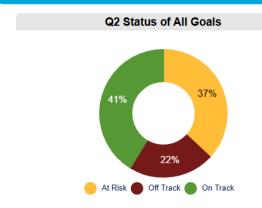
# 2025 Quality Improvement Dashboard



# **Quarter 2**



# Total Number of Goals

46

## Full QI Plan

QIP 2025

#### Types of Goals

17

Effectiveness

15

Efficiency

13

Service Access

1

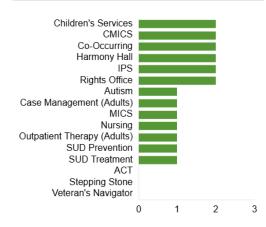
**Business Function** 

#### **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.

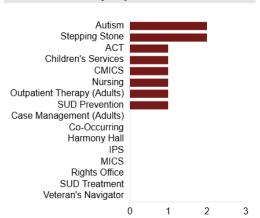
## Goals On Track By Department



## 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

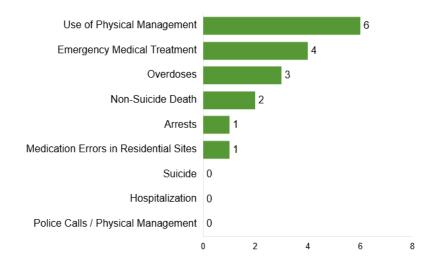
Off Track = below or above baseline; not likely to meet goal at current rate

| Department                     | Objective   | Baseline                 | Target  | Q1     | Q2    |
|--------------------------------|---|--------------------------|---------|--------|-------|
| Autism                         | Increase treatment plan goals that are met by 25%.  | 31.30%                   | 39.10%  | 42%    | 35%   |
| Case Management<br>(Adults)    | Use LOCUS to show persons served are in the correct LOC/Program.  | 76%                      | 80%     | 74%    | 80%   |
| Children's Services            | Link children and adolescents who are high risk to SUD prevention services  | N/A                      | 50%     | 40%    | 77%   |
| Children's Services            | Reduce delay list by 25%  | 33                       | 24      | 24     | 14    |
| CMICS                          | 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%   | 88%   |
| CMICS                          | Increase productivity rate by 25%.  | 18.19%                   | 22.74%  | 23%    | 26.5% |
| Co-Occurring<br>Department     | Increase face to face contacts in the community for IDDT program  | 11%                      | 15%     | 25%    | 31%   |
| Co-Occurring<br>Department     | Reduce the length of time from intake to ongoing services   | 15 days                  | 13 days | 7.8    | 12.6  |
| Harmony Hall                   | Develop 2 additional transitional employment placements (TEPs) in the community.  | 3                        | 5       | 4      | 4     |
| Harmony Hall                   | Maintain the number of rides provided to members to attend the work ordered day   | 370 rides per<br>quarter | 370     | 355    | 376   |
| IPS                            | Increase number of individuals who obtain and maintain employment for 30 days.  | 80%                      | 85%     | 62.5%  | 83%   |
| IPS .                          | Increase productivity rate by 25%   | 13.60%                   | 17.00%  | 13%    | 16.1% |
| MICS                           | Increase productivity rate by 25%   | 20.34%                   | 25.42%  | 24.8%% | 23.9% |
| Nursing                        | Increase productivity rate by 25%   | 11.10%                   | 13.88%  | 14%    | 14.9% |
| Outpatient Therapy<br>(Adults) | Increase percentage of persons served who receive their IPOS within required timeframe  | 13%                      | 30%     | 24.6%  | 60%   |
| SUD Prevention                 | Students have contact with prevention staff within 5 school days of referral to services.   | 100% (FY24<br>YTD)       | 95%     | 100%   | 100%  |
| SUD Treatment                  | Increasing timeliness of signed documentation.  | 5.6 days                 | 3       | 1.25   | 1.25  |
| Rights Office                  | Review Incident Report trends quarterly and maintain 110 or fewer incidents per year (behavioral health).                                     | 100 (FY24 Q1-<br>Q3)     | 110     | 28     | 48    |
| Rights Office                  | Review Incident Report trends quarterly and maintain 10 or fewer incidents per year (substance use disorder).                                 | 10 (FY24 Q1 –<br>Q3)     | 10      | 0      | 0     |

| Department                     | Objective   | Baseline                 | Target | Q1   | Q2    |
|--------------------------------|---|--------------------------|--------|------|-------|
| ACT                            | Increase community-based engagement.  | 44%                      | 60%    | 52%  | 47%   |
| ACT                            | Increase therapy sessions offered and accepted by persons served                                  | 6 per quarter            | 12     | 5    | 6     |
| Case Management<br>(Adults)    | Increase productivity rate by 25%   | 29.20%                   | 37%    | 32%  | 29.3% |
| Case Management<br>(Adults)    | Increase HSW enrollment.  | 54                       | 60     | 54   | 54    |
| Co-Occurring<br>Department     | Increase productivity rate by 25%   | 25.80%                   | 32%    | 27%  | 29.1% |
| Harmony Hall                   | Increase participation in the work ordered day between 3 – 4 pm                                   | 1002 units (per quarter) | 1503   | 1188 | 1078  |
| IPS                            | Increase education to staff on IPS program  | 2 per quarter            | 5      | 2    | 3     |
| MICS                           | Increasing number of untreated individuals who engage in services after MICS crisis contact       | 15                       | 30     | 9    | 13    |
| MICS                           | Increase the number of rides provided to person served to attend their MICS appointment           | N/A                      | 75     | 12   | 22    |
| Nursing                        | Increase participants who work on wellness goal weekly.   | N/A                      | 95%    | 92%  | 81%   |
| Outpatient Therapy<br>(Adults) | Decrease the number of "No Show" appointments of person served                                    | 36%                      | 28%    | 34%  | 35%   |
| Stepping Stone                 | Increase the percentage of individuals participating in 3 or more outings a month                 | N/A                      | 70%    | 40%  | 41%   |
| SUD Prevention                 | Expand school based services to include 1 additional school within Lapeer County                  | 5                        | 6      | 5    | 5     |
| SUD Treatment                  | Increase the number of persons served who have a primary care physician on record                 | 36%                      | 45%    | 43%  | 38%   |
| SUD Treatment                  | Increase transportation coordination for new intakes  | 0                        | 20     | 4    | 7     |
| Veteran's Navigator            | Veteran's Navigator will establish 2 new locations for positive Veteran community support groups. | 2                        | 4      | 0    | 1     |
| Veteran's Navigator            | Increase SALs completed.  | 17                       | 34     | 0    | 0     |

| QI Goals At Risk               | - Q2 (below or above baseline)  |                   |        |     |        |
|--------------------------------|---|-------------------|--------|-----|--------|
| Department                     | Objective   | Baseline          | Target | Q1  | Q2     |
| ACT                            | Increase productivity rate by 25%   | 30.60%            | 38.25% | 26% | 27.5%  |
| Autism                         | Increase productivity rate by 25%   | 30.50%            | 38.13% | 36% | 31.00% |
| Autism                         | Decrease the number of clinic appointment cancellations   | 30 per quarter    | 21     | 40  | 45     |
| Children's Services            | Increase productivity rate by 25%   | 27.70%            | 34.63% | 28% | 25.6%  |
| CMICS                          | Increasing referrals from community partners (schools, PCPs/pediatricians, and outpatient mental health providers)                                | 43%               | 60%    | 37% | 25%    |
| Nursing                        | Increase nursing assessments  | N/A               | 275    | 11  | 23     |
| Outpatient Therapy<br>(Adults) | Increase the number of persons served who have a primary care physician on record   | 82%               | 90%    | 74% | 76%    |
| Stepping Stone                 | Increase utilization of Stepping Stone program / authorizations.  | 63% (FY24 Q4)     | 75%    | 52% | 51.27% |
| Stepping Stone                 | Continue to receive program referrals   | N/A               | 6      | 0   | 0      |
| SUD Prevention                 | Participants of school based programming will not have school related discipline issues after completing programming within the same school year. | 92% (FY24<br>YTD) | 95%    | 93% | 90.48% |

# Behavioral Health Incidents Q2



# SUD Incidents Q2

