REGION 5 SYSTEMS

Supporting Wellness and Recovery in Behavioral Health

SINCE 1974

Network Performance Improvement Plan

FY27

DRAFT

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I. Purpose of the Network Performance Improvement Plan

Region 5 Systems' culture follows the principles of a learning organization and shall be committed to continually improving its organization and service delivery to persons served. Data shall be collected, and information used to manage and improve service delivery. The organization shall share and provide Network organization members, persons served, and other stakeholders with ongoing information about its actual performance as a business entity and its ability to achieve optimal outcomes for the persons served through its programs and services.

Region 5 Systems shall implement and maintain an organized information management system which provides for the confidentiality, security, and privacy of electronic data interchange, records of persons served, and administrative records. The information management system shall be in accordance with applicable federal, state, and provincial laws.

Region 5 Systems believes in a team-driven process for all Network Providers to be monitored, evaluated, and enhanced on a continual basis. The organization uses the Performance Improvement Plan (PIP) to assist in the team-driven process. Areas of focus include access, efficiency, effectiveness, and satisfaction.

Outcomes Region 5 Systems strives to include:

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

From time-to-time actual performance does not meet expected targets or minimum thresholds. When this occurs a quality improvement action plan may be requested from network provider agencies with the intent of effecting positive change in the delivery of services to persons served. An aggregate report outlining the areas observed needing improvement and actions taken to improve the identified areas will be communicated through Region 5 Systems' CQI communication cycle. The CQI communication cycle consists of Person Served Family and behavioral health advisory committees, regional quality improvement team, network providers, and governing board. There are also multiple reports that are created, monitored, and communicated through the CQI communication cycle which directly relate to Region 5 Systems mission and the best possible outcomes for Person Served.

II. Access

A. Waitlist

<table>
<tr><td>Area of Observation:</td><td colspan="3">Waitlist</td></tr>
<tr><td>Expectation:</td><td colspan="3">People will have timely access to services.</td></tr>
<tr><td>Quality Indicator:</td><td colspan="3">Date placed on waitlist as compared to date removed from the waitlist in the Central Data System</td></tr>
<tr><td rowspan="16">Measure & Services</td><td colspan="3">People will enter treatment within 14 days of screening and determination of eligibility for services.</td></tr>
<tr><td>Service</td><td>Type</td><td>Wait Time Targets, as applicable</td></tr>
<tr><td>Assertive Community Treatment</td><td>MH</td><td>- ≤ 14 days for priority population</td></tr>
<tr><td>Community Support</td><td>MH/SUD</td><td>- ≤ 14 days for priority population</td></tr>
<tr><td>Coordinated Specialty Care</td><td>MH</td><td>- ≤ 25 days for First Episode Psychosis</td></tr>
<tr><td>Dual Disorder Residential</td><td>MH/SUD</td><td>- ≤ 4 days for IV Drug User
- ≤ 14 days for all other priorities</td></tr>
<tr><td>Halfway House</td><td>SUD</td><td>- ≤ 4 days for IV Drug User
- ≤ 14 days for all other priorities</td></tr>
<tr><td>Intensive Outpatient Psychotherapy</td><td>SUD</td><td>- 14 days of less for priority population</td></tr>
<tr><td>Intermediate Residential</td><td>SUD</td><td>- ≤ 4 days for IV Drug User
- ≤ 14 days for all other priorities</td></tr>
<tr><td>Mental Health Respite</td><td>MH</td><td>- ≤ 14 days for priority population</td></tr>
<tr><td>Professional Partner</td><td>MH</td><td>- ≤ 14 days for priority population</td></tr>
<tr><td>Psychiatric Residential Rehabilitation</td><td>MH</td><td>- ≤ 14 days for priority population</td></tr>
<tr><td>Secure Residential</td><td>MH</td><td>- ≤ 14 days for priority population</td></tr>
<tr><td>Short Term Residential</td><td>SUD</td><td>- ≤ 4 days for IV Drug User
- ≤ 14 days for all other priorities</td></tr>
<tr><td>Supported Employment</td><td>MH/SUD</td><td>- ≤ 14 days for priority population</td></tr>
<tr><td>Supported Housing</td><td>MH/SUD</td><td>- ≤ 14 days for priority population</td></tr>
<tr><td>Therapeutic Community</td><td>SUD</td><td>- ≤ 4 days for IV Drug User
- ≤ 14 days for all other priorities</td></tr>
<tr><td>Data Source:</td><td colspan="3">Centralized Data System</td></tr>
<tr><td>Frequency of Collection:</td><td colspan="3">In real time.</td></tr>
<tr><td>Frequency of Review:</td><td colspan="3">Monthly reviews</td></tr>
<tr><td>Who Reviews Information:</td><td colspan="3">Region 5 Systems administration, Regional Quality Improvement Team.</td></tr>
<tr><td>Instructions:</td><td colspan="3">Providers are to enter information on the Centralized Data System (CDS) for persons served.
• Specific directions can be found:
▪ Region 5 Waitlist Procedures PowerPoint
▪ CDS user manual

Waitlist entry requirements:</td></tr>
</table>

	• Must be available for treatment that day to be put on and remain on the waitlist. • Any necessary assessments have already taken place. • Appropriateness of services has been verified (i.e., eligible and not denied for service) • Prioritization hierarchy for waitlist and admission: Priority population, community referrals, people who are incarcerated. • Division of Behavioral Health wants information for people waiting for services entered in CDS regardless of funding source. Substance use priority populations are to be admitted <u>within 14 days or 120 days (if no capacity exists)</u> • Mental Health Priority Populations (highest to lowest): 1st – MHB Discharged from Regional Center 2nd – MHB Inpatient Commitment 3rd – MHB Outpatient Commitment • Substance Use Priority Populations (highest to lowest): 1st – Pregnant IV Drug User 2nd – Pregnant Drug User 3rd – IV Drug User 4th – Woman With Dependent Children Waitlist process overview (full instructions in CDS user manual): 1. Click "Add to Waitlist" 2. Complete waitlist form and save. 3. Click "Remove from Waitlist" 4. Complete removal form (if removal reason was anything other than admit to program, you are done with CDS steps) 5. IF you <u>ARE</u> using an EHR that automates with CDS **and** the removal reason was Admit to Program, click "Cancel without Admission 6. IF you <u>ARE NOT</u> using an EHR that interfaces with CDS, complete additional required information in CDS (e.g., submit for authorization, enter demographics, diagnoses, etc.) Waitlist Data Entry Process Step 1 - Create an encounter. Step 2 – In the encounter, click "Add to Waitlist." Step 3 – Fill out the waitlist form (information on the fields below) • <u>Waitlist/Service Confirmation Date</u>: The date the person stated they were **available** to enter treatment **after** any required assessment **after** appropriateness of service has been verified **Do not** use this field for incarcerated release date (use referral date) Waitlist/Service Confirmation Date for <u>Incarcerated Person Served</u>: If the person is incarcerated, the provider must also ensure their expected release date is within two weeks before entering a Waitlist/Service Confirmation Date. If the person's release date is more than 2 weeks in the future OR the release date is not known, enter the date they were referred for service in the Referral Date field.

	For persons not funded by DBH/Regions, use the month and day of the referral date for the month and day in Date of Birth field, along with the person's birth year. • Priority Population: Select the most appropriate population status. • MHB Status: Mental health board status Select the appropriate MHB or select No MHB Commitment • Commitment Date: Only complete if the person has a mental health board commitment. • Interim Services Delivered Date: Health counseling provided (e.g., information on needle sharing, effects of alcohol on fetal development, etc.) See page 76 of the CDS User Manual for more details. • For Priority Population: Which interim service was offered? Select the appropriate interim service that was offered **only** for priority population on the waitlist. Do not select "Not Applicable" unless the person waiting is not a priority population. If "Other," **must** specify below. • Engagement Service: Select the service the person will receive while they are waiting for admission (e.g., outpatient – SUD while waiting for short term residential) • Additional Client Engagement: If a second engagement service is provided, select one. • Assessment Date: The date of the assessment that indicates the person requires this level of care. • Referral Date: Date of the referral source For people incarcerated, use this field as their release date (NOT waitlist confirmation date) • Referral Source: Choose the type of service provider or entity referring this person to the agency from the drop-down menu. • (Offered) Admit Date: the projected date that the person is to be admitted to the service. • Primary Funding Source: Division of Behavioral Health (DBH) funded or other funding **IF NON-DBH Funding:** First Name: XXXX Last Name: place four x's followed by "f" if female, "m" if male, or "u" unknown (XXXXf, XXXXm, XXXXu) Date of Birth: enter Waitlist/Service Confirmation month and day with person's birth year (if 90 or older use "1901" for year) SSN, Zip Code and Gender: can be left blank. Step 4. Click "Add to the Waitlist" Step 5. Once person is ready to admit to service, click "Remove from Waitlist." Step 6. Removal options: • **Remove from Waitlist** – Use when a person will admit or will not admit but be removed from the waitlist. Always click this first unless encounter was entered in error. • **Cancel Without an Admission**: the encounter is NOT removed from CDS, but it will be cancelled without admission to any program within CDS. For EHR-Automated providers: ONLY use this option, **after** completing "Remove from Waitlist" when the removal reason is **Admit to Program** • **Remove Encounter** – ONLY click this if the encounter was entered in error.

	Step 7: If selecting Remove from Waitlist, fill out Remove from Waitlist form (information on fields below) • Waitlist Removal Date: Date of the removal of the person from the waitlist. Always complete this field with the day that the decision was made to remove the person from the waitlist, because of either an admission, person's choice, or other removal reason If not admitted, the date of the contact where person said they would not be admitting into treatment. If person cannot be located, record **last attempt date.** • Waitlist Removal Reason: **Admitted to Program**: the person was admitted to the service as described in the initial service to be provided for this encounter. **Admitted to Program – Other Funding**: the person has been admitted to the program, but funds other than Behavioral Health funds were used. **Admitted to Other Program**: the person has been admitted to another program, and this encounter is being cancelled without admission. **Cannot Be Located:** If person cannot be contacted for **21 days** despite multiple attempts, remove them from the waitlist using this option. **Refused Treatment**: the person has declined to participate in the service listed, and the encounter is being cancelled without admission. **Succeeding at A Lower Level of Care**: the person has participated in another less-intense level of care and is doing well. **Requires A Higher Level of Care:** after further assessing the person's situation, agency Employee determine that a higher level of care is required. **Deceased:** The Person Served has died **Incarcerated**: the person is in a lockup facility and will not be available for the service over an extended period of time. **No Longer Qualifies for Program**: the person is not qualified for the program because of changing conditions, either programmatically or financially. The encounter can be cancelled without admission. • MHB Status: Select the appropriate response to update the MHB status. • Commitment Date: Date on which a Mental Health Board ordered a commitment (if applicable) or needs updating. How to monitor the agency's waitlist: Search within CDS • Navigate to CDS, click the "Search" button, select "Pre-admitted – Waitlist" for the encounter status, and click "Search" or "Export Results." Note, Search limits the number of encounters shown to 200, so to see all encounters that are waitlisted and the details of them, Region 5 recommends exporting your results. The field "Last Status" is often the waitlist confirmation date.

MH Priority Populations (ranked from highest priority)

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

SUD Priority Populations (ranked from highest priority)

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

- Reviews:
  - Weekly Priority Population Review
    - Providers are sent their agency's priority population encounters that have been waiting for 14 days or longer.
    - Providers are to respond within 48 hours if the encounter is still waiting and what efforts they have undertaken to hasten the admission of the priority population encounter. These efforts are to be documented in the "Notes" section in the CDS encounter.
  - Monthly All Waitlist Review
    - Providers are sent their waitlisted encounters per service. For encounters on the waitlist longer than 14 days, providers are to respond within 7 days that:
      - The number of waitlisted encounters removed from the waitlist (e.g., admitted, removed without admission)
      - The number of waitlisted encounters from the list that are still waiting.
  - No names of persons served are to be emailed between the provider and Region 5 Systems. If the need to reference/discuss an individual Person Served, please use the encounter number in place of the name.

B. Capacity

Area of Observation:	Capacity-Utilization of services.
Expectation:	Utilization of contracted service capacity with network providers will be monitored to ensure services are available to people through the network continuum of care.
Quality Indicator:	Weekly capacity reports in CDS.
Measure:	Service capacity will be monitored to identify when above 90 percent threshold.
Service(s):	All services with the exception of Crisis Stabilization.
Data Source:	Centralized Data System
Frequency of Collection:	Weekly reporting to Region 5 Systems/Division of Behavioral Health
Frequency of Review:	Monthly
Who Reviews Information:	Region 5 Systems administration, Regional Quality Improvement Team, Person Served Family Advisory Committee, Network Providers, BHAC, RGB.
Instruction:	Providers are to enter their capacity/utilization data in CDS every Monday by 12:00 p.m. 1. Log in to https://dbhcds-dhhs.ne.gov/ 2. Click "Capacity" on the left side of the screen. 3. Select the provider location if necessary. 4. Select the appropriate week. 5. Enter the capacity available and capacity used (based on service-specific formula provided) into the "Region 5" and Provider Location columns. a. Note: Some services (e.g., Assessment – SUD) do not require a capacity available. Refer to the CDS User Manual for what formula the service uses. 6. Click "Save"

C. Ineligibles

Area of Observation:	People found to be ineligible for services. A person is deemed Ineligible for service admission by the provider at screening if they do not meet the clinical criteria for the level of service requested or if they do not qualify due to age, gender, or funding reasons.
Expectation:	Network Provider Agencies will document the reasons a person is found ineligible for services. Assists with monitoring the system's access, flow, and understanding reasons people are found ineligible when trying to access services.
Quality Indicator:	Date/reason person is found to be ineligible for services as documented through monthly reporting submissions to Region 5 Systems
Measure:	To be developed by RQIT.
Service(s):	All services, excluding crisis response and crisis line.
Data Source:	Ineligible and Denial excel form
Frequency of Collection:	Quarterly
Frequency of Review:	Quarterly review
Who Reviews Information:	Region 5 Systems administration, Regional Quality Improvement Team, Person Served Family Advisory Committee, Network Providers, BHAC, RGB.
Instruction:	Instructions for submission of completed Ineligible and Denial form: 1. Date field-enter the quarter that the referral was denied. 2. Service Type-select applicable service type from the drop-down menu. Report on both MH and SUD services. 3. Reason for Ineligibility- select from dropdown menu:

	a. Age eligibility restriction b. Doesn't have required functional deficits c. Doesn't meet date of last use criteria d. Doesn't meet frequency of use e. Extensive MH, not managed/unstable f. Funding, insurance, or income ineligibility g. Gender eligibility restriction h. Geographic/service-area restriction i. Insufficient hospitalization, acuity, or treatment history j. Legal, custody, placement or consent status k. Medically unstable l. Missing, incomplete, or outdated assessment/referral documentation m. No qualifying SPMI or mental health diagnosis n. Requested service not offered o. Significant cognitive impairment p. Substance-use diagnosis/status did not qualify q. Doesn't meet other clinical or admission criteria/other 4. # of Ineligibles – enter the number of times that ineligibility reason was utilized for that service within the quarter.

D. Denials

Area of Observation:	People denied services. Denials are decisions made by the provider agency at screening not to serve a referral because of agency established exclusionary criteria.
Expectation:	Network Provider Agencies will document the reasons a person was denied services. Assists in monitoring the system's access, flow, and reasons people are denied when trying to access services.
Quality Indicator:	Date/reason person is found to be denied for services as documented through monthly reporting submissions to Region 5 Systems
Measure:	To be developed by RQIT
Service(s):	All services, excluding crisis response and crisis line.
Data Source:	Ineligible and Denial excel form
Frequency of Collection:	Quarterly
Frequency of Review:	Quarterly review
Who Reviews Information:	Region 5 Systems administration, Regional Quality Improvement Team, Person Served Family Advisory Committee, Network Providers, BHAC, RGB.
Instruction:	Instructions for submission of completed Ineligible and Denial form: 1. Date field-enter the date that the referral was denied. 2. Service Type-select applicable service type from the drop-down menu. Report on both MH and SUD services. 3. Reason for Denial- select from dropdown menu: a. At Capacity (unable to waitlist) b. Conflict of interest (with employee/Person Served) c. Legal History d. Out of Region

	e. Recent Aggression f. Recommend Other Level of Care (higher or lower) g. Sexual Offender h. Current situation not in alignment with program guidelines *(Hospital Diversion)* i. Last stay was less than 30 days *(Hospital Diversion)* j. Person Served is Homeless *(Hospital Diversion)* k. Other 4. # of Denials – enter the number of times that ineligibility reason was utilized for that service within the quarter.

E. Emergency System Flow - Emergency Protective Custody (EPC)

Areas of Observation:	The number of emergency protective custody (EPC) readmissions or warrants by law enforcement and who is admitted for crisis stabilization.
Expectation:	Persons experiencing an acute emotional distress (mentally ill and dangerous) will have access to emergency crisis stabilization when a crisis occurs.
Quality Indicator:	People readmitted (a month look back over the prior 13 months) and access crisis stabilization.
Measure:	No more than 80% of people per month (a month lookback over the prior 13 months) will be readmitted and access crisis stabilization.
Service(s):	Crisis Stabilization at Mental Health Crisis Center & EPC at respective hospitals.
Data Source:	Centralized Data System.
Frequency of Collection:	In real time.
Frequency of Review:	Quarterly review
Who Reviews Information:	Region 5 Systems administration, Regional Quality Improvement Team, Person Served Family Advisory Committee, Network Providers, BHAC, RGB.
Instruction:	Providers enter EPC encounters into the Centralized Data System. If a person is admitted to a hospital, the director of the Lancaster County Crisis Center will monitor and report to Region 5 Systems on a monthly basis.

Areas of Observation:	The number of bed days at the Mental Health Crisis Center
Expectation:	Adding available beds in rural counties will reduce the number of days the Mental Health Crisis Center is full.
Quality Indicator:	Increase the number of Emergency Protective Custody bed days within Region 5 Systems
Measure:	5,481 Bed Days (Baseline + Expanded Capacity
Service(s):	Crisis Stabilization at Mental Health Crisis Center & EPC at respective hospitals.
Data Source:	Data reports from Mental Health Crisis Center, Mary Lanning Memorial Healthcare, Methodist Fremont Health
Frequency of Collection:	Monthly
Frequency of Review:	Quarterly
Who Reviews Information:	System Partners - As outlined in the Expanded Emergency Protective Custody Bed Pilot Project Plan
Instruction:	EPC Providers will report to Region 5 Systems the number of people served per county.

Areas of Observation:	The number days the Mental Health Crisis Center is at maximum capacity.
Expectation:	Adding available beds in rural counties will reduce the number of days the Mental Health Crisis Center is full.
Quality Indicator:	Decrease the number of days the Lancaster County Mental Health Crisis Center (MHCC) is full.
Measure:	Mental Health Crisis Center reports the number of days they are at maximum capacity (16 beds)
Service(s):	Crisis Stabilization and Inpatient Post Commitment Treatment Days
Data Source:	Mental Health Crisis Center
Frequency of Collection:	Monthly
Frequency of Review:	Quarterly
Who Reviews Information:	System Partners - As outlined in the Expanded Emergency Protective Custody Bed Pilot Project Plan
Instruction:	Mental Health Crisis Center reports the number of days per month the provider was full (16 beds occupied) for the prior month.

F. Tenure in the Community

Areas of Observation:	Admissions in *Crisis Stabilization* and *Emergency Protective Custody (EPC)*
Expectation:	Extended tenure in the community - Persons discharging from Crisis Stabilization and EPC after experiencing acute emotional distress will remain stabilized in the community without a readmission to same service.
Quality Indicator:	People readmitted (a look back over the prior 13 months/396 days) to the same service.
Measure:	If participants return to Crisis Stabilization or EPC, the average number of days between admissions should be at least 120 days.
Service(s):	Crisis Stabilization at Mental Health Crisis Center and Integrated Behavioral Health Systems. Emergency Protective Custody at respective hospitals.
Data Source:	Centralized Data System.
Frequency of Collection:	In real time.
Frequency of Review:	Quarterly review
Who Reviews Information:	Region 5 Systems administration, Regional Quality Improvement Team, Person Served Family Advisory Committee, Network Providers, BHAC, RGB.
Instruction:	Providers enter EPC encounters into the Centralized Data System. If a person is admitted to a hospital, the director of the Lancaster County Crisis Center will monitor and report to Region 5 Systems on a monthly basis.

G. Acute Inpatient Hospitalization

Areas of Observation:	Admissions in *Acute Inpatient Hospitalization*
Expectation:	Persons in Acute Inpatient Hospitalization after experiencing acute emotional distress will return to the community in a timely manner
Quality Indicator:	Length of time people stay in Acute Inpatient Hospitalization.
Measure:	The average number of days people stay in Acute Inpatient Hospitalization should be 5 days or less.
Service(s):	Acute Inpatient Hospitalization
Data Source:	Centralized Data System.
Frequency of Collection:	In real time.
Frequency of Review:	Quarterly review
Who Reviews Information:	Region 5 Systems administration, Regional Quality Improvement Team, Person Served Family Advisory Committee, Network Providers, BHAC, RGB.
Instruction:	Providers enter EPC encounters into the Centralized Data System.

III. Effectiveness

A. Recovery Outcomes

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

Identified Tool	Measures	Provider Utilizing the Tool
Basis-24	Behavioral & Symptom Identification Scale. Measures 5 domains: Understanding of self, daily living skills/role functioning, depression, anxiety, suicidality.	Mental Health Crisis Center of Lancaster County
Child Adolescent Functioning Assessment Scale	Measures 8 domains of youth's functioning. For example: school, home, substance use, thinking.	Region 5 Systems--Professional Partner Service
Daily Living Activities-20	Assesses 20 domains of daily living skills. For example: health practices, housing, communication, safety, money, nutrition.	Associates in Counseling & Treatment, The Bridge Behavioral Health, CenterPointe, Goodwill Industries, HopeSpoke, Houses of Hope, Integrated Behavioral Health Services, Lutheran Family Services, St. Monica's, TASC, Telecare
Outcome Questionaire-45, Y-OQ & Y-OQ Self Report	Symptom distress, interpersonal relationships, social role performance, somatic critical items, behavioral dysfunction…	Blue Valley Behavioral Health
Quality of Life Scale	General categories: knowledge of resources, housing, transportation, health, safety, support, education…	Mental Health Association of Nebraska
Brief Assessment of Recovery Capital	Measurement of Recovery Capital, the internal and external resources a patient has available in their path to recovery.	Wellbeing Initiative

Area of Observation:	People leave services with improved functioning based on the agency's self-selected functional assessment tool
Expectation:	Persons served experience a reduction in symptomology and/or improved functioning. People get better.
Quality Indicator:	A person's baseline functional assessment score at admission to services as compared to discharge or last administered functional assessment score
Measure:	The number and proportion of persons served whose discharge/last administered functional assessment score is statistically significantly (based on the tool, or a medium or large effect size) changed as compared to their admission score and are at/above the target or no lower than the threshold.
Service(s):	See above
Data Source:	Assessment-specific Spreadsheet (e.g. DLA-20, BASIS-24)
Frequency of Collection:	Quarterly
Frequency of Review:	Quarterly review
Who Reviews Information:	Region 5 Systems administration, Regional Quality Improvement Team, Person Served Family Advisory Committee, Network Providers, BHAC, RGB.
Instruction:	Submission of assessments completed in the quarter are due 30 days past the end of the quarter.

Level of Care	Overall Performance FY19-FY21Q2	Target (Avg. Highest Performing Agency + 5%)	Lower Threshold (FY19-FY21Q2 Perf. - 1 SD (12%))
Assertive Community Treatment - MH +	65%	71%	51%
Community Support – MH +	55%	66%	41%
Community Support – SUD +	48%	53%	34%
Day Rehabilitation – MH +	52%	56%	38%
Dual Disorder Residential - MH & SUD	57%	65%	43%
Emergency Community Support - MH	52%	57%	38%
Emergency Protective Custody - MH	33%	39%	19%
Halfway House - SUD	81%	84%	67%
Hospital Diversion	35%	41%	21%
Intensive Community Services – MH +	54%	60%	40%
Intensive Outpatient / Adult - SUD	58%	62%	44%
Intermediate Residential - SUD	29%	35%	15%
Outpatient Psychotherapy - MH +	44%	61%	30%
Outpatient Psychotherapy - SUD +	58%	76%	44%
Psychiatric Residential Rehabilitation - MH +	74%	79%	60%
Recovery Support-MH +	32%	38%	18%
Recovery Support - SUD +	49%	79%	35%
Secure Residential - MH	60%	67%	46%
Short Term Residential - SUD	56%	76%	42%
Supported Employment - MH & SUD +	79%	80%	65%
Therapeutic Community - SUD	67%	65%	53%

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

Exclusionary reasons for which functioning scores do not need to be reported:

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

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

B. Outcomes vs. Utilization

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

C. National Outcome Measures

Area of Observation:	National Outcome Measures (Employment/Education, Crime & Criminal Justice, Stability in Housing, Abstinence from Drug and Alcohol Use.		
Expectation:	As a result of the behavioral health services and a person's recovery process the National Outcome Measures should be positively impacted.		
Quality Indicator:	Change of person's status regarding employment, education, crime, housing, and abstinence when comparing admission to discharge.		
Measure:	The number and proportion of persons served whose discharge status is positive and are at/above the target or no lower than the threshold		
Service(s):	Service Type	Adult/Youth	Service
	MH	Adult	Assertive Community Treatment
	MH & SUD	Adult	Community Support
	MH	Youth	Coordinated Specialty Care

	MH	Adult	Day Rehabilitation
	SUD	Adult	Dual Disorder Residential
	MH & SUD	Adult & Youth	Emergency Community Support
	SUD	Adult	Halfway House
	MH & SUD	Adult	Intensive Community Services
	SUD	Adult	Intensive Outpatient
	SUD	Adult	Intermediate Residential
	MH	Adult & Youth	Medication Management
	MH & SUD	Adult & Youth	Outpatient Psychotherapy
	MH	Adult	Psychiatric Residential Rehabilitation
	MH & SUD	Adult	Recovery Support
	MH	Adult	Secure Residential
	SUD	Adult	Short-Term Residential
	MH & SUD	Adult	Supported Employment
	SUD	Adult	Therapeutic Community
Data Source:	Central Data System		
Frequency of Collection:	In real time.		
Frequency of Review:	Quarterly review		
Who Reviews Information:	Region 5 Systems administration, Regional Quality Improvement Team, Person Served Family Advisory Committee, Network Providers, BHAC, RGB.		
Instruction:	Providers are to update CDS encounters, specifically the NOMS related fields, at admit, Continuation of Care and Continuation of Stay reviews, and at discharge. NOMS-related fields:		
	Measure	Tab	Notes
	Employment Status	Demographics	Ensure 'Unemployed-Laid Off/Looking' is only selected if Person Served has participated in active job searching in the last 30 days
	Num Arrests in Past 30 Days	Demographics	
	Living Arrangements	Demographics	
	Substance Used	Substance Use	List under Primary, Secondary, Tertiary Substance, *as applicable,* if treatment is addressing use
	Frequency of Use (Admission)	Substance Use	List under Primary, Secondary, Tertiary Substance, *as applicable,* if treatment is addressing use
	Frequency of Use (Discharge)	Substance Use	List under Primary, Secondary, Tertiary Substance, *as applicable,* if treatment is addressing use

D. Nebraska Social Determinants of Health Measures

<table>
<tr><td>Area of Observation:</td><td colspan="3">Stable Living and Employment</td></tr>
<tr><td>Expectation:</td><td colspan="3">As a result of the behavioral health services and a person's recovery process, stability in housing and employment status should be positively impacted.</td></tr>
<tr><td>Quality Indicator:</td><td colspan="3">Persons served living arrangement and employment status at discharge.</td></tr>
<tr><td>Measure:</td><td colspan="3">The number and proportion of persons served whose discharge status is positive and is at/above the target or no lower than the target.</td></tr>
<tr><td rowspan="5">Service(s):</td><td>Measure</td><td>Target</td><td>Service</td></tr>
<tr><td rowspan="3">Living Arrangements</td><td>85%</td><td>All services entered in CDS, except Crisis/Emergency, Hospitalization and Assessment Services</td></tr>
<tr><td>80%</td><td>Residential Services</td></tr>
<tr><td>88%</td><td>Supported Housing – MH & SUD</td></tr>
<tr><td>Employment Status</td><td>65%</td><td>All services entered in CDS, except Crisis/Emergency, Hospitalization and Assessment Services</td></tr>
<tr><td>Data Source:</td><td colspan="3">Central Data System</td></tr>
<tr><td>Frequency of Collection:</td><td colspan="3">In real time.</td></tr>
<tr><td>Frequency of Review:</td><td colspan="3">Quarterly review</td></tr>
<tr><td>Who Reviews Information:</td><td colspan="3">Region 5 Systems administration, Regional Quality Improvement Team, Person Served Family Advisory Committee, Network Providers, BHAC, RGB.</td></tr>
<tr><td rowspan="4">Instruction:</td><td colspan="3">Providers are to update CDS encounters, specifically the Living Arrangements and Employment Status fields, at admit, Continuation of Care and Continuation of Stay reviews, and at discharge.</td></tr>
<tr><td>Measure</td><td>Tab</td><td>Notes</td></tr>
<tr><td>Living Arrangements</td><td>Demographics</td><td>Positive: all options except Homeless and Homeless Shelter</td></tr>
<tr><td>Employment Status</td><td>Demographics</td><td>• Only those in the labor force (Employed – Part Time or Full Time, Active/Armed Forces, and Unemployed-Laid Off/Looking) at discharge are included in the measure.
• Ensure Unemployed-Laid Off/Looking is only selected if Person Served has participated in active job searching in the last 30 days</td></tr>
</table>

IV. Efficiency

A. Assessments-SUD

Area of Observation:	Substance use assessments are completed in a timely manner.
Expectation:	People are receiving substance use assessments in a timely manner to expedite identifying a treatment path towards recovery.
Quality Indicator:	Comparing the admission (assessment/interview date) and discharge (Evaluation report completed-signed by evaluator) dates in CDS to evaluate the time it takes to complete the substance use assessment.
Measure:	Substance use assessments will be completed within 7 days.
Service(s):	Substance Use Assessments.
Data Source:	Central Data System
Frequency of Collection:	In real time.
Frequency of Review:	Quarterly review
Who Reviews Information:	Region 5 Systems administration, Regional Quality Improvement Team, Person Served Family Advisory Committee, Network Providers, BHAC, RGB.
Instruction:	Providers are to use the following dates when entering Assessment-SUD encounters in CDS: • Admission Date- date of assessment/interview • Discharge Date- date the evaluation report is completed and signed by evaluator

B. Discharge & Pre-Admitted Non-Compliance

Area of Observation:	People registered for services are discharged in the Central Data System when they are no longer receiving services.
Expectation:	The Central Data System is valid, accurate, and reliable and network providers are discharging people from this software system when they are no longer receiving services.
Quality Indicator:	Encounters for persons served within Central Data System are discharged within the respective designated timeframes.
Measure:	Discharge non-compliance will be under 5% and the pre-admitted non-compliance will be under 1%.
Service(s):	See table below.
Data Source:	Central Data System
Frequency of Collection:	In real time.
Frequency of Review:	Quarterly review
Who Reviews Information:	Region 5 Systems administration, Regional Quality Improvement Team, Network Providers.
Instruction:	Agencies receive a monthly report of encounters that are currently admitted but without TAD utilization (per each service's established threshold). Providers are to respond within 7 days on their efforts to either bill TAD units for the encounter of if it needs to be discharged.

Level of Care	Service Type	Service	Discharge Compliance Threshold Based on No Utilization		Contractual Expectation for Discharge
Adult Community Integration/ Support	Authorized	Assertive Community Treatment - MH	No TADS units claimed for:	1 month	10 days
		Community Support - MH & SUD		2 mos.	10 days
		Day Rehabilitation - MH		1 month	10 days
	Registered	Coordinated Specialty Care – MH		1 month	10 days
		Mental Health Respite - MH & SUD		1 month	10 days
		Recovery Wellness Support - MH & SUD		3 mos.	10 days
		Recovery Support - MH & SUD		3 mos.	10 days
		SOAR - SUD		3 mos.	10 days
		Supported Employment Ext. Svcs. - MH & SUD		3 mos.	10 days
		Supported Housing - MH & SUD		1 month	10 days
Adult Emergency Services	Registered	24 Hour Crisis Line - MH		1 month	10 days
		Crisis Response - MH & SUD (and in CCBHC)		1 month	10 days
		Crisis Stabilization - MH & SUD		1 month	10 days
		Emergency Community Support - MH & SUD		1 month	10 days
		Hospital Diversion Less than 24 hours - MH		1 month	10 days
		Hospital Diversion Over 24 hours - MH		1 month	10 days
		Inpt. Post Commitment Tx Days - MH & SUD		1 month	10 days
		Navigator - MH & SUD		3 mos.	10 days
		Peer Support - MH & SUD		2 mos.	10 days
		Social Detoxification - SUD		1 month	10 days
Adult Inpatient	Authorized	Acute Inpatient Hospitalization - MH		1 month	10 days
		Sub-acute Inpatient Hospitalization - MH		1 month	10 days
Adult Non-Residential	Authorized	Intensive Outpatient / Adult - SUD		1 month	10 days
	Registered	Assessment - MH & SUD		1 month	10 days
		Intensive Community Services - MH & SUD		1 month	10 days
		Medication Management - MH & SUD		6 mos.	10 days
		Opioid Treatment Program (OTP) - SUD		3 mos.	10 days
		Outpatient Psychotherapy - MH & SUD		3 mos.	10 days
Adult Residential	Authorized	Dual Disorder Residential - SUD		1 month	10 days
		Halfway House - SUD		1 month	10 days
		Intermediate Residential - SUD		1 month	10 days
		Psychiatric Residential Rehabilitation - MH		1 month	10 days
		Secure Residential - MH (incl. R&B)		1 month	10 days
		Short Term Residential - SUD		1 month	10 days
		Therapeutic Community - SUD		1 month	10 days
Youth Non-Residential	Authorized	Intensive Outpatient / Youth		1 month	10 days
	Registered	Assessment - MH & SUD		1 month	10 days
		Crisis Psychotherapy - MH		2 mos.	10 days
		Outpatient Psychotherapy - MH & SUD		3 mos.	10 days
		Professional Partner - MH		1 month	10 days

C. Critical Incidents

Area of Observation:	Critical incidents are actual or alleged events or situation that create a significant risk of substantial or serious harm or trauma to the physical, mental health, safety, or well-being of a Person Served or the Network Provider.
Expectation:	Network Provider Agencies assess whether any of the 31 identified critical incidents occur and report them to Region 5 Systems.
Quality Indicator:	**Critical Incidents include:** 1. **Abuse-Person Served to Person Served:** Person Served harms/assaults another participant (verbal/physical/psychological) 2. **Abuse-Person Served to Employee:** Person Served harms/assaults Employee (verbal/physical/psychological) 3. **Abuse-Employee to Person Served:** Employee member harms/assaults a Person Served (verbal/physical/psychological) 4. **Biohazardous Accidents:** An accident, injury, spill or release. Some examples include needle stick, puncture wounds, splash, environmental release of an agent or organism. 5. **Communicable Disease:** Person Served admitted with or became exposed to a communicable/infectious disease. Examples include Tuberculosis, Hepatitis, whooping cough, Measles, Influenza. 6. **Death by Homicide:** One person causes the death of another person. 7. **Death by Suicide Completion:** A person completes suicide, purposely ending their life. 8. **Death-Other:** All deaths that occurred and not specifically due to homicide or suicide. 9. **Elopement:** Person Served is in residential treatment and left without notifying the agency of their intent to leave. 10. **Illegal Substance Found:** An agency finds illegal substances in or around the facility. 11. **Infection Control:** Agency did not apply infection control practices, in an effort to prevent pathogens being transferred from one person to another. 12. **Injury to Person Served:** Not Self Harming. Accidental in nature. 13. ***Legal Actions:** Network provider is involved in a legal action/lawsuit that involves a Person Served regardless of who is the plaintiff or defendant. 14. **Legal Substance Found:** An agency finds legal substances which are not appropriately tracked, monitored, and safeguarded. 15. **Medication Errors:** Medical or human error when a healthcare provider chooses an inappropriate method of care or improperly executes an appropriate method of care. 16. **Neglect:** Agency/Employee failure to provide for a vulnerable adult or child. 17. **Physical Aggression:** Physical violence/use of physical force with the intention to injure another person or destroy property. 18. **Possession of Illegal Substance:** Person Served who has possession of an illegal substance. 19. **Possession of Weapon**: Person Served possesses a weapon on agency property and/or violates program rules/policies. 20. **Sexual Assault**: Sexual act in which a person is coerced or physically forced to engage against their will, or non-consensual sexual touching of a person. A form of sexual violence.

	21. ***Social Media**: Disclosing inappropriate Person Served information on social media (Facebook, Twitter, LinkedIn, Websites, Blogs, etc.). 22. **Suicide Attempt**: An unsuccessful attempt/action to ends one's life. 23. ***Technology Breaches**: Failure of an agency to safeguard confidential information of a person served that was transmitted/maintained electronically. 24. **Unauthorized Possession of Legal Substance**: Person Served who has possession of an unauthorized legal substance which is against program rules/polices. 25. **Use of a Weapon**: Person Served uses a weapon. 26. **Use of Illegal Substance**: Person Served is found to be using or admits to using illegal substances. 27. **Use of Restraints**: An agency utilizes restraints to manage the behavior of a Person Served. 28. **Use of Seclusion**: An agency utilizes seclusions to manage the behavior of a Person Served. 29. **Use of Unauthorized Legal Substance**: Person Served is found or admits to using unauthorized legal substances that are against the program rules/policies. 30. **Vehicular Accident**: Person Served is involved in a vehicular accident; the vehicle is driven by an Employee member. 31. **Wandering**: Person Served cognitively impacted with a memory loss such as Alzheimer's/dementia who experiences unattended wandering that goes out of agency awareness/supervision. *Region 5 Systems considers these items to be critical incidents. The CARF Standards manual does not list these as critical incidents in Section 1: Subsection H.9. f.
Measure:	Monitoring the number of critical incidents. Comparing them by fiscal year.
Service(s):	All
Data Source:	Critical Incident Spreadsheet
Frequency of Collection:	Quarterly
Frequency of Review:	Quarterly review
Who Reviews Information:	Region 5 Systems administration, Regional Quality Improvement Team, Person Served Family Advisory Committee, Network Providers, BHAC, RGB.
Instruction:	1. Data is due 30 days after the end of the quarter. 2. The "Critical Incident" and "Critical Incident Narrative" tabs in the CACI Reporting Form (Complaints Appeals Critical Incidents) a. Critical Incident tab: Enter the number of times a particular incident occurred, at a particular service, and the service category for the prior quarter (e.g., elopements from the short-term residential service). Options are to be selected from the drop-down list. b. Critical Incident Narrative Tab: Provider is to detail any emerging issues or trends they have observed for the quarter or fiscal year in the "Observations of emerging issues and trends" section. Providers are then to detail any actions or quality improvement activities undertaken (or will be taken) in the "Any action taken, or to be taken, for quality improvement" section. 3. Data is to be submitted via email to cqi@region5systems.net

D. Annual Network Provider Site Visit

Area of Observation:	Services purchased, federal block grant requirements, program fidelity, zero suicide fidelity, minimum standards, and contract requirements.
Expectation:	Network provider agencies agree to follow guidelines and requirements as outlined in Title 206 regulations (including service definitions) and their contract with Region 5 Systems.
Quality Indicator:	Unit, Financial, and Fidelity Audit.
Measure:	Services purchased audit & financial audit will have an overall compliance score of 95%. Fidelity audit will have an overall "substantial" compliance score.
Service(s):	Unit Audit = Fee for Service Funded Services Financial Audit = Expense Reimbursement Services Fidelity Audit = All Services
Data Source:	Central Data System/Client Records/Financial Records/Policies & Procedures
Frequency of Collection:	Site visit once per year at minimum
Frequency of Review:	Annual at minimum. Exception: program fidelity & Zero Suicide fidelity is once every 3 years.
Who Reviews Information:	Region 5 Systems Network Management, Network Providers, BHAC, RGB.
Instruction:	• Confirm availability of essential Employee and absence of conflicts with the site visit audit dates proposed by the region. • Make files accessible to the review team, the work area, and computer access (if necessary). • An agency point person should be available to the review team throughout the duration of the site visit. • Agency employees are available for an entry and exit conference as needed.

E. Provider Meeting Attendance

Area of Observation:	Network Provider agency participation in administrative meetings (Network Provider & Regional Quality Improvement meetings).
Expectation:	Network provider agencies agree to participate in Network Provider and RQIT meetings for the purposes of planning, program development, and regional coordination of services.
Quality Indicator:	Participation in Network Provider and RQIT meetings.
Measure:	Network provider agencies shall participate in a minimum of 80% (cumulative average) of all meetings (Network Provider & RQIT Meetings).
Service(s):	All Provider Agencies
Data Source:	Meeting Minutes
Frequency of Collection:	As outlined in the frequency of meeting schedules.
Frequency of Review:	Monthly
Who Reviews Information:	Region 5 Systems administration, Regional Quality Improvement Team, Person Served Family Advisory Committee, Network Providers, BHAC, RGB.
Instruction:	Attendance will be taken by Region 5 Systems' representative.

V. Satisfaction

A. Perception of Care

Area of Observation:	Persons served complete a survey of their perception of care received by Network providers.
Expectation:	Network Provider Agencies assess persons served perception of care by survey at the providers determined timeframe of collection (interim, discharge, etc.) and report this information to Region 5 Systems.
Quality Indicator:	**Perception of Care Questions Include:** **General Satisfaction:** 1) If I had other choices, I would still get services from this agency. 2) I would recommend this agency to a friend or family member. **Quality & Appropriateness:** 3) Employee were sensitive to my cultural background (race, religion, language, etc.). **Access:** 4) Services were available at times that were good for me. **Participation in Treatment Plan:** 5) I, not Employee, decided my treatment goals. **Outcomes:** 6) I deal more effectively with daily problems. **Social Connectedness:** 7) In a crisis, I would have the support I need from family or friends. **Other:** 8) Employee treated me with respect and dignity. 9) The program was sensitive to any experienced or witness trauma in my life.
Measure:	Target for each question is 100% and the threshold is 85%.
Service(s):	All services excluding crisis line and crisis response. For emergency and involuntary services, Providers will only report on these questions: 1) Employee treated me with respect and dignity. 2) The program was sensitive to any experienced or witness trauma in my life
Data Source:	Providers total positive responses (numerator)/total responses (denominator).
Frequency of Collection:	2 times per year (July-December & January -June)
Frequency of Review:	Bi-annual.
Who Reviews Information:	Region 5 Systems administration, Regional Quality Improvement Team, Person Served Family Advisory Committee, Network Providers, BHAC, RGB.
Instruction:	1. Data is due 30 days after the end of the six-month timeframe. 2. For each question, include the number of persons served responding positively and the total number of responses in the reporting timeframe. 3. If there are 1 or more questions/statements that fall below the threshold (85%), Providers are to include a quality improvement action plan to address the applicable areas. 4. Data and quality improvement action plans are to be submitted via email to cqi@region5systems.net

B. Complaints/Appeals

Area of Observation:	People receiving services from a Network Provider can complain and appeal the decisions made by the agency.
Expectation:	Network Provider Agencies have a formal mechanism to collect complaints by persons served and a written policy to outline what the appeals process is for the person to follow.
Quality Indicator:	Network Providers collect complaints from persons served, known as a formal written grievance by a person to express dissatisfaction with any aspect of the operations, activities, trauma or behavior of a Network Provider for which such grievance cannot be resolved at an informal level. Network Providers report complaints to Region 5 Systems. **Complaints include:** **1) Access to Services:** defined as any service that the Person Served requests which is not available or any difficulty the person experiences in trying to arrange for services at any given facility. (Difficulty scheduling initial appointments or subsequent ones, concerns with wait times for services, Hours of operation, location not easily accessible) **2) Access to Employee:** defined as any problem experienced by the Person Served in relation to Employee's accessibility. (Return of phone calls, Employee's availability) **3) Clinical Issues:** defined as any issue involving treatment and service delivery. (Problems with accuracy of reports, treatment planning and/or medication, etc.) **4) Customer Service:** defined as any customer service issue, i.e. rudeness, inappropriate tone of voice used by any Employee member, failure to provide requested information which would assist the Person Served in resolving his/her issue. **5) Environmental:** defined as any complaint by the Person Served about the condition of the place in which services are being received. (temperature, hazards, lighting, cleanliness, noise levels, lack of privacy) **6) Financial:** defined as any issue involving budget, billing or financial issues. **7) Interpersonal:** defined as any personality issue between the Person Served and Employee member **8) Program/Policy/Procedure**: defined as any issue a Person Served expresses about the program, policies, procedures (visiting hours, phone access, smoking policy, UA policy, etc.) **9) Quality of Care:** defined as any issue which deals with the quality of care that the Person Served is receiving as it relates to services being rendered. (The consistency of service, etc.) **10) Transportation:** defined as any issue involving transportation. **11) Other:** defined as any issue not addressed above, please specify the issue. Providers collect persons served **appeals**, which is a formal request made for review and reconsideration of the outcome of their formal written complaint when the Person Served is unhappy with the action taken by the Network Provider to remediate the complaint. Network Providers report appeals to Region 5 Systems.
Measure:	Monitoring the number of complaints. Comparing them by fiscal year.
Service(s):	All
Data Source:	Complaint & Appeals Spreadsheets.
Frequency of Collection:	Quarterly

Frequency of Review:	Quarterly review
Who Reviews Information:	Region 5 Systems administration, Regional Quality Improvement Team, Person Served Family Advisory Committee, Network Providers, BHAC, RGB.
Instruction:	1. Data is due 30 days after the end of the quarter. 2. The "Complaints" and "Appeals" tabs in the CACI Reporting Form (Complaints Appeals Critical Incidents) a. Complaint tab: For each complaint received, providers are to enter the date, type/category of the complaint, what service the person was in, and the resolution/actions taken for the complaint. b. Appeals Tab: For each appeal that occurred in the quarter, providers are to enter the date, type/category of the original complaint, and any resolution/actions taken from the appeal. 3. Data is to be submitted via email to cqi@region5systems.net

VI. Evidence Based Practices

A. Dialectical Behavioral Therapy

For Providers with an approved comprehensive Dialectical Behavioral Therapy program, see respective FY27 contract for data submission expectations.

B. Motivational Interviewing

For Providers with an approved comprehensive Motivational Interviewing program, see respective FY27 contract for data submission expectations.

C. Zero Suicide

Area of Observation:	The number of persons served through agencies participating in the Zero Suicide Initiative-evidence based practice.
Expectation:	The Zero Suicide System of Excellence community of practice (participating agencies) will strive to reach the aspirational goal of zero deaths by suicide.
Quality Indicator:	People entering treatment at the agencies participating in the Zero Suicide System of Excellence Initiative.
Measures:	• 100% of people enrolled in services will receive a suicide screening. • 100% of people who screened positive for suicide risk will have a comprehensive risk assessment the same day as the screening. • 100% of people who screened and assessed positive for suicide risk will have a safety plan developed the same day as the screening. • 100% of people who screened and assessed positive for suicide risk were counseled about lethal means the same day as the screening. • 100% of people on the Life Worth Living pathway and missed a face-to-face appointment will receive contact within 8 hours of the appointment. • 100% of people who had a hospitalization or emergency department visit were contacted within 24 hours of discharge. Establish a baseline and target for the following measures: • Number of people enrolled for services during the reporting period (open files) regardless of when they were last seen, who died by suicide. • Number of people on the Life Worth Living Pathway during the reporting period who died by suicide.

	• Number of people on the Life Worth Living Pathway who went to the emergency department for making a suicide attempt. • Number of people on the Life Worth Living Pathway who were admitted for an inpatient psychiatric stay for making a suicide attempt. • Number of people enrolled for services during the reporting period (open case files) regardless of when they were last seen, made a suicide attempt. • Number of people on the Life Worth Living Pathway who made a suicide attempt. • Number of people trained in Zero Suicide curriculum (AMSR, CAMS, CALM, EMDR, CBT-SIP, DBT, MI) For a detailed explanation see the "Final CQI Measures for Zero Suicide; Let's Talk 7/28/2021"
Service(s):	Providers in the Zero Suicide Initiative
Data Source:	Providers spreadsheets
Frequency of Collection:	In real time
Frequency of Review:	Quarterly review
Who Reviews Information:	Region 5 Systems administration, Zero Suicide; Let's Talk System of Excellence community of practice team, Regional Quality Improvement Team, Person Served Family Advisory Committee, Network Providers, BHAC, RGB.
Instruction:	Complete the spreadsheet as agreed and to Region 5 Systems no later than 30 days after the quarter.

VII. Service Enhancement Outcomes

A. Medication Support

Blue Valley Behavioral Health: Service Enhancement: Medication Support Services			
	Goal	**Outcome**	**Source**
Measure Details	Participants will experience increased engagement in medication management.	Proportion of participants who have a wait time of less than 2 weeks for admission	BVBH
	People experience less distress as a result of quicker visits with a prescriber for medications.	Average number of days between when a person calls for a medication management appointment and the date the appointment occurs	BVBH
	People's perception of medication management as timely by survey.	Survey data (Services are available at times that are good for me)	BVBH
	Participants will maintain engagement in medication management	No show rate (missed appointments/total appointments)	BVBH
Data Source and Details	1-2. Blue Valley Behavioral Health will report on the average of time persons served waited for a medication support service. 3. Blue Valley Behavioral Health will report on the persons served perception of timely services. 4. Blue Valley Behavioral Health will report on the no-show rate for medication management.		

VIII. Reinvestment Service Outcomes

A. Recovery Wellness Support

Reinvestment Outcomes: Wellbeing Initiative Recovery and Wellness Support Centers			
Measure Details	**Goal**	**Outcome**	**Source**
	Effectiveness	1. Participants will experience increased "recovery capital"	Wellbeing Initiative
		2. Participants will have decreased ER visits or hospitalizations	
		3. Participants will perceive they are making progress on their recovery journey	
	Satisfaction	4. Participants will express satisfaction with their life	
Data Source and Details	1. Proportion of participants demonstrating an overall improvement on BARC-10 scores. 2. Participants with hospitalizations will demonstrate a decrease in ER visits or hospitalizations (Baseline at admission as compared to discharge or last administration) 3. Response on the statement “I am making good progress on my recovery journey” at last administration of the BARC-10. 4. Response on the statement “In general, I am happy with my life” at last administration of the BARC-10.		