## LCCMH Quality Improvement Plan 2022

| KEY: | Below Target/ Not likely to meet goal at current rate | Monitor or revise plan | On or Above Target |
|---|---|---|---|

| Measure | Baseline | Goal | Q1 | Q2 | Q3 | Q4 | YTD/Plan |
|---|---|---|---|---|---|---|---|
| Increase MICS Utilization | 28 | 40 | 🟢 10 | 🟢 20 | 🟢 34 | | cumulative totals |
| Decrease PHQ-9 score between entry and discharge (MICS) by 10% | 67% | 100% | 🔴 29% | 🔴 50% | 🟡 73% | | |
| Sustain C-MICS Utilization | 20 | 20 | 🟢 11 | 🟢 17 | 🟢 20 | | |
| Children follow-up with services after discharge | 7 | 11 | 🟢 8 | 🟢 13 | 🟢 15 | | |
| Veteran's Navigator will increase contacts by 42% | 31 | 44 | 🟡 7 | 🟢 24 | 🟢 44 | | |
| Increase number of contractual therapists (Outpatient Therapy) | 4 | 7 | 🟢 4 | 🔴 3 | 🔴 4 | | Number represents total number of OP Therapy Staff. |
| Decrease number of persons served dropping out of service (Outpatient Therapy) | 66% | 50% | 🟢 49% | 🟢 23% | 🟢 42% | | |
| Reduce LOCUS overrides | 16.34% | 10% | 🔴 22% | 🔴 25% | 🔴 23% | | |
| Adult MI cases will have at least 1 LOCUS assessment each quarter | 90% | 95% | 🔴 75% | 🔴 83% | 🔴 85% | | |
| Reduce hospital days to 1660 for the year, 415/quarter | 1804 | 1660 | 🔴 695 | 🔴 1167 | 🔴 1811 | | 644 in the 3rd Q. |
| Decrease Stepping Stone unit cost | $ 9.63 | $ 8.00 | 🟢 $ 8.35 | 🟢 $ 6.92 | 🟢 $ 6.82 | | |
| Increase program-related objectives completed each quarter (Stepping Stone) | 50% | 60% | 🟢 55% | 🟡 56% | 🟢 55% | | Lack of community outings are primary cause for objectives not met. |
| Increase ACT group attendance | 10 | 13 | 🔴 9 | 🟢 14 | 🟡 11 | | |
| Increase ACT community involvement | 8 | 12 | 🟢 10 | 🟢 13 | 🟢 17 | | |
| Increase number of Mental Health Court accepted referrals | 2 | 6 | 🟢 3 | 🟢 4 | 🟢 6 | | |
| Increase number of active jail diversions | 3 | 12 | 🟢 4 | 🟡 3 | 🔴 4 | | YTD = 5 |

| Goal | | | | | | | |
|---|---|---|---|---|---|---|---|
| Start Moral Reconation Therapy. | N/A | | | | | | Staff is registering for training. |
| Persons served are in right program per LOCUS (Co-Occurring) | 80% | 90% | 🔴 54% | 🔴 58% | 🔴 72% | | |
| Increase Clubhouse daily attendance | 21.6 | 29.4 | 🟢 23.97 | 🟡 24.92 | 🟢 27.6 | | |
| Use Flourish to track data sources. | 0 | 9 | 🟢 3 | 🟢 6 | 🟢 7 | | |
| Increase case management face to face contacts | 9,122 | 9,250 | 🟢 2,321 | 🟢 4,696 | 🟢 7,197 | | YTD |
| Increase number of persons served in HSW | 51 | 56 | 🟢 52 | 🟢 54 | 🟢 57 | | 6 new cases YTD |
| Increase Employment Specialist hours performed in community based settings | 31% | 65% | N/A new goal implemented Q2 | 🔴 31% | 🔴 22% | | Supervisor providing field mentoring to increase community based activities. |
| Increase number of children served by Youth Peer Support | 15 | 30 | 🟡 15 | 🟢 21 | 🟢 28 | | YTD |
| Youth Peer Support children served will have reduction in average CAFAS score | 77.3 | 60 | 🟢 61 | 🔴 74 | 🟡 66 | | |
| Children & families participate in safe CMH events (Children's) | 30 | 100 | 🟢 160 | 🟢 160 | 🟢 232 | | 3 events in 3rd Q. |
| All ABA technicians receive RBT credentials | 0% | 100% | 🟢 31% | 🟢 55% | 🟡 65% | | |
| Implement quarterly group parent training program (Autism) | 0 | 4 | 🟢 1 | 🟢 2 | 🟢 3 | | |
| Review incident reports on a quarterly basis Goal to sustain or reduce incidents from FY21. Minus MCSI Missed Medications | 293 | 130 | 🟡 30 | 🟢 47 | 🟢 74 | | cumulative totals |