

LCCMH Quality Improvement Plan 2022

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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				
Decrease PHQ-9 score between entry and discharge (MICS) by 10%	67%	100%	● 29%				
Sustain C-MICS Utilization	20	20	● 11				
Children follow-up with services after discharge	7	11	● 8				
Veteran's Navigator will increase contacts by 42%	31	44	● 7				
Increase number of contractual therapists (Outpatient Therapy)	4	7	● 4				
Decrease number of persons served dropping out of service (Outpatient Therapy)	66%	50%	● 49%				
Reduce LOCUS overrides	16.34%	10%	● 22%				
Adult MI cases will have at least 1 LOCUS assessment each quarter	90%	95%	● 75%				
Reduce hospital days to 1660 for the year, 415/quarter	1804	1660	● 695				
Decrease Stepping Stone unit cost	\$ 9.63	\$ 8.00	● \$ 8.35				
Increase program-related objectives completed each quarter (Stepping Stone)	50%	60%	● 55%				
Increase ACT group attendance	10	13	● 9				
Increase ACT community involvement	8	12	● 10				
Increase number of Mental Health Court accepted referrals	2	6	● 3				
Increase number of active jail diversions	3	12	● 4				
Start Moral Reconciliation Therapy.	N/A						

Persons served are in right program per LOCUS (Co-Occurring)	80%	90%	54%				
Increase Clubhouse daily attendance	21.6	29.4	23.97				
Use Flourish to track data sources.	0	9	3				
Increase case management face to face contacts	9,122	9,250	2,321				
Increase number of persons served in HSW	51	56	52				
Increase number of children served by Youth Peer Support	15	30	15				
Youth Peer Support children served will have reduction in average CAFAS score	77.3	60	61				
Children & families participate in safe CMH events (Children's)	30	100	160				
All ABA technicians receive RBT credentials	0%	100%	31%				