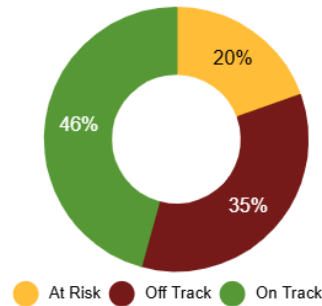


# 2025 Quality Improvement Dashboard

Quarter 1



## Q1 Status of All Goals



## Total Number of Goals

46

## Full QI Plan



QIP 2025

## Types of Goals

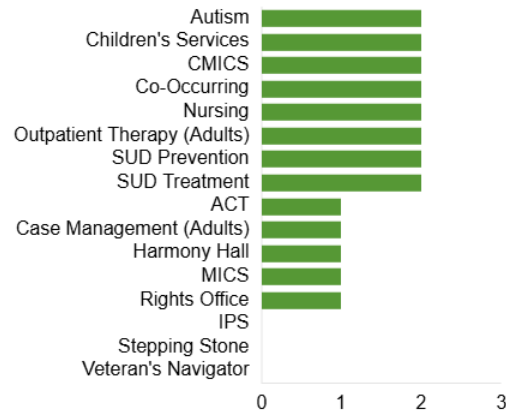
17
Effectiveness
15
Efficiency
13
Service Access
1
Business Function

## Goal Definition

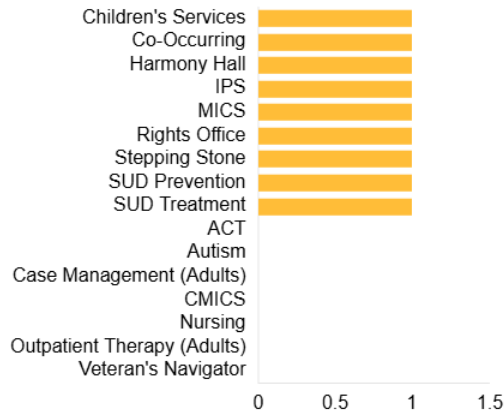
All departments have **3** goals, with the exception of the Veteran's Navigator and Right's Office, which have 2 goals each.

The Nursing Department has the 1 business function goal. Business function goals are for tasks the agency should be doing, but where we are not measuring the impact on person served.

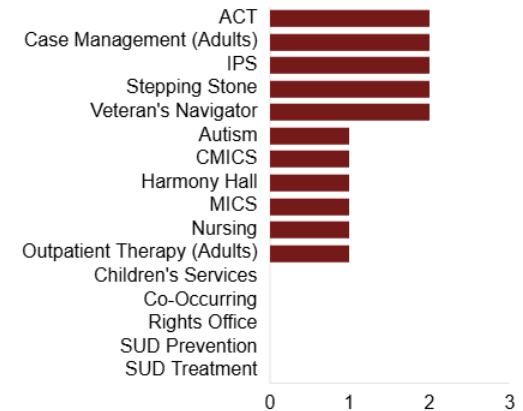
## Goals On Track By Department



## Goals At Risk By Department



## Goals Off Track By Department



**On Track** = close to or meeting the target; likely to meet goal at current rate

**At Risk** = not close to target; may meet goal with monitoring or revising plan

**Off Track** = below or above baseline; not likely to meet goal at current rate

## QI Goals On Track - Q1 (close to or meeting goal)

Department	Objective	Baseline	Target	Q1
<b>ACT</b>	Increase community-based engagement.	44%	60%	52%
<b>Autism</b>	Increase treatment plan goals that are met by 25%.	31.30%	39.10%	42%
<b>Autism</b>	Increase productivity rate by 25%	30.50%	38.13%	36%
<b>Case Management (Adults)</b>	Increase productivity rate by 25%	29.20%	37%	32%
<b>Children's Services</b>	Link children and adolescents who are high risk to SUD prevention services	N/A	50%	40%
<b>Children's Services</b>	Reduce delay list by 25%	33	24	24
<b>CMICS</b>	Children's hospital discharges will remain out of the hospital for at least 30 days (recidivism timeline) after post-discharge CMICS contact.	66%	80%	100%
<b>CMICS</b>	Increase productivity rate by 25%.	18.19%	22.74%	23%
<b>Co-Occurring Department</b>	Increase face to face contacts in the community for IDDT program	11%	15%	25%
<b>Co-Occurring Department</b>	Reduce the length of time from intake to ongoing services	15 days	13 days	7.8
<b>Harmony Hall</b>	Develop 2 additional transitional employment placements (TEPs) in the community.	3	5	4
<b>MICS</b>	Increase productivity rate by 25%	20.34%	25.42%	24.8%%
<b>Nursing</b>	Increase participants who work on wellness goal weekly.	N/A	95%	92%
<b>Nursing</b>	Increase productivity rate by 25%	11.10%	13.88%	14%
<b>Outpatient Therapy (Adults)</b>	Decrease the number of "No Show" appointments of person served	36%	28%	34%
<b>Outpatient Therapy (Adults)</b>	Increase percentage of persons served who receive their IPOS within required timeframe	13%	30%	24.6%
<b>SUD Prevention</b>	Students have contact with prevention staff within 5 school days of referral to services.	100% (FY24 YTD)	95%	100%
<b>SUD Prevention</b>	Expand school based services to include 1 additional school within Lapeer County	4	5	4
<b>SUD Treatment</b>	Increase the number of persons served who have a primary care physician on record	36%	45%	43%
<b>SUD Treatment</b>	Increasing timeliness of signed documentation.	5.6 days	3	1.25
<b>Rights Office</b>	Review Incident Report trends quarterly and maintain 10 or fewer incidents per year (substance use disorder).	10 (FY24 Q1 – Q3)	10	0

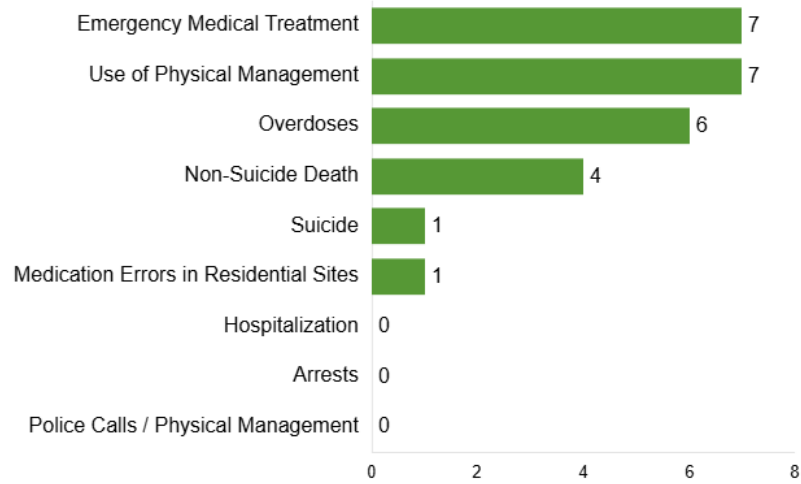
### QI Goals At Risk - Q1 (monitor or revise plan)

Department	Objective	Baseline	Target	Q1
<b>Children's Services</b>	Increase productivity rate by 25%	27.70%	34.63%	28%
<b>Co-Occurring Department</b>	Increase productivity rate by 25%	25.80%	32%	27%
<b>Harmony Hall</b>	Increase participation in the work ordered day between 3 – 4 pm	1002 units (per quarter)	1503	1188
<b>IPS</b>	Increase education to staff on IPS program	2 per quarter	5	2
<b>MICS</b>	Increase the number of rides provided to person served to attend their MICS appointment	N/A	75	12
<b>Stepping Stone</b>	Increase the percentage of individuals participating in 3 or more outings a month	N/A	70%	40%
<b>SUD Prevention</b>	Participants of school based programming will not have school related discipline issues after completing programming within the same school year.	92% (FY24 YTD)	95%	93%
<b>SUD Treatment</b>	Increase transportation coordination for new intakes	0	20	4
<b>Rights Office</b>	Review Incident Report trends quarterly and maintain 110 or fewer incidents per year (behavioral health).	100 (FY24 Q1-Q3)	110	28

**Q1 Goals At Risk - Q1 (below or above baseline)**

Department	Objective	Baseline	Target	Q1
<b>ACT</b>	Increase productivity rate by 25%	30.60%	38.25%	26%
<b>ACT</b>	Increase therapy sessions offered and accepted by persons served	6 per quarter	12	5
<b>Autism</b>	Decrease the number of clinic appointment cancellations	30 per quarter	21	40
<b>Case Management (Adults)</b>	Use LOCUS to show persons served are in the correct LOC/Program.	76%	80%	74%
<b>Case Management (Adults)</b>	Increase HSW enrollment.	54	60	53
<b>CMICS</b>	Increasing referrals from community partners (schools, PCPs/pediatricians, and outpatient mental health providers)	43%	60%	37%
<b>Harmony Hall</b>	Maintain the number of rides provided to members to attend the work ordered day	370 rides per quarter	370	355
<b>IPS</b>	Increase number of individuals who obtain and maintain employment for 30 days.	80%	85%	62.5%
<b>IPS</b>	Increase productivity rate by 25%	13.60%	17.00%	13%
<b>MICS</b>	Increasing number of untreated individuals who engage in services after MICS crisis contact	15	30	9
<b>Nursing</b>	Increase nursing assessments	N/A	275	11
<b>Outpatient Therapy (Adults)</b>	Increase the number of persons served who have a primary care physician on record	82%	90%	74%
<b>Stepping Stone</b>	Increase utilization of Stepping Stone program / authorizations.	63% (FY24 Q4)	75%	52%
<b>Stepping Stone</b>	Continue to receive program referrals	N/A	6	0
<b>Veteran's Navigator</b>	Veteran's Navigator will establish 2 new locations for positive Veteran community support groups.	2	4	0
<b>Veteran's Navigator</b>	Increase SALs completed.	17	34	0

### Behavioral Health Incidents Q1



### SUD Incidents Q1

