REGION V SYSTEMS

*Promoting Comprehensive Partnerships in Behavioral health*

# Network Performance Improvement Plan

# FY 20-21

Submitted by: CJ Johnson Regional Administrator
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**1645 'N' Street ● Lincoln, NE 68508 ● 402-441-4343 ● Fax: 402-441-4335 ● www.region5systems.net**

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## I. Purpose of the Network Performance Improvement Plan

Region V Systems' culture follows the principles of a learning organization and shall be committed to continually improving its organization and service delivery to persons served. Data shall be collected, and information used to manage and improve service delivery. The organization shall share and provide Network organization members, persons served, and other stakeholders with ongoing information about its actual performance as a business entity and its ability to achieve optimal outcomes for the persons served through its programs and services.

Region V Systems shall implement and maintain an organized information management system which provides for the confidentiality, security, and privacy of electronic data interchange, records of persons served, and administrative records. The information management system shall be in accordance with applicable federal, state, and provincial laws.

Region V Systems believes in a team-driven process for all Network Providers 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. Areas of focus include: access, efficiency, effectiveness, and satisfaction.

Outcomes Region V Systems strives for include:

a. Professional accountability and appropriate resource allocation throughout the organization and network.
b. Active participation by all Network Providers with opportunities for involvement in decision making and correction of problems that impact them directly.
c. Awareness and understanding among all Network Providers that quality is an essential element in service provision and management.
d. The best possible outcomes for our consumers and customers.

From time to time actual performance does not meet expected targets or minimum thresholds. When this occurs a quality improvement action plan maybe requested from network provider agencies with the intent on affecting positive change in the delivery of services to consumers. An aggregate report outlining the areas observed needing improved and actions taken to improve the identified areas will be communicated through Region V Systems' CQI communication cycle. The CQI communication cycle consists of Consumer and behavioral health advisory committees, regional quality improvement team, network providers, and governing board. There are also multiple reports that are created, monitored and communicated through the CQI communication cycle which directly relate to Region V Systems mission and the best possible outcomes for consumers.

Region V Systems implements and maintains an organized information management system, "Compass," which provides for the confidentiality, security, and privacy of electronic data interchange, records of persons served, and administrative records. The Compass information management system is in accordance with applicable federal, state, and provincial laws.

## II. Access:

### a. Waitlist

<table>
<tr><td>Area of Observation:</td><td>Waitlist</td></tr>
<tr><td>Expectation:</td><td>Consumers will have timely access to services.</td></tr>
<tr><td>Quality Indicator:</td><td>Date placed on waitlist as compared to date removed from the waitlist in the Central Data System</td></tr>
<tr><td>Measure:</td><td>Consumers will enter treatment within 14 days of being screened and eligible for services.</td></tr>
<tr><td>Service(s):</td><td>
<table>
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<tr><td>MH-SA</td><td>Adult</td><td>Community Support</td></tr>
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</td></tr>
<tr><td>Data Source:</td><td>Compass/Centralized Data System</td></tr>
<tr><td>Frequency of Collection:</td><td>In real time.</td></tr>
<tr><td>Frequency of Review:</td><td>Quarterly review</td></tr>
<tr><td>Who Reviews Information:</td><td>Region V Systems administration, Waitlist sub-committee, Regional Quality Improvement Team.</td></tr>
<tr><td>Instruction:</td><td>
<ul>
<li>Providers are to enter consumer information on the Centralized Data System (CDS).
<ul>
<li>Specific directions on how to do this can be found in the CDS user manual (starting at page 72)
<ul>
<li>Found on the CDS website in the system documentation section.</li>
</ul>
</li>
</ul>
</li>
<li>Consumers are to be added to the waitlist regardless of funding source.
<ul>
<li>Consumer information is to use an alternate identifier, found on page 74 of the CDS user manual</li>
</ul>
</li>
<li>When to add consumers to the waitlist</li>
</ul>
</td></tr>
</table>

- Consumers are only to be added to the waitlist after they inform providers that they are **currently available** and ready to enter services.
  - Waitlist/Service confirmation date is the verbal notification, **not** when the consumer was screened or referred
- Special note regarding **incarcerated consumers**: If a consumer is incarcerated, the provider must also ensure that the consumer's expected release date is within two weeks before entering a waitlist/service confirmation date. If the consumer's release date is more than 2 weeks in the future OR the release date is not known, enter the date the consumer was referred for service in the Referral Date field. For consumers not funded by DBH/Regions, use the month and day of the referral date for the month and day in Date of Birth field, along with the consumer's birth year (CDS manual page 75).

- Priority Population
  - Providers are to identify if consumers meet the definition of a priority population. Priority levels are given below (CDS manual page 76):

MH Priority Populations (ranked from highest priority)

| If consumer is waiting for admission to a Mental Health Service: |
|---|
| 1st – MHB Discharged from Regional Center |
| 2nd – MHB Inpatient Commitment |
| 3rd – MHB Outpatient Commitment |

SUD Priority Populations (ranked from highest priority)

| If consumer is waiting for admission to a Substance Use Disorder Service: |
|---|
| 1st – Pregnant IV Drug User |
| 2nd – Pregnant Drug User |
| 3rd – IV Drug User |
| 4th – Woman With Dependent Children |

- Federal interim services vs engagement services
  - Engagement services are services to assist consumers with their substance use at a lower-level care while they wait for services (e.g., outpatient while waiting for short-term residential services)
  - Federal interim services are services that provide health information to reduce adverse health effects of substance use, promote health, and reduce the risk of transmission of disease. For more information, see CDS manual page 76 and 77.

- Timeline for removing a consumer from the waitlist
  - Target: Consumers are to be admitted to services from the waitlist within 14 days
  - Providers are to contact consumers weekly while they are on the waitlist

| | |
|---|---|
| | ○ If a provider has had no contact with a consumer for **21 days** despite multiple attempts to contact them, they are to be removed from the waitlist with the removal reason **cannot be located**.<br>○ When a consumer is removed from the waitlist, use the date that the decision was made to remove the consumer from the waitlist, because of either an admission, consumer choice, or other removal reason.<br>○ Waitlist removal reasons and their definitions can be found on page 79 of the CDS user manual |

### b. Capacity

| | |
|---|---|
| Area of Observation: | Capacity-Utilization of services. |
| Expectation: | Utilization of contracted service capacity with network providers will be monitored to ensure services are available to consumers through the network continuum of care. |
| Quality Indicator: | Weekly capacity reports in CDS. |
| Measure: | Service capacity will be monitored to identify when above 90 percent threshold. |
| Service(s): | All services with the exception of Emergency Protective Custody. |
| Data Source: | Centralized Data System |
| Frequency of Collection: | Weekly reporting to Region V Systems/Division of Behavioral Health |
| Frequency of Review: | Monthly |
| Who Reviews Information: | Region V Systems administration, Regional Quality Improvement Team, Consumer Advisory Committee, Network Providers, BHAC, RGB. |
| Instruction: | Providers are to enter their capacity/utilization data in CDS every Monday by 12:00 p.m..<br>1. Log in to https://dbhcds-dhhs.ne.gov/<br>2. Click “Capacity” on the left side of the screen<br>3. Select provider location if necessary<br>4. Select the appropriate week<br>5. Enter the capacity and utilization (based on service-specific formula provided) into the “Region 5” and Provider Location columns<br>6. Click “Save” |

### c. Ineligibles

| | |
|---|---|
| Area of Observation: | Consumers found to be 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. |
| Expectation: | Network Provider Agencies will document the reasons a consumer is found ineligible for services. Assists with monitoring the systems access, flow, and |

| | |
|---|---|
| | understanding reasons consumers are found ineligible when trying to access services. |
| Quality Indicator: | Date/reason consumer is found to be ineligible for services as documented through monthly reporting submissions to Region V Systems |
| Measure: | To be developed by RQIT. |
| Service(s): | All services, excluding emergency protective service, crisis response, and crisis line. |
| Data Source: | Ineligible and Denial excel form |
| Frequency of Collection: | Monthly |
| Frequency of Review: | Quarterly review |
| Who Reviews Information: | Region V Systems administration, Regional Quality Improvement Team, Consumer Advisory Committee, Network Providers, BHAC, RGB. |
| Instruction: | Submission of completed Ineligible and Denial forms are to be submitted the first Monday of every month for the prior month's ineligibles and denials. Instructions below:<br>1. Date field-enter the date that the referral was denied.<br>2. Referral Source-enter the agency that you received the referral from i.e. Bryan LGH, LRC or person i.e. family member, self-referral.<br>3. Payer Source-select appropriate payer, Medicaid or Region V, from the drop-down menu.<br>4. Provider Name-select your provider agency name from the drop-down menu.<br>5. Service Type-select applicable service type from the drop-down menu. Report for both MH and SA services.<br>6. Consumer Identifier- enter the first four characters of the individual's last name the individual's date of birth (YYYYMMDD)+the last four digits of the his/her social security number.<br>7. Reason for Ineligibility/Denial- select. From drop down menu; if Other is selected, please specify in column H.<br>8. Specify, if other-only enter comments if you have selected "Other" from the drop-down menu in Column G. |

### d. Denials

| | |
|---|---|
| Area of Observation: | Consumers denied for services. Denials are decisions made by the provider agency at screening not to serve a referral because of agency established exclusionary criteria. |
| Expectation: | Network Provider Agencies will document the reasons a consumer is denied services. Assists in monitoring the systems access, flow, and reasons consumers are denied when trying to access services. |
| Quality Indicator: | Date/reason consumer is found to be denied for services as documented through monthly reporting submissions to Region V Systems |
| Measure: | To be developed by RQIT |
| Service(s): | All services, excluding emergency protective service, crisis response, and crisis line. |

| | |
|---|---|
| Data Source: | Ineligible and Denial excel form |
| Frequency of Collection: | Monthly |
| Frequency of Review: | Quarterly review |
| Who Reviews Information: | Region V Systems administration, Regional Quality Improvement Team, Consumer Advisory Committee, Network Providers, BHAC, RGB. |
| Instruction: | Submission of completed Ineligible and Denial forms are to be submitted the first Monday of every month for the prior month's ineligibles and denials. Instructions below:<br>1. Date field-enter the date that the referral was denied.<br>2. Referral Source-enter the agency that you received the referral from i.e. Bryan LGH, LRC or person i.e. family member, self-referral.<br>3. Payer Source-select appropriate payer, Medicaid or Region V, from the drop-down menu.<br>4. Provider Name-select your provider agency name from the drop-down menu.<br>5. Service Type-select applicable service type from the drop-down menu. Report for both MH and SA services.<br>6. Consumer Identifier- enter the first four characters of the individual's last name the individual's date of birth (YYYYMMDD)+the last four digits of the his/her social security number.<br>7. Reason for Ineligibility/Denial- select. From drop down menu; if Other is selected, please specify in column H.<br>8. Specify, if other-only enter comments if you have selected "Other" from the drop-down menu in Column G. |

### e. Emergency Protective Custody

| | |
|---|---|
| Area of Observation: | The number of consumers that law enforcement takes into emergency protective custody (EPC)/warrant and who is admitted for crisis stabilization. |
| Expectation: | Persons experiencing an acute emotional distress (mentally ill and dangerous) will have access to emergency crisis stabilization when a crisis occurs. |
| Quality Indicator: | Consumers taken into EPC/warrant and access crisis stabilization. |
| Measure: | No more than 60/month or 180/quarter. |
| Service(s): | Crisis Stabilization/EPC at Crisis Center & respective hospitals. |
| Data Source: | Compass/Centralized Data System |
| Frequency of Collection: | In real time. |
| Frequency of Review: | Quarterly review |
| Who Reviews Information: | Region V Systems administration, Regional Quality Improvement Team, Consumer Advisory Committee, Network Providers, BHAC, RGB. |
| Instruction: | Providers enter EPC encounters into the Centralized Data System. If a consumer is admitted to a hospital, the director of the Lancaster County Crisis Center will monitor and report to Region V Systems on a monthly basis. |

| | |
|---|---|
| Area of Observation: | The number of consumers emergency protective custody (EPC) readmissions or warrants by law enforcement and who is admitted for crisis stabilization. |
| Expectation: | Persons experiencing an acute emotional distress (mentally ill and dangerous) will have access to emergency crisis stabilization when a crisis occurs. |
| Quality Indicator: | Consumers readmitted (a month look back over the prior 13 months) and access crisis stabilization. |
| Measure: | No more than 80% of consumers per month (a month look back over the prior 13 months) will be readmitted and access crisis stabilization. |
| Service(s): | Crisis Stabilization at Crisis Center & respective hospitals. |
| Data Source: | Compass and Centralized Data System. |
| Frequency of Collection: | In real time. |
| Frequency of Review: | Quarterly review |
| Who Reviews Information: | Region V Systems administration, Regional Quality Improvement Team, Consumer Advisory Committee, Network Providers, BHAC, RGB. |
| Instruction: | Providers enter EPC encounters into the Centralized Data System. If a consumer is admitted to a hospital, the director of the Lancaster County Crisis Center will monitor and report to Region V Systems on a monthly basis. |

## III. Effectiveness:

### a. Consumer Recovery Outcomes

Each provider has selected a functional assessment tool to assess consumers functioning as they enter, during, and exit services within the Network. Each provider has determined the frequency of administering the tool they selected by service. The table below illustrates each tool, what the tool is measuring, and which providers utilize the tool.

| Identified Tool | Measures | Provider Utilizing the Tool |
|---|---|---|
| Basis-24 | Behavioral & Symptom Identification Scale. Measures 5 domains: Understanding of self, daily living skills/role functioning, depression, anxiety, suicidality... | Lancaster County Crisis Center |
| Child Adolescent Functioning Assessment Scale | Measures 8 domains of youths functioning in the areas of school, home, substance use, thinking…… | Region V Systems--Professional Partner Service |

| | | |
|---|---|---|
| Daily Living Activities-20 | Assesses 20 domains of daily living skills. For example: health practices, housing, communication, safety, money, nutrition….. | The Bridge Behavioral Health, CenterPointe, Child Guidance, Houses of Hope, Lutheran Family Services, St. Monica's, TASC, Touchstone |
| Outcome Questionaire-45, Y-OQ & Y-OQ Self Report | Symptom distress, interpersonal relationships, social role performance, somatic critical items, behavioral dysfunction… | Blue Valley Behavioral Health |
| Quality of Life Scale | General categories: knowledge of resources, housing, transportation, health, safety, support, education… | Mental Health Association of Nebraska |

| | |
|---|---|
| Area of Observation: | Consumers leave services with improved functioning based on the agency's self-selected functional assessment tool |
| Expectation: | Persons served experience a reduction in symptomology and/or improved functioning. The consumers get better. |
| Quality Indicator: | A consumer baseline functional assessment score at admission to services as compared to discharge or last administered functional assessment score. |
| Measure: | The number and proportion of persons served whose discharge/last administered functional assessment score is statistically significantly (based on the tool, or a medium or large effect size) changed as compared to their admission score and are at/above the target or no lower than the threshold. Re-evaluate targets/thresholds May 2020. |
| Service(s): | See above |
| Data Source: | Compass |
| Frequency of Collection: | Quarterly |
| Frequency of Review: | Quarterly review |
| Who Reviews Information: | Region V Systems administration, Regional Quality Improvement Team, Consumer Advisory Committee, Network Providers, BHAC, RGB. |
| Instruction: | Submission of assessments completed in the quarter are due 30 days past the end of the quarter.<br>Unless there are arrangements otherwise, instructions are as below:<br>1. Log in to https://rvc.h4-technology.com/<br>2. Click your name on the upper right side of the screen<br>3. Select 'Import Assessment Files'<br>4. Select the appropriate Provider, Assessment, and file to be uploaded<br>The assessment import templates can be found by: |

| | |
|---|---|
| | 1. Log in to https://rvc.h4-technology.com/<br>2. Click your name on the upper right side of the screen<br>3. Select 'System Documentation and Training'<br>4. Under 'Templates', click on the name of the assessment tool for which a template is needed |

| Level of Care | Baseline (FY 15-16 & 16-17) | Target (Highest Performing Agency + 5%) | Lower Threshold (Target - 1 SD (12%)) |
|---|---|---|---|
| Assertive Community Treatment - MH + | delay for a year to gather more data | | |
| Community Support – MH (n=122) + | 36% | 44% | 32% |
| Community Support – SUD + | delay for a year to gather more data | | |
| Day Rehabilitation – MH (n=3) + | delay for a year to gather more data | | |
| Dual Disorder Residential - MH & SUD (n=44) | 59% | 64% | 52% |
| Emergency Community Support - MH (n=136) | 43% | 48% | 36% |
| Emergency Protective Custody - MH (n=394) | 34% | 39% | 27% |
| Halfway House - SUD (n=142) | 74% | 79% | 67% |
| Intensive Community Services – MH (n=20) + | 35% | 40% | 28% |
| Intensive Outpatient / Adult - SUD (n=255) | 56% | 62% | 50% |
| Intermediate Residential - SUD (n=116) | 80% | 85% | 73% |
| Outpatient Psychotherapy - MH (n=462) + | 38% | 65% | 53% |
| Outpatient Psychotherapy - SUD (n=95) + | 54% | 70% | 58% |
| Psychiatric Residential Rehabilitation - MH (n=16) + | 56% | 61% | 49% |
| Recovery Support-MH + | delay for a year to gather more data | | |
| Recovery Support - SUD + | delay for a year to gather more data | | |
| Secure Residential - MH | delay for a year to gather more data | | |
| Short Term Residential - SUD (n=699) | 59% | 81% | 69% |
| Supported Employment - MH & SUD (n=14) + | 86% | 91% | 79% |
| Therapeutic Community - SUD (n=39) | 54% | 59% | 47% |

+: denotes those services where change will be measured between admission and most recent assessment, monitor for year to determine if it makes sense to establish targets/thresholds using most recent assessment

Exclusionary reasons consumers functioning scores do not need to be reported:

| Service/Service Grouping | Excluded |
|---|---|
| Residential (STR, IR, HH) | Stays of less than 20 days. |
| Residential (DDR, TC) | Stays of less than 20 days. |
| Community Tx, Outpatient, Community Rehab | Stays less than 30 days and 3 or less contacts |
| Recovery Support | Stays less than 3 months and 3 or less contacts |
| Supported Employment | Stays less than 3 months |
| Emergency Community Support | 3 or less contacts |

| Service/Service Grouping | Excluded |
|---|---|
| Emergency Protective Custody | 1. Persons who cannot complete questionnaire within 24 hours of admission due to being too impaired (i.e. under the influence, psychotic)<br>2. Non-informed discharges: may have completed initial assessment but will not be given the discharge assessment due to nature of discharge. Inform client of discharge when transportation is present.<br>3. Uncooperative: consumers who refuse to complete paperwork. |

**b. By Service & Cluster**

In 2010, Region V Systems implemented Cluster-Based Planning (CBP) in partnership with its creator, Bill Rubin, Synthesis, Inc., as a tool for Region V Systems' Network Providers to improve care for adults with Severe and Persistent Mental Illness (SPMI) or Alcohol and Other Drugs (AOD) and for youth with behavioral health issues. CBP believes consumers should not receive services as a single homogenous group. Instead, they should be comprised of distinct natural subgroups, or "clusters."

CBP is an emerging best practice that identifies subgroups (clusters) of individuals who share common bio-psychosocial histories, problems, strengths, and life situations. By describing different clusters, better identifying and measuring targeted outcomes, and

tracking accompanying services and costs, the system can begin to answer the questions of "what works, for whom, and at what cost." Data is reported to Region V Systems by either utilizing the Division of Behavioral Health's Central Data System or Region V Systems Compass Software.

Reports are produced annually with a comparison of cluster by NOMs, Outcome Recovery measures, and lengths of stay. Additional reports are developed to identify which populations (clusters) and the areas of focus with the DLA-20 measure that will a greater impact for positive recovery (predictive analysis).

### c. Outcomes vs. Utilization

Viewing consumer outcomes and their utilization in a quadrant format helps us understand the proportion of consumers that are making gains in their recovery while being mindful of the amounts of service usage. Reports are produced on as needed basis.

### d. National Outcome Measures

| | |
|---|---|
| Area of Observation: | National Outcome Measures (Employment/Education, Crime & Criminal Justice, Stability in Housing, Abstinence from Drug and Alcohol Use. |
| Expectation: | As a result of the behavioral health services and a consumer's recovery process the National Outcome Measures should be positively impacted. |
| Quality Indicator: | Change of consumers status regarding employment, education, crime, housing, and abstinence when comparing admission to discharge. |
| Measure: | The number and proportion of persons served whose discharge status is positive and are at/above the target or no lower than the threshold (target and threshold to be developed May 2020). |

Service(s):

| Service Type | Adult/Youth | Service |
|---|---|---|
| MH | Adult | Acute Inpatient Hospitalization |
| MH | Adult | Assertive Community Treatment |
| MH/SUD | Adult | Community Support |
| MH | Adult | Day Rehabilitation |
| MH/SUD | Adult | Dual Disorder Residential |
| MH | Adult | Emergency Community Support |
| SUD | Adult | Halfway House |
| MH | Adult | Intensive Community Services |
| SUD | Adult | Intensive Outpatient (IOP) |
| SUD | Adult | Intermediate Residential |
| MH | Adult/Youth | Medication Management |
| MH/SUD | Adult/Youth | Outpatient Psychotherapy |
| MH | Youth/Trans. | Professional Partner |
| MH | Adult | Psychiatric Residential Rehabilitation |

<table>
<tr><td></td><td>
<table>
<tr><td>MH/SUD</td><td>Adult</td><td>Recovery Support</td></tr>
<tr><td>MH</td><td>Adult</td><td>Secure Residential</td></tr>
<tr><td>SUD</td><td>Adult</td><td>Short Term Residential</td></tr>
<tr><td>MH/SUD</td><td>Adult</td><td>Supported Employment</td></tr>
<tr><td>MH/SUD</td><td>Adult/Trans.</td><td>Supported Housing</td></tr>
<tr><td>MH</td><td>Adult</td><td>Supportive Living</td></tr>
<tr><td>SUD</td><td>Adult</td><td>Therapeutic Community</td></tr>
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</td></tr>
<tr><td>Data Source:</td><td>Compass/Central Data System</td></tr>
<tr><td>Frequency of Collection:</td><td>In real time.</td></tr>
<tr><td>Frequency of Review:</td><td>Quarterly review</td></tr>
<tr><td>Who Reviews Information:</td><td>Region V Systems administration, Regional Quality Improvement Team, Consumer Advisory Committee, Network Providers, BHAC, RGB.</td></tr>
<tr><td>Instruction:</td><td>Providers are to update CDS encounters, specifically the NOMS related fields, at admit, Continuation of Care and Continuation of Stay reviews, and at discharge. NOMS related fields:
<table>
<tr><td>Tab</td><td>Adult/Youth</td><td>Notes</td></tr>
<tr><td>Employment Status</td><td>Demographics</td><td>Ensure ‘Unemployed-Laid Off/Looking’ is only selected if person served has participated in active job searching in the last 30 days</td></tr>
<tr><td>Num Arrests in Past 30 Days</td><td>Demographics</td><td></td></tr>
<tr><td>Living Arrangements</td><td>Demographics</td><td></td></tr>
<tr><td>Substance Used</td><td>Substance Use</td><td>List under Primary, Secondary, Tertiary Substance, as applicable, if treatment is addressing use</td></tr>
<tr><td>Frequency of Use (Admission)</td><td>Substance Use</td><td>List under Primary, Secondary, Tertiary Substance, as applicable, if treatment is addressing use</td></tr>
<tr><td>Frequency of Use (Discharge)</td><td>Substance Use</td><td>List under Primary, Secondary, Tertiary Substance, as applicable, if treatment is addressing use</td></tr>
</table>
</td></tr>
</table>

## IV. Efficiency:

### a. Assessments-SUD

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|---|---|
| Area of Observation: | Substance use assessments are completed in a timely manner. |
| Expectation: | Consumers are receiving substance use assessments in a timely manner to expedite identifying a treatment path towards recovery. |

| | |
|---|---|
| Quality Indicator: | Comparing the admission (assessment/interview date) and discharge (Evaluation report completed-signed by evaluator) dates in CDS to evaluate the time it takes to complete the substance use assessment. |
| Measure: | Substance use assessments will be completed within 7 days. |
| Service(s): | Substance Use Assessments. |
| Data Source: | Compass/Central Data System |
| Frequency of Collection: | In real time. |
| Frequency of Review: | Quarterly review |
| Who Reviews Information: | Region V Systems administration, Regional Quality Improvement Team, Consumer Advisory Committee, Network Providers, BHAC, RGB. |
| Instruction: | Providers are to use the following dates when entering Assessment-SUD encounters in CDS:<br>• Admission Date- date of assessment/interview<br>• Discharge Date- date the evaluation report is completed and signed by evaluator |

### b. Discharge & Pre-Admitted Non-Compliance

| | |
|---|---|
| Area of Observation: | Consumers registered for services are discharged in the Central Data System when they are no longer receiving servicers. |
| Expectation: | The Central Data System is valid, accurate, and reliable and network providers are discharging consumers from this software system when they are no longer receiving services. |
| Quality Indicator: | Consumer encounters within Central Data System are discharged within the respective designated timeframes. |
| Measure: | Consumers discharge non-compliance will be under 5% and the pre-admitted non-compliance will be under 1%. |
| Service(s): | See table below. |
| Data Source: | Compass/Central Data System |
| Frequency of Collection: | In real time. |
| Frequency of Review: | Quarterly review |
| Who Reviews Information: | Region V Systems administration, Regional Quality Improvement Team, Network Providers. |
| Instruction: | 1. Log into Region V Systems Compass (https://rvc.h4-technology.com/)<br>2. Click the "Dashboards" button<br>3. Click the 3 horizontal white lines and select "Compliance Discharge/Pre-Admission" from the reports listed<br>4. View list of encounters that are identified as needing to be discharged<br>5. Discharge the identified encounters via provider's EHR or CDS (https://dbhcds-dhhs.ne.gov) if deemed appropriate |

| Level of Care | Service Type | Service | Discharge Compliance Threshold Based on No Utilization | Contractual Expectation for Discharge |
|---|---|---|---|---|
| Adult Community Integration/Support | Authorized | Assertive Community Treatment - MH | No TADS units claimed for 1 month | 10 days |
| | | Community Support - MH | No TADS units claimed for **2** months | 10 days |
| | | Community Support - SUD | No TADS units claimed for **2** months | 10 days |
| | | Day Rehabilitation - MH | No TADS units claimed for 1 month | 10 days |
| | Registered | Mental Health Respite - MH | No TADS units claimed for 1 month | 10 days |
| | | Recovery Support - MH | No TADS units claimed for **3 months** | 10 days |
| | | Supported Employment - MH | No TADS units claimed for **12 months** | 10 days |
| | | Supportive Living - MH | No TADS units claimed for 1 month | 10 days |
| Adult Emergency Services | Registered | Inpatient Post Commitment Treatment D | No TADS units claimed for 1 month | 10 days |
| | | 24 Hour Crisis Line - MH | No TADS units claimed for 1 month | 10 days |
| | | CPC Services - SUD | No TADS units claimed for 1 month | 10 days |
| | | Crisis Assessment - SUD | No TADS units claimed for 1 month | 10 days |
| | | Crisis Response Teams - MH | No TADS units claimed for 1 month | 10 days |
| | | Emergency Community Support - MH | No TADS units claimed for 1 month | 10 days |
| | | Emergency Protective Custody - MH | No TADS units claimed for 1 month | 10 days |
| | | Hospital Diversion Less than 24 hours - M | No TADS units claimed for 1 month | 10 days |
| | | Hospital Diversion Over 24 hours - MH | No TADS units claimed for 1 month | 10 days |
| | | Social Detoxification - SUD | No TADS units claimed for 1 month | 10 days |
| Adult Inpatient | Authorized | Acute Inpatient Hospitalization - MH | No TADS units claimed for 1 month | 10 days |
| | | Sub-acute Inpatient Hospitalization - MH | No TADS units claimed for 1 month | 10 days |
| Adult Non-Residential | Authorized | Intensive Outpatient / Adult - SUD | No TADS units claimed for 1 month | 10 days |
| | Registered | Assessment - SUD | No TADS units claimed for 1 month | 10 days |
| | | Intensive Community Services - MH | No TADS units claimed for 1 month | 10 days |
| | | Medication Management - MH | No TADS units claimed for **12 months** | 10 days |
| | | Outpatient Psychotherapy - MH | No TADS units claimed for **3 months** | 10 days |
| | | Outpatient Psychotherapy - SUD | No TADS units claimed for **3 months** | 10 days |
| Adult Residential | Authorized | Dual Disorder Residential - SUD | No TADS units claimed for 1 month | 10 days |
| | | Halfway House - SUD | No TADS units claimed for 1 month | 10 days |
| | | Intermediate Residential - SUD | No TADS units claimed for 1 month | 10 days |
| | | Psychiatric Residential Rehabilitation - M | No TADS units claimed for 1 month | 10 days |
| | | Secure Residential - MH | No TADS units claimed for 1 month | 10 days |
| | | Short Term Residential - SUD | No TADS units claimed for 1 month | 10 days |
| | | Therapeutic Community - SUD | No TADS units claimed for 1 month | 10 days |
| Youth Non-Residential | Authorized | Intensive Outpatient / Youth | No TADS units claimed for 1 month | 10 days |
| | Registered | Assessment - SUD (Youth) | No TADS units claimed for 1 month | 10 days |
| | | Outpatient Psychotherapy - MH | No TADS units claimed for **3 months** | 10 days |
| | | Outpatient Psychotherapy - SUD | No TADS units claimed for **3 months** | 10 days |
| | | Professional Partner - MH | No TADS units claimed for 1 month | 10 days |

### c. Quality File Reviews

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| Area of Observation: | Network Provider person served files are reviewed to ensure they are monitoring quality, appropriateness, utilization of services provided, and timeliness of documentation. |
| Expectation: | Network Provider Agencies conduct and document reviews of services quarterly to address evidence by the record of the person served: the quality of service delivery, appropriateness of services, patterns of service utilization, and timeliness of documentation. |
| Quality Indicator: | Note the number of complete files and items that are observed per file with a numerator of areas that are complete over the denominator of total areas observed. |
| Measure: | Total completeness goal is 100% and a threshold of 80%. |
| Service(s): | All services excluding: crisis line. |
| Data Source: | File Review spreadsheet |

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| Frequency of Collection: | Quarterly |
| Frequency of Review: | Quarterly review |
| Who Reviews Information: | Region V Systems administration, Regional Quality Improvement Team, Consumer Advisory Committee, Network Providers, BHAC, RGB. |
| Instruction: | 1. Data is due 120 days after the end of the quarter (e.g., July – September data due January 31st)<br>2. Providers are to submit their own internal file review<br>a. Each item of observation must have a numerator (number of compliant observations)<br>b. Each item of observation must have a denominator (number of all observations)<br>3. Data is to be submitted via email to cqi@region5systems.net |

### d. Critical Incidents

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| Area of Observation: | Critical incidents are actual or alleged events or situation that create a significant risk of substantial or serious harm or trauma to the physical, mental health, safety, or well-being of a person served or the Network Provider. |
| Expectation: | Network Provider Agencies assess if any of the 31 identified critical incidents occur and report them to Region V Systems. |
| Quality Indicator: | **Critical Incidents include:**<br>1. **Abuse-Consumer to Consumer:** Consumer harms/assaults another consumer verbal/physical/psychological)<br>2. **Abuse-Consumer to Staff:** Consumer harms/assaults staff (verbal/physical/psychological)<br>3. **Abuse-Staff to Consumer:** Staff member harms/assaults a consumer (verbal/physical/psychological)<br>4. **Biohazardous Accidents:** An accident, injury, spill or release. Some examples include needle stick, puncture wounds, splash, environmental release of an agent or organism.<br>5. **Communicable Disease:** Consumer admitted with or became exposed to a communicable/infectious disease. Examples include: Tuberculosis, Hepatitis, whooping cough, Measles, Influenza.<br>6. **Death by Homicide:** One person causes the death of another person<br>7. **Death by Suicide Completion:** A person completes suicide, purposely ending their life.<br>8. **Death-Other:** All deaths that occurred and not specifically due to homicide or suicide completion<br>9. **Elopement:** Consumer is in residential treatment and left without notifying the agency of their intent to leave.<br>10. **Illegal Substance Found:** An agency finds illegal substances in or around the facility.<br>11. **Infection Control:** Agency did not apply infection control practices, in an effort to prevent pathogens being transferred from one person to another.<br>12. **Injury to Consumer:** Not Self Harming. Accidental in nature.<br>13. ***Legal Actions:** Network provider is involved in a legal action/lawsuit that involves a consumer regardless of who is the plaintiff or defendant.<br>14. **Legal Substance Found:** An agency finds legal substances which are not appropriately tracked, monitored, and safeguarded.<br>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.<br>16. **Neglect:** Agency/staff failure to provide for a vulnerable adult or child.<br>17. **Physical Aggression:** Physical violence/use of physical force with the intention to injure another person or destroy property. |

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| | 18. **Possession of Illegal Substance:** Consumer who has possession of an illegal substance.<br>19. **Possession of Weapon**: Consumer possesses a weapon on agency property and/or violates program rules/policies.<br>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.<br>21. ***Social Media**: Disclosing inappropriate consumer information on social media (Facebook, Twitter, Linkedin, Websites, Blogs, etc.).<br>22. **Suicide Attempt**: An unsuccessful attempt/action to ends one's life.<br>23. ***Technology Breaches**: Failure of an agency to safeguard a consumer's confidential information that was transmitted/maintained electronically.<br>24. **Unauthorized Possession of Legal Substance**: Consumer who has possession of an unauthorized legal substance which is against program rules/polices.<br>25. **Use of a Weapon**: Consumer uses a weapon.<br>26. **Use of Illegal Substance**: Consumer is found to be using or admits to using illegal substances.<br>27. **Use of Restraints**: An agency utilizes restraints to manage a consumer's behavior.<br>28. **Use of Seclusion**: An agency utilizes seclusions to manage a consumer's behavior.<br>29. **Use of Unauthorized Legal Substance**: Consumer is found or admits to using unauthorized legal substances that are against the program rules/policies.<br>30. **Vehicular Accident**: Consumer is involved in a vehicular accident; the vehicle is driven by a staff member.<br>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.<br><br>*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. |
| Measure: | Monitoring the number of critical incidents. Comparing them by fiscal year. |
| Service(s): | All |
| Data Source: | Critical Incident Spreadsheet |
| Frequency of Collection: | Quarterly |
| Frequency of Review: | Quarterly review |
| Who Reviews Information: | Region V Systems administration, Regional Quality Improvement Team, Consumer Advisory Committee, Network Providers, BHAC, RGB. |
| Instruction: | 1. Data is due 30 days after the end of the quarter<br>2. The "Critical Incident" and "Critical Incident Narrative" tabs in the CACI Reporting Form (Complaints Appeals Critical Incidents)<br>a. Critical Incident tab: Enter the number of times a particular incident occurred, at a particular service, for the prior quarter (e.g., elopements from the short-term residential service). Options are to be selected from the drop-down list.<br>b. Critical Incident Narrative Tab: Provider is to detail any emerging issues or trends they have observed for the quarter or fiscal year in the "Observations of emerging issues and trends" section. Providers are then to detail any actions or quality improvement activities undertaken (or will be taken) in the "Any action taken, or to be taken, for quality improvement" section.<br>3. Data is to be submitted via email to cqi@region5systems.net |

### e. Annual Network Provider Site Visit

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| Area of Observation: | Services purchased, federal block grant requirements, program fidelity, minimum standards, and contract requirements. |
| Expectation: | Network provider agencies agree to follow guidelines and requirements as outlined in Title 206 regulations (includes service definitions) and their contract with Region V Systems. |
| Quality Indicator: | Unit, Financial, and Fidelity Audit. |
| Measure: | Services purchased audit & financial audit will have an overall compliance score of 95%. Fidelity audit will have an overall "substantial" compliance score. |
| Service(s): | Unit Audit = Fee for Service Funded Services<br>Financial Audit = Expense Reimbursement Services<br>Fidelity Audit = All Services |
| Data Source: | Compass/Central Data System/Client Records/Financial Records/Policies & Procedures |
| Frequency of Collection: | Site visit one time per year at minimum |
| Frequency of Review: | Annual at minimum |
| Who Reviews Information: | Region V Systems Network Management, Network Providers, BHAC, RGB. |
| Instruction: | • Confirm availability of essential staff and absence of conflicts with the site visit audit dates proposed by the region.<br>• Make files accessible to the review team, a work area, computer access (if necessary).<br>• An agency point person should be available to the review team throughout the duration of the site visit.<br>• Agency employees available for an entry and exit conference as needed. |

### f. Provider Meeting Attendance

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| Area of Observation: | Network Provider agency participation in administrative meetings (Network Provider & Regional Quality Improvement meetings). |
| Expectation: | Network provider agencies agree to participate in Network Provider and RQIT meetings for the purposes of planning, program development, and regional coordination of services. |
| Quality Indicator: | Participation in Network Provider and RQIT meetings. |
| Measure: | Network provider agencies shall participate in a minimum of 80% (cumulative average) of all meetings (Network Provider & RQIT Meetings). |
| Service(s): | All Provider Agencies |
| Data Source: | Meeting Minutes |
| Frequency of Collection: | As outlined in the frequency of meeting schedules. |
| Frequency of Review: | Monthly |

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| Who Reviews Information: | Region V Systems administration, Regional Quality Improvement Team, Consumer Advisory Committee, Network Providers, BHAC, RGB. |
| Instruction: | • Providers are to let regional administrative employees know when they are participating in meetings remotely (telephone/Zoom).<br>• Sign in sheets are utilized to monitor attendance. |

## V. Satisfaction

### a. Perception of Care

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| Area of Observation: | Persons served complete a survey of their perception of care received by Network providers. |
| Expectation: | Network Provider Agencies assess persons served perception of care by survey at the providers determined timeframe of collection (interim, discharge, etc.) and report this information to Region V Systems. |
| Quality Indicator: | **<u>Perception of Care Questions Include:</u>**<br>**General Satisfaction:**<br>1) If I had other choices, I would still get services from this agency.<br>2) I would recommend this agency to a friend or family member.<br>**Quality & Appropriateness:**<br>3) Staff were sensitive to my cultural background (race, religion, language, etc.).<br>**Access:**<br>4) Services were available at times that were good for me.<br>**Participation in Treatment Plan:**<br>5) I not staff, decided my treatment goals.<br>**Functioning:**<br>6) I am better able to handle things when they go wrong.<br>**Outcomes:**<br>7) I deal more effectively with daily problems.<br>8) I am better able to deal with crisis.<br>**Social Connectedness:**<br>9) In a crisis, I would have the support I need from family or friends.<br>**Other (involuntary services):**<br>10) Staff treated me with respect and dignity.<br>11) The program was sensitive to any experienced or witness trauma in my life. |
| Measure: | Target for each question is 100% and the threshold is 85%. |
| Service(s): | All services excluding crisis line. |
| Data Source: | Providers total positive responses (numerator)/total responses (denominator). |
| Frequency of Collection: | 2 times per year (July-December & January -June) |
| Frequency of Review: | Bi-annual. |

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| Who Reviews Information: | Region V Systems administration, Regional Quality Improvement Team, Consumer Advisory Committee, Network Providers, BHAC, RGB. |
| Instruction: | 1. Data is due 30 days after the end of the quarter<br>2. For each question, include the number of persons served responding positively and the total number of responses in the reporting timeframe.<br>3. If there are 1 or more questions/statements that fall below the threshold (85%), Providers are to include a quality improvement action plan to address the applicable areas.<br>4. Data and quality improvement action plans are to be submitted via email to cqi@region5systems.net |

### b. Complaints/Appeals

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| Area of Observation: | People receiving services by a Network Provider can complain and appeal decisions made by the agency. |
| Expectation: | Network Provider Agencies have a formal mechanism to collect persons served complaints and a written policy to outline what the appeals process is for the person to follow. |
| Quality Indicator: | Network Providers collect person served complaints, known as a formal written grievance by a person to express dissatisfaction with any aspect of the operations, activities, trauma or behavior of a Network Provider for which such grievance cannot be resolved at an informal level. Network Providers report complaints to Region V Systems.<br>**<u>Complaints include:</u>**<br>**1) Access to Services:** defined as any service that the consumer requests which is not available or any difficulty the consumer e 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)<br>**2) Access to Staff:** defined as any problem the consumer experiences in relation to staff's accessibility. (Return of phone calls, staff's availability)<br>**3) Clinical Issues:** defined as any issue involving treatment and service delivery. (Problems with accuracy of reports, treatment planning and/or medication, etc.)<br>**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.<br>**5) Environmental:** defined as any consumer's complaint about the condition of the place in which services are being received. |

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| | (temperature, hazards, lighting, cleanliness, noise levels, lack of privacy)<br>**6) Financial:** defined as any issue involving budget, billing or financial issues.<br>**7) Interpersonal:** defined as any personality issue between the consumer and staff member<br>**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.)<br>**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.)<br>**10) Transportation:** defined as any issue involving transportation.<br>**11) Other:** defined as any issue not addressed above, please specify the issue.<br><br>Providers collect persons served **appeals**, which is a formal request made for review and reconsideration of the outcome of their formal written complaint when the person served is unhappy with the action taken by the Network Provider to remediate the complaint. Network Providers report appeals to Region V Systems. |
| Measure: | Monitoring the number of complaints. Comparing them by fiscal year. |
| Service(s): | All |
| Data Source: | Complaint & Appeals Spreadsheets. |
| Frequency of Collection: | Quarterly |
| Frequency of Review: | Quarterly review |
| Who Reviews Information: | Region V Systems administration, Regional Quality Improvement Team, Consumer Advisory Committee, Network Providers, BHAC, RGB. |
| Instruction: | 1. Data is due 30 days after the end of the quarter<br>2. The "Complaints" and "Appeals" tabs in the CACI Reporting Form (Complaints Appeals Critical Incidents)<br>a. Complaint tab: For each complaint received, providers are to enter the date, type/category of the complaint, what service the consumer was in, and the resolution/actions taken for the complaint.<br>b. Appeals Tab: For each appeal that occurred in the quarter, providers are to enter the date, type/category of the original complaint, and any resolution/actions taken from the appeal<br>3. Data is to be submitted via email to cqi@region5systems.net |