**ANNUAL PERFORMANCE INDICATOR DATA**

MCN is required to gather data and report to MSHN quarterly on several measurable ongoing events associated with our services. The collected variables include the following:

**Indicator #1 - Pre-Admission Screening within 3 hours:** The percentage of persons during the quarter receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours.

*A pre-admission screen (or prescreen) is the label for the screening service provided to persons in order to deterimine if psychiatric hospitalization is the most apprporiate support for a specific singular mental health concern. The required targeted completion of screening within 3 hours must meet a greater than 95% success rate. 2024 showed 100% for children and 98.5% for adults.*

**Indicator #2A - Access/1st Request Timeliness:** The percentage of new persons during the Period receiving a completed biopsychosocical assessment within 14 calendar days of a non-emergency request for service.

*A biopsychosocial assessment is the label for the initial assessment process completed for all persons during the intake process (and anually). Biopshcyosocial is an abbreviation for biological/psychological/ sociological. Based on a recent MSHN performance improvement project, for FY24 MCN will be required to maintain greater than 62%. FY24 showed an overall percantage of 77.6%.*

**Indicator #3 - Access/1st Service Timeliness:** Percentage of new persons during the Period starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment.

*This measures the number of new persons that start a service program with MCN within 14 days of completing a biopsychosocial assessment (#2). Based on a recent MSHN performance improvement project, For FY24 MCN will be required to surpass 72.9%. FY24 showed an overall percentage of 68.7%. Regionally (and locally) this PI project was not met and efforts to assess are currently being reviewed.*

**Indicator #4a - Hospital Discharges Follow-up:** The percentage of discharges from a psychiatric inpatient unit during the quarter that were seen for follow-up care within 7 days.

*The number of persons seen by a clinically qualified MCN staff within 7 days of being discharged from a psychiatric hospital back to a location within Montcalm County. The required targeted completion must meet a greater than 95% success rate. 2024 showed 90.5% for children and 93.6% for adults.*

**Indicator #5 - Initial Assessment Denial:** Percentage of face-to-face assessments with professionals during the quarter that result in denials.

*Following the initial intake assessment (#2) persons are occasionally denied access to services with MCN for a variety of reasons (acuity of mental health concerns, other available insurance optoins, etc.)*

**Indicator #10 - Inpatient Recidivism:** The percentage of readmissions of children and adults during the quarter to an inpatient psychiatric unit within 30 days of discharge.

*The required rate of recidivism (persons return to a psychiatric hospital within 30 days of discharge) is 15% or less. 2024 showed 14.6% for Adults and 8.7% for Children.*

