95%	97.25%	96.06%	98.74%	99.10%	94.67%	97.37%
	Adults	≥95%	95.60%	96.81%	97.35%	93.29%	95.20%	95.99%
	MSHN SUD	≥95%	97.83%	97.78%	98.01%	96.20%	95.02%	98.05%
Indicator 10: Percentage who had a Re-admission to Psychiatric Unit within 30 Days (≤15% Standard)	Children	≤15%	8.75%	9.19%	9.52%	7.41%	9.36%	8.84%
	Adults	≤15%	13.01%	12.70%	12.33%	11.40%	10.73%	10.95%

*Calculated by MDHHS. Final Data Not Available.

Figure 4. MSHN Network Provider Exception Rates

	Indicator 4					Indicator 10				
	FY23Q2	FY23Q3	FY23Q4	FY24Q1	FY24Q2	FY23Q2	FY23Q3	FY23Q4	FY24Q1	FY24Q2
BABH	19%	29.37%	43.93%	39.13%	32.26%	0.00%	1.38%	0.00%	0.00%	0.00%
CEI	0%	30.85%	44.16%	40.38%	43.32%	28.81%	21.16%	29.95%	29.28%	17.14%
CMHCM	12%	25.56%	21.09%	18.92%	15.09%	0.00%	0.00%	0.00%	0.00%	0.00%
GIHN	0%	4.55%	17.50%	10.81%	11.76%	0.00%	0.00%	0.00%	0.00%	0.00%
HBH	0%	25.93%	32.00%	29.63%	37.93%	0.00%	0.00%	0.00%	0.00%	0.00%
The Right Door	0%	23.26%	19.35%	11.43%	6.90%	0.00%	0.00%	0.00%	0.00%	0.00%
Lifeways	31%	42.79%	44.57%	39.35%	37.44%	0.00%	1.30%	4.25%	5.09%	1.48%
MCN	0%	20.00%	27.27%	34.88%	17.95%	0.00%	6.98%	0.00%	15.69%	0.00%
Newaygo	**	20.00%	24.14%	12.50%	28.21%	**	0.00%	0.00%	0.00%	0.00%
Saginaw	0%	43.24%	44.44%	31.33%	23.97%	0.00%	0.51%	0.00%	0.00%	0.00%
SHW	32%	34.38%	32.35%	38.10%	24.49%	0.00%	0.00%	0.00%	0.00%	0.00%
TBHS	100%	32.14%	46.34%	51.85%	21.43%	0.00%	0.00%	0.00%	20.51%	0.00%
MSHN	20.63%	34.76%	38.58%	33.06%	30.17%	8.42%	6.91%	9.42%	10.93	5.82%
4b MSHN-SUD	39.51%	41.91%	40.45%	39.13%	43.53%	**No eligible records				

Figure 5. Causal Factors for Out of Compliance Indicator 2 and 3.

Out-of-Compliance/Exception	Indicator 2			Indicator 3		
	FY23 Rate	FY24Q1 Rate	FY24Q2 Rate	FY23 Rate	FY24Q1 Rate	FY24Q2 Rate
Out-of-Compliance/Exception	6996	1720	1514	5160	1431	1144
Blank	26%	13.5%	15.85%	37.8%	28.1%	29.1%
Consumer No showed/Canceled appointment	19.4%	27.2%	37.25%	22.8%	28.7%	34.09%
Consumer chose not to pursue services	2.6%	4.0%	2.51%	2.2%	3.3%	2.97%
Consumer chose not to use CMHSP/PIHP services, chose provider outside of network	.5%	0.3%	.86%	.3%	0.3%	.26%
Consumer refused an appointment offered or requested an appointment outside of the required timeframe.	16.3%	24.3%	18.30%	10.1%	13.4%	13.20%
Consumer rescheduled the appointment	7.4%	10.3%	10.30%	5.6%	5.5%	9.00%
No appointment available within 14 days with any staff	20.6%	14.2%	5.15%	9.2%	17.1%	6.47%
Staff cancel/reschedule	.7%	1.0%	1.45%	1.6%	1.6%	2.27%
Unable to complete Biopsychosocial as a result of an emergent service need	.1%	0.3%	.59%	.1%	0.2%	.17%
Assessment determined not eligible	0%	0.2%	.13%	1.0%	0.3%	.26%
Consumer unable to be reached	.04%	4.4%	7.27%	.6%	1.3%	1.14%
Other-	5.8%		.33%	9.0%	0.1%	1.05%

Figure 6. Causal Factors Exceptions/Out of compliance Indicator 4a and 4b

Out-of-Compliance/Exception	Indicator 4a			Indicator 4b		
	FY23 Rate	FY24Q1 Rate	FY24Q2 Rate	FY23 Rate	FY24Q1 Rate	FY24Q2 Rate
Out-of-Compliance/Exception	1510	398	352	588	356	162
Blank	4.6%	6.28%	5.9%	0%	0%	1.14%
Consumer No showed/Canceled appointment	62.6%	57.28%	63.64%	7.8%	5.16%	5.11%
Consumer chose not to pursue services	11.2%	10.3%	8.81%	40.5%	45.16%	18.18%
Consumer chose not to use CMHSP/PIHP services, chose provider outside of network	12.5%	0%	16.19%	23.3%	30.97%	14.20%
Consumer refused an appointment offered or requested an appointment outside of the required timeframe.	1.1%	.75%	.28%	21.6%	14.84%	5.97%
Consumer rescheduled the appointment	4.4%	4.0%	2.84%	1.0%	3.87%	2.84%
No appointment available within 14 days with any staff	.3%	.5%	.28%	0%	0%	0%
Staff cancel/reschedule	.7%	1.5%	.85%	0%	0%	0%
Unable to complete Biopsychosocial as a result of an emergent service need	.8%	0%	0%	0%	0%	0%
Assessment determined not eligible	0%	0%	0%	0%	0%	0%
Consumer unable to be reached	0%	.75%	.28%	0%	0%	0%
Other-	1.8%	0%	.57%	.9%	0%	.28%

Follow Up to Data Analysis:

Barrier Priority Ranking	Barrier Description	Interventi on Initiation Date (MM/YY)	Intervention Description	Select Current Intervention Status	Select if Member, Provider, or System Intervention
NA	Lack of insight into what resources and community partners are available to address disparities.	10/1/2023	<ul style="list-style-type: none"> Identify survey/assessments/data sources to evaluate resources/community partners to address disparities within the local community. 	Discontinued	Provider Intervention
NA		10/1/2023	<ul style="list-style-type: none"> Conduct assessment/survey to clearly identify community partners and resources available to address disparities within those communities that demonstrate a significant disparity. 	Discontinued	Provider Intervention
NA	Workforce shortage-Lack of qualified -culturally competent clinicians resulting in limited available appointments within 14 days.	12/31/2022	<ul style="list-style-type: none"> Conduct feasibility study to collect information from CMHSPs and SUD Providers regarding specific cultural competency requests. 	Discontinue	System
1	No shows-lack of appointment follow up	10/1/2024	<ul style="list-style-type: none"> Implement appointment reminder system completed by a staff person/peer. 	Revised	Provider Intervention
		8/31/2024 10/1/2024	<ul style="list-style-type: none"> Implement/modify process for coordination between providers (warm hand off) Provide training for Teach back method. Implement Teach back method for coordination including resolution of barriers. Including barriers specifically related to race and ethnicity. 	Continued	Provider Intervention
				New New	System Provider Intervention
2	Workforce shortage-Lack of qualified -culturally competent clinicians resulting in limited available appointments within 14 days.	10/1/2022	<ul style="list-style-type: none"> Recruit of student interns and recent graduates from colleges and universities with diverse student populations. 	Continued	Provider Intervention
		10/1/2022	<ul style="list-style-type: none"> Utilization of external contractors to provide services. 	Continued	Provider
		10/1/2024	<ul style="list-style-type: none"> Utilize financial incentives to obtain/retain adequate staffing. 	New	Provider

4	Ratio established by MDHHS for Wrap-around and Homebased Services staffing not met.	CY25	<ul style="list-style-type: none"> • Develop action steps to increase network adequacy for children services. 	New	System/ Provider
3	Minority Groups are not aware of services offered	8/1/2024	<ul style="list-style-type: none"> • Identify and engage with partner organizations that predominantly serve communities of color. (examples: faith-based/religious groups, community recreation centers, tribal organizations, etc) 	Continue, revise the timeline	Provider
		8/1/2024	<ul style="list-style-type: none"> • Distribute CMHSP informational materials to individuals through identified partner organizations within communities of color. 	Continue, revise the timeline	Provider
5	Insufficient data to identify Social Determinants of Health (SDOH) such as inadequate Housing, food insecurity, transportation needs, employment/income challenges	CY26	<ul style="list-style-type: none"> • MSHN will work with partner CMHSPs to develop a standardized a process for collecting and sharing data related to social determinants of health including the use of SDOH z codes on service encounters. 	Continue, revise timeline to CY26 change to system and remove from the current prioritized interventions.	System

Any Additional Follow Up/Attachments:

Attachment 1 Provider Network FY24Q2 Data

Reviewed/Approved by: Quality Improvement Council

Date: 7/25/2024



FY24Q2 Indicator 4b Substance Use Disorder Withdrawal Management Providers Data

Provider	Grand Total	Exceptions	Valid Total	In Compliance	Performance Rate	Exception Rate
PIHP Mid-State Health Network	356	155	201	191	95.02%	43.54%
Addiction Treatment Services	31	11	20	17	85.00%	35.48%
Bear River Health	112	32	80	79	98.75%	28.57%
CMH for Clinton, Eaton Ingham Counties	66	29	37	37	100.00%	43.94%
DOT Caring Centers	33	14	19	19	100.00%	42.42%
Flint Odyssey House	26	16	10	10	100.00%	61.54%
HealthSource Saginaw	33	18	15	13	86.67%	54.55%
Henry Ford Allegiance Health	15	9	6	3	50.00%	60.00%
Meridian Health Services	6	4	2	2	100.00%	66.67%
Sacred Heart Rehabilitation Center	18	13	5	4	80.00%	72.22%
Salvation Army	8	2	6	6	100.00%	25.00%
Sunrise Centre	5	4	1	1	100.00%	80.00%

FY24Q2 Indicator 1 - Pre-Admission Screening CMHSP Data

Affiliate / CMH	Gross	Exc	Denom	Num	Child	Gross	Exc	Denom	Num	Adult
Bay-Arenac	56	0	56	56	100.00%	253	0	253	253	100.00%
CEI	304	0	304	295	97.04%	506	0	506	503	99.41%
Central MI	140	0	140	140	100.00%	382	0	382	382	100.00%
Gratiot	27	0	27	26	96.30%	67	0	67	66	98.51%
Huron	28	0	28	28	100.00%	33	0	33	33	100.00%
Ionia	22	0	22	22	100.00%	75	0	75	70	93.33%
LifeWays	30	0	30	30	100.00%	250	0	250	249	99.60%
Montcalm	17	0	17	17	100.00%	63	0	63	62	98.41%
Newaygo	29	0	29	28	96.55%	38	0	38	34	89.47%
Saginaw	168	0	168	168	100.00%	567	0	567	567	100.00%
Shiawassee	38	0	38	38	100.00%	99	0	99	99	100.00%
Tuscola	17	0	17	16	94.12%	63	0	63	62	98.41%
Total/PIHP:	876	0	876	864	98.63%	2396	0	2396	2380	99.33%

FY24Q2 Indicator 4a – Hospital Discharges Follow-Up CMHSP Data4a - Hospital Discharges F/U

Affiliate / CMH	Gross	Exc	Denom	Num	Child	Gross	Exc	Denom	Num	Adult
Bay-Arenac	32	3	29	29	100.00%	123	47	76	72	94.74%
CEI	46	15	31	31	100.00%	171	79	92	89	96.74%
Central MI	17	4	13	12	92.31%	89	12	77	77	100.00%
Gratiot	12	2	10	10	100.00%	22	2	20	18	90.00%
Huron	8	2	6	6	100.00%	21	9	12	12	100.00%
Ionia	2	0	2	2	100.00%	27	2	25	25	100.00%
LifeWays	31	13	18	16	88.89%	172	63	109	104	95.41%
Montcalm	7	0	7	7	100.00%	32	7	25	24	96.00%
Newaygo	13	5	8	8	100.00%	26	6	20	19	95.00%
Saginaw	22	5	17	17	100.00%	124	30	94	90	95.74%
Shiawassee	6	1	5	4	80.00%	43	11	32	29	90.63%
Tuscola	6	0	6	6	100.00%	22	6	16	15	93.75%
Total/PIHP:	202	50	152	148	97.37%	872	274	598	574	95.99%

FY24Q2 Indicator 10 - Inpatient Recidivism

Affiliate / CMH	Gross	Exc	Denom	Num	Child	Gross	Exc	Denom	Num	Adult
Bay-Arenac	33	0	33	1	3.03%	124	0	124	17	13.71%
CEI	69	14	55	7	12.73%	357	59	298	27	9.06%
Central MI	17	0	17	0	0.00%	90	0	90	9	10.00%
Gratiot	13	0	13	0	0.00%	24	0	24	1	4.17%
Huron	8	0	8	4	50.00%	22	0	22	0	0.00%
Ionia	2	0	2	0	0.00%	27	0	27	4	14.81%
LifeWays	31	1	30	3	10.00%	172	2	170	23	13.53%
Montcalm	7	0	7	0	0.00%	32	0	32	5	15.63%
Newaygo	13	0	13	3	23.08%	26	0	26	4	15.38%
Saginaw	25	0	25	1	4.00%	132	0	132	13	9.85%
Shiawassee	6	0	6	0	0.00%	43	0	43	7	16.28%
Tuscola	6	0	6	0	0.00%	26	0	26	1	3.85%
Total/PIHP:	230	15	215	19	8.84%	1075	61	1014	111	10.95%

FY24Q2 Indicator 2 Request-Timeliness

CMHSP	Denom	Num	MI / Child	Denom	Num	MI / Adult	Denom	Num	DD / Child	Denom	Num	DD / Adult	Denom	Num	Total
Bay-Arenac	120	72	60.00%	239	129	53.97%	40	28	70.00%	11	8	72.73%	410	237	57.80%
CEI	275	236	85.82%	227	199	87.67%	59	6	10.17%	3	2	66.67%	564	443	78.55%
Central MI	303	223	73.60%	584	463	79.28%	27	25	92.59%	8	6	75.00%	922	717	77.77%
Gratiot	67	12	17.91%	121	49	40.50%	7	3	42.86%	1	0	0.00%	196	64	32.65%
Huron	33	27	81.82%	64	46	71.88%	3	3	100.00%	5	5	100.00%	105	81	77.14%
Ionia	100	73	73.00%	170	124	72.94%	15	13	86.67%	7	7	100.00%	292	217	74.32%
LifeWays	135	88	65.19%	334	191	57.19%	35	19	54.29%	18	14	77.78%	522	312	59.77%
Montcalm	94	78	82.98%	138	106	76.81%	17	15	88.24%	17	16	94.12%	266	215	80.83%
Newaygo	73	32	43.84%	135	63	46.67%	3	2	66.67%	2	1	50.00%	213	98	46.01%
Saginaw	159	96	60.38%	295	160	54.24%	50	38	76.00%	24	14	58.33%	528	308	58.33%
Shiawassee	43	3	6.98%	59	9	15.25%	15	1	6.67%	4	1	25.00%	121	14	11.57%
Tuscola	57	16	28.07%	68	33	48.53%	8	5	62.50%	5	3	60.00%	138	57	41.30%
Total/PIHP:	1459	956	65.52%	2434	1572	64.59%	279	158	56.63%	105	77	73.33%	4277	2763	64.60%

#3 FY24Q2 Indicator 3 1st Service – Timeliness

CMHSP	Denom	Num	MI / Child	Denom	Num	MI / Adult	Denom	Num	DD / Child	Denom	Num	DD / Adult	Denom	Num	Total
Bay-Arenac	89	52	58.43%	168	125	74.40%	34	28	82.35%	10	9	90.00%	301	214	71.10%
CEI	274	152	55.47%	282	213	75.53%	89	84	94.38%	7	3	42.86%	652	452	69.33%
Central MI	230	164	71.30%	382	274	71.73%	24	18	75.00%	7	6	85.71%	643	462	71.85%
Gratiot	40	22	55.00%	67	53	79.10%	6	6	100.00%	1	1	100.00%	114	82	71.93%
Huron	20	9	45.00%	48	22	45.83%	3	1	33.33%	5	1	20.00%	76	33	43.42%
Ionia	68	39	57.35%	138	104	75.36%	13	8	61.54%	6	4	66.67%	225	155	68.89%
LifeWays	105	33	31.43%	196	90	45.92%	18	6	33.33%	16	12	75.00%	335	141	42.09%
Montcalm	75	41	54.67%	114	88	77.19%	16	13	81.25%	19	12	63.16%	224	154	68.75%
Newaygo	61	36	59.02%	103	69	66.99%	2	1	50.00%	2	0	0.00%	168	106	63.10%
Saginaw	150	98	65.33%	217	111	51.15%	48	43	89.58%	18	12	66.67%	433	264	60.97%
Shiawassee	20	14	70.00%	38	27	71.05%	8	4	50.00%	2	2	100.00%	68	47	69.12%
Tuscola	32	22	68.75%	40	38	95.00%	7	5	71.43%	4	3	75.00%	83	68	81.93%
Total/PIHP:	1164	682	58.59%	1793	1214	67.71%	268	217	80.97%	97	65	67.01%	3322	2178	65.56%