REGION V SYSTEMS

Promoting Comprehensive Partnerships in Behavioral Health

Management Summary
Fiscal Year 2018-2019

Submitted by: C. J. Johnson, Regional Administrator
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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 18-19 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 quality improvement action plan. 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 19-20 PIP.

Indicator Number	FY 18-19 Threshold	Review	FY 19-20 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 sustain leadership teams by June 30, 2019.	Approved	Continue
5	100% of all funded coalitions will have an annual goal for sustainability strategies.	Approved	Modify
6	85% of counties (16) in southeast Nebraska will have an active community prevention coalition by June 30, 2019.	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	Modify
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	Delete
15	Consumers of RAP SD will successfully participate in their housing transition plan 80% of the time.	Approved	Continue

(Cont.)

Indicator Number	FY 18-19 Threshold	Review	FY 19-20 PIP Status
16	Establish a threshold of the number of consumers with a residential mental health board commitment that are housed.	Approved	Discontinue
17	60% 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
18	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
19	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
20	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
21	85% of all teams will have at least one informal support on their team member list.	Approved	Continue
22	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
23	100% of FYI youth will be living in their home while served in the FYI program.	Approved	Continue
24	90% of families will have a team meeting every month.	Approved	Continue
25	30% of clients in the FYI program will reside in rural counties.	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 18-19 Threshold	Review	FY 19-20 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 2018-2019. The indicators are sorted by department: Adult Services, Operations/Human Resources, Children and Family Services, Fiscal, and Strategic Planning/Special Projects.

Adult Services Department:

Indicator # 3: Substance abuse annual assessments and Quarterly BH5 Reporting, NPIRS Reporting.
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 17-18	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Average
100%	100%	88%	100%	100%	100%	100%	100%

Indicator # 4: Leadership teams.
Threshold: 80% of organized community prevention coalitions (16 total community/county coalitions) will have leadership teams by June 30, 2019.

Standard	Threshold	Quarter 4 FY 17-18	Quarter 1	Quarter 2	Quarter 3	Quarter 4	End of Year Total
100%	80%	88%	100%	100%	100%	100%	100%

Indicator # 5: Coalition sustainability plans.
Threshold: 100% of all funded coalitions will report quarterly on regional coalition sustainability strategies.

Standard	Threshold	Quarter 4 FY 17-18	Quarter 1	Quarter 2	Quarter 3	Quarter 4	End of Year Total
100%	100%	100%	100%	100%	100%	100%	100%

Adult Services Department (cont.):

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, 2019.

Standard	Threshold	Quarter 4 FY 17-18	Quarter 1	Quarter 2	Quarter 3	Quarter 4	End of Year Total
100%	85%	81%	94%	94%	100%	100%	100%

Indicator # 7: YAB youth representation.
Threshold: 75% of the counties are represented on the Youth Action Board membership.

Standard	Threshold	Quarter 4 FY 17-18	Quarter 1	Quarter 2	Quarter 3	Quarter 4	End of Year Total
100%	75%	100%	940%	88%	88%	88%	88%

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 17-18	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Average
30%	30%	31%	34%	27%	24%	24%	27%

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 17-18	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Average
85%	70%	68%	86%	87%	70%	50%	73%

Adult Services Department (cont.):

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 17-18	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Average
90%	80%	92%	100%	100%	100%	100%	100%

Indicator # 16: The number of consumers housed with an outpatient mental health board commitment (based on legal status in CDS/Compass and by Region V Systems Rental Assistance Programs)
Threshold: Establish a threshold of the number of consumers with an outpatient mental health board commitment (based on legal status in CDS/Compass) and that re housed by Region V Systems Rental Assistance Programs).

Standard	Threshold	Quarter 4 FY 17-18	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Average
TBD	TBD	N/A	9%	10%	10%	9%	9.5%

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 17-18	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Average
100%	100%	87%	NA	100%	50%	88%	77%

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 17-18	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Average
100%	100%	100%	NA	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 17-18	Quarter 1	Quarter 2	Quarter 3	Quarter 4	End of Year Total
100%	100%	100%	N/A	N/A	N/A	73%	73%

Operations/Human Resources 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 17-18	Quarter 1	Quarter 2	Quarter 3	Quarter 4	End of Year Total
100%	100%	98.92%	86%	95%	97%%	93%	93%

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 17-18	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year Average
90%	85%	91.2%	100%	99.9%	99.71%	97.49%	99.2%

Indicator #8: Documented quarterly supervision.
Threshold: 100% of all staff members shall have quarterly supervision and documentation complete.

Standard	Threshold	Quarter 4 FY 17-18	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Average
100%	90%	92%	88%	100%	91%	86%	91%

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 17-18	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Average
100%	100%	100%	100%	100%	100%	100%	100%

Indicator # 10: Completion of drills according to established schedule.
Threshold: 100% of drills completed per established schedule.

Standard	Threshold	Quarter 4 FY 17-18	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Average
100%	100%	100%	100%	100%	100%	100%	100%

Operations/Human Resources Department (cont.):

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 17-18	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Average
100%	90%	96%	96%	98%	100%	100%	98%

Indicator # 12: Pegboard documentation per standard procedures.
Threshold: 100% of building occupants will be accurately documented on the pegboard during health and safety drills (Only Fire, Gas Leak, and Tornado Drills).

Standard	Threshold	Quarter 4 FY 17-18	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Average
100%	100%	95%	97%	NA	NA	95%	96%

Children and Family Services Department:

Indicator # 17: Individual Youth Child Adolescent Functioning Assessment Scale (CAFAS) scores.
Threshold: 60% 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 the sample) (Traditional Transition, Prevention, Juvenile Justice tracks)

Standard	Threshold	Quarter 4 FY 17-18	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Whole Year
100%	60%	46%	43%	49%	50%	50%	50%
Traditional		40%	75%	82%	79%	65%	65%
Transition		46%	29%	50%	47%	55%	55%
Prevention		53%	29%	40%	39%	38%	38%
Juvenile Justice		29%	NA	NA	NA	9%	9%
Crisis Response		58%	43%	45%	NA	61%	61%

Children and Family Services Department (cont.):

Indicator # 18: 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 17-18	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Whole Year
100%	70%	56%	49%	57%	59%	62%	62%
Traditional		52%	67%	75%	76%	73%	73%
Transition		52%	33%	44%	45%	52%	52%
Prevention		66%	38%	58%	59%	55%	55%
Juvenile Justice		39%	100%	38%	38%	43%	43%
Crisis Response		75%	45%	65%	NA	73%	73%

Indicator # 19: 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 17-18	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Whole Year
100%	40%	48%	44%	51%	52%	56%	56%
Traditional		45%	75%	82%	80%	72%	72%
Transition		45%	25%	36%	35%	41%	41%
Prevention		56%	38%	50%	45%	48%	48%
Juvenile Justice		33%	NA	NA	NA	23%	23%
Crisis Response		48%	50%	73%	NA	79%	79%

Children and Family Services Department (cont.):

Indicator # 20: 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 17-18	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Whole Year
100%	75%	60%	51%	60%	61%	65%	65%
Traditional		68%	78%	83%	81%	78%	78%
Transition		75%	33%	50%	50%	60%	60%
Prevention		59%	38%	58%	59%	58%	58%
Juvenile Justice		39%	100%	38%	38%	43%	43%
Crisis Response		75%	45%	65%	NA	73%	73%

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 17-18	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Average
100%	85%	82%	87%	92%	94%	85%	90%
Traditional		87%	92%	91%	93%	82%	90%
Transition		86%	83%	100%	100%	89%	93%
Prevention		74%	80%	95%	90%	78%	86%
Juvenile Justice		41%	100%	100%	100%	100%	100%
Crisis Response		78%	73%	75%	94%	87%	82%

Children and Family Services Department (cont.):

Indicator # 22: 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 17-18	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Average
100%	70%	69%	78%	83%	77%	73%	87%
Traditional		74%	100%	92%	72%	69%	83%
Transition		73%	59%	89%	100%	100%	87%
Prevention		73%	94%	61%	72%	44%	68%
Juvenile Justice		57%	57%	71%	70%	81%	70%
Crisis Response		71%	36%	66%	71%	71%	61%

Indicator # 23: 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.)

Standard	Threshold	Quarter 4 FY 17-18	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Average
100%	100%	96%	97%	95%	97%	97%	97%
Traditional		99%	100%	99%	100%	99%	99%
Transition		98%	100%	100%	100%	100%	100%
Prevention		100%	100%	100%	100%	100%	100%
Juvenile Justice		85%	84%	58%	75%	67%	71%
Crisis Response		98%	89%	89%	91%	100%	92%

Children and Family Services Department (cont.):

Indicator # 24: Team meetings summary.
Threshold: 90% of families will have a team meeting every month. (All tracks.)

Standard	Threshold	Quarter 4 FY 17-18	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Average
100%	90%	99%	99%	99%	99%	100%	99%
Traditional		99%	99%	100%	100%	100%	99%
Transition		100%	100%	100%	100%	100%	100%
Prevention		99%	100%	98%	100%	100%	99%
Juvenile Justice		98	100%	96%	100%	100%	98%
Crisis Response		97%	98%	97%	97%	100%	98%

Indicator # 25: County of residence at monthly review.
Threshold: 30% of FYI clients will reside outside of Lancaster County. (Traditional track.)

Standard	Threshold	Quarter 4 FY 17-18	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Average
30%	30%	29%	39%	37%	39%	31%	36%

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

Standard	Threshold	Quarter 4 FY 17-18	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Average
100%	95%	100%	98%	98%	99%	98%	98%

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 17-18	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Average
100%	95%	69%	73%	73%	80%	80%	77%

NETWORK SERVICES – SECTION II

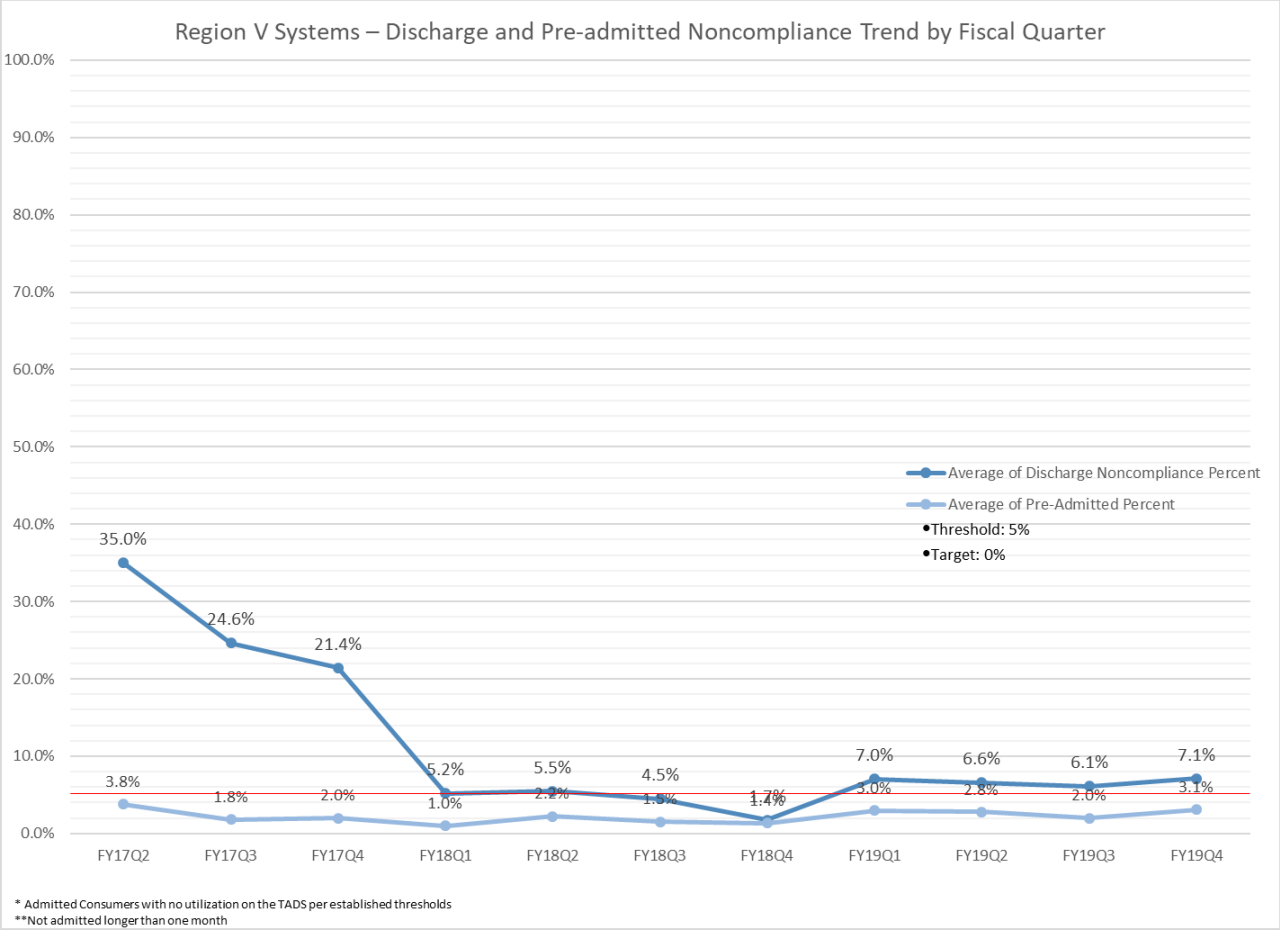
Region V Systems is accountable for coordinating and overseeing the delivery of publicly funded mental health and substance abuse services covering 16 counties in southeast Nebraska. Specifically, our purpose is to ensure: 1) the public safety and health of consumers, 2) consumer's access to services, 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 assesses 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 assesses 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 fiscal year 2016-2017, quarter 2 (FY17Q2) at 35% to 7.1% in fiscal year 2018-19, quarter 4 (FY19Q4). Region V Systems' target is to have 0% of consumers in discharge noncompliance. The number of consumers over the Pre-admitted noncompliance status improved from 3.8% for the time period of FY17Q2 to 3.1% for the time period of FY19Q4. The Regional Quality Improvement Team established an upper limit of 5%. This allows providers to operate within a 0% to 5% acceptable range.



Substance Abuse Waitlist and Mental Health/Substance Abuse Capacity:

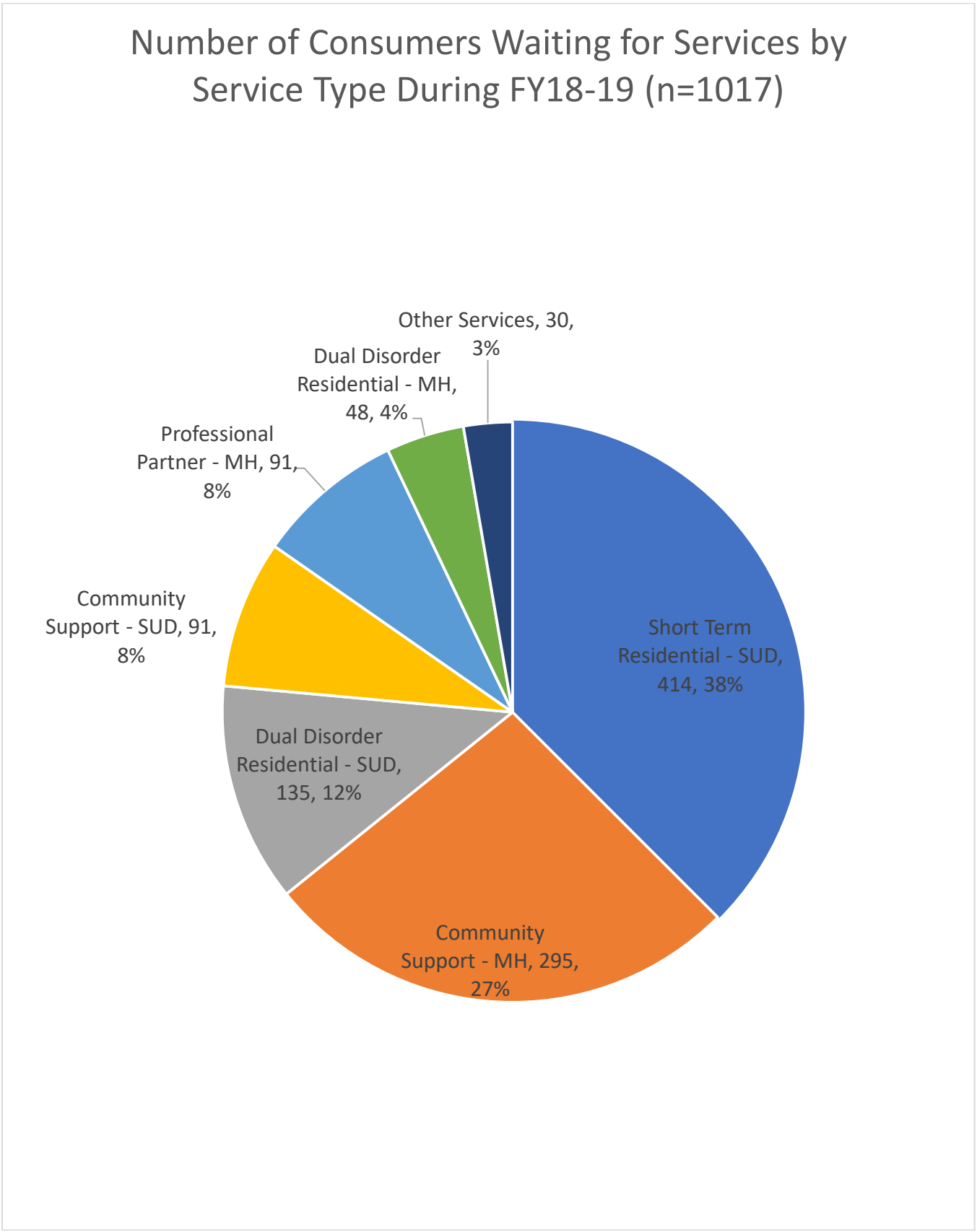
Region V Systems gathers information from Network Providers regarding the number of "Persons Served with Life Experiences" that are waiting to enter various levels of substance abuse and mental health care. Monitoring the waitlist helps determine access into treatment, ensures compliance with state and federal requirements on the placement of priority populations into treatment services, reduces the length of time any consumer is to wait for treatment services, ensures consumers are placed into the appropriate recommended treatment services as soon as possible, and provide information necessary in planning, coordinating, and allocating resources. During FY 17-18 there was a change in the way the waitlist information was gathered, managed, and monitored. Waitlist data was reported via an excel spreadsheet by network providers every Monday and was considered a point in time observation of how many consumers were waiting for treatment.

Starting in FY 17-18 consumer information was entered into the Division of Behavioral Health's Central Data System (CDS). There was and continues to be a learning curve by the Region and the network providers with utilizing this new system. New ways of entering data, managing the waitlist, and the regions approach to monitoring continues to be understood and improved. The Region and network providers continue to implement quality improvement activities to improve the accuracy and validity of the information entered in CDS. For providers who are receiving substance use state or federal dollars, the Substance Abuse Block Grant priority populations for admission include: 1) Pregnant injecting drug users; 2) Other pregnant substance users; 3) Other injecting drug users; and 4) Women with dependent children who have physical custody or are attempting to regain custody of their children.

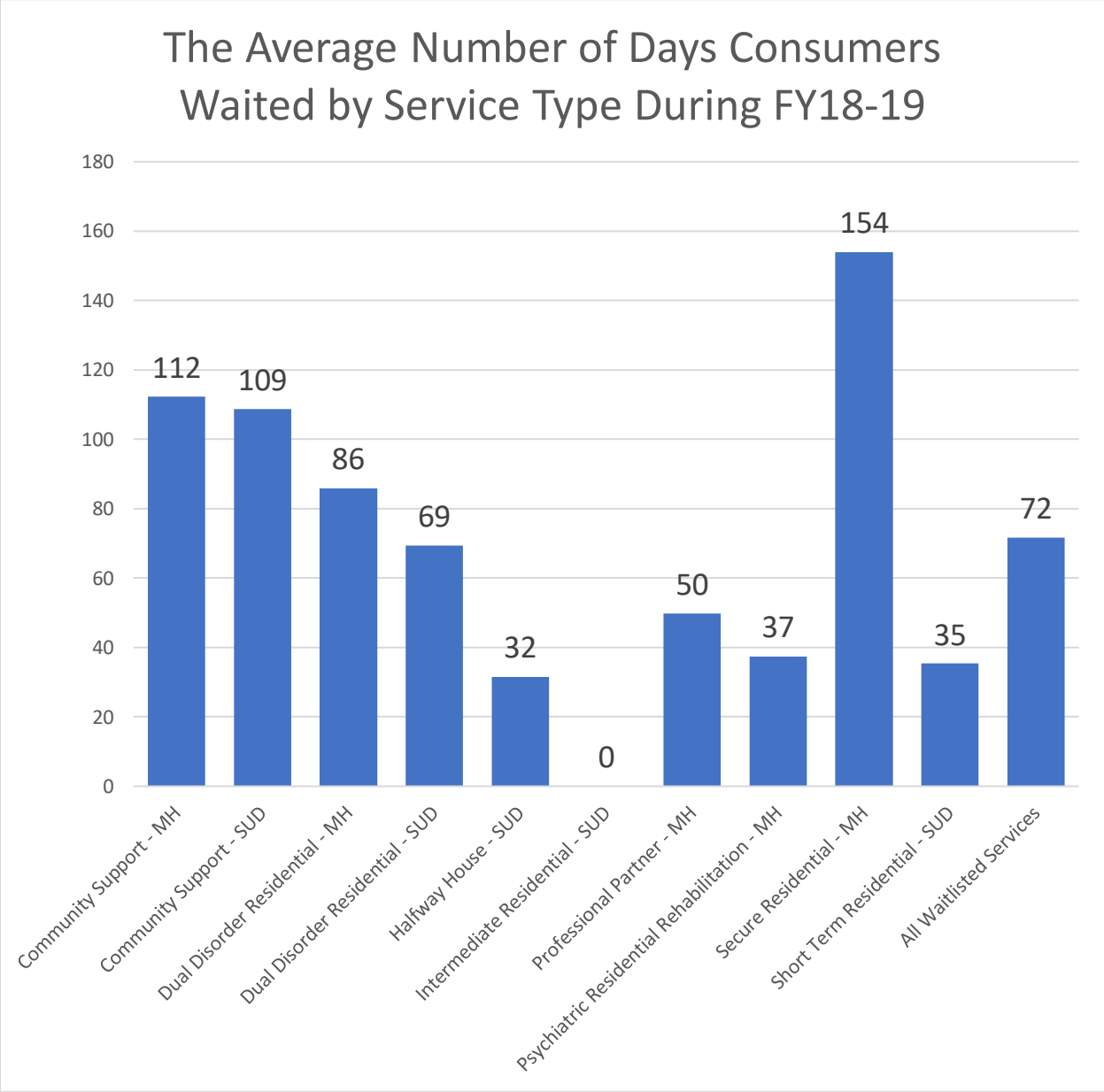
Current listing of mental health and substance use services that report waitlist:

Mental Health Services	Substance Use Disorder Services
ACT (Assertive Community Treatment – MH)	Community Support – SUD
Community Support – MH	Dual Disorder Residential – SUD
Dual Disorder Residential – MH	Halfway House – SUD
Mental Health Respite – MH	IOP (Intensive Outpatient / Adult – SUD)
Professional Partner – MH	Intermediate Residential – SUD
Psychiatric Residential Rehabilitation – MH	Short Term Residential – SUD
Secure Residential – MH	Therapeutic Community – SUD

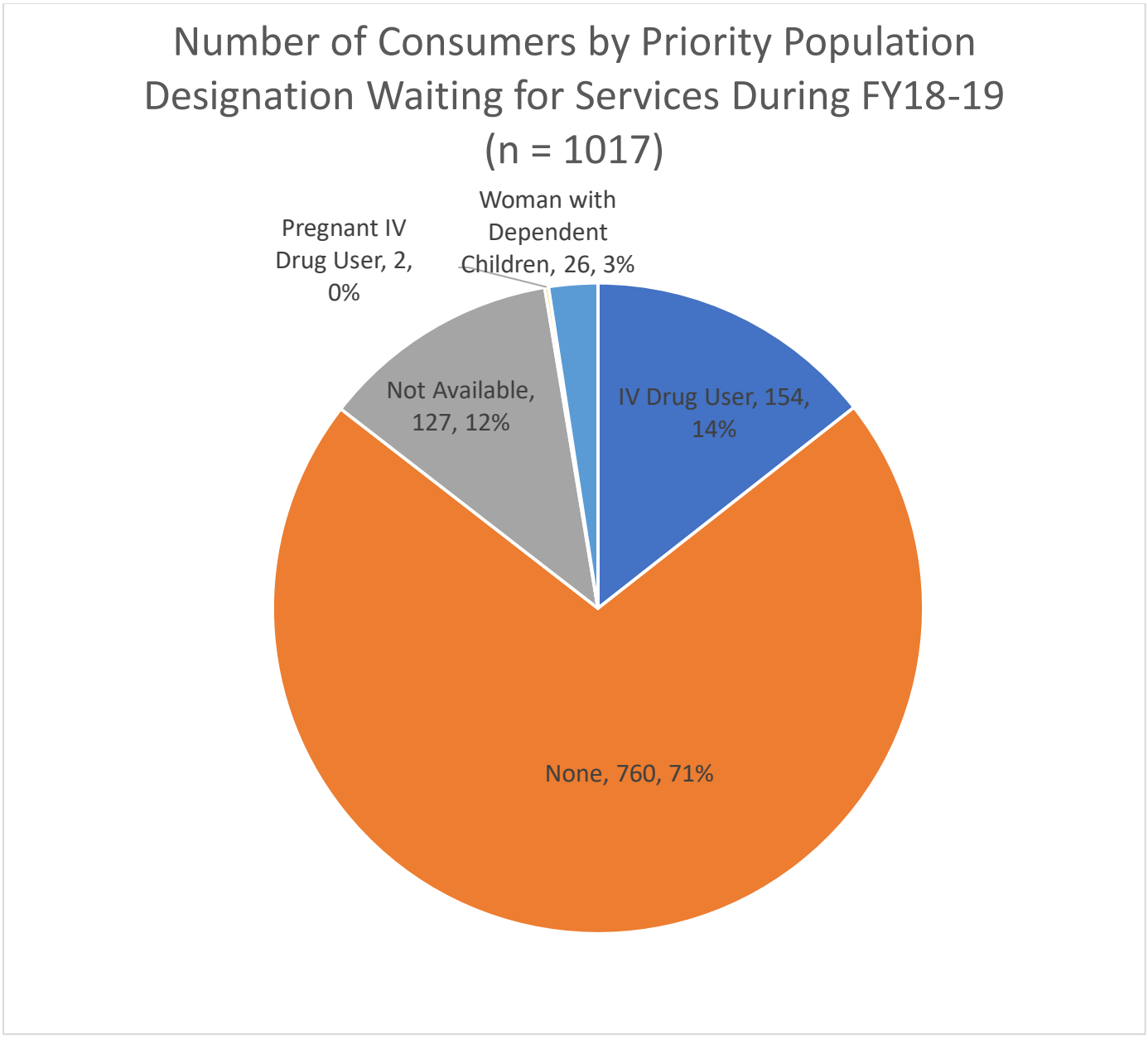
Below is a chart illustrating the number and percentage of consumers who waited for services in fiscal year 18-19.

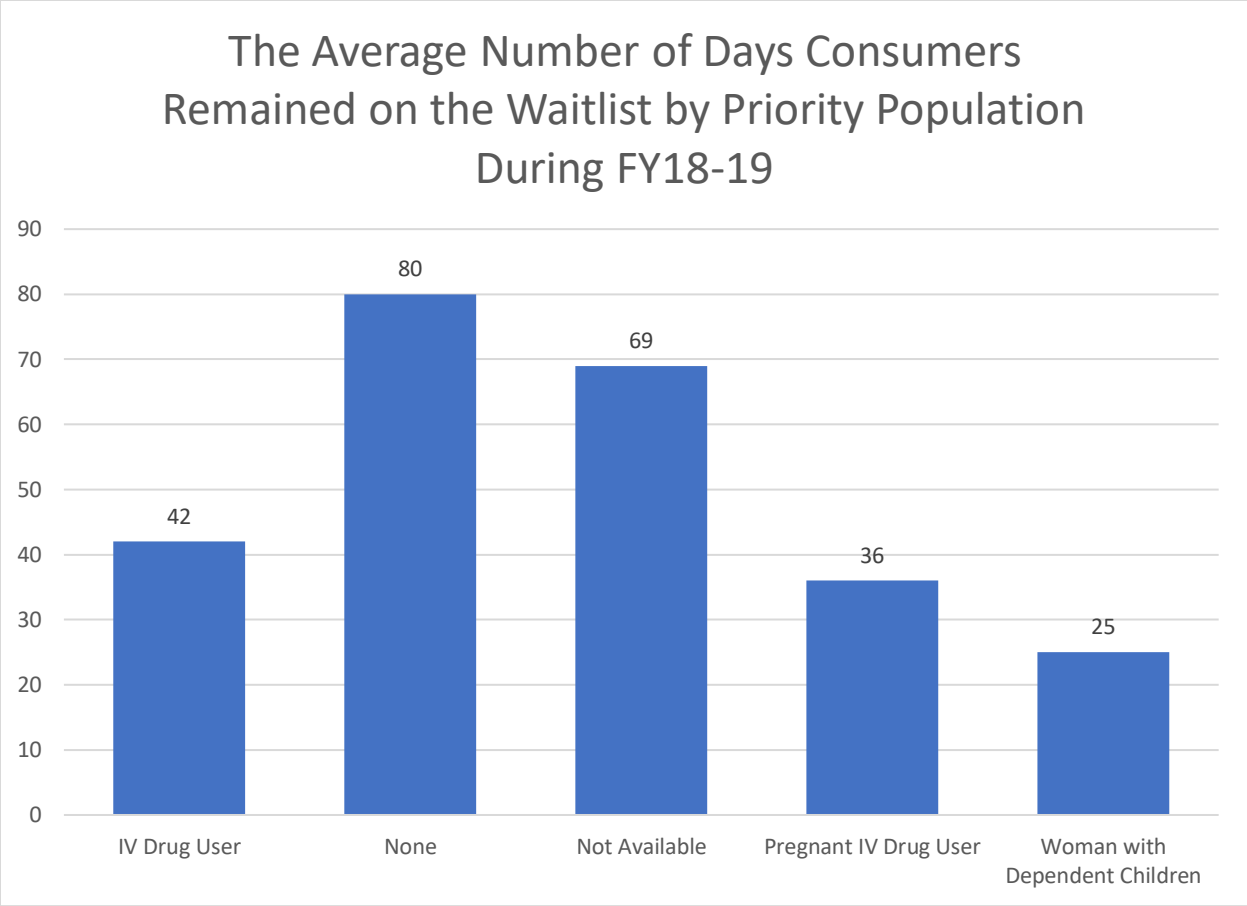


Below is a listing of substance abuse and mental health services available in the Region V Systems' network. This is a listing of the average number of days persons served remained on the waitlist until they were removed for various reason (entering treatment, unable able to be located, refused treatment, went to treatment somewhere else, etc.). These average wait times are high due to data accuracy, clean-up occurring, electronic health records interfaced with the Central Data System, report accuracy, as well as increasing all users understanding of the CDS waitlist software. There continues to be quality improvement efforts within the network to increase the accuracy of this data in the future.

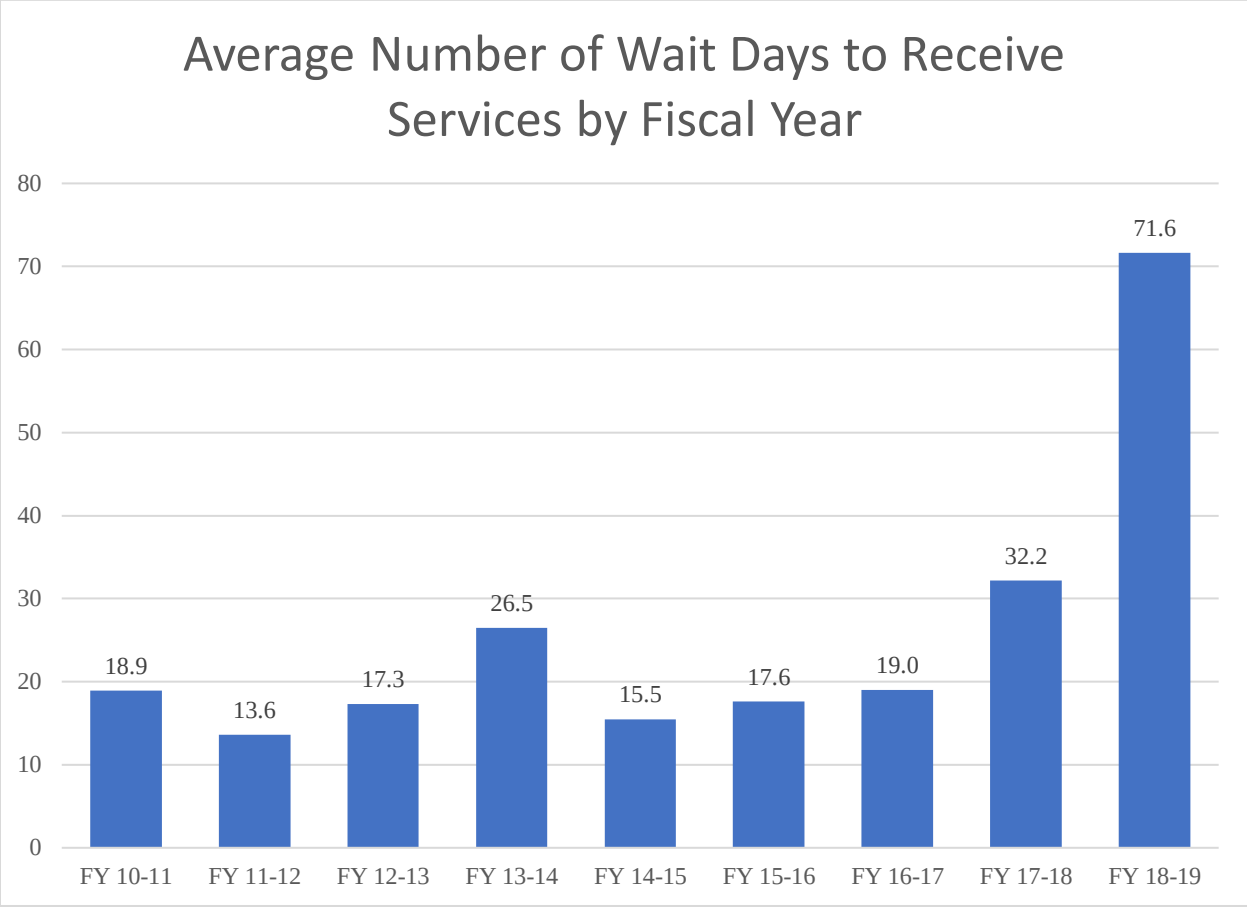


Entrance into substance abuse programs is determined by priority levels identified by the state and federal government. Persons served presenting with these problems take priority in entering treatment over others who do not present with these problems. IV drug users are the highest priority population identified at 14%.



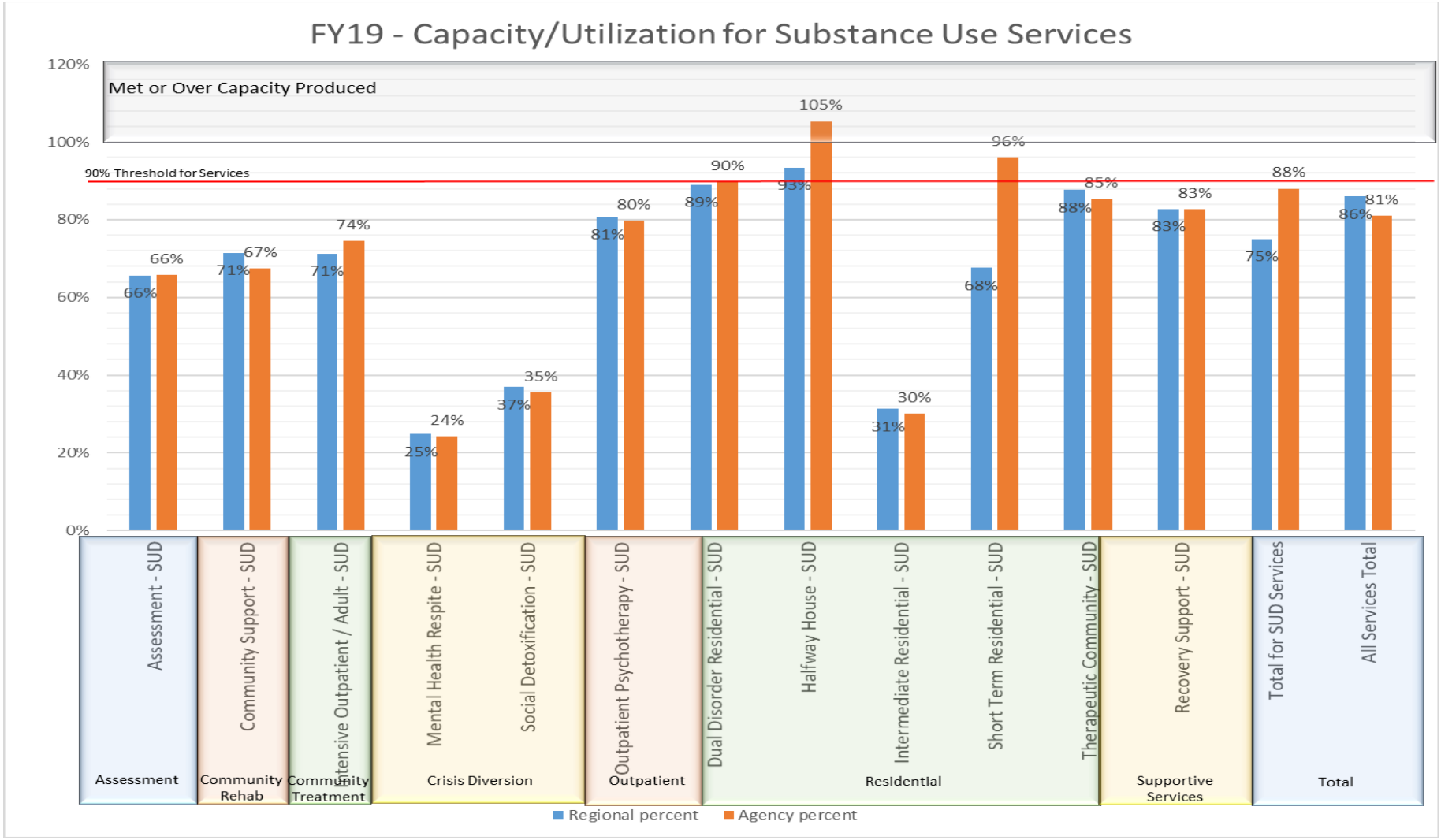

The Average Number of Days Consumers Remained on the Waitlist by Priority Population During FY18-19
90
80
70
60
50
40
30
20
10
0
42
80
69
36
25
IV Drug User
None
Not Available
Pregnant IV Drug User
Woman with Dependent Children

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 days wait time on average when comparing FY 17-18 to FY 18-19, primarily due to utilizing a new software system and data integrity/accuracy is in the process of being addressed.

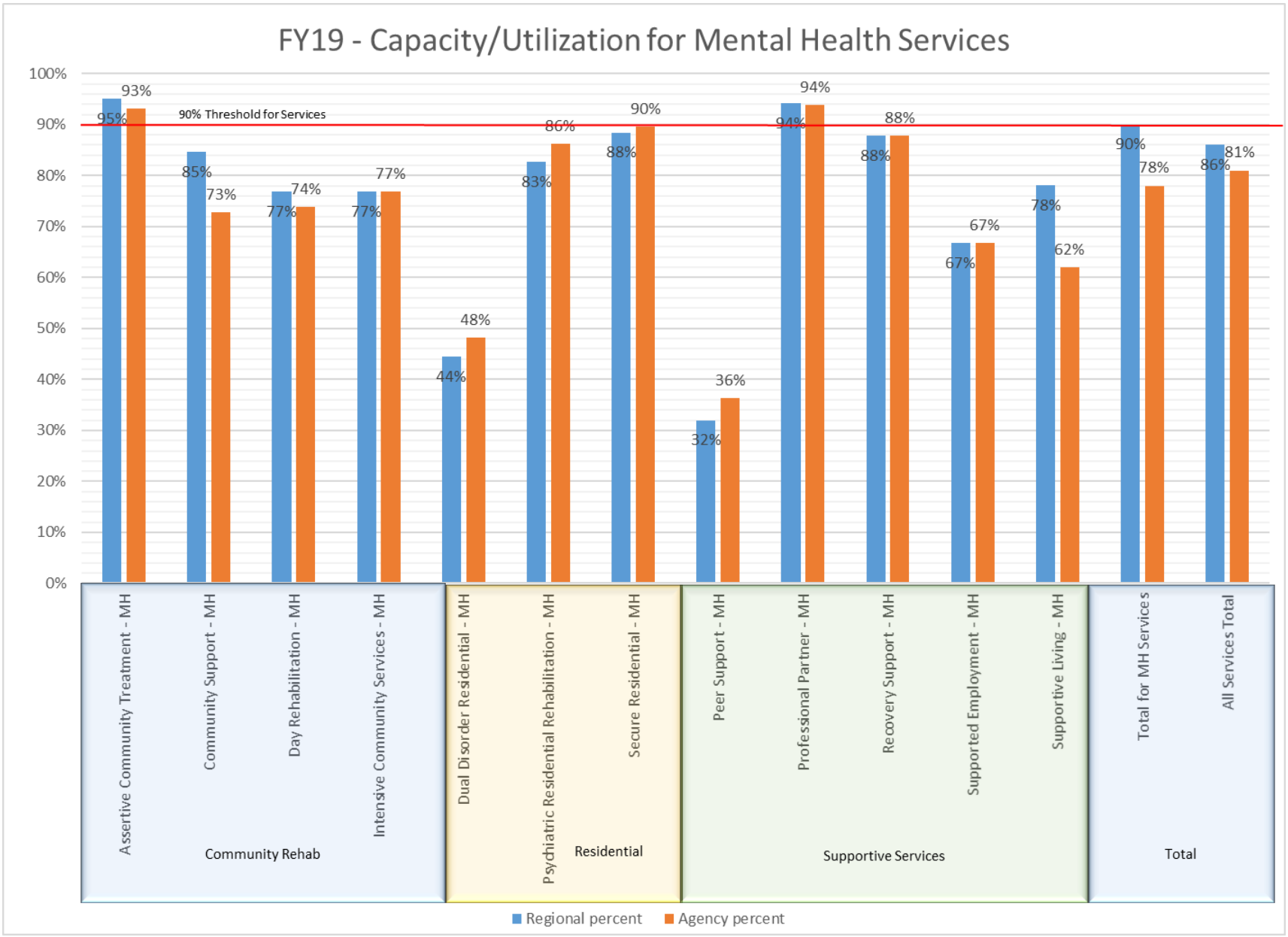


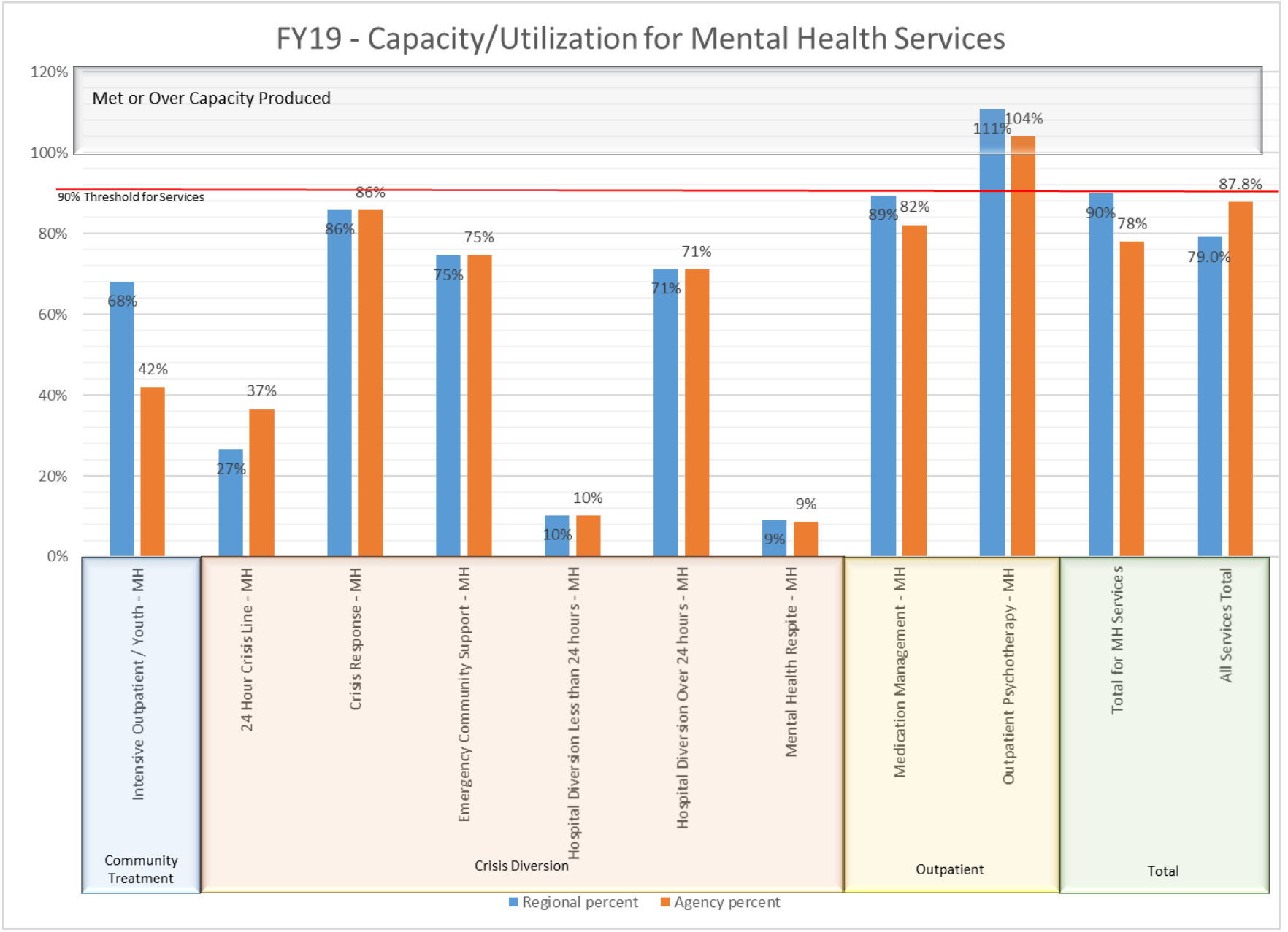
Region V Systems monitors agency capacity, the percent of capacity used of Region V Systems' contract funds, and the overall percent of capacity used within the network of providers. The agency using over 100% percent of Region V Systems' capacity is considered an overproduction on the part of the agency. At the end of the fiscal year, contract adjustments may 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 18-19



Mental Health Capacity Report for FY 18-19




FY19 - Capacity/Utilization for Mental Health Services
Met or Over Capacity Produced
90% Threshold for Services
120%
100%
80%
60%
40%
20%
0%
68%
42%
27%
37%
86%
86%
75%
75%
10%
10%
71%
71%
9%
9%
89%
82%
111%
104%
90%
78%
79.0%
87.8%
Intensive Outpatient / Youth - MH
24 Hour Crisis Line - MH
Crisis Response - MH
Emergency Community Support - MH
Hospital Diversion Less than 24 hours - MH
Hospital Diversion Over 24 hours - MH
Mental Health Respite - MH
Medication Management - MH
Outpatient Psychotherapy - MH
Total for MH Services
All Services Total
Community Treatment
Crisis Diversion
Outpatient
Total
Regional percent
Agency percent

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 10,809* 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 4977* youth with serious emotional disturbances became a member of a cluster.

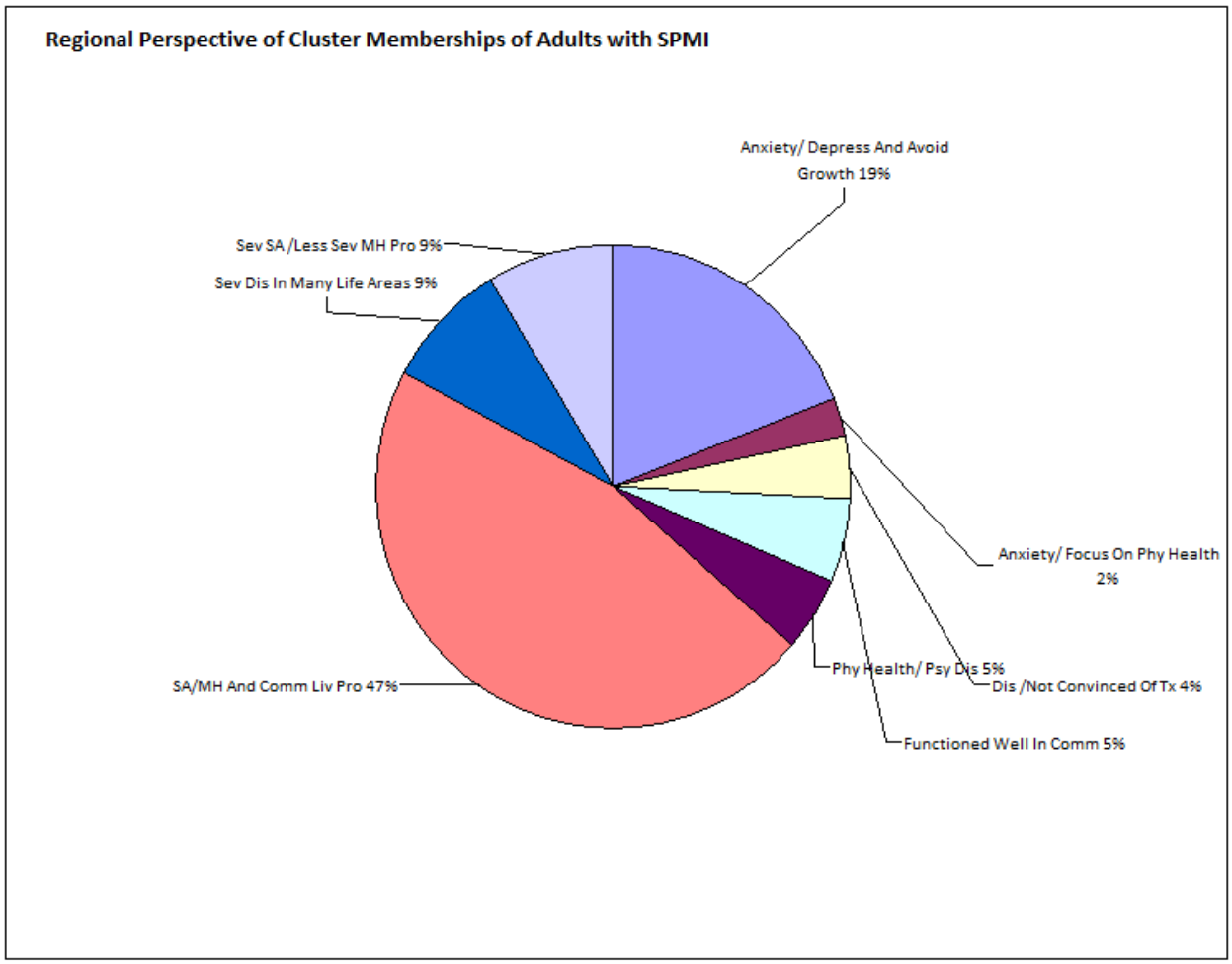
The charts on the following pages will identify, by agency/program, each cluster description in which persons with life experiences can become a member during FY 18-19. The charts illustrate the number and percentage of persons served with life experiences by cluster description, provider, and regional 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 7/1/2018 and 6/30/2019

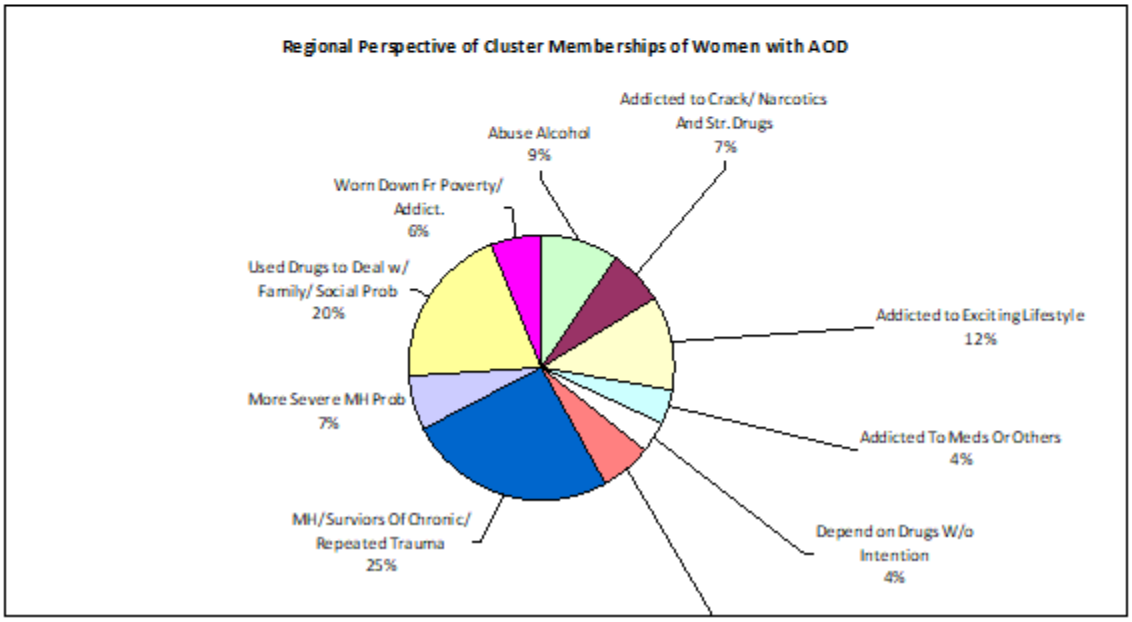
Provider Name		Phys Health/ Psych Dis. (1)	SA/MH and Comm Liv Prob (2A)	Severe SA/Less Sev MH Prob (2B)	Severely Dis In Many Life Areas (3A)	Dis / Not Convinced of Tx (3B)	Anxiety / Depress and Avoid Growth (4A)	Anxiety And Focus on Phy Health (4B)	Functioned Well In Community (5)	Not Fit Any Clusters or Not Know Well Client	**Total/ Percent By Provider**
Associates in Counseling	#	0	1	2	0	0	0	0	1	0	**4**
	%	0.0%	25.0%	50.0%	0.0%	0.0%	0.0%	0.0%	25.0%	0.0%	**0.3%**
Blue Valley Behavioral Health	#	15	33	17	42	12	80	5	47	0	**251**
	%	6.0%	13.1%	6.8%	16.7%	4.8%	31.9%	2.0%	18.7%	0.0%	**15.7%**
CenterPointe	#	33	662	104	44	29	102	6	7	0	**987**
	%	3.3%	67.1%	10.5%	4.5%	2.9%	10.3%	0.6%	0.7%	0.0%	**61.7%**
HopeSpoke	#	1	1	0	0	0	24	2	2	0	**30**
	%	3.3%	3.3%	0.0%	0.0%	0.0%	80.0%	6.7%	6.7%	0.0%	**1.9%**
Lutheran Family Services	#	12	9	1	6	5	44	12	22	0	**111**
	%	10.8%	8.1%	0.9%	5.4%	4.5%	39.6%	10.8%	19.8%	0.0%	**6.9%**
Targeted Adult Service Coordination	#	21	32	16	47	17	61	13	9	0	**216**
	%	9.7%	14.8%	7.4%	21.8%	7.9%	28.2%	6.0%	4.2%	0.0%	**13.5%**
Touchstone	#	0	1	0	0	0	0	0	0	0	**1**
	%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.1%**
REGIONAL	#	82	739	140	139	63	311	38	88	0	**1,600**
	%	5.1%	46.2%	8.8%	8.7%	3.9%	19.4%	2.4%	5.5%	0.0%	**100.0%**



Adult Women with Alcohol and Other Drug (AOD) challenges

Date Range: Clusters entered between 7/1/2018 and 6/30/2019

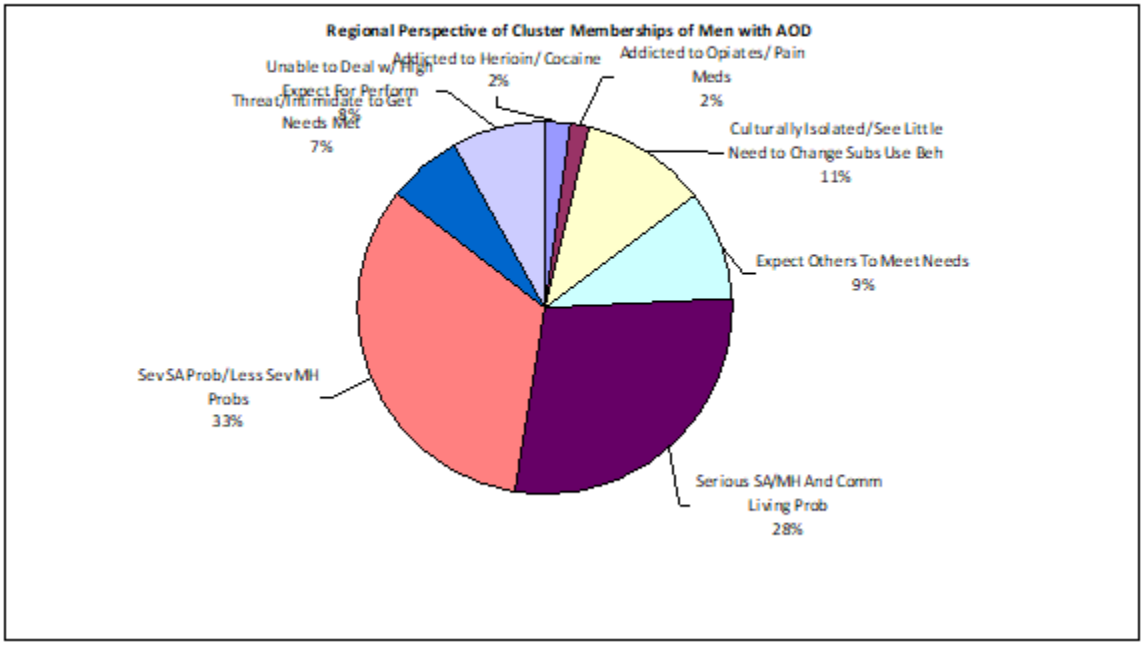
Provider Name		Addicted to Crack/ Narcotics And Street Drugs (W1)	Addicted to Exciting Lifestyle (W2)	Addicted To Meds Or Others (W3)	Abuse Alcohol (W4)	More Severe MH Prob (W5)	MH/ Surviors Of Chronic/ Repeat. Trauma (W6)	Lives Controll By Others/ Having Expect Limited (W7)	Used Drugs to Deal w/ Family/ 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	1	1	0	1	0	1	0	0	**4**
	%	0.0%	0.0%	25.0%	25.0%	0.0%	25.0%	0.0%	25.0%	0.0%	0.0%	**1.1%**
Blue Valley Behavioral Health	#	4	3	2	10	3	8	5	30	5	7	**77**
	%	5.2%	3.9%	2.6%	13.0%	3.9%	10.4%	6.5%	39.0%	6.5%	9.1%	**21.5%**
HopeSpoke	#	0	0	0	1	0	1	0	0	0	0	**2**
	%	0.0%	0.0%	0.0%	50.0%	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%	**0.6%**
Lutheran Family Services	#	1	4	1	11	10	21	7	6	6	7	**74**
	%	1.4%	5.4%	1.4%	14.9%	13.5%	28.4%	9.5%	8.1%	8.1%	9.5%	**20.7%**
St. Monica's	#	15	24	9	9	4	25	4	30	2	6	**128**
	%	11.7%	18.8%	7.0%	7.0%	3.1%	19.5%	3.1%	23.4%	1.6%	4.7%	**35.8%**
Targeted Adult Service Coordination	#	0	2	0	0	2	3	0	0	0	0	**7**
	%	0.0%	28.6%	0.0%	0.0%	28.6%	42.9%	0.0%	0.0%	0.0%	0.0%	**2.0%**
Touchstone	#	1	7	2	3	5	33	6	5	2	2	**66**
	%	1.5%	10.6%	3.0%	4.5%	7.6%	50.0%	9.1%	7.6%	3.0%	3.0%	**18.4%**
REGIONAL	#	21	40	15	35	24	92	22	72	15	22	**358**
	%	5.9%	11.2%	4.2%	9.8%	6.7%	25.7%	6.1%	20.1%	4.2%	6.1%	**100.0%**



Adult Men with Alcohol and Other Drug (AOD) challenges

Date Range: Clusters entered between 7/1/2018 and 6/30/2019

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	#	4	2	3	0	0	0	4	1	**14**
	%	28.6%	14.3%	21.4%	0.0%	0.0%	0.0%	28.6%	7.1%	**2.0%**
Blue Valley Behavioral Health	#	19	22	11	56	2	4	28	61	**203**
	%	9.4%	10.8%	5.4%	27.6%	1.0%	2.0%	13.8%	30.0%	**29.7%**
Houses of Hope	#	4	3	11	3	3	2	14	49	**89**
	%	4.5%	3.4%	12.4%	3.4%	3.4%	2.2%	15.7%	55.1%	**13.0%**
LMEP	#	1	0	0	0	0	0	0	0	**1**
	%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.1%**
Lutheran Family Services	#	11	6	1	2	0	1	8	13	**42**
	%	26.2%	14.3%	2.4%	4.8%	0.0%	2.4%	19.0%	31.0%	**6.1%**
Targeted Adult Service Coordination	#	3	2	0	3	0	1	5	4	**18**
	%	16.7%	11.1%	0.0%	16.7%	0.0%	5.6%	27.8%	22.2%	**2.6%**
The Bridge Behavioral Health	#	6	4	1	3	4	5	99	70	**192**
	%	3.1%	2.1%	0.5%	1.6%	2.1%	2.6%	51.6%	36.5%	**28.1%**
Touchstone	#	20	17	21	11	2	3	32	19	**125**
	%	16.0%	13.6%	16.8%	8.8%	1.6%	2.4%	25.6%	15.2%	**18.3%**
REGIONAL	#	68	56	48	78	11	16	190	217	**684**
	%	9.9%	8.2%	7.0%	11.4%	1.6%	2.3%	27.8%	31.7%	**100.0%**

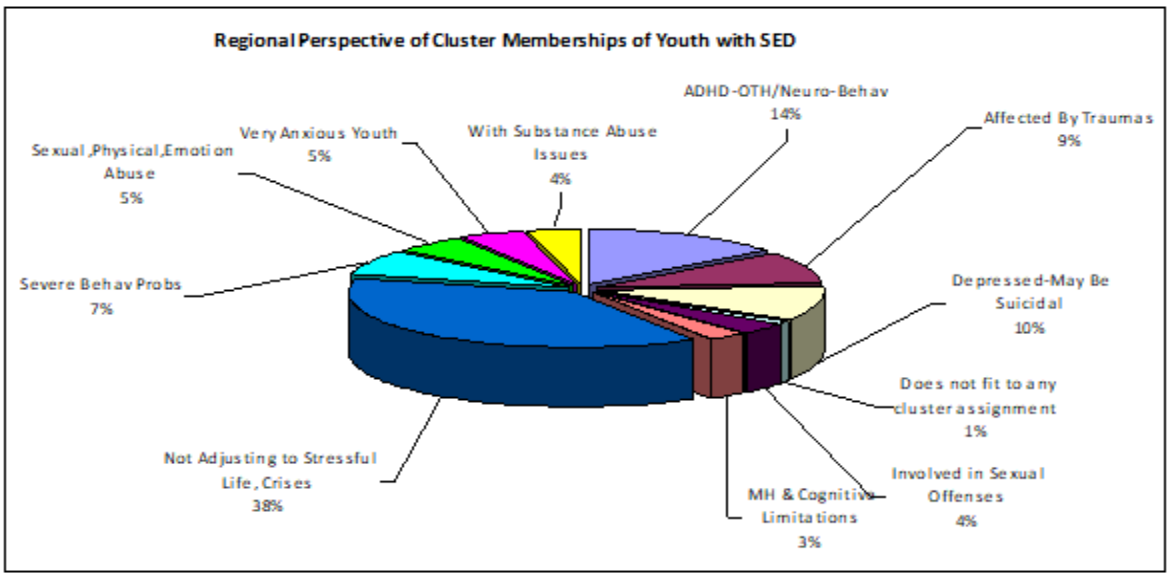


Youth with Serious Emotional Disturbances (SED)

Date Range: Clients entered between 7/1/2018 and 6/30/2019

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**
Blue Valley Behavioral Health	#	3	1	2	1	4	2	2	9	0	0	0	**24**
	%	12.5%	4.2%	8.3%	4.2%	16.7%	8.3%	8.3%	37.5%	0.0%	0.0%	0.0%	**3.6%**
HopeSpoke	#	47	43	20	20	32	15	23	234	19	5	0	**458**
	%	10.3%	9.4%	4.4%	4.4%	7.0%	3.3%	5.0%	51.1%	4.1%	1.1%	0.0%	**69.2%**
Lutheran Family Services	#	0	1	0	1	0	0	1	1	0	0	0	**4**
	%	0.0%	25.0%	0.0%	25.0%	0.0%	0.0%	25.0%	25.0%	0.0%	0.0%	0.0%	**0.6%**
Region V Systems-FYI JJ	#	1	2	7	2	1	2	0	1	2	0	0	**18**
	%	5.6%	11.1%	38.9%	11.1%	5.6%	11.1%	0.0%	5.6%	11.1%	0.0%	0.0%	**2.7%**
Region V Systems-FYI PPP	#	9	4	5	3	2	2	4	3	1	6	3	**42**
	%	21.4%	9.5%	11.9%	7.1%	4.8%	4.8%	9.5%	7.1%	2.4%	14.3%	7.1%	**6.3%**
Region V Systems-FYI TAPP	#	4	3	0	0	4	4	0	1	2	3	2	**23**
	%	17.4%	13.0%	0.0%	0.0%	17.4%	17.4%	0.0%	4.3%	8.7%	13.0%	8.7%	**3.5%**
Region V Systems-FYI Trad	#	23	6	12	3	14	0	2	0	0	4	0	**64**
	%	35.9%	9.4%	18.8%	4.7%	21.9%	0.0%	3.1%	0.0%	0.0%	6.3%	0.0%	**9.7%**
Region V Systems-FYI YCR	#	8	7	3	3	4	0	0	2	0	1	1	**29**
	%	27.6%	24.1%	10.3%	10.3%	13.8%	0.0%	0.0%	6.9%	0.0%	3.4%	3.4%	**4.4%**

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**
REGIONAL	#	95	67	49	33	61	25	32	251	24	19	6	**662**
	%	14.4%	10.1%	7.4%	5.0%	9.2%	3.8%	4.8%	37.9%	3.6%	2.9%	0.9%	**100.0%**

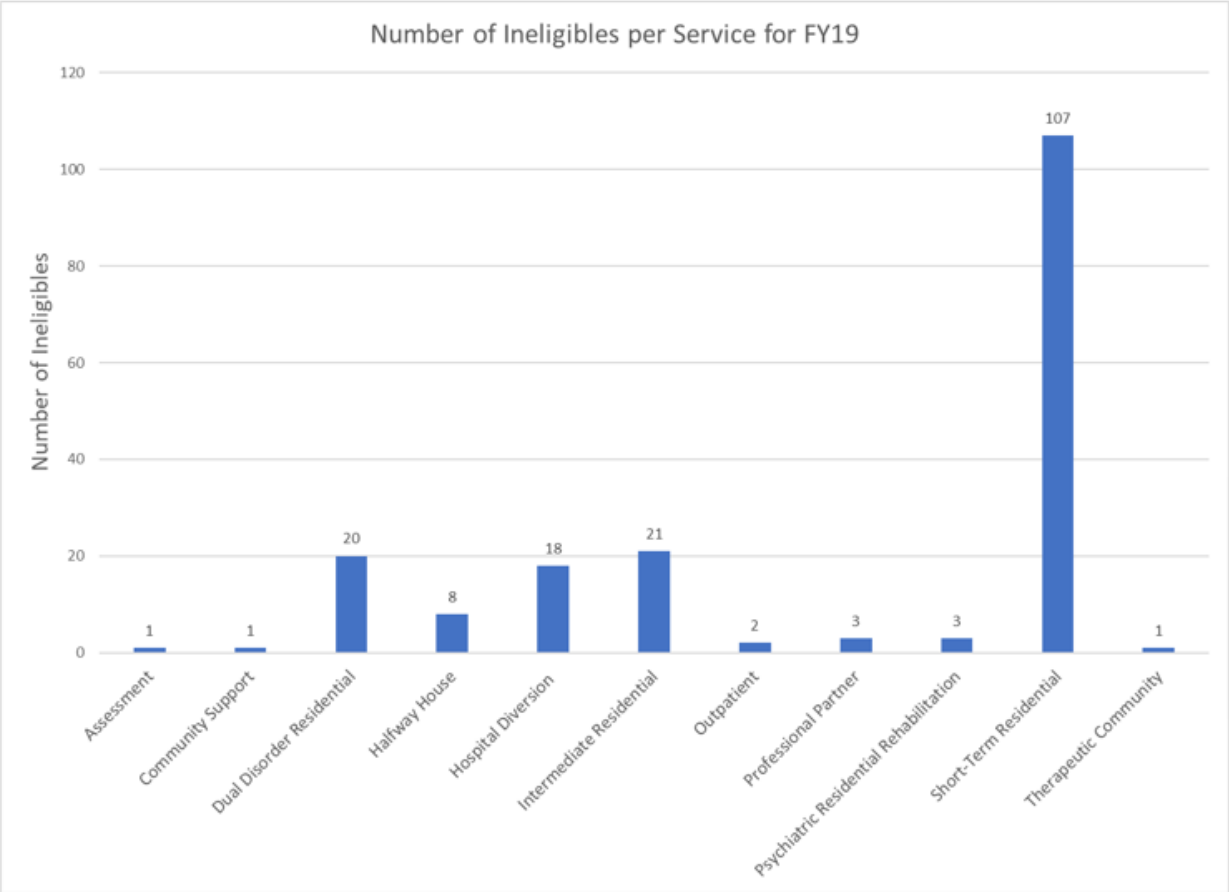


Ineligibles and Denials:

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 or if they do not qualify due to age, gender, or funding reasons.

The first chart below identifies the number of consumers found to be ineligible for services during the FY 18-19 by service.



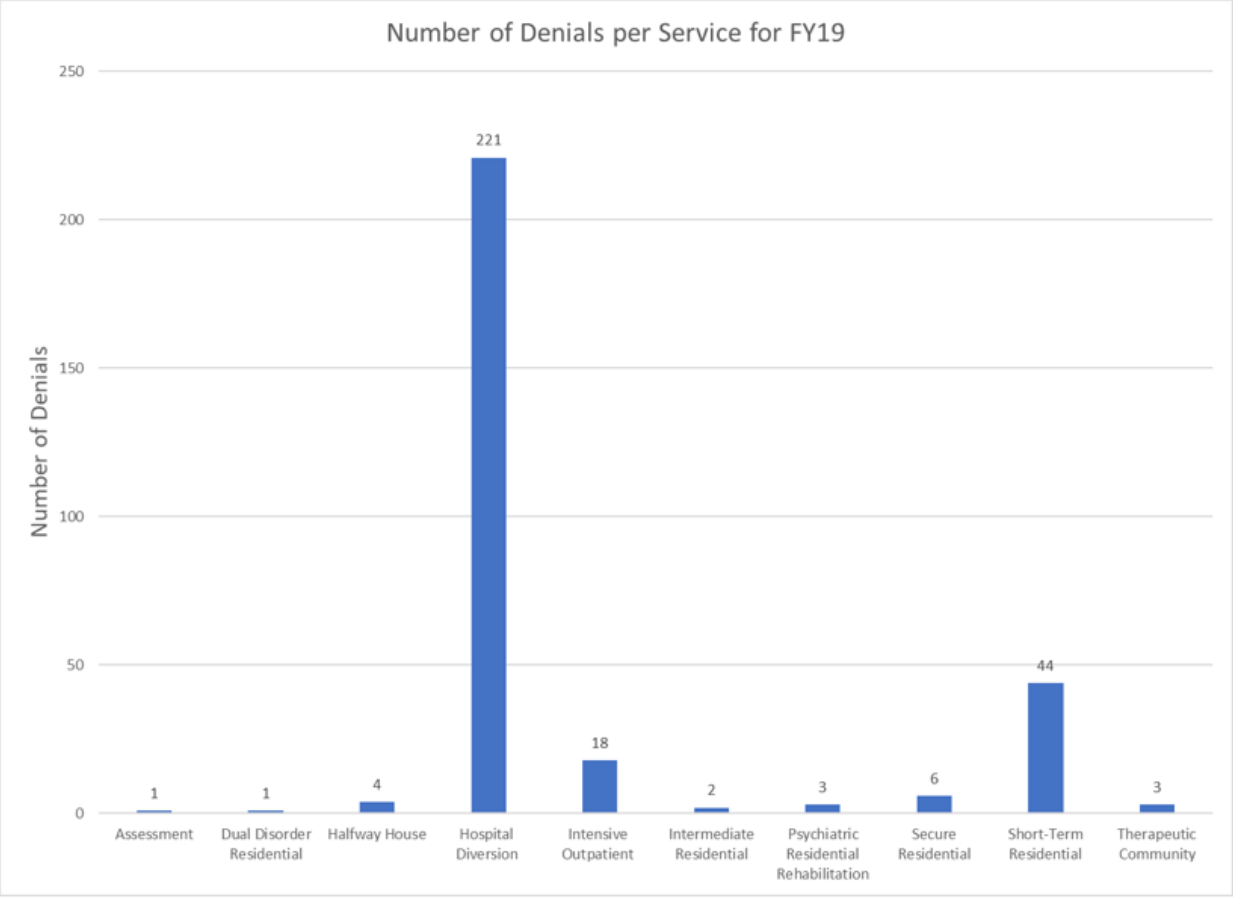
The following spreadsheet demonstrates the reasons a consumer was found to be ineligible for a service type. Short-term residential and other residential services accounted for the highest number of consumers found to be ineligible. The majority of the ineligibles for residential programs were related to persons served having extensive mental health, not managed or unstable conditions.

Reasons Consumers Were Found to be Ineligible for Services by Service Type

Reasons for Ineligibility	Assessment	Community Support	Dual Disorder Residential	Halfway House	Hospital Diversion	Intermediate Residential	Outpatient	Professional Partner	Psychiatric Residential Rehabilitation	Short-Term Residential	Therapeutic Community	Total	Total Percent
Doesn't have required functional deficits	-	1	15	-	-	-	-	-	1	-	-	17	9%
Doesn't meet date of last use criteria	-	-	-	-	-	1	-	-	-	-	-	1	1%
Doesn't meet date of last use criteria	-	-	-	-	-	-	-	-	-	5	1	6	3%
Doesn't meet frequency of use	-	-	1	1	-	-	-	-	-	1	-	3	2%
Doesn't meet other admission criteria (please specify):	-	-	-	1	11	-	-	2	-	3	-	17	9%
Extensive MH, not managed/unstable	-	-	-	1	-	17	-	-	2	75	-	95	51%
Medically Unstable	-	-	4	2	5	1	-	-	-	5	-	17	9%
Referred by Non-Region V Funding	1	-	-	3	2	2	2	1	-	17	-	28	15%
Significant Cognitive Impairment	-	-	-	-	-	-	-	-	-	1	-	1	1%
Total*	1	1	20	8	18	21	2	3	3	107	1	185	100%

*There were 166 unique consumers in the data reported above

Denials are decisions made by the provider agency at screening to not serve a referral because of agency established exclusionary criteria. Denials may be based on recent aggression against staff or peers, legal history including sexual offenses, conflicts with peers or staff members. The following chart identifies the number of consumers found to be ineligible for services during the FY 18-19 by service.



The majority of the denials were from hospital diversion due to consumers being homeless or Keya House being full. Short-term residential, the most common reason for denial was the consumer's legal history. Providers may deny consumers for services due to legal histories that were typically violent offenses, and/or continued drug use and offenses.

Reasons for Denial of Services by Service Type

Reasons for Denial	Dual Disorder Residential	Halfway House	Hospital Diversion	Intensive Outpatient	Intermediate Residential	Psychiatric Residential Rehabilitation	Secure Residential	Short-Term Residential	Therapeutic Community	Total	Total Percent
Conflict of interest	-	-	1	-	-	-	-	2	1	4	1%
Consumer is Homeless	-	-	73	-	-	-	-	-	-	73	24%
Keya House Full	-	-	130	-	-	-	-	-	-	130	43%
Legal History	-	-	-	-	1	1	-	11	1	14	5%
Other (please specify):	-	-	9	-	-	-	-	1	-	10	3%
Out of Region	-	2	2	-	-	-	-	13	-	17	6%
Recent Aggression	-	-	3	-	1	-	1	4	-	9	3%
Recommend Other Level of Care	1	2	2	19	-	2	5	13	1	45	15%
Sexual Offender	-	-	1	-	-	-	-	-	-	1	1%
Total*	1	4	221	19	2	3	6	44	3	303	100%

*There were 216 unique consumers in the data reported above

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.

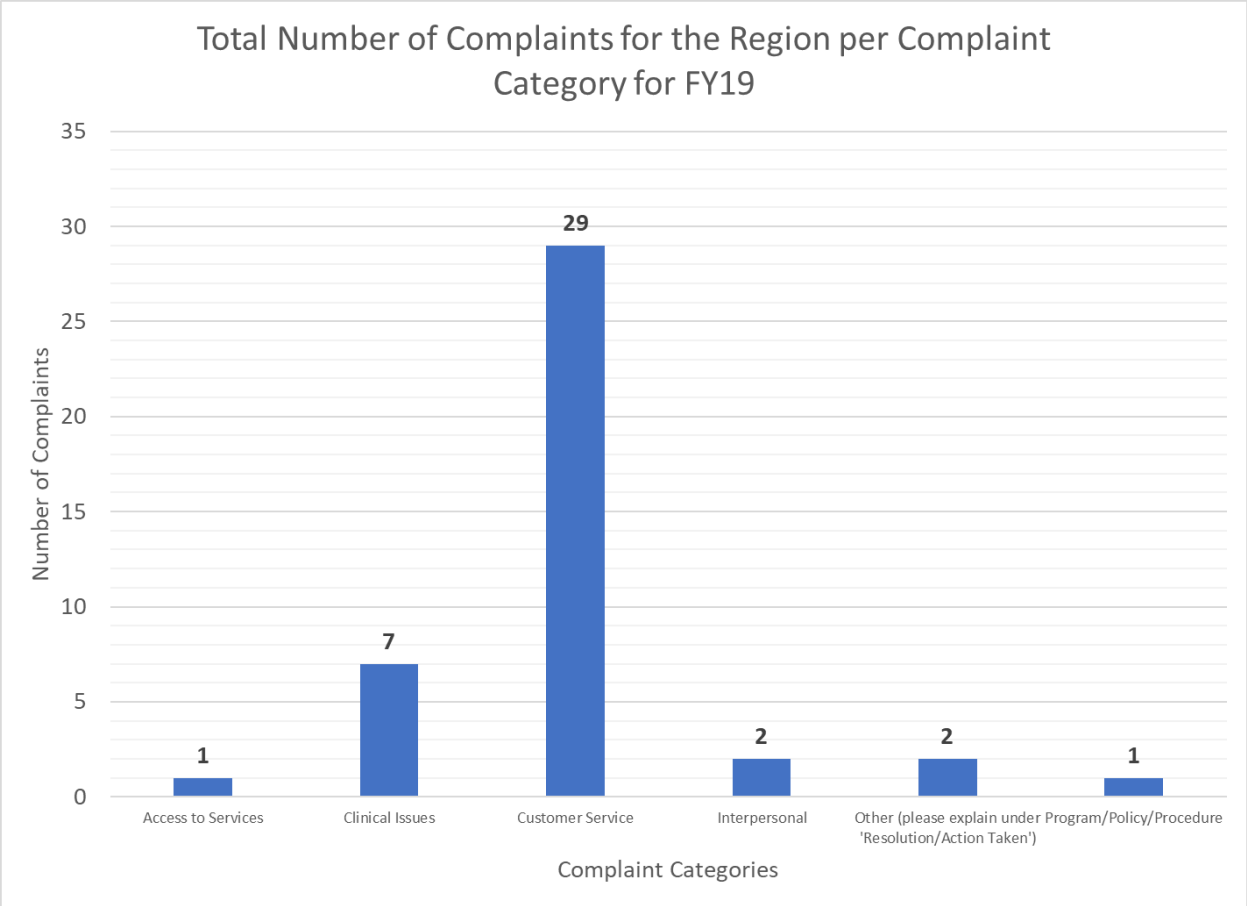
Complaints are defined as a formal written grievance by a person served to express dissatisfaction with any aspect of the operations, activities, or behavior of a Network Provider for which such grievance cannot be resolved at an informal level. Addressing such complaints will follow the Network Provider's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



One appeal was received for the year regarding program/policy/procedures.

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.

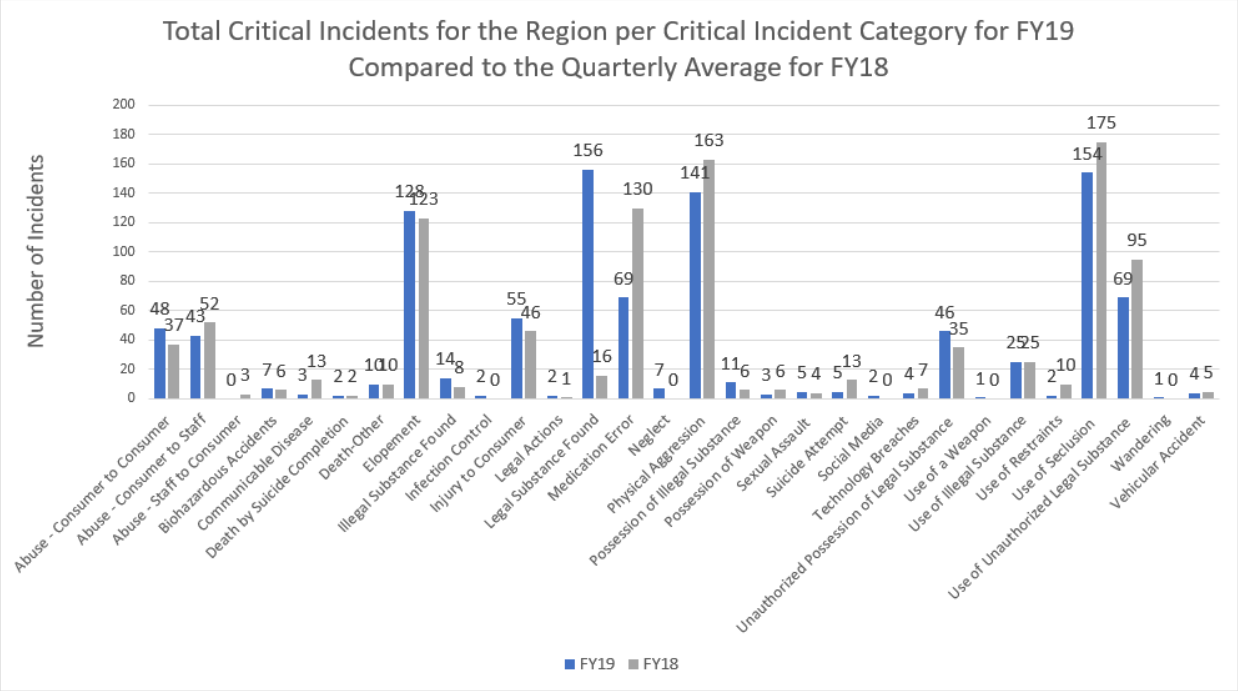
Critical Incidents fall into the following categories for this report:

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.

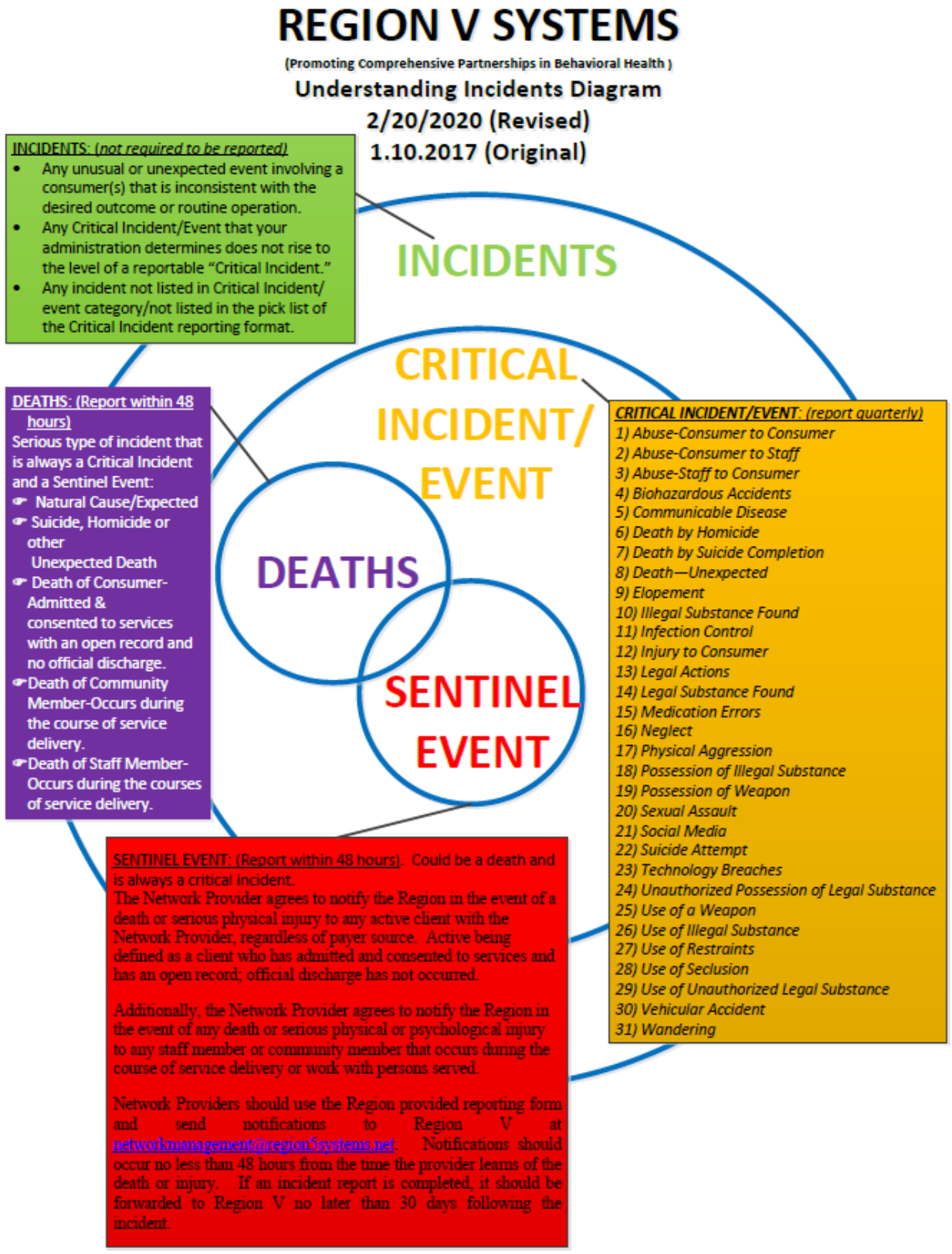
* Region V systems considers these items to be critical incidents. The CARF standards manual does not list these as critical incidents in Section 1: Subsection H.9.f. categories for this report:

The following chart illustrates the type and number of critical incidents received for FY 17-18.



-The data reported is by incident and *not* by consumer. There may be duplicate consumers in the data reported above.

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

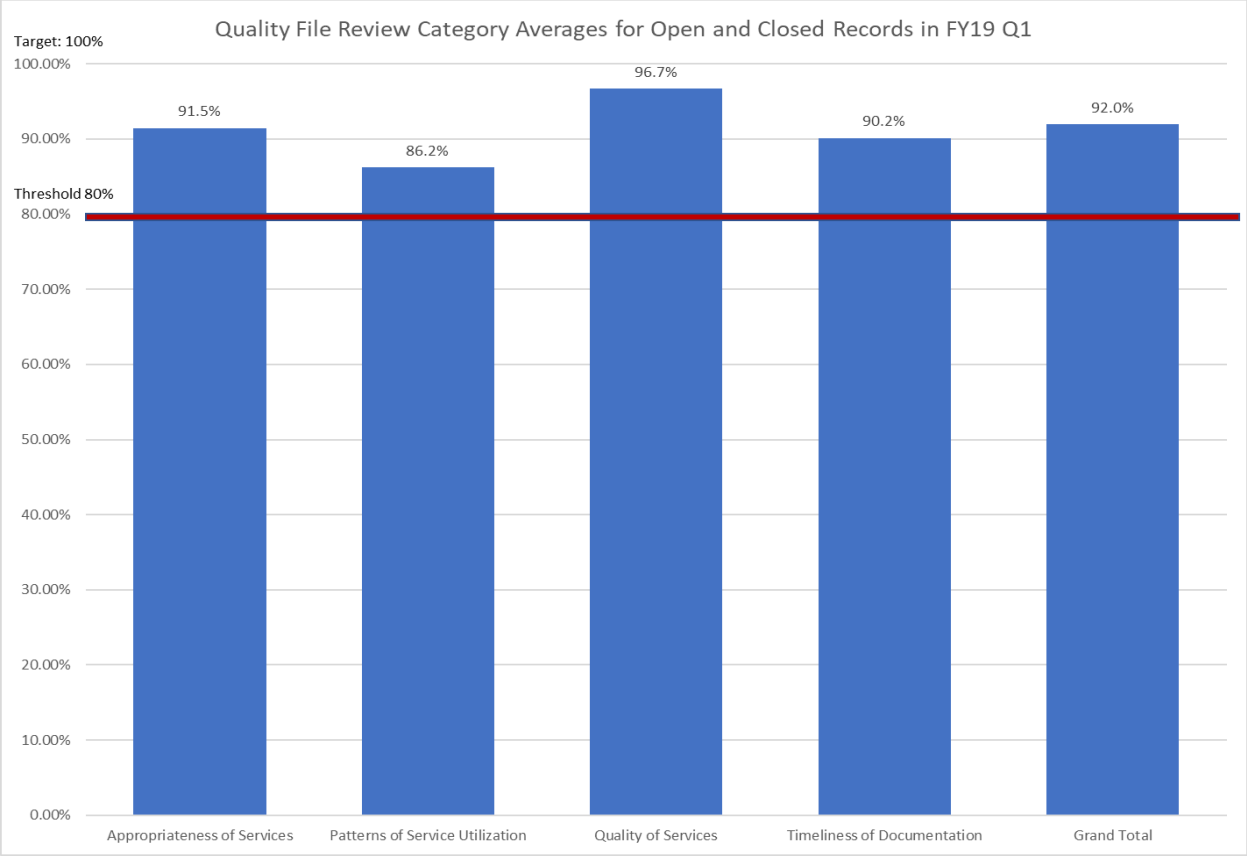


Quality File Review:

Region V Systems member providers submit their internal quality file review reports to Region V Systems on a quarterly basis. Providers conduct these file reviews as part of their own internal quality process as required by their chosen accreditation body (e.g., CARF, Joint Commission, COA). Providers report the number of complete files and items that they check for in their file review (e.g., consent signed, etc.). Region V Systems and providers then label these review items as one of four categories:

1. Quality of Services (e. g., consents signed, financial eligibility documents completed, etc...)
2. Appropriateness of Services (e. g., thorough assessment completed, goals selected by consumer, etc.).
3. Patterns of Service Utilization (e. g., discharge summary, referral to another agency).
4. Timeliness of Documentation (e. g., documentation completed within 10 days of session).

Based on these designations, an aggregate was compiled for each category. The aggregate data, percentage of complete files for July 1, 2018 through June 30, 2019 are illustrated in the graph below. The Regional Quality Improvement Team and Network Providers established a target of 100% and minimum threshold of 80% of the range providers are striving to operate within.



CARF Accreditation areas	Sum of Compliant File Observations	Sum of Possible File Observations	Average Percent Compliant
Appropriateness of Services	3,550	3,881	91.5%
Patterns of Service Utilization	1,180	1,369	86.2%
Quality of Services	2,240	2,317	96.7%
Timeliness of Documentation	540	599	90.2%
Grand Total	7,510	8,166	92.0%

The following aggregate categories regional quality improvement action plans/efforts as reported by providers include:

1. Trainings/staff education.
2. Process changes and problem solving.
3. Continue to monitor.

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 18-19.

Month/Year	Quality Concern/Issue	Resolution
July 2018	Consumers demonstrating meaningful and reliable change in their DLA-20 scores (38% for FY15-16/16-17 combined averages-comparing admission vs discharge) are below the lower threshold of 69% for short term residential service	Received plan with the outcome of improving consumers recovery.
January 2019	A provider has not submitted ineligible/denial information as required by the FY 18-19 contract.	Received plan on how teams/programs will regularly report denials/ineligibles.

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 18-19. There was a total of six (6) concerns/requests submitted.

CQI Concerns Requests submitted by staff members

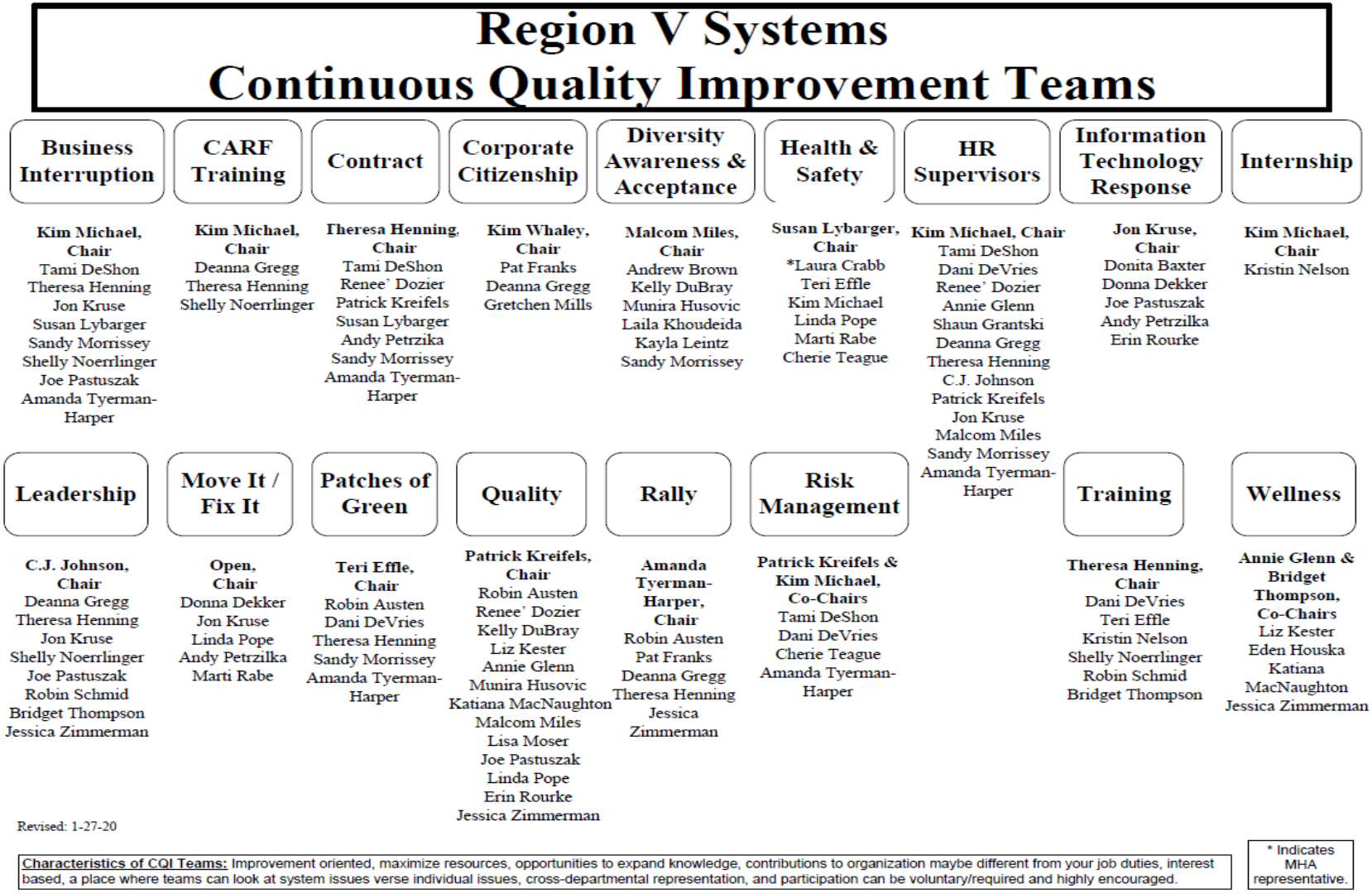
Date Received	CQI Concern/Request	Recommendation/Action Taken
12/27/2018	Replace carpet with tile in main level breakroom or clean carpet weekly. Use bleach vs. vinegar to clean toilets.	Clean carpet in kitchen and make a request to landlord during lease renegotiations to replace carpet with vinyl/tile. Cleaning company chooses cleaning products to use.
1/16/2019	Change the name of Columbus Day holiday to Indigenous People's Day or Native Day.	No change due to this being a federal holiday.
1/23/2019	Purchase a car vs. another van when considering future vehicle purchase and consider protocols for current users of the car (i.e. out of town drivers get first access to use the car).	Potential vehicle purchases in FY 19-20 budget / consider Region V Systems business needs in the type of vehicle to purchase. No change to current vehicle reservation protocols.
3/19/2019	Main level women's restroom floor appearing not to be cleaned, especially along edges of wall.	Complete service request for communication to occur with cleaning crew.

CQI Concerns Requests (Cont.)

3/28/2019	Lower level electricity goes out in a certain area when there are more than 1 space heaters in use at a time.	Signs were put up on circuit breaker boxes asking employees not to touch and not to flip the circuit breaker. Employees should complete a service request for this to be addressed. Lower Level room temperature was raised with the hope to decrease reliance on space heaters.
4/17/2019	Request further strengths finder trainings for all employees.	This will be discussed at Human Resources Supervisors meeting on May 6, 2019 to determine future trainings for all staff.

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.

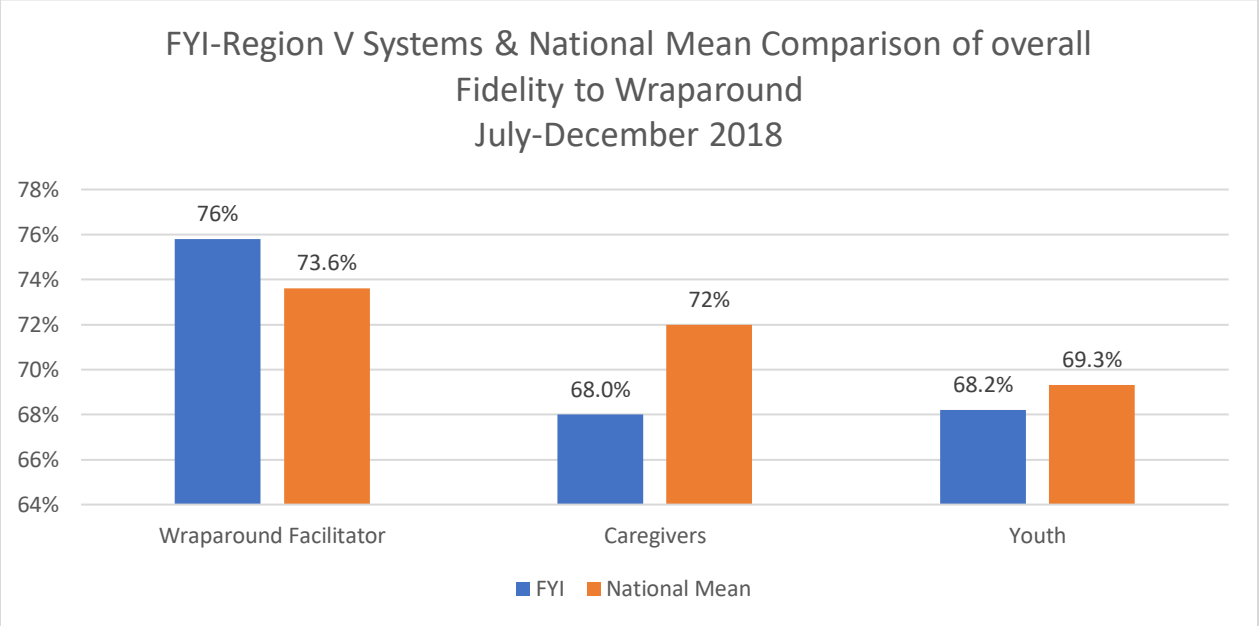
The following ten elements are evaluated:

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.

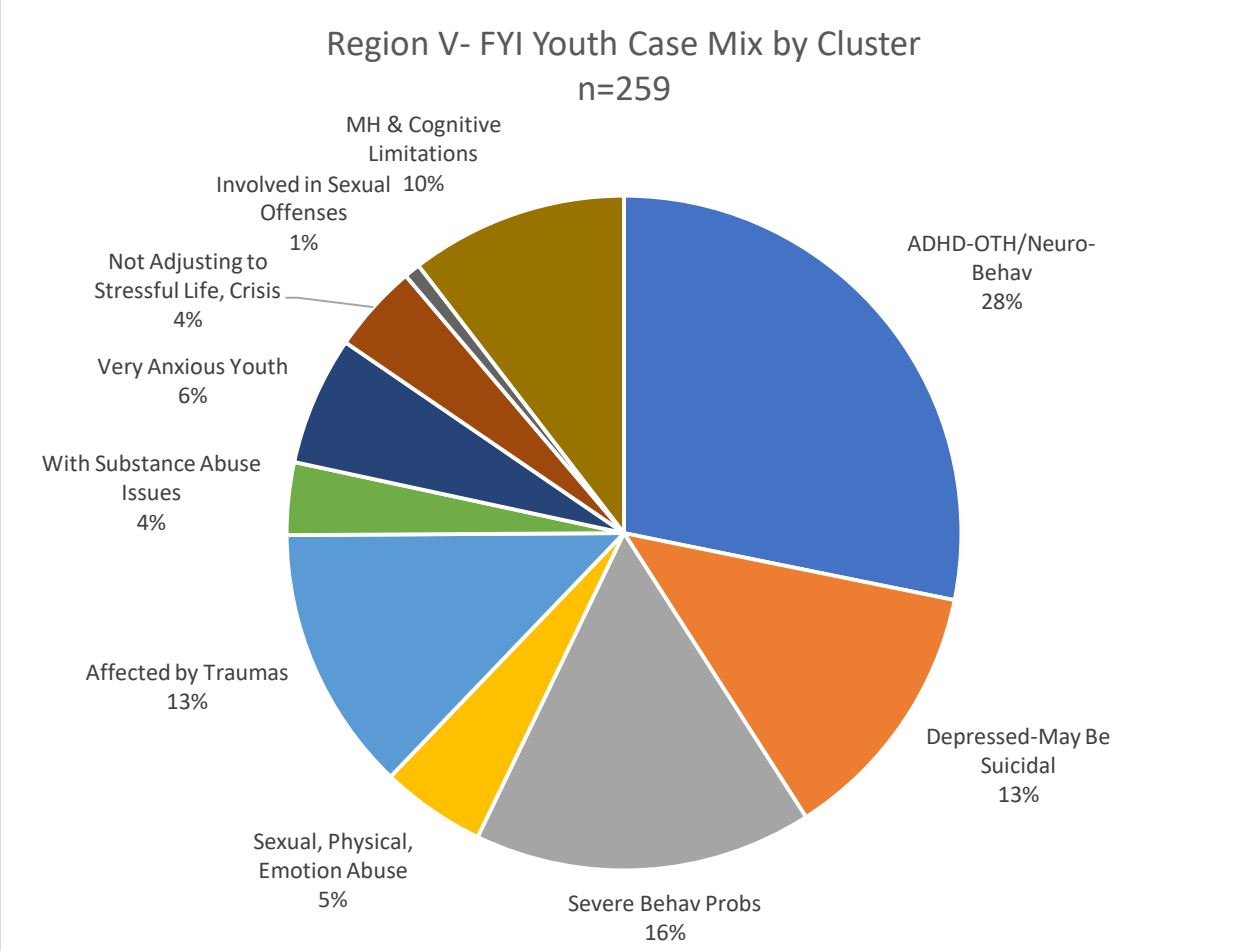
The following table is a comparison of Region V Systems' Professional Partner Program Family & Youth Investment (FYI) and the national mean. Region V Systems' data in this graph covers the period of July through December 2018. Responses were collected from 48 professional partners, 42 caregivers, and 30 youth. Region V Systems' Wraparound Facilitator is above the national mean and Caregivers and Youth below the national mean when considering the program's fidelity to wraparound from the facilitator's, caregiver's, and youth's perspective.



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.

Cluster Name	#	%
ADHD-OTH/Neuro-Behav	73	28%
Depressed-May Be Suicidal	33	13%
Severe Behav Probs	42	16%
Sexual, Physical, Emotion Abuse	13	5%
Affected by Traumas	33	13%
With Substance Abuse Issues	9	3%
Very Anxious Youth	16	6%
Not Adjusting to Stressful Life, Crisis	11	4%
Involved in Sexual Offenses	2	1%
MH & Cognitive Limitations	27	10%



Child Adolescent Functional Assessment Scale (CAFAS):

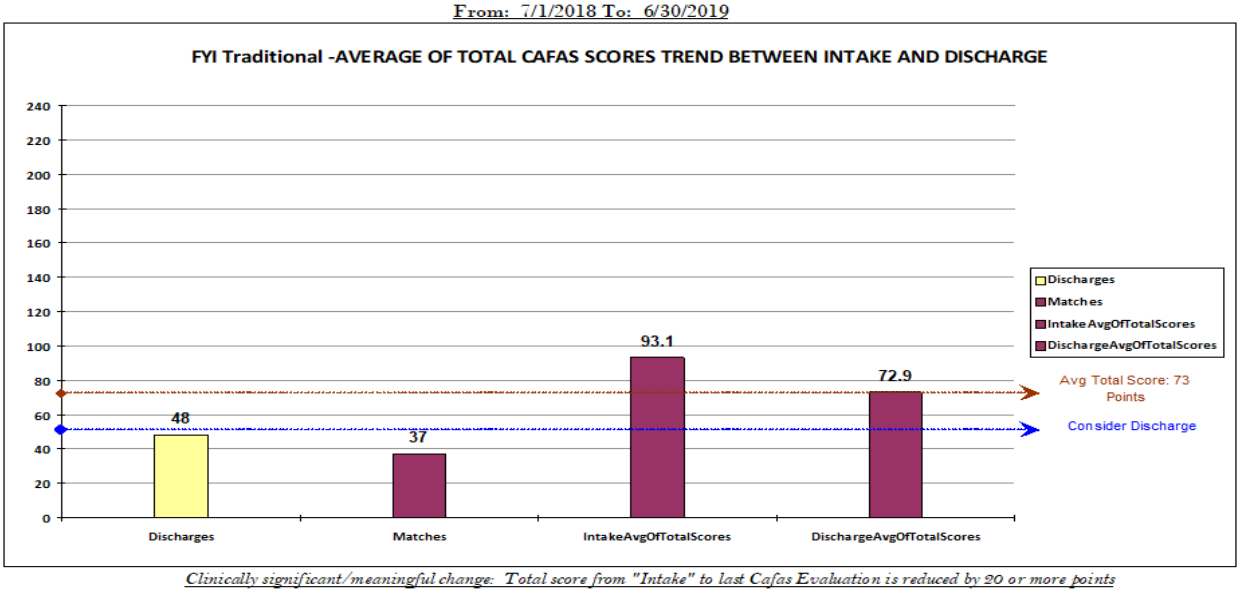
The Child and Adolescent Functional Assessment Scale (CAFAS) is administered to youth at enrollment, every six months, and at discharge. The purpose of the CAFAS is to measure impairment (i.e., the negative effect of problem behaviors and symptoms on functioning) in day-to-day functioning in children, 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.

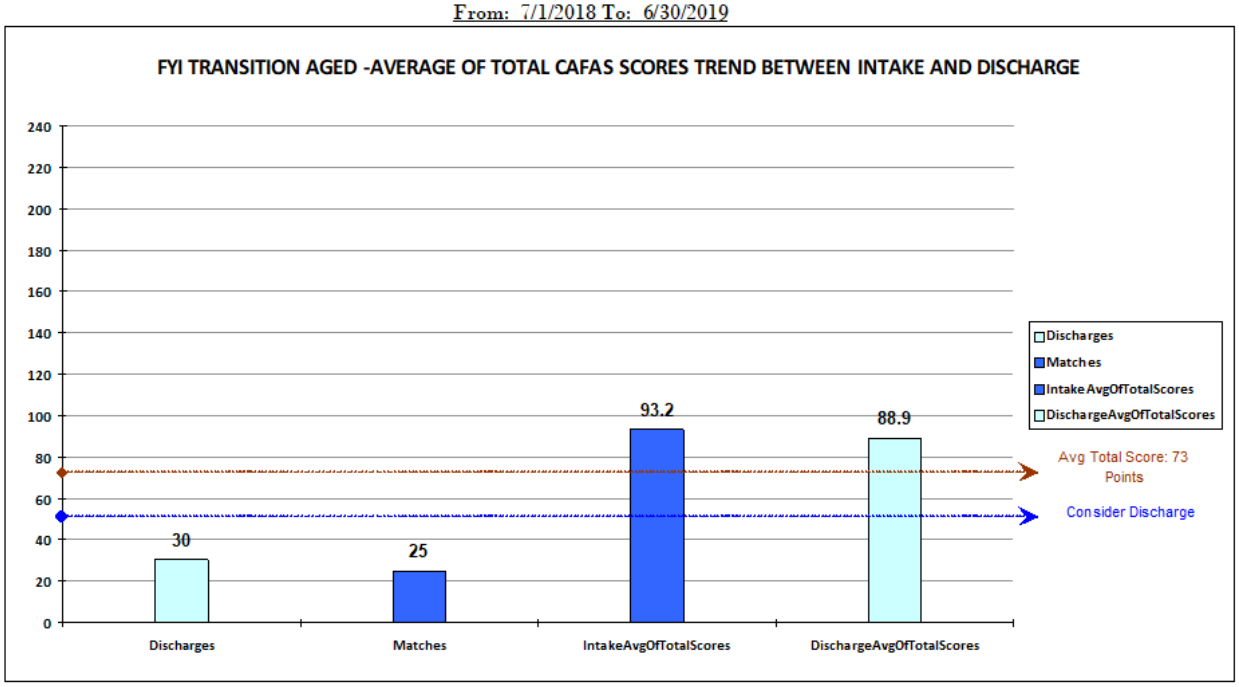
The following graphs illustrate youth who have discharged from the respective Professional Partner Program tracks (i.e. Traditional, Transition Age, Prevention). Comparing an average total CAFAS score taken at enrollment/intake and comparing it to the discharge average total CAFAS score. The Traditional Prevention, and Youth Crisis Response 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: 7/1/2018 To: 6/30/2019



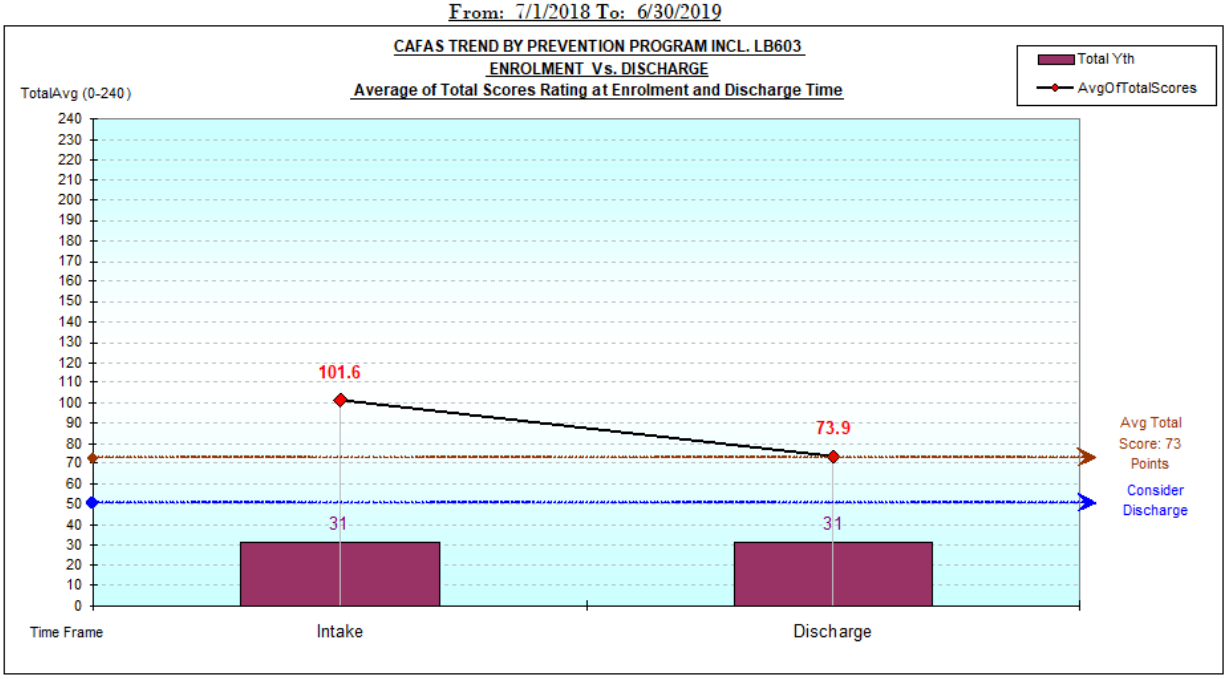
Clinically significant/meaningful change: Total score from "Intake" to last Cafas Evaluation is reduced by 20 or more points

From: 7/1/2018 To: 6/30/2019



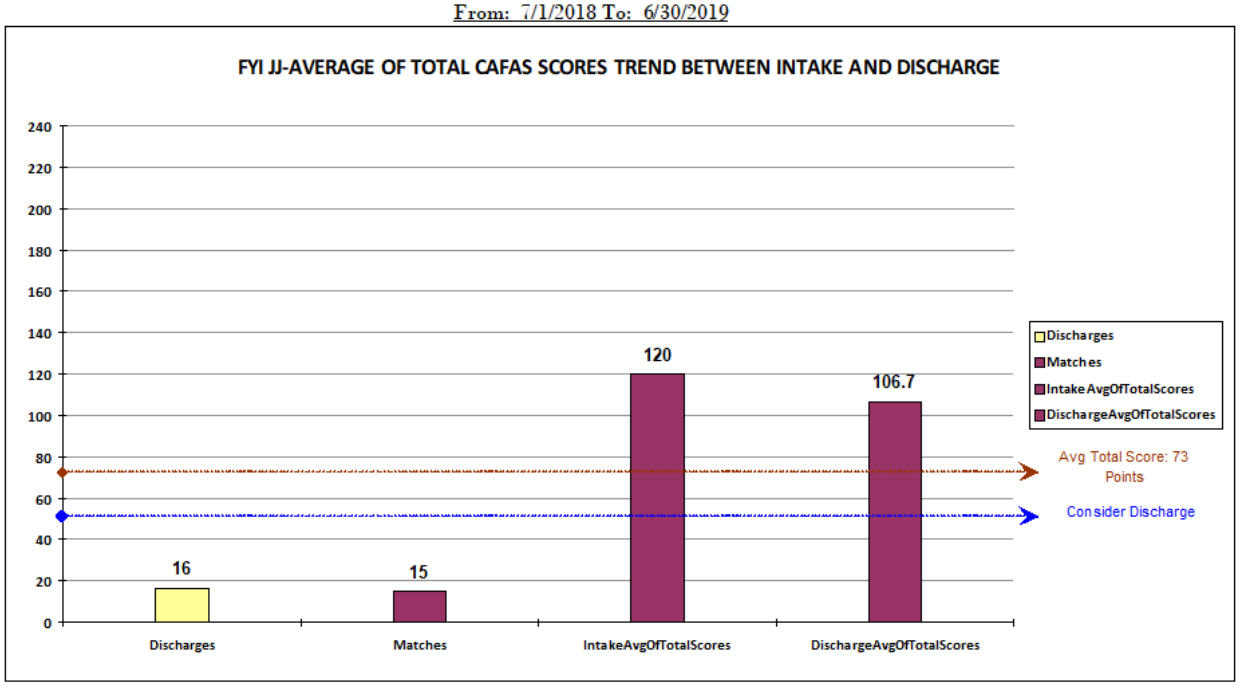
Clinically significant/meaningful change: Total score from "Intake" to last Cafas Evaluation is reduced by 20 or more points

From: 7/1/2018 To: 6/30/2019



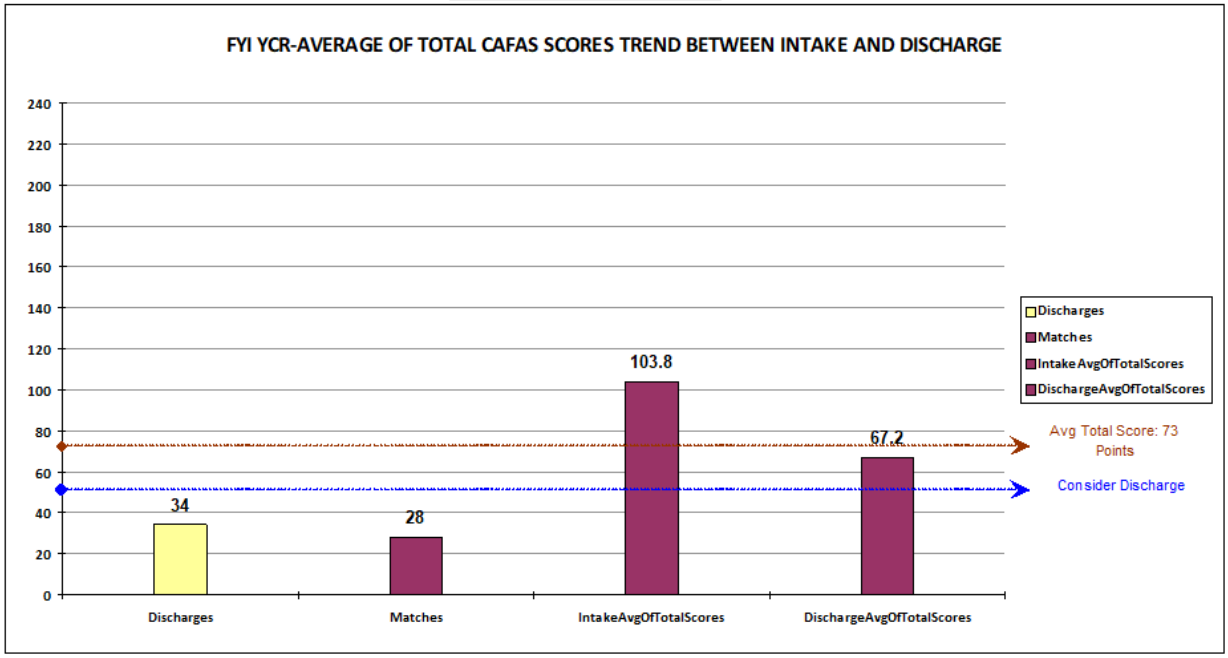
Clinically significant/meaningful change: Total score from "Intake" to last Cafas Evaluation is reduced by 20 or more points

From: 7/1/2018 To: 6/30/2019



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

From: 7/1/2018 To: 6/30/2019



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. The areas are identified below as well as the quarterly performance. Areas that are below 80% required the program to complete a quality improvement action plan.

RECORDS REVIEW		FY 17-18 4th Quarter	FY 18-19 1st Quarter	FY 18-19 2nd Quarter	FY 18-19 3rd Quarter	FY 18-19 4TH Quarter
Open Records	Average completeness of All Items	96%	92%	96%	95%	96%
	General Information - 1	95%	85%	97%	88%	97%
	Team Planning - 2	94%	93%	98%	100%	100%
	FYI Clinical Supervision Notes - 3	92%	100%	83%	100%	85%
	Formal Services - 4	100%	91%	88%	92%	94%
	Evaluation Info - 5	100%	97%	99%	99%	93%
	Legal - 6	92%	91%	100%	100%	100%
	School - 7	92%	91%	100%	85%	100%
Closed Records	Average Completeness of All Items	97%	97%	94%	96%	96%
	General Information - 1	98%	94%	92%	95%	96%
	Team Planning - 2	99%	99%	97%	97%	97%
	FYI Clinical Supervision Notes - 3	89%	100%	80%	93%	92%
	Formal Services - 4	93%	94%	87%	89%	97%
	Evaluation Info - 5	99%	97%	96%	99%	95%
	Legal - 6	98%	98%	95%	93%	96%
	School - 7	96%	98%	90%	93%	96%
	Section Closed	97%	99%	98%	98%	98%
EHR REPORTS REVIEW						
Interpretive Summary		87%	98%	100%	97%	98%
Initial POC		94%	100%	88%	94%	98%
Monthly POC Update		81%	77%	82%	71%	63%
BILLING AND CODING PRACTICES						
Child/Family Team Meeting Summary		100%	100%	100%	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 17-18 and four quarters of FY 18-19. Areas that are below 80% required the program to complete a quality improvement action plan.

Open Records

Items Reviewed	FY 17-18 4th Quarter	FY 18-19 1st Quarter	FY 18-19 2nd Quarter	FY 18-19 3rd Quarter	FY 18-19 4th Quarter
Date Application Received	100%	100%	100%	100%	100%
Date Enrolled	100%	100%	100%	100%	100%
Individualized Service Plan (ISP)	100%	88%	100%	100%	90%
Application for Section 8 Rental Assistance Vouchers	92%	88%	100%	100%	90%
Citizen, Resident, or Immigration Documentation	100%	100%	100%	100%	100%
Income Verification	92%	88%	88%	100%	100%
Application Signatures	100%	100%	100%	86%	100%
Voucher Issuance Checklist	92%	100%	100%	100%	100%
Rights and Responsibilities	100%	100%	100%	100%	100%
RAP Landlord Contract	100%	100%	88%	100%	90%
Lease	100%	100%	88%	100%	90%
Award/Subsidy Letter	100%	100%	100%	100%	100%
HQS Inspection Form	100%	100%	75%	100%	100%
Releases of Information	83%	75%	75%	100%	90%
Total Completeness	**97%**	**96%**	**94%**	**99%**	**96%**

Closed Records

Items Reviewed	FY 17-18 4th Quarter	FY 18-19 1st Quarter	FY 18-19 2nd Quarter	FY 18-19 3rd Quarter	FY 18-19 4th Quarter
Date Application Received	100%	100%	100%	100%	100%
Date Enrolled	100%	100%	100%	100%	100%
Individualized Service Plan (ISP)	100%	88%	100%	100%	90%
Application for Section 8 Rental Assistance Vouchers	92%	88%	100%	100%	90%
Citizen, Resident, or Immigration Documentation	100%	100%	100%	100%	100%
Income Verification	92%	88%	88%	100%	100%
Application Signatures	100%	100%	100%	86%	100%
Voucher Issuance Checklist	92%	100%	100%	100%	100%
Rights and Responsibilities	100%	100%	100%	100%	100%
RAP Landlord Contract	100%	100%	88%	100%	90%
Lease	100%	100%	88%	100%	90%
Award/Subsidy Letter	100%	100%	100%	100%	100%
HQS Inspection Form	100%	100%	75%	100%	100%
Releases of Information	83%	75%	75%	100%	90%
Total Completeness	**97%**	**96%**	**94%**	**99%**	**96%**