Performance Improvement Plan

FY 25-26

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Performance Improvement Plan

FY 25-26   Indicator # CQI-1

Expectation
The services provided by Region 5 Systems will be viewed favorably by community stakeholders.

Department	Program	CQI Team
Continuous Quality Improvement	Inter-departmental	

Scope	Organizational Risk Exposure
Achieve	Yes

Quality Indicator
Stakeholder surveys (FYI, Network, Prevention, Housing, Opioid Steering Committee, Stepping Up Steering Committee)

Threshold
Overall stakeholder satisfactory rate will be at 85% or above.

Standard
90%

Data Collection Plan

Data Source: Survey Collection Tool

Data Collector: Director of CQI

Frequency of Collection	Quarterly
Freq of Comparison to Threshold by Dept/Prog	Quarterly
Frequency of CCT/Leadership Team Review	Quarterly

Measurement Type
Quarterly scores are independent; the focus will be the overall performance for the year.

Baseline FY	Baseline	FY 24-25 Average
24-25	87%	87%

Performance Improvement Plan

FY 25-26   Indicator # FISC-1

Expectation

Allocated funds will be strategically utilized to maximize support for the wellness and recovery of residents within the catchment area.

Department	Program	CQI Team
Fiscal	Inter-departmental	N/A

Scope	Organizational Risk Exposure
Achieve	Yes

Quality Indicator

Utilization of State and Federal Block Grant allocated funds in fiscal year

Threshold

95% of allocated State and Federal Block Grant funds will be utilized by the end of the fiscal year

Standard

100%

Measurement Type

Quarterly scores are cumulative to demonstrate progress toward overall goal. Last quarter is main focus of achievement.

Data Collection Plan

Data Source	Fiscal/EBS Report
Data Collector	Director of Finance

Frequency of Collection	Quarterly
Freq of Comparison to Threshold by Dept/Prog	Quarterly
Frequency of CCT/Leadership Team Review	Quarterly

Baseline FY	Baseline	FY 24-25 Achieved
FY 25-26	New	New in 25-26

Performance Improvement Plan

FY 25-26   Indicator # FYI-1

Expectation
Youth will improve functioning as a result of participating in the Family & Youth Investment program.

Department	Program	CQI Team
Children & Family Services	Family & Youth Investment	

Scope	Organizational Risk Exposure
Achieve	No

Quality Indicator
Aggregated Average Child Adolescent Functioning Assessment Scale (CAFAS).

Threshold
70% of discharged youth's total CAFAS score will decrease by 20 points when comparing intake vs. discharge scores (All Tracks).

Standard
100%

Data Collection Plan

Data Source: Fidelity EHR

Data Collector: CQI Analyst

Measurement Type
Quarterly scores are cumulative for current quarter and previous quarters in FY, with the last quarter as the main focus of achievement.

Frequency of Collection	Quarterly
Freq of Comparison to Threshold by Dept/Prog	Quarterly
Frequency of CCT/Leadership Team Review	Quarterly

Track	Baseline FY	Baseline	FY 24-25 Achieved
All FYI	10-11	62.5%	92%
Traditional	10-11	45.0%	50%
Transition	10-11	46.0%	100%
Prevention	10-11	50.0%	100%
Juvenile Justice	15-16	57.0%	N/A
Child & Family Services	24-25	0.0%	N/A

Performance Improvement Plan

Expectation

Youth will improve functioning as a result of participating in the Family & Youth Investment (FYI) program.

Department	Program	CQI Team
Children & Family Services	Family & Youth Investment	

Scope	Organizational Risk Exposure
Preserve	No

Quality Indicator

Aggregated average Child Adolescent Functioning Assessment Scale (CAFAS).

Threshold

40% of youth with an admission score of 80 or more will leave the FYI program with a total CAFAS score below 80 (the required admission score). (All Tracks).

Standard

100%

Measurement Type

Quarterly scores are cumulative for current quarter and previous quarters in FY, with the last quarter as the main focus of achievement.

Data Collection Plan

Data Source	Fidelity EHR
Data Collector	CQI Analyst

Frequency of Collection	Quarterly
Freq of Comparison to Threshold by Dept/Prog	Quarterly
Frequency of CCT/Leadership Team Review	Quarterly

Track	Baseline FY	Baseline	FY 24-25 Achieved
All FYI	15-16	35.0%	62%
Traditional	16-17	66.6%	50%
Transition	16-17	28.5%	100%
Prevention	16-17	24.5%	100%
Juvenile Justice	16-17	16.6%	N/A
Child & Family Services	24-25	0.0%	N/A

Performance Improvement Plan

FY 25-26   Indicator # FYI-3

Expectation

Youth will improve functioning as a result of participating in the Family & Youth Investment program.

Department	Program	CQI Team
Children & Family Services	Family & Youth Investment	

Scope	Organizational Risk Exposure
Achieve	No

Quality Indicator

Individual Youth Aggregated Average Child Adolescent Functioning Assessment Scale (CAFAS) scores.

Threshold

60% of youth with a 30-point (severe impairment) admission CAFAS score on any of the 8 domains will decrease to 20-point (moderate impairment), 10-point (mild/minimal impairment) when comparing admission to discharge CAFAS scores. (Must have a 30 in any domain at admission to be included in the sample). (All tracks).

Standard

100%

Data Collection Plan

Data Source: Fidelity EHR

Data Collector: CQI Analyst

Measurement Type

Quarterly scores are cumulative for current quarter and previous quarters in FY, with the last quarter as the main focus of achievement.

Frequency of Collection	Quarterly
Freq of Comparison to Threshold by Dept/Prog	Quarterly
Frequency of CCT/Leadership Team Review	Quarterly

Track	Baseline FY	Baseline	FY 24-25 Achieved
All FYI	15-16	58.0%	73%
Traditional	16-17	63.6%	63%
Transition	16-17	35.0%	100%
Prevention	16-17	43.7%	100%
Juvenile Justice	16-17	33.0%	N/A
Child & Family Services	24-25	0.0%	N/A

Performance Improvement Plan

Expectation
Youth will improve functioning as a result of participating in the Family & Youth Investment (FYI) program.

Department	Program	CQI Team
Children & Family Services	Family & Youth Investment	

Scope	Organizational Risk Exposure
Achieve	No

Quality Indicator
The three outcome indicators for the FYI program using the Child Adolescent Functioning Assessment Scale (CAFAS). (1) Change 20 points of total score; 2) Decrease severe impairment (30) of any domain; and 3) Decrease total CAFAS score below 80 points).

Threshold
75% of youth demonstrate improvement on one or more of the three outcome indicators. (All tracks).

Standard
100%

Data Collection Plan

Data Source: Fidelity EHR

Data Collector: CQI Analyst

Measurement Type
Quarterly scores are cumulative for current quarter and previous quarters in FY, with the last quarter as the main focus of achievement.

Frequency of Collection	Quarterly
Freq of Comparison to Threshold by Dept/Prog	Quarterly
Frequency of CCT/Leadership Team Review	Quarterly

Track	Baseline FY	Baseline	FY 24-25 Achieved
All FYI	15-16	69.0%	73%
Traditional	16-17	80.0%	65%
Transition	16-17	40.0%	100%
Prevention	16-17	75.7%	100%
Juvenile Justice	16-17	45.0%	N/A
Child & Family Services	24-25	0.0%	N/A

Performance Improvement Plan

FY 25-26   Indicator # FYI-5

Expectation

All wraparound teams will have at least one (1) identified informal support on their team member list.

Department	Program	CQI Team
Children & Family Services	Family & Youth Investment	

Scope	Organizational Risk Exposure
Achieve	No

Quality Indicator

Documentation of informal supports on wraparound teams.

Threshold

85% of all teams will have at least one identified informal support on their team member list (utilize FYI statewide consensus of informal support definition; All Tracks).

Standard

100% (Looking at plans and teams in the 2003 wraparound study - 60% of teams had no informal resources; 32% had one; 8% had two or more.)

Measurement Type

Quarterly scores are independent to demonstrate the difference/trend/average.

Data Collection Plan

Data Source | FYI Peer Review Process Form

Data Collector | FYI Supervisor

Frequency of Collection	Quarterly
Freq of Comparison to Threshold by Dept/Prog	Quarterly
Frequency of CCT/Leadership Team Review	Quarterly

Track	Baseline FY	Baseline	FY 24-25 Average
All FYI	08-09	72.0%	85%
Traditional	11-12	86.0%	82%
Transition	11-12	89.0%	94%
Prevention	11-12	76.0%	88%
Juvenile Justice	16-17	26.0%	N/A
Child & Family Services	24-25	100.0%	100%

Performance Improvement Plan

FY 25-26   Indicator # FYI-6

Expectation
All wraparound teams will have at least one (1) informal support from their team member list attend child/family monthly team meetings or participate in Plan of Care (POC) goals.

Department	Program	CQI Team
Children & Family Services	Family & Youth Investment	

Scope	Organizational Risk Exposure
Achieve	No

Quality Indicator
Documentation of informal supports attending child/family monthly team meetings or participating in POC goals.

Threshold
70% of all teams with an informal support on their team member list will have at least one informal support on their team member list attend child/family monthly team meetings or participate in POC goals (utilizing FYI statewide consensus of informal support definition; All Tracks).

Standard
100% (Looking at plans and teams in the 2003 wraparound study - 60% of teams had no informal resources; 32% had one; 8% had two or more.)

Measurement Type
Quarterly scores are independent to demonstrate the difference/trend/average.

Data Collection Plan

Data Source: FYI Peer Review Process Form

Data Collector: FYI Supervisor

Frequency of Collection	Quarterly
Freq of Comparison to Threshold by Dept/Prog	Quarterly
Frequency of CCT/Leadership Team Review	Quarterly

Track	Baseline FY	Baseline	FY 24-25 Average
All FYI	Oct 2004	58.0%	76%
Traditional	11-12	65.0%	73%
Transition	11-12	66.0%	86%
Prevention	11-12	47.0%	71%
Juvenile Justice	16-17	89.0%	N/A
Child & Family Services	24-25	59.0%	100%

Performance Improvement Plan

FY 25-26   Indicator # FYI-7

Expectation
All youth will remain in their home while being served in the FYI program.

Department
Children & Family Services

Program
Family & Youth Investment

CQI Team

Scope
Achieve

Organizational Risk Exposure
Yes

Quality Indicator
Place of residence.

Threshold
100% of FYI youth will be living in their home while served in the FYI program (if youth resides out of their home for less than two [2] consecutive weeks during the month, it will not be considered an out-of-home placement; All Tracks).

Standard
100%

Data Collection Plan

Data Source	FYI Peer Review Process Form
Data Collector	FYI Supervisor

Measurement Type
Quarterly scores are independent to demonstrate the difference/ trend/average.

Frequency of Collection	Quarterly
Freq of Comparison to Threshold by Dept/Prog	Quarterly
Frequency of CCT/Leadership Team Review	Quarterly

Track	Baseline FY	Baseline	FY 24-25 Average
All FYI	June 2004	89.0%	100%
Traditional	11-12	98.0%	100%
Transition	11-12	100.0%	100%
Prevention	11-12	100.0%	97%
Juvenile Justice	16-17	81.0%	100%
Child & Family Services	24-25	59.0%	72%

Performance Improvement Plan

FY 25-26   Indicator # FYI-8

Expectation
Child and Family Teams will have a team meeting at least once a month.

Department	Program	CQI Team
Children & Family Services	Family & Youth Investment	

Scope	Organizational Risk Exposure
Preserve	Yes

Quality Indicator
Team meeting summary.

Threshold
90% of families will have a team meeting every month (all FYI track participants).

Standard
100%

Data Collection Plan

Data Source: Team Meeting Summary

Data Collector: FYI Supervisor

Measurement Type
Quarterly scores are independent to demonstrate the difference/trend/average.

Frequency of Collection	Quarterly
Freq of Comparison to Threshold by Dept/Prog	Quarterly
Frequency of CCT/Leadership Team Review	Quarterly

Track	Baseline FY	Baseline	FY 24-25 Average
All FYI	June 2005	100.0%	94%
Traditional	June 2005	93.0%	92%
Transition	June 2005	90.0%	96%
Prevention	June 2005	88.0%	98%
Juvenile Justice	16-17	94.0%	100%
Child & Family Services	24-25	84.0%	89%

Performance Improvement Plan

Expectation
FYI will serve families living in the rural and urban areas of Region 5 Systems in relative proportion of population.

Department
Children & Family Services

Program
Family & Youth Investment

CQI Team

Scope
Preserve

Organizational Risk Exposure
Yes

Quality Indicator
County of residence at monthly review.

Threshold
30% of clients in the FYI program will reside in rural counties (Traditional track).

Standard
30%

Data Collection Plan

Data Source: Fidelity EHR

Data Collector: CQI Analyst

Frequency of Collection	Quarterly
Freq of Comparison to Threshold by Dept/Prog	Quarterly
Frequency of CCT/Leadership Team Review	Quarterly

Measurement Type
Quarterly scores are independent to demonstrate the difference/trend/average.

Track	Baseline FY	Baseline	FY 24-25 Average
Traditional	June 2004	31.0%	36%

Performance Improvement Plan

FY 25-26   Indicator # FYI-10

Expectation
FYI Professional Partners will meet established performance gauges in an attempt to ensure fidelity to the wraparound model occurs.

Department
Children & Family Services

Program
Family & Youth Investment

CQI Team

Scope
Preserve

Organizational Risk Exposure
Yes

Quality Indicator
Professional Partners performance gauges.

Threshold
95% of the FYI Professional Partners performance will be met on all of their gauges.

Standard
100%

Data Collection Plan

Data Source | FYI Supervisors

Data Collector | FYI Supervisor

Measurement Type
Quarterly scores are independent to demonstrate the difference/trend/average.

Frequency of Collection	Quarterly
Freq of Comparison to Threshold by Dept/Prog	Quarterly
Frequency of CCT/Leadership Team Review	Quarterly

Baseline FY	Baseline	FY 24-25 Average
16-17	99.0%	98%

Performance Improvement Plan

Expectation

Each Child and Family Team will have at least one formal support present at the monthly team meeting.

Department	Program	CQI Team
Children & Family Services	Family & Youth Investment	

Scope	Organizational Risk Exposure
Achieve	No

Quality Indicator

Monthly Documentation Review

Threshold

50% of team meetings each month will have at least one formal support present.

Standard

75%

Measurement Type

Monthly scores are independent to demonstrate the difference/trend/average.

Data Collection Plan

Data Source: Monthly Documentation Review

Data Collector: FYI Supervisor

Frequency of Collection	Quarterly
Freq of Comparison to Threshold by Dept/Prog	Monthly
Frequency of CCT/Leadership Team Review	Quarterly

Baseline FY	Baseline	FY 24-25 Average
2023 calendar year	26%	30%

Performance Improvement Plan

FY 25-26   Indicator # HOUS-1

Expectation

Region 5 Systems' Rental Assistance Program (Substance Use/Mental Health) will assist consumers in achieving self-sustainable housing.

Department	Program	CQI Team
Housing	RAP	

Scope	Organizational Risk Exposure
Achieve	No

Quality Indicator

Persons served within the Rental Assistance Program (RAP) will experience a successful discharge (bridge to Section 8 or other housing, bridge to self-sufficiency or self-terminate assistance).

Threshold

70% (SUD/MH track combined) of RAP voucher participants (excluding one-time housing costs/flex fund recipients) will successfully discharge/bridge.

Standard

100%

Measurement Type

Quarterly scores are independent to demonstrate the difference/trend/average.

Data Collection Plan

Data Source: Centralized Data System

Data Collector: CQI Analyst

Frequency of Collection	Quarterly
Freq of Comparison to Threshold by Dept/Prog	Quarterly
Frequency of CCT/Leadership Team Review	Quarterly

Program	Baseline FY	Baseline	FY 24-25 Average
Combined	20-22	69%	44%
MH	20-22	63%	43%
SUD	20-22	83%	56%

Performance Improvement Plan

FY 25-26   Indicator # HOUS-2

Expectation

Region 5 Systems' Rental Assistance Program- Substance Use & Mental Health Housing will decrease wait times so that people gain a stable place to live sooner.

Department	Program	CQI Team
Housing	RAP	

Scope	Organizational Risk Exposure
Achieve	No

Quality Indicator

Persons served within the Rental Assistance Program (RAP) Mental Health (MH) and Substance Use (SUD) programs will experience timely access. People receiving one-time housing assistance are excluded from this measure.

Threshold

The average number of days people are on the waitlist will decrease by 10%.
Priority 1 MH: 22 days or less. SUD: 15 days or less.
Priority 2 MH: 78 days or less. SUD: 22 days or less.

Standard

14 days MH, 60 days SUD

Measurement Type

Quarterly scores are independent to demonstrate the difference/trend/average.

Data Collection Plan

Data Source: Centralized Data System

Data Collector: CQI Analyst

Frequency of Collection	Quarterly
Freq of Comparison to Threshold by Dept/Prog	Quarterly
Frequency of CCT/Leadership Team Review	Quarterly

Program	Baseline FY	Baseline	FY 24-25 Total
P1	21-22	25 days MH, 17 days SUD	3 Days MH, 4 Days SUD
P2	21-22	87 days MH, 25 days SUD	86 Days MH, 81 Days SUD

Performance Improvement Plan

Expectation

Region 5 Systems' Rural and Lincoln Permanent Housing will provide interim housing and assist people in achieving self-sustainable housing.

Department	Program	CQI Team
Housing	HUD	

Scope	Organizational Risk Exposure
Achieve	Yes

Quality Indicator

Rural (RPH), Lincoln (LPH), and Rural Transition-age (RTPH) Permanent Housing Units

Threshold

The RPH, LPH, and RTPH Programs will maintain housing units at no lower than 95% of program unit capacity/utilization (Threshold: RPH 30 Units; LPH 11 Units; RTPH 7 Units)
(Capacity: RPH 32; LPH 12; RTPH 8)

Standard

100%

Measurement Type

Quarterly scores are independent; the focus will be an average for the year.

Data Collection Plan

Data Source	Housing Status Update
Data Collector	HUD Housing Coordinator

Frequency of Collection	Quarterly
Freq of Comparison to Threshold by Dept/Prog	Quarterly
Frequency of CCT/Leadership Team Review	Quarterly

Baseline FY	Baseline
20-21	88% Rural

FY 24-25 Average	
Overall	83%
RPH	74%
LPH	95%
RTPH	74%

Performance Improvement Plan

FY 25-26   Indicator # HOUS-4

Expectation
Region 5 Systems' Permanent Housing will assist persons served in achieving self-sustainable housing.

Department	Program	CQI Team
Housing	HUD	

Scope	Organizational Risk Exposure
Achieve	Yes

Quality Indicator
Persons within Permanent Housing will remain housed (within Region 5 Systems Permanent Housing or by discharging to other permanent housing.

Threshold
90% of program participants will remain housed or exit program successfully to other permanent housing (annual measurement).

Standard
90%

Data Collection Plan

Data Source	Clarity
Data Collector	HUD Housing Coordinator

Measurement Type
Quarterly scores are independent to demonstrate the difference/trend/average.

Frequency of Collection	Quarterly
Freq of Comparison to Threshold by Dept/Prog	Quarterly
Frequency of CCT/Leadership Team Review	Quarterly

Baseline FY	Baseline
23-24	92%

FY 24-25 Average	
TOTAL	90%
RPH	97%
LPH	93%
RTPH	88%

Performance Improvement Plan

FY 25-26   Indicator # HOUS-5

Expectation
Region 5 Systems' Permanent Housing will assist persons served with maintaining housing.

Department	Program	CQI Team
Housing	HUD	

Scope	Organizational Risk Exposure
Achieve	Yes

Quality Indicator
Persons served by Permanent Housing will remain housed during the first 6 months of enrollment.

Threshold
Less than 10% of program participants will return to unhoused status within 6 months of program enrollment.

Standard
10%

Measurement Type
Quarterly scores are independent to demonstrate the difference/trend/average.

Data Collection Plan

Data Source: Clarity

Data Collector: HUD Housing Coordinator

Frequency of Collection	Quarterly
Freq of Comparison to Threshold by Dept/Prog	Quarterly
Frequency of CCT/Leadership Team Review	Quarterly

Baseline FY	Baseline
23-24	5%

FY 24-25 Average	
Total PH	1%
RPH	0%
LPH	0%
RTPH	0%

Performance Improvement Plan

FY 25-26   Indicator # HOUS-6

Expectation

Region 5 Systems' Permanent Housing will assist persons served with maintaining housing.

Department	Program	CQI Team
Housing	HUD	

Scope	Organizational Risk Exposure
Achieve	Yes

Quality Indicator

Persons served by Permanent Housing will remain housed during the first 12 months of enrollment.

Threshold

Less than 15% of program participants will return to unhoused status within 12 months of program enrollment.

Standard

15%

Measurement Type

Quarterly scores are independent to demonstrate the difference/trend/average.

Data Collection Plan

Data Source: Clarity

Data Collector: HUD Housing Coordinator

Frequency of Collection	Quarterly
Freq of Comparison to Threshold by Dept/Prog	Quarterly
Frequency of CCT/Leadership Team Review	Quarterly

Baseline FY	Baseline
23-24	5%

FY 24-25 Average	
Total PH	4%
RPH	2%
LPH	0%
RTPH	19%

Performance Improvement Plan

FY 25-26   Indicator # HOUS-7

Expectation
Region 5 Systems' Permanent Housing will decrease the time until housing move-in date so that people gain a stable place to live sooner.

Department	Program	CQI Team
Housing	HUD	

Scope	Organizational Risk Exposure
Achieve	No

Quality Indicator
Number of days between program enrollment and housing move-in date.

Threshold
The average length of time (days) from program enrollment to housing move-in date will be 60-days or less.

Standard
less than 60 days

Measurement Type
Quarterly scores are independent to demonstrate the difference/trend/average.

Data Collection Plan

Data Source | Clarity

Data Collector | HUD Housing Coordinator

Frequency of Collection	Quarterly
Freq of Comparison to Threshold by Dept/Prog	Quarterly
Frequency of CCT/Leadership Team Review	Quarterly

Baseline FY	Baseline
23-24	12

FY 24-25 Average	
Total PH	18
RPH	6
LPH	4
RTPH	27

Performance Improvement Plan

FY 25-26   Indicator # HOUS-8

Expectation
All performance gauges related to housing services (including timeliness, service delivery, documentation, and client outcomes) will be met by Housing Specialists (Rental Assistance Program and HUD)

Department	Program	CQI Team
Housing	RAP and HUD	

Scope	Organizational Risk Exposure
Achieve	Yes

Quality Indicator
Performance gauges fully met by each Housing Specialist monthly

Threshold
80% of gauges met per program and housing specialist

Standard
100%

Measurement Type
Quarterly scores are independent to demonstrate the difference/trend/average.

Data Collection Plan

Data Source | Fidelity EHR Reports

Data Collector | Manager of Housing Services

Frequency of Collection	Quarterly
Freq of Comparison to Threshold by Dept/Prog	Quarterly
Frequency of CCT/Leadership Team Review	Quarterly

Baseline FY	Baseline	FY 24-25 Average Days
FY 25-26	New	New in 25-26

Performance Improvement Plan

Expectation

100% of Housing Coordination Funds are utilized by the end of the fiscal year to maximize housing stability.

Department	Program	CQI Team
Housing	RAP	

Scope	Organizational Risk Exposure
Achieve	Yes

Quality Indicator

Utilizing all allocated Housing Coordination Funds by June 30, 2026.

Threshold

100% of Funds will be utilized.

Standard

100%

Data Collection Plan

Data Source   Fiscal Report

Data Collector   Manager of Housing Services

Measurement Type

Quarterly scores are cumulative to demonstrate progress toward overall goal. Last quarter is main focus of achievement.

Frequency of Collection	Quarterly
Freq of Comparison to Threshold by Dept/Prog	Quarterly
Frequency of CCT/Leadership Team Review	Quarterly

Baseline FY	Baseline	FY 24-25 Achieved
FY 25-26	New	New in 25-26

Performance Improvement Plan

FY 25-26   Indicator # NETW-1

Expectation

Per Region 5 Systems' policy, Network Providers will receive site visit reports within forty-five (45) days of completion of site visit.

Department	Program	CQI Team
Adult Network Services	Network Providers	

Scope	Organizational Risk Exposure
Achieve	Yes

Quality Indicator

Time between completion of site visit and distribution of site visit report.

Threshold

100% of Network Providers will receive a copy of their agency's site visit report as prepared by Region 5 Systems' Network Administration within forty-five (45) business days of completion of the site visit.

Standard

100%

Measurement Type

Quarterly scores are independent to demonstrate the difference/trend/average.

Data Collection Plan

Data Source	Site Visit Reports
Data Collector	Network Director

Frequency of Collection	Quarterly
Freq of Comparison to Threshold by Dept/Prog	Quarterly
Frequency of CCT/Leadership Team Review	Quarterly

Baseline FY	Baseline	FY 24-25 Average
06-07	21.50%	100%

Performance Improvement Plan

FY 25-26   Indicator # NETW-2

Expectation

Network Administration will report initial findings of the site visit to Network Providers in an exit conference with provider employees.

Department	**Program**	**CQI Team**
Adult Network Services	Network Providers	

Scope	**Organizational Risk Exposure**
Preserve	Yes

Quality Indicator

Number of site visit exit conferences.

Threshold

Exit conferences will be completed with 100% of Network Providers at completion of each agency/program site visit.

Standard

100%

Measurement Type

Quarterly scores are independent to demonstrate the difference/trend/average.

Data Collection Plan

Data Source	Site Visit Survey

Data Collector	Network Director

Frequency of Collection	Quarterly
Freq of Comparison to Threshold by Dept/Prog	Quarterly
Frequency of CCT/Leadership Team Review	Quarterly

Baseline FY	**Baseline**	**FY 24-25 Average**
06-07	100%	100%

Performance Improvement Plan

FY 25-26   Indicator # OPS.HR-1

Expectation

Region 5 Systems adheres to personnel policies that contribute to the effective performance evaluation of its personnel.

Department	Program	CQI Team
Operations/Human Resources		Human Resources Supervisors

Scope	Organizational Risk Exposure
Achieve	Yes

Quality Indicator

Completed semi-annual performance evaluations are submitted to HR by the 5th business day following the performance evaluation deadline (completed evaluation = conducted by the established deadline, documented on the correct form; password-protected and saved on the Y-Drive, hard copy signed by the employee and supervisor, and submitted to HR by the 5th business day following the performance evaluation deadline).

Threshold

100% of all employees shall have a documented, signed semi-annual performance evaluation.

Standard
100%

Data Collection Plan

Data Source: Performance Evaluation Forms

Data Collector: Operations Manager

Measurement Type
Quarterly scores are independent to demonstrate the difference/trend/average.

Frequency of Collection	Quarterly
Freq of Comparison to Threshold by Dept/Prog	Quarterly
Frequency of CCT/Leadership Team Review	Quarterly

Baseline FY	Baseline	FY 24-25 Average
21-22	69%	88%

Performance Improvement Plan

FY 25-26   Indicator # OPS.HR-2

Expectation

Region 5 Systems adheres to personnel policies that contribute to the effective performance evaluation of its personnel.

Department	Program	CQI Team
Operations/Human Resources		Human Resources Supervisors

Scope	Organizational Risk Exposure
Achieve	Yes

Quality Indicator

Completed annual performance evaluations are submitted to HR by the required deadline (completed evaluation = conducted by the established deadline, documented on the correct form; password-protected and saved on the Y Drive, hard copy signed by the employee and supervisor, and submitted to HR by the performance evaluation deadline.

Threshold

100% of all employees shall have a documented, signed annual performance evaluation.

Standard

100%

Measurement Type

Quarterly scores are independent to demonstrate the difference/trend/average.

Data Collection Plan

Data Source: Annual Performance Evaluation

Data Collector: Operations Manager

Frequency of Collection	Quarterly
Freq of Comparison to Threshold by Dept/Prog	Quarterly
Frequency of CCT/Leadership Team Review	Quarterly

Baseline FY	Baseline	FY 24-25 Average
06-07	78%	88%

Performance Improvement Plan

FY 25-26   Indicator # OPS.HR-3

Expectation

In an effort to maintain a high-quality standard of health and safety for all employees and building partners at Region 5 Systems, safety drills are conducted and documented according to the established schedule.

Department	Program	CQI Team
Operations/Human Resources		Health & Safety

Scope	Organizational Risk Exposure
Preserve	Yes

Quality Indicator

Completion of drills according to established schedule.

Threshold

100% of drills completed per established schedule.

Standard

100%

Measurement Type

Quarterly scores are independent to demonstrate the difference/trend/average.

Data Collection Plan

Data Source	Drill and Inspection Schedule
Data Collector	Health & Safety Coordinator

Frequency of Collection	Quarterly
Freq of Comparison to Threshold by Dept/Prog	Quarterly
Frequency of CCT/Leadership Team Review	Quarterly

Baseline FY	Baseline	FY 24-25 Average
13-14	88%	100%

Performance Improvement Plan

Expectation

To maintain a high-quality standard of safety and accountability for all building occupants at Region 5 Systems, it is expected that all individuals will appropriately keep the pegboard updated.

Department	Program	CQI Team
Operations/Human Resources		Health & Safety

Scope	Organizational Risk Exposure
Achieve	Yes

Quality Indicator

Building occupants are accurately documented during health & safety drills, including pegboard status and visitor sign in, per standard procedures.

Threshold

100% of building occupants will be accurately documented on the pegboard during health and safety drills.

Standard

100%

Data Collection Plan

Data Source   Pegboard Printout and Visitor Sign in Sheet

Data Collector   Health & Safety Coordinator

Measurement Type

Quarterly scores are independent to demonstrate the difference/trend/average.

Frequency of Collection	Quarterly
Freq of Comparison to Threshold by Dept/Prog	Quarterly
Frequency of CCT/Leadership Team Review	Quarterly

Baseline FY	Baseline	FY 24-25 Average
14-15	87%	98%

Performance Improvement Plan

FY 25-26   Indicator # PREV-1

Expectation
Federal Block Grant funded prevention coalitions will meet all reporting requirements for reporting on information, activities, and outcomes in southeast Nebraska.

Department	Program	CQI Team
Adult Network Services	Prevention	

Scope	Organizational Risk Exposure
Preserve	Yes

Quality Indicator
Substance use annual assessments & quarterly BH5 Reporting, NPIRS Reporting.

Threshold
100% of organized county community prevention coalitions (16) in southeast Nebraska will participate in substance use annual assessments and quarterly BH5 reporting, NPIRS (Nebraska Prevention Information Resource System).

Standard
100%

Measurement Type
Quarterly scores are independent to demonstrate the difference/trend/average.

Data Collection Plan

Data Source: Annual Assessment Forms, BH5 Forms, NPIRS Database

Data Collector: Prevention Team Members

Frequency of Collection	Quarterly
Freq of Comparison to Threshold by Dept/Prog	Quarterly
Frequency of CCT/Leadership Team Review	Quarterly

Baseline FY	Baseline	FY 24-25 Average
11-12	100%	100%

Performance Improvement Plan

FY 25-26   Indicator # PREV-2

Expectation
Utilization of website/social media will increase community's knowledge of prevention activities/strategies and resources.

Department
Adult Network Services

Program
Prevention

CQI Team

Scope
Preserve

Organizational Risk Exposure
No

Quality Indicator
Number of visits to the website

Threshold
Maintain the number of visits to the www.talkheart2heart.com website above the baseline (Users: Repeat: 3,471, Unique 1,942) by June 30, 2026.

Standard
Above baseline numbers

Data Collection Plan

Data Source   KidGlov

Data Collector   Prevention Team Members

Frequency of Collection	Quarterly
Freq of Comparison to Threshold by Dept/Prog	Quarterly
Frequency of CCT/Leadership Team Review	Quarterly

Measurement Type
Quarterly scores are independent to demonstrate quarterly differences and the last quarter is the main focus of achievement.

	Baseline	FY 24-25 Achieved
Website Repeat Users:	3,471	15,594
Unique Users Average	1,942	8,553

Performance Improvement Plan

FY 25-26   Indicator # PREV-3

Expectation
Counties in southeast Nebraska will have a LOSS team who can provide support to those who have had a suicide loss

Department	Program	CQI Team
Adult Network Services	Prevention	

Scope	Organizational Risk Exposure
Preserve	No

Quality Indicator
LOSS Teams in Region 5 service area

Threshold
100% of all counties will have a local LOSS team serving their area.

Standard
100%

Measurement Type
Quarterly scores are dependent upon the end of the year focus.

Data Collection Plan

Data Source: LOSS Teams Report

Data Collector: Prevention Team Members

Frequency of Collection	Quarterly
Freq of Comparison to Threshold by Dept/Prog	Quarterly
Frequency of CCT/Leadership Team Review	Quarterly

Baseline FY	Baseline	FY 24-25
FY 23-24	50%	100%

Performance Improvement Plan

FY 25-26   Indicator # PREV-4

Expectation
Increase the number of community coalitions throughout southeast Nebraska in efforts to build collaborative partnerships and sustain capacity in substance use prevention efforts

Department	Program	CQI Team
Adult Network Services	Prevention	

Scope	Organizational Risk Exposure
Preserve	Yes

Quality Indicator
Active community prevention coalitions throughout southeast Nebraska

Threshold
85% of counties (16) in southeast Nebraska will be engaged in an active community prevention coalition by the end of the fiscal year.

Standard
100%

Measurement Type
Quarterly scores are independent to demonstrate quarterly differences with the last quarter as the main focus of achievement.

Data Collection Plan

Data Source   County Reports and RPC Team

Data Collector   Prevention Team Members

Frequency of Collection	Quarterly
Freq of Comparison to Threshold by Dept/Prog	Quarterly
Frequency of CCT/Leadership Team Review	Quarterly

Baseline FY	Baseline	FY 24-25 Achieved
March 2004	59%	100%

Performance Improvement Plan

FY 25-26   Indicator # PREV-5

Expectation

The Regional Prevention Center Youth Action Board (YAB) will have youth representation from all 16 counties.

Department	Program	CQI Team
Adult Network Services	Prevention	

Scope	Organizational Risk Exposure
Achieve	No

Quality Indicator

YAB youth representation

Threshold

75% of the counties (16) are represented on YAB membership

Standard	Data Collection Plan
100%	

Data Source YAB Meeting Minutes

Data Collector Prevention Team Members

Measurement Type

Quarterly scores are independent to demonstrate the difference/trend/average.

Frequency of Collection	Quarterly
Freq of Comparison to Threshold by Dept/Prog	Quarterly
Frequency of CCT/Leadership Team Review	Quarterly

Baseline FY	Baseline	FY 24-25 Average
June 2006	80%	69%

Performance Improvement Plan

FY 25-26 · Indicator # PREV-6

Expectation
Region 5 Systems will have an accurate count of deaths by suicide, along with basic demographic information, in all 16 counties of service area to help guide prevention efforts

Department	Program	CQI Team
Adult Network Services	Prevention	

Scope	Organizational Risk Exposure
Achieve	No

Quality Indicator
Reporting on deaths by suicide

Threshold
100% of counties (16) will report on deaths identified and documented as suicide

Standard
100%

Measurement Type
Quarterly scores are independent to demonstrate the difference/trend/average.

Data Collection Plan

Data Source: LOSS Teams, obtained from county attorneys

Data Collector: Prevention Team Members

Frequency of Collection	Quarterly
Freq of Comparison to Threshold by Dept/Prog	Quarterly
Frequency of CCT/Leadership Team Review	Quarterly

Baseline FY	Baseline	FY 24-25 Average
FY 24-25	0%	0%

Performance Improvement Plan

FY 25-26   Indicator # PREV-7

Expectation

Increase the number of evidence based curricula throughout southeast Nebraska

Department	Program	CQI Team
Adult Network Services	Prevention	

Scope	Organizational Risk Exposure
Preserve	No

Quality Indicator

School based Evidence Based Practices

Threshold

100% of all schools receiving Federal Block Grant dollars will utilize an evidence based program

Standard

100%

Measurement Type

Quarterly scores are independent to demonstrate the difference/trend/average.

Data Collection Plan

Data Source   Prevention Coalitions

Data Collector   Prevention Team Members

Frequency of Collection	Quarterly
Freq of Comparison to Threshold by Dept/Prog	Quarterly
Frequency of CCT/Leadership Team Review	Quarterly

Baseline FY	Baseline	FY 24-25 Average
19-20	100%	100%

Performance Improvement Plan

Expectation

Region 5 Systems employees will have opportunities to learn, in support of their professional development.

Department	Program	CQI Team
Operations/Human Resources		CARF Training

Scope	Organizational Risk Exposure
Achieve	Yes

Quality Indicator

Completion of CARF & Region 5 Systems required trainings.

Threshold

100% of Region 5 Systems' employees complete required trainings according to assigned deadline.

Standard

100%

Measurement Type

Quarterly scores are cumulative to demonstrate progress toward overall goal. Last quarter is main focus of achievement.

Data Collection Plan

Data Source: Relias Database/Other Reports

Data Collector: Director of Special Projects

Frequency of Collection	Quarterly
Freq of Comparison to Threshold by Dept/Prog	Quarterly
Frequency of CCT/Leadership Team Review	Quarterly

Baseline FY	Baseline	FY 24-25 Achieved
11-12	90%	100%

Performance Improvement Plan

FY 25-26

Indicator # SPEC.PROJ-2

Expectation
Region 5 Systems sponsors quality community trainings to employees and community partners.

Department
Operations/Human Resources

Program

CQI Team
Training

Scope
Preserve

Organizational Risk Exposure
No

Quality Indicator
Training evaluations.

Threshold
Community trainings sponsored by Region 5 Systems will result in an overall satisfactory rate of 85% or above.

Standard
90%

Measurement Type
Quarterly scores are independent to demonstrate the difference/trend/average.

Data Collection Plan

Data Source | Training Evaluation Tool

Data Collector | Director of Special Projects

Frequency of Collection	Quarterly
Freq of Comparison to Threshold by Dept/Prog	Quarterly
Frequency of CCT/Leadership Team Review	Quarterly

Baseline FY	Baseline	FY 24-25 Average
07-08	98%	93%

Performance Improvement Plan

FY 25-26   Indicator # SPEC.PROJ-3

Expectation
Region 5 Systems sponsors quality internal employee training.

Department
Operations/Human Resources

Program

CQI Team
Training

Scope
Preserve

Organizational Risk Exposure
No

Quality Indicator
Training evaluations.

Threshold
Required internal employee training offered by external speakers will result in an overall satisfactory rate of 85% or above.

Standard
90%

Measurement Type
Quarterly scores are independent to demonstrate the difference/trend/average.

Data Collection Plan

Data Source | Training Evaluation Tool

Data Collector | Director of Special Projects

Frequency of Collection	Quarterly
Freq of Comparison to Threshold by Dept/Prog	Quarterly
Frequency of CCT/Leadership Team Review	Quarterly

Baseline FY	Baseline	FY 24-25 Average
FY 25-26		New in FY 25-26

Performance Improvement Plan

Expectation
Region 5 Systems has a provider network that maintains evidence-based practices for the best possible outcomes of the people we serve and their recovery.

Department
Adult Network Services

Program
Network Providers

CQI Team

Scope
Achieve

Organizational Risk Exposure
No

Quality Indicator
Adherence to fidelity and outcomes reporting required in maintaining evidence-based program delivery.

Threshold
80% of approved evidence-based programs will complete all model fidelity and outcomes reporting requirements to maintain evidence-based practice delivery at the end of the fiscal year. (Example of reporting: In Quarter 3, 80% (8/10) of approved programs, per evidence-based practice, completed requirements)

Standard
100%

Measurement Type
Quarterly scores are independent to demonstrate the difference/ trend/average.

Data Collection Plan

Data Source: Evidence-Based Participant Training Reports

Data Collector: CQI Analyst

Frequency of Collection	Quarterly
Freq of Comparison to Threshold by Dept/Prog	Quarterly
Frequency of CCT/Leadership Team Review	Quarterly

Baseline FY	Baseline	FY 24-25 Average
22-23	91%	88%

Performance Improvement Plan

FY 25-26   Indicator # SPEC.PROJ-5

Expectation
Region 5 Systems' will track and report outcomes from allocation of Opioid Settlement Funding to grant and obvious expenditure awardees.

Department
Continuous Quality Improvement

Program
N/A

CQI Team
N/A

Scope
Achieve

Organizational Risk Exposure
Yes

Quality Indicator
Adherence to Opioid Settlement grant and obvious expenditure outcome reporting as outlined in contracts.

Threshold
80% of grant and obvious expenditure awardees will submit outcomes as outlined in their contract each quarter.

Standard
100%

Data Collection Plan

Data Source | Quarterly reports from grantees.

Data Collector | CQI Analyst

Measurement Type
Quarterly scores are independent to demonstrate the difference/trend/average.

Frequency of Collection	Quarterly
Freq of Comparison to Threshold by Dept/Prog	Quarterly
Frequency of CCT/Leadership Team Review	Quarterly

Baseline FY	Baseline	FY 24-25 Average
24-25	100%	100%

Performance Improvement Plan

FY 25-26   Indicator # SPEC.PROJ-6

Expectation
Ensure Opioid Settlement Funds are funding a variety of priority abatement strategies to address the opioid epidemic within Region 5 Systems as identified through strategic planning and community needs assessment.

Department	Program	CQI Team
Continuous Quality Improvement	N/A	N/A

Scope	Organizational Risk Exposure
Achieve	No

Quality Indicator
Region 5 Systems' Opioid Settlement funds will fund a minimum of six identified abatement strategies through grant awards and obvious expenditures.

Threshold
24% (6 priority areas) of priority abatement strategies will be funded through grants or obvious expenditures each fiscal year. (Example of reporting: As of June 30, 2025, 6 unique priority abatement strategies have been funded this fiscal year through grants or obvious expenditures representing 12 different projects. 24% (6/25) of priority abatement strategies have been funded to-date.)

Standard
N/A

Data Collection Plan

Data Source
Awarded grant applications.

Data Collector Opioid Project Manager

Frequency of Collection	Quarterly
Freq of Comparison to Threshold by Dept/Prog	Quarterly
Frequency of CCT/Leadership Team Review	Quarterly

Measurement Type
Quarterly scores are cumulative with the last quarter as the main focus of achievement.

Baseline FY	Baseline	FY 24-25 Achieved
24-25	33%	38%

Performance Improvement Plan

Expectation

Region 5 Systems will have zero funds returned to the Statewide Opioid Fund due to unspent or non obligated funds.

Department	Program	CQI Team
Continuous Quality Improvement	N/A	N/A

Scope	Organizational Risk Exposure
Achieve	Yes

Quality Indicator

Funding received from LB 1355 in each fiscal year will be fully allocated each fiscal year to address the opioid epidemic within Region 5 Systems' catchment area.

Threshold

100% of funding received from LB 1355 in FY 25-26 will be awarded/obligated to address the opioid epidemic within Region 5 Systems' catchment area.

Standard

N/A

Measurement Type

Quarterly scores are cumulative with the last quarter as the main focus of achievement.

Data Collection Plan

Data Source　Quarterly progress report on Opioid Settlement Funds

Data Collector　Opioid Project Manager

Frequency of Collection	Quarterly
Freq of Comparison to Threshold by Dept/Prog	Quarterly
Frequency of CCT/Leadership Team Review	Quarterly

Baseline FY	Baseline	FY 24-25 Achieved
24-25	100%	100%

Performance Improvement Plan

FY 25-26   Indicator # SPEC.PROJ-8

Expectation

Ensure that the funding for grants, obvious expenditures, and flex funds is utilized according to Region 5 Systems guidelines and contracts.

Department	Program	CQI Team
Continuous Quality Improvement	N/A	N/A

Scope	Organizational Risk Exposure
Achieve	Yes

Quality Indicator

Region 5 Systems will audit all funding awarded to Oxford houses and BayMark Health Services (BAART) during FY 24-25 to monitor for adherence to guidelines and contract deliverables.

Threshold

Region 5 Systems will audit 100% of agencies/entities identified as needed an audit annually.

Standard

N/A

Measurement Type

Quarterly scores are cumulative with the last quarter as the main focus of achievement.

Data Collection Plan

Data Source	Completed audit reports
Data Collector	Opioid Project Manager

Frequency of Collection	Quarterly
Freq of Comparison to Threshold by Dept/Prog	Quarterly
Frequency of CCT/Leadership Team Review	Quarterly

Baseline FY	Baseline	FY 24-25 Achieved
FY 25-26		New in FY 25-26