REGION 5 SYSTEMS

Supporting Wellness and Recovery in Behavioral Health

SINCE 1974

Performance Improvement Plan

FY27

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Performance Improvement Plan

FY27 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 Committe, Stepping Up Steering Committee)

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

Standard
90%

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

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

Baseline FY	Baseline
24-25	87%

FY25 Total
85%

Performance Improvement Plan

FY27 Indicator # FISC-1

Expectation
Allocated funds will be strategically utilized to maximize support for the wellness and recovery of residnets 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	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
FY27	New

FY26 Achieved
98.41%

Performance Improvement Plan

FY27 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

67% of discharged youth's total CAFAS score will decrease by 20 points when comparing intake vs. discharge scores (All Tracks).

Standard

72%, the highest program performance between FY16 & FY26.

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	FY26 Achieved
All FYI	10-11	62.5%	55%
Traditional	10-11	45.0%	51%
Transition	10-11	46.0%	73%
Prevention	10-11	50.0%	29%
Juvenile Justice	15-16	57.0%	N/A
Child & Family Services	24-25	0.0%	N/A

Performance Improvement Plan

FY27 Indicator # FYI-2

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

60% 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

65%, the highest program performance between FY16 & FY26.

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	FY26 Achieved
All FYI	15-16	35.0%	83%
Traditional	16-17	66.6%	82%
Transition	16-17	28.5%	62%
Prevention	16-17	24.5%	29%
Juvenile Justice	16-17	16.6%	N/A
Child & Family Services	24-25	0.0%	N/A

Performance Improvement Plan

FY27 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

53% 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

58%, the highest program performance between FY16 & FY26.

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	FY26 Achieved
All FYI	15-16	58.0%	42%
Traditional	16-17	63.6%	39%
Transition	16-17	35.0%	52%
Prevention	16-17	43.7%	29%
Juvenile Justice	16-17	33.0%	N/A
Child & Family Services	24-25	0.0%	N/A

Performance Improvement Plan

FY27 Indicator # FYI-4

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
70% of youth demonstrate improvement on one or more of the three outcome indicators. (All tracks).

Standard
75%, the highest program performance between FY16 & FY26.

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	FY26 Achieved
All FYI	15-16	69.0%	58%
Traditional	16-17	80.0%	56%
Transition	16-17	40.0%	73%
Prevention	16-17	75.7%	29%
Juvenile Justice	16-17	45.0%	N/A
Child & Family Services	24-25	0.0%	N/A

Performance Improvement Plan

FY27 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	Monthly Documentation Review
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	FY26 Average
All FYI	08-09	72.0%	87%
Traditional	11-12	86.0%	86%
Transition	11-12	89.0%	91%
Prevention	11-12	76.0%	87%
Juvenile Justice	16-17	26.0%	N/A
Child & Family Services	24-25	100.0%	N/A

Performance Improvement Plan

FY27 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	Monthly Documentation Review
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	FY26 Average
All FYI	Oct 2004	58.0%	68%
Traditional	11-12	65.0%	71%
Transition	11-12	66.0%	61%
Prevention	11-12	47.0%	52%
Juvenile Justice	16-17	89.0%	N/A
Child & Family Services	24-25	59.0%	N/A

Performance Improvement Plan

FY27 Indicator # FYI-7

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

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

Scope	Organizational Risk Exposure
Achieve	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%

Measurement Type
Quarterly 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	Quarterly
Frequency of CCT/Leadership Team Review	Quarterly

Track	Baseline FY	Baseline	FY26 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%	99%
Juvenile Justice	16-17	81.0%	N/A
Child & Family Services	24-25	59.0%	N/A

Performance Improvement Plan

FY27 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%

Measurement Type
Quarterly 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	Quarterly
Frequency of CCT/Leadership Team Review	Quarterly

Track	Baseline FY	Baseline	FY26 Average
All FYI	June 2005	100.0%	93%
Traditional	June 2005	93.0%	94%
Transition	June 2005	90.0%	92%
Prevention	June 2005	88.0%	92%
Juvenile Justice	16-17	94.0%	N/A
Child & Family Services	24-25	84.0%	N/A

Performance Improvement Plan

FY27 Indicator # FYI-9

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

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

Scope	Organizational Risk Exposure
Preserve	Yes

Quality Indicator
County of residence

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

Standard
30%

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

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 26 Average
Traditional	June 2004	31.0%	34%

Performance Improvement Plan

FY27 Indicator # FYI-10

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

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

Scope	Organizational Risk Exposure
Preserve	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%

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

Data Collection Plan	
Data Source	FYI Supervisors
Data Collector	FYI Supervisor

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

Baseline FY	Baseline
16-17	99.0%

FY26 Average
99%

Performance Improvement Plan

FY27 Indicator # FYI-11

Expectation
All wraparound teams will have at least one (1) formal support who either attends monthly team meetings and/or provides monthly updates to the team.

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

Scope	Organizational Risk Exposure
Achieve	No

Quality Indicator
Monthly Documentation Review - report out on team meeting attendance & presence of contact note detailing monthly update

Threshold
50% of participants/teams will have at least one formal support providing a monthly update to the team, either by attending the monthly team meeting or by giving a report (verbal or written) to the Professional Partner before the team meeting. (excluding the month of enrollment and month of discharge).

Standard
75%

Measurement Type
Quarterly 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	Quarterly
Frequency of CCT/Leadership Team Review	Quarterly

Baseline FY	Baseline
2023 calendar year	26%

FY26 Average
28%

Performance Improvement Plan

FY27 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
Adult Network Services	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
60% (SUD/MH track combined) of RAP voucher participants (excluding one-time housing costs/flex fund recipients) will successfully discharge/bridge.

Standard
67%, the highest statewide performance between FY23 and FY26 Q2.

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	FY26 Achieved
Combined	20-22	69%	59%
MH	20-22	63%	60%
SUD	20-22	83%	57%

Performance Improvement Plan

FY27 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
Adult Network Services	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% from baseline **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	FY26 Average
P1	21-22	25 days MH, 17 days SUD	36 Days MH, 50 Days SUD
P2	21-22	87 days MH, 25 days SUD	167 Days MH, 110 Days SUD

Performance Improvement Plan

FY27 Indicator # HOUS-3

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
Children & Family Services	HUD Housing	

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 21 Units; RTPH 7 Units) (Capacity: RPH 32; LPH 22; 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

Capacity Results	FY26 Average
Overall	95%
RPH	94%
LPH	94%
RTPH	100%

Performance Improvement Plan

FY27 Indicator # HOUS-4

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

Department	Program	CQI Team
Children & Family Services	HUD Housing	

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%

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	92%

FY26 Average
97%

Performance Improvement Plan

FY27 Indicator # HOUS-5

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

Department	Program	CQI Team
Children & Family Services	HUD Housing	

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%

FY26 Average
3%

Performance Improvement Plan

FY27 Indicator # HOUS-6

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

Department	Program	CQI Team
Children & Family Services	HUD Housing	

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%

FY26 Average
0%

Performance Improvement Plan

FY27 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
Children & Family Services	HUD Housing	

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

FY26 Average Days
14

Performance Improvement Plan

FY27 Indicator # HOUS-8

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

Department	Program	CQI Team
Children & Family Services	Rental Assistance Program	

Scope	Organizational Risk Exposure
Preserve	Yes

Quality Indicator
County of residence for all individuals enrolled in the rental assistance program. Inclusive of individuals with a voucher, one-time funding, continuation payments, and those that are admitted but not yet housed.

Threshold
30% of participants in the RAP program will reside in rural counties.

Standard
30%

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 measure of #admitted
Freq of Comparison to Threshold by Dept/Prog	Quarterly
Frequency of CCT/Leadership Team Review	Quarterly

Baseline FY	Baseline
New in FY27	New

FY26 Average
New in FY27

Performance Improvement Plan

FY27 Indicator # HOUS-9

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 Housing)

Department	Program	CQI Team
Housing	RAP and HUD Housing	

Scope	Organizational Risk Exposure
Achieve	Yes

Quality Indicator
Performance gauges fully met by each Housing Specialist monthly. RAP gauges = monthly case management staffing. HUD Housing gauges = monthly unit walkthroughs, monthly participant contact, quarterly plan of care updates.

Threshold
80% of gauges met for HUD Housing and RAP housing specialists

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 25-26	New

FY26 Average
69%

Performance Improvement Plan

FY27 Indicator # HOUS-10

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

Department	Program	CQI Team
Housing	Rental Assistance Program	

Scope	Organizational Risk Exposure
Achieve	Yes

Quality Indicator
Utilizing all allocated Housing Coordination Funds by the end of the Fiscal Year.

Threshold
100% of Funds will be utilized.

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	NetSuite Weekly RAP Fiscal Report
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 25-26	New

FY26 Average
99.79%

Performance Improvement Plan

FY27 Indicator # NETW-1

Expectation
Per Region 5 Systems' policy, Network Providers will receive site visit reports within forty-five (45) business 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
06-07	21.50%

FY26 Average
100%

Performance Improvement Plan

FY27 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
06-07	100%

FY26 Average
100%

Performance Improvement Plan

FY27 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%

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

Data Collection Plan	
Data Source	Performance Evaluation Forms
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
21-22	69%

FY26 Average
100%

Performance Improvement Plan

FY27 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
06-07	78%

FY26 Average
95%

Performance Improvement Plan

FY27 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 and inspections 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 and inspections according to established schedule.

Threshold
100% of drills and inspections completed per established schedule. (Example of reporting: Q3 80% (4/5) scheduled drills inspections completed)

Standard
100%

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

Data Collection Plan	
Data Source	Health and Safety Drill and Inspection
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
13-14	88%

FY26 Average
100%

Performance Improvement Plan

FY27 Indicator # OPS.HR-4

Expectation

Employees will be presented with regular opportunities for technology-based discussion and education.

Department	Program	CQI Team
Operations	Information Technology	

Scope	Organizational Risk Exposure
Achieve	Yes

Quality Indicator

The Information Technology Systems Manger will provide technology learning opportunites at regularly scheduled All Employee Meetings.

Threshold

At least one technology learning opportunity will be discussed with employees during required all-employee meetings.

Standard

1 per meeting

Measurement Type

Yearly average

Data Collection Plan

Data Source	All Employee Meeting Agendas
Data Collector	Jon Kruse
Frequency of Collection	Quarterly
Freq of Comparison to Threshold by Team	Quarterly
Frequency of CCT Review	Quarterly

Baseline FY	Baseline
New in FY27	New

FY26 Average
New in FY27

Performance Improvement Plan

FY27 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 programmatic reviews & quarterly workplan reporting

Threshold
100% of organized county community prevention coalitions (16) in southeast Nebraska will participate in substance use annual assessments and quarterly reporting, in 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, 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
11-12	100%

FY26 Average
100%

Performance Improvement Plan

FY27 Indicator # PREV-2

Expectation

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

Department	Program	CQI Team
Adult Network Services	Prevention	

Scope	Organizational Risk Exposure
Preserve	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 end of the fiscal year

Standard

Above baseline numbers

Measurement Type

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

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

	Baseline	FY26 Achieved
Website Repear Users:	3,471	10,684
Unique Users Average	1,942	7,667

Performance Improvement Plan

FY27 Indicator # PREV-3

Expectation
Sustain the number of counties in southeast Nebraska with a local 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 Systems 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 23-24	50%

FY26 Achieved
100%

Performance Improvement Plan

FY27 Indicator # PREV-4

Expectation
Increase multi-county collaboration by designating one coalition for prevention efforts. All counties will be represented by a coalition, either by a multi-county collaboration coordinating prevention efforts or by an individual coalition, being inclusive of partnerships with Public Health Districts and other key stakeholders within the counties. Regional Leadership Coalition will drive regional prevention strategies for all counties with Region 5 Systems.

Department	Program	CQI Team
Adult Network Services	Prevention	

Scope	Organizational Risk Exposure
Preserve	Yes

Quality Indicator
Sustained active community prevention coalitions throughout southeast Nebraska

Threshold
85% of counties (16) in southeast Nebraska will be actively engaged in and sustaining a community prevention coalition, either as an individual county or in a collaborative of multiple counties, 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
March 2004	59%

FY26 Achieved
100%

Performance Improvement Plan

FY27 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
100%

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

Data Collection Plan

Data Source	YAB Meeting Minutes
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
June 2006	80%

FY26 Average
66%

Performance Improvement Plan

FY27 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 LOSS Team Leads will report quarterly 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	0%

FY26 Average
22%

Performance Improvement Plan

FY27 Indicator # PREV-7

Expectation

Prevention based trainings will be made available to communities within Region 5 Systems counties on a regular basis as well as on a requested basis.

Department	Program	CQI Team
Adult Network Services	Prevention	

Scope	Organizational Risk Exposure
Preserve	No

Quality Indicator

Prevention Based Trainings

Threshold

A minimum of 10 QPR, 10 MHFA, and 10 WRAP trainings will take place within Region 5 Systems service area.

Standard

100%

Measurement Type

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

Data Collection Plan

Data Source	Training Sign-in Sheets
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
New in FY27	New

FY26 Average
New in FY27

Performance Improvement Plan

FY27 Indicator # SPEC.PROJ-1

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	Contract Management & Training Coordinator
Frequency of Collection	Quarterly
Freq of Comparison to Threshold by Dept/Prog	Quarterly
Frequency of CCT/Leadership Team Review	Quarterly

Baseline FY	Baseline
FY12	90%

FY26 Achieved
100%

Performance Improvement Plan

FY27 Indicator # SPEC.PROJ-2

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

Department	Program	CQI Team
Operations/Human Resources		Training

Scope	Organizational Risk Exposure
Preserve	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	Contract Management & Training Coordinator

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

Baseline FY	Baseline
FY08	98%

FY26 Average
94%

Performance Improvement Plan

FY27 Indicator # SPEC.PROJ-3

Expectation
Region 5 Systems sponsors quality internal employee training.

Department	Program	CQI Team
Operations/Human Resources		Training

Scope	Organizational Risk Exposure
Preserve	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	Contract Management & Training Coordinator

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

Baseline FY	Baseline
FY26	

FY26 Average
96%

Performance Improvement Plan

FY27 Indicator # SPEC.PROJ-4

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	Program	CQI Team
Adult Network Services	Network Providers	

Scope	Organizational Risk Exposure
Achieve	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
22-23	91%

FY26 Average
80%

Performance Improvement Plan

FY27 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	Program	CQI Team
Continuous Quality Improvement	N/A	N/A

Scope	Organizational Risk Exposure
Achieve	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%

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

Data Collection Plan	
Data Source	Quarterly reports from grantees.
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
FY25	100%

FY26 Average
85%

Performance Improvement Plan

FY27 Indicator # SPEC.PROJ-6

Expectation
Region 5 Systems funds will be fully allocated and used to address identified priority needs, with no unspent or unobligated funds returned to the Statewide Opioid Fund

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 the current fiscal year will be awarded/obligated to address the opioid epidemic within Region 5 Systems' catchment area.

Standard
100%

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
24-25	100%

FY26 Average
100%

Performance Improvement Plan

FY27 Indicator # SPEC.PROJ-7

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 FY27 to monitor for adherence to guidelines and contract deliverables.

Threshold
Region 5 Systems will audit 100% of agencies/entities identified as needing an audit annually according to established guidelines and/or criteria.

Standard
100%

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
FY26	

FY26 Achieved
100%