



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

Continuous Quality Improvement

Program

Inter-departmental

CQI Team

Scope

Achieve

Organizational Risk Exposure

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

Baseline FY

24-25

Baseline

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

Fiscal

Program

Inter-departmental

CQI Team

N/A

Scope

Achieve

Organizational Risk Exposure

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%

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

Measurement Type

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

Baseline FY

FY27

Baseline

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

Children & Family Services

Program

Family & Youth Investment

CQI Team

Scope

Achieve

Organizational Risk Exposure

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.

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

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 Children & Family Services	Program Family & Youth Investment	CQI Team
Scope Preserve	Organizational Risk Exposure 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.

Data Collection Plan

Data Source	Fidelity EHR
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Data Collector	CQI Analyst
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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	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

Children & Family Services

Program

Family & Youth Investment

CQI Team

Scope

Achieve

Organizational Risk Exposure

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.

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

All FYI
Traditional
Transition
Prevention
Juvenile Justice
Child & Family Services

Baseline FY

15-16
16-17
16-17
16-17
16-17
16-17
24-25

Baseline

58.0%
63.6%
35.0%
43.7%
33.0%
0.0%

FY26 Achieved

42%
39%
52%
29%
N/A
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

Children & Family Services

Program

Family & Youth Investment

CQI Team

Scope

Achieve

Organizational Risk Exposure

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.

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

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

Children & Family Services

Program

Family & Youth Investment

CQI Team

Scope

Achieve

Organizational Risk Exposure

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.)

Data Collection Plan

Data Source

Monthly Documentation Review

Data Collector

FYI Supervisor

Frequency of Collection

Freq of Comparison to Threshold by Dept/Prog

Frequency of CCT/Leadership Team Review

Quarterly

Quarterly

Quarterly

Measurement Type

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

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

Children & Family Services

Program

Family & Youth Investment

CQI Team

Scope

Achieve

Organizational Risk Exposure

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.)

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

Measurement Type

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

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

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 Monthly Documentation Review

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
All FYI
Traditional
Transition
Prevention
Juvenile Justice
Child & Family Services

Baseline FY	Baseline
June 2004	89.0%
11-12	98.0%
11-12	100.0%
11-12	100.0%
16-17	81.0%
24-25	59.0%

FY26 Average
100%
100%
100%
99%
N/A
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

Children & Family Services

Program

Family & Youth Investment

CQI Team

Scope

Preserve

Organizational Risk Exposure

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 Monthly Documentation Review

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

All FYI
Traditional
Transition
Prevention
Juvenile Justice
Child & Family Services

Baseline FY

June 2005
June 2005
June 2005
June 2005
16-17
24-25

Baseline

100.0%
93.0%
90.0%
88.0%
94.0%
84.0%

FY26 Average

93%
94%
92%
92%
N/A
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

Children & Family Services

Program

Family & Youth Investment

CQI Team

Scope

Preserve

Organizational Risk Exposure

Yes

Quality Indicator

County of residence

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

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

Traditional

Baseline FY

June 2004

Baseline

31.0%

FY 26 Average

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 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%

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

Data Collection Plan

Data Source	FYI Supervisors
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Data Collector	FYI Supervisor
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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

Children & Family Services

Program

Family & Youth Investment

CQI Team

Scope

Achieve

Organizational Risk Exposure

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%

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

Measurement Type

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

Baseline FY

2023 calendar year

Baseline

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

Adult Network Services

Program

RAP

CQI Team

Scope

Achieve

Organizational Risk Exposure

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.

Data Collection Plan

Data Source Centralized Data System

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

Program

Combined
MH
SUD

Baseline FY

20-22
20-22
20-22

Baseline

69%
63%
83%

FY26 Achieved

59%
60%
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

Adult Network Services

Program

RAP

CQI Team

Scope

Achieve

Organizational Risk Exposure

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

Data Collection Plan

Data Source Centralized Data System

Data Collector CQI Analyst

Frequency of Collection

Freq of Comparison to Threshold by Dept/Prog

Frequency of CCT/Leadership Team Review

Quarterly

Quarterly

Quarterly

Measurement Type

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

Program

P1

P2

Baseline FY

21-22

21-22

Baseline

25 days MH, 17 days SUD

87 days MH, 25 days SUD

FY26 Average

36 Days MH, 50 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

Children & Family Services

Program

HUD Housing

CQI Team

Scope

Achieve

Organizational Risk Exposure

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%

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

20-21

Baseline

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

Children & Family Services

Program

HUD Housing

CQI Team

Scope

Achieve

Organizational Risk Exposure

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

Frequency of Collection

Freq of Comparison to Threshold by Dept/Prog

Frequency of CCT/Leadership Team Review

Quarterly

Quarterly

Quarterly

Baseline FY

23-24

Baseline

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

Children & Family Services

Program

HUD Housing

CQI Team

Scope

Achieve

Organizational Risk Exposure

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%

Data Collection Plan

Data Source

Data Collector

Frequency of Collection

Freq of Comparison to Threshold by Dept/Prog

Frequency of CCT/Leadership Team Review

Quarterly

Quarterly

Quarterly

Measurement Type

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

Baseline FY

23-24

Baseline

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

Children & Family Services

Program

HUD Housing

CQI Team

Scope

Achieve

Organizational Risk Exposure

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%

Data Collection Plan

Data Source

Data Collector

Measurement Type

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

Frequency of Collection

Freq of Comparison to Threshold by Dept/Prog

Frequency of CCT/Leadership Team Review

Baseline FY

23-24

Baseline

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

Children & Family Services

Program

HUD Housing

CQI Team

Scope

Achieve

Organizational Risk Exposure

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

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

23-24

Baseline

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

Children & Family Services

Program

Rental Assistance Program

CQI Team

Scope

Preserve

Organizational Risk Exposure

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%

Data Collection Plan

Data Source Centralized Data System

Data Collector CQI Analyst

Frequency of Collection

Freq of Comparison to Threshold by Dept/Prog

Frequency of CCT/Leadership Team Review

Quarterly
measure of
#admitted

Quarterly

Quarterly

Measurement Type

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

Baseline FY

New in FY27

Baseline

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

Housing

Program

RAP and HUD Housing

CQI Team

Scope

Achieve

Organizational Risk Exposure

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%

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

Measurement Type

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

Baseline FY

FY 25-26

Baseline

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

Housing

Program

Rental Assistance Program

CQI Team

Scope

Achieve

Organizational Risk Exposure

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%

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

Measurement Type

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

Baseline FY

FY 25-26

Baseline

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

Adult Network Services

Program

Network Providers

CQI Team

Scope

Achieve

Organizational Risk Exposure

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%

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

06-07

Baseline

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

Adult Network Services

Program

Network Providers

CQI Team

Scope

Preserve

Organizational Risk Exposure

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%

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

Measurement Type

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

Baseline FY

06-07

Baseline

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

Operations/Human Resources

Program

CQI Team

Human Resources Supervisors

Scope

Achieve

Organizational Risk Exposure

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

Frequency of Collection

Quarterly

Freq of Comparison to Threshold by Dept/Prog

Quarterly

Frequency of CCT/Leadership Team Review

Quarterly

Baseline FY

21-22

Baseline

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

Operations/Human Resources

Program

CQI Team

Human Resources Supervisors

Scope

Achieve

Organizational Risk Exposure

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%

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

Measurement Type

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

Baseline FY

06-07

Baseline

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

Operations/Human Resources

Program

CQI Team

Health & Safety

Scope

Preserve

Organizational Risk Exposure

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%

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

Measurement Type

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

Baseline FY

13-14

Baseline

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.

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #0056b3; color: white;"><th>Department</th></tr> <tr><td>Operations</td></tr> </table>	Department	Operations	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #0056b3; color: white;"><th>Program</th></tr> <tr><td>Information Technology</td></tr> </table>	Program	Information Technology	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #0056b3; color: white;"><th>CQI Team</th></tr> <tr><td> </td></tr> </table>	CQI Team	
Department								
Operations								
Program								
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #0056b3; color: white;"><th>Scope</th></tr> <tr><td>Achieve</td></tr> </table>	Scope	Achieve	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #0056b3; color: white;"><th>Organizational Risk Exposure</th></tr> <tr><td>Yes</td></tr> </table>	Organizational Risk Exposure	Yes			
Scope								
Achieve								
Organizational Risk Exposure								
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
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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

Adult Network Services

Program

Prevention

CQI Team

Scope

Preserve

Organizational Risk Exposure

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%

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

11-12

Baseline

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

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 end of the fiscal year

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
Website Repeat Users:	3,471
Unique Users Average	1,942

FY26 Achieved
10,684
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

Adult Network Services

Program

Prevention

CQI Team

Scope

Preserve

Organizational Risk Exposure

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%

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

FY 23-24

Baseline

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

Adult Network Services

Program

Prevention

CQI Team

Scope

Preserve

Organizational Risk Exposure

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%

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

Measurement Type

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

Baseline FY

March 2004

Baseline

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

Adult Network Services

Program

Prevention

CQI Team

Scope

Achieve

Organizational Risk Exposure

No

Quality Indicator

YAB youth representation

Threshold

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

Standard

100%

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

June 2006

Baseline

80%

FY26 Average

66%

Measurement Type

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

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

Adult Network Services

Program

Prevention

CQI Team

Scope

Achieve

Organizational Risk Exposure

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%

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

FY 24-25

Baseline

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

Adult Network Services

Program

Prevention

CQI Team

Scope

Preserve

Organizational Risk Exposure

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%

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

Measurement Type

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

Baseline FY

New in FY27

Baseline

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

Operations/Human Resources

Program

CQI Team

CARF Training

Scope

Achieve

Organizational Risk Exposure

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%

Data Collection Plan

Data Source Relias Database/Other Reports

Data Collector Contract Management & Training Coordinator

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

FY12

Baseline

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
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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

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%

Data Collection Plan

Data Source

Training Evaluation Tool

Data Collector

Contract Management & Training
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

FY26

Baseline

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

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%

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

Measurement Type

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

Baseline FY

22-23

Baseline

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 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%

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

Data Collection Plan

Data Source	Quarterly reports from grantees.
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Data Collector	CQI Analyst
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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

Continuous Quality Improvement

Program

N/A

CQI Team

N/A

Scope

Achieve

Organizational Risk Exposure

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%

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

Measurement Type

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

Baseline FY

24-25

Baseline

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

Continuous Quality Improvement

Program

N/A

CQI Team

N/A

Scope

Achieve

Organizational Risk Exposure

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%

Data Collection Plan

Data Source

Completed audit reports

Data Collector

Opioid Project Manager

Measurement Type

Quarterly scores are cumulative 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

Baseline FY

FY26

Baseline

FY26 Achieved

100%