

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%	40%	100%			
2. Increase MICS F2F contacts that exceed 60 minutes. <i>Baseline = 9%</i>	25%	60%	33%			
3. Reduce C-MICS program dropout rate. <i>Baseline = 21%</i>	10%	0%	10%			
4. Increase C-MICS hospital diversions. <i>Baseline = 29%</i>	50%	80%	100%			
5. Increase veteran and natural support contacts by 15%. <i>Baseline = 85 contacts for the year</i>	98	7	36			YTD cumulative
6. Veteran's Navigator coordinate a Vet to Vet group for Lapeer County residents. <i>Baseline = 0</i>	9	0	5			
7. Decrease number of "no show" or "cancelled by person served" appointments for contractual outpatient therapy staff. <i>Baseline = 33%</i>	25%	30%	30%			
8. Increase number of outpatient therapy persons served who have a PCP on record. <i>Baseline = 77%</i>	90%	77%	76%			Q2: Supervisor is discussing importance of encouraging persons served to see a PCP with clinicians at team meetings

9. Maintain Stepping Stone unit cost. <i>Baseline = \$7.24 (FY23)</i>	\$ 8.00	\$ 10.04	\$ 9.64			
10. Increase % of completed Stepping Stone program related objectives. <i>Baseline = 69%</i>	71%	64%	69%			
11. Increase ACT service intensity by 25%. <i>Baseline = 62.5 minutes per person per week</i>	78.04	63.00	71.00			
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			
13. Increase Co-Occurring Department's use of screening tool (AUDIT/DAST) for SUD. <i>Baseline = NA</i>	90%	31%	78%			
14. Increase IDDT and Mental Health Court documentation of contacts attached to OASIS calendar. <i>Baseline = 31% (MHC only)</i>	90%	96%	93%			
15. Increase IDDT F2F contacts in the community. <i>Baseline = 11%</i>	25%	6%	8%			Q2: Hired and trained new staff in Q2. Hoping to see improvement as staff are trained.
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%			
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			Q2: Individual did not have opportunity for 2nd drug screen
18. Students have contact with prevention staff within 5 school days of referral to services. <i>Baseline = N/A</i>	95%	0%	100%			

19. School based participants will not have additional school related discipline after the program. <i>Baseline = 80%</i>	80%	89%	93%			
20. Reduce Harmony Hall grocery costs for member lunches by 10%. <i>Baseline = \$3.44 per lunch</i>	\$ 3.09	\$ 2.32	\$ 3.11			
21. Maintain 9,000 hours worked by Harmony Hall members at employment placements. <i>Baseline = 2,250 hours per quarter</i>	9,000	2,900	5,415			YTD cumulative
22. Increase number of adult CM F2F services with clients in community based setting. <i>Baseline = 53%</i>	65%	60%	55%			
23. Transfer adult CM persons served to lower LOC based on medical necessity. <i>Baseline = N/A</i>	10%	7%	6%			
24. IPS Employment Specialists provide job duties in community based settings. <i>Baseline = 38% (FY23)</i>	50%	33%	35%			Q2: Increasing 1 on 1 supervision to identify and encourage activity in the community.
25. Increase % of IPS participants who obtain employment. <i>Baseline = 62%</i>	75%	55%	52%			Q2: Increasing 1 on 1 supervision to focus on each individual participant.
26. Improve Children's program peer review scores. <i>Baseline = 91%</i>	95%	N/A	96%			
27. PTC participants' children will have a reduction in CAFAS scores. <i>Baseline = N/A</i>	50%	80%	N/A			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	205	230			Q2: Several clients were on hold due to BCBA vacancies, resulting in increased technician indirect time.

29. Autism parent goals are met. <i>Baseline = N/A</i>	80%	70%	75%			
30. DWB participants increase weekly physical activity by 50%. <i>Baseline = 100% (FY23 Q4)</i>	85%	44%	82%			
31. DWB participants will reduce smoking for at least one day. <i>Baseline = N/A</i>	25%	25%	N/A			Q2: No participants in tobacco cessation. Nursing will continue to try to increase participation in this program.
32. Review Incident Report trends quarterly and maintain 100 or fewer incidents per year. <i>Baseline = 107 (FY23)</i>	100	27	44			YTD cumulative