



***FY2024 Network Quality Improvement Plan: Performance Measurement and Reporting***  
 FY24 Annual Report

The Region 3 Behavioral Health Services (Region 3) *Quality Improvement: Performance Measurement and Reporting Initiative* for FY24 is designed to improve and sustain identified satisfaction, access and performance measures for the Region 3 Behavioral Health Services Network. The FY24 initiative covers the timeframe of July 1, 2023-June 30, 2024. Data for several measures are tracked utilizing the Centralized Data System (CDS); therefore, to ensure data accuracy, Network Provider compliance with CDS data requirements will be monitored by Region 3 throughout the year.

| Measure  | Timeframe     | Data Source/<br>Reporting<br>Responsibility                 | Annual<br>Report                        | N=                       |
|--|---------------|---|---|--------------------------|
| <b>SATISFACTION:</b> Satisfaction of individuals participating in services will be measured for all behavioral health services (excluding emergency and assessment), across all ages, with the exception of emergency and assessment services. Providers are encouraged to weave these satisfaction questions into their existing satisfaction surveys.  |               |   |   |                          |
| Satisfaction will be measured for all behavioral health services, excluding emergency (EPC, acute, subacute, post commitment, crisis response (youth/adult), co-responder, 24-hour crisis phone, crisis stabilization & social detox) and assessment services. Providers are encouraged to weave these satisfaction questions into their existing satisfaction surveys.<br>1. Accessibility (that is appropriate for the specific service),<br>2. General satisfaction with services,<br>3. Would the individual recommend this service to a friend, OR If the individual needed assistance again, would they return to this agency? | Semi-annually | Provider satisfaction reporting / Network Provider/ValiData | 87.5%<br>91.6%<br>92.0%                 | 2366<br>2414<br>2363     |
| <b>ACCESS MEASURES include individuals of all ages.</b>  |               |   |   |                          |
| <b>1. Housing Assistance Program</b><br>a. 95% of Completed Supported Housing voucher applications will be reviewed and determinations made within 3 days of receipt by the Region.<br>b. 95% of individuals will be notified of determination within 5 days of receipt of the complete application.<br>c. 95% of housing vouchers will be issued within 14 days of the application being approved.<br>d. 95% of the approved individuals will be offered a safe, stable housing option within 90 days of the voucher being issued.  | Quarterly     | CDS / Housing Access Database / Region 3                    | a. 100%<br>b. 100%<br>c. 100%<br>d. 99% | 115<br>115<br>115<br>115 |
| <b>2. Supported Employment</b><br>a. 95% of individuals referred to Supported Employment services will be admitted to Supported Employment services within 14 days of the completed referral received.   | Quarterly     | CDS / Region 3  | a. 93%                                  | 15                       |

|  |           |   |  |   |
|--|-----------|---|--|---|
| <p><b>3. Short Term Residential</b></p> <p>a. 95% of the individuals meeting Priority Criteria will be offered admission to Short Term Residential services within 14 days of referral.</p> <p>b. 95% of all individuals will be offered admission to Short Term Residential services within 30 days of referral.</p>  | Quarterly | CDS / Region 3  | <p>a. <b>88%</b></p> <p>b. 97%</p>   | <p>33</p> <p>110</p>                                  |
| <p><b>4. Medication Management</b></p> <p>a. 95% of individuals referred for Medication Management as an Inpatient post discharge service will be offered an appointment within 21 calendar days of discharge from the acute inpatient treatment episode.</p>  | Quarterly | CDS / Region 3  | a. <b>92%</b>  | 12  |
| <b>PERFORMANCE MEASURES</b>  |           |   |  |   |
| <p><b>1. Stable Living</b></p> <p>Increase the quarterly percentage of individuals of all ages in stable living at discharge from ANY service. Target is 85%.</p>  | Quarterly | CDS / Region 3  | 86.5%  | 3680  |
| <p><b>2. Stable Living</b></p> <p>Increase the quarterly percentage of individuals of all ages in stable living at discharge from residential services. Target is 65%.</p>   | Quarterly | CDS / Region 3  | 82.0%  | 111   |
| <p><b>3. Consumer Confidence</b></p> <p>Increase the percentage of individuals who respond positively to “I am better able to handle things when they go wrong” on the Annual Consumer Survey. Target is 73%.</p>  | Annually  | Annual Statewide Consumer Survey / Region 3   |  |   |
| <p><b>4. Employment</b></p> <p>Increase the quarterly proportion of individuals ages 19 and older who are employed at discharge from any service excluding emergency and assessment services. Target is 65%.</p>   | Quarterly | CDS/ Region 3   | 73.6%  | 749   |
| <p><b>5. Supported Employment</b></p> <p>Increase the quarterly proportion of individuals ages 19 and older who are employed at discharge from Supported Employment. Target is 75%</p>   | Quarterly | CDS/ Region 3   | 84.4%  | 58  |
| <p><b>6. Housing Assistance Program</b></p> <p>Increase the quarterly percentage of individuals in stable living at discharge from Supported Housing services (Housing Assistance Program). Target is 88%</p>  | Quarterly | CDS/ Region 3   | 93.9%  | 99  |
| <p><b>7. Crisis Services</b></p> <p>a. 75% of individuals ages 16 and older served in <b>Emergency Community Support (ERCS)</b> services will achieve or partially achieve their goals. (Traditional and Transitional)</p> <p>b. 85% of individuals ages 18 and older served in <b>ERCS</b> will not experience an emergency protective custody hold or warrant while enrolled in ERCS. (Traditional and Transitional)</p> <p>c. <b>Emergency Protective Custody holds (EPCs)</b> will not exceed 120 per quarter.</p> <p>d. Inpatient Mental Health Board Commitments/<b>Acute Inpatient</b> admissions will not exceed 75 in FY24.</p> <p>e. At least 80% of persons who were <b>EPC’d</b> during any given month will not have experienced an additional EPC during the previous 13 months.</p> | Quarterly | <p>a., b., &amp; c. / Provider data / Network Provider</p> <p>d, e.&amp; f / CDS / Region 3</p> | <p>a. <b>71.7%</b></p> <p>b. 96.2%</p> <p>c. 384</p> <p>d. 19</p> <p>e. <b>71.1%</b></p> | <p>446</p> <p>942</p> <p>384</p> <p>19</p> <p>111</p> |

|  |  |                                  |                                       |                     |
|--|--|----------------------------------|---------------------------------------|---------------------|
| f. Average days between <b>EPC</b> admissions (for persons with at least one additional EPC in the past 13 months) will be at least 110 days or more.  |  |                                  | f. 100                                | 111                 |
| 8. <b>Professional Partner Program</b> (Traditional, Transitional, and Prevention)<br>a. 95% of individuals and/or families will have an Individualized Support Plan that includes strengths, needs, and goals within 30 days of the date of enrollment. (Traditional and Transitional)<br>b. The Professional Partner Program will achieve at least 75% adherence to the fidelity of wraparound with a family centered, community oriented, individualized, and strength based approach to the coordination of services.<br>c. 80% of families, youth, and young adults enrolled in the Professional Partner Program will be satisfied with the services received from the program.   | Semi-annually  | PPP data / Region 3              | a. 90.9%<br>b. 76.8%<br>c. 83.8%      | 77<br>72<br>72      |
| 9. <b>Crisis Stabilization Unit</b> will track and report the following information on a monthly basis:<br><b>Annual data: 1103</b><br>a. EPC diversion (ages 18 and older) - <b>1100</b><br>b. Individuals at high-risk of harm (all ages) - <b>492</b><br>c. Demographic information of those served (all ages) – Male ( <b>676</b> ), Female ( <b>427</b> )<br>Age groups: <17 ( <b>177</b> ), 18 ( <b>7</b> ), 19-21 ( <b>46</b> ), 22 and over ( <b>873</b> ); Homeless or at risk ( <b>307</b> )<br>History of gambling ( <b>23</b> ), Intoxicated ( <b>289</b> ), Veteran ( <b>39</b> )<br>d. Issues at contact (all ages) – Anger ( <b>20</b> ), Anxiety ( <b>37</b> ), Depression ( <b>44</b> ), Medication Issue ( <b>20</b> )<br>Substance Use ( <b>680</b> ), Suicidal ( <b>256</b> ), Other ( <b>46</b> )<br>e. Number offered CSU services (ages 19 and older) – ( <b>695</b> ), Accepted ( <b>677</b> ), Declined ( <b>18</b> )<br>f. Number of successful discharges (ages 19 and older) – MH ( <b>121</b> ), SUD ( <b>472</b> ) | Monthly 20 <sup>th</sup> day following reporting month | Provider data / Network Provider | See annual data under measure         |                     |
| 10. <b>Transitional Age Coordinated Employment</b><br>a. 70% of students will obtain paid work experiences (either work based learning experiences or competitive employment) while engaged in TACE services.  | Quarterly  | Provider data                    | 64.0%                                 | 14                  |
| 11. <b>Vets4Vets</b><br>a. At least 75% of the veterans participating in the Vets4Vets program who are experiencing problems related to their mental health and transitioning from the military to civilian life will improve in overall functioning as measured by the Daily Living Activities -20 (DLA-20) assessment.<br>b. At least 75% of the veterans participating in the Vets4Vets program will report being satisfied with services from Lutheran Family Services (LFS) as measured by the LFS Client Satisfaction Survey.<br>c. 75% of Military Members/Veterans will report an increase in social connectedness using the Social Connectedness Scale.<br>d. 75% of Military Members/Veterans will indicate a patient activation measure of a 3 or above as measured using the Patient Activation Measure (PAM).   | Quarterly  | Provider data                    | a. 88%<br>b. 100%<br>c. 91%<br>d. 91% | 48<br>8<br>33<br>33 |
| 12. <b>Co-Responder Program</b><br>a. 80% of individuals served in the Co-Responder Program will have their crisis resolved in the least restrictive manner through diversion from EPC and/or jail.<br>b. 70% of the individuals served in the Co-Responder Program will report increases in ability to resolve future crises.   | Quarterly  | Provider data                    | a. 90%<br>b. 91%                      | 326<br>128          |

|   |                   |  |                                    |                            |
|---|-------------------|--|------------------------------------|----------------------------|
| <p>13. <b>Strategic Opioid Response (SOR)</b></p> <ul style="list-style-type: none"> <li>a. Community coalitions participating in the SOR initiative will continue providing “prescription take-back” opportunities for communities.</li> <li>b. Partner with the Nebraska Pharmaceutical Association to increase the number of pharmacies within the Region 3 service area participating in the Naloxone Distribution Program to at least 10 pharmacies.</li> </ul>  | Quarterly         | Region 3 data /<br>Region 3<br>Community<br>Coalitions<br><br>Region 3 | a. April &<br>Oct<br><br>b. 22     |                            |
| <p>14. <b>Network Management</b></p> <ul style="list-style-type: none"> <li>a. Review 100% of Network Providers for compliance to ‘no refusal’ requirements set forth in Network Management Policy 12, Entry/Access, Transitions, and Exit/Discharge policy as contractually mandated.</li> <li>b. All Network Providers’ contracts will be fully executed by September 15, 2023.</li> </ul>  | Semi-<br>annually | Region 3 data /<br>Region 3  | 100%<br><br>100%                   |                            |
| <p>15. <b>Peer Support</b></p> <ul style="list-style-type: none"> <li>a. 75% of individuals served in Peer Support services will achieve or partially achieve their goals at the time of discharge.</li> </ul>  | Quarterly         | Provider data  | a. 81.8%                           | 22                         |
| <p>16. <b>ValiData</b></p> <ul style="list-style-type: none"> <li>a. Region 3 will achieve target response rates to post-discharge surveys at a statistically significant level based on Region-wide population size (minimum 30% response at 3- and 6-months, minimum 20% response rate at 9- and 12-months).</li> <li>b. Individuals will demonstrate engagement with the ValiData platform as evidenced by 50% of respondents completing multiple surveys (aggregate).</li> <li>c. Individuals will demonstrate engagement with the ValiData platform as evidenced by 10% or more of completed surveys requesting agency follow-up/re-engagement.</li> </ul> | Quarterly         | Provider data  | a. 13%<br><br>b. 39%<br><br>c. 18% | 1823<br><br>124<br><br>312 |
| <p>17. <b>Recovery Support Program</b></p> <ul style="list-style-type: none"> <li>a. 80% of women participating in the program will report continued abstinence from all substance use.</li> <li>b. 80% of women participating in the program will report improved parenting skills and decreased levels of parental stress.</li> <li>c. 80% of women will report a decrease of mental health symptoms from “always” and “often” to “sometimes”, “seldom” or “none”.</li> </ul>   | Quarterly         | Provider data  | No FY24<br>data                    | NA                         |

**Reporting Timeframes:**

Quarterly: July – Sept due October 31; Oct – Dec due January 31; Jan – March due April 30; April – June due July 31 (the last day of the month following the end of the quarter)

Semi-annually: July – December report due January 31; January – June report due July 31 (the last day of the month following the end of the 6-month reporting period)

Annually: July – June report due July 31 (the end of the month following the last day of the fiscal year)

**Reporting Requirements:** Reports need to include percentages and “n” numbers (ex. 70%, 7/10).