

## LCCMH Quality Improvement Plan 2024

KEY:	Not likely to meet goal at current rate	Monitor or revise plan			On track to meet or above target	
Measure	Goal	Q1	Q2	Q3	Q4	YTD/Plan
1. Provide F2F MICS services to those who are re-hospitalized within 30 days of first hospitalization. <i>Baseline = 22%</i>	100%	<b>40%</b>	<b>100%</b>	<b>100%</b>		
2. Increase MICS F2F contacts that exceed 60 minutes. <i>Baseline = 9%</i>	25%	<b>60%</b>	<b>33%</b>	<b>26%</b>		
3. Reduce C-MICS program dropout rate. <i>Baseline = 21%</i>	10%	<b>0%</b>	<b>10%</b>	<b>14%</b>		Q3: 1 out of 7 dropped out.
4. Increase C-MICS hospital diversions. <i>Baseline = 29%</i>	50%	<b>80%</b>	<b>100%</b>	<b>100%</b>		
5. Increase veteran and natural support contacts by 15%. <i>Baseline = 85 contacts for the year</i>	98	<b>7</b>	<b>36</b>	<b>78</b>		YTD cumulative
6. Veteran's Navigator coordinate a Vet to Vet group for Lapeer County residents. <i>Baseline = 0</i>	9	<b>0</b>	<b>5</b>	<b>6</b>		
7. Decrease number of "no show" or "cancelled by person served" appointments for contractual outpatient therapy staff. <i>Baseline = 33%</i>	25%	<b>30%</b>	<b>30%</b>	<b>36%</b>		
8. Increase number of outpatient therapy persons served who have a PCP on record. <i>Baseline = 77%</i>	90%	<b>77%</b>	<b>76%</b>	<b>76%</b>		

9. Maintain Stepping Stone unit cost. <i>Baseline = \$7.24 (FY23)</i>	\$ 8.00	\$ 10.04	\$ 9.64	\$ 6.59	
10. Increase % of completed Stepping Stone program related objectives. <i>Baseline = 69%</i>	71%	64%	69%	67%	Q3: Some persons served had significant health concerns impacting ability to meet objectives.
11. Increase ACT service intensity by 25%. <i>Baseline = 62.5 minutes per person per week</i>	78.04	63.00	71.00	69.00	Q3: Peer Support position was filled and was actively seeing individuals in July. Predicted to increase in future quarters if Peer Support Specialist role stays filled.
12. Increase ACT contacts with persons' support network contacts per month by 25%. <i>Baseline = 1.07 contacts</i>	1.34	0.97	1.33	1.04	Q3: Some transitions occurred with persons served where natural supports were not as involved.
13. Increase Co-Occurring Department's use of screening tool (AUDIT/DAST) for SUD. <i>Baseline = NA</i>	90%	31%	78%	97%	
14. Increase IDDT and Mental Health Court documentation of contacts attached to OASIS calendar. <i>Baseline = 31% (MHC only)</i>	90%	96%	93%	98%	
15. Increase IDDT F2F contacts in the community. <i>Baseline = 11%</i>	25%	6%	8%	6%	
16. Drug Court participants with + drug screens are referred to "Thinking Matters" program within 1 week of + screen. <i>Baseline = 25%</i>	95%	0%	100%	N/A	Q3: There were no positive drug screens in Drug Court participants
17. Drug Court participants of "Thinking Matters" class will not have a second + drug screen. <i>Baseline = N/A</i>	75%	N/A	N/A	100%	
18. Students have contact with prevention staff within 5 school days of referral to services. <i>Baseline = N/A</i>	95%	0%	100%	100%	

19. School based participants will not have additional school related discipline after the program. <i>Baseline = 80%</i>	80%	<b>89%</b>	<b>93%</b>	<b>94%</b>		
20. Reduce Harmony Hall grocery costs for member lunches by 10%. <i>Baseline = \$3.44 per lunch</i>	\$ 3.09	<b>\$ 2.32</b>	<b>\$ 3.11</b>	<b>\$ 3.05</b>		
21. Maintain 9,000 hours worked by Harmony Hall members at employment placements. <i>Baseline = 2,250 hours per quarter</i>	9,000	<b>2,900</b>	<b>5,415</b>	<b>8,051</b>		YTD cumulative
22. Increase number of adult CM F2F services with clients in community based setting. <i>Baseline = 53%</i>	65%	<b>60%</b>	<b>55%</b>	<b>58%</b>		Q3: Staff continue to encourage community contacts, but meeting location is choice of person served.
23. Transfer adult CM persons served to lower LOC based on medical necessity. <i>Baseline = N/A</i>	10%	<b>7%</b>	<b>11%</b>	<b>16%</b>		YTD cumulative
24. IPS Employment Specialists provide job duties in community based settings. <i>Baseline = 38% (FY23)</i>	50%	<b>33%</b>	<b>35%</b>	<b>39%</b>		
25. Increase % of IPS participants who obtain employment. <i>Baseline = 62%</i>	75%	<b>55%</b>	<b>52%</b>	<b>48%</b>		Q3: Continuing with 1 on 1 supervision
26. Improve Children's program peer review scores. <i>Baseline = 91%</i>	95%	<b>N/A</b>	<b>96%</b>	<b>98%</b>		
27. PTC participants' children will have a reduction in CAFAS scores. <i>Baseline = N/A</i>	50%	<b>80%</b>	<b>N/A</b>	<b>50%</b>		Q2: 2nd PTC group started mid-quarter and ends in Quarter 3.
28. Decrease indirect hours for Autism RBTs/techs. <i>Baseline = 260 hours per week</i>	200	<b>205</b>	<b>230</b>	<b>251</b>		Q3: Some weeks were higher due to clients leaving services and filling open spots. 9 new consumers will be starting to replace open spots.

29. Autism parent goals are met. <i>Baseline = N/A</i>	80%	<b>70%</b>	<b>75%</b>	<b>64%</b>		
30. DWB participants increase weekly physical activity by 50%. <i>Baseline = 100% (FY23 Q4)</i>	85%	<b>44%</b>	<b>82%</b>	<b>92%</b>		
31. DWB participants will reduce smoking for at least one day. <i>Baseline = N/A</i>	25%	<b>25%</b>	<b>N/A</b>	<b>N/A</b>		Q3: No referrals/participants
32. Review Incident Report trends quarterly and maintain 100 or fewer incidents per year. <i>Baseline = 107 (FY23)</i>	100	<b>27</b>	<b>44</b>	<b>67</b>		YTD cumulative