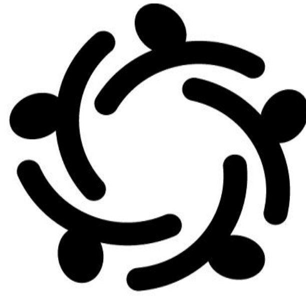

REGION V SYSTEMS

Promoting Comprehensive Partnerships in Behavioral Health

Management Summary
Fiscal Year 2016-2017

Submitted by: C. J. Johnson, Regional Administrator
Published Date: February 12, 2018

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CONTENTS

ORGANIZATIONAL PERFORMANCE IMPROVEMENT
PLAN (PIP) INDICATORS – SECTION I .... Pages 1-12

NETWORK SERVICES – SECTION II .... Pages 13-31

CONTINUOUS QUALITY IMPROVEMENT (CQI) – CONCERNS/
REQUESTS – SECTION III .... Pages 32-33

PROFESSIONAL PARTNER PROGRAM – FAMILY &
YOUTH INVESTMENT - SECTION IV... Pages 34-44

RENTAL ASSISTANCE PROGRAM – SECTION V.. Pages 45-46

ORGANIZATIONAL PERFORMANCE IMPROVEMENT PLAN (PIP) INDICATORS – SECTION I

Region V Systems believes in a team-driven process for all programs and departments to be monitored, evaluated, and enhanced on a continual basis. The organization uses the Performance Improvement Plan (PIP) to assist in the team-driven process.

Outcomes Region V Systems strives for include:

A. Professional accountability and appropriate resource allocation throughout the organization.
B. Active participation by all staff with opportunities for involvement in decision making and correction of problems that impact them directly.
C. Awareness and understanding among all staff of Region V Systems that quality is an essential element in service provision and management.
D. The best possible outcomes for our consumers and customers.

During the annual PIP planning process, decisions are made regarding several components of the plan. All staff members at Region V Systems discuss and give feedback regarding all areas to make a final determination and create the annual PIP.

Following are areas of the PIP and a statement of what they mean:

Component of PIP	Definition
Department, Program, CQI Team	Areas of Region V Systems that will be accountable and responsible for carrying out business activities and the PIP indicator.
Scope	Gives range/span to the PIP indicator, with a determination being made to achieve, avoid, eliminate, or preserve.
Organizational Risk Exposure	Illustrates if the PIP indicator is an area that could put Region V Systems in jeopardy if the threshold is not met.
Expectation	Helps anticipate what should be occurring regarding Region V Systems' business activities.
Quality Indicator	States what is being measured.
Threshold	Identifies a minimum or maximum limit in relationship to the expectation.
Measurement Type	Lists how to interpret the data. Specifically identifies whether quarterly scores are independent, dependent, whether to focus on average, trend, or end of year performance.
Standard	This is an accepted benchmark/measure within the industry or the goal. Gives you a value to compare Region V Systems' future quarterly performance.
Data Source	Indicates where the information gathered will come from.
Data Collector	The person responsible for gathering the information.
Frequency of Collection	How often information is to be collected and reported.
Frequency of Comparison to Threshold by Team	The identified regularity that teams will review and analyze quarterly information/reports.
Frequency of Corporate Compliance Team and Leadership Team Review	The established occurrence that Corporate Compliance Team and Leadership Team will review and analyze quarterly information/reports.
Baseline	A starting point value to which other future quarterly measurements are compared.

Below are the FY 16-17 indicators that have been reviewed by Region V Systems' departments, programs, Leadership Team, Corporate Compliance Team, and made available to all staff. Upon Leadership and Corporate Compliance Team's review, a decision point occurred by accepting the PIP as reported, giving other recommendations, approving, or asking for a plan of correction. The spreadsheet is a breakdown of each indicator, a status of the year's review, and determination if the goal will continue within the FY 17-18 PIP.

Indicator Number	FY 16-17 Threshold	Review	FY 17-18 PIP Status
1	100% of Region V Systems' employees complete CARF-required trainings.	Approved	Continue
2	Community trainings sponsored by Region V Systems will result in an overall satisfactory rate of 85% or above.	Approved	Continue
3	100% of organized county community prevention coalitions (16) in southeast Nebraska will participate in substance abuse annual assessments and quarterly BH5 reporting/NIPRS (Nebraska Prevention Information Resource System).	Approved	Continue
4	80% of organized community prevention coalitions (16 total community/county coalitions) will have leadership teams by June 30, 2017.	Approved	Continue
5	75% of all funded coalitions will have an annual goal for sustainability.	Approved	Continue with Modification
6	85% of counties (16) in southeast Nebraska will have an active community prevention coalition by June 30, 2017.	Approved	Continue
7	75% of the counties (16) are represented on Youth Action Board membership.	Approved	Continue
8	90% of all staff members shall have quarterly supervision and documentation completed.	Approved	Continue
9	100% of all staff members shall have an annual performance evaluation.	Approved	Continue
10	100% of drills completed per established schedule.	Approved	Continue
11	90% of service requests are assigned to an applicable Information Technology response team member, and initial documentation is entered within one business day; non-emergency requests within two business days.	Approved	Continue
12	100% of building occupants will be accurately documented on the pegboard during health and safety drills.	Approved	Continue
13	30% of consumers in the Rental Assistance Program with vouchers will reside in the rural counties.	Approved	Continue
14	Consumers of the Rental Assistance Program will successfully discharge from the program 70% of the time.	Approved	Continue
15	Consumers of RAP SD will successfully participate in their housing transition plan 80% of the time.	Approved	Continue

(Cont.)

Indicator Number	FY 16-17 Threshold	Review	FY 17-18 PIP Status
16	95% of youth with a 30-point (severe impairment) admission CAFAS score on any of the 8 domains will decrease to 20 points (moderate impairment), 10 points (mild/minimal impairment) when comparing admission to discharge CAFAS scores. (must have a 30 in any domain at admission to be included in sample) (Traditional, Transitional, Prevention, Juvenile Justice, and Crisis Response tracks).	Approved	Continue
17	70% of discharged youths' total CAFAS scores will decrease by 20 points when comparing intake vs. discharge scores (Traditional, Transitional, Prevention, Juvenile Justice, and Crisis Response tracks).	Approved	Continue
18	40% of youth with an admission score of 80 or more will leave the FYI program with a total CAFAS score below 80 (the required admission score) (Traditional, Transitional, Prevention, Juvenile Justice, and Crisis Response tracks).	Approved	Continue
19	75% of youth demonstrate improvement on one or more of the three outcome indicators (Traditional, Transition, Prevention, Juvenile Justice, and Crisis Response Tracks).	Approved	Continue
20	85% of all teams will have at least one informal support on their team member list.	Approved	Continue
21	70% of all teams with an informal support on their team member list will have at least one informal support on their team member list ATTEND child/family monthly team meetings or PARTICIPATE in POC goals.	Approved	Continue
22	100% of FYI youth will be living in their home while served in the FYI program.	Approved	Continue
23	90% of families will have a team meeting every month.	Approved	Continue
24	30% of clients in the FYI program will reside in rural counties.	Approved	Continue
25	90% of families utilizing the Traditional, Prevention, and Children Family Services Professional Partner Tracks will not enter the Child Welfare System during their community tenure (discharge to 90 and 180 days post discharge) (Meaning no new accepted abuse/neglect intake reports).	Approved	Continue
26	95% of FYI professional Partners performance will be met on all their gauges.	Approved	Continue
27	95% of the time, fiscal staff shall complete reports/ functions identified by the specified due dates as critical or key to the organization (the reports/functions include required billing and monthly financials).	Approved	Continue
28	100% of Network Providers will receive a copy of their agency's site visit report as prepared by Region V Systems' Network Administration within 45 days of completion of the site visit.	Approved	Continue

(Cont.)

Indicator Number	FY 16-17 Threshold	Review	FY 17-18 PIP Status
29	Exit conferences will be completed with 100% of Network Providers at the completion of each agency/program site visit.	Approved	Continue
30	100% of all the network providers governing boards will have consumer representation (consumer voice) on their governing board.	Approved	Continue

The second part of this section is a summary of Performance Indicators for Fiscal Year 2016-2017. The indicators are sorted by department: Continuing Education, Adult Services, Operations/Human Resources, Children and Family Services, Fiscal, and Strategic Planning/Special Projects.

Continuing Education Department:

Indicator # 1: Completion of annual CARF required trainings.
Threshold: 100% of Region V Systems' employees complete CARF required trainings.

Standard	Threshold	Quarter 4 FY 15-16	Quarter 1	Quarter 2	Quarter 3	Quarter 4	End of Year Total
100%	100%	98.92%	7.06%	23.33%	29.24%	97.12%	97.12%

Indicator # 2: Training evaluations.
Threshold: Trainings sponsored by Region V Systems will result in an overall satisfaction rate of 85% or above.

Standard	Threshold	Quarter 4 FY 15-16	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year Average
90%	85%	94%	95%	99.47%	93%	95.3%	96%

Adult Services Department:

Indicator # 3: Substance abuse annual assessments.
Threshold: 100% of organized community prevention coalitions (16) in southeast Nebraska will participate in substance abuse annual assessments and quarterly BH5 reporting/NPIRS (Nebraska Prevention Information Resource System).

Standard	Threshold	Quarter 4 FY 15-16	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Average
100%	100%	100%	100%	100%	100%	100%	100%

Adult Services Department (cont.):

Indicator # 4: Leadership teams. Threshold: 80% of organized community prevention coalitions (16 total community/county coalitions) will have leadership teams by June 30, 2015.							
Standard	Threshold	Quarter 4 FY 15-16	Quarter 1	Quarter 2	Quarter 3	Quarter 4	End of Year Total
100%	80%	87.5%	100%	100%	81%	81%	81%

Indicator # 5: Coalition sustainability plans. Threshold: 75% of all funded coalitions will have an annual goal for sustainability planning.							
Standard	Threshold	Quarter 4 FY 15-16	Quarter 1	Quarter 2	Quarter 3	Quarter 4	End of Year Total
100%	75%	100%	75%	75%	75%	75%	75%

Indicator # 6: Active community prevention coalitions throughout southeast Nebraska. Threshold: 85% of counties (16) in southeast Nebraska will have an active community prevention coalition by June 30, 2017.							
Standard	Threshold	Quarter 4 FY 15-16	Quarter 1	Quarter 2	Quarter 3	Quarter 4	End of Year Total
100%	85%	87.5%	81%	81%	81%	81%	81%

Indicator # 7: YAB youth representation. Threshold: 75% of the counties are represented on the Youth Action Board membership.							
Standard	Threshold	Quarter 4 FY 15-16	Quarter 1	Quarter 2	Quarter 3	Quarter 4	End of Year Total
100%	75%	87.5%	100%	100%	100%	100%	100%

Indicator # 13: County of residence at enrollment. Threshold: 30% of consumers in the Rental Assistance Program with vouchers will reside in the rural counties.							
Standard	Threshold	Quarter 4 FY 15-16	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Average
30%	30%	29.7%	31%	29%	25%	27%	28%

Adult Services Department (cont.):

Indicator # 14: Successful discharge from the Rental Assistance Program.
Threshold: Consumers of the Rental Assistance Program will successfully discharge from the program 70% of the time (successful discharge is defined as bridging to permanent housing; bridging to economic self-sufficiency [consumer exceeds the allowable 30% of Median Family Income guideline]; or consumer's choice in housing [consumer chooses to move out of Region V Systems' service area or chooses to move in with a roommate]).

Standard	Threshold	Quarter 4 FY 15-16	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Average
85%	70%	76%	43%	57%	68%	81%	66%

Indicator # 15: Successful participation in the Rental Assistance Substance Dependence Voucher Program (RAP SD).
Threshold: Consumers of the RAP SD will successfully participate in their housing transition plan 80% of the time (successful discharge is defined as bridging to permanent housing; bridging to economic self-sufficiency [consumer exceeds the allowable 30% of Median Family Income guideline]; or consumer's choice in housing [consumer chooses to move out of Region V Systems' service area or chooses to move in with a roommate]).

Standard	Threshold	Quarter 4 FY 15-16	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Average
90%	80%	99%	96%	97%	94%	100%	96%

Indicator # 28: Time between completion of site visit and distribution of site visit reports.
Threshold: 100% of Network Providers will receive a copy of their agency's site visit report as prepared by Region V Systems' Network Administration within 45 days of completion of the site visit.

Standard	Threshold	Quarter 4 FY 15-16	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Average
100%	100%	92%	NA	100%	100%	80%	88%

Indicator # 29: Number of site visit exit conferences.
Threshold: Exit conferences will be completed with 100% of Network Providers at the completion of each agency/program site visit.

Standard	Threshold	Quarter 4 FY 15-16	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Average
100%	100%	100%	100%	100%	100%	100%	100%

Indicator # 30: Consumer representation on provider agency boards.
Threshold: Assess the Network Providers' governing boards and determine the number/percent of providers that have consumer's representation/consumer voice on their governing board.

Standard	Threshold	Quarter 4 FY 15-16	Quarter 1	Quarter 2	Quarter 3	Quarter 4	End of Year Total
100%	100%	90%	N/A	N/A	N/A	75%	75%

Operations/Human Resources Department:

Indicator #8: Documented quarterly supervision. Threshold: 100% of all staff members shall have quarterly supervision and documentation complete.							
Standard	Threshold	Quarter 4 FY 15-16	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Average
100%	90%	97%	98%	97%	97%	100%	98%

Indicator # 9: Documented annual supervision within the required due date. Threshold: 100% of all staff members shall have an annual performance evaluation.							
Standard	Threshold	Quarter 4 FY 15-16	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Average
100%	100%	100%	100%	100%	100%	96%	98%

Indicator # 10: Completion of drills according to established schedule. Threshold: 100% of drills completed per established schedule.							
Standard	Threshold	Quarter 4 FY 15-16	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Average
100%	100%	100%	100%	100%	100%	100%	100%

Indicator # 11: Service requests are responded to in a timely manner. Threshold: 90% of service requests are assigned to an applicable Information Technology team member, and initial documentation is entered within one business day; non-emergency requests within two business days.							
Standard	Threshold	Quarter 4 FY 15-16	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Average
100%	90%	N/A New Goal	93.78%	96%	98.39%	96.27%	96%

Indicator # 12: Pegboard documentation per standard procedures. Threshold: 100% of building occupants will be accurately documented on the pegboard during health and safety drills.							
Standard	Threshold	Quarter 4 FY 15-16	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Average
100%	100%	90%	95%	89%	N/A	91%	90%

Children and Family Services Department:

Indicator # 16: Individual Youth Child Adolescent Functioning Assessment Scale (CAFAS) scores. Threshold: 95% of youth with a 30 point (severe impairment admission CAFAS score on any of the 8 domains will decrease to 20points (moderate impairment), 10 points (mild/minimal impairment) when comparing admission to discharge CAFAS scores. (Must have a 30 in any domain at admission to be included in the sample) (Traditional Transition, Prevention, & Juvenile Justice tracks)							
Standard	Threshold	Quarter 4 FY 15-16	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Average
100%	95%	N/A	68%	33%	50%	60%	47%
Traditional		N/A	50%	38%	80%	78%	64%
Transition		N/A	100%	50%	29%	0%	36%
Prevention		N/A	40%	50%	20%	54%	44%
Juvenile Justice		N/A	N/A	0%	50%	50%	25%

Indicator # 17: Aggregated average Child Adolescent Functioning Assessment Scale (CAFAS) scores. Threshold: 70% of youth discharged from FYI will have a decrease in total CAFAS scores by 20 points when comparing intake vs. discharge scores. (Traditional, Transitional, Prevention, Juvenile Justice)							
Standard	Threshold	Quarter 4 FY 15-16	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Average
100%	70%	61%	65%	39%	65%	67%	59%
Traditional		65%	71%	40%	79%	79%	69%
Transition		52%	67%	25%	43%	0%	35%
Prevention		62%	60%	100%	60%	77%	73%
Juvenile Justice		57%	NA	0%	60%	43%	40%

Children and Family Services Department:

Indicator # 18: Aggregated average Child Adolescent Functioning Assessment Scale (CAFAS). Threshold: 40% of youth with an admission score of 80 or more will leave the FYI program with a total CAFAS score below 80 (the required admission score).							
Standard	Threshold	Quarter 4 FY 15-16	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Average
100%	40%	New Goal	50%	30%	55%	61%	50%
Traditional		New Goal	67%	40%	71%	83%	67%
Transition		New Goal	100%	17%	40%	0%	29%
Prevention		New Goal	40%	60%	40%	69%	55%
Juvenile Justice		New Goal	NA	0%	40%	0%	17%

Indicator # 19: The three outcome indicators for FYI program using the CAFAS. 1) Change 20 points of total score; 2) decrease severe impairment (30) of any domain and; 3) decrease total CAFAS score below 80 points. Threshold: 75% of youth demonstrate improvement on one or more of the three outcome indicators (Traditional, Transition, Prevention, & Juvenile Justice Tracks).							
Standard	Threshold	Quarter 4 FY 15-16	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Average
100%	75%	New Goal	70%	50%	65%	69%	60%
Traditional		New Goal	71%	60%	79%	79%	73%
Transition		New Goal	67%	38%	43%	0%	40%
Prevention		New Goal	70%	100%	60%	77%	63%
Juvenile Justice		New Goal	67%	0%	60%	57%	45%

Children and Family Services Department:

Indicator # 20: Documentation of informal supports on wraparound team.
Threshold: 70% of all teams will have at least one identified informal support on their team member list (informal support definition developed by FYI will be used). (Traditional, Transition, Prevention, and CFS tracks.)
National Standard: Looking at plans and teams in the 2003 wraparound study - 60% of teams had no informal resources; 32% had one; 8% had two or more.

Standard	Threshold	Quarter 4 FY 14-15	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Average
100%	85%	82%	79%	82%	78%	79%	82%
Traditional		73%	70%	80%	78%	76%	76%
Transition		83%	79%	86%	82%	83%	82%
Prevention		78%	62%	82%	72%	79%	74%
Juvenile Justice		N/A	N/A	30%	36%	15%	95%
CFS		95%	97%	98%	88%	98%	76%

Indicator # 21: Documentation of informal supports attending child/family monthly team meetings or participating in POC goals.
Threshold: 70% of all teams with an informal support on their team member list will have at least one informal support on their team member list, attend child/family monthly team meetings, or participate in POC goals (informal support definition developed by FYI will be used). (Traditional, Transition, Prevention, and CFS tracks.)
National Standard: Looking at plans and teams in the 2003 wraparound study - 60% of teams had no informal resources; 32% had one; 8% had two or more.

Standard	Threshold	Quarter 4 FY 15-16	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Average
100%	70%	53%	49%	46%	55%	65%	54%
Traditional		53%	57%	48%	56%	67%	57%
Transition		75%	59%	67%	75%	63%	66%
Prevention		48%	13%	67%	39%	63%	48%
Juvenile Justice		N/A	N/A	100%	100%	50%	89%
CFS		39%	39%	26%	42%	68%	44%

Children and Family Services Department (cont.):

<table>
<tr><td colspan="8">Indicator # 22: Place of Residence.
Threshold: 90% of FYI youth will be living in their home while served in the FYI program (if youth resides out of their home for less than two consecutive weeks during the month it will not be considered an out-of-home placement). (Traditional, Transition, Prevention, and CFS tracks.)</td></tr>
<tr><td>Standard</td><td>Threshold</td><td>Quarter 4 FY 15-16</td><td>Quarter 1</td><td>Quarter 2</td><td>Quarter 3</td><td>Quarter 4</td><td>Average</td></tr>
<tr><td>100%</td><td>100%</td><td>99%</td><td>96%</td><td>96%</td><td>95%</td><td>93%</td><td>95%</td></tr>
<tr><td colspan="2">Traditional</td><td>98%</td><td>99%</td><td>98%</td><td>99%</td><td>99%</td><td>99%</td></tr>
<tr><td colspan="2">Transition</td><td>99.5%</td><td>98%</td><td>100%</td><td>96%</td><td>97%</td><td>98%</td></tr>
<tr><td colspan="2">Prevention</td><td>98%</td><td>98%</td><td>97%</td><td>100%</td><td>100%</td><td>99%</td></tr>
<tr><td colspan="2">CFS</td><td>99%</td><td>90%</td><td>90%</td><td>88%</td><td>82%</td><td>87%</td></tr>
<tr><td colspan="2">Juvenile Justice</td><td>New</td><td>N/A</td><td>91%</td><td>79%</td><td>74%</td><td>81%</td></tr>
</table>

<table>
<tr><td colspan="8">Indicator # 23: Team meetings summary.
Threshold: 90% of families will have a team meeting every month. (All tracks.)</td></tr>
<tr><td>Standard</td><td>Threshold</td><td>Quarter 4 FY 15-16</td><td>Quarter 1</td><td>Quarter 2</td><td>Quarter 3</td><td>Quarter 4</td><td>Average</td></tr>
<tr><td>100%</td><td>90%</td><td>96%</td><td>97%</td><td>98%</td><td>98%</td><td>93%</td><td>96%</td></tr>
<tr><td colspan="2">Traditional</td><td>93%</td><td>99%</td><td>99%</td><td>99%</td><td>95%</td><td>98%</td></tr>
<tr><td colspan="2">Transition</td><td>90%</td><td>100%</td><td>100%</td><td>99%</td><td>95%</td><td>98%</td></tr>
<tr><td colspan="2">Prevention</td><td>88%</td><td>88%</td><td>100%</td><td>95%</td><td>93%</td><td>94%</td></tr>
<tr><td colspan="2">Juvenile Justice</td><td>N/A</td><td>N/A</td><td>94%</td><td>100%</td><td>90%</td><td>94%</td></tr>
<tr><td colspan="2">CFS</td><td>65%</td><td>97%</td><td>94%</td><td>97%</td><td>89%</td><td>94%</td></tr>
</table>

Children and Family Services Department (cont.):

Indicator # 24: County of residence at monthly review.
Threshold: 30% of FYI clients will reside outside of Lancaster County. (Traditional track.)

Standard	Threshold	Quarter 4 FY 15-16	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Average
30%	30%	34%	28%	29%	26%	30%	28%

Indicator # 25: Community tenure will be free of abuse/neglect reports.
Threshold: 90% of families utilizing the Traditional, Prevention, and Children Family Services Professional Partner Tracks will not enter the Child Welfare System during their community tenure (discharge to 90 and 180 days post discharge) (meaning no new accepted abuse/neglect intake reports).

Standard	Threshold	Quarter 4 FY 15-16	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Average
100%	90%	90%	85%	80%	70%	88%	85%
CFS Track	90 Day Follow-up	N/A	64%	64%	92%	100%	76%
	180 Day Follow-up	N/A	89%	62%	57%	85%	75%
Traditional & Prevention Tracks	90 Day Follow-up	N/A	100%	87%	89%	100%	94%
	180 Day Follow-up	N/A	76%	100%	75%	89%	86%

Indicator # 26: Professional Partner performance gauges.
Threshold: 95% of the FYI Professional Partner performance will be met on all their gauges.

Standard	Threshold	Quarter 4 FY 15-16	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Average
100%	95%	New Goal.	99.5%	99%	99%	99%	99%

Fiscal Department:

Indicator # 27: Critical organizational reports/functions.
Threshold: 95% of the time, staff shall complete reports/functions identified by the specified due dates as critical or key to the organization. (The reports/functions include: required billings and monthly financials.)

Standard	Threshold	Quarter 4 FY 15-16	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Average
100%	95%	93%	89%	89%	94%	89%	90%

NETWORK SERVICES – SECTION II

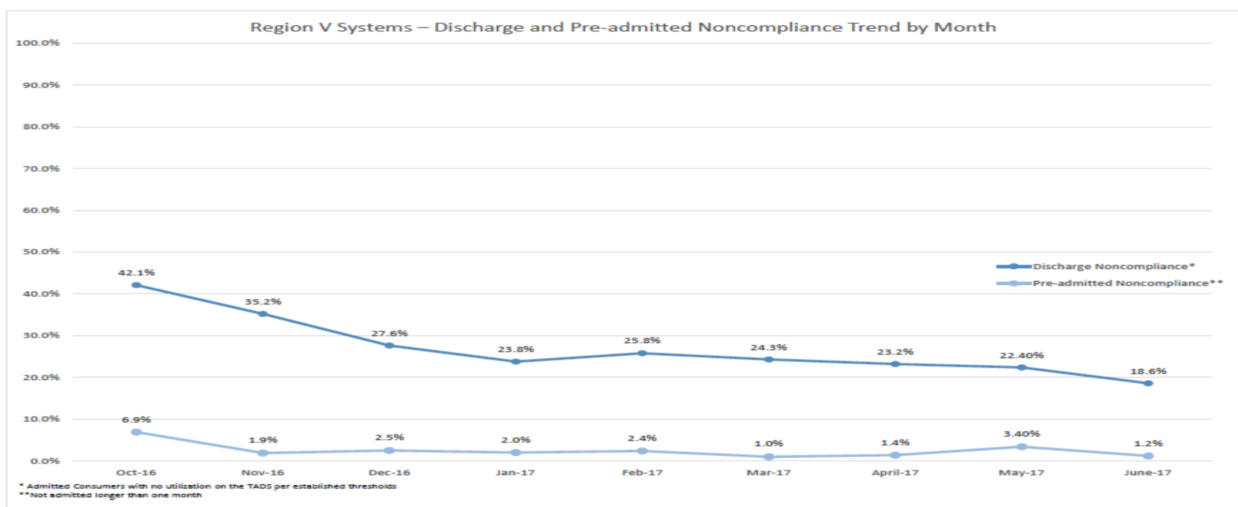
Region V Systems is accountable for coordinating and overseeing the delivery of publicly funded mental health and substance abuse services covering 16 counties in southeast Nebraska. Specifically, our purpose is to ensure: 1) the public safety and health of consumers, 2) consumer's access to services, 3) availability of high-quality behavioral health services, and 4) cost-effective behavioral health services.

Region V Systems has created a "Regional Quality Improvement Team" (RQIT) to establish a network of accountability for continuous quality improvement by using data to plan, identify, analyze, implement, and report ongoing improvements, celebrate progress, change, and success. Membership includes a representative from each Network Provider agency and Region V Systems' personnel. The following information helps to monitor the system's performance.

Data Management:

A primary focus over the last fiscal year has been to improve the accuracy of information that is input into the Division of Behavioral Health's Central Data System (CDS). Providers are accountable for entering "Persons Served with Life Experience" information into the CDS database. This is monitored by the *Discharge Noncompliance Report and Pre-Admitted Noncompliance Report*. The Discharge Noncompliance Report monitors all consumers registered in CDS and assess if there has been no utilization of services as claimed by providers per an identified threshold for each respective service. The Pre-Admitted Noncompliance Report monitors consumers who have been entered in CDS but never actually registered for a service and assess if the consumer sits in the "pre-admitted" status for more than 30 days. Many educational opportunities have occurred over the year with providers to review and learn the various thresholds and monitoring of consumers in CDS.

The following graph shows a decrease in the percent of consumers over the identified thresholds with no service utilization as monitored in October 2016 at 42.1% to 18.5% in June 2017. Region V Systems' goal is to have 0% of consumers over the identified thresholds. The number of consumers over the Pre-admitted threshold improved from 6.9% to 1.2%.



Substance Abuse Waitlist and Mental Health/Substance Abuse Capacity:

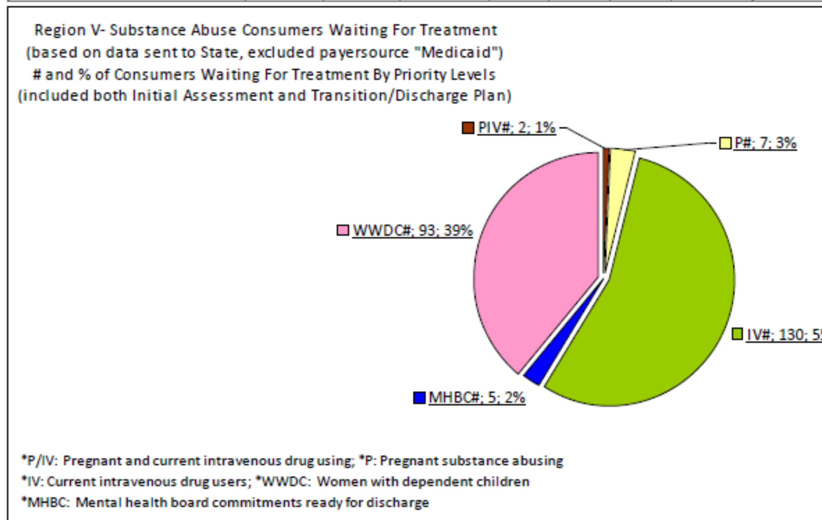
Region V Systems gathers information from Network Providers on a weekly basis regarding the number of "Persons Served with Life Experiences" that are waiting to enter various levels of substance abuse care. Monitoring the waitlist helps determine access into treatment.

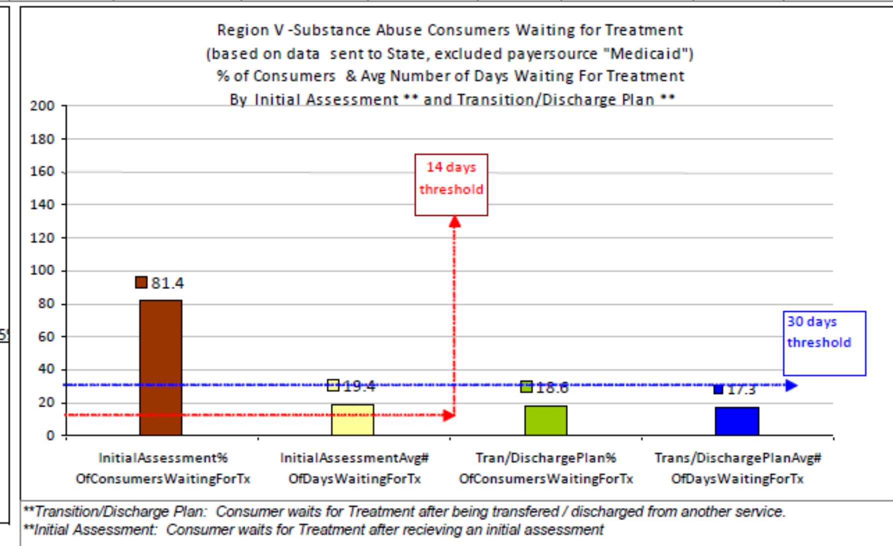
Below is a listing of substance abuse services available in the Region V Systems' network, number of "Persons Served with Life Experiences" waiting for treatment, number of persons served removed from the waiting list, and average number of days persons served waited to enter treatment. Entrance into substance abuse programs is determined by priority levels identified by the state and federal government. Persons served presenting with these problems take priority in entering treatment over others who do not present with these problems. The average wait time for persons served with life experiences between the date they are placed on the waitlist and the date removed from the waitlist is 19 days for FY 16-17.

Substance Abuse Waitlist by Priority Level FY 16-17

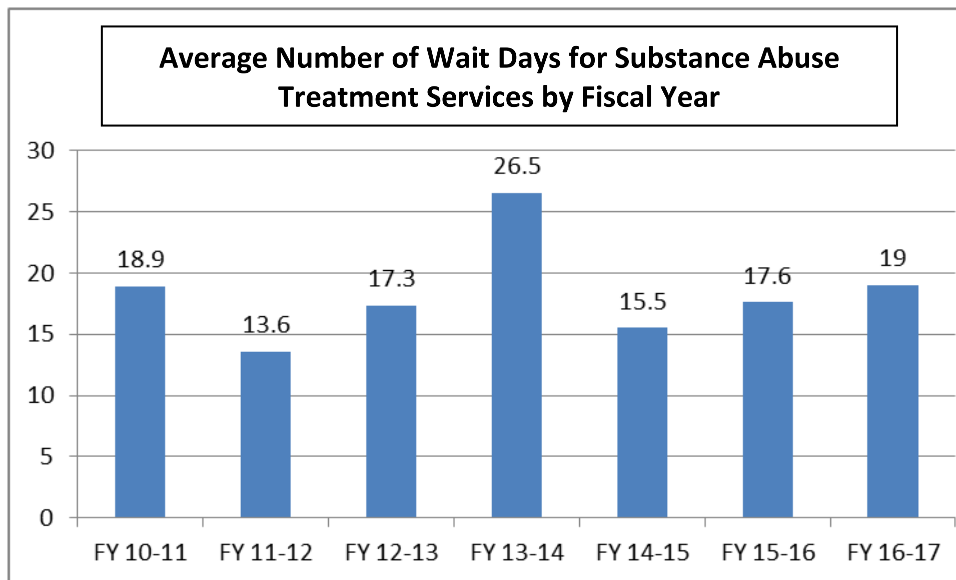
Report Period: From: 7/1/2016 to: 6/30/2017

Service Type	# of Consumers on W/L	# of Consumers removed fr W/L	Avg number of days waiting for Tx	# of Consumers on WL by Priority levels					# of Consumers w/ multiple priority levels	# of Parent w/ Court Involved (CFS/ Lead Agency)	# of Parent w/ Non-Court Involved (CFS/ Lead Agency)	Total Parent w/ Non-Court and w/ Court Involved	Initial Assessment		Transition/ Discharge Plan	
				# of P/IV	# of P	# of IV	# of WWDC	# of MHBC					# of consumers	Avg number of days waiting for Tx	# of consumers	Avg number of days waiting for Tx
Dual Disorder Residential	27	25	23.9	0	0	27	0	0	0	0	0	0	3	33.3	24	22.6
Intensive Outpatient	12	12	12.4	0	0	1	11	0	0	1	0	1	11	13	1	6
Intermediate Residential	2	2	5	0	0	1	0	1	0	0	0	0	1	5	1	5
Outpatient	3	3	11.7	0	0	0	3	0	0	0	0	0	1	8	2	13.5
Short-Term Residential	178	162	19.6	2	6	98	70	3	1	3	0	3	176	19.8	2	4.5
Therapeutic Community	14	13	12.6	0	1	3	9	1	0	0	0	0	0		14	12.6
Grand Total/Average	236	217	19	2	7	130	93	5	1	4	0	4	192	19.4	44	17.3





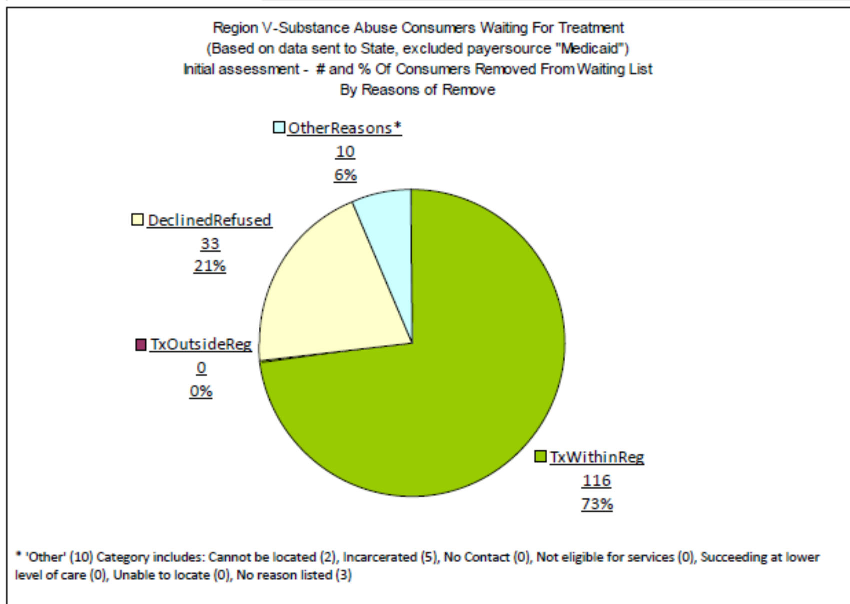
The graph below illustrates the average number of days "Persons Served with Life Experiences" wait for all substance abuse services within the Region V Systems geographical area. These consumers all meet the federal and state priority population categories as mentioned on the previous page. There was an increase of 1.4 days wait time on average when comparing FY 15-16 to FY 16-17.

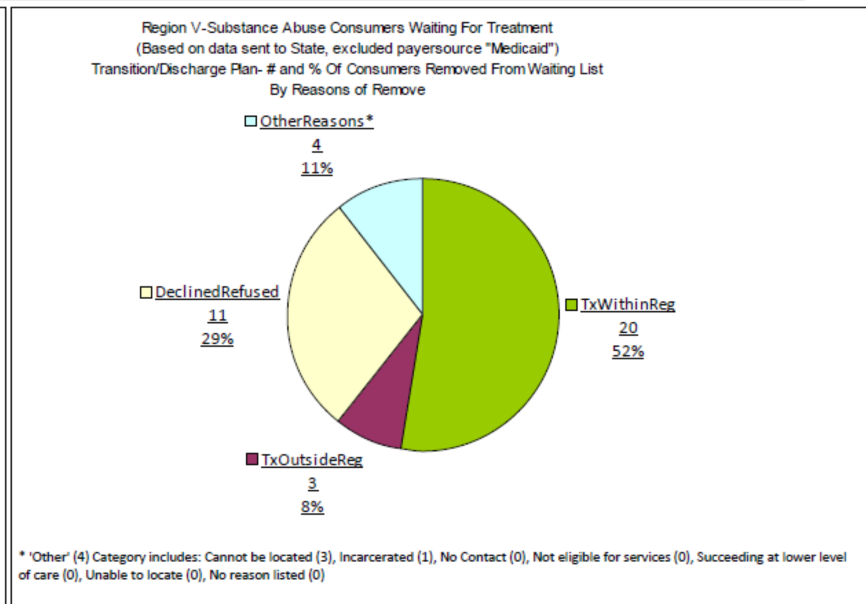


During FY 16-17, Region V Systems separated the "Persons Served with Life Experiences" wait time for treatment by "reasons for removal from the wait list." By separating reasons for removal from the waitlist into categories such as those who could not be located, those who decline and refuse treatment, and those who entered treatment, we see the wait time for those who entered treatment decrease. The wait time for individuals who received their initial assessment until they entered treatment was 19.4 days on average and the wait time for transition/discharge individuals (those who are in treatment and waiting for another level of care) was 17.3 days on average.

Report Period: From: 7/1/2016 to: 6/30/2017

	# of Consumers On Waiting List	# of Consumers removed fr W/L	Avg Of Days Waiting Of removed Consumers	Reasons Of Remove From WL							
				# of Consumers received Tx within Reg	Avg of Days Waiting for receiving Tx within Reg	# of Consumers received Tx outside Reg	Avg of Days Waiting for receiving Tx outside Reg	# of Consumers declined/ refused Tx	Avg Of Days Waiting before declined/ refused Tx By consumers	# of Consumers can't be located or other reasons of remove	Avg Of Days Waiting for Consumers who can't be located or removed by other
Initial assessment	192	176	19.4	116	20.8	0		49	15.9	10	21.4
Transition/Discharge Plan	44	41	17.3	20	14.6	3	37.3	14	14.8	4	24.5
Total:	236	217	19	136	19.9	3	37.3	63	15.7	14	22.3

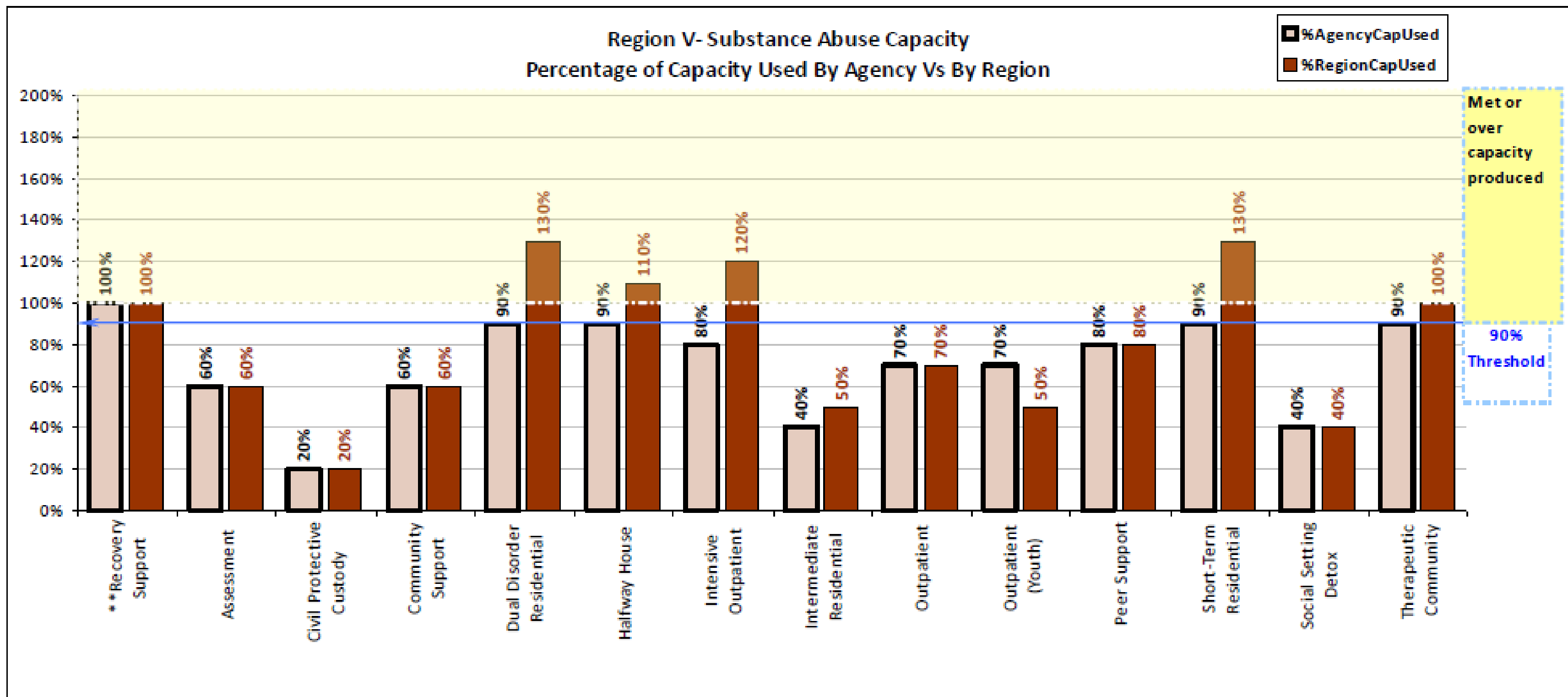




Region V Systems monitors agency capacity, the percent of capacity used of Region V Systems' contract funds, and the overall percent of capacity used within the network of providers. The agency using over 100% percent of Region V Systems' capacity is considered an overproduction on the part of the agency. At the end of the fiscal year, contract adjustments can be made to fund overproduction from services that did not meet capacity. The first graph is the Network Substance Abuse Capacity Report and the second graph is the Mental Health Capacity Report.

Substance Abuse Capacity Report for FY 16-17

Report Period: From: 7/1/2016 to: 6/30/2017

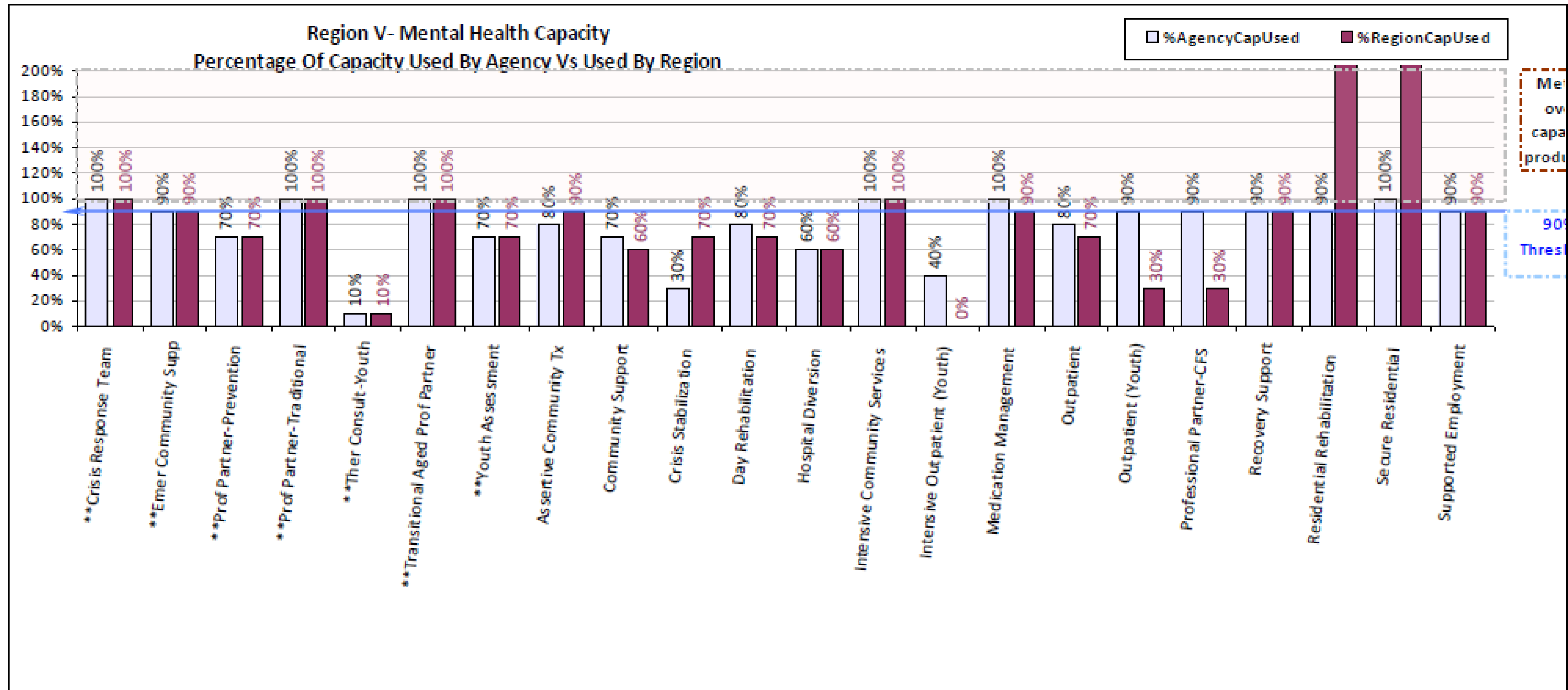


Note: Area high lighted in light yellow means met or over capacity produced; %AgencyCapUsed: % of units/beds used based on the agencies total capacity; %RegionCapUsed: % of units/beds used based on the Contract/Funding with Region V Systems.

** Region V Systems is the only funder for this service.

Mental Health Capacity Report for FY 16-17

Report Period: From: 7/1/2016 to: 6/30/2017



Note:
-Area high lighted in light pink means met or over capacity produced.
-%AgencyCapUsed: % of units/beds used based on the agencies total capacity.
-%RegionCapUsed: % of units/beds used based on the Contract/Funding with Region V Systems.

** Region V Systems is the only funder for this service.

Note: Area high lighted in light yellow means met or over capacity produced; %AgencyCapUsed: % of units/beds used based on the agencies total capacity; %RegionCapUsed: % of units/beds used based on the Contract/Funding with Region V Systems.

Cluster-Based Planning Initiative:

Region V Systems implemented cluster-based planning and outcome management for adults with Severe Persistent Mental Illness, Addiction to Alcohol and other Drugs, and for Youth suffering from Behavioral Health Issues during FY 10-11. This approach can assist both the children and adult systems of care with improving the quality of care by better identifying who uses the services, what types of services are needed, and what can best be offered to meet their needs. Region V Systems believes that cluster-based planning can assist with better planning of resources (e.g. human, physical, financial, etc.) by helping to prioritize the use of resources based on what services are needed most.

Cluster-based planning is a systematic process that can facilitate clinical practice, treatment planning, program development, and outcomes-based management of services. It assumes that large groups of consumers, such as adults with severe mental disabilities, children with mental health needs, or individuals who are chemically dependent, should not be served as if they were a member of a single homogenous group. Instead, these larger groups are comprised of distinct natural subgroups, or clusters, based on set criteria. By describing different clusters, identifying and measuring targeted outcomes, and tracking accompanying services and costs, the system can begin to answer the question of "what works, for whom, and at what cost."

This information can form the basis for:

1. Coordinated Treatment Planning.
2. Development and Utilization of Best Practice and Evidence-Based Service Models.
3. Identification, Assessment, and Measurement of Meaningful Treatment and/or Recovery Outcomes.
4. Continuous Quality Improvement/Performance Improvement.
5. Staff Recruitment, Retention, Training, and Development.
6. Management of Clinical and Organizational Outcomes.
7. Utilization Management and System Planning (better understanding and management of service costs).

There are four categories of cluster memberships:

- Adults with Severe and Persistent Mental Illness (SPMI)
- Youth with Serious Emotional Disturbances (SED)
- Adult Men with Alcohol and Other Drug (AOD) challenges
- Adult Women with Alcohol and Other Drug (AOD) challenges

Since inception, a total of 6501* adult persons with life experiences became members of an SPMI, Male AOD, or Female AOD cluster within Region V Systems' network.

Additionally, since inception, a total of 3496* youth with serious emotional disturbances became a member of a cluster.

The charts on the following pages will identify, by agency/program, each cluster description in which persons with life experiences can become a member during FY 17-18. The charts illustrate the number and percentage of persons served with life experiences by cluster description, provider, and regional perspective. Persons served with life experiences are an <u>unduplicated</u> count.

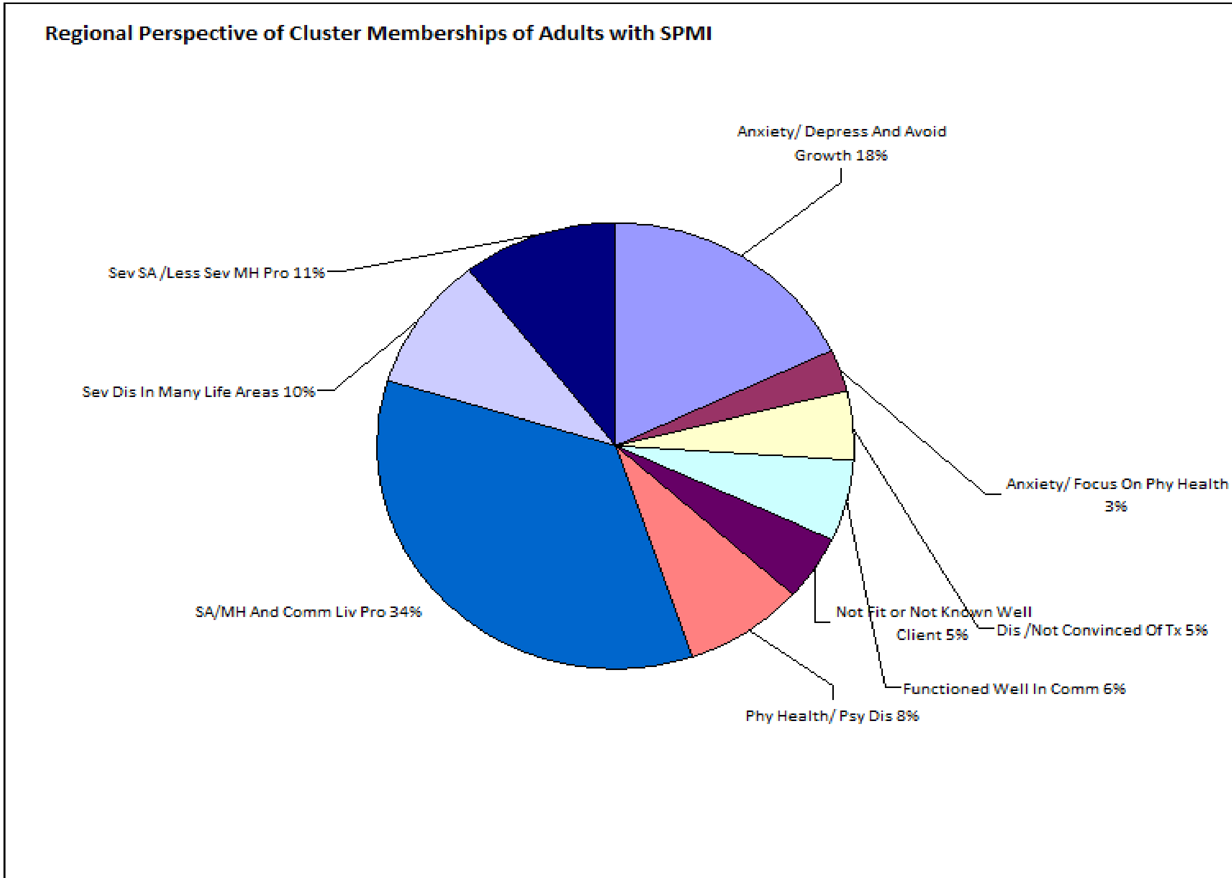
*Grand total numbers include duplicates. A "Person Served with Life Experience" may have entered treatment in more than one fiscal year.

Adults with Severe and Persistent Mental Illness (SPMI)

Date Range: Clusters entered between 7/1/2016 and 6/30/2017

Provider Name		Phys Health/ Psych Dis (1)	SA/MH and Comm Liv Prob (2A)	Severe SA/Less Sev MH Prob (2B)	Severely Dis In Many Life Areas (3A)	Dis/ Not Convinced of Tx (3B)	Anxiety / Depress and Avoid Growth (4A)	Anxiety And Focus on Phy Health (4B)	Functioned Well In Community (5)	Not Fit Any Clusters or Not Know Well Client	**Total/ Percent By Provider**
ACT	#	0	0	0	0	0	1	0	0	0	**1**
	%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	**0.1%**
Blue Valley Behavior Health	#	2	4	3	4	5	5	1	3	0	**27**
	%	7.4%	14.8%	11.1%	14.8%	18.5%	18.5%	3.7%	11.1%	0.0%	**1.8%**
Center Pointe	#	44	415	103	42	23	57	3	9	0	**696**
	%	6.3%	59.6%	14.8%	6.0%	3.3%	8.2%	0.4%	1.3%	0.0%	**45.3%**
Houses of Hope	#	0	0	0	0	0	0	0	0	3	**3**
	%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.2%**
LMEP	#	0	0	0	0	0	0	0	0	3	**3**
	%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.2%**
Lutheran Family Services	#	50	65	21	65	23	145	24	62	32	**487**
	%	10.3%	13.3%	4.3%	13.3%	4.7%	29.8%	4.9%	12.7%	12.7%	**31.7%**
St Monica's	#	0	0	0	0	0	0	0	0	22	**22**
	%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**1.4%**
Targeted Adult Service Coordination	#	25	52	24	33	25	71	19	19	10	**278**
	%	9.0%	18.7%	8.6%	11.9%	9.0%	25.5%	6.8%	6.8%	6.8%	**18.1%**
Touchstone	#	0	1	2	0	0	0	0	0	17	**20**
	%	0.0%	5.0%	10.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**1.3%**
REGIONAL	#	121	537	153	144	76	279	47	93	87	**1,537**
	%	7.9%	34.9%	10.0%	9.4%	4.9%	18.2%	3.1%	6.1%	5.7%	**100.0%**

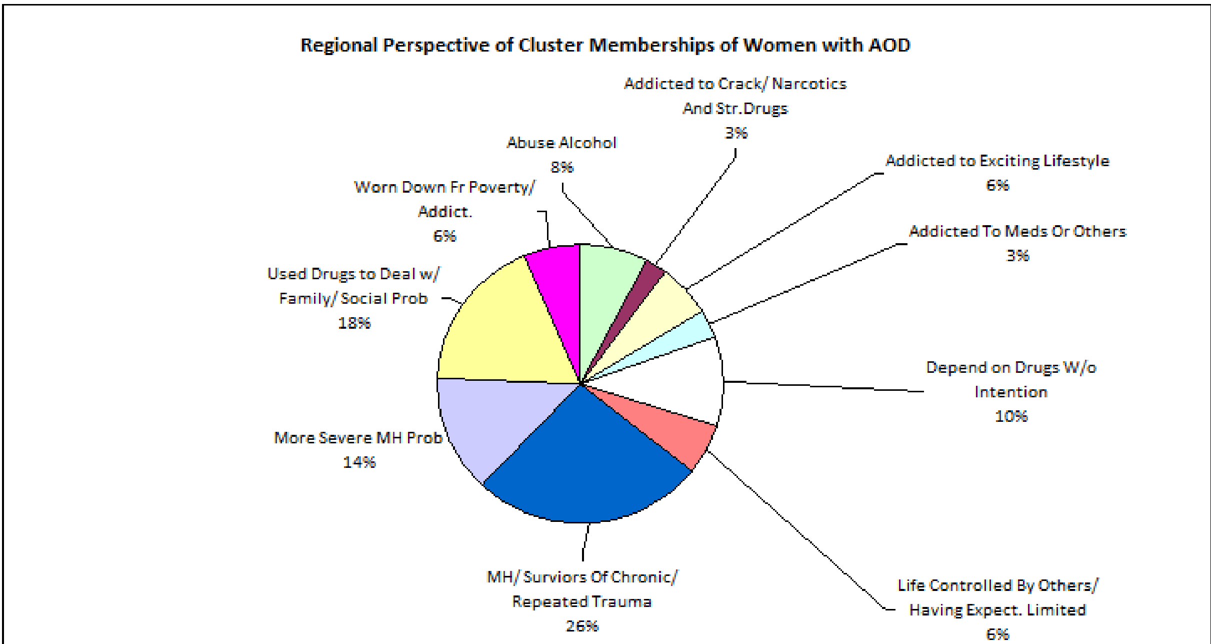
Date Range: Clusters entered between 7/1/2016 and 6/30/2017



Adult Women with Alcohol and Other Drug (AOD) challenges

Date Range: Clusters entered between 7/1/2016 and 6/30/2017

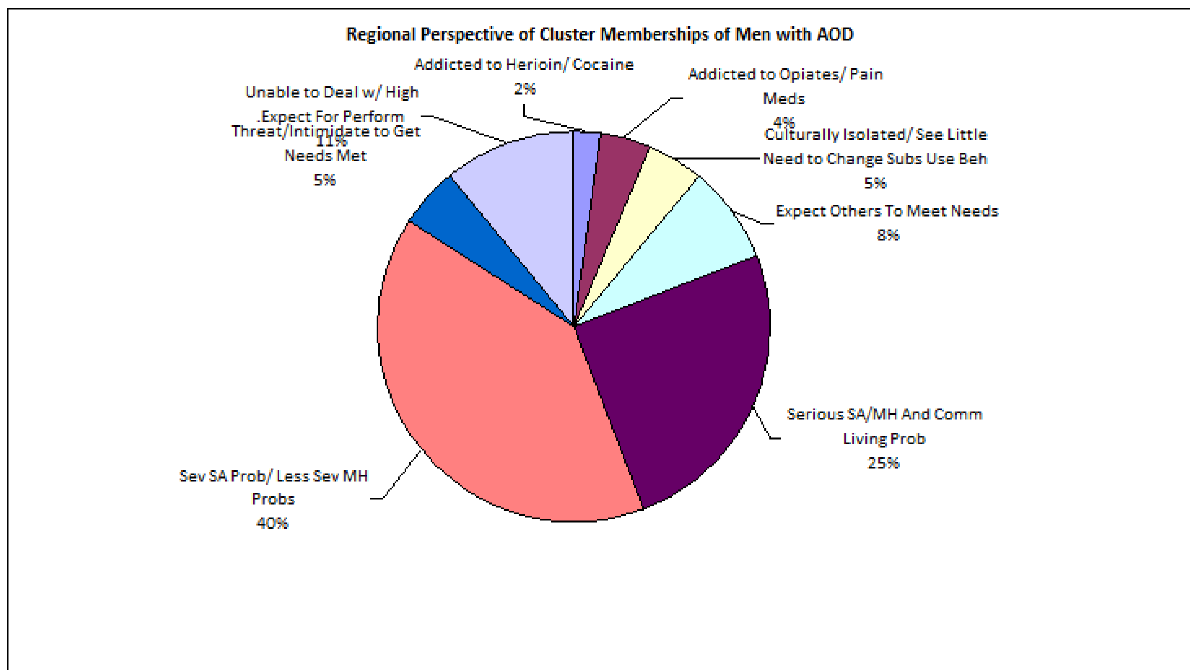
Provider Name		Addicted to Crack/ Narcotics And Street Drugs (W1)	Addicted to Exciting Lifestyle (W2)	Addicted To Meds Or Others (W3)	Abuse Alcohol (W4)	More Severe MH Prob (W5)	MH/ Surviors Of Chronic/ Repeat. Trauma (W6)	Lives Controll By Others/ Having Expect Limited (W7)	Used Drugs to Deal w/ Family/ Social Prob (W8)	Depend on Drugs W/o Intention (W9)	Worn Down Fr Poverty/ Addict. (W10)	**Total/ Percent By Provider**
Associates in Counseling	#	0	0	0	1	0	1	1	0	0	0	**3**
	%	0.0%	0.0%	0.0%	33.3%	0.0%	33.3%	33.3%	0.0%	0.0%	0.0%	**0.8%**
LMEP	#	0	0	0	0	0	1	0	1	0	1	**3**
	%	0.0%	0.0%	0.0%	0.0%	0.0%	33.3%	0.0%	33.3%	0.0%	33.3%	**0.8%**
Lutheran Family Services	#	4	2	3	14	35	51	7	24	36	5	**181**
	%	2.2%	1.1%	1.7%	7.7%	19.3%	28.2%	3.9%	13.3%	19.9%	2.8%	**47.1%**
St Monica's	#	5	13	9	13	8	26	7	35	4	11	**131**
	%	3.8%	9.9%	6.9%	9.9%	6.1%	19.8%	5.3%	26.7%	3.1%	8.4%	**34.1%**
Targeted Adult Service Coordination	#	0	2	0	0	0	1	1	0	0	3	**7**
	%	0.0%	28.6%	0.0%	0.0%	0.0%	14.3%	14.3%	0.0%	0.0%	42.9%	**1.8%**
Touchstone	#	1	9	1	4	5	19	4	10	1	5	**59**
	%	1.7%	15.3%	1.7%	6.8%	8.5%	32.2%	6.8%	16.9%	1.7%	8.5%	**15.4%**
REGIONAL	#	10	26	13	32	48	99	20	70	41	25	**384**
	%	2.6%	6.8%	3.4%	8.3%	12.5%	25.8%	5.2%	18.2%	10.7%	6.5%	**100.0%**



Adult Men with Alcohol and Other Drug (AOD) challenges

Date Range: Clusters entered between 7/1/2016 and 6/30/2017

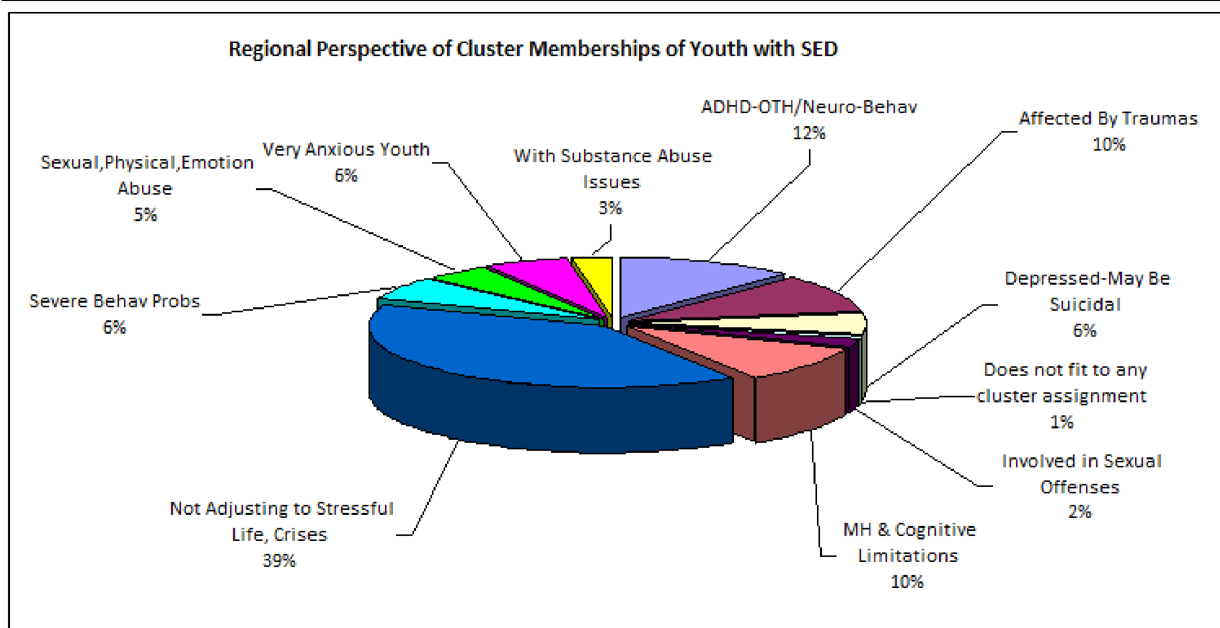
Provider Name		Expect Others to Meet Needs (M1)	Unable to Deal w/ High Expect For Perfom. (M2)	Threat/ Intimidate To Get Needs Met (M3)	Culturally Isolated/ See Little Needs to Change Sub Use Beh (M4)	Addited To Opiates/ Pain Meds (M5)	Addicted To Heroin/ Cocaine And Out On The Street (M6)	Serious SA/MH And Comm Liv Prob (M7)	Severe SA Prob/ Less Severe MH Prob (M8)	**Total/ Percent By Provider**
Associates in Counseling	#	1	0	1	0	0	0	0	0	**2**
	%	50.0%	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.4%**
Houses of Hope	#	10	16	5	7	8	1	13	50	**110**
	%	9.1%	14.5%	4.5%	6.4%	7.3%	0.9%	11.8%	45.5%	**20.8%**
LMEP	#	2	1	3	2	0	2	0	2	**12**
	%	16.7%	8.3%	25.0%	16.7%	0.0%	16.7%	0.0%	16.7%	**2.3%**
Lutheran Family Services	#	10	17	5	10	2	3	51	87	**185**
	%	5.4%	9.2%	2.7%	5.4%	1.1%	1.6%	27.6%	47.0%	**35.0%**
Targeted Adult Service Coordination	#	8	2	1	0	0	0	2	3	**16**
	%	50.0%	12.5%	6.3%	0.0%	0.0%	0.0%	12.5%	18.8%	**3.0%**
The Bridge Behavioral Health	#	3	11	3	3	4	1	49	40	**114**
	%	2.6%	9.6%	2.6%	2.6%	3.5%	0.9%	43.0%	35.1%	**21.6%**
Touchstone	#	10	13	9	6	4	5	16	26	**89**
	%	11.2%	14.6%	10.1%	6.7%	4.5%	5.6%	18.0%	29.2%	**16.9%**
REGIONAL	#	44	60	27	28	18	12	131	208	**528**
	%	8.3%	11.4%	5.1%	5.3%	3.4%	2.3%	24.8%	39.4%	**100.0%**



Youth with Serious Emotional Disturbances (SED)

Date Range: Clients entered between 7/1/2016 and 6/30/2017

Provider Name		ADHD-OTH/ Neuro-Behav (1)	Depress.- May Be Suicidal (2)	Severe Behav Probs (3)	Sexual, Physical, Emotion Abuse (4)	Affected By Traumas (5)	With Subs Abuse Issues (6)	Very Anxious Youth (7)	Not Adjust. to Stress Life, Crises (8)	Involved in Sexual Offenses (9)	MH and Cognit. Limit. (10)	Not Fit Or Not know Well Client	**Total/ Percent By Provider**
Child Guidance Center	#	27	13	11	13	26	6	18	175	9	5	0	**303**
	%	8.9%	4.3%	3.6%	4.3%	8.6%	2.0%	5.9%	57.8%	3.0%	1.7%	0.0%	**63.3%**
Region V Systems-FYI CFS	#	10	2	3	3	8	2	0	7	2	11	2	**50**
	%	20.0%	4.0%	6.0%	6.0%	16.0%	4.0%	0.0%	14.0%	4.0%	22.0%	4.0%	**10.4%**
Region V Systems-FYI JJ	#	0	2	2	3	0	5	1	1	0	4	0	**18**
	%	0.0%	11.1%	11.1%	16.7%	0.0%	27.8%	5.6%	5.6%	0.0%	22.2%	0.0%	**3.8%**
Region V Systems-FYI PPP	#	6	7	9	1	6	0	2	3	0	6	2	**42**
	%	14.3%	16.7%	21.4%	2.4%	14.3%	0.0%	4.8%	7.1%	0.0%	14.3%	4.8%	**8.8%**
Region V Systems-FYI TAPP	#	1	2	0	1	3	0	4	1	0	6	0	**18**
	%	5.6%	11.1%	0.0%	5.6%	16.7%	0.0%	22.2%	5.6%	0.0%	33.3%	0.0%	**3.8%**
Region V Systems-FYI Trad	#	14	1	4	1	3	0	3	3	0	13	0	**42**
	%	33.3%	2.4%	9.5%	2.4%	7.1%	0.0%	7.1%	7.1%	0.0%	31.0%	0.0%	**8.8%**
Region V Systems-FYI YCR	#	1	0	1	0	2	0	0	1	0	1	0	**6**
	%	16.7%	0.0%	16.7%	0.0%	33.3%	0.0%	0.0%	16.7%	0.0%	16.7%	0.0%	**1.3%**
REGIONAL	#	59	27	30	22	48	13	28	191	11	46	4	**479**
	%	12.3%	5.6%	6.3%	4.6%	10.0%	2.7%	5.8%	39.9%	2.3%	9.6%	0.8%	**100.0%**



The number of adults and youth served within Region V Systems behavioral health system who have become a member of a cluster by fiscal year and total are presented in the chart below.

Youth or Adult	Fiscal Year	Number of Persons Served Who are a Member of a Cluster	Categories of Cluster Memberships
ADULT	FY 10-11	938	SPMI
	FY 11-12	636	SPMI, Male AOD, Female AOD
	FY 12-13	777	
	FY 13-14	519	
	FY 14-15	1,758	
	FY 15-16	1873	
	FY 16-17	2107	
Total Adult		8,608*	
YOUTH	FY 10-11	610	Youth
	FY 11-12	778	
	FY 12-13	525	
	FY 13-14	337	
	FY 14-15	495	
	FY 15-16	751	
	FY 16-17	463	
Total Youth		3,959*	

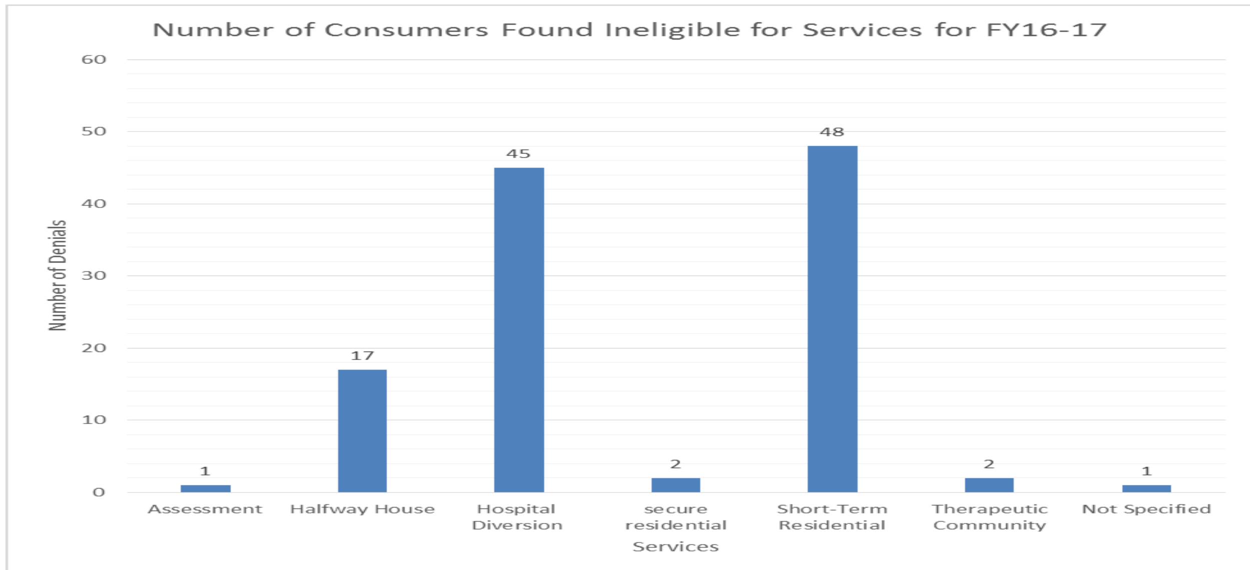
*Grand total numbers include duplicates. A “Person Served with Life Experience” may have entered treatment during more than one fiscal year.

Ineligibles and Denials:

To improve quality standards for consumers who are served in the Region V Systems provider network, providers document their reasons for either denying or finding a consumer ineligible for services.

A consumer is deemed **Ineligible** for service admission by the provider at screening if they do not meet the clinical criteria for the level of service requested.

The first chart below identifies the number of consumers found to be ineligible for services during the FY 16-17 by service. (6 months of data)



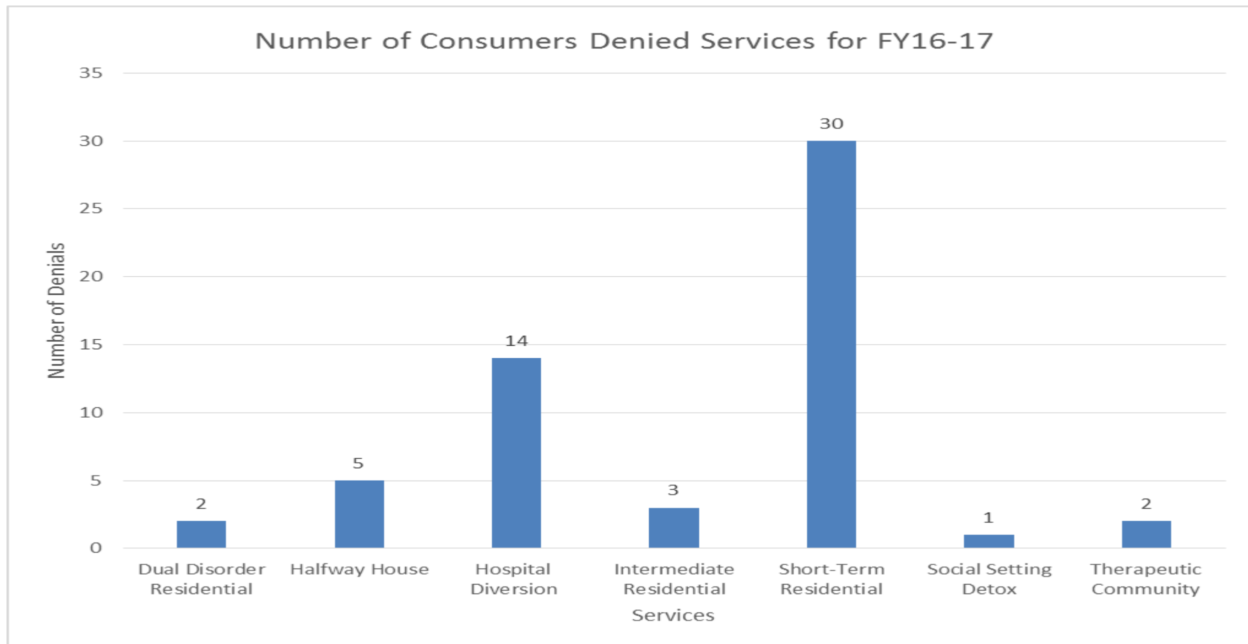
The following spreadsheet demonstrates the reasons a consumer was found to be ineligible for a service type. For consumers who were marked as ineligible due to other clinical criteria, reasons were needing a longer length of stay than the service provides, no substance use (for co-occurring disorder services), or is better suited for another level of care. As for consumers who were marked as ineligible for services due to another admission criteria, the reasons varied by service. For hospital diversion, most were due to the consumer being homeless or not obtaining permission from their guardian. For short-term residential, most reasons were an insufficient or old evaluation, their gender not matching the gender-specific treatment, or the consumer is from out of region. As for those that did not specify a reason for ineligibility, it appears most were due to homelessness or needing an updated evaluation.

Reasons for Denial of Service	Service							
	Assessment	Halfway House	Hospital Diversion	Secure Residential	Short-Term Residential	Therapeutic Community	Not Specified	Total
Doesn’t meet date of last use criteria	0	0	0	0	6	0	0	6
Doesn’t meet frequency of use	0	0	0	0	5	0	0	5
Doesn’t meet other clinical criteria (please specify)	1	0	1	1	14	0	0	17
Doesn't meet other admission criteria (please specify)	0	16	40	1	20	2	1	80
Extensive MH, not managed/unstable	0	1	0	0	0	0	0	1
Not Specified	0	0	4	0	3	0	0	7
Total	1	17	45	2	48	2	1	116*

*The unduplicated number of consumers who were found to be ineligible for services was 94.

Denials are decisions made by the provider agency at screening to not serve a referral because of agency established exclusionary criteria. Denials may be (but not limited to) based on recent aggression

against staff or peers, legal history including sexual offenses, conflicts with peers or staff members, unstable mental health concerns, and/or unstable medical concerns. These consumers denied for services meet clinical criteria but other factors result in admission denial.



For hospital diversion, most common reason a consumer would be denied for service was they lacked available rooms or accessible rooms (e.g., wheelchair accessible). For the other services, most of the consumers were denied due to numerous complex reasons, many of which were that the client was seeking a temporary housing situation rather than treatment.

Reasons for Denial of Service	Service							
	Dual Disorder Residential	Halfway House	Hospital Diversion	Intermediate Residential	Short-Term Residential	Social Setting Detox	Therapeutic Community	Total
Conflict of interest with staff	0	0	1	0	1	0	0	2
Extensive MH, not managed/unstable	2	3	0	0	16	0	0	21
Legal History	0	1	0	2	5	1	0	9
Medically Unstable	0	0	0	0	2	0	0	2
Other (please specify):	0	1	11	1	6	0	0	21
Recent Aggression to Peers	0	0	2	0	0	0	2	2
Total	2	5	14	3	30	1	0	57*

*The unduplicated number of consumers who were denied services was 20.

Complaints and Appeals:

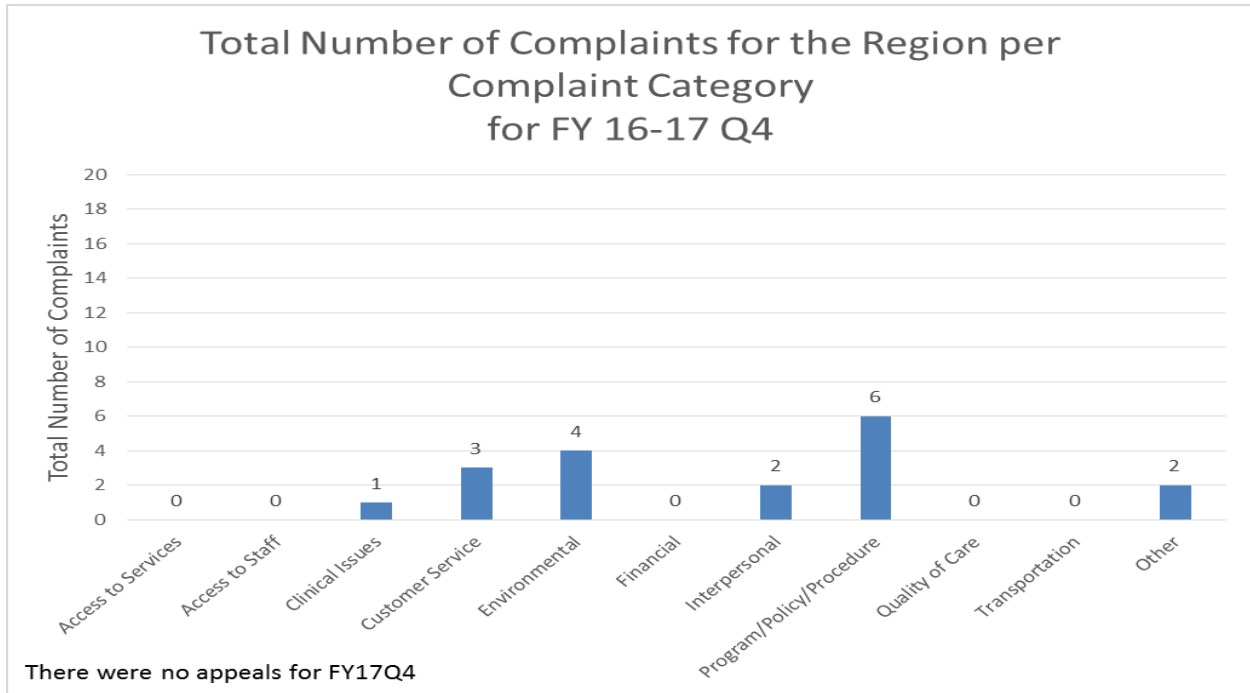
To improve quality standards for consumers served in the Region V Systems network, providers report on their complaints and appeals received from consumers.

Complaints are defined as a formal written grievance by a person served to express dissatisfaction with any aspect of the operations, activities, or behavior of a Network Provider for which such grievance cannot be resolved at an informal level. Addressing such complaints will follow the Network Provider's established protocol for written complaints.

An **appeal** is a formal request made by a person served for review and reconsideration of the outcome of his/her formal written complaint when the person served is unhappy with the action taken by the Network Provider to remediate the complaint. The person served follows whatever appeal process is set up by the Network Provider.

The following are the current categories of complaints and appeals being reported on:

1. **Access to Services:** defined as any service that the consumer requests which is not available or any difficulty the consumer experiences in trying to arrange for services at any given facility. (Difficulty scheduling initial appointments or subsequent ones, concerns with wait times for services, Hours of operation, location not easily accessible)
2. **Access to Staff:** defined as any problem the consumer experiences in relation to staff's accessibility. (Return of phone calls, staff's availability)
3. **Clinical Issues:** defined as any issue involving treatment and service delivery. (Problems with accuracy of reports, treatment planning and/or medication, etc.)
4. **Customer Service:** defined as any customer service issue, i.e. rudeness, inappropriate tone of voice used by any staff member, failure to provide requested information which would assist the consumer in resolving his/her issue.
5. **Environmental:** defined as any consumer's complaint about the condition of the place in which services are being received. (temperature, hazards, lighting, cleanliness, noise levels, lack of privacy)
6. **Financial:** defined as any issue involving budget, billing or financial issues.
7. **Interpersonal:** defined as any personality issue between the consumer and staff member
8. **Program/Policy/Procedure**: defined as any issue a consumer expresses about the program, policies, procedures (visiting hours, phone access, smoking policy, UA policy, etc.)
9. **Quality of Care:** defined as any issue which deals with the quality of care that the consumer is receiving as it relates to services being rendered. (The consistency of service, etc.)
10. **Transportation:** defined as any issue involving transportation.
11. **Other:** defined as any issue not addressed above, please specify the issue.



Critical Incidents:

Region V Systems member providers submit consumers critical incidents to Region V Systems on a quarterly basis. **Critical incidents** are actual or alleged events or situations that create a significant risk of substantial or serious harm to the physical, mental health, safety, or well-being of a person served or the Network Provider.

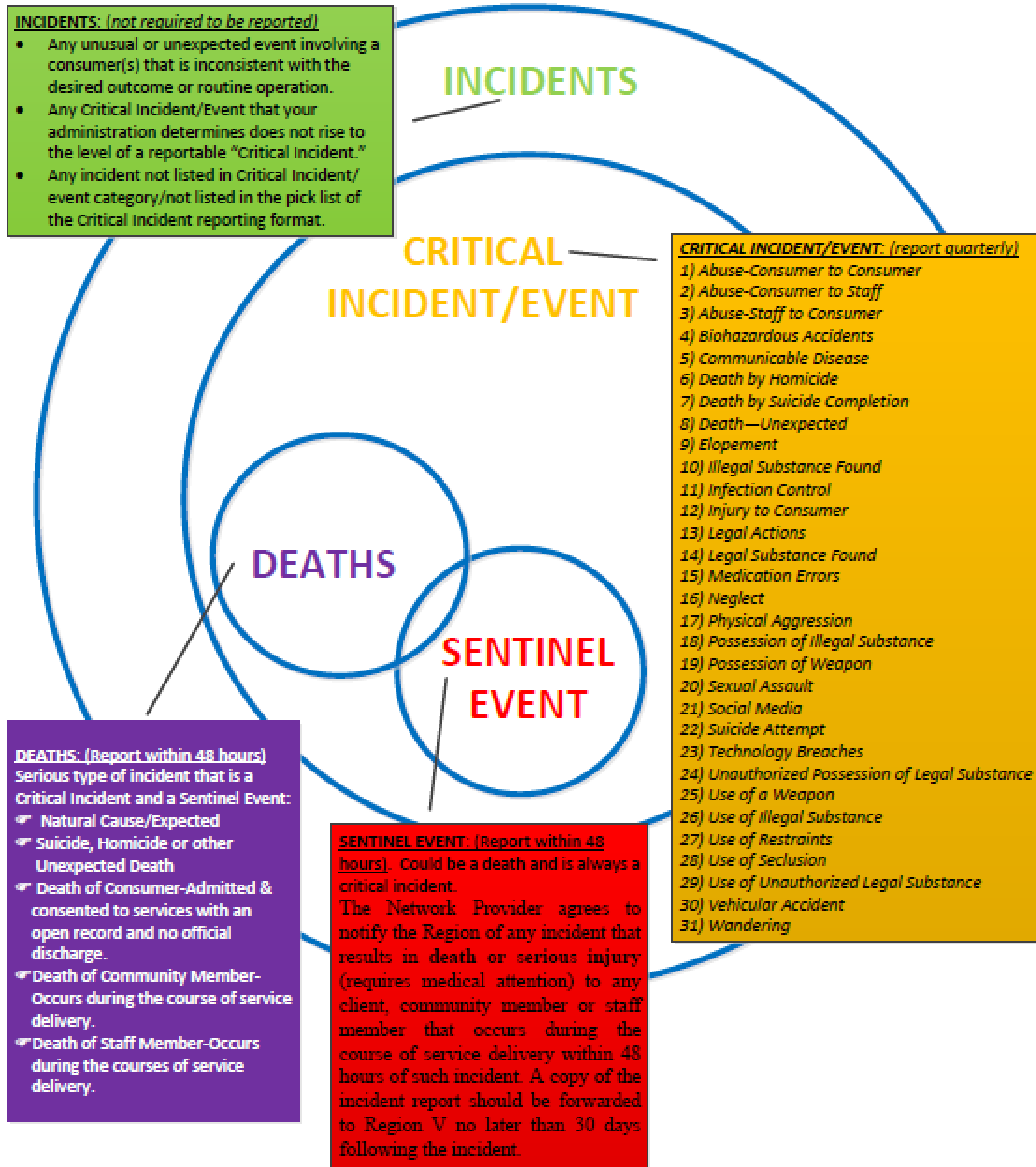
Critical Incidents fall into the following categories for this report:

1. **Abuse-Consumer to Consumer:** Consumer harms/assaults another consumer verbal/physical/psychological)
2. **Abuse-Consumer to Staff:** Consumer harms/assaults staff (verbal/physical/psychological)
3. **Abuse-Staff to Consumer**: Staff member harms/assaults a consumer (verbal/physical/psychological)
4. **Biohazardous Accidents:** An accident, injury, spill or release. Some examples include: needle stick, puncture wounds, splash, environmental release of an agent or organism.
5. **Communicable Disease**: Consumer admitted with or became exposed to a communicable/infectious disease. Examples include: Tuberculosis, Hepatitis, whooping cough, Measles, Influenza.
6. **Death by Homicide**: One person causes the death of another person
7. **Death by Suicide Completion**: A person completes suicide, purposely ending their life.
8. **Death-Unexpected**: Death that was not anticipated
9. **Elopement:** Consumer is in residential treatment and left without notifying the agency of their intent to leave.
10. **Illegal Substance Found**: An agency finds illegal substances in or around the facility.
11. **Infection Control**: Agency did not apply infection control practices to prevent pathogens being transferred from one person to another.
12. **Injury to Consumer**: Not Self Harming. Accidental in nature.

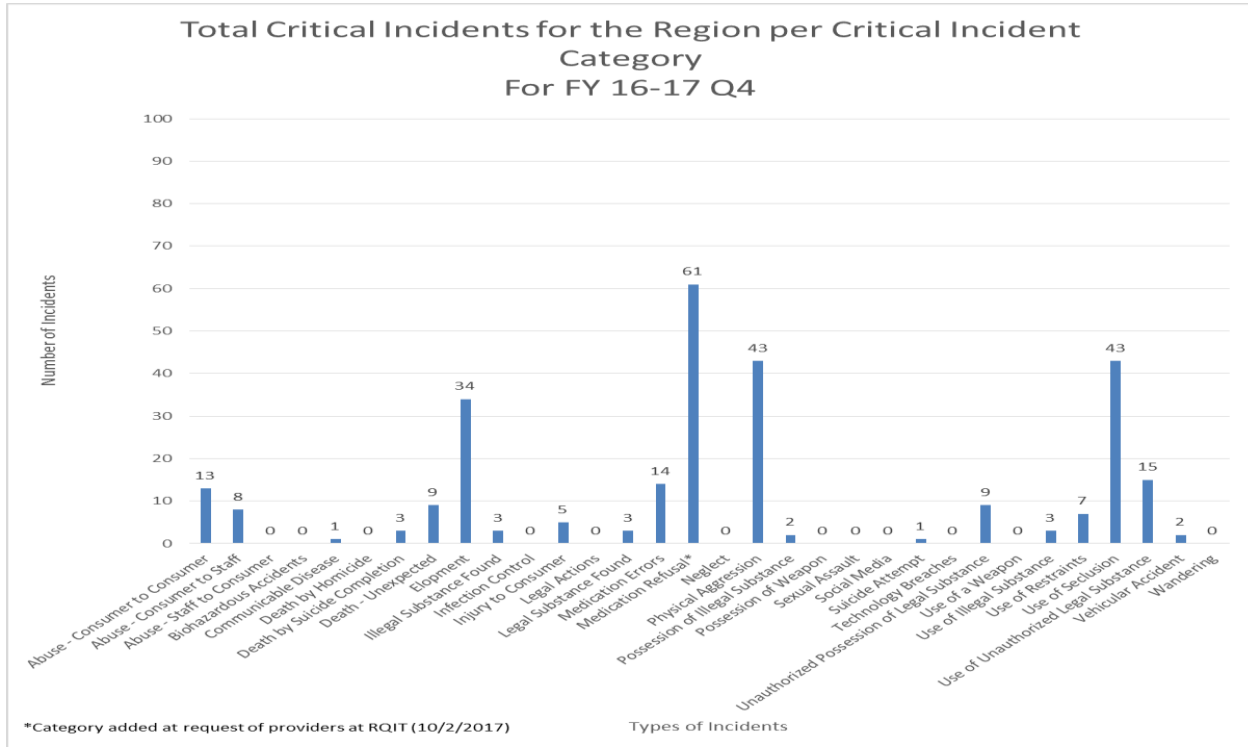
13. ***Legal Actions**: Network provider is involved in a legal action/lawsuit that involves a consumer regardless of who is the plaintiff or defendant.
14. **Legal Substance Found**: An agency finds legal substances which are not appropriately tracked, monitored, and safeguarded.
15. **Medication Errors**: Medical or human error when a healthcare provider chooses an inappropriate method of care or improperly executes an appropriate method of care.
16. **Neglect:** Agency/staff failure to provide for a vulnerable adult or child.
17. **Physical Aggression**: Physical violence/use of physical force with the intention to injure another person or destroy property.
18. **Possession of Illegal Substance**: Consumer who has possession of an illegal substance.
19. **Possession of Weapon**: Consumer possesses a weapon on agency property and/or violates program rules/policies.
20. **Sexual Assault:** Sexual act in which a person is coerced or physically forced to engage against their will, or non-consensual sexual touching of a person. A form of sexual violence.
21. ***Social Media:** Disclosing inappropriate consumer information on social media (Facebook, Twitter, LinkedIn, websites, blogs, etc.).
22. **Suicide Attempt**: An unsuccessful attempt/action to end one's life.
23. ***Technology Breaches**: Failure of an agency to safeguard a consumer's confidential information that was transmitted/maintained electronically.
24. **Unauthorized Possession of Legal Substance**: Consumer who has possession of an unauthorized legal substance which is against program rules/policies.
25. **Use of a Weapon**: Consumer uses a weapon.
26. **Use of Illegal Substance**: Consumer is found to be using or admits to using illegal substances.
27. **Use of Restraints**: An agency utilizes restraints to manage a consumer's behavior.
28. **Use of Seclusion**: An agency utilizes seclusions to manage a consumer's behavior.
29. **Use of Unauthorized Legal Substance**: Consumer is found or admits to using unauthorized legal substances that are against the program rules/policies.
30. **Vehicular Accident**: Consumer is involved in a vehicular accident; the vehicle is driven by a staff member.
31. **Wandering**: Consumer cognitively impacted with a memory loss such as Alzheimer's/dementia who experiences unattended wandering that goes out of agency awareness/supervision.

* Region V systems considers these items to be critical incidents. The CARF standards manual does not list these as critical incidents in Section 1: Subsection H.9.f.categories for this report:

The following is a diagram used to help consumers and providers understand the difference between incidents, critical incidents/events, deaths, and sentinel events.



The following chart illustrates the type and number of critical incidents received for the 4th quarter of FY 16-17.



Network Quality Improvement Action Plan Requests:

Region V Systems employs a continuous quality improvement philosophy with all our business activities. As a result, providers may be asked from time to time to examine a quality concern/issue to positively affect change. The following is the network performance improvement summary identifying the quality concern and the resolution for FY 16-17.

Month/Year	Quality Concern/Issue	Resolution
April 2017	Consumers of outpatient, medication management, and assessment services are not being discharged from the Central Data System upon discharge per established thresholds/contractual expectations.	Request of extending Medication Management discharge threshold from 6 to 12 months approved. Provider reviewing consumer list with no utilization past identified thresholds and discharging from the Central Data System. Provider creating a discharge list report from their Electronic Medical Record system to assist with ongoing monitoring.
March 2017	Provider meeting attendance at Network Providers, BHAC, and RQIT meetings fell below the 80% compliance threshold.	Provider increased understanding of contractual requirements and committed to future meeting attendance.

CONTINUOUS QUALITY IMPROVEMENT (CQI)-CONCERNS/REQUESTS – SECTION III

Region V Systems' CQI process ensures a mechanism to continuously address staff concerns or requests that arise during the fiscal year. Region V Systems seeks to promote an environment that encourages staff feedback and suggestions for improving current services and operating functions within Region V Systems' organizational structure. All requests are handled on a case-by-case basis, each given individual attention according to the following procedures:

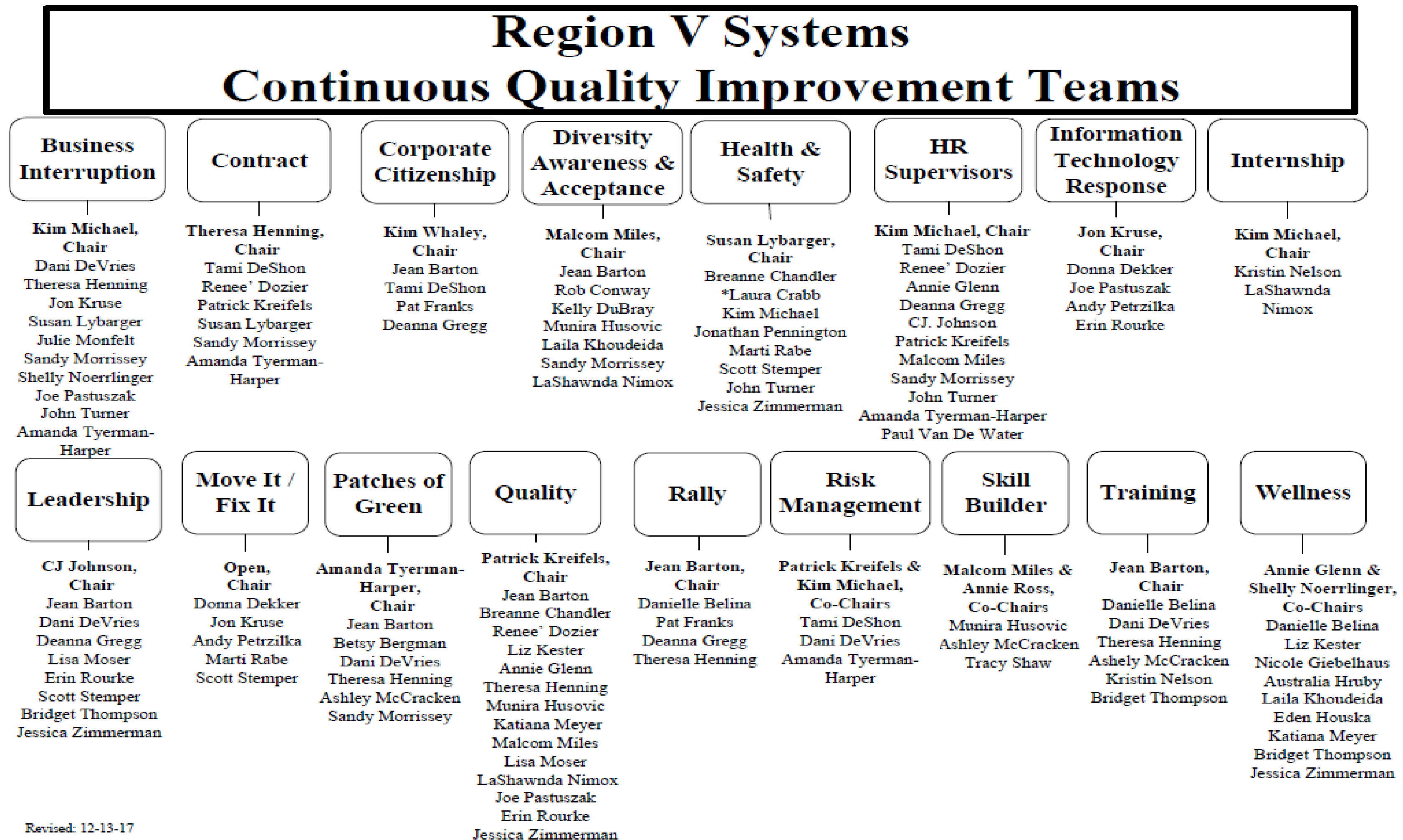
A. Staff member completes a Concerns Request Form, submitting it to the CQI Director for processing. The staff member is notified, within five days of the concern being received, the status of their request, to ensure they are kept apprised of when it will go through the review process.
B. All requests are reviewed by Region V Systems' Corporate Compliance Team to determine feasibility of the request. If the request needs further action, it is delegated to the applicable CQI team or other organizational team, which then makes a recommendation to the Corporate Compliance Team. The Corporate Compliance Team makes the final determination of how a request is handled. In cases that affect policy decisions, the Regional Governing Board (RGB) is consulted for approval.
C. Open communication among staff members is of the utmost importance to our CQI process. Documentation is kept on all CQI Concerns Requests, and all final outcomes are communicated to all Region V Systems' staff members.

The following chart represents the CQI Concerns Requests submitted by staff members in FY 16-17. There were a total of four (4) concerns/requests submitted.

CQI Concerns Requests submitted by staff members (cont.)

Date Received	CQI Concern/Request	Recommendation/Action Taken
7/22/2016	Dual screens for the personal computer in the quiet room.	Approved
8/1/2016	New vehicle that is low profile and has lumbar back support.	Approved.
9/13/2016	Designation of a 15-minute employee parking spot in west parking lot.	No need for a sign to designate a spot. West lot can be used for loading and unloading vehicles.
2/17/2017	Protocols for bed bug exposure at the office.	Health & Safety Committee will create detailed procedures to address treating areas that may have had an exposure.

Continuous Quality Improvement Teams:
Region V Systems utilizes Continuous Quality Improvement Teams to maximize resources when trying to meet expectations and outcomes associated with the organization's mission. Most team membership is voluntary and employees have expressed an interest to participate on the team. Teams have charters to guide their purpose and deliverables and report out on activities during all staff meetings.



PROFESSIONAL PARTNER PROGRAM – FAMILY & YOUTH INVESTMENT – SECTION IV

Wraparound Fidelity Index:

Region V Systems evaluates the Professional Partner Program – Family & Youth Investment (FYI), to determine whether services and supports being received by Region V Systems Professional Partner Program's youth and families adhere to the basic characteristics of wraparound. Wraparound is an approach to treatment that helps families with challenging children function more effectively in the community. It provides a planning process that results in individualized community services and supports for a child and family to achieve positive outcomes.

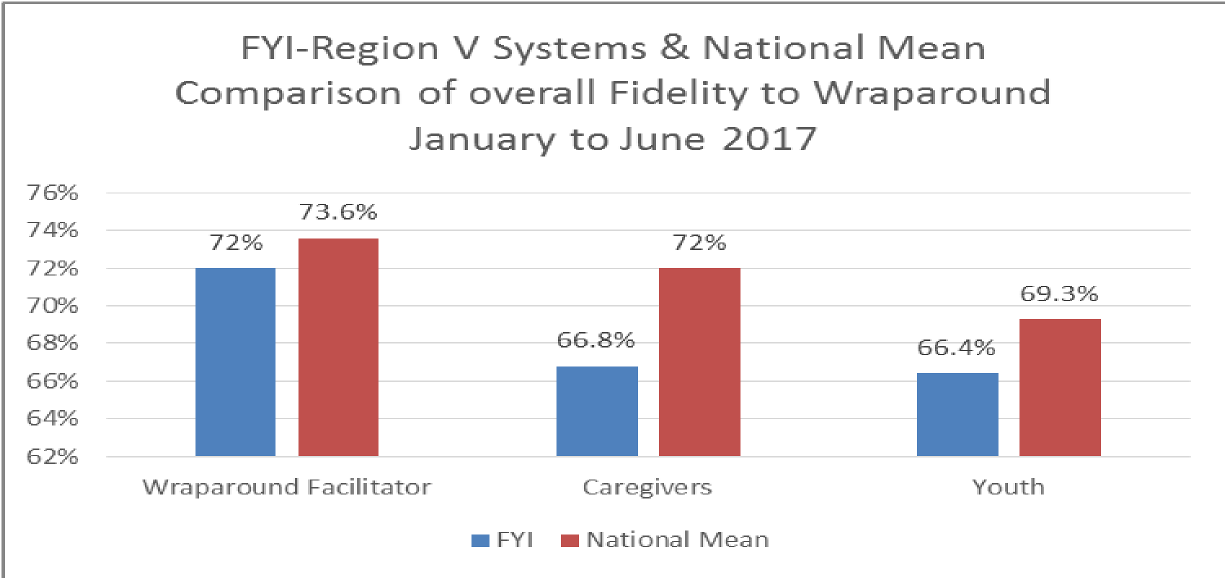
The following ten elements are evaluated:

1. Family voice and choice.
2. Youth and family team.
3. Natural supports.
4. Collaboration.
5. Community-based services and supports.
6. Cultural competence.
7. Individualized services and supports.
8. Strength-based services and supports.
9. Outcome-based services and supports.
10. Persistence.

The Wraparound Fidelity Index (WFI) assesses fidelity by having the respondent (facilitator, caregiver, youth, and team member) rate four questions or items that are regarded as essential service delivery practices for each element.

Several studies have found positive associations between WFI scores and ultimate child and family outcomes. Because high-fidelity wraparound implementation is hypothesized to result in better outcomes, these findings provide additional support for the validity of the WFI, as well as for the wraparound process in general. The WFI national mean was derived from a national sample of 1,478 unique wraparound teams, based in 41 different collaborating sites across North America. Data originates from 1,234 wrap facilitators, 1,006 caregivers, and 221 team members. Reliability and validity results are based on specific validity and reliability studies that have been conducted and published in peer reviewed publications or presented at national conferences.

The following table is a comparison of Region V Systems' Professional Partner Program Family & Youth Investment (FYI) and the national mean. Region V Systems' data in this graph covers the period of January through June 2017. Responses were collected from 60 professional partners, 47 caregivers, and 31 youth. Region V Systems is equal to or slightly below the national mean when considering the program's fidelity to wraparound from the facilitator's, caregiver's, and youth's perspective.


FYI-Region V Systems & National Mean
Comparison of overall Fidelity to Wraparound
January to June 2017
76%
74%
72%
70%
68%
66%
64%
62%
72%
73.6%
66.8%
72%
66.4%
69.3%
Wraparound Facilitator
Caregivers
Youth
FYI
National Mean

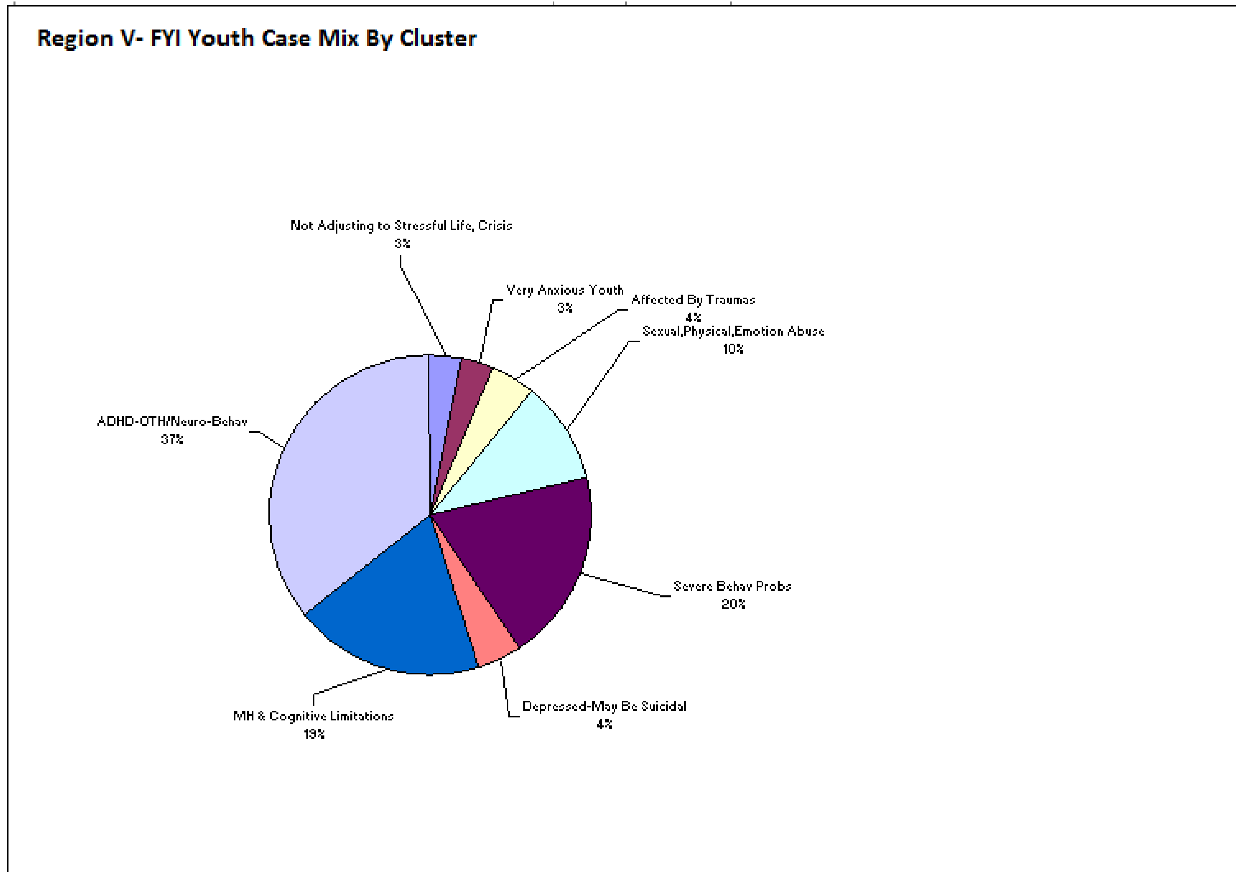
Cluster-Based Planning:

During the last fiscal year, the Professional Partner Program participated in cluster-based planning. The following graphs show the percentage of youth that are members of each respective cluster.

The first graph represents the Traditional Professional Partner Program track. The **Traditional track** serves youth with serious emotional disturbances from age 0 until 21. There were 89 youth in the sample size. The majority of youth, 35.96%, were members of ADHD or other Neurological-Behavioral Problems cluster, 19.10% were Youth with Mental Health & Cognitive Limitation, and 19.10% were Youth with Severe Behavioral Problems.

FYI: Traditional

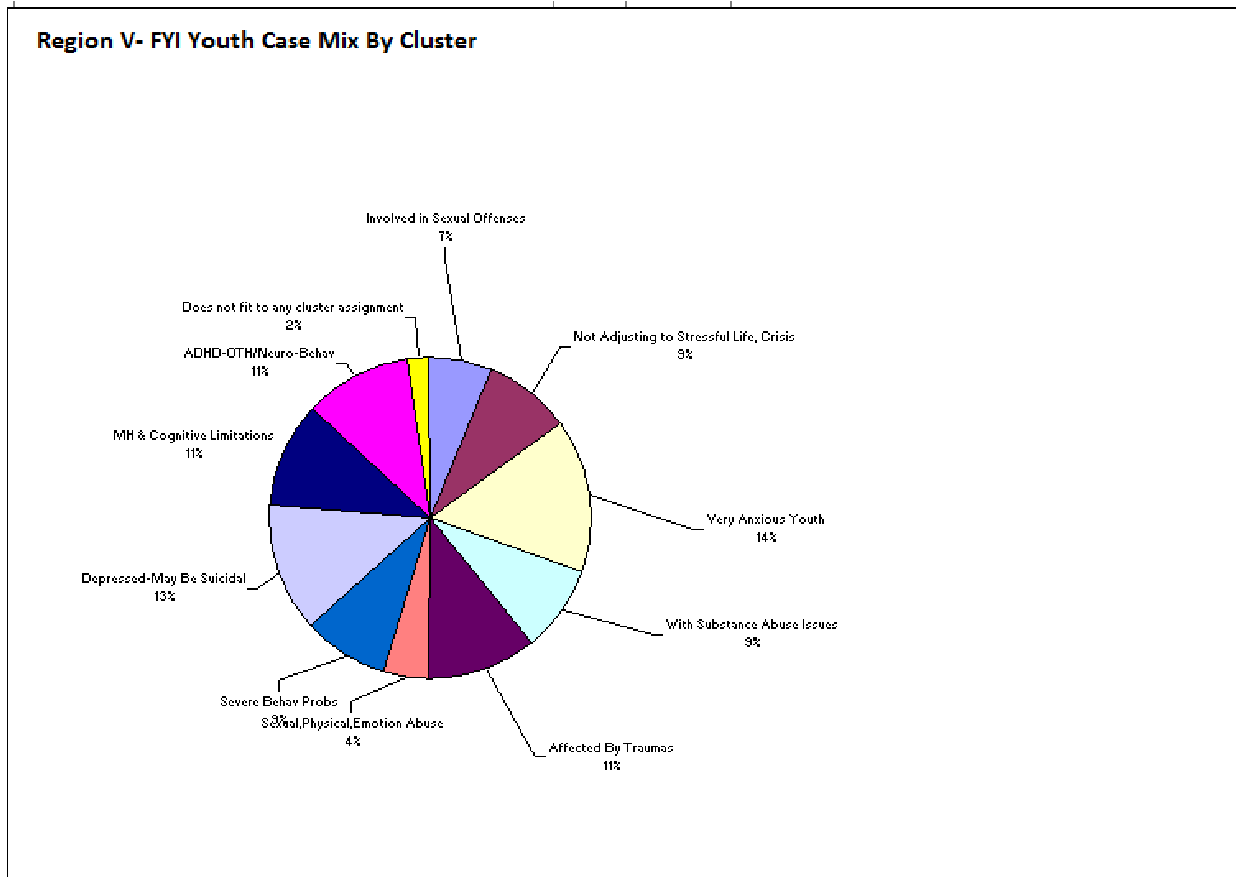
Cluster Name	#	%
ADHD-OTH/Neuro-Behav	32	35.96%
Affected By Traumas	4	4.49%
Depressed-May Be Suicidal	4	4.49%
MH & Cognitive Limitations	17	19.10%
Not Adjusting to Stressful Life, Crisis	3	3.37%
Severe Behav Probs	17	19.10%
Sexual,Physical,Emotion Abuse	9	10.11%
Very Anxious Youth	3	3.37%



The **Transition Aged Professional Partner track** serves young adults from 17 until 25 years of age who have a severe and persistent mental illness. There were 46 young adults in the sample size, with the majority, 15.22%, being members of the Very Anxious Youth, and 13% young adults with Depressed-May Be Suicidal cluster.

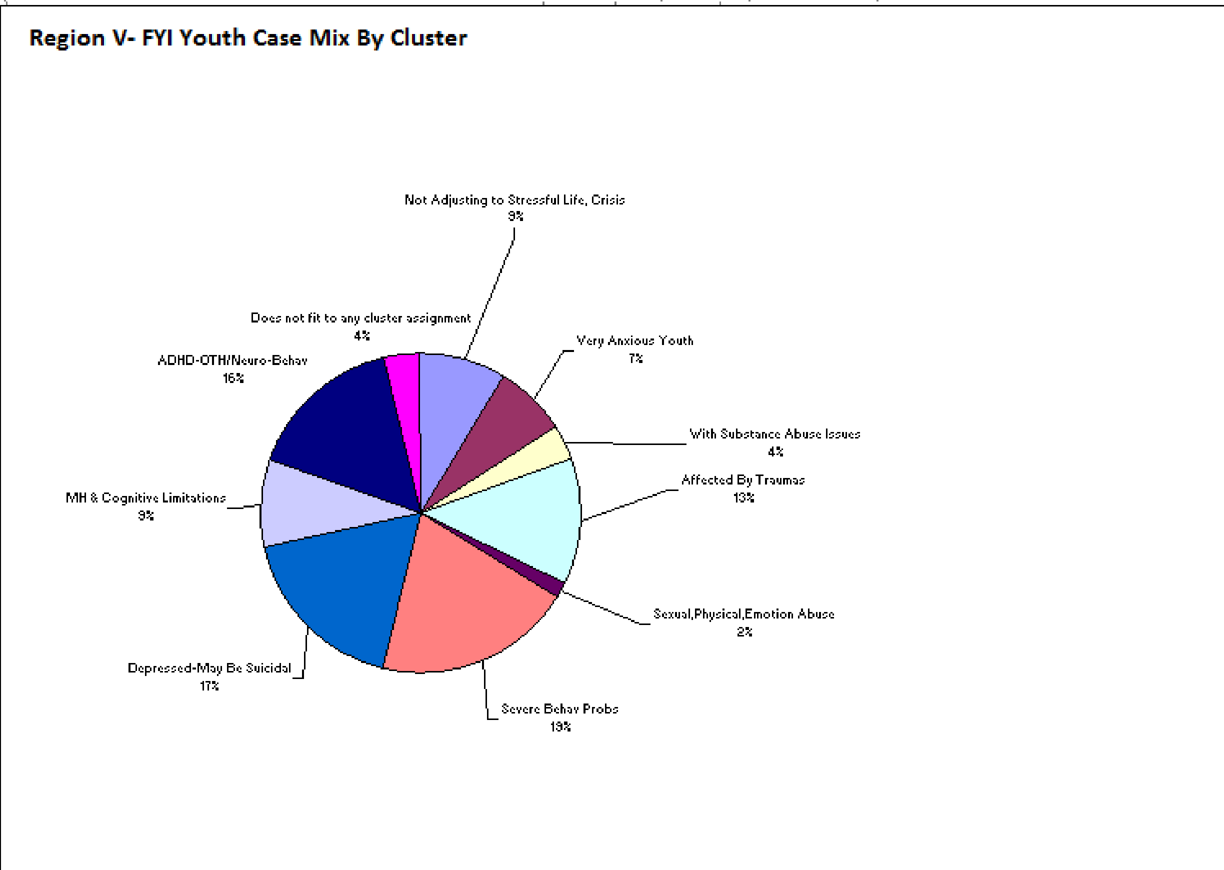
FYI: Transition

Cluster Name	#	%
ADHD-OTH/Neuro-Behav	5	10.87%
Affected By Traumas	5	10.87%
Depressed-May Be Suicidal	6	13.04%
Doesn't not fit to any cluster assignment	1	2.17%
Involved in Sexual Offenses	3	6.52%
MH & Cognitive Limitations	5	10.87%
Not Adjusting to Stressful Life, Crisis	4	8.70%
Severe Behav Probs	4	8.70%
Sexual,Physical,Emotion Abuse	2	4.35%
Very Anxious Youth	7	15.22%
With Substance Abuse Issues	4	8.70%



The **Prevention Professional Partner track** serves youth who are at risk of entering the Juvenile Justice/Child Welfare System, have a serious emotional disturbance, and are ages 7 to 18 years old. There were 56 youth in the sample size, with the majority, 19.64% being members of severe behavior problems, 17.86% being members of Depressed-maybe Suicidal cluster, and 16.07 are members of Youth with ADHD & other neurological/behavioral problems.

Cluster Name	#	%
ADHD-OTH/Neuro-Behav	9	16.07%
Affected By Traumas	7	12.50%
Depressed-May Be Suicidal	10	17.86%
Doesn't not fit to any cluster assignment	2	3.57%
MH & Cognitive Limitations	5	8.93%
Not Adjusting to Stressful Life, Crisis	5	8.93%
Severe Behav Probs	11	19.64%
Sexual,Physical,Emotion Abuse	1	1.79%
Very Anxious Youth	4	7.14%
With Substance Abuse Issues	2	3.57%

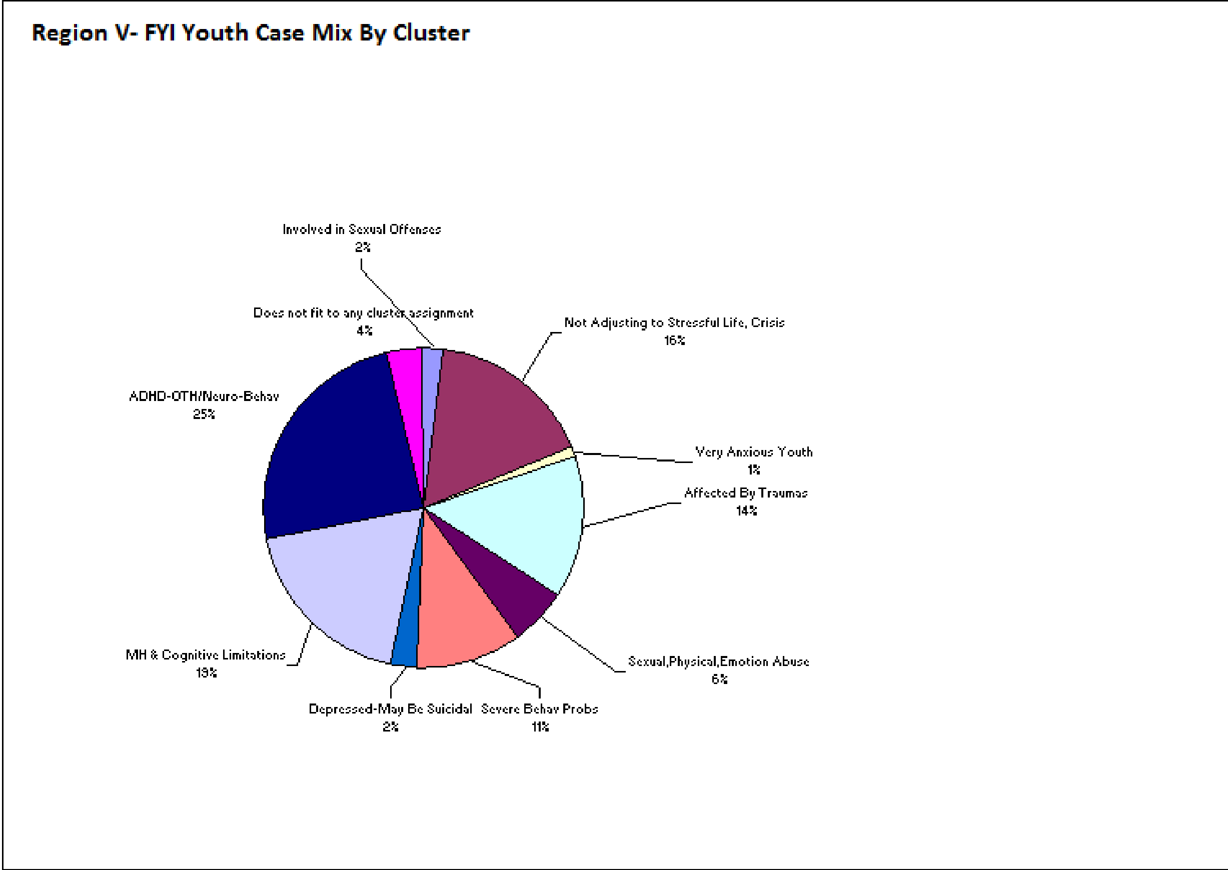


The **Children Family Services (CFS) Professional Partner track** serves children and youth under age 19 who are referred by DHHS to safely maintain children in the home and increase family stability. There were 85 youth in the sample size, with the majority, 24.71%, of youth who were members of the ADHD-Other/Neurological conditions, 18% were members of Mental Health & Cognitive Limitations, and 16% were members the not adjusting to stressful life, crisis.

From: 7/1/2016 to: 6/30/2017

FYI: CFS

Cluster Name	#	%
ADHD-OTH/Neuro-Behav	21	24.71%
Affected By Traumas	12	14.12%
Depressed-May Be Suicidal	2	2.35%
Doesn't not fit to any cluster assignment	3	3.53%
Involved in Sexual Offenses	2	2.35%
MH & Cognitive Limitations	16	18.82%
Not Adjusting to Stressful Life, Crisis	14	16.47%
Severe Behav Probs	9	10.59%
Sexual,Physical,Emotion Abuse	5	5.88%
Very Anxious Youth	1	1.18%

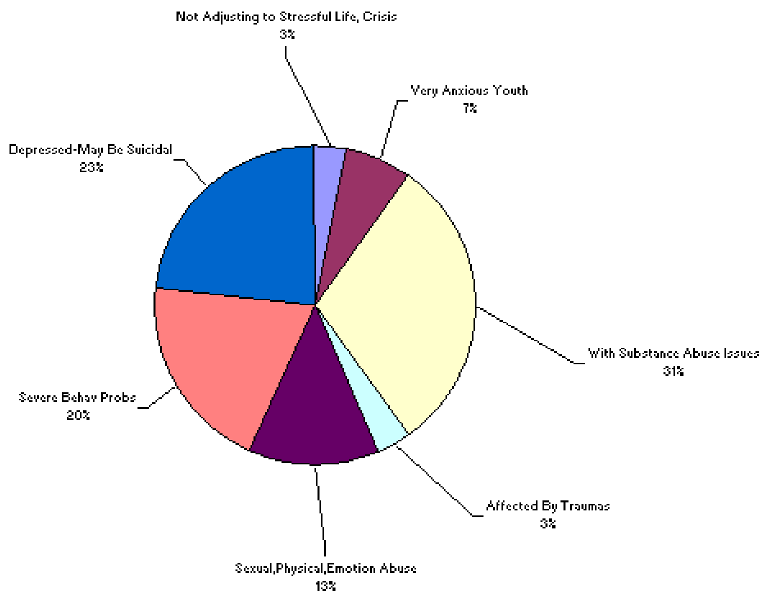


The **Juvenile Justice (JJ) Professional Partner track** serves children and youth under age 19 who are referred by Juvenile Probation in Lancaster County to safely maintain children in the home and increase family stability. There were 30 youth in the sample size, with the majority, 30%, of youth who were members of With Substance Abuse Issues, and 23% were members of the Depressed-Maybe Suicidal.

FYI: JJ

Cluster Name	#	%
Affected By Traumas	1	3.33%
Depressed-May Be Suicidal	7	23.33%
Not Adjusting to Stressful Life, Crisis	1	3.33%
Severe Behav Probs	6	20.00%
Sexual,Physical,Emotion Abuse	4	13.33%
Very Anxious Youth	2	6.67%
With Substance Abuse Issues	9	30.00%

Region V- FYI Youth Case Mix By Cluster



Child Adolescent Functional Assessment Scale (CAFAS):

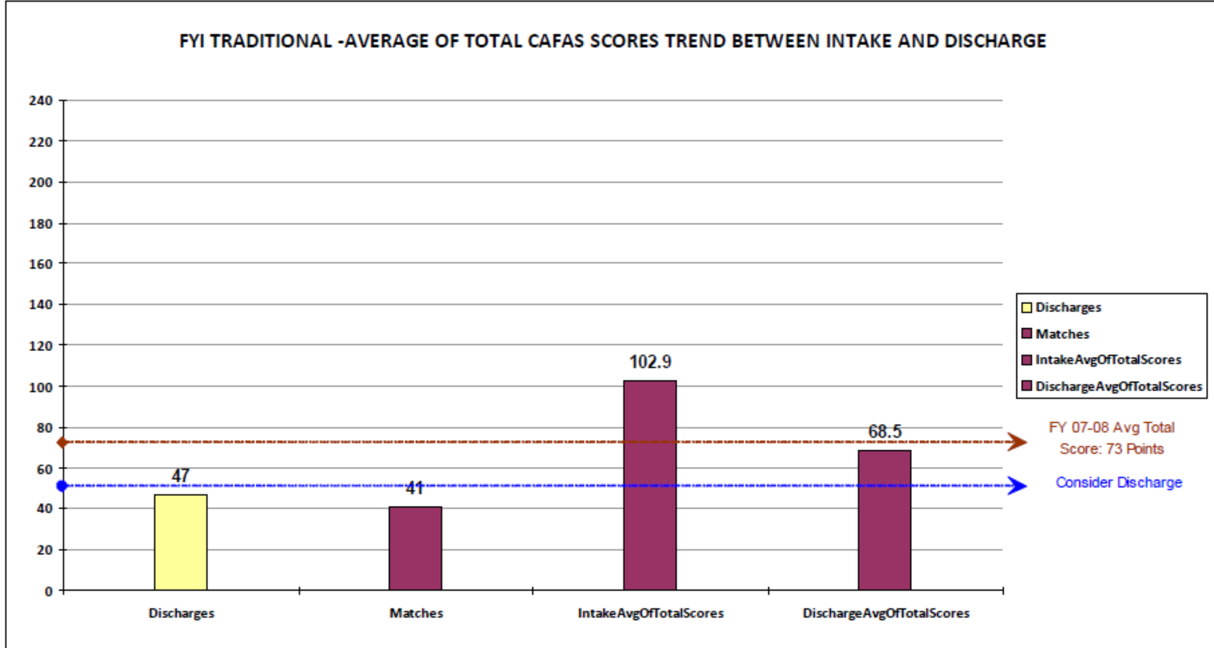
The Child and Adolescent Functional Assessment Scale (CAFAS) is administered to youth at enrollment, every six months, and at discharge. The purpose of the CAFAS is to measure impairment (i.e., the negative effect of problem behaviors and symptoms on functioning) in day-to-day functioning in children, adolescents, and young adults. The CAFAS assesses youth in eight domains: school/work, home, community, behavior toward others, moods/emotions, self-harmful behavior, substance use, and thinking. This evaluation tool scores youth in the eight domains, using a scale of 0 to 30 (i.e., scores used are 0, 10, 20, or 30). Each score indicates the level of impairment: 0 = No Impairment, 10 = Mild Impairment, 20 = Moderate Impairment and 30 = Severe Impairment. Total scores are classified using a description as shown in Table 10. Total CAFAS scores may range from 0 to 240 points.

Table 10: CAFAS Levels of Overall Dysfunction Based on Youth's Total Score

Total Score	Description
0-10	Youth exhibits no noteworthy impairment.
20-40	Youth likely can be treated on an outpatient basis, providing risk behaviors are not present.
50-90	Youth may need additional services beyond outpatient care.
100-130	Youth likely needs care which is more intensive than outpatient and/or which includes multiple sources of supportive care.
140 and higher	Youth likely needs intensive treatment, the form of which would be shaped by the presence of risk factors and the resources available within the family and the community.

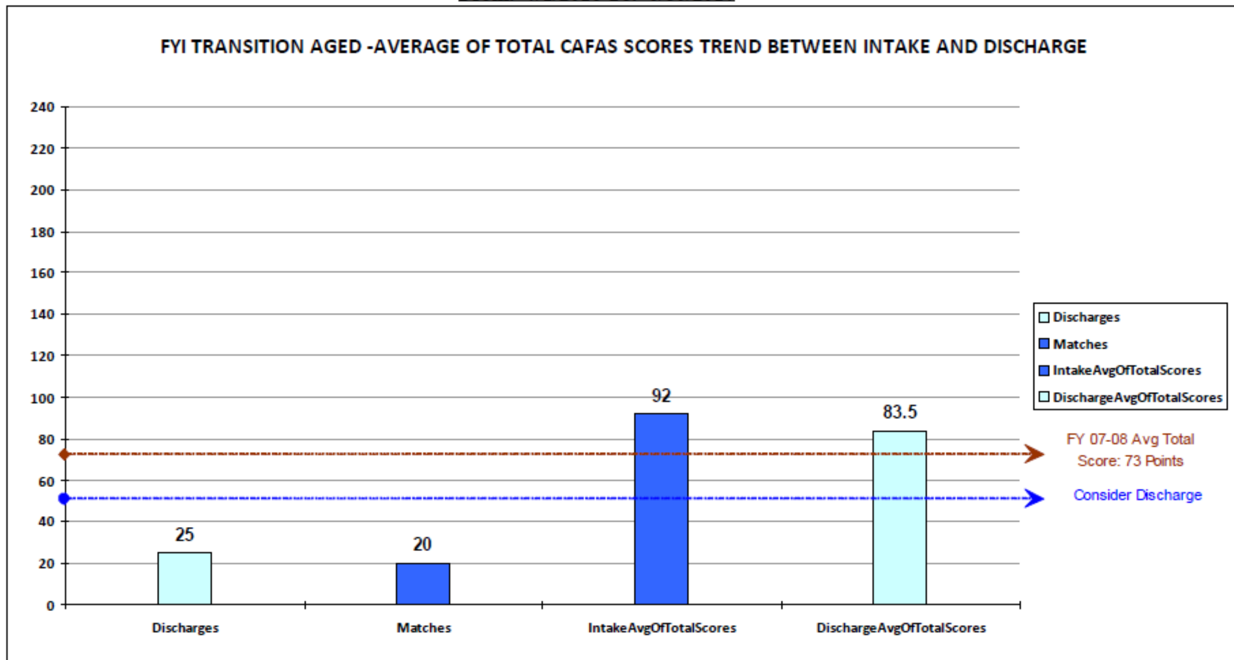
The following graphs illustrate youth who have discharged from the respective Professional Partner Program tracks (i.e. Traditional, Transition Age, Prevention, and Children Family Services). Comparing an average total CAFAS score taken at enrollment/intake and comparing it to the discharge average total CAFAS score. The Traditional and Prevention tracks demonstrate an average reduction of the total CAFAS scores by 20 points. This means youth have on average reduced their functional impairments and accomplished clinically significant/meaningful change when comparing intake and discharge CAFAS scores.

From: 7/1/2016 To: 6/30/2017

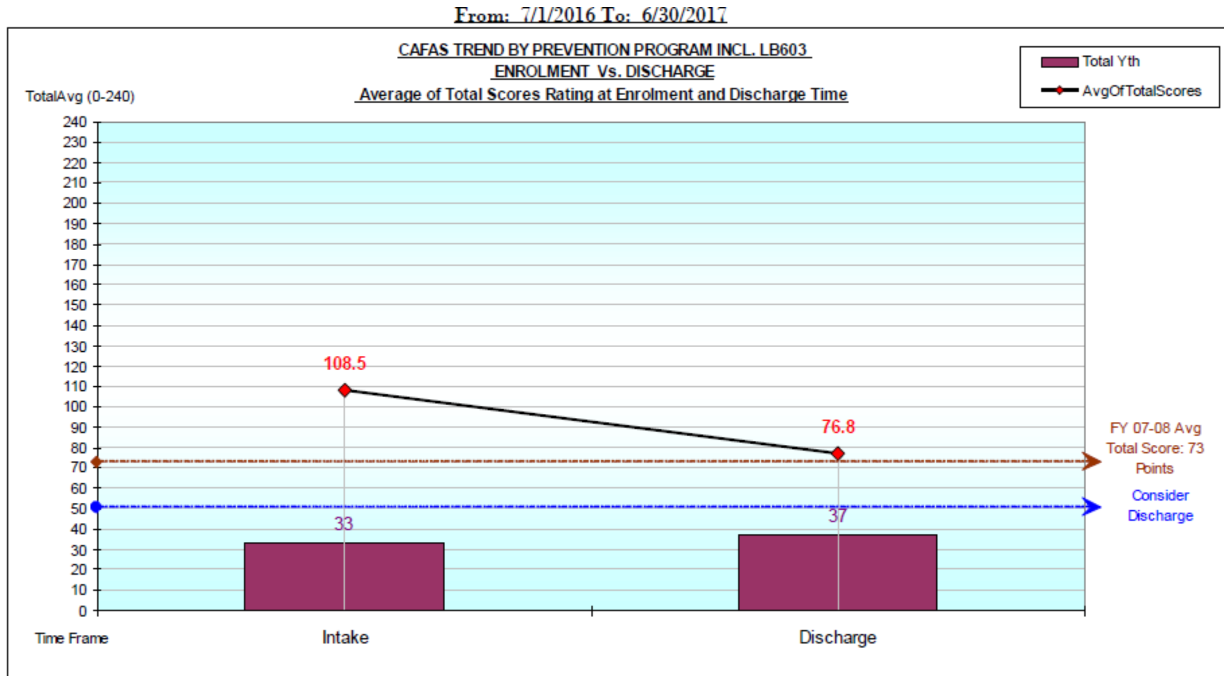


Clinically significant/meaningful change: Total score from "Intake" to last Cafas Evaluation is reduced by 20 or more points

From: 7/1/2016 To: 6/30/2017



Clinically significant/meaningful change: Total score from "Intake" to last Cafas Evaluation is reduced by 20 or more points



Clinically significant/meaningful change: Total score from "Intake" to last Cafas Evaluation is reduced by 20 or more points

Internal Records File Review for the Family & Youth Investment Program:

Region V Systems conducts a file review for its internal quarterly file review. The review is a **records review** designed to assess the necessary forms/documents/evaluations are present, overall completeness of the file, assess if the initial plan of care links to the interpretive summary, and determines if progress is being documented monthly/quarterly. Quality team uses a threshold of 80 percent as a trigger on whether recommendations should be made to the FYI program.
The areas are identified below as well as the quarterly performance.

Items Reviewed	FY 15-16 4th Quarter	FY 16-17 1st Quarter	FY 16-17 2nd Quarter	FY 16-17 3rd Quarter	FY 16-17 4th Quarter
Open Records – Average completeness of All Items	92%	97%	94%	90%	94%
Open Records – General Information - 1	91%	96%	93%	87%	91%
Open Records – Team Planning - 2	93%	98%	92%	90%	90%
Open Records – Contact Notes - 3	87%	100%	94%	100%	93%
Open Records – Formal Services - 4	83%	82%	94%	86%	91%
Open Records – Evaluation Info - 5	95%	98%	100%	91%	99%
Open Records – Legal - 6	87%	93%	94%	93%	100%
Open Records – School - 7	87%	100%	94%	93%	100%
Closed Records – Average Completeness of All Items	97%	98%	95%	93%	98%
Closed Records – General Information - 1	95%	96%	95%	92%	95%
Closed Records – Team Planning - 2	98%	97%	92%	87%	97%
Closed Records – Contact Notes - 3	91%	100%	100%	96%	98%
Closed Records – Formal Services - 4	93%	100%	92%	87%	95%
Closed Records – Evaluation Info - 5	98%	98%	98%	98%	100%
Closed Records – Legal - 6	92%	100%	100%	96%	98%
Closed Records – School - 7	96%	100%	100%	96%	98%
Closed Records – Section Closed	99%	97%	95%	98%	100%
BILLING AND CODING PRACTICES					
Child/Family Team Meeting Summary	100%	100%	75%	100%	100%
Contact Notes	100%	100%	100%	100%	100%
Was Not Discharged Prior to the 15th of the Month	100%	100%	100%	100%	100%

RENTAL ASSISTANCE PROGRAM – SECTION V

Internal
Records File Review:
Region V Systems' Quality CQI Team conducts quarterly internal reviews on open (20% of open records) and all closed records within the Rental Assistance Program. Below is a summary of each quarter's review for the 4th quarter of FY 15-16 and four quarters of FY 16-17.

Open Records

Items Reviewed	FY 15-16 4th Quarter	FY 16-17 1st Quarter	FY 16-17 2nd Quarter	FY 16-17 3rd Quarter	FY 16-17 4th Quarter
Date Application Received	100%	100%	100%	100%	92%
Date Enrolled	100%	100%	100%	100%	100%
Citizen, Resident, or Immigration Documentation	100%	100%	93%	100%	100%
Individualized Service Plan (ISP)	100%	100%	87%	100%	92%
Income Verification	100%	100%	93%	100%	100%
Application for Section 8 Rental Assistance Vouchers	87%	93%	93%	100%	100%
Application Signatures	100%	100%	87%	100%	100%
Voucher Issuance Checklist	100%	100%	100%	100%	92%
Rights and Responsibilities	100%	100%	93%	100%	85%
RAP Landlord Contract	100%	100%	100%	100%	100%
Lease	100%	100%	100%	100%	100%
Award/Subsidy Letter	100%	100%	100%	100%	92%
HQS Inspection Form	100%	100%	100%	100%	100%
Releases of Information	100%	100%	87%	100%	92%

Closed Records

Items Reviewed	FY 15-16 4th Quarter	FY 16-17 1st Quarter	FY 16-17 2nd Quarter	FY 16-17 3rd Quarter	FY 16-17 4th Quarter
Date Application Received	100%	100%	100%	100%	100%
Date Enrolled	100%	100%	100%	93%	92%
Discharge Date	80%	100%	100%	36%	54%
Citizen, Resident, or Immigration Documentation	100%	100%	100%	93%	100%
Individualized Service Plan (ISP)	100%	100%	90%	93%	92%
Income Verification	100%	100%	90%	100%	92%
Application for Section 8 Rental Assistance Vouchers	80%	40%	90%	93%	100%
Application Signatures	100%	100%	100%	100%	92%
Voucher Issuance Checklist	100%	100%	100%	93%	92%
Rights and Responsibilities	100%	100%	100%	100%	92%
Consumer Termination Letter	100%	100%	100%	64%	54%
RAP Landlord Contract	80%	100%	100%	93%	85%
Lease	100%	100%	90%	86%	77%
Award/Subsidy Letter	100%	100%	100%	93%	92%
HQS Inspection Form	100%	100%	100%	93%	100%
Releases of Information	100%	80%	100%	100%	92%