



**Annual Review and Evaluation of
Quality Improvement Activities**

FY 2025

MISSION

Improving the lives of people in Allegan County through exceptional behavioral health and homelessness services.

VISION

An inclusive community with integrated behavioral health services and safe, affordable housing for all.

CORE VALUES

Integrity | Inclusivity | Honor
Equality | Humility | Innovation
Teamwork | Cultural Competency

QUALITY IMPROVEMENT PROGRAM OVERVIEW

Purpose

As the Community Mental Health Services Provider (CMHSP) and Housing Assessment and Resource Agency (HARA) of Allegan County, OnPoint is committed to providing quality services throughout our community and across the agency's entire continuum of care. OnPoint's recognition as a Certified Community Behavioral Health Clinic (CCBHC) Demonstration Site and a SAMHSA CCBHC-IA grantee also reflect the agency's emphasis on using evidence-based practices and new approaches to expand access to necessary services across Allegan County. And as a provider of CARF-accredited programs, OnPoint is committed to upholding best practices in behavioral healthcare across the agency's administrative operations and clinical treatment programs.

In keeping with the standards that underpin these designations, and in fulfillment of its contractual and Medicaid-provider obligations, OnPoint implements a comprehensive Quality Improvement Program (QIP), as described in the agency's Quality Assurance and Performance Improvement Plan (QAPIP). Beyond upholding best practices for quality improvement and performance management, the OnPoint QI Program incorporates many other quality-related activities and functions, including:

- Analysis and improvement of quality management, program, and administrative processes.
- Monitoring and evaluating systems and processes related to services provided by OnPoint to improve the behavioral and physical health, quality of life, and satisfaction of persons served.
- Establishing processes and methods to monitor, analyze and act upon performance data.
- Identifying and assigning priority to improvement opportunities as identified by stakeholders.
- Overseeing implementation of quality and/or performance improvement projects.
- Creating an organizational culture that encourages input and participation in problem solving.
- Assuring OnPoint and service providers' compliance with regulations and requirements.

Goals

As noted above, OnPoint is committed to promptly identifying and addressing any concerns regarding access to services, effectiveness and quality of treatment, integrated care and coordination of necessary services and supports, efficiency of service delivery, and satisfaction with services by all stakeholders. As the framework for achieving these aspirations, the OnPoint QI program provides a roadmap to guide the agency and articulates the goals of the QI Program, which include:

- Include levels of the agency in targeting improvements in coordination and continuity of care, as well as the accessibility, timeliness, safety, effectiveness, and appropriateness of services.
- Involve people served and their caregivers in assessing and improving satisfaction with services.
- Develop performance metrics to ensure services are accessible, effective, safe, and appropriate.
- Track key performance indicators, comparing performance to benchmarks whenever possible.
- Monitor and analyze outcome and satisfaction data for improvement opportunities.
- Ensure all providers fulfill contractual obligations and regulatory and accreditation standards.
- Use a credentialing process to ensure providers are qualified and capable of providing services.

ANNUAL QAPIP REVIEW & EVALUATION

Introduction

Each year, OnPoint’s QI Department leads a review of the agency’s QAPIP and QI Program, in keeping with CMHSP requirements, CCBHC Demonstration criteria, and accreditation standards. This review ensures the QI Program supports agency policy, procedure, and structures; upholds relevant standards, regulations, requirements, and current best practices; and aligns with OnPoint’s strategic priorities. Additionally, the annual review creates an opportunity to apply the principles of continuous quality improvement to the QI Program itself. On a practical level, the QAPIP review and evaluation also offer a platform to present agency performance data, assess progress on strategic goals and objectives, identify areas for improvement, and share updates and accomplishments with OnPoint stakeholders.

QAPIP PERFORMANCE DATA & QUALITY IMPROVEMENT ACTIVITIES

Michigan Mission-Based Performance Indicator System (MMBPIS)

MDHHS’ MMBPIS indicators are used to evaluate access/timeliness of services, continuity of care, efficiency, and outcomes across the state. Quarterly reports are submitted to the LRE and MDHHS, with corrective action plans required when performance thresholds are not met. OnPoint MMBPIS performance data for Medicaid beneficiaries during FY25 is reflected in Table 1 below:

Table 1. OnPoint FY25 MMBPIS Performance Data (10/1/2024 - 9/30/2025)

Ind. #	Description	Population	MDHHS Standard	FY25Q1	FY25Q2	FY25Q3	FY25Q4
1	Inpatient Screening Determination Within 3 Hours of Request	Child	95%	100%	100%	100%	TBD
		Adult	95%	99.0%	100%	100%	TBD
2a	Initial Assessment Completed	MI Child	62%	98.8%	98.3%	100%	TBD

	Within 14 Days of Routine Request for Services	MI Adult	62%	100%	95.9%	100%	TBD
		DD Child	62%	100%	100%	100%	TBD
		DD Adult	62%	100%	100%	100%	TBD
3	Ongoing Services Start Within 14 Days of Initial Assessment	MI Child	72.9%	60.5%	89.8%	95.1%	TBD
		MI Adult	72.9%	63.4%	92.6	98.6%	TBD
		DD Child	72.9%	86.7%	95.0%	100%	TBD
		DD Adult	72.9%	60.0%	100%	100%	TBD
4a	Inpatient Discharge Follow-up ≤7 days	Child	95%	100%	100%	100%	TBD
		Adult	95%	100%	95.0%	91.3%	TBD
4b	Detox Discharge Follow-up ≤7 days	SUD	95%	N/A	100%	100%	TBD
10	Inpatient Readmission Within 30 Days of Discharge	Child	< 15%	17.7%	20.0%	15.4%	TBD
		Adult	< 15%	18.0%	16.2%	12.1%	TBD

* Cells in **GREEN** reflect performance at/above MDHHS performance thresholds.

* Cells in **RED** reflect performance below MDHHS thresholds.

* **NOTE:** Performance data for FY25Q4 has not been finalized as of the completion of this report.

Through the first three quarters of FY25, OnPoint has met MDHHS standards each quarter for Indicator 1 (Child and Adult), Indicator 2a (MI Child, MI Adult, DD Child, and DD Adult), Indicator 3 (DD Child), Indicator 4a (Child), and Indicator 4b (SUD). OnPoint performance met MDHHS standards for all but one quarter for Indicator 3 (MI Child, MI Adult, and DD Adult), and Indicator 4a (Adult). These trends reflect a significant improvement over FY23 and FY24 performance and are the result of numerous changes implemented by staff in the Access Department and Clinical Teams. The primary driver behind the performance improvements has been the implementation of same-day access, which began in September 2024 and allowed most new clients to rapidly enter services.

One indicator with ongoing room for improvement is Indicator 10, where OnPoint's inpatient readmission rate was only below the MDHHS maximum threshold for Adults during FY25Q3. Due to the small sample size for this indicator, each individual case has the potential to significantly impact performance levels. In fact, in nearly every quarter, OnPoint was only one or two cases away from meeting the MDHHS standard. However, because of the clinical significance, disruptive nature, and elevated costs of inpatient treatment, staff in the UM, QI, Crisis, and Clinical Program teams continue to look for ways to support individuals in the least restrictive setting possible and prevent readmissions.

The end of FY25 marks a significant milestone for the state's MMBPIS indicators. Effective 10/1/2025, MDHHS retired the use of all MMBPIS indicators except Indicator 2a, which is scheduled to be replaced by a new Access measure at the start of FY26. As part of MDHHS' statewide Behavior Health Quality Transformation Initiative, new performance measures will be phased in during the next three years. The new measures selected by MDHHS are all nationally-recognized, validated measures, many of which overlap with existing CCBHC Clinical Quality Measures.

While CMHSPs and PIHPs are no longer required to report on the discontinued indicators, OnPoint QI staff are still able to internally monitor the measures within the EHR, a resource that will likely prove valuable during this time of transition as new measures are introduced.

One final noteworthy change to the performance indicator system is that MDHHS has assumed full responsibility for compiling the necessary data and calculating performance rates for each of the state's PIHP's. This shift presents both an opportunity (in the form of removing time-consuming administrative burdens), as well as a potential risk (CMHSPs and PIHPs will have less visibility into their data and the subsequent performance calculations). OnPoint's QI team and data analytics partners are working to mitigate that risk but participating in statewide workgroups regarding the new measures, reviewing technical specifications and definitions, and laying the groundwork to be able to monitor our own performance and make improvements in real-time based on internal dashboards and reports.

Incident Reports, Critical Incidents, Risk Events, Physical Management and Sentinel Events

Critical Incidents (defined and monitored by MDHHS) and Risks Events (defined and monitored by the LRE) are reported on a monthly basis. The LRE compiles CMHSP submissions into aggregate regional data, which is reviewed during numerous meetings, including the QI ROAT, CIRE Committee, and Behavior Treatment Committee, where it is analyzed for trends, outliers, and improvement opportunities. to ensure incidents are properly investigated, reported, and plans are made to ensure client safety.

Sentinel Events, defined by CARF as "unexpected occurrences involving death or serious physical or psychological injury, or the risk thereof," require immediate notification and thorough investigation to identify causal factors and prevent future recurrence. Following each Sentinel Event, the QI Department conducts a Root Cause Analysis (RCA) with designated staff and supervisors. Completed RCA reports and findings are shared with agency leadership as appropriate, so that recommendations for systemic changes can be implemented to reduce the risk of future recurrences. Summary RCA reports are also submitted to the LRE for additional monitoring of the RCA process.

Critical Incidents

OnPoint receives dozens of incident reports each month, which describe an array of unusual occurrences documented by OnPoint staff and provider agency employees. OnPoint's Recipient Rights Department reviews and categorizes each incident report, and determine which incidents are "reportable critical incidents," as defined by MDHHS. Only events meeting specific criteria, including parameters for incident type, setting, client demographics, and other factors, are submitted to the LRE by the QI Department and subsequently reported to MDHHS.

The tables below summarize OnPoint's monthly data for reportable Critical Incidents during FY25, as submitted to the LRE. Please note, however, that monthly Critical Incident submission timelines include a lag of up to 60 days. Therefore, data from September 2025 is not yet considered complete or finalized.

Table 2a. OnPoint FY25 Critical Incident Data - Monthly Incident Totals (10/1/2024 - 9/30/2025)

Incident Type	Oct-24	Nov-24	Dec-24	FY25Q1 Subtotal	Jan-25	Feb-25	Mar-25	FY25Q2 Subtotal	Apr-25	May-25	Jun-25	FY25Q3 Subtotal	Jul-25	Aug-25	Sep-25	FY25Q4 Subtotal	FY25 Total
Suicide					1		1	2						1		1	3
Non-Suicide Death	2	1	4	7	1	1	1	3	2	1		3	4		1	5	18
Accidental			1	1											1	1	2
Natural Causes	2	1	3	6	1	1	1	3	2	1		3	4			4	16
Emergency Medical Treatment	10	1	1	12	4	4	7	15	4	2	4	10	8	6		14	51
Hospitalization	1			1		2		2						1		1	4
Arrest	1			1	1	1		2		1	1	2		2		2	7
Monthly Incident Total	14	2	5	21	7	8	9	24	6	4	5	15	12	10	1	23	83

Table 2b. OnPoint FY25 Critical Incident Data - Monthly Client Counts (10/1/2024 - 9/30/2025)

Incident Type	Oct-24	Nov-24	Dec-24	FY25Q1 Subtotal	Jan-25	Feb-25	Mar-25	FY25Q2 Subtotal	Apr-25	May-25	Jun-25	FY25Q3 Subtotal	Jul-25	Aug-25	Sep-25	FY25Q4 Subtotal	FY25 Total
Suicide				0	1		1	2				0		1		1	3
Non-Suicide Death	2	1	4	7	1	1	1	3	2	1		3	4		1	5	18
Accidental			1	1				0				0			1	1	2
Natural Causes	2	1	3	6	1	1	1	3	2	1		3	4			4	16
Emergency Medical Treatment	7	1	1	9	4	2	5	9	3	2	4	8	7	5		12	31
Hospitalization	1			1		2		2				0		1		1	4
Arrest	1			1	1	1		2		1	1	2		2		2	6
Monthly Client Count	10	2	5	17	6	6	7	17	5	4	5	13	11	9	1	20	57

Risk Events

While not reported to MDHHS, Risk Events represent occurrences with potentially serious outcomes and are thus monitored by the LRE as part of the region’s overall commitment to risk management, health and safety, and quality improvement.

The tables below summarize OnPoint’s monthly data for reportable Risk Events during FY25, as submitted to the LRE. Again, please note that data from September 2025 is not yet complete.

Table 3a. OnPoint FY25 Risk Event Data - Monthly Risk Event Totals (10/1/2024 - 9/30/2025)

Risk Event Category	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	FY25 Total
Harm to Self			2	2	4	3		1		2	1		15
Harm to Others		1						2	2				5
Police Calls due to Behavior	3	2	1	1	5	7	2	3	2		4		30
Emergency Use of Physical Mgmt.	5	3	2	1	4	3	7	3	11	12	19		70
2+ Unplanned Hospitalizations													0
Monthly Risk Event Totals	8	6	5	4	13	13	9	9	15	14	24		120

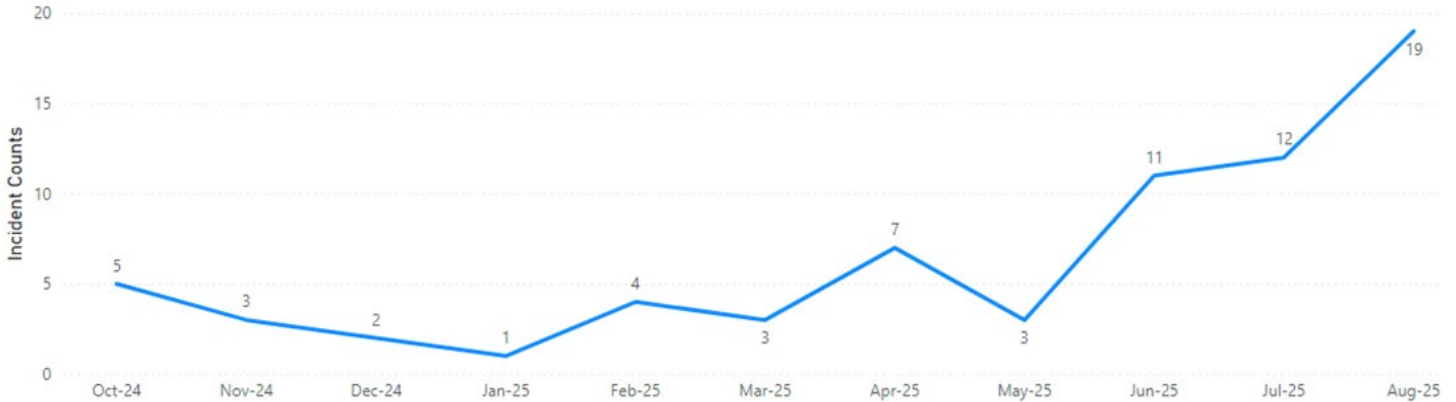
Table 3b. OnPoint FY25 Risk Event Data - Monthly Client Counts (10/1/2024 - 9/30/2025)

Risk Event Category	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	FY25 Total
Harm to Self			2	2	2	2		1		1	1		7
Harm to Others		1						2	1				3
Police Calls due to Behavior	2	1	1	1	3	4	2	3	2		3		15
Emergency Use of Physical Mgmt.	3	3	2	1	4	2	4	3	5	4	4		14
2+ Unplanned Hospitalizations													0
Monthly Client Counts	5	3	5	4	8	7	6	4	5	4	7		26

Physical Management

The emergency use of physical management is a type of incident given particular emphasis, due to the significantly elevated risk of injury to both clients and staff that is present (even when staff are properly trained, only authorized techniques are used, and all techniques are performed correctly). Following any interaction that involves the use of physical management, staff must document the occurrence on an incident report, regardless of how brief or minimal the intervention may have been. Incident reports must contain detailed information about all holds, the technique(s) used, exact duration of the physical management, and any individuals involved in the intervention. Physical management data is monitored by OnPoint’s Recipient Rights and QI Departments, as well as the Behavior Treatment Committee.

Figure 1. OnPoint Physical Management Trends - FY25 (10/1/24 - 9/30/2025)



* NOTE: physical management data contains the same reporting lag found in critical incident and risk event data; therefore, data from September 2025 is not included in the chart above, or the data tables on the following page.

Table 4a. OnPoint FY25 Physical Management Data - Incident Counts (10/1/24 - 9/30/2025)

	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	FY25 Total
Total Number of Incidents	5	3	2	1	4	3	7	3	11	12	19		70

Table 4a. OnPoint FY25 Physical Management Data - Client Counts (10/1/24 - 9/30/2025)

	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	FY25 Total
Number of Distinct Clients	3	3	2	1	4	2	4	3	5	4	4		35

Figure 2. Comparison of Number and Duration of Physical Management Events, by Fiscal Year

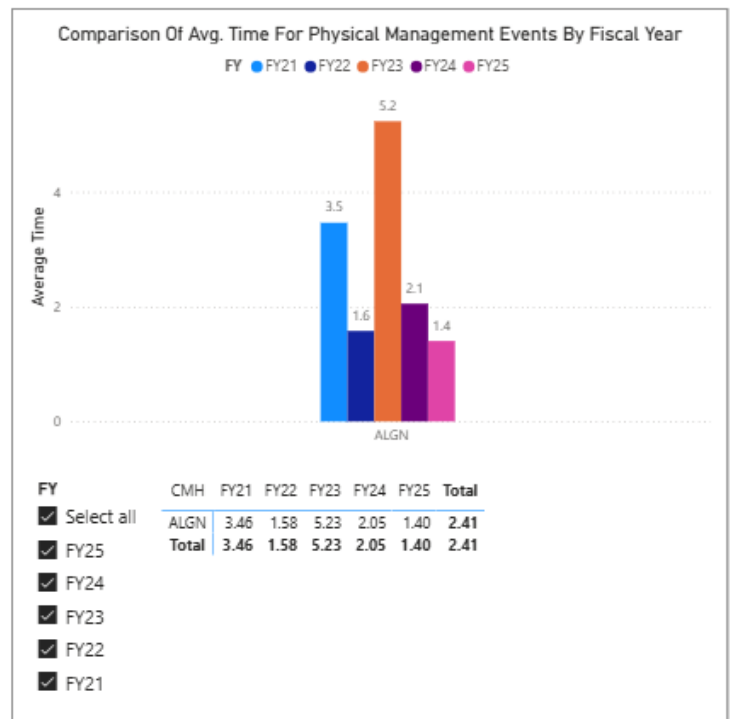
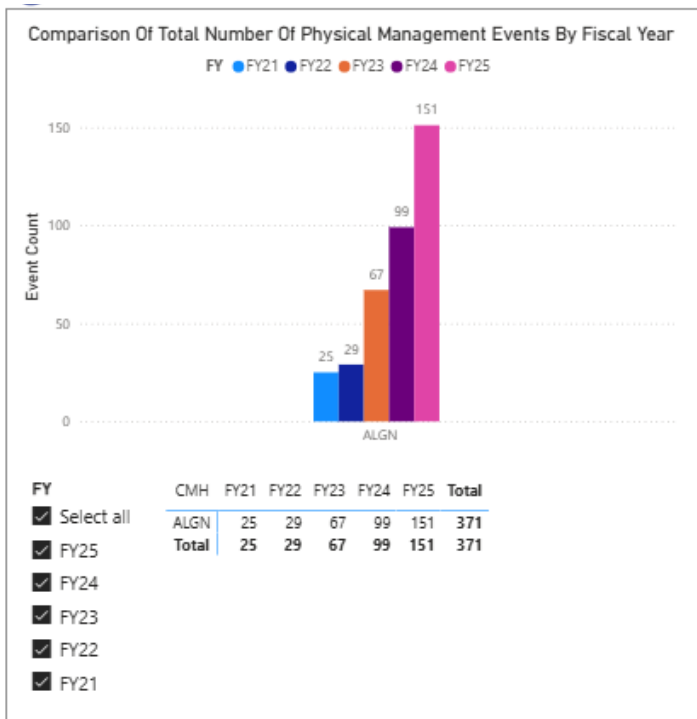
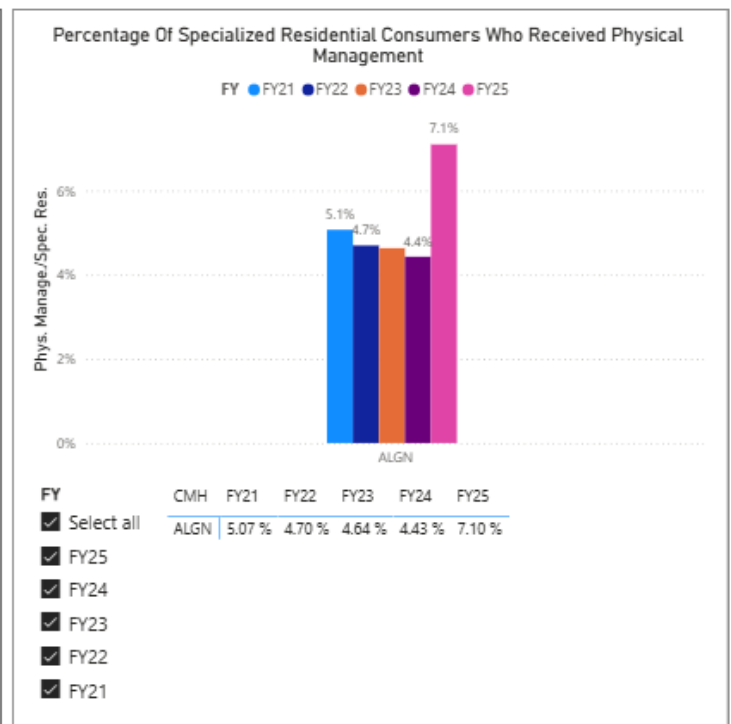
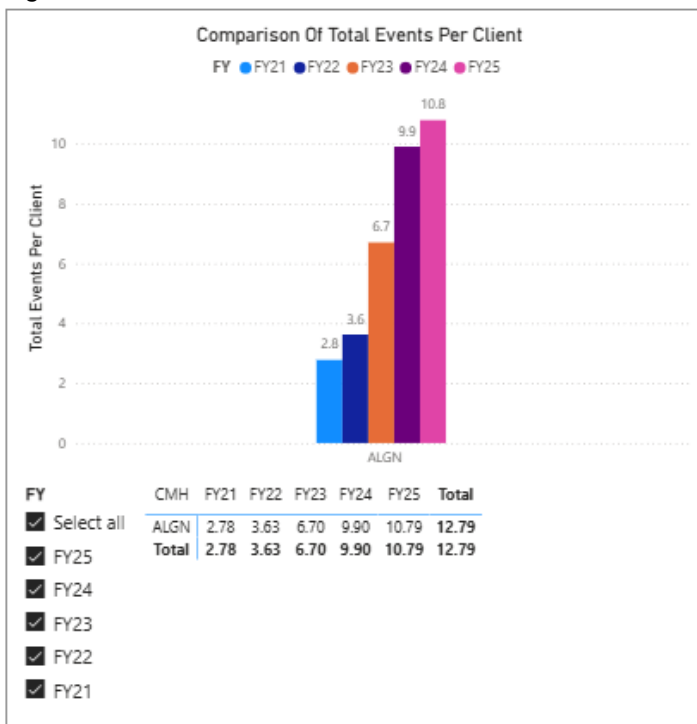


Figure 3. Comparison of Events Per Client and Percent of Clients in Spec. Res. Experiencing Phys. Mgmt.



Despite the narrow scope of required critical incident and risk event reporting, all incident reports received by OnPoint are treated with the same level of concern and intentionality. The RR Department frequently follows up with IR authors to obtain additional clarifying information, forwards IR's to case holders and supervisors, and is quick to provide recommendations regarding training needs, maintaining quality of care, and protecting the health and safety of staff and clients.

These processes received a significant boost during FY25, when OnPoint began using the PCE Incident Report module within Crane. While prior methods of IR submissions remain for those without access to Crane, the new IR module and workflows replace a process heavily reliant on manual data entry and tracking. Launching the module also created an opportunity to retrain staff on reporting requirements, update workflows, and review procedures shared between RR and QI. As many users have already experienced, the IR module allows staff to complete and submit IR's entirely within one platform; enables seamless routing of IR's to case managers, clinicians, supervisors, and others involved in the individual's treatment; ensures necessary supervisor reviews are completed; and provides the ability to monitor each IR throughout the submission, review, and approval process. The amount and quality of the data available as a result of using the IR module will enhance OnPoint's ability to monitor for trends, safety risks, and issues requiring intervention.

Site Reviews, Audits, and Accreditation

During FY25, OnPoint participated in multiple audits and reviews, including the annual CMHSP site review conducted by the LRE, the waiver site review performed by MDHHS (which is now an annual process), the regional external quality review carried out by Health Services Advisory Group (HSAG), and HCBS site visits conducted by CMS. OnPoint also hosted a successful MiFAST ACT Fidelity Review, as well as an in-person CCBHC Demonstration re-certification site visit. Feedback from these reviews illuminated many strengths, and helped identify standards that require remediation. Following each review, the QI Team partnered with teams and departments across the agency to digest the findings, consider the reviewers' recommendations, and develop corrective action plans to address all concerns.

MDHHS Waiver Site Review

Following the FY25 MDHHS waiver site review (which occurred in October-December 2024), OnPoint developed and implemented corrective action plans to address all identified citations. Evidence of the completed CAPs was submitted to MDHHS this spring and reviewed during the 90-day Follow-Up Visit. The subsequent approval of all proofs by MDHHS marked the official conclusion of the FY25 site review.

OnPoint completed the FY26 MDHHS waiver site review in October 2025 and is currently awaiting distribution of the final results, which is expected to occur in December. Receipt of the final results will then be followed by the requisite corrective action process.

CMHSP Site Review

OnPoint's annual CMHSP site review was conducted by the LRE in April 2025. This year's review resulted in the second consecutive year-over-year decrease in the number of citations, saw an overall increase in scores, and highlighted many strengths of OnPoint's administrative and clinical teams. Proposed corrective actions plans have been approved by the LRE and are moving toward completion. OnPoint's scores in the core components of the site review can be found in the following tables:

Table 5a. OnPoint FY25 CMHSP Site Review - Desk Audit Results

Desk Audit and Section	Sum of Question Score	Sum of Possible Score	Percent Compliant
2025 Standard VII Provider Selection	92	92	100.0%
2025 Standard IX – Grievance & Appeal Systems	115	118	97.5%
2025 Standard X Sub-Contractual Relationships and Delegation	16	16	100.0%
2025 Standard XI Practice Guidelines	18	18	100.0%
2025 Standard XII Health Information Systems	139	152	91.4%
2025 Standard XIII Quality Assessment and Performance Improvement Program	72	78	92.3%
2025 Standard XIV Corporate Compliance Program Integrity Requirements	38	38	100.0%
2025 Standard XVI Consumer Involvement	8	8	100.0%
2025 Standard XVIII Advanced Directives	15	16	93.8%

Table 5b. OnPoint FY25 CMHSP Site Review - Program-Specific Standards Audit Results

Program Specific Audit Section	Sum of Question Score	Sum of Possible Score	Percent Compliant
CMHSP Program Specific - Assertive Community Treatment	24	24	100.0%
CMHSP Program Specific - Home-Based Services	10	10	100.0%
CMHSP Program Specific - Clubhouse Psycho-Social Rehabilitation Program	0	2	0.0%
CMHSP Program Specific - Targeted Case Management	18	18	100.0%
CMHSP Program Specific - Children's Intensive Crisis Stabilization Services	18	18	100.0%

Table 5c. OnPoint FY25 CMHSP Site Review - Staff Training & Credentialing Audit Results

Audit Type	Sum of Question Score	Sum of Possible Score	Percent Compliant
2024 LRE Credentialing & Training Audit Tool, Non-Waiver	455	484	94.0%
Credentialing & Training Audit Tool, Non-Waiver (INTERNAL STAFF ONLY)	367	378	97.1%
Credentialing & Training Audit Tool, Non-Waiver (EXTERNAL STAFF ONLY)	88	106	83.0%

Table 5d. OnPoint FY25 CMHSP Site Review - Clinical Chart Audit Results

Audit Type	Number of Audits	Sum of Question Score	Sum of Possible Score	Percent Compliant
2025 LRE CMHSP Clinical Audit, Autism	4	525	542	96.9%
2025 LRE CMHSP Clinical Audit, IDD Adult	4	469	480	97.7%
2025 LRE CMHSP Clinical Audit, MI Adult	7	794	848	93.6%
2025 LRE CMHSP Clinical Audit, MI Child	4	458	478	95.8%
2025 LRE SUD Clinical Audit	1	37	38	97.4%

CARF Re-accreditation Survey

Looking ahead to 2026, OnPoint's CARF re-accreditation survey is expected to take place near the end of FY26, prior to the agency's current accreditation expiration date of 10/31/2026. Early preparations are already underway, and we look forward to welcoming the surveyors to OnPoint for our first onsite survey since the end of the Covid-19 pandemic. This survey will also provide an opportunity to pursue CARF accreditation as a CCBHC Demonstration Site, an undertaking that is currently being evaluated by the QI Department and Management Team.

Stakeholder Input

As part of OnPoint's commitment to seeking and acting upon input from stakeholders, a variety of approaches are deployed each year. These activities include the annual satisfaction survey, follow-up surveys sent to recently discharged clients, annual behavior treatment plan surveys, interviews conducted during site reviews, feedback from COAP members, the opportunity to participate in the National Core Indicators (NCI) survey administered annually by Wayne State on behalf of MDHHS, and town hall meetings with clients, guardians, and families.

Annual Satisfaction Survey

OnPoint utilizes the standardized satisfaction survey selected and revised by the regional Satisfaction Survey Workgroup, which is composed of staff from the LRE and each CMHSP.

Each year, satisfaction surveys are sent to all active clients receiving mental health, substance use, and intellectual/developmental disabilities services. Participation in the survey is optional, and responses are kept confidential and anonymous. Accessibility is a point of emphasis for the survey: participants can share responses on an online version available via web address and QR code, paper copies mailed to each client, translated versions for individuals whose primary language is not English, in-person, over the phone, or with assistance from Customer Services staff. Additionally, respondents can request a call from Customer Services, if they wish to discuss their survey responses or experience with OnPoint.

Beginning in FY24, the LRE implemented the Mental Health Statistical Improvement Program (MHSIP) Survey for adults and Youth Services Survey (YSS) for children/youth. Regional use

of these surveys, which continued in FY25, allows OnPoint and other CMHSPs to gather feedback about services and identify areas for improvement. Importantly, the surveys also provide CCBHC like OnPoint with the data needed to complete reporting on the Patient Experience of Care Clinical Quality Measures (CQM).

Each year, OnPoint distributes approximately 2,100 surveys to open clients. Surveys are mailed in two batches, to distinguish CCBHC and non-CCBHC responses. Data showing number of responses is below:

	FY24	FY25
Adults (MHSIP)	204	206
Children/Youth (YSS)	57	39

While the FY25 survey administration is complete, the process of compiling and analyzing the response data is still underway. Full results (including comparisons from FY24 to FY25) will be shared with the Board, agency leadership, and other stakeholders as soon as the data is available.

Medicaid Verification

As part of the agency’s commitment to responsible use of Medicaid funds, OnPoint participates in quarterly Medicaid Claims Verification audits conducted by the LRE. Within this process, a random sample of Medicaid claims are selected and reviewed using a 14-point audit tool. This process ensures that claims are supported by documentation, services are medically necessary and based on authorizations in the Individual Plan of Service (IPOS), and rendering providers have the proper training, qualifications and credentials necessary to deliver Medicaid services to clients.

OnPoint’s performance on Medicaid Claims Verification audits continued at a high level this year. For the three quarterly audits completed so far in FY25, OnPoint has scored 100% accuracy for all Mental Health and SUD Medicaid services audited, a sample containing over 2,050 unique claims. In addition to confirming the accuracy of clinical documentation and claims submissions, the successful verifications determined there were \$0 worth of disputed claims and no recoupment of Medicaid funds was needed.





		FY25Q1	FY25Q2	FY25Q3	FY25Q4*	Overall YTD FY25*
Mental Health	Claims Reviewed	669	609	487	In Process	1795
	Claims Validated	669	609	487	In Process	1795
	Total Score	100%	100%	100%	100%*	100%

	Total Value: Unvalidated Medicaid Claims	\$0	\$0	\$0	\$0*	\$0
SUD	Claims Reviewed	42	11	233	In Process	286
	Claims Validated	42	11	233	In Process	286
	Total Score	100%	100%	100%	100%*	100%
	Total Value: Unvalidated Medicaid Claims	\$0	\$0	\$0	\$0*	\$0




QUALITY IMPROVEMENT ACTIVITIES





FY25 Goals and Strategic Objectives


For the past year, the QI Department has worked with other OnPoint teams and external partners to pursue the quality-related goals and strategic objectives that were adopted within the FY25 QAPIP. Key updates, progress to date, current status, and future plans are summarized below for each goal and objective.

GOAL 1: INFRASTRUCTURE				
OnPoint will adopt the necessary tools and frameworks to achieve the performance objectives within the agency's QAPIP, behavioral health accreditation standards, and contractual requirements.				
Objective		Target Date	Status	Notes
Data & Technical Resources	Launch Crane and utilize for all clinical documentation, claims/encounter processing, and required reporting.	10/1/24		Crane launched 10/1/24. continue to fix issues & deploy enhancements
	Implement Power BI within OnPoint, for the development and use of real-time, interactive dashboards and reports.	12/31/24		Licenses purchased; app configuration continues, with dashboard dev't
	Implement PCE Systems' Incident Reporting module and utilize for incident reporting, including critical incidents/risk events.	3/31/25		Module live for OnPoint staff; provider training planned for early 2026
	Develop a comprehensive data warehouse that integrates various clinical and operational datasets for use in reporting and performance improvement.	6/30/25		Warehouse established; adding new datasets next focus for FY26

Objective	Target Date	Status	Notes
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Performance Metrics	Identify program-specific performance measures for accredited programs within the CARF-defined domains of Access, Effectiveness, Efficiency, and Satisfaction.	3/31/25		Progress to date has focused on efficiency, satisfaction measures
	Develop a KPI dashboard for use by OnPoint's leadership and management teams.	3/31/25		Awaiting Power BI dashboards
	Integrate performance standards from various stewards and oversight bodies (LRE, MDHHS, CCBHC, SAMHSA, grant funders, etc.) into the OnPoint QAPIP.	6/30/25		Task complete, but will continue to monitor for new metrics

Objective		Target Date	Status	Notes
Administrative & Procedural Structures	Establish a monthly schedule that defines the datasets covered in each QIC meeting throughout the year.	10/31/24		Task to be addressed during FY26
	Establish a system for the management and maintenance of agency Policy & Procedures, including regular review, updating, and promulgation of policies.	12/31/24		Overall tracking system set up; updating info for specific policies ongoing
	Compile master index of all reporting requirements, including a calendar of due dates/deadlines.	12/31/24		Master tracker launched Sept. 2025; ongoing work needed requirements & due dates stay up to date
	Establish a cyclical process for presenting and analyzing program-specific performance measures & agency KPIs	3/31/25		Awaiting completion of Power BI dashboards




GOAL 2: IMPROVEMENT & INNOVATION				
OnPoint will hold itself to the highest standards and will strive to meet all applicable performance benchmarks. When necessary, OnPoint will implement effective corrective action plans to address identified concerns and improvement opportunities.				
Objective		Target Date	Status	Notes
C	o Achieve CCBHC Demonstration Site Recertification	10/1/24		Complete!

	Complete CAP items from LRE FY24 Site Review	12/31/24		Complete!
	Complete CAP items from FY25 MDHHS Waiver Audit	5/31/25		Complete!
	Complete all items within the Quality Improvement Plan (QIP) from 2023 CARF accreditation survey	3/31/26		Efforts now focused on 2026 re-accreditation survey prep

Objective		Target Date	Status	Notes
Meet & Exceed Performance Thresholds	Implement effective corrective actions to improve performance on MMBPIS indicators that do not meet MDHHS thresholds, particularly 2a, 2e, and 3.	12/31/24		OnPoint has consistently met MDHHS thresholds
	Participate in regional Performance Improvement Projects for FUH and meet performance targets.	12/31/24		Regional efforts complete.
	Meet all reporting requirements and submission timelines for critical incident, risk event, and sentinel event reporting and completion of RCAs.	12/31/24		Progress has been made, w/ more improvements planned for FY26
	Meet all established benchmarks for CCBHC Demonstration Sites, including Quality Bonus Payment (QBP) metrics.	12/31/25		OnPoint met 4 of 6 QBP targets and is striving for more this year!

GOAL 3: INCLUSION
 OnPoint will actively seek out and incorporate the perspectives, input, and participation of a variety of stakeholders within the QI program.

Objective		Target Date	Status	Notes
OnPoint Coworkers	Review and update QI Council membership	10/1/24		Task will be addressed during FY26.
	Foster continuous and mutually beneficial collaboration between QI, clinical teams, and other OnPoint departments	10/1/24		Efforts to strengthen collaboration and drive improvements will continue indefinitely in the spirit of CQI!
	Enhance OnPoint's partnership with IBHA and integrate their evaluation and analytics expertise with internal resources	9/30/25		Updated contract signed with IBHA, effective 10/1/2025

Objective		Target Date	Status	Notes
Clients & Community Stakeholders	Ensure adequate representation of the subcontracted Provider Network within the OnPoint QI program	3/31/25		Complete - provider site reviews and other quality systems put in place by Provider Network Team
	Cultivate greater levels of input and representation from individuals receiving OnPoint services and COAP	3/31/25		Progress has been made, but efforts to seek greater inclusion will continue!
	Engage in community needs assessment processes as part of CCBHC and annual submission efforts	6/30/25		Complete!