

MICHIGAN MISSION-BASED PERFORMANCE INDICATOR SYSTEM

PIHP

Performance Indicator Trending Report

FY'20 – FY'22

updated December 2022



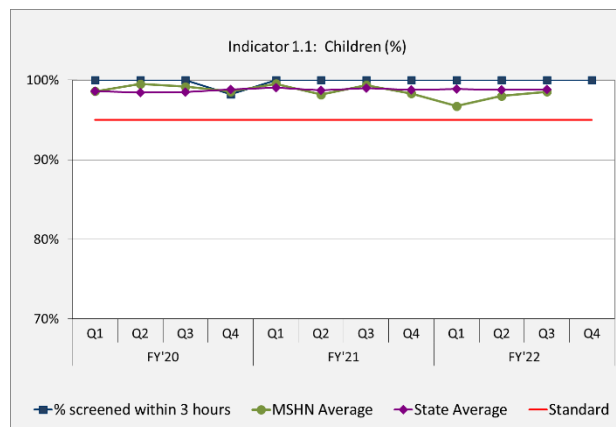
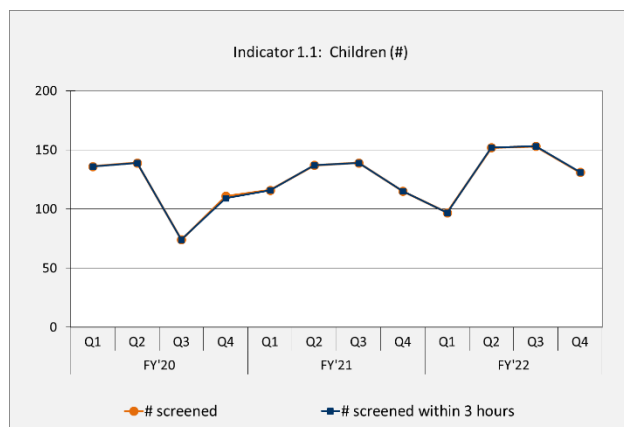
SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY

Indicator 1: ACCESS-TIMELINESS/INPATIENT SCREENING: The percentage of persons during the quarter receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within 3 hours. Standard = 95%

Rationale for Use: People who are experiencing symptoms serious enough to warrant evaluation for inpatient care are potentially at risk of danger to themselves or others. Thus, time is of the essence. This indicator assesses whether CMHSPs and PIHPs are meeting the Department's standard that 95% of the inpatient screenings have a final disposition within 3 hours. This indicator is a standard measure of access to care.

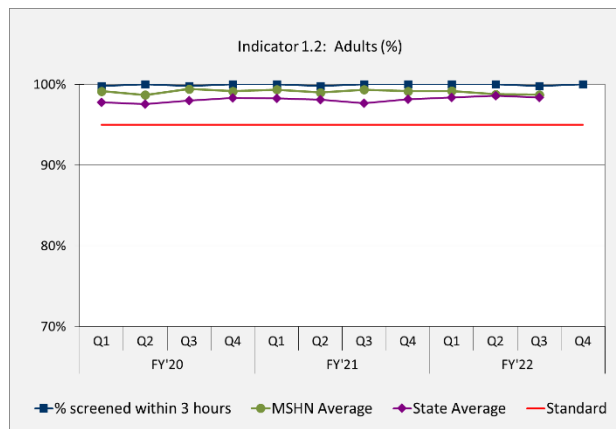
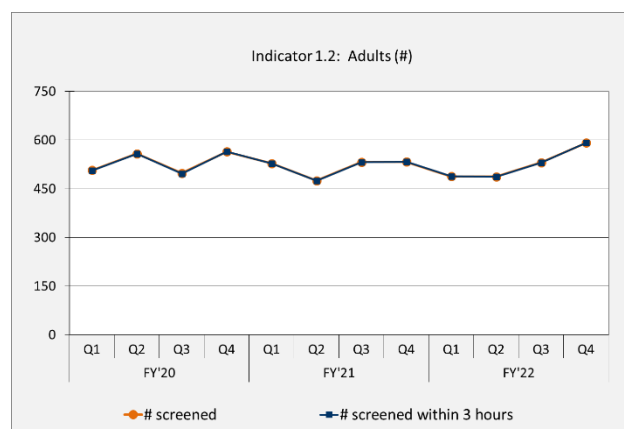
Indicator 1.1: Children

	FY'20					FY'21					FY'22				
	Q1	Q2	Q3	Q4	TOTAL	Q1	Q2	Q3	Q4	TOTAL	Q1	Q2	Q3	Q4	TOTAL
# screened	136	139	74	111	460	116	137	139	115	507	97	152	153	131	533
# screened within 3 hours	136	139	74	109	458	116	137	139	115	507	97	152	153	131	533
# not screened within 3 hours	0	0	0	2	2	0	0	0	0	0	0	0	0	0	0
% screened within 3 hours	100.00%	100.00%	100.00%	98.20%	99.57%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
MSHN Average	98.60%	99.51%	99.19%	98.57%		99.53%	98.19%	99.38%	98.32%		96.73%	98.00%	98.53%		
State Average	98.60%	98.44%	98.47%	98.85%		99.03%	98.71%	98.97%	98.77%		98.91%	98.77%	98.85%		
Standard	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%



Indicator 1.2: Adults

	FY'20					FY'21					FY'22				
	Q1	Q2	Q3	Q4	TOTAL	Q1	Q2	Q3	Q4	TOTAL	Q1	Q2	Q3	Q4	TOTAL
# screened	507	558	498	564	2,127	528	475	532	533	2,068	488	487	531	591	2,097
# screened within 3 hours	506	558	497	564	2,125	528	474	532	533	2,067	488	487	530	591	2,096
# not screened within 3 hours	1	0	1	0	2	0	1	0	0	1	0	0	1	0	1
% screened within 3 hours	99.80%	100.00%	99.80%	100.00%	99.91%	100.00%	99.79%	100.00%	100.00%	99.95%	100.00%	100.00%	99.81%	100.00%	99.95%
MSHN Average	99.17%	98.71%	99.44%	99.16%		99.35%	99.00%	99.36%	99.17%		99.19%	98.77%	98.74%		
State Average	97.79%	97.55%	97.99%	98.31%		98.27%	98.12%	97.67%	98.16%		98.41%	98.59%	98.38%		
Standard	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

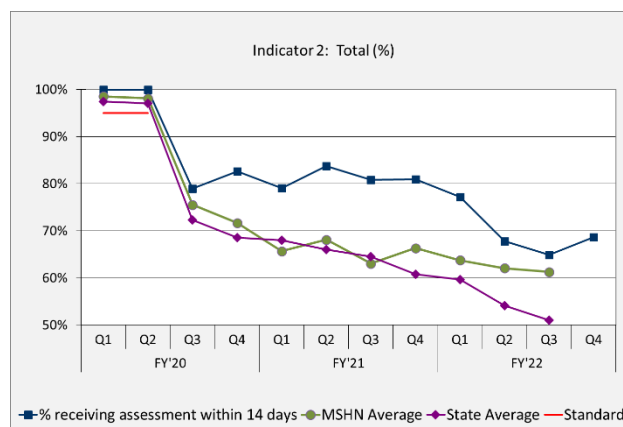
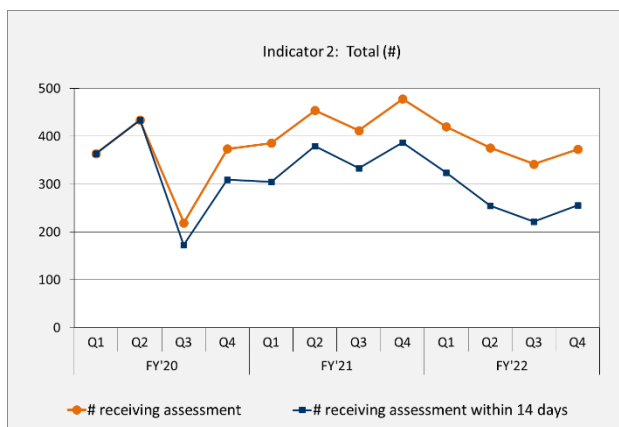


Indicator 2A* (new): ACCESS-TIMELINESS/FIRST REQUEST: The percentage of new persons during the quarter receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service.
 *Effective FY20Q3, MDHHS has removed all exception reasons. Standard = No standard for first year of implementation.

Rationale for Use: Quick, convenient entry into the public mental health system is a critical aspect of accessibility of services. Delays in clinical and psychological assessment may lead to exacerbation of symptoms and distress and poorer role functioning. The amount of time between a request for service and clinical assessment with a professional is one measure of access to care.

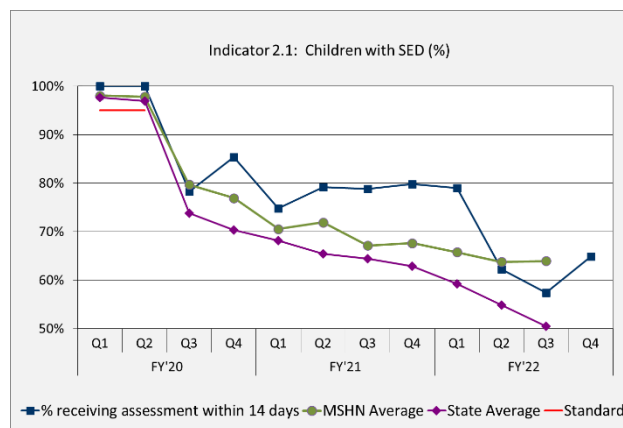
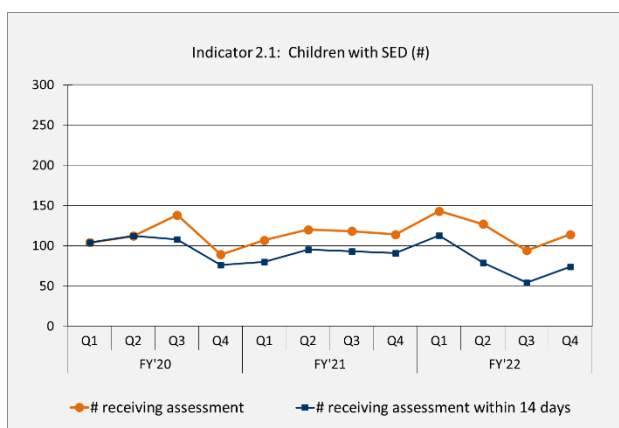
Indicator 2: Total

	FY'20					FY'21					FY'22				
	Q1	Q2	Q3	Q4	TOTAL	Q1	Q2	Q3	Q4	TOTAL	Q1	Q2	Q3	Q4	TOTAL
# receiving assessment	364	434	219	374	1,391	386	454	412	478	1,730	420	376	342	373	1,511
# receiving assessment within 14 days	364	434	173	309	1,280	305	380	333	387	1,405	324	255	222	256	1,057
# not receiving assessment within 14 days	0	0	46	65	111	81	74	79	91	325	96	121	120	117	454
% receiving assessment within 14 days	100.00%	100.00%	79.00%	82.62%	92.02%	79.02%	83.70%	80.83%	80.96%	81.21%	77.14%	67.82%	64.91%	68.63%	69.95%
MSHN Average	98.52%	98.11%	75.52%	71.69%		65.69%	68.13%	63.06%	66.31%		63.73%	62.08%	61.24%		
State Average	97.44%	97.05%	72.34%	68.54%		67.98%	65.98%	64.51%	60.81%		59.61%	54.10%	51.03%		
Standard	95%	95%													



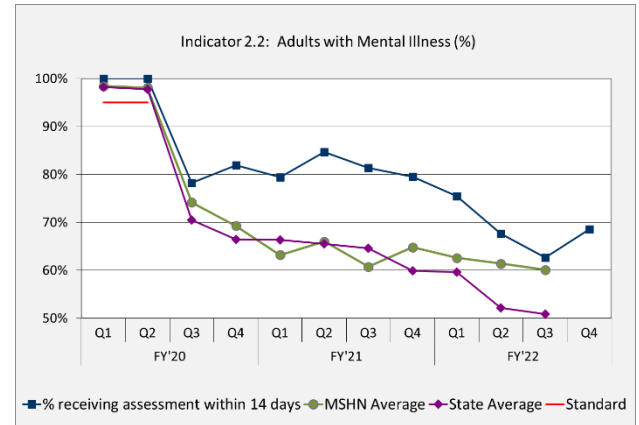
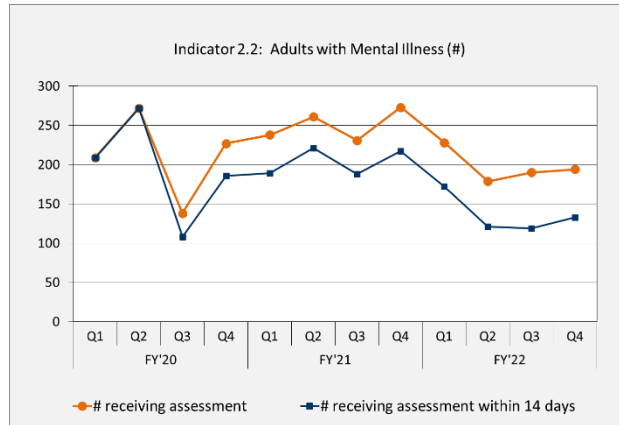
Indicator 2.1: Children with Serious Emotional Disturbances (SED)

	FY'20					FY'21					FY'22				
	Q1	Q2	Q3	Q4	TOTAL	Q1	Q2	Q3	Q4	TOTAL	Q1	Q2	Q3	Q4	TOTAL
# receiving assessment	104	112	138	89	443	107	120	118	114	459	143	127	94	114	478
# receiving assessment within 14 days	104	112	108	76	400	80	95	93	91	359	113	79	54	74	320
# not receiving assessment within 14 days	0	0	30	13	43	27	25	25	23	100	30	48	40	40	158
% receiving assessment within 14 days	100.00%	100.00%	78.26%	85.39%	90.29%	74.77%	79.17%	78.81%	79.82%	78.21%	79.02%	62.20%	57.45%	64.91%	66.95%
MSHN Average	98.04%	97.83%	79.72%	76.93%		70.56%	71.91%	67.15%	67.61%		65.77%	63.78%	63.92%		
State Average	97.71%	96.91%	73.76%	70.31%		68.16%	65.40%	64.43%	62.89%		59.21%	54.88%	50.52%		
Standard	95%	95%													

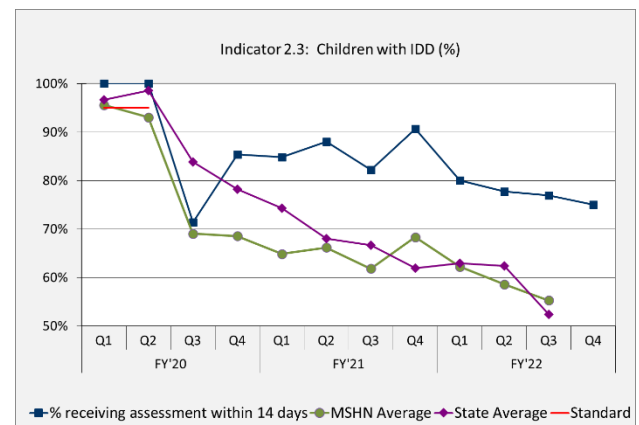
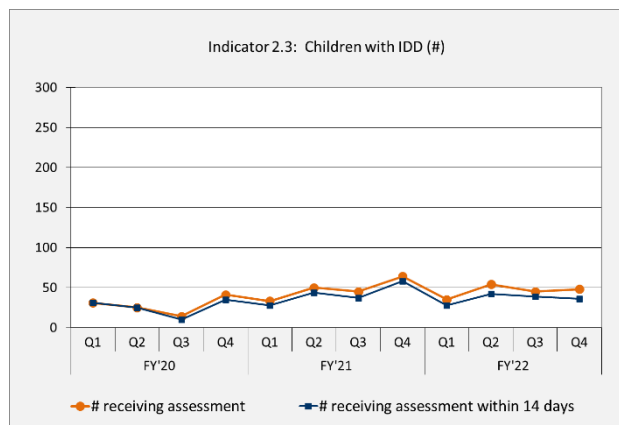


Indicator 2.2: Adults with Mental Illness (MI)

	FY'20					FY'21					FY'22				
	Q1	Q2	Q3	Q4	TOTAL	Q1	Q2	Q3	Q4	TOTAL	Q1	Q2	Q3	Q4	TOTAL
# receiving assessment	209	272	138	227	846	238	261	231	273	1,003	228	179	190	194	791
# receiving assessment within 14 days	209	272	108	186	775	189	221	188	217	815	172	121	119	133	545
# not receiving assessment within 14 days	0	0	30	41	71	49	40	43	56	188	56	58	71	61	246
% receiving assessment within 14 days	100.00%	100.00%	78.26%	81.94%	91.61%	79.41%	84.67%	81.39%	79.49%	81.26%	75.44%	67.60%	62.63%	68.56%	68.90%
MSHN Average	98.41%	98.09%	74.15%	69.25%		63.21%	66.00%	60.75%	64.81%		62.59%	61.38%	60.10%		
State Average	98.21%	97.75%	70.46%	66.47%		66.35%	65.47%	64.55%	59.91%		59.60%	52.17%	50.84%		
Standard	95%	95%													

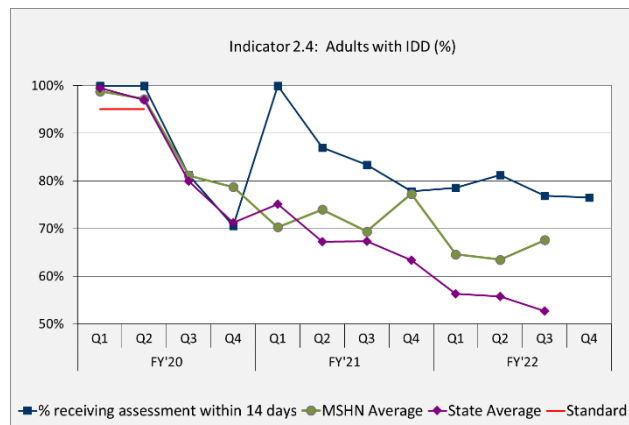
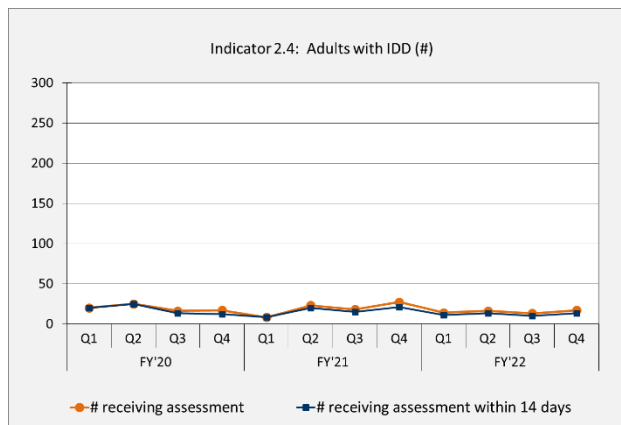

Indicator 2.3: Children with Intellectual and Developmental Disabilities (IDD)

	FY'20					FY'21					FY'22				
	Q1	Q2	Q3	Q4	TOTAL	Q1	Q2	Q3	Q4	TOTAL	Q1	Q2	Q3	Q4	TOTAL
# receiving assessment	31	25	14	41	111	33	50	45	64	192	35	54	45	48	182
# receiving assessment within 14 days	31	25	10	35	101	28	44	37	58	167	28	42	39	36	145
# not receiving assessment within 14 days	0	0	4	6	10	5	6	8	6	25	7	12	6	12	37
% receiving assessment within 14 days	100.00%	100.00%	71.43%	85.37%	90.99%	84.85%	88.00%	82.22%	90.63%	86.98%	80.00%	77.78%	76.92%	75.00%	79.67%
MSHN Average	95.58%	93.04%	69.05%	68.56%		64.88%	66.20%	61.80%	68.33%		62.21%	58.58%	55.29%		
State Average	96.67%	98.55%	83.82%	78.24%		74.29%	68.00%	66.61%	61.89%		62.91%	62.40%	52.39%		
Standard	95%	95%													



Indicator 2.4: Adults with Intellectual and Developmental Disabilities (IDD)

	FY'20					FY'21					FY'22				
	Q1	Q2	Q3	Q4	TOTAL	Q1	Q2	Q3	Q4	TOTAL	Q1	Q2	Q3	Q4	TOTAL
# receiving assessment	20	25	16	17	78	8	23	18	27	76	14	16	13	17	60
# receiving assessment within 14 days	20	25	13	12	70	8	20	15	21	64	11	13	10	13	47
# not receiving assessment within 14 days	0	0	3	5	8	0	3	3	6	12	3	3	3	4	13
% receiving assessment within 14 days	100.00%	100.00%	81.25%	70.59%	89.74%	100.00%	86.96%	83.33%	77.78%	84.21%	78.57%	81.25%	76.92%	76.47%	78.33%
MSHN Average	98.78%	97.22%	81.13%	78.72%		70.27%	74.00%	69.41%	77.27%		64.56%	63.46%	67.59%		
State Average	99.46%	96.95%	79.93%	71.18%		75.13%	67.24%	67.30%	63.32%		56.29%	55.79%	52.67%		
Standard	95%	95%													



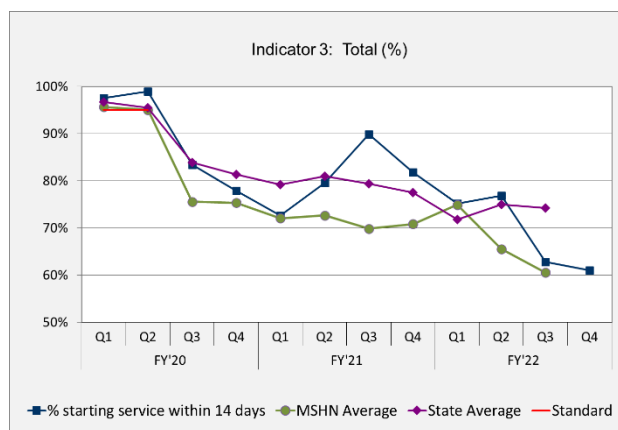
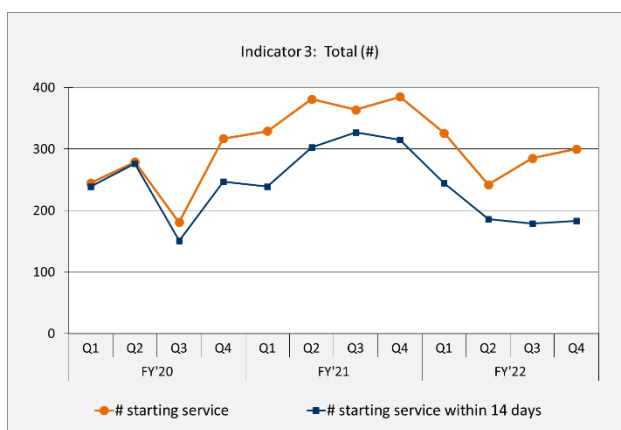
Indicator 3* (new): ACCESS-TIMELINESS/FIRST SERVICE

Percentage of new persons during the quarter starting any needed on-going service within 14 days of a non-emergent face-to-face assessment with a professional. *Effective FY20Q3, MDHHS has removed all exception reasons.
Standard = No standard for first year of implementation.

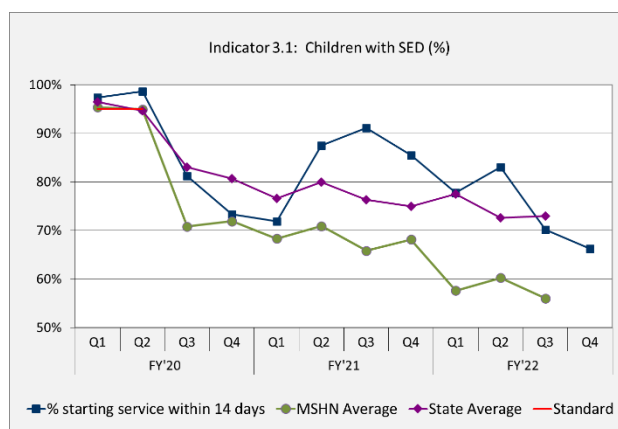
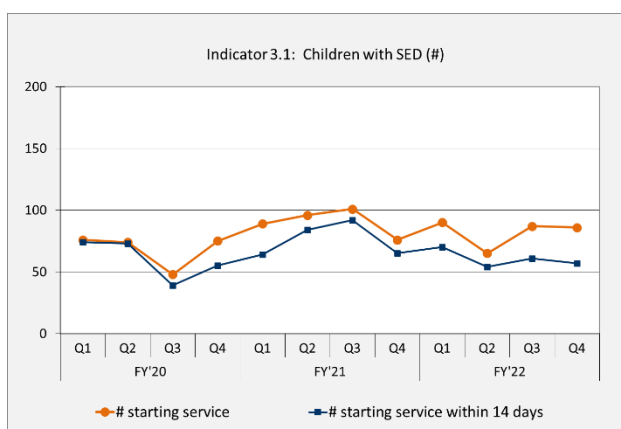
Rationale for Use: The amount of time between professional assessment and the delivery of needed treatments and supports addresses a different aspect of access to care than Indicator #2. Delay in the delivery of needed services and supports may lead to exacerbation of symptoms and distress and poorer role functioning.

Indicator 3: Total

	FY'20					FY'21					FY'22				
	Q1	Q2	Q3	Q4	TOTAL	Q1	Q2	Q3	Q4	TOTAL	Q1	Q2	Q3	Q4	TOTAL
# starting service	245	279	181	317	1,022	329	381	364	385	1,459	326	242	285	300	1,153
# starting service within 14 days	239	276	151	247	913	239	303	327	315	1,184	245	186	179	183	793
# not starting service within 14 days	6	3	30	70	109	90	78	37	70	275	81	56	106	117	360
% starting service within 14 days	97.55%	98.92%	83.43%	77.92%	89.33%	72.64%	79.53%	89.84%	81.82%	81.15%	75.15%	76.86%	62.81%	61.00%	68.78%
MSHN Average	95.64%	95.03%	75.57%	75.33%		72.04%	72.67%	69.83%	70.81%		74.92%	65.53%	60.53%		
State Average	96.73%	95.46%	83.83%	81.36%		79.23%	80.94%	79.41%	77.53%		71.79%	74.99%	74.26%		
Standard	95%	95%													

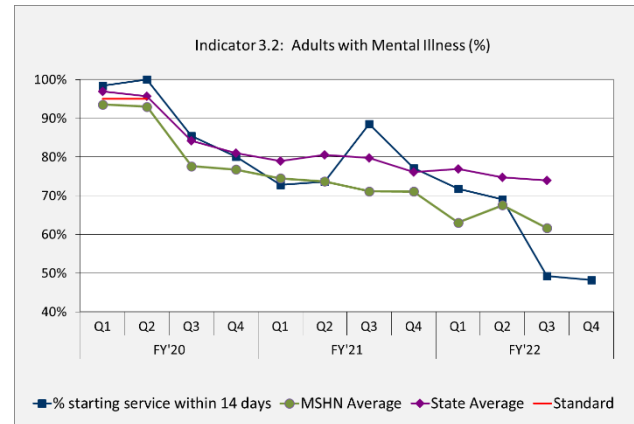
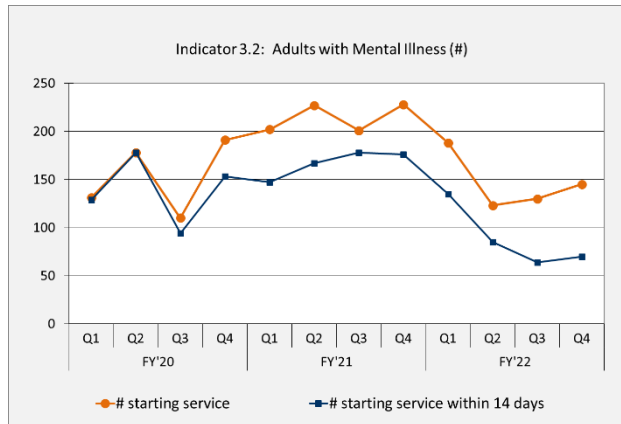
**Indicator 3.1: Children with Serious Emotional Disturbances (SED)**

	FY'20					FY'21					FY'22				
	Q1	Q2	Q3	Q4	TOTAL	Q1	Q2	Q3	Q4	TOTAL	Q1	Q2	Q3	Q4	TOTAL
# starting service	76	74	48	75	273	89	96	101	76	362	90	65	87	86	328
# starting service within 14 days	74	73	39	55	241	64	84	92	65	305	70	54	61	57	242
# not starting service within 14 days	2	1	9	20	32	25	12	9	11	57	20	11	26	29	86
% starting service within 14 days	97.37%	98.65%	81.25%	73.33%	88.28%	71.91%	87.50%	91.09%	85.53%	84.25%	77.78%	83.08%	70.11%	66.28%	73.78%
MSHN Average	95.36%	94.97%	70.83%	71.90%		68.30%	70.92%	65.80%	68.15%		57.60%	60.24%	56.03%		
State Average	96.47%	94.66%	83.01%	80.71%		76.58%	79.95%	76.32%	74.99%		77.47%	72.62%	72.94%		
Standard	95%	95%													

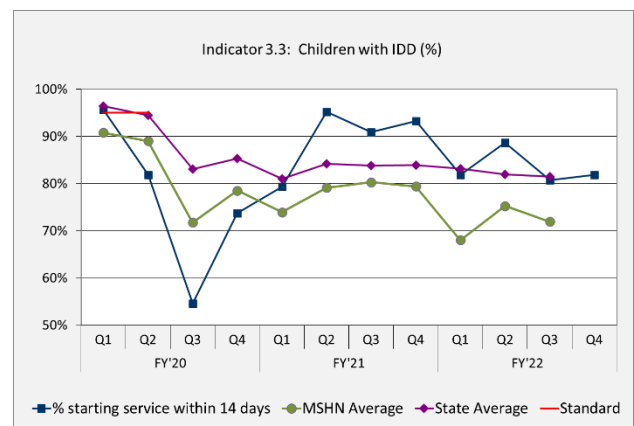
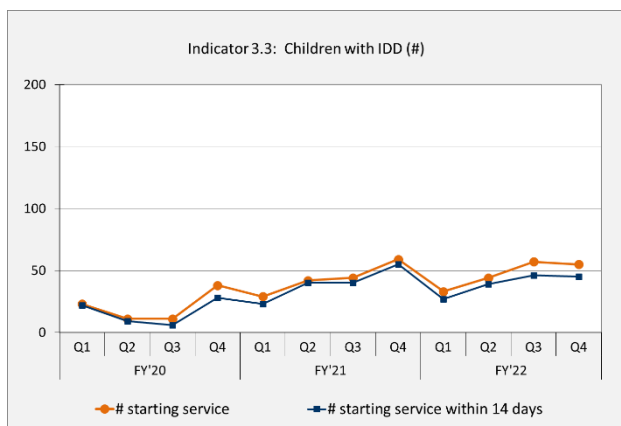


Indicator 3.2: Adults with Mental Illness (MI)

	FY'20					FY'21					FY'22				
	Q1	Q2	Q3	Q4	TOTAL	Q1	Q2	Q3	Q4	TOTAL	Q1	Q2	Q3	Q4	TOTAL
# starting service	131	178	110	191	610	202	227	201	228	858	188	123	130	145	586
# starting service within 14 days	129	178	94	153	554	147	167	178	176	668	135	85	64	70	354
# not starting service within 14 days	2	0	16	38	56	55	60	23	52	190	53	38	66	75	232
% starting service within 14 days	98.47%	100.00%	85.45%	80.10%	90.82%	72.77%	73.57%	88.56%	77.19%	77.86%	71.81%	69.11%	49.23%	48.28%	60.41%
MSHN Average	93.58%	93.01%	77.61%	76.80%		74.52%	73.70%	71.14%	71.10%		63.07%	67.56%	61.66%		
State Average	96.98%	95.70%	84.15%	80.98%		79.02%	80.50%	79.78%	76.18%		76.90%	74.76%	73.93%		
Standard	95%	95%													

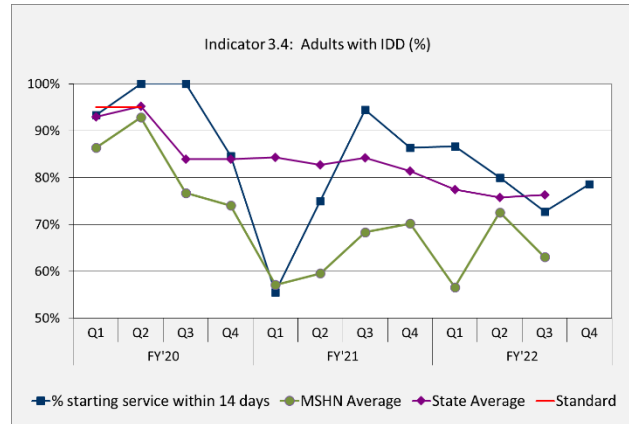
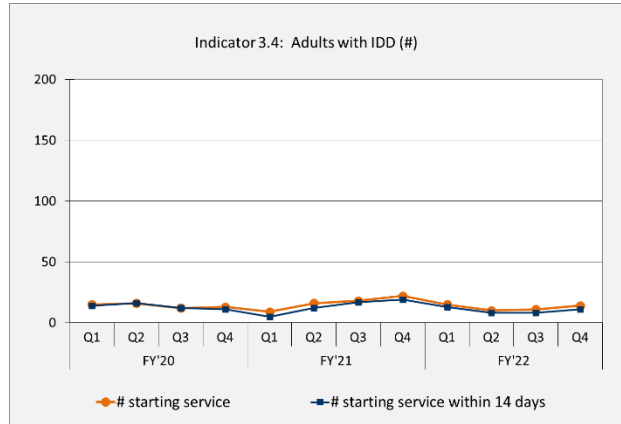

Indicator 3.3: Children with Intellectual and Developmental Disabilities (IDD)

	FY'20					FY'21					FY'22				
	Q1	Q2	Q3	Q4	TOTAL	Q1	Q2	Q3	Q4	TOTAL	Q1	Q2	Q3	Q4	TOTAL
# starting service	23	11	11	38	83	29	42	44	59	174	33	44	57	55	189
# starting service within 14 days	22	9	6	28	65	23	40	40	55	158	27	39	46	45	157
# not starting service within 14 days	1	2	5	10	18	6	2	4	4	16	6	5	11	10	32
% starting service within 14 days	95.65%	81.82%	54.55%	73.68%	78.31%	79.31%	95.24%	90.91%	93.22%	90.80%	81.82%	88.64%	80.70%	81.82%	83.07%
MSHN Average	90.79%	89.00%	71.74%	78.49%		73.94%	79.10%	80.30%	79.39%		68.00%	75.24%	71.94%		
State Average	96.39%	94.43%	83.07%	85.33%		80.99%	84.17%	83.83%	83.88%		83.17%	81.95%	81.51%		
Standard	95%	95%													



Indicator 3.4: Adults with Intellectual and Developmental Disabilities (IDD)

	FY'20					FY'21					FY'22				
	Q1	Q2	Q3	Q4	TOTAL	Q1	Q2	Q3	Q4	TOTAL	Q1	Q2	Q3	Q4	TOTAL
# starting service	15	16	12	13	56	9	16	18	22	65	15	10	11	14	50
# starting service within 14 days	14	16	12	11	53	5	12	17	19	53	13	8	8	11	40
# not starting service within 14 days	1	0	0	2	3	4	4	1	3	12	2	2	3	3	10
% starting service within 14 days	93.33%	100.00%	100.00%	84.62%	94.64%	55.56%	75.00%	94.44%	86.36%	81.54%	86.67%	80.00%	72.73%	78.57%	80.00%
MSHN Average	86.36%	92.86%	76.74%	74.03%		57.14%	59.55%	68.35%	70.19%		56.58%	72.60%	63.04%		
State Average	92.97%	95.25%	83.98%	83.92%		84.33%	82.76%	84.20%	81.39%		77.43%	75.74%	76.35%		
Standard	95%	95%													



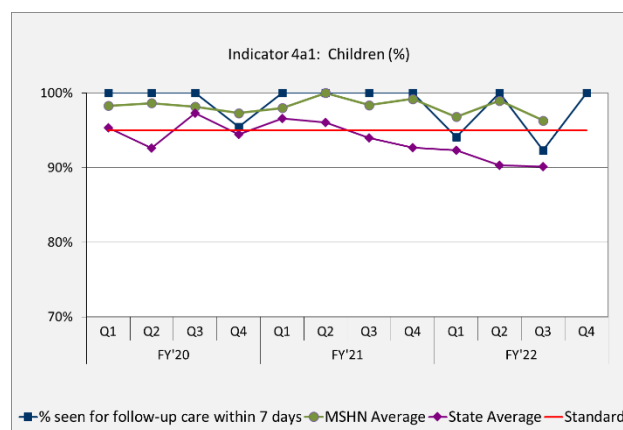
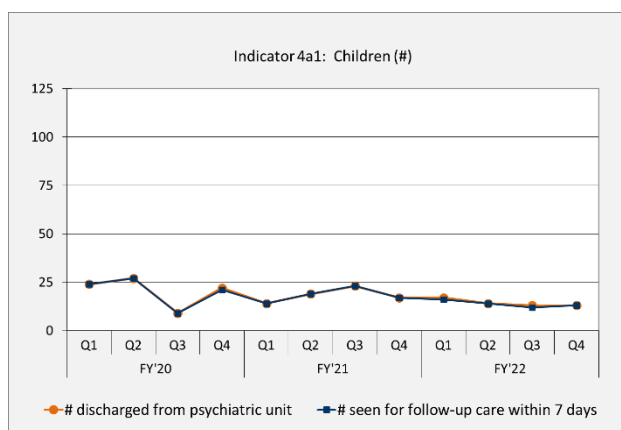
Indicator 4a: ACCESS-CONTINUITY OF CARE

The percentage of discharges from a psychiatric inpatient unit during the quarter that were seen for follow-up care within 7 days. Standard = 95%

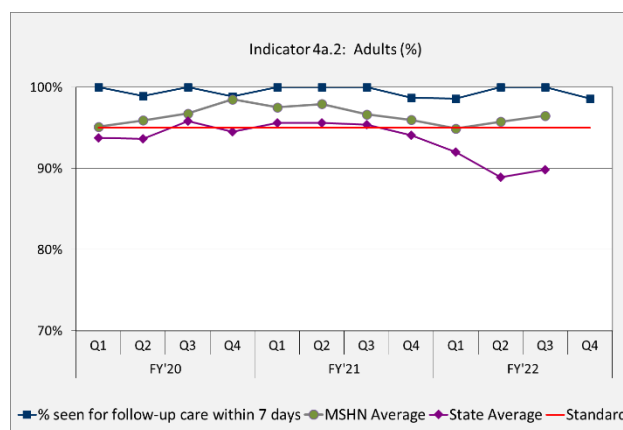
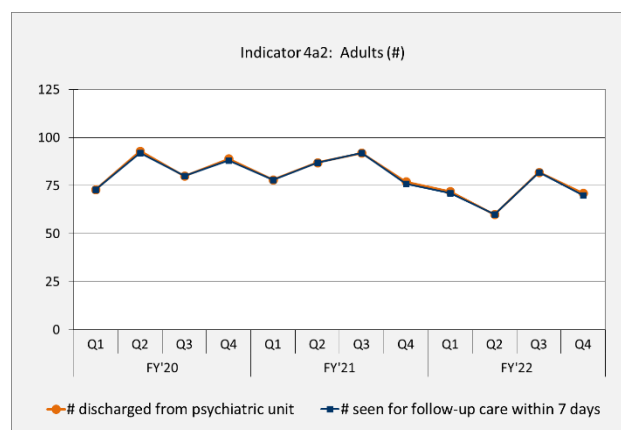
Rationale for Use: When responsibility for the care of an individual shifts from one organization to another, it is important that services remain relatively uninterrupted and continuous. Otherwise, the quality of care and consumer outcomes may suffer. This is an indicator required by the federal Substance Abuse and Mental Health Services Administration.

Indicator 4a1: Children

	FY'20					FY'21					FY'22				
	Q1	Q2	Q3	Q4	TOTAL	Q1	Q2	Q3	Q4	TOTAL	Q1	Q2	Q3	Q4	TOTAL
# discharged from psychiatric unit	24	27	9	22	82	14	19	23	17	73	17	14	13	13	57
# seen for follow-up care within 7 days	24	27	9	21	81	14	19	23	17	73	16	14	12	13	55
# not seen for follow-up care within 7 days	0	0	0	1	1	0	0	0	0	0	1	0	1	0	2
% seen for follow-up care within 7 days	100.00%	100.00%	100.00%	95.45%	98.78%	100.00%	100.00%	100.00%	100.00%	100.00%	94.12%	100.00%	92.31%	100.00%	96.49%
MSHN Average	98.28%	98.64%	98.17%	97.30%		98.00%	100.00%	98.39%	99.21%		96.81%	98.97%	96.30%		
State Average	95.35%	92.62%	97.32%	94.43%		96.56%	96.02%	93.99%	92.69%		92.34%	90.31%	90.11%		
Standard	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

**Indicator 4a2: Adults**

	FY'20					FY'21					FY'22				
	Q1	Q2	Q3	Q4	TOTAL	Q1	Q2	Q3	Q4	TOTAL	Q1	Q2	Q3	Q4	TOTAL
# discharged from psychiatric unit	73	93	80	89	335	78	87	92	77	334	72	60	82	71	285
# seen for follow-up care within 7 days	73	92	80	88	333	78	87	92	76	333	71	60	82	70	283
# not seen for follow-up care within 7 days	0	1	0	1	2	0	0	0	1	1	1	0	0	1	2
% seen for follow-up care within 7 days	100.00%	98.92%	100.00%	98.88%	99.40%	100.00%	100.00%	100.00%	98.70%	99.70%	98.61%	100.00%	100.00%	98.59%	99.30%
MSHN Average	95.14%	95.92%	96.77%	98.51%		97.53%	97.93%	96.67%	95.97%		94.93%	95.75%	96.49%		
State Average	93.77%	93.65%	95.80%	94.54%		95.59%	95.61%	95.37%	94.07%		92.01%	88.93%	89.86%		
Standard	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%



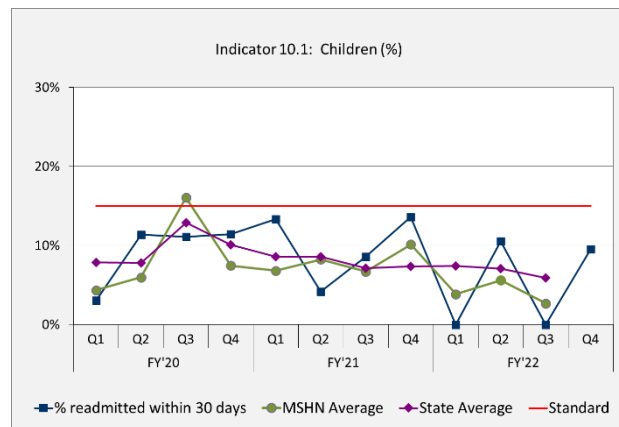
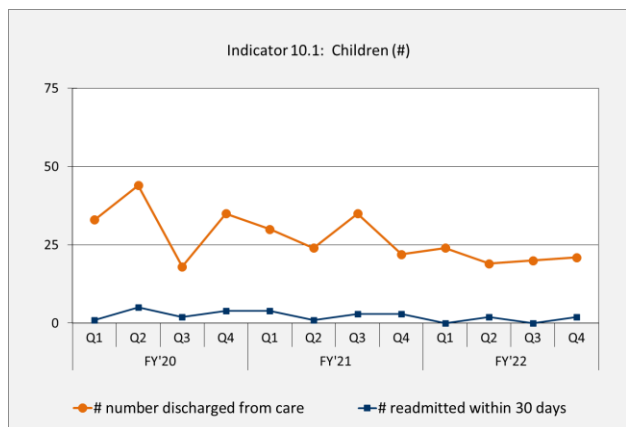
Indicator 10: OUTCOME: INPATIENT RECIDIVISM

The percentage of readmissions of children and adults during the quarter to an inpatient psychiatric unit within 30 days of discharge. Standard = 15% or less

Rationale for Use: For some people with mental illness, the occasional use of psychiatric inpatient care is essential. However, rapid readmission following discharge may suggest that people were prematurely discharged or that the post discharge follow-up was not timely or sufficient. This indicator assessed whether CMHSPs are meeting the Department's standard of no more than 15 percent of people discharged from inpatient units are being readmitted within 30 days.

Indicator 10.1: Children

	FY'20					FY'21					FY'22				
	Q1	Q2	Q3	Q4	TOTAL	Q1	Q2	Q3	Q4	TOTAL	Q1	Q2	Q3	Q4	TOTAL
# number discharged from care	33	44	18	35	130	30	24	35	22	111	24	19	20	21	84
# readmitted within 30 days	1	5	2	4	12	4	1	3	3	11	0	2	0	2	4
% readmitted within 30 days	3.03%	11.36%	11.11%	11.43%	9.23%	13.33%	4.17%	8.57%	13.64%	9.91%	0.00%	10.53%	0.00%	9.52%	4.76%
MSHN Average	4.35%	5.97%	16.06%	7.45%		6.82%	8.22%	6.71%	10.14%		3.85%	5.60%	2.68%		
State Average	7.87%	7.83%	12.91%	10.09%		8.57%	8.55%	7.10%	7.37%		7.41%	7.06%	5.88%		
Standard	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%

**Indicator 10.2: Adults**

	FY'20					FY'21					FY'22				
	Q1	Q2	Q3	Q4	TOTAL	Q1	Q2	Q3	Q4	TOTAL	Q1	Q2	Q3	Q4	TOTAL
# number discharged from care	106	134	118	124	482	140	110	132	127	509	111	106	138	128	483
# readmitted within 30 days	13	15	15	17	60	15	16	15	12	58	6	10	16	13	45
% readmitted within 30 days	12.26%	11.19%	12.71%	13.71%	12.45%	10.71%	14.55%	11.36%	9.45%	11.39%	5.41%	9.43%	11.59%	10.16%	9.32%
MSHN Average	11.59%	10.06%	14.30%	13.98%		13.11%	13.62%	11.72%	12.05%		11.44%	10.42%	8.87%		
State Average	12.07%	12.20%	14.59%	12.64%		12.97%	13.30%	12.30%	11.66%		11.37%	11.35%	11.67%		
Standard	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%

