| LCCMH Quality Improvement Plan 2022 | | | | | | | | | | | |
|--|-----------------------|---------|------------------------|------|------|------|-------------|------|----|------|--|
| KEY: | Below Target/ Not lil | | Monitor or revise plan | | | | On or Abo | | | | |
| | | | | | | | | | | | |
| Measure | Baseline | Goal | Q: | | | Q2 | | Q3 | | Q4 | YTD/Plan |
| Increase MICS Utilization | 28 | 40 | | 10 | | 20 | | 34 | | 41 | Goal Met |
| Decrease PHQ-9 score between entry and | | | | | | | | | | | |
| discharge (MICS) by 10% | 67% | 100% | | 29% | | 50% | | 73% | | 40% | |
| Sustain C-MICS Utilization | 20 | 20 | | 11 | | 17 | | 20 | | 24 | Goal Met |
| Children follow-up with CMH Services | | | | | | | | | | | |
| after discharge from C-MICS | 7 | 11 | | 8 | | 13 | | 15 | | 19 | Goal Met |
| Veteran's Navigator will increase contacts | | | | | | | | | | | |
| by 42% | 31 | 44 | | 7 | | 24 | | 44 | | 53 | Goal Met |
| Increase number of contractual therapists (Outpatient Therapy) | 4 | 7 | | 4 | | 3 | | 4 | | 5 | Number represents total number of OP Therapy Staff. |
| Decrease number of persons served | | | | | | | | | | | Goal Met |
| dropping out of service (Outpatient | | | | | | | | | | | |
| Therapy) | 66% | 50% | | 49% | | 23% | | 42% | | 37% | |
| Reduce LOCUS overrides | 16.34% | 10% | | 22% | Ŏ | 25% | Ŏ | 23% | | 25% | |
| Adult MI cases will have at least 1 LOCUS | | | | | | | | | | | |
| assessment each quarter | 90% | 95% | | 75% | | 83% | | 85% | | 84% | |
| Reduce hospital days to 1660 for the year, | | | | | | | | | | | |
| 415/quarter | 1804 | 1660 | | 695 | | 1167 | | 1811 | | 2324 | 513 in 4th Quarter |
| Decrease Stepping Stone unit cost | \$ 9.63 | \$ 8.00 |) \$ | 8.35 | • \$ | 6.92 |) \$ | 6.82 | \$ | 5.07 | YTD: \$6.54, Goal Met |
| Increase program-related objectives completed each quarter (Stepping Stone) | 50% | 60% | | 55% | | 56% | | 55% | | 64% | Goal Met |
| | | | | | | | | | | | Number of groups held reduced. Staffing changes and change |
| Increase ACT group attendance | 11 | 13 | | 9 | | 14 | | 11 |) | | in group days. |
| Increase ACT community involvement | 8 | 12 | | 10 | | 13 | | 17 | | 18 | Goal Met |

| Increase number of Mental Health Court | | | | | | | | | | | |
|--|-------|-------|------------|--------|------------|-------|------------|-------|------------|-------|--|
| accepted referrals | 2 | 6 | | 3 | | 4 | | 6 | | 8 | Goal Met |
| Increase number of active jail diversions | 3 | 12 | | 4 | | 3 | | 4 | | 3 | No New diversions in 4th Q. 1 unsuccessful. 3 active remaining. YTD = 5 |
| Start Moral Reconation Therapy. | N/A | | | | | | | | | | Staff training in November 2022 |
| Persons served are in right program per | | | | | | | | | | | |
| LOCUS (Co-Occurring) | 80% | 90% | | 54% | | 58% | | 72% | | 76% | |
| Increase Clubhouse daily attendance | 21.6 | 29.4 | | 23.97 | | 24.92 | | 27.6 | | 25 | Decresase due to building construction No new data sources |
| Use Flourish to track data sources. | 0 | 9 | | 3 | | 6 | | 7 | | 7 | added for tracking in 4th Q. |
| Increase case management face to face | | | | | | | | | | | Goal Met |
| contacts | 9,122 | 9,250 | | 2,321 | | 4,696 | | 7,197 | | 9,681 | |
| Increase number of persons served in HSW | 51 | 56 | | 52 | | 54 | | 57 | | 57 | 6 new cases YTD. Goal Met |
| Increase Employment Specialist hours performed in community based settings | 31% | 65% | goa imp | lement | • | 31% | • | 22% | • | 26% | Goal will be carried over to FY23 |
| Increase number of children served by | 51% | 05% | ed (| 12 | | | | | | | Goal Met |
| Youth Peer Support | 15 | 30 | | 15 | | 21 | | 28 | | 32 | |
| Youth Peer Support children served will | | | | | | | | | | | Substantial progress |
| have reduction in average CAFAS score | 77.3 | 60 | \bigcirc | 61 | | 74 | \bigcirc | 66 | \bigcirc | 63 | |
| Children & families participate in safe CMH | | | | | | | | | | | 2 events held in 4th |
| events (Children's) | 30 | 100 | \bigcirc | 160 | | 160 | | 232 | \bigcirc | 254 | Quarter. Goal Met |
| All ABA technicians receive RBT credentials | 0% | 100% | | 31% | | 55% | | 65% | | 53% | Staff turn-over |
| Implement quarterly group parent training | | | | | | - | | - | | - | |
| program (Autism) | | 0 4 | \bigcirc | 1 | \bigcirc | 2 | \bigcirc | 3 | | 4 | Goal Met |

| Review incident reports on a quarterly | | | | | | | |
|---|-----|-----|----|----|----|-------------|----------|
| basis Goal to sustain or reduce incidents | | | | | | | |
| from FY21. Minus MCSI Missed | | | | | | | |
| Medications | 293 | 130 | 30 | 47 | 74 | 1 00 | Goal Met |