LCCMH Quality Improvement Plan 2023									
KEY:	Below Target/ Not li curren		Monitor or revise plan			On or Above Target			
Measure	Baseline	Goal	Q1		Q2	Q3	Q4	YTD/Plan	
Increase MICS contacts over 1 hour-S9484	7%	15%		0					
Increase MICS contacts over 1 hour-39484	/ /0	15/0		0					
	8%	15%		20%					
community Sustain C-MICS Utilization	24	25	\rightarrow	<u>6</u>					
All children will admit to C-MICS Services	24	23		0					
after hospital recidivism	0%	100%	10	00%					
	0%	100%		JU %					
Veteran's Navigator increase attendance									
at Community Outreach Events	20	25		0					
	20	23		0					
Veteran's Navigator to increase veteran									
and natural support contacts by 15%	54	62		6					
Decrease missed appointments by 20% for									
persons served by contractual therapists									
(Outpatient Therapy)	32%	25%		33%					
Decrease number of persons served									
dropping out of service (Outpatient									
Therapy)	38%	25%		34%					
Reduce LOCUS overrides	23%	15%	2	22%					
Adult MI cases will have at least 1 LOCUS									
assessment each quarter	80%	95%		34%					
Decrease hospital recidivism by 20%	31	25	ŏ	2					
Maintain Stepping Stone unit cost	\$ 7.19	\$ 7.19	\$ 6	.70					
			<u> </u>						
Increase program-related objectives									
completed each quarter (Stepping Stone)	58%	60%		58%					
Increase ACT service intensity by 25%									
(minutes per person per week)	60.1	75	. 5	59.7					

0.65	0.81		1.1				
N/A	80%		18.0%				
0	9		0				
0	3		0				
14%	25%		12%				
5	13		7				
3	5		5				
0	5		0				
			76%				
N/A	90%						
			37%				
22%	65%						
11.8%	15%		18.6%				
N/A	8		2				
36%	80%		10%				
N/A	100%		100%				
	0 0 14% 5 3 0 N/A 22% 11.8% N/A 36%	N/A 80% 0 9 0 3 14% 25% 5 13 3 5 0 5 13 5 0 5 13 5 0 5 13 5 0 5 0 5 N/A 90% 22% 65% 11.8% 15% N/A 8 36% 80%	N/A 80% 0 9 0 3 14% 25% 5 13 3 5 0 5 13 • 0 5 13 • 0 5 0 5 0 5 0 5 0 5 0 5 0 5 0 5 0 5 0 5 0 5 0 5 0 5 0 5 0 5 0 5 0 5 13 • 0 5 0 5 13 • 22% 65% 11.8% 15% 36% 80%	N/A 80% 18.0% 0 9 0 0 3 0 14% 25% 12% 5 13 7 3 5 5 0 5 0 3 5 5 0 5 0 0 5 0 0 5 0 0 5 0 0 5 0 0 5 0 13 76% 76% N/A 90% 37% 22% 65% 18.6% N/A 8 2 36% 80% 10%	N/A 80% 18.0% 0 9 0 0 3 0 14% 25% 12% 5 13 7 3 5 5 0 5 0 0 5 0 0 5 0 0 5 0 0 5 0 0 5 0 0 5 0 0 5 0 0 5 0 22% 65% 18.6% 11.8% 15% 18.6% N/A 8 2 36% 80% 10%	N/A 80% 18.0% 0 9 0 0 3 0 14% 25% 12% 5 13 7 3 5 5 0 5 0 0 5 0 0 5 0 0 5 0 0 5 0 0 5 0 0 5 0 0 5 0 0 5 0 22% 65% 18.6% N/A 8 2 36% 80% 10%	N/A 80% 18.0% 0 9 0 0 3 0 14% 25% 12% 5 13 7 3 5 5 0 5 0 3 5 5 0 5 0 0 5 0 0 5 0 0 5 0 0 5 0 0 5 0 0 5 0 0 5 0 22% 65%

Autism Staff will be trained in the						
IPOS/ABA Treatment Plan by the plan						
effectiveness date	N/A	100%		77%		
Nursing Dept. Dimensions Well Body 85%						Goal was added in
of people enrolled will decrease smoking						the 1st Quarter. Will have 2nd
by at least 50%	N/A	85%	N/A			Quarter Data.
Nursing Dept. Dimensions Well Body 95%						
of people will increase physical activity by						
50%	N/A	95%		46%		
Review incident reports on a quarterly						
basis Goal to sustain incidents from FY22						
at or below 100.	100	100		25		cumulative totals