Promoting Comprehensive Partnerships in Behavioral health

Network Performance Improvement Plan

FY 23-24

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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 persons served and customers.

From time-to-time actual performance does not meet expected targets or minimum thresholds. When this occurs a quality improvement action plan may be requested from network provider agencies with the intent on affecting positive change in the delivery of services to persons served. 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 Family 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 person served.

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

Area of Observation:	Waitlist		
Expectation:	People will have timely access to services.		
Quality Indicator:	Date placed on waitlist as compared to date removed from the waitlist in the Central Data System		
Measure:	People will enter treatment within 14 days of being screened and eligible for services.		
Service(s):	MH/SUD	Adult/Youth	Service
	MH	Adult	Assertive Community Treatment
	MH-SA	Adult	Community Support
	MH	Adult	Day Treatment
	MH/SUD	Adult	Dual Disorder Residential
	MH	Adult	Mental Health Respite
	MH	Youth	Professional Partner
	MH	Adult	Psychiatric Residential Rehabilitation
	MH	Adult	Secure Residential
	MH/SUD	Adult	Supported Employment
	MH/SUD	Adult/Transition Age	Supported Housing
	SUD	Adult	Halfway House
	SUD	Adult	Intensive Outpatient Psychotherapy
	SUD	Adult	Intermediate Residential
	SUD	Adult	Short Term Residential
	SUD	Adult	Therapeutic Community
Data Source:	Compass/Centralized Data System		
Frequency of Collection:	In real time.		
Frequency of Review:	Monthly reviews		
Who Reviews Information:	Region V Systems administration, Waitlist sub-committee, Regional Quality Improvement Team.		
Instructions:	Providers are to enter information on the Centralized Data System (CDS) for persons served. • Specific directions can be found: ▪ Region V Waitlist Procedures PowerPoint ▪ CDS user manual (starting at page 72) Waitlist entry requirements • Must be available for treatment that day to be put on and remain on the wait list • Any necessary assessments have already taken place • Appropriateness of services has been verified (i.e., eligible and not denied for service) • Prioritization hierarchy for waitlist and admission: Priority population, community referrals, people who are incarcerated • Division of Behavioral Health wants information for people waiting for services entered in CDS regardless of funding source		

Substance use priority populations are to be admitted <u>within 14 days or 120 days</u> <u>(if no capacity exists)</u>

- Mental Health Priority Populations (highest to lowest):
  1st – MHB Discharged from Regional Center
  2nd – MHB Inpatient Commitment
  3rd – MHB Outpatient Commitment
- Substance Use Priority Populations (highest to lowest):
  1st – Pregnant IV Drug User
  2nd – Pregnant Drug User
  3rd – IV Drug User
  4th – Woman With Dependent Children

Waitlist times:
- Target: People are to be admitted to services within **14 days**
- Substance use priority populations are to admit within 14 days (or 120 days if no capacity exists), contractually
- Providers are to contact people **Weekly** while they are on the waitlist to ensure they still would like to admit to services
- If a provider has had **no contact with a person for 21 days** despite multiple attempts to contact them, they are to be removed from the waitlist with the removal reason **cannot be located.**

Waitlist process overview (full instructions, see page 72 of CDS user manual):
1. Click "Add to Waitlist"
2. Complete waitlist form and save
3. Click "Remove from Waitlist"
4. Complete removal form (if removal reason was anything other than admit to program, you are done with CDS steps)
5. IF you <u>ARE</u> using an EHR that automates with CDS **and** the removal reason was Admit to Program, click "Cancel without Admission
6. IF you <u>ARE NOT</u> using an EHR that automates with CDS, complete additional required information in CDS (e.g., submit for authorization, enter demographics, diagnoses, etc.)

Waitlist Data Entry Process
Step 1 - Create an encounter.
Step 2 – In the encounter, click "Add to Waitlist"
Step 3 – Fill out the waitlist form (information on the fields below)
- <u>Waitlist/Service Confirmation Date</u>:
  The date the person stated they were **available** to enter treatment
  after any required assessment
  after appropriateness of service has been verified
  Do not use this field for incarcerated release date (use referral date)
  Waitlist/Service Confirmation Date for <u>Incarcerated Consumers</u>:
  If the person is incarcerated, the provider must also ensure their expected release date is within two weeks before entering a Waitlist/Service Confirmation Date.

If the person's release date is more than 2 weeks in the future OR the release date is not known, enter the date they were referred for service in the Referral Date field.

For persons 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 person's birth year.

- Priority Population: Select the most appropriate population status
- MHB Status: Mental health board status

  Select the appropriate MHB or select No MHB Commitment
- Commitment Date: Only complete if the person has a mental health board commitment
- Interim Services Delivered Date: Health counseling provided (e.g., information on needle sharing, effects of alcohol on fetal development, etc.) See page 76 of the CDS User Manual for more details.
- Engagement Service: Select the service the person will receive while they are waiting for admission (e.g., outpatient – SUD while waiting for short term residential)
- Additional Client Engagement: If a second engagement service is provided, select one
- Assessment Date: The date of the assessment that indicates the person requires this level of care
- Referral Date: Date of the referral source

  For people incarcerated, use this field as their release date (NOT waitlist confirmation date)
- Referral Source: Choose the type of service provider or entity referring this person to the agency from the drop-down menu.
- (Offered) Admit Date: the projected date that the person is to be admitted to the service
- Primary Funding Source: Division of Behavioral Health (DBH) funded or other funding

  IF NON-DBH Funding:

  First Name: XXXX

  Last Name: place four x's followed by "f" if female, "m" if male, or "u" unknown (XXXXf, XXXXm, XXXXu)

  Date of Birth: enter Waitlist/Service Confirmation month and day with person's birth year (if 90 or older use "1901" for year)

  SSN, Zip Code and Gender: can be left blank.

Step 4. Click "Add to the Waitlist"

Step 5. Once person is ready to admit to service, click "Remove from Waitlist"

Step 6. Removal options:

- **Remove from Waitlist** – Use when a person will admit or will not admit but be removed from the waitlist. Always click this first unless encounter was entered in error.
- **Cancel Without an Admission**: the encounter is NOT removed from CDS, but it will be cancelled without admission to any program within CDS. For EHR-Automated providers: ONLY use this option, **after** completing " Remove from Waitlist" when the removal reason is **Admit to Program**

	• **Remove Encounter** – ONLY click this if the encounter was entered in error
	Step 7: If selecting Remove from Waitlist, fill out Remove from Waitlist form (information on fields below)
	• Waitlist Removal Date:
	Date of the removal of the person from the waitlist. Always complete this field with the day that the <u>decision</u> was made to remove the person from the waitlist, because of either an admission, person's choice, or other removal reason
	If not admitted, the date of the contact where person said they would not be admitting into treatment
	If person cannot be located, record **last attempt date**
	• Waitlist Removal Reason:
	Admitted to Program: the person was admitted to the service as described in the initial service to be provided for this encounter
	Admitted to Program – **Other Funding**: the person has been admitted to the program, but funds other than Behavioral Health funds were used
	Admitted to Other Program: the person has been admitted to another program, and this encounter is being cancelled without an admission
	Cannot Be Located: If person cannot be contacted for **21 days** despite multiple attempts, remove them from the waitlist using this option
	Refused Treatment: the person has declined to participate in the service listed, and the encounter is being cancelled without an admission.
	Succeeding at A Lower Level of Care: the person has participated in another less-intense level of care and is doing well.
	Requires A Higher Level of Care: after further assessing the person's situation, agency staff determine that a higher level of care is required.
	Deceased: The person served has died
	Incarcerated: the person is in a lockup facility and will not be available for the service over an extended period of time.
	No Longer Qualifies for Program: the person is not qualified for the program because of changing conditions, either programmatically or financially. The encounter can be cancelled without an admission.
	• MHB Status: Select the appropriate response to update the MHB status
	• Commitment Date: Date on which a Mental Health Board ordered a commitment (if applicable) or needs updating
	Ways to monitor the agency's waitlist:
	1. Open Waitlist Report within Region V Compass
	• Shared with agency staff. To find, navigate to Region V Compass, click "Dashboards", then "Shared with me", then the report titled "Open Waitlist Report – 0 to 120+ Days"
	2. Search within CDS
	• Navigate to CDS, click the "Search" button, select "Pre-admitted – Waitlist" for the encounter status, and click "Search" or "Export Results." Note,

<table>
<tr><td></td><td>Search limits the number of encounters shown to 200, so to see all encounters that are waitlisted and the details of them, Region V recommends exporting your results. The field "Last Status" is often the waitlist confirmation date.

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

- Monthly, providers are sent their waitlisted encounters per service
  - For encounters on the waitlist longer than 14 days, providers are to respond within 7 days that:
    - The number of waitlisted encounters removed from the waitlist (e.g., admitted, removed without an admission)
    - The number of waitlisted encounters from the list that are still waiting
  - No names of persons served are to be emailed between the provider and Region V Systems. If the need to reference/discuss an individual person served, please use the encounter number in place of the name.</td></tr>
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II. Access: 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 people 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 Crisis Stabilization.
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 Family Advisory Committee, Network Providers, BHAC, RGB.

Instruction:	Providers are to enter their capacity/utilization data in CDS every Monday by 12:00 p.m. 1. Log in to https://dbhcds-dhhs.ne.gov/ 2. Click "Capacity" on the left side of the screen 3. Select provider location if necessary 4. Select the appropriate week 5. Enter the capacity and utilization (based on service-specific formula provided) into the "Region 5" and Provider Location columns 6. Click "Save"

II. Access: C – Ineligibles

Area of Observation:	People found to be ineligible for services. A person 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 person is found ineligible for services. Assists with monitoring the systems access, flow, and understanding reasons people are found ineligible when trying to access services.
Quality Indicator:	Date/reason person 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 crisis stabilization, crisis response, and crisis line.
Data Source:	Ineligible and Denial excel form
Frequency of Collection:	Quarterly
Frequency of Review:	Quarterly review
Who Reviews Information:	Region V Systems administration, Regional Quality Improvement Team, Consumer Family Advisory Committee, Network Providers, BHAC, RGB.
Instruction:	Instructions for submission of completed Ineligible and Denial form: 1. Date field-enter the date that the referral was denied. 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. 3. Payer Source-select appropriate payer, Medicaid or Region V, from the drop-down menu. 4. Provider Name-select your provider agency name from the drop-down menu. 5. Service Type-select applicable service type from the drop-down menu. Report for both MH and SA services. 6. 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. 7. Reason for Ineligibility/Denial- select. From drop down menu; if Other is selected, please specify in column H. 8. Specify, if other-only enter comments if you have selected "Other" from the drop-down menu in Column G.

II. Access: D – Denials

Area of Observation:	People 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 person is denied services. Assists in monitoring the systems access, flow, and reasons people are denied when trying to access services.
Quality Indicator:	Date/reason person 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 crisis stabilization, crisis response, and crisis line.
Data Source:	Ineligible and Denial excel form
Frequency of Collection:	Quarterly
Frequency of Review:	Quarterly review
Who Reviews Information:	Region V Systems administration, Regional Quality Improvement Team, Consumer Family Advisory Committee, Network Providers, BHAC, RGB.
Instruction:	Instructions for submission of completed Ineligible and Denial form: 1. Date field-enter the date that the referral was denied. 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. 3. Payer Source-select appropriate payer, Medicaid or Region V, from the drop-down menu. 4. Provider Name-select your provider agency name from the drop-down menu. 5. Service Type-select applicable service type from the drop-down menu. Report for both MH and SA services. 6. 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. 7. Reason for Ineligibility/Denial- select. From drop down menu; if Other is selected, please specify in column H. 8. Specify, if other-only enter comments if you have selected "Other" from the drop-down menu in Column G.

II. Access: E – Emergency Protective Custody

Area of Observation:	The number of people 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:	People 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 Family Advisory Committee, Network Providers, BHAC, RGB.
Instruction:	Providers enter EPC encounters into the Centralized Data System. If a person 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 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:	People readmitted (a month look back over the prior 13 months) and access crisis stabilization.
Measure:	No more than 80% of people per month (a month lookback 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 Family Advisory Committee, Network Providers, BHAC, RGB.
Instruction:	Providers enter EPC encounters into the Centralized Data System. If a person 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 – Recovery Outcomes

Each provider has selected a functional assessment tool to assess the functioning of people 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…	Mental Health Crisis Center of Lancaster County
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, Goodwill Industries, HopeSpoke, Houses of Hope, Integrated Behavioral Health Services, Lutheran Family Services, St. Monica's, TASC, Telecare, 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:	People 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. People get better.
Quality Indicator:	A person's 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.
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 Family Advisory Committee, Network Providers, BHAC, RGB.
Instruction:	Submission of assessments completed in the quarter are due 30 days past the end of the quarter. Unless there are arrangements otherwise, instructions are as below: 1. Log in to https://rvc.h4-technology.com/ 2. Click your name on the upper right side of the screen 3. Select 'Import Assessment Files' 4. Select the appropriate Provider, Assessment, and file to be uploaded The assessment import templates can be found by: 1. Log in to https://rvc.h4-technology.com/ 2. Click your name on the upper right side of the screen 3. Select 'System Documentation and Training' 4. Under 'Templates', click on the name of the assessment tool for which a template is needed

Level of Care	Overall Performance FY19-FY21Q2	Target (Avg. Highest Performing Agency + 5%)	Lower Threshold (FY19-FY21Q2 Perf. - 1 SD (12%))
Assertive Community Treatment - MH +	65%	71%	51%
Community Support – MH +	55%	66%	41%
Community Support – SUD +	48%	53%	34%
Day Rehabilitation – MH +	52%	56%	38%
Dual Disorder Residential - MH & SUD	57%	65%	43%
Emergency Community Support - MH	52%	57%	38%
Emergency Protective Custody - MH	33%	39%	19%
Halfway House - SUD	81%	84%	67%
Hospital Diversion	35%	41%	21%
Intensive Community Services – MH +	54%	60%	40%
Intensive Outpatient / Adult - SUD	58%	62%	44%
Intermediate Residential - SUD	29%	35%	15%
Outpatient Psychotherapy - MH +	44%	61%	30%
Outpatient Psychotherapy - SUD +	58%	76%	44%
Psychiatric Residential Rehabilitation - MH +	74%	79%	60%
Recovery Support-MH +	32%	38%	18%
Recovery Support - SUD +	49%	79%	35%
Secure Residential - MH	60%	67%	46%
Short Term Residential - SUD	56%	76%	42%

Supported Employment - MH & SUD +	79%	80%	65%
Therapeutic Community - SUD	67%	65%	53%

+: 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 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) 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. 3. Uncooperative: people who refuse to complete paperwork.

III. Effectiveness: B – Outcomes vs. Utilization

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

III. Effectiveness: C – 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 person's recovery process the National Outcome Measures should be positively impacted.		
Quality Indicator:	Change of person's 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		
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
	MH/SUD	Adult	Recovery Support
	MH	Adult	Secure Residential
	SUD	Adult	Short Term Residential
	MH/SUD	Adult	Supported Employment
	MH/SUD	Adult/Trans.	Supported Housing
	MH	Adult	Supportive Living
	SUD	Adult	Therapeutic Community
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 Family Advisory Committee, Network Providers, BHAC, RGB.		
Instruction:	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:		
	Measure	Tab	Notes
	Employment Status	Demographics	Ensure 'Unemployed-Laid Off/Looking' is only selected if person served has participated in active job searching in the last 30 days
	Num Arrests in Past 30 Days	Demographics	
	Living Arrangements	Demographics	

	Substance Used	Substance Use	List under Primary, Secondary, Tertiary Substance, *as applicable,* if treatment is addressing use
	Frequency of Use (Admission)	Substance Use	List under Primary, Secondary, Tertiary Substance, *as applicable,* if treatment is addressing use
	Frequency of Use (Discharge)	Substance Use	List under Primary, Secondary, Tertiary Substance, *as applicable,* if treatment is addressing use

III. Effectiveness: D - Nebraska Social Determinants of Health Measures

Area of Observation:	Stable Living and Employment		
Expectation:	As a result of the behavioral health services and a person's recovery process, stability in housing and employment status should be positively impacted.		
Quality Indicator:	Persons served living arrangement and employment status at 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 target.		
Service(s):	Measure	Target	Service
	Living Arrangements	85%	All services entered in CDS
		65%	Residential Services
		88%	Supported Housing – MH & SUD
	Employment Status	65%	All services entered in CDS, except Crisis/Emergency, Hospitalization and Assessment Services
		75%	Supported Employment – MH & SUD
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 Family Advisory Committee, Network Providers, BHAC, RGB.		
Instruction:	Providers are to update CDS encounters, specifically the *Living Arrangements* and *Employment Status* fields, at admit, Continuation of Care and Continuation of Stay reviews, and at discharge.		
	Measure	Tab	Notes
	Living Arrangements	Demographics	Positive: all options except *Homeless* and *Homeless Shelter*
	Employment Status	Demographics	• Only those in the labor force (*Employed – Part Time or Full Time, Active/Armed Forces, and Unemployed-Laid Off/Looking*) at discharge are included in the measure • Ensure *Unemployed-Laid Off/Looking* is only selected if person served has participated in active job searching in the last 30 days

IV. Efficiency: A – Assessments-SUD

Area of Observation:	Substance use assessments are completed in a timely manner.
Expectation:	People 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 Family Advisory Committee, Network Providers, BHAC, RGB.
Instruction:	Providers are to use the following dates when entering Assessment-SUD encounters in CDS: • Admission Date- date of assessment/interview • Discharge Date- date the evaluation report is completed and signed by evaluator

IV. Efficiency: B – Discharge & Pre-Admitted Non-Compliance

Area of Observation:	People registered for services are discharged in the Central Data System when they are no longer receiving services.
Expectation:	The Central Data System is valid, accurate, and reliable and network providers are discharging people from this software system when they are no longer receiving services.
Quality Indicator:	Encounters for persons served within Central Data System are discharged within the respective designated timeframes.
Measure:	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/) 2. Click the "Dashboards" button 3. Click the 3 horizontal white lines and select "Compliance Discharge/Pre-Admission" from the reports listed 4. View list of encounters that are identified as needing to be discharged

		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

IV. Efficiency: C – Quality File Reviews

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
Frequency of Collection:	Quarterly
Frequency of Review:	Quarterly review
Who Reviews Information:	Region V Systems administration, Regional Quality Improvement Team, Consumer Family 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)
	2. Providers are to submit their own internal file review
	    a. Each item of observation must have a numerator (number of compliant observations)
	    b. Each item of observation must have a denominator (number of all observations)
	3. Data is to be submitted via email to cqi@region5systems.net

IV. Efficiency: D – Critical Incidents

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:** 1. **Abuse-Consumer to Consumer:** Program participant harms/assaults another participant (verbal/physical/psychological) 2. **Abuse-Consumer to Staff:** Program participant harms/assaults staff (verbal/physical/psychological) 3. **Abuse-Staff to Consumer:** Staff member harms/assaults a program participant (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:** Program participant 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-Other:** All deaths that occurred and not specifically due to homicide or suicide completion 9. **Elopement:** Person 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, in an effort 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 program participant 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:** Program participant who has possession of an illegal substance.
19. **Possession of Weapon**: Program participant 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 program participant information on social media (Facebook, Twitter, LinkedIn, Websites, Blogs, etc.).
22. **Suicide Attempt**: An unsuccessful attempt/action to ends one's life.
23. ***Technology Breaches**: Failure of an agency to safeguard a program participant's confidential information that was transmitted/maintained electronically.
24. **Unauthorized Possession of Legal Substance**: Program participant who has possession of an unauthorized legal substance which is against program rules/polices.
25. **Use of a Weapon**: Program participant uses a weapon.
26. **Use of Illegal Substance**: Program participant is found to be using or admits to using illegal substances.
27. **Use of Restraints**: An agency utilizes restraints to manage a program participant's behavior.
28. **Use of Seclusion**: An agency utilizes seclusions to manage a program participant's behavior.
29. **Use of Unauthorized Legal Substance**: Program participant is found or admits to using unauthorized legal substances that are against the program rules/policies.
30. **Vehicular Accident**: Program participant is involved in a vehicular accident; the vehicle is driven by a staff member.
31. **Wandering**: Program participant 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.

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 Family Advisory Committee, Network Providers, BHAC, RGB.

Instruction:	1. Data is due 30 days after the end of the quarter
	2. The "Critical Incident" and "Critical Incident Narrative" tabs in the CACI Reporting Form (Complaints Appeals Critical Incidents)
	    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.
	    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.
	3. Data is to be submitted via email to cqi@region5systems.net

IV. Efficiency: E – Annual Network Provider Site Visit

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 Financial Audit = Expense Reimbursement Services 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. • Make files accessible to the review team, a work area, computer access (if necessary). • An agency point person should be available to the review team throughout the duration of the site visit. • Agency employees available for an entry and exit conference as needed.

IV. Efficiency: F – Provider Meeting Attendance

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

V. Satisfaction: A - Perception of Care

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:	**Perception of Care Questions Include:** **General Satisfaction:** 1) If I had other choices, I would still get services from this agency. 2) I would recommend this agency to a friend or family member. **Quality & Appropriateness:** 3) Staff were sensitive to my cultural background (race, religion, language, etc.). **Access:** 4) Services were available at times that were good for me. **Participation in Treatment Plan:** 5) I not staff, decided my treatment goals. **Outcomes:** 6) I deal more effectively with daily problems. **Social Connectedness:** 7) In a crisis, I would have the support I need from family or friends. **Other:** 8) Staff treated me with respect and dignity. 9) 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 and crisis response. For emergency and involuntary services, Providers will only report on these questions: 1) Staff treated me with respect and dignity. 2) The program was sensitive to any experienced or witness trauma in my life
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.
Who Reviews Information:	Region V Systems administration, Regional Quality Improvement Team, Consumer Family Advisory Committee, Network Providers, BHAC, RGB.
Instruction:	1. Data is due 30 days after the end of the six-month timeframe 2. For each question, include the number of persons served responding positively and the total number of responses in the reporting timeframe. 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. 4. Data and quality improvement action plans are to be submitted via email to cqi@region5systems.net

V. Satisfaction: B – Complaints/Appeals

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 complaints from persons served, 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. **Complaints include:** 1) **Access to Services:** defined as any service that the person requests which is not available or any difficulty the person 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 person's 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 person in resolving his/her issue.

	5) **Environmental:** defined as any person'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 person served and staff member 8) **Program/Policy/Procedure**: defined as any issue a person served 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 person 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. 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 Family Advisory Committee, Network Providers, BHAC, RGB.

Instruction:	1. Data is due 30 days after the end of the quarter
	2. The "Complaints" and "Appeals" tabs in the CACI Reporting Form (Complaints Appeals Critical Incidents)
	    a. Complaint tab: For each complaint received, providers are to enter the date, type/category of the complaint, what service the person was in, and the resolution/actions taken for the complaint.
	    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
	3. Data is to be submitted via email to cqi@region5systems.net

VI. Evidence Based Practices: A-Dialectical Behavioral Therapy & B-Motivational Interviewing

See FY 22-23 Evidence Based Practice Fidelity Monitoring and Evaluation Plans for Dialectical Behavior Therapy (DBT) and Motivational Interviewing (MI).

VI. Evidence Based Practices: C-Zero Suicide

Area of Observation:	The number of persons served through agencies participating in the Zero Suicide Initiative-evidence based practice.
Expectation:	The Zero Suicide System of Excellence community of practice (participating agencies) will strive to reach the aspirational goal of zero deaths by suicide.
Quality Indicator:	People entering treatment at the agencies participating in the Zero Suicide System of Excellence Initiative.
Measures:	• 100% of people enrolled in services will receive a suicide screening. • 100% of people who screened positive for suicide risk will have a comprehensive risk assessment the same day as the screening. • 100% of people who screened and assessed positive for suicide risk will have a safety plan developed the same day as the screening. • 100% of people who screened and assessed positive for suicide risk were counseled about lethal means the same day as the screening. • 100% of people on the Life Worth Living pathway and missed a face-to-face appointment will receive contact within 8 hours of the appointment. • 100% of people who had a hospitalization or emergency department visit who were contacted within 24 hours of discharge. Establish a baseline and target for the following measures: • Number of people enrolled for services during the reporting period (open files) regardless of when they were last seen, who died by suicide. • Number of people on the Life Worth Living Pathway during the reporting period who died by suicide. • Number of people on the Life Worth Living Pathway who went to the emergency department for making a suicide attempt. • Number of people on the Life Worth Living Pathway who were admitted for an inpatient psychiatric stay for making a suicide attempt. • Number of people enrolled for services during the reporting period (open case files) regardless of when they were last seen, made a suicide attempt. • Number of people on the Life Worth Living Pathway who made a suicide attempt. • Number of people trained in Zero Suicide curriculum (AMSR, CAMS, CALM, EMDR, CBT-SIP, DBT, MI) For a detailed explanation see the "Final CQI Measures for Zero Suicide; Let's Talk 7/28/2021"
Service(s):	Participating providers in the Zero Suicide Initiative
Data Source:	Providers spreadsheets
Frequency of Collection:	In real time
Frequency of Review:	Quarterly review
Who Reviews Information:	Region V Systems administration, Zero Suicide; Let's Talk System of Excellence community of practice team, Regional Quality Improvement Team, Consumer Family Advisory Committee, Network Providers, BHAC, RGB.
Instruction:	Complete the spreadsheet as agreed and submit to Region V Systems no later than 15 days after the quarter.

VII. Service Enhancement Outcomes

Blue Valley Behavioral Health: Service Enhancement: Outpatient Therapy – Rural Offices			
Measure Details	**Goal**	**Outcome**	**Source**
	1. People have increased access to services	On average, there will be 14 days or fewer between when a person calls for appointment and the date the appointment occurs	BVBH
	2. People have access to providers via telehealth	10% of people served will use telehealth for outpatient services	BVBH
Data Source and Details	1. Blue Valley Behavioral Health to report wait times for outpatient services in rural offices (date of call to date appointment occurs) 2. Blue Valley Behavioral Health to report number of persons served in-person and persons served over telehealth for prior quarter (telehealth / all served)		

St. Monica's: Service Enhancement: Therapeutic Community			
Measure Details	**Goal**	**Outcome**	**Source**
	Women graduating will increase their competencies in parenting their children while sober	The proportion of women leaving Project Mother Child will be at or above 75% demonstrating statistical improvement when comparing baseline and discharge DLA-20 scores.	St. Monica's DLA-20 Data (COMPASS)
		The proportion of women who have their children placed with them within 90 days will be at or above 75%.	St. Monica's
Data Source and Details	1. St. Monica's will report DLA-20 data 2. St. Monica's will report data on child placement for persons served		

HopeSpoke-Outpatient Expense Based-Case Management			
Measure Details	**Goal**	**Outcome**	**Source**
	1. Youth clients and parents of youth clients will agree that the case management was beneficial and essential to meeting their therapy goals	89% of clients & parents will agree that case management was beneficial and essential to meeting therapy goals per biannual survey.	HopeSpoke
	2. Lincoln Public School Collaborators will agree that case management was beneficial and essential to meeting therapy goals	85% of LPS collaborators will agree that case management was beneficial and essential to meeting therapy goals per end of school year survey.	HopeSpoke
	3. Youth receiving therapy at school will demonstrate a decrease in difficulties/distress as evidenced by improvement in SDQ (Strengths and Difficulties Questionnaire) scores that are measured at the time of intake and discharge (or start and end of school year).	Increase the proportion of those at low risk by 5% from pre to post intervention for any disorders, emotional disorders, behavioral disorders and hyperactivity/concentration disorders.	HopeSpoke
		Decrease the proportion of those at high-risk by 3% from pre to post intervention for emotional disorders and behavioral disorders.	

4. Differentiate benefits and positive outcomes of youth who have received case management/collaborative services along with their therapy services versus those who do not.	• 43% of persons served who had at least one case management contact • Average number of case management contacts per person served will be 2.5 or more • Average duration of case management contacts per person served will be 20 minutes or longer	HopeSpoke

Data Source and Details	1. HopeSpoke is to report Care Management satisfaction data 2. HopeSpoke is to report Care 3. HopeSpoke to report the Strengths and Difficulty Questionnaires Management satisfaction data 4. HopeSpoke to report the number of case management contacts, persons served in case management, and duration of case management.

Lutheran Family Services: Service Enhancement: Medication Support			
	Goal	**Outcome**	**Source**
Measure Details	People will experience increased access to med management	**90% or less of participants will have a wait time of less than 2 weeks for admission** Numerator: number of participants admitted into the service during the reporting period whose wait time is less than 2 weeks as measured by the time between initial screening/eligibility determination to admission/1st appointment Denominator: All participants admitted in into the service during the reporting period	LFS
		89% or more of participants will report timely access to services via agency survey as indicated by a selection of "strongly agree" or "agree" Numerator: number of participants individuals served who report timely access to services via agency survey as indicated by a selection of "strongly agree" or "agree" Denominator: total number of survey respondents	LFS
Data Source and Details	1. LFS will report the wait time for medication support 2. LFS will report the perception of timely services		

Blue Valley Behavioral Health: Service Enhancement: Medication Support Services			
	Goal	**Outcome**	**Source**
Measure Details	Participants will experience increased engagement in medication management.	Proportion of participants who have a wait time of less than 2 weeks for admission will be 27% or less.	BVBH
	People experience less distressing symptoms from their presenting problem as a result of quicker visits with a prescriber for medications.	On average, there will be 29 days or fewer days between when a person calls for a medication management appointment and the date the appointment occurs	BVBH

	People's perception of med management as timely	Proportion of persons served reporting medication management service as timely (i.e. available times are good for people) is at or above 90%	BVBH
Data Source and Details	1-2. Blue Valley Behavioral Health will report the average of time persons served waited for a medication support service 3. Blue Valley Behavioral Health will report the persons served perception of timely services		

Service Enhancement: Behavioral Health Integration for Substance Use Disorder Residential			
Measure Details	**Goal**	**Outcome**	**Source**
	Persons receiving primary case voucher services are more likely to remain in and complete substance use treatment, and show significant improvement in their overall DLA-20 score, as well as in the Health Practices domain	64% of consumers with a Bluestem appointment while in treatment will complete substance use treatment	Compass
		78% of consumers with a Bluestem appointment while in treatment will show significant improvement in their overall Daily Living Activities (DLA-20) score	DLA-20 Data (COMPASS)
Data Source and Details	1. Region V Systems will report discharge type out of Region V Compass for those who received a Bluestem voucher 2. Region V Systems will report DLA-20 outcome scores for persons served who received a Bluestem Voucher during their residential treatment		

Service Enhancement Outcomes: Mental Health Crisis Center Social Worker			
Measure Details	**Goal**	**Outcome**	**Source**
	1. People at the Lancaster County Mental Health Crisis Center who are committed inpatient will receive treatment to support their recovery journey.	Decrease the number of inpatient post commitment days at the Lancaster Mental Health Crisis Center (LMHCC) to less than the baseline of the 25-day average (2021 data). Average length of stay (length of stay = date of EPC admission to date of IPPC discharge)	Region V Compass
	2. People at Lancaster County Mental Health Crisis Center will receive regular service interventions to support their recovery.	The LMHCC will deliver on average 100% (20 hours) of direct service to the people served each week. Number of group, individual and family therapeutic sessions per week (numerator= # of hours delivered/denominator=expected hours/20)	MHCC
	3. Programming/services at Lancaster County Mental Health Crisis Center will be sensitive to any experienced or witnessed trauma of the person served.	Perception of Care: The program was sensitive to any experienced or witnessed trauma in my life? (Target: 60%)	MHCC
	4. People will receive support in following their discharge plan after leaving the MHCC.	Establish a baseline of the proportion of persons with an outpatient commitment who receive follow-up contact after discharging.	MHCC

Data Source and Details	1. Region V Systems will report the average length of stay for persons served using the service type Emergency Protective Custody (admit date) and Inpatient Post Commitment Days (discharge date)
	2. Mental Health Crisis Center will report the number of weekly direct hours in the categories of individual, group, and family sessions.
	3. Mental Health Crisis Center will report perception of care item "the program was sensitive to any experienced or witnessed trauma in my life" for persons served quarterly
	4. Mental Health Crisis Center will report the number and proportion of persons with an outpatient commitment who receive follow-up contact after discharging.

VIII.   Reinvestment Service Outcomes

Region V Systems Reinvestment: Family & Youth Investment (FYI) Professional Partner High Fidelity Wraparound			
Measure Details	**Goal**	**Outcome**	**Source**
	1. Reduce the existing Professional Partner Waitlist by 33%	**# of youth/transition-age young adults on waitlist (point-in-time at end of quarter)** Baseline: 46, Target: 31	CDS
	2. Resume/Sustain the provision of Professional Partner Crisis Response High Fidelity Wraparound to youth and families, transition-age young adults and schools following a crisis event discontinued at the conclusion of the System of Care grant	**# of youth/transition-age youth adults and their families** Baseline: not currently active Target: 20-24	CDS/ RVS EHR
	3. Increase access to High Fidelity Wraparound to youth/transition-age young adults admitted to inpatient treatment at Bryan Health Mental Health Services that exit with recommendations for ongoing behavioral case management/care coordination support and youth/transition-age young adults deemed not eligible for inpatient treatment at Bryan Health Mental Health Services after triage assessment	**# of youth/transition-age youth adults and their families served** Baseline: not currently active Target: 20-24	CDS/ RVS EHR
Data Source and Details	1. Region V Systems will report on the average days waitlisted for the professional partner service in Region V Compass		
	2. Region V Systems will report on the number of youth/transition aged persons served		
	3. Region V Systems will report on the number of youth/transition aged persons served		

Region V Systems Reinvestment: Expansion of Supported Housing			
Measure Details	**Goal**	**Outcome**	**Source**
	1. Reduce waitlist time for Supported Housing - SUD	**Average number of days waiting** Baseline: 40 days (1/1/20-3/31/2021) Target: 14 days	CDS
	2. Increase the proportion of persons bridging to HUD Housing/Self Sufficiency within 36 months	**% of participants bridging to HUD Housing/Self Sufficiency within 36 months** Baseline: 64% (FY 19-20), Target: 70%	CDS
	3. Increase the proportion of persons in stable living when discharging from residential services (services included are listed to the right)	**% of participants in stable living when discharging from residential services** Baseline: 66% (FY17-Current) Target: 65% (Statewide) Target: 75% (Region)	CDS/RVS Compass
Data Source and Details	1. Region V Systems will report on the average days waitlisted for the supported housing – SUD from Region V Compass 2. Region V Systems will report the number of successful discharges / total discharges retrieved from Region V Compass 3. Region V Systems will report the number of persons served discharging with stable living / all those discharging		

Reinvestment Outcomes: CenterPointe's Mobile Crisis Response			
Measure Details	**Goal**	**Outcome**	**Source**
	1. CenterPointe will divert 80% of **adult** crisis contacts from an emergency protective custody (EPC) or hospitalization.	80% of **adult** crisis response contacts will be diverted from an emergency protective custody (EPC) or hospitalization Baseline To be established. Target: 80% of adults	CenterPointe
	2. CenterPointe will divert 80% of **youth** crisis contacts from hospitalization	80% of **youth** crisis response contacts will be diverted from hospitalization Baseline: To Be Determined Target: 80% of youth	CenterPointe
	3. When responding to the crisis event CenterPointe will report what agencies and the types of services the person served was referred to at the end of the contact.	When responding to the crisis event CenterPointe will report what agencies and the types of services the person served was referred to at the end of the contact.	CenterPointe
	4. Establish a baseline of the number and percentage of in-person crisis	Establish a baseline of the number and percentage of in-person crisis	CenterPointe

	response vs. telehealth crisis response.	response vs. telehealth crisis response. Baseline: 1% (FY22) Target: To Be Determined	
Data Source and Details	1. CenterPointe will report the number of crisis response adult persons served who were hospitalized or had an emergency protective custody 2. CenterPointe will report the number of crisis response youth persons served who were hospitalized or had an emergency protective custody 3. CenterPointe will report where the crisis response persons served were referred to at the end of the service 4. CenterPointe will report the number of persons who were served via telehealth or in-person		

Reinvestment Outcomes: TASC Expansion of Recovery Support to Rural Region V			
	Goal	**Outcome**	Source
Measure Details	Expand Recovery Support services to promote successful independent community living by assisting individuals in achieving behavioral health goals and supporting recovery through active case management and crisis relapse prevention	Reduction in length of stay in ERCS from 105 days to 90 days or less. Baseline: 105 days. Target: 90 days or less.	Region V Compass
Data Source and Details	Region V Systems will report the average length of stay for the Emergency Community Support service in Region V Compass		

Reinvestment Outcomes: Mental Health Association (MHA) REAL Expansion to Rural Region V			
Measure Details	**Goal**	**Outcome**	**Source**
	1. The people served in BH Peer Navigation service provided by the Mental Health Association of Nebraska through the REAL program are LOCATED	85% of all people referred to MHA Navigation service are located. (Include numerator = people LOCATED/denominator = ALL people referred) Baseline: 85%, REAL in Lincoln	MHA
	2. People located by the BH Peer Navigation service provided by the Mental Health Association of Nebraska will be ENGAGED	65% of all people LOCATED by the BH Peer Navigation service will be ENGAGED by MHA. (Include numerator = people engaged/denominator = all people located (i.e., Numerator from Outcome1.1) Baseline: 65%, REAL in Lincoln	MHA
	3. People served in BH Peer Navigation service provided by the Mental Health Association of Nebraska will identify their	Establish a baseline of the number	MHA

	presenting problems as outlined by the quality-of-life scale		
	4. People served by the BH Peer Navigation service provided by the Mental Health Association of Nebraska through the REAL program will get identified needs met through local resources and decrease calls to Law Enforcement.	Of the people who ENGAGE with BH Peer Navigation, establish a baseline of the number of calls that the person called Law Enforcement (LE) after the referral was made (from time LE referred the person to MHA) until discharge	MHA
Data Source and Details	1. MHA will report the number of persons served located and all persons 2. MHA will report the number of persons engaged and all persons 3. MHA will report the quality-of-life scale scores for the prior quarter 4. MHA will report the number of calls that a person served contacted law enforcement after the referral was made until discharge		

Reinvestment Outcomes: Supported Employment (SE)			
Measure Details	**Goal**	**Outcome**	**Source**
	1. # of persons referred to Supported Employment (SE) & wanting to work with SE • Initiated by Vocational Rehabilitation (VR) • Initiated by Community (self, other provider)	Monitor	Supported Employment Provider
	2. Proportion of persons whose point of entry to SE is Supported Employment agency who are then referred to VR	Target: 90% of persons originating with SE will be referred to VR	
	3. # of persons who refused referral to VR	Monitor	
	4. Average number of days between people being referred to VR (by SE agency) and "returning to Supported Employment"/eligibility determination	Reduce to 30 days or less	
	5. # of persons still waiting for eligibility determination by VR ("in process") and average number of days between people being referred to VR (by SE Provider) to end of quarter	Monitor	
	6. Proportion of persons referred to VR by SE agency who choose not to engage with VR (include reasons why)	Monitor	
	7. #/% persons referred to VR by SE who are determined to be ineligible for SE	Monitor	
	8. # of Admissions	Monitor	CDS/ Compass
	9. # of Individuals served	Monitor	
	10. Utilization (% of draw down on original contract)	Increase	

	11. Length of Time to obtain job (M2 start to M2 end)	Monitor	
	12. Length of Stay (days from Admit to Discharge)	Monitor	
	13. # of persons employed/# persons served (who are in labor force) Point in time at end of quarter	Increase to 40%	
	14. # of persons employed at discharge/all discharge (exclude people not in labor force), current DBH statewide measure	Increase to 20	
	15. # of VR closures	Increase to 15	
Data Source and Details	1-7. MHA & Goodwill Industries keep a referral/enrollment tracking sheet and submit to Region V Systems. 8-15. Region V Systems will report out of Compass.		