



REGION **V** SYSTEMS

FY 15-16

Annual Report

PROMOTING COMPREHENSIVE PARTNERSHIPS IN BEHAVIORAL HEALTH

Our Mission

The mission of Region V Systems is to encourage and support the provision of a full range of mental health, alcoholism, and drug abuse programs and services to the youth and adults of Butler, Fillmore, Gage, Jefferson, Johnson, Lancaster, Nemaha, Otoe, Pawnee, Polk, Richardson, Saline, Saunders, Seward, Thayer, and York counties in Nebraska.



Published December 2016

1645 'N' Street
Lincoln, Nebraska 68508
Phone: 402-441-4343
Fax: 402-441-4335
Toll free: 1-877-286-4343
www.region5systems.net
www.facebook.com/region5systems

Dear Colleagues,

We would like to sincerely thank our Regional Governing Board members, Behavioral Health Advisory Committee members, Network Providers, the Department of Health and Human Services representatives, legislative representatives, individuals we serve, and our many other stakeholders who help us carry out our strategic intent, “*promoting comprehensive partnerships in behavioral health.*” Fiscal Year 15-16 saw a number of initiatives begin to build foundations that will support the newly emerging behavioral health landscape in Nebraska. Increased awareness that vulnerable populations exist in all of our public systems of care has promoted increased communication and collaborations across long standing silos.

Here are a few highlights from FY 15-16:

LR 413: Introduced by Senator Watermeier, LR 413 created a Legislative Task Force on behavioral and mental health to study issues relating to the adequacy of the Behavioral Health System, including monitoring the progress of the Department of Health and Human Services’ Division of Behavioral Health in conducting a statewide needs assessment and developing a strategic plan. The Task Force, chaired by Senator Bolz, held a number of public hearings and round table discussions to carry out the intent of the legislative resolution. It is anticipated that recommendations for legislation introduced in 2017 will come out of the Task Force.

TMS: The University of Washington partnered with the Family & Youth Investment (FYI) Professional Partner Program in an 8-month research study to learn how well the Wraparound Team Monitoring System (Wrap-TMS) electronic health records improved fidelity to the wraparound process.

\$780,000 Reallocation: The Division of Behavioral Health distributed \$780,000 of previously unallocated funds to Region V Systems. The primary focus for this funding was to begin using private acute care facilities for those who were placed on inpatient commitments by Mental Health Boards rather than utilizing the Lincoln Regional Center as the first option. A re-entry respite program was also established with additional emergency community support for individuals coming out of the acute care facilities prior to beginning other community treatment programs.

NebraskaBehavioralHealthJobs.com: Furthering the collaboration with the Behavioral Health Education Center of Nebraska (BHECN), Region V Systems continued to enhance the website that allows entities involved in behavioral health to post job openings for free. In addition, job seekers can post their resumes at no expense to them. Included in these enhancements was a toolkit for employers on how they can develop internship opportunities within their agencies.

Co-Occurring and Trauma-Informed Care Network: The Trauma-Informed Workgroup comprised of consumers, Network Providers, Region V staff, and other community stakeholders hosted Part 2 of the Eye Movement Desensitization and Reprocessing (EMDR) Therapy training. Included with the EMDR initiative, ongoing EMDR consultation and support for the purchase of EMDR equipment was provided to Network agencies. As the workgroup is



This logo represents Region V Systems’ commitment to promote comprehensive partnerships in behavioral health. Partnerships with providers, consumers, DHHS, and other stakeholders are ever evolving through evaluation, assessment, and implementation of programming to best meet the needs of the behavioral health system and its consumers.



Region V Systems accredits its FYI and Prevention programs through the Commission on Accreditation of Rehabilitation Facilities.

focused on increasing evidence-based, trauma-specific treatment services, it also hosted an introductory Dialectical Behavioral Therapy (DBT) training and Part 1 of an intensive 5-day DBT training for clinicians.

System of Care Continuous Quality Improvement: Each of the Network Providers went into this fiscal year having identified and implemented an outcome evaluation tool to measure consumer functioning. These tools monitor and measure consumers’ outcomes by comparing enrollment scores to discharge scores. Sixty-nine percent of consumers showed “improvement to meaningful improvement” after receiving behavioral health services. In addition, Region V participates on a Statewide Quality Improvement Team and facilitates a Regional Quality Improvement Team that focus on specific quality outcome measures.

The Office of Probation Administration: Region V, along with Region 6, entered into two pilot programs with Probation Administration. The first involved expanding the FYI program to include a Justice Wraparound Track for youth involved in the Juvenile Justice system. The second pilot created a small network of providers to carry out court-ordered evaluations in an effort to complete the evaluations in a timely manner and ensure the evaluations contained information necessary to support future treatment needs of youth.

Best Places to Work: Region V Systems was honored to be recognized as one of five “Best Places to Work,” small companies category. This annual Lincoln competition, sponsored by the Lincoln Human Resource Management Association, Woods & Aitkens LLP, and the *Lincoln Journal Star*, base the results on employee surveys administered by Quantum Workplace, and honors organizations that deliver an outstanding work experience.



Thanks again to all our system partners who make our work possible. We look for new partnerships to promote a recovery and wellness system for both children and adults in southeast Nebraska.

Sincerely,



Dennis Byars
Regional Governing Board Chair

C.J. Johnson
Regional Administrator

CONTENTS

STRUCTURE & GOVERNANCE.....	3
FUNDING & EXPENDITURES.....	5
NETWORK ADMINISTRATION.....	6
NETWORK INITIATIVES	8
SERVICE ENHANCEMENTS	15
NETWORK MANAGEMENT	16
SYSTEM COORDINATION	17
LEVELS OF CARE	23
CHILDREN & FAMILY SERVICES	26
COMMUNITY BENEFIT NETWORK	30

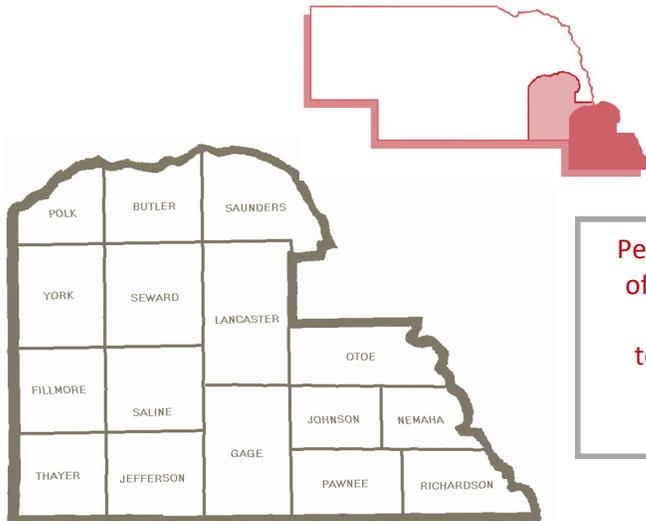
STRUCTURE & GOVERNANCE

As one of Nebraska's six behavioral health regions, Region V Systems was originally created by state statute in 1974 as a quasi-governmental entity with the responsibility of coordinating and overseeing the delivery of publicly funded mental health services for the 16 counties making up the Region V geographical area. Two years later, the Legislature added responsibility to each of the six regions for the development and coordination of substance abuse services.

In 2004, **LB 1083 (the Behavioral Health Services Act)** was passed, repealing the original statutes but re-establishing and renaming the regions as "**Behavioral Health Authorities.**" These Behavioral Health Authorities make up **Nebraska's public behavioral health system**, providing administration, integration, coordination, and monitoring the performance of behavioral health services. The regional structure strengthens partnerships and collaborations among public and private systems as well as with individuals, families, agencies, and communities which are important components in systems of care.

Region V Systems' major functions are described in this report. For more information on Region V Systems, please visit our website at www.region5systems.net.

Geographical Area



Per Nebraska state statute, Region V is comprised of 16 counties in southeast Nebraska and covers approximately 9,308 square miles. According to U.S. Census 2010, Region V has a population of 444,920, constituting approximately 24 percent of the state's population.

Regional Governing Board (RGB)

The state is divided into six Behavioral Health Regions. Each Region is governed by a Regional Governing Board, which is comprised of an appointed county commissioner from each of the counties it serves. Current membership:

- | | |
|--|--|
| Butler County..... Greg Janak | Polk County LeRoy Gerrard |
| Fillmore County Susan Johnson | Richardson County Jim Davidson |
| Gage County Dennis Byars (Chair)* | Saline County Janet Henning |
| Jefferson County Gale Pohlmann | Saunders County Doris Karloff (Treasurer)* |
| Johnson County Les Agena | Seward County Roger Glawatz |
| Lancaster County Todd Wiltgen (Secretary)* | Thayer County Dean Krueger (Vice Chair)* |
| Nemaha County Marvin Bohling | York County Bill Bamesberger |
| Otoe County Steve Lade | |
| Pawnee County Jan Lang | |

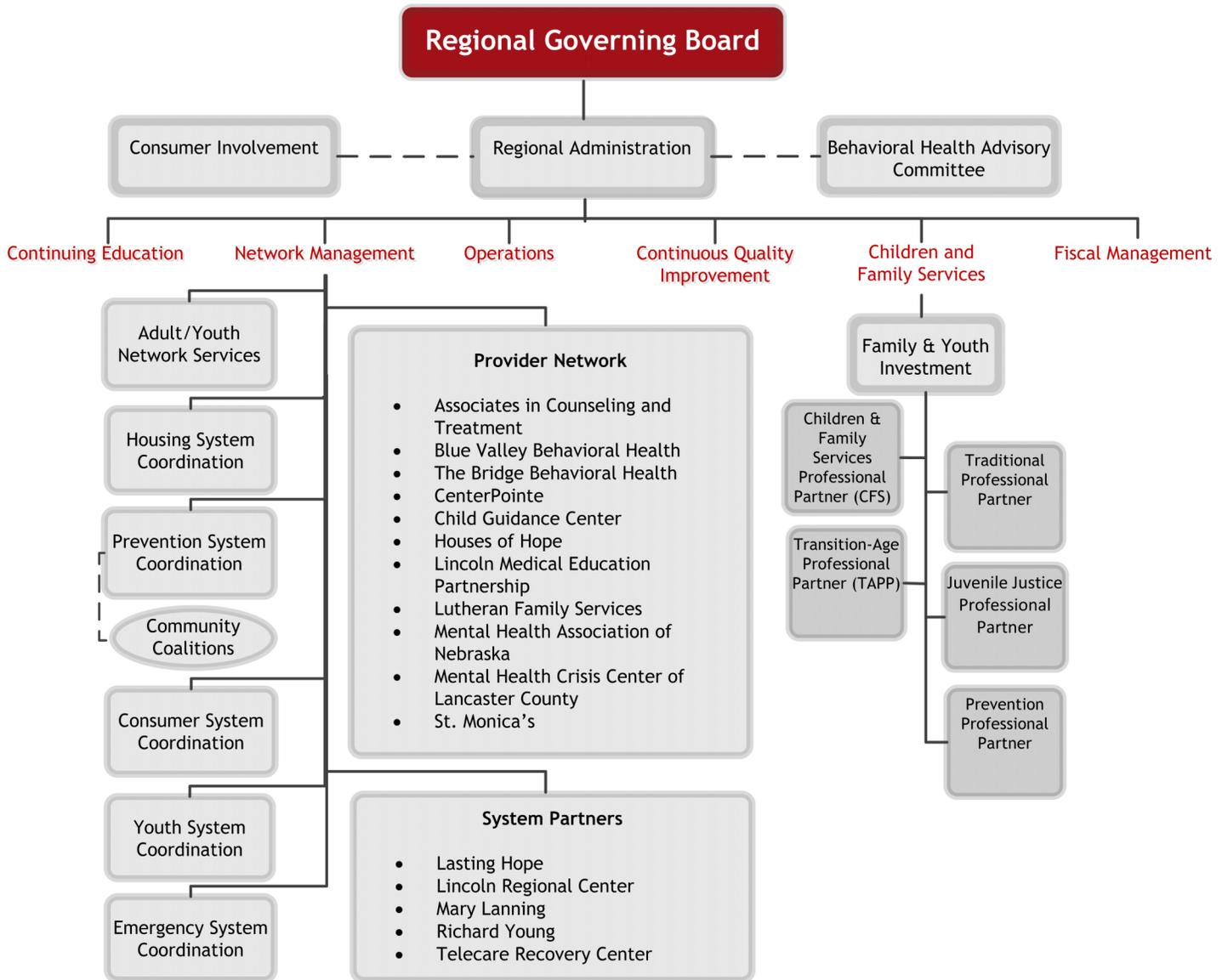
* Executive Committee members

The Regional Governing Board would like to recognize Brad Grummert (1957-2016) of Jefferson County for his dedication and support of the Regional System of Care through his service on the RGB. Our thoughts are with his family.

Behavioral Health Advisory Committee (BHAC)

By statute, the RGB is required to appoint a Behavioral Health Advisory Committee, responsible for advising the RGB on behavioral health issues and funding allocations. Consideration for membership is given to geographic residence, direct and indirect consumers, cultural diversification, and the community at large. Current membership includes:

- | | |
|--------------------------|-----------------------------------|
| Gene Cotter | Stephanie Knight |
| Kathleen Hanson | Barbara Murphy |
| Don Harmon (Vice Chair) | Richard Pethoud (Member At Large) |
| Janet Henning (RGB Rep.) | Wayne Price |
| Megan Hinrichs | Tammy Sassaman (Chair) |
| Sara Hoyle | Brenda Tracy |
| Jennifer Jennings | Darla Winslow |
| J. Rock Johnson | Constance (C.J.) Zimmer |



Six departments manage the coordination and responsibilities of Region V Systems to ensure the organization runs efficiently, meeting national accreditation requirements: **Continuing Education, Network Management, Operations, Continuous Quality Improvement, Children and Family Services, and Fiscal Management.**

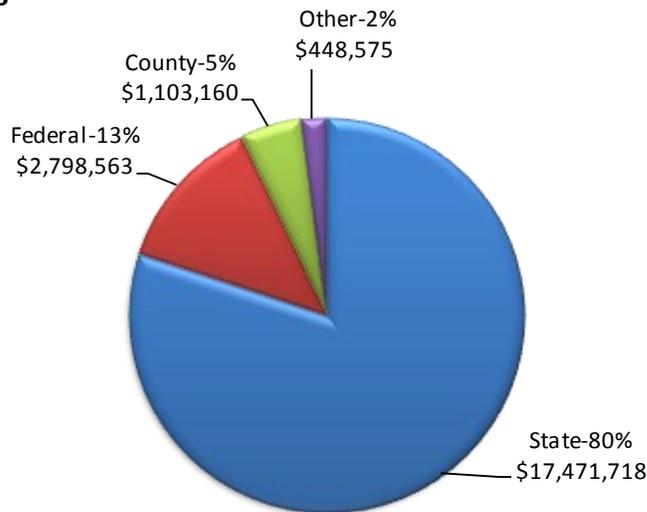
FUNDING & EXPENDITURES

Region V Systems provides fiscal management that ensures the effective use of financial resources, transparency, and accountability.

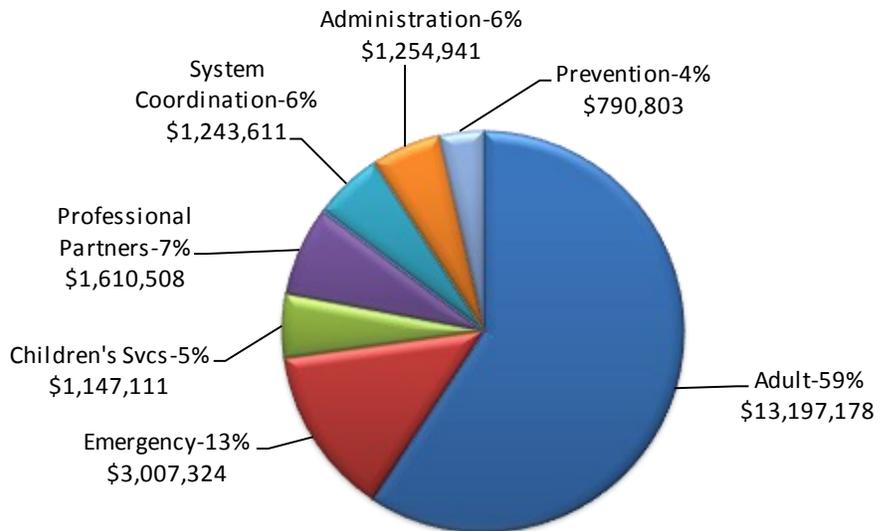
Funding is received from a variety of resources, including state and federal dollars through Nebraska's Department of Health and Human Services' Division of Behavioral Health and the Division of Children and Family Services, local and federal grants, and a county match from each of the 16 counties that make up Region V Systems' geographical area.

Region V Systems then distributes funding through contracts with local providers and works with system partners that offer many levels of treatment and a broad array of services. To ensure contractual and financial compliance, Region V Systems' staff conduct contract performance reviews and fiscal audits.

FY 15-16 Funding \$21,822,016



FY 15-16 Expenditures* \$22,257,465



*Local grants equaled <1%, or \$5,989; thereby, not reflected in the chart.

This **publicly funded system** is only one part of the overall behavioral healthcare system in Nebraska. It is considered the *safety net* for those who **meet financial eligibility requirements, are uninsured, underinsured, or have no other means to pay for behavioral healthcare**. Other funding sources such as Medicaid, insurance companies, private businesses, and individuals themselves also influence the way behavioral health services are provided in the state.

NETWORK ADMINISTRATION

In 2004, LB 1083 set out to reform Nebraska’s behavioral health system by moving from institutionalized settings, including state-run Regional Centers, to community-based services where individuals access behavioral health services closer to home, family, and support services.

Region V Systems’ purpose is to oversee the development and coordination of this **public behavioral health system**, promoting wellness, recovery, trauma-informed care, resilience, and self-determination in a coordinated, accessible, person/family-driven system of care.

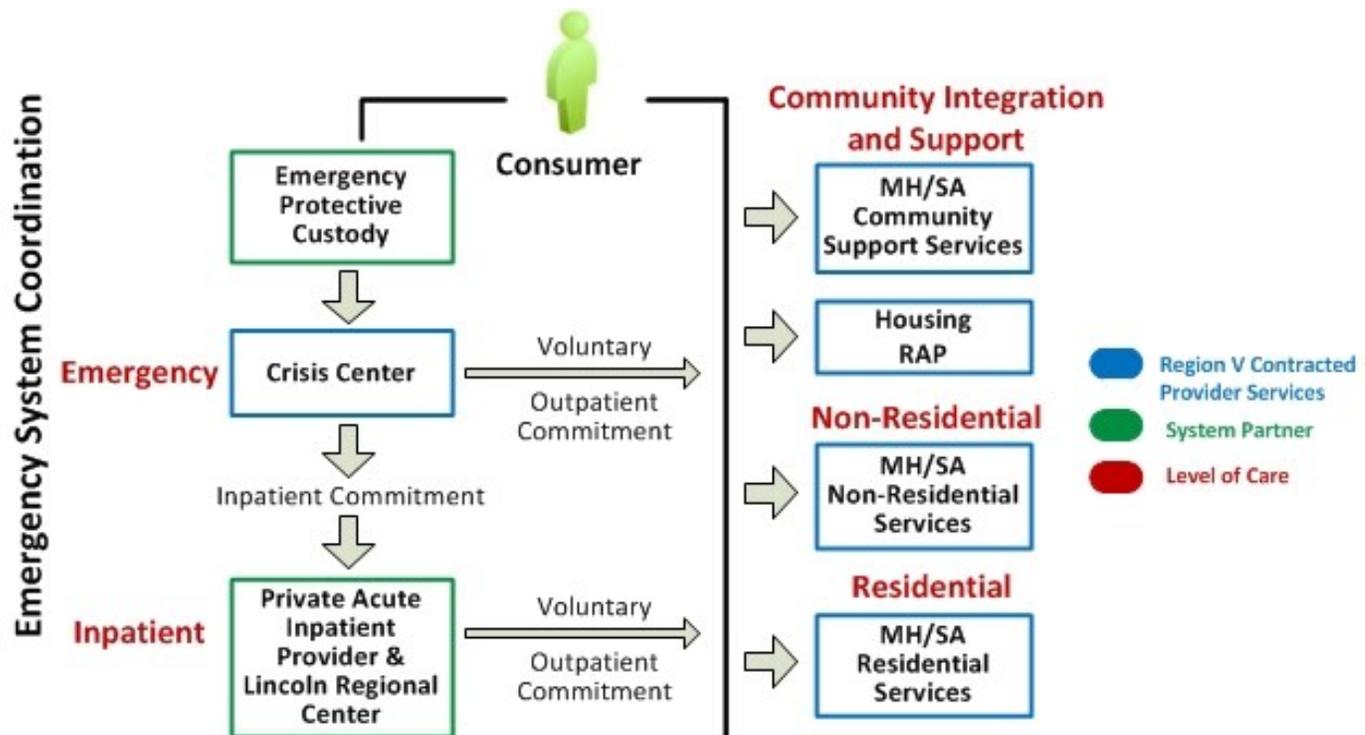
Statutory responsibilities include:

- Planning, network development, integration, and coordination of an array of publicly funded, community-based behavioral health treatment and rehabilitation services for children and adults;
- Preparation of funding plans that document behavioral health services and activities provided;
- Coordination of site reviews of services;
- Advocacy;
- Fiscal management and accountability;
- Evaluation and quality management.

There are many levels of treatment in this System of Care and a broad array of services that are consumer focused and designed to assist youth, adults, and families to reach the goal of recovery to live, work, and be participants in their communities.

Following is a chart identifying how adult consumers can **voluntarily and involuntarily** enter and move through the *Levels of Care* of the **public behavioral health system**.

Adult Behavioral Health System



Behavioral Health Data for Region V-Funded Services

Race

Race	Unique Persons Served	Percent
White	6,377	84.0%
Black/African American	662	8.7%
American Indian/Alaska Native	328	4.3%
Two or More Races	111	1.5%
Asian	74	1.0%
Native Hawaiian/Other Pacific Islander	30	0.4%
Not Available	4	0.1%
Other	3	0.0%

Ethnicity

Ethnicity	Unique Persons Served	Percent
Non-Hispanic	6,655	87.7%
Hispanic	467	6.2%
Not Available	467	6.2%

Race and Ethnicity Demographics are Deduplicated by Region of Residence and ConsumerID. Each person is counted only once during the reporting period. Not all consumers report race.

Unique Persons Served by Service Type

MH Services	SUD Services
4,678	4,024

Unique Persons Served by Service Type, FY2016 (Unique Persons Served by Service Type counts are deduplicated by Region of Residence, Service Type (i.e., Mental Health Service or Substance Use Service), and ConsumerID. For this calculation, each consumer is counted once per service type, so if a consumer received two Mental Health (MH) Service and three Substance Use Disorder (SUD) Service, then he/she would be counted once in the MH total and once in the SUD total.)

Insurance

Insurance Status	Total Admissions	Percent of Admissions
No Insurance	7,914	72.1%
Medicaid	1,140	10.4%
Private Self Paid	677	6.2%
Other Insurance	563	5.1%
Medicare	285	2.6%
PPO	187	1.7%
Not Available	97	0.9%
Veterans Administration	83	0.8%
HMO	18	0.2%
Other Direct State	12	0.1%
Indian Health Services	3	0.0%
Other Direct Federal	2	0.0%
Child Welfare	1	0.0%

All admissions are presented rather than deduplicated counts by person.

Unique Persons Served by Service Type

County of Residence	Unique Persons Served	Total Admissions	Percent of Admissions
Butler	99	84	0.8%
Fillmore	58	59	0.5%
Gage	360	448	4.1%
Jefferson	131	182	1.7%
Johnson	38	47	0.4%
Lancaster	5,872	8,846	80.5%
Nemaha	77	90	0.8%
Otoe	170	213	1.9%
Pawnee	29	27	0.2%
Polk	42	48	0.4%
Richardson	137	138	1.3%
Saline	166	197	1.8%
Saunders	135	138	1.3%
Seward	145	144	1.3%
Thayer	45	46	0.4%
York	256	275	2.5%
Region Total	7,589	10,982	100.0%

Region Total of Unique Persons Served is a count of all persons served during the fiscal year deduplicated by Region of Residence and ConsumerID. For this calculation, each consumer is counted once per region. County-level values of Unique Persons Served also include all persons served during the fiscal year, however, the data is deduplicated by County of Residence and ConsumerID. For this calculation, each consumer is counted once per county. Total Admissions is a non-unique count of the number of encounters that were admitted into a service during the fiscal year.

Age

Age Group	Unique Persons Served	Percent
4y and under	12	0.2%
5-9y	96	1.3%
10-12y	85	1.1%
13-17y	213	2.8%
18y	81	1.1%
19-24y	1,297	17.1%
25-29y	1,111	14.6%
30-34y	1,076	14.2%
35-39y	793	10.5%
40-44y	684	9.0%
45-49y	661	8.7%
50-54y	614	8.1%
55-59y	462	6.1%
60-64y	248	3.3%
65y and over	156	2.1%

Age Demographics are Deduplicated by Region of Residence and ConsumerID. Each person is counted only once during the reporting period.

NETWORK INITIATIVES

Along with an array of mental health and substance abuse programs, Region V Systems engages in initiatives that augment existing community-based services. **Following are initiatives currently underway** with the intent to bolster the existing public behavioral health system:

Behavioral Health/Primary Care Integration

Public behavioral health and primary care providers increasingly understand the value of identifying and treating consumers with both medical and behavioral health issues in a more integrated fashion. **The purpose and focus of this initiative has been to support a patient-centered medical home model and the integration of primary care and behavioral health care.** Region V Systems has promoted integration since 2011 by supporting access for individuals to primary health care and a medical home at People’s Health Center (PHC), utilizing vouchers for consumers to receive behavioral health services. Conversely, PHC prioritizes behavioral health screening and referral to treatment. In FY 15-16, 323 vouchers were utilized by 5 Network Providers.

Creating Cultures of Trauma-Informed Care

Trauma-Informed Care is a statewide initiative to ensure all Network Providers:

- are informed about the effects of psychological trauma;
- screen for trauma symptoms and history of traumatic events;
- provide ongoing assessment of trauma symptoms and problems related to trauma;
- offer services that are recovery-oriented and trauma-sensitive;
- increase the provision of trauma-informed and trauma-specific services; and
- understand that re-traumatization may occur if safe, effective, and responsive services are not available for consumers.

Region V Systems facilitates a **Trauma-Informed Workgroup** comprised of consumers, Network Providers, Region V staff, and other community stakeholders, responsible for planning, developing, marketing, implementing, and evaluating strategies to increase awareness and promote/support a trauma-informed service delivery system. **In FY 15-16, the Trauma-Informed Workgroup focused on increasing evidence-based, trauma-specific treatment services and creating more trauma-informed environments within agencies providing emergency services.** The workgroup hosted Part 2 of the Eye Movement Desensitization and Reprocessing (EMDR) Therapy training, provided support for ongoing EMDR consultation, supported purchase of EMDR equipment for provider agencies with EMDR trained clinicians, and hosted an introductory Dialectical Behavioral Therapy (DBT) training and Part 1 of an intensive five-day DBT training for clinicians. Expenditures included:

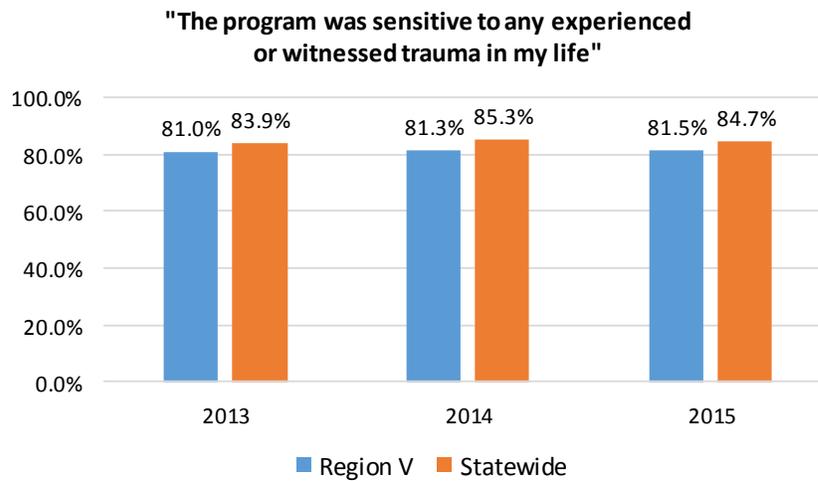
Agency	Funding	Purpose
Blue Valley Behavioral Health	\$1,674	EMDR Staff Consultation, EMDR Equipment
The Bridge Behavioral Health	\$3,500	Therapy Dog
CenterPointe	\$2,011	EMDR Training, Helping Women Recover Workbooks
Child Guidance Center	\$4,067	EMDR Equipment
Houses of Hope	\$480	EMDR Staff Consultation
Lutheran Family Services	\$1,318	EMDR Equipment
Mental Health Crisis Center	\$3,730	Comfort Room Supplies
St. Monica’s	\$1,480	EMDR Equipment
Touchstone	\$1,488	EMDR Training, EMDR Equipment
Various (in and out of network)	\$21,000	DBT Training
Total \$40,748		

Beginning in FY 12-13, Network Providers administered the *Fallot and Harris Trauma-Informed Care Self-Assessment Tool*, an agency self-assessment, setting a baseline to identify each agency's capacity of being trauma-informed in the following domains:

- Program Procedures and Settings
- Policies
- Trauma Screening, Assessment, and Service Planning
- Administrative Support for Program-Wide Trauma-Informed Services
- Trauma Training and Education
- Human Resources Practices

Quality improvement plans were developed by each provider based on assessment results. Reassessments of providers in FY 14-15 identified Region-wide progress in all domains with the exception of Human Resources Practices. A reassessment in FY 16-17 will measure continued progress in providing trauma-informed care.

Annually, the Department of Health & Human Services' Division of Behavioral Health administers a **behavioral health consumer survey**. The purpose is to solicit input from persons receiving mental health and/or substance abuse services on the quality and impact of services received. Survey results are utilized to monitor the system of care to ensure it is delivering behavioral health services in a trauma-informed manner. The following graph identifies results to the question posed to consumers, "The program was sensitive to any experienced or witnessed trauma in my life." Statewide averages are also illustrated on the graph.



NebraskaBehavioralHealthJobs.com

Nebraska
Behavioral
HealthJobs
.com

In response to the Legislature's concern with growing behavioral health workforce challenges, Region V Systems collaborated with the Behavioral Health Education Center of Nebraska (BHECN) to develop a website – NebraskaBehavioralHealthJobs.com – where behavioral health employers across the state can post unlimited job openings for free. Likewise, job seekers looking for employment in a behavioral health-related career can post resumes for free and seek out job and internship opportunities. The website was launched in January 2015.

In FY 15-16, over 300 positions were posted, and the number of website views neared 50,000. NebraskaBehavioralHealthJobs.com had a presence at over 15 conferences and events, and various targeted marketing efforts were conducted through direct mailings, contests, and social media. A comprehensive internship toolkit portal was an addition to the site this year.

The website was instrumental in BHECN receiving the Change Maker award from the National Council for Behavioral Health's 2016 Awards of Excellence.

Culturally and Linguistically Appropriate Services (CLAS)

CLAS is broadly defined as care and services that are respectful of and responsive to the cultural and linguistic needs of all individuals. Health inequities result in disparities that directly affect quality of life. National CLAS standards have been defined to advance health equity, improve quality, and help eliminate health care disparities. CLAS Standards establish a blueprint to guide efforts that address racial and ethnic health disparities and implement culturally and linguistically appropriate services.

Since 2003, Region V Systems has hosted a CLAS Coalition to address cultural and linguistically specific issues. Coalition membership is open to anyone interested in cultural and linguistic services and supports.

Through CLAS identified funding, the Coalition helps to reimburse providers for interpretation services and other supports related to CLAS activities. The following chart identifies funding allocated:

Agency	Award	Purpose
Associates in Counseling & Treatment (ACT)	\$105	Interpretation services
Blue Valley Behavioral Health	\$1,440	Interpretation services
CEDARS Youth	\$1,000	Training to enhance services for LGBT youth, i.e. flyers, handouts, other expenses
CenterPointe	\$825	Interpretation services
El Centro do las Americas	\$1,500	Community outreach and education about behavioral health problems
El Centro do las Americas	\$1,500	Latina youth group
Esperanza Services	\$1,500	Training costs for therapist in "Creating a Process of Change for Men Who Batter"
Indian Center	\$1,000	Sweat lodge, spiritual consultants
Lincoln Medical Education Partnership / SCIP	\$1,000	Translation of printed materials for parents by Rapport International
Lincoln Public Schools	\$1,500	Refugee trauma training, speaker fee
Lutheran Family Services	\$1,000	Health 360 brochure translation in four languages
Lutheran Family Services	\$2,858	Interpretation services
Mental Health Crisis Center	\$176	Interpretation services
Total FY 15-16 CLAS Mini-Grant Awards:	\$15,404	

Complexity Capable Care

Since FY 12-13, Network Providers in all six Behavioral Health Regions have participated in a quality improvement initiative **utilizing the values and principles of "Complexity Capability" to advance both organizationally and clinically effective care for individuals and families with complex co-occurring mental health and substance abuse disorders.**

The initiative **links the COMPASS-EZ**, an organizational self-assessment tool, **with the evidence-based practice of Stages of Change** to create recovery plans that include appropriate stage-based interventions and seeks to remove organizational and clinical barriers to effective care. Statewide and local trainings were facilitated by Drs. Ken Minkoff and Christie Cline, ZIA Partners, Inc. and developers of the COMPASS-EZ, on the Comprehensive Continuous Integrated System of Care.

Network Providers administered the *COMPASS-EZ*, setting a baseline to identify each agency's co-occurring capability in the following domains:

Program Philosophy	Program Policies	Quality Improvement & Data
Access	Screening & Identification	Recovery Orientation Assessment
Person-Centered Planning	Recovery Programming	Recovery Relationships
Recovery Program Policies	Psychopharmacology	Discharge/Transition Planning
Collaboration/Partnerships	Staff Competency/Training	Staff Competency

Strengths, areas for continued growth, and plans for improvement were outlined. Reassessments of providers in FY 14-15 identified Region-wide progress in all domains, scoring higher than the state averages in all domains. Providers will conduct a reassessment in FY 16-17 to measure continued progress.

Perception of Care

In an effort to assess the consumer's point of view as to the quality and effectiveness of services delivered, Region V Systems' Provider Network added two questions to a consumer survey collected by each agency at various points of service and at discharge:

1. **Would they return to this provider if they needed services in the future?** and
2. **Would they recommend this provider to a friend or a family member?**

The graph below illustrates an aggregate of consumer responses from all providers in the network by fiscal year.

Fiscal Year (FY)	Recommended Provider	Return to Provider
FY 15-16	93%	93%
FY 14-15	88%	91%
FY 13-14	90%	90%
FY 12-13	94%	93%
FY 11-12	94%	93%

Electronic Behavioral Health Information Network (eBHIN)

Per the Substance Abuse and Mental Health Services Administration (SAMHSA), *"Health Information Technology is the bedrock of any effort to coordinate and integrate care for the population served across all modalities of care. Yet, behavioral health providers face significant financial challenges in trying to adopt comprehensive electronic health record (EHR) systems."*

Region V Systems and the Provider Network recognize the need for supporting an electronic medical record system to effectively manage the system, identify gaps, allocate resources, and address population management for the best possible outcomes. Since 2009, Region V Systems has administratively and financially supported a health information technology network infrastructure through eBHIN, an electronic health record for registering and discharging consumers, and a data repository that collects consumer data from the Provider Network and submits the information to the Division of Behavioral Health.

Through FY 15-16 state allocations, Region V contributed \$104,506 for data system support and development. This was approximately \$8,709 for each Network Provider.

In FY 15-16, system partners began preparation work for interfacing eBHIN with the Health and Human Services, Division of Behavioral Health, Central Data System (CDS) developed by H4T. Region V Systems worked with Heartland and NextGen in that effort. The new CDS replaces Magellan and went live May 16, 2016.

Mental Health First Aid (MHFA)



23 Trainings
342 Participants

Through funding provided by the Nebraska Department of Health and Human Services, Division of Behavioral Health, Region V Systems has a team of certified trainers to conduct MHFA training.

MHFA is a public education program that helps the public to identify, understand, and respond to individuals showing signs of a mental illness or substance use disorder. MHFA is an 8-hour interactive course that presents an overview of mental illness and substance use disorders, introduces participants to risk factors and warning signs of mental health problems, builds understanding of their impact, and overviews common treatments. Participants learn a **five-step action plan** to help an individual in crisis connect with appropriate professional, peer, social, and self-help care.

MHFA helps people know that mental illnesses are real, common, and treatable and that it's acceptable to seek help. Research has demonstrated the effectiveness of this program to improve knowledge of mental disorders and substance use, remove fear and misunderstanding, and enable those trained to offer concrete assistance.

Cluster-Based Planning (CBP)

In 2010, Region V Systems implemented Cluster-Based Planning (CBP) in partnership with its creator, Bill Rubin, Synthesis, Inc., as a tool for Region V Systems’ Network Providers, to improve care for adults with Severe and Persistent Mental Illness (SPMI) or Alcohol and Other Drugs (AOD), and for youth with behavioral health issues. CBP believes consumers should not receive services as a single homogenous group. Instead, they should be comprised of distinct natural subgroups, or “clusters.”

CBP is an emerging best practice that identifies subgroups (clusters) of individuals, who share common biopsychosocial histories, problems, strengths, and life situations. By describing different clusters, better identifying and measuring targeted outcomes, and tracking accompanying services and costs, the system can begin to answer the questions of **“what works, for whom, and at what cost.”**

Region V Systems received funding to support this initiative through the Community Health Endowment to train individuals to become trainers, train the behavioral health workforce, and utilize information technology to analyze services and monitor outcomes. The following chart indicates a snapshot of a few outcomes:

Measure	Added in FY 15-16	Total to Date
Number of youth/adult clinicians/case managers trained in basic and intermediate CBP	244	541
Number of youth who became a member of a cluster	751	3,496*
Number of adults who became a member of a cluster (SPMI)	1,873	6,501*
Number of individuals trained as trainers	0	10

* Total number includes duplicates of persons served with life experiences. May have entered treatment in more than one fiscal year.

The following chart illustrates the top cluster memberships who are reaching positive outcomes:

Category	Cluster (n=763)	Positive Outcome
Persons with SPMI	5- Functioned Well in Community	78%
	1-Phys Health/Psych Dis.	62%
	4A- Anxiety and Depression and Avoid Growth	52%
	2B-Severe SA/Less Sev MH Prob	48%
	3A- Severely Dis in Many Life Areas	46%
	2A-Serious SA/MH and Comm Liv Prob	44%
	4B- Anxiety and Focus on Phys Health	25%
	3B- YA Severely Dis/Not Convinced of Tx	20%
AOD-Men	M1- Expect Oths to Meet Their Needs	71%
	M4- Culturally Isolated – No Need to Change	71%
	M2- Unable to Deal w/High Expectations	71%
	M3- Use Threats/Intimidation to Get Needs Met	70%
	M8- SA w/Less Sev MH Problems	67%
	M7- SA & Severe MH Problems	61%
	M5- Addicted to Opiates/Meds	57%
	M6- YM Add. To Heroin or Cocaine & On Streets	44%
AOD-Women	W7- Controlled by Oths w/Limited Expect	100%
	W3- Meds/Oth Drugs/Avoid Conseqs	82%
	W6- MH Problems & Survivors of Trauma	71%
	W2- Addicted to Exciting Lifestyle	67%
	W9- Unintentionally Dependent on Drugs	67%
	W10-Worn Down from Gen. Poverty & Addiction	67%
	W8- Use to Deal with Fam/Social Issues	61%
	W4- More Mature Alcohol Abusers	60%
	W5- SA w/Sev MH Problems	48%
	W1-More Mat Use Crack + Oth Drugs	43%

Cluster-Based Planning Level of Care Development

In FY 15-16, Region V Systems’ Family & Youth Investment (FYI) Program began working with Synthesis, Inc. to develop levels of care by cluster for youth in the FYI Program. **Cluster-Based Planning Level of Care work allows FYI professional partner staff to more accurately assess the *stage of change*** of program participants and better match interventions.

For more information on Cluster-Based Planning, go to www.synthesisinohio.com.

In December 2015, Region V Systems began partnering with Nebraska Probation Administration to implement two pilot projects:

Integration of the Wraparound Approach into the Juvenile Probation System of Care Pilot Program

This pilot project is being administered by Region V Systems' Family & Youth Investment Program in partnership with Nebraska District 3J Probation.

Its purpose/goals are:

- To develop informal and formal support networks for youth and their families to stabilize family and youth functioning in the least-restrictive environment;
- Improve functioning across life domains;
- Decrease placement out-of-home, out-of-state, and at higher levels of care; and
- Reduce reliance on formal juvenile justice involvement to meet behavioral health needs.

The target population is probation-involved youth under age 19 at high risk of being placed out of the home or out of state as a result of mental, behavioral, emotional and/or substance use disorders; and probation youth re-entering the community from Youth Regional Treatment Centers or other higher out-of-home placements. For additional information on this pilot project, see page 26 for the FYI Professional Partner Track Descriptions.

Coordination of Youth Behavioral Health Evaluations

Two providers were selected through a Request for Qualifications process to administer Behavioral Health Evaluations for youth in the juvenile justice system. The pilot project purpose/goals are:

- Provide appropriate independent, individual evaluations to reduce the potential for conflict of interest;
- Secure evaluations to assess the mental health, substance use, or co-occurring disorders of juveniles in the justice system;
- Improve the consistency of recommendations in mental health, co-occurring and substance use evaluations through independent provider evaluators who do not provide any other service for juveniles in the justice system or who cannot refer to their own services;
- Improve the turnaround time, including completion and receipt of completed evaluations by Probation District staff, within the court-ordered timeframe;
- Improve recommendations for appropriate services in the evaluations so skill deficits and functional limitations can be improved for juveniles in the justice system; and,
- Ensure quality evaluations that are complete with all collateral information, a diagnosis, and recommended behavioral health services or level of care.

The target population to be served are justice-involved youth, screened by Probation for mental health and/or substance use problems, and are determined by a mental health or substance use screen to need a more thorough behavioral health evaluation. These post-adjudicated, pre-disposition youth, 18 or younger involved in the justice system, are referred by Probation to the evaluation provider.

Region V Systems continually strives to improve the quality of care for consumers by better identifying **who the consumers of services are, what types of services are needed, and what can best be offered to meet their needs.**

Each Network Provider identifies and implements an outcome evaluation tool to measure consumer functioning and report individual consumer scores for consumers receiving services funded by Region V Systems. Tools utilized are:

- Daily Living Activities-20 (DLA-20);
- Client Directed Outcome Informed Care (CDOIC);
- Client Goal Attainment Scale (CGAS);
- Domain Assessment;
- Basis-24;
- Child Adolescent Functioning Scale (CAFAS);
- Quality of Life Attainment Scale (QLA); and
- Outcome Questionnaire-45 (OQ-45).

Functioning tools monitor and measure consumers' outcomes by comparing enrollment scores to discharge scores, showing progress or improvement in the consumer's road to recovery.

Clinically Significant

Improvement: statistical or clinically significant change likely to be sustained

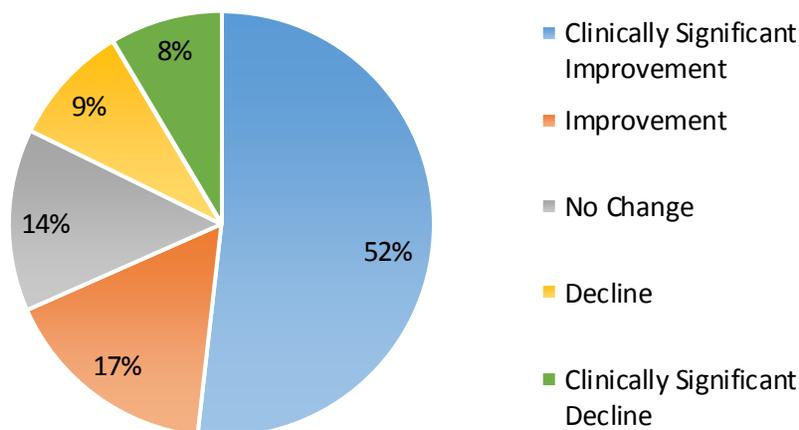
Improvement: discharge, or most recent, score showed an improvement in consumer functioning when compared to admission score

No Change: admission and discharge score were the same

Decline: discharge, or most recent, score showed a decline in consumer functioning when compared to admission score

Clinically Significant Decline: statistical or clinically significant decline

Consumer Outcomes
When Comparing Admission to Discharge Scores
FY 15-16 n=1515



Special Populations

There are special populations that require unique services to meet behavioral health needs. Grants are awarded to these special population groups for a variety of activities.

Agency	Award	Purpose
CenterPointe	\$1,000	Chronically homeless individuals: basic needs items , sleeping bags, backpacks, socks, shoes, laundry, shower, feminine hygiene products and other items as identified by need.
Family Service of Lincoln	\$1,000	Instructor for before-school program at Saratoga Elementary.
Lincoln E.D. Connections & People's Health Center	\$1,000	Flex funds to assist with health care expenses: co-payments, labs, diagnostics, and dental services for persons with case managed access to health care.
Lincoln Medical Education Partnership Stepping Stones for Families	\$1,000	Homeless survival kits including hygiene and personal care items for women .
Lincoln Medical Education Partnership Stepping Stones for Families	\$1,000	Bus passes and cab vouchers for persons served with accessibility barriers .
Total FY 15-16 Special Population Awards: \$5,000		

National Association of Case Management (NACM)

Region V Systems provides technical assistance to the National Association of Case Management (NACM). Members of NACM are part of a network of practicing professionals who are advocates for community-based case management systems. Members share ideas and work to minimize bureaucratic barriers, practice high ethical standards, support career growth, and promote the vitality and professional image of case management and service coordination. Region V Systems assists NACM with fiscal management, facilitates board meetings and sub-committee meetings, and coordinates the planning for the National NACM Annual Conference.

SERVICE ENHANCEMENTS

As a part of behavioral health coordination, Region V Systems' Provider Network continually identifies challenges, gaps, and priorities and utilizes **Service Enhancements** to create solutions to identified problems that are not otherwise available through normal behavioral health services.

Service Enhancements promote consumer recovery by providing additional support for Network Providers to deliver services. Service Enhancements minimize the use of higher levels of care and prevent discharge of consumers because of the provider's capacity to meet complex needs. Following are Service Enhancements for FY 15-16.

Medication Support

Medication support provides ancillary assistance in the delivery of medication services in an outpatient behavioral health setting. Medication support provides medications and assistance in medication safety and quality of care. Medication support services are a quality improvement component of medication management services, attempting to favorably impact the clinical and economic outcomes for consumers.

All Region V Network Providers are eligible for these funds. In FY 15-16, funding in the amount of \$100,192 was utilized for mental health services and \$72,423 for substance abuse services to provide this ancillary service.

NETWORK MANAGEMENT

The duties and responsibilities of the public behavioral health system are accomplished in Region V through a system of Network Management. Together, partners ensure **consumers have a voice and access to an array of quality behavioral health services that are integrated, consumer focused, and achieve positive outcomes consistent with the principles of recovery.**

Provider Network

Region V Systems has contractual relationships with a network of behavioral health providers that have met the minimum standards, including national accreditation, to be a part of Region V Systems' Provider Network.

In FY 15-16, 11 agencies were part of the Provider Network and **served 5,753 consumers with mental health disorders and 3,441 consumers with substance use disorders.** These providers offer an array of services by **levels of care.**

Coalitions

Region V Systems provides funding, technical assistance, and coordination to coalitions, including:

- **Local Prevention Coalitions**
(See page 17 in this report for more information on prevention efforts.)
- **Native American Coalition**
- **Culturally and Linguistically Appropriate Services (CLAS) Coalition**
(See page 10 in this report for more information on CLAS.)

PROMOTING COMPREHENSIVE PARTNERSHIPS IN BEHAVIORAL HEALTH

Partnerships

Region V Systems partners with state agencies, community partners, consumers, families, and other community primary care and behavioral health entities to support a system of care that is integrated (primary care integrated with behavioral health care) and supports the **Triple Aim** of:

- Enhancing an individual's experience of care (availability, accessibility, quality, and reliability);
- Improving the health outcomes of individuals; and
- Promoting services that are efficient, effective, and in the right amount.

Quality Improvement

The Regional Quality Improvement Team (RQIT) establishes network accountability for continuous quality improvement by using data to plan, identify, analyze, implement, and report ongoing improvements and celebrates progress, change, and success. RQIT oversees data participation, reporting, quality, and analysis, and provides recommendations or reports to Region V Systems and Network Providers. RQIT also interfaces with the Statewide Quality Improvement Team (SQIT) and the Division of Behavioral Health (DBH). Through Continuous Quality Improvement (CQI) coordination, Region V Systems ensures:

- Services are appropriate to each consumer's needs and are accessible;
- Consumers and families participate in all processes of the CQI program, and their views and perspectives are valued;
- Services provided incorporate best practice, evidence-based practice, and effective practices; and
- Services are of high quality and provided in the most cost-effective manner.

SYSTEM COORDINATION

In addition to initiatives, service enhancements, and network management, Region V Systems also provides **overall system coordination** in a number of areas in partnership with providers, consumers, community hospitals, local coalitions, housing providers, landlords, local schools, vocational/employment agencies, advocacy organizations, criminal justice, county services, the Department of Health and Human Services, probation, law enforcement, community youth-serving agencies, and other stakeholders. System Coordination brings individuals/agencies together to plan, strategize, prioritize, reach solutions, and monitor to ensure services are accessible, available, and that duplication of efforts are minimized.

Prevention Coordination

Region V's Prevention system is a collaborative partnership among community coalitions, service providers, the Youth Action Board, and various community stakeholders. The federal **Strategic Prevention Framework Model** is used to drive strategies in each community, which include: assessment, capacity development, planning, implementation, and evaluation, while prioritizing sustainability and cultural competency. Regional Prevention Coordination provides ongoing technical assistance and trainings for all coalitions and stakeholders in southeast Nebraska, as well as with statewide partnerships. Data is collected every two years among participating schools. This data drives coalitions' annual strategic plans to achieve measurable outcomes.



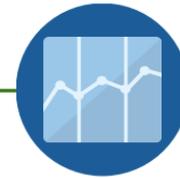
100%

of funded coalitions are utilizing evidence-based programming



80%

of all counties in Region V had youth representation on our Youth Action Board



100%

of funded coalitions are utilizing data-driven prevention strategies

Nebraska Youth Suicide Prevention Project

Nebraska Youth Suicide Prevention Project is funded by a five-year grant from the Department of Health and Human Services and the Substance Abuse and Mental Health Services Administration (SAMSHA). Region V Systems is a project partner working to decrease the suicide rate among young people ages 10-24.

Region V counties with suicide prevention coalitions are Gage, Johnson, Lancaster, Otoe, Seward, and York.

Project goals include:

- Prevent youth suicides;
- Ensure standardized screening protocols are in place for youth at risk for suicide; and
- Implement culturally-appropriate suicide prevention strategies.





mental health promotion is being addressed along with substance abuse prevention strategies through community-based trainings

QPR
For Suicide Prevention

44 Trainings
1.875 Participants

Question, Persuade, Refer (QPR)

The Surgeon General’s National Strategy for Suicide Prevention is a **QPR Trained Gatekeeper**, which is a community member in a position to recognize a crisis and the warning signs that someone may be contemplating suicide. Region V Systems’ goal is to train as many community members as possible each year to be able to accomplish the following:

- Recognize the warning signs of suicide,
- Know how to offer help,
- Have the resources available to get help, and
- Save a life.

Second Step Curriculum

Region V Systems, in partnership with Lincoln Public Schools’ elementary schools and social workers, were able to obtain **Second Step Curriculums for all teachers K-5th grade**. The research-based program includes everything needed to make it easy for teachers to integrate social-emotional learning into their classrooms, which decreases problem behaviors and increases whole-school success by promoting self-regulation, safety, and support.



Region V Systems’ Prevention Provider **SCIP** (School Community Intervention and Prevention) **provided speakers specific to School Violence and Second Step curriculum.**



Bridges Out of Poverty

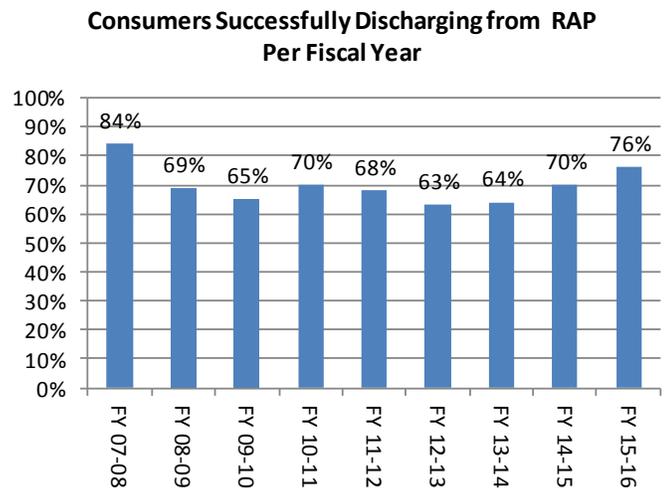
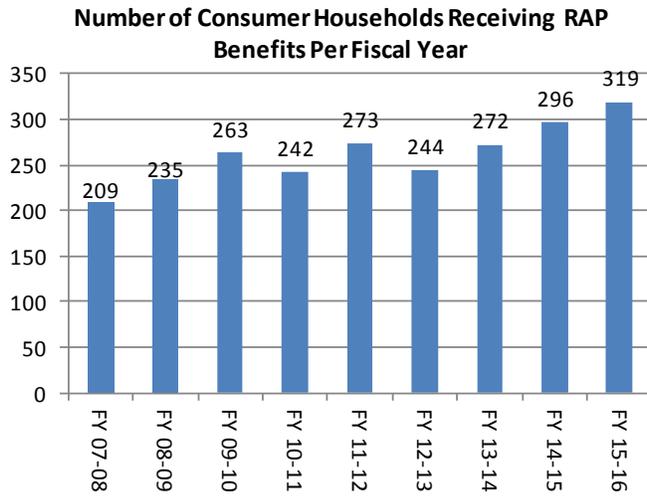
Bridges Out of Poverty training provided technical assistance to community programs with a comprehensive approach and concrete tools for **reducing poverty and alcohol abuse** in communities.

Seventy-three community members representing the 16 counties of Region V attended the training, conducted by author and consultant, Terie Dreussi Smith.

Rental Assistance Program (RAP)

RAP provides **safe, secure, affordable housing – together with support services – so that consumers can begin to work toward recovery.** RAP also assists consumers in preventing a reoccurrence of inpatient mental health treatment so they can remain in their own homes. The target population is consumers with serious and persistent mental illness, who are indigent or have extremely low income, and who are discharging from an inpatient Mental Health Board commitment, or those that are at risk of an inpatient commitment.

RAP builds a network of housing providers and facilitates assisting individuals in locating appropriate housing. Staff screen consumers for eligibility and provide housing inspections. Successful discharges are defined as consumers who have achieved independent living, bridge to more permanent housing, or maintain their current living situations.

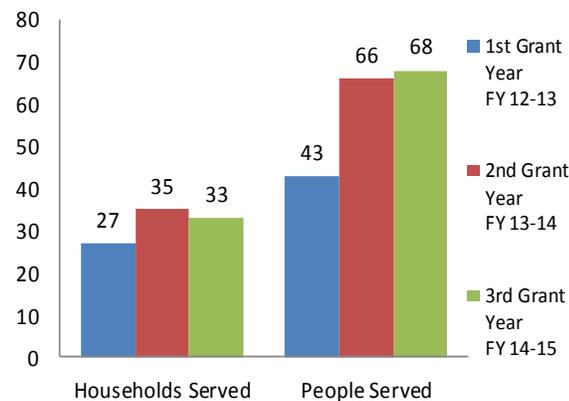


Rural Permanent Housing Program (RPH)

Region V Systems receives funding from Housing and Urban Development (HUD) and partners with rural homeless and domestic violence shelters, community action agencies, network providers, and other rural community resources to provide permanent supportive housing to **homeless consumers with disabilities** in **20 rural counties** in southeast Nebraska. Funding supports services in the 16 counties in the Region V geographical area, plus the counties of Adams, Clay, Nuckolls, and Webster. The purpose of the funding is to work in conjunction with the **Federal Strategic Plan to Prevent and End Homelessness, called *Opening Doors***.

RPH receives referrals for assistance through the Nebraska Balance of State Coordinated Entry System called the **Most Vulnerable Review Team (MVRT)**. Consumers are prioritized using an assessment tool and a shared data system called **Service Point**. RPH provides **permanent supportive housing to single adults identified as the most vulnerable**, while adhering to a “housing first” philosophy which **offers consumer choice** in receiving services and immediate housing.

Rural Permanent Housing Program: Number of Households and People Provided Housing in 20-County Area



GOAL: to increase percentage of consumers who are disabled in RPH who remained in permanent housing or moved to permanent housing after leaving the program.



GOAL: to increase percentage of consumers who are disabled in RPH who are receiving non-cash benefits (health insurance, food stamps, etc.)



Consumer involvement and advocacy has been paramount as part of the Behavioral Health Services Act (LB 1083). The Act identified the following priorities for consumers:

- Ensure services are consumer focused.
- Create services that emphasize beneficial outcomes based on recovery principles.
- Ensure consumer involvement in all aspects of service planning and delivery.

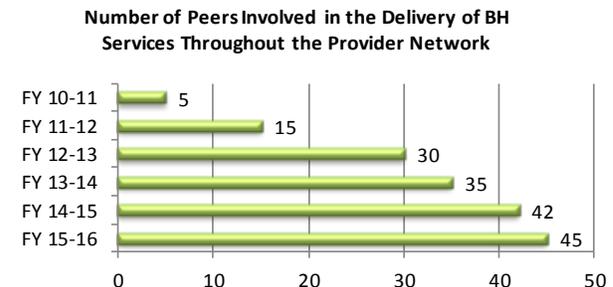
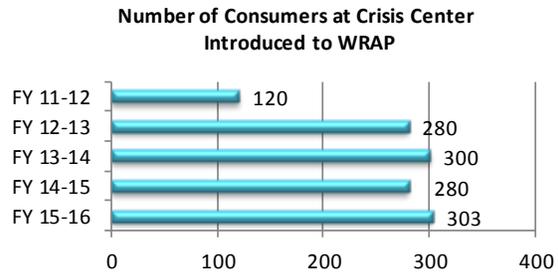
These priorities are accomplished through:

Consumer Specialist

Since 2007, a Consumer Specialist position has been funded in each Region to support and promote consumer and family involvement and provide opportunities for consumers to learn leadership.

One of the primary responsibilities of the specialist is to introduce the **Wellness Recovery Action Plan (WRAP®)** to consumers; a self-designed prevention and wellness process that anyone can use to get well, stay well, and make their life the way they want it to be. It was developed in 1997 by a group of people who were searching for ways to overcome their own mental health issues and move on to fulfilling their life dreams and goals. It is now used extensively by people in all kinds of circumstances and by health care and mental health systems all over the world to address all kinds of physical, mental health, and life issues. **WRAP® has been studied extensively in rigorous research projects and is listed in the National Registry of Evidence-based Programs and Practices.**

The Consumer Specialist works with consumers in job- or volunteer-related activities. The graph on the right illustrates the number of peers involved in the delivery of behavioral health services in the Provider Network.



Consumer Family Advisory Committee (CFAC)

Since its establishment in 2004, the CFAC has been involved in projects that benefit people with mental health and/or addiction problems and their families. These projects include Wellness Recovery Action Plan (WRAP®), self-advocacy, and community outreach. The CFAC also awards grants to support local projects.

Grantee	Amount	Purpose
CenterPointe	\$3,295	Writers Workshop and Artists on the Edge Open Studio
Consultant	\$3,412	Needs Assessment Project
Consultant	\$361	Pathways to Recovery Group
Consumers	\$952	National Alternatives Conference (1 consumer attended)
NAADAC	\$3,685	Scholarships for statewide behavioral health conference
WRAP Supplies	\$2,022	WRAP Facilitator Manuals/Supplies
Total FY 15-16 CFAC Awards:	\$13,727	

Mental Health Statistics Improvement Program (MHSIP)

The Department of Health and Human Services' Division of Behavioral Health administers a **Behavioral Health Consumer Survey** to solicit input from persons receiving mental health and/or substance use services on the quality and impact of services received. Survey areas include: access, quality, outcomes, participation in treatment planning, general satisfaction, functioning, and social connectedness. Below are a few outcomes:



Satisfied with Services Received

Region V Systems		State of Nebraska	
2013	84.9%	2013	85.0%
2014	80.8%	2014	78.8%
2015	85.7%	2015	86.6%



Improved Level of Functioning

Region V Systems		State of Nebraska	
2013	70.9%	2013	71.2%
2014	70.3%	2014	74.3%
2015	75.1%	2015	73.1%



Services Were Appropriate and of Good Quality

Region V Systems		State of Nebraska	
2013	84.3%	2013	86.2%
2014	84.8%	2014	84.8%
2015	85%	2015	87.4%



Services were Accessible

Region V Systems		State of Nebraska	
2013	82.7%	2013	82.3%
2014	80.8%	2014	81.4%
2015	83.7%	2015	82.8%

Youth System Coordination

To continuously improve youth coordination efforts, Region V Systems has joined several community partnership initiatives **designed to strengthen the children's system of care in Nebraska.**

Youth Crisis Response Continuum



System of Care partners across Nebraska have inched closer to the completion of the development of a **Youth Crisis Response Continuum**. The "continuum" is a collaborative effort amongst Nebraska stakeholders to provide urgent response to children/youth ages 0-21 and their families who are experiencing crises. The crisis may be a result of behavioral health concerns or family dynamics.

The response is provided by licensed behavioral health professionals who work with families to assess and de-escalate the crisis and develop a plan to stabilize the crisis. As necessary, crisis responders complete brief mental health status exams, substance abuse screenings, and develop crisis safety plans. **Youth Crisis Response** assists families to resolve crises in the least-restrictive environment, keeping youth in their home communities, and diverting youth from psychiatric hospitalizations. Crisis responders provide consultation to acute crisis or hospital emergency room personnel when out-of-home care is deemed necessary.

After addressing the immediate crisis, when deemed necessary as a part of long-term planning, the crisis responder provides youth and their families with information and referral resources. Families who are in need of comprehensive assessments, service coordination, and/or peer advocacy and support will have an opportunity to access these services.

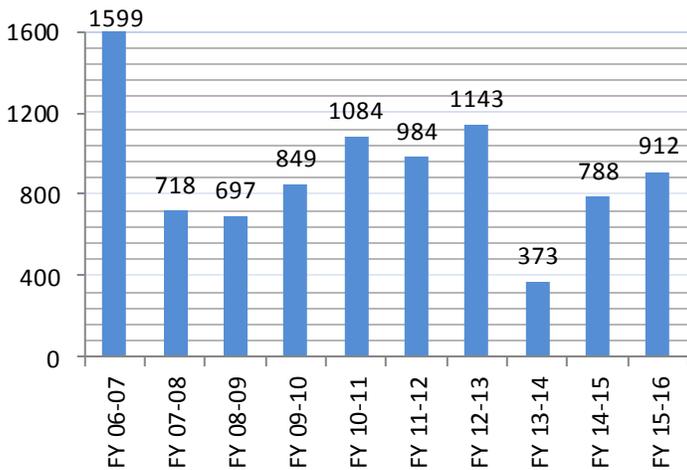
Emergency System Coordination is designed to meet the needs of individuals experiencing a behavioral health crisis/emergency situation. To ensure the safety of consumers and the public, coordination is provided through contracts and partnerships with the Lancaster County Crisis Center, county attorneys, law enforcement, mental health boards, behavioral health providers, psychiatric hospitals, and state-operated inpatient psychiatric facilities. Together, these agencies promote a welcoming, co-occurring capable crisis response system. **Individuals experiencing an acute behavioral health crisis are helped to identify the best next steps to make progress toward recovery in the least restrictive and most appropriate service that promotes safety.**

The Crisis Response Team assists individuals by facilitating seamless transitions to the most appropriate level of care by participating in case reviews, treatment team meetings, and other activities designed to develop discharge plans for individuals receiving treatment in the emergency system.

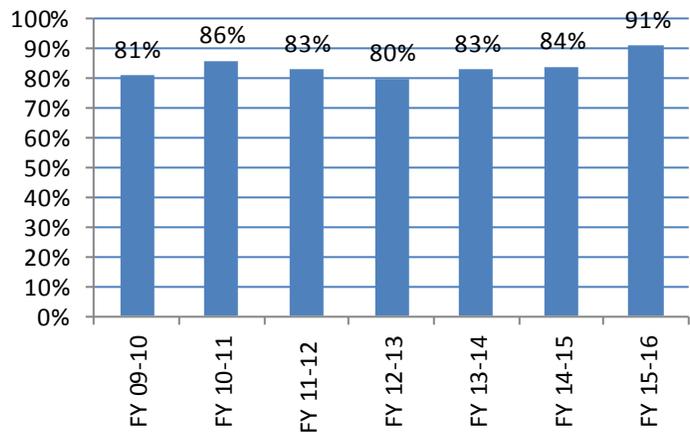
In September 2015, the Division of Behavioral Health directed Region V Systems **to modify its inpatient treatment process.** Prior to September 2015, all Region V consumers that were committed to inpatient treatment went to the Lincoln Regional Center (LRC) for acute care. After September 2015, Region V began to use Mary Lanning Hospital as its primary acute treatment and/or other acute facilities in Nebraska. **LRC would only be used when all community-based, acute facilities had been exhausted.** The only exception to this rule was if the committed person was extremely dangerous and could not be served in a community hospital. To support individuals coming back into the community after acute care, **a long-term respite program** was established at The Bridge Behavioral Health as well as an **additional emergency community support worker.**

LRC: 32 patients, average length of stay = 808 days
MLH: 38 patients, average length of stay = 18 days

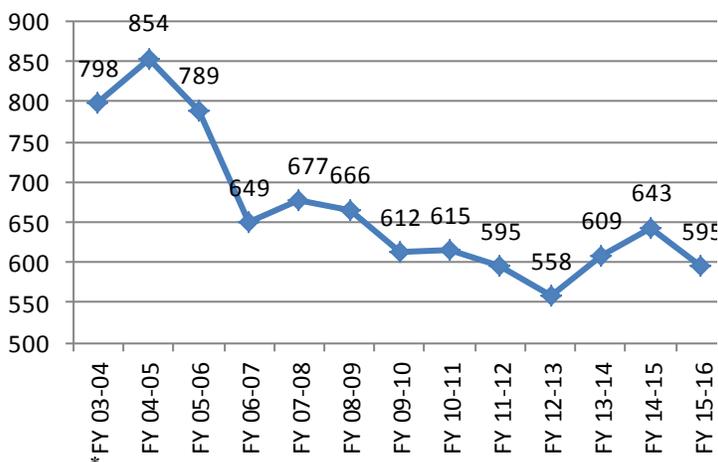
Post-Commitment Days Per Fiscal Year



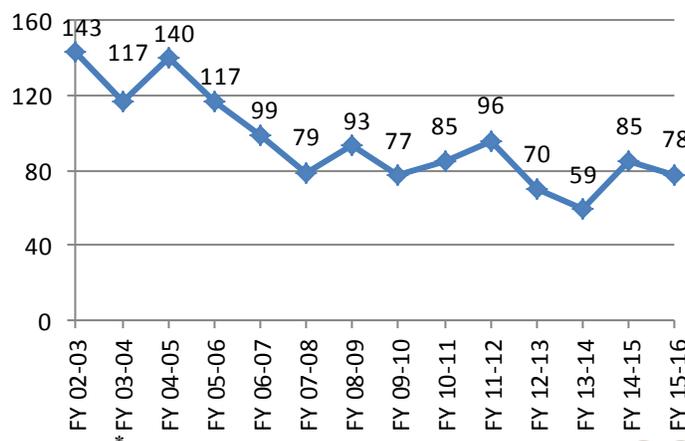
Percent of Emergency Protective Custody Holds Diverted by Crisis Response Teams



Emergency Protective Custody Admissions Per Fiscal Year



Repeat Emergency Protective Custody Admissions Per Fiscal Year



* Baseline numbers reflect the beginning of Behavioral Health Reform through the passage of LB 1083 in 2004.

LEVELS OF CARE

Region V Systems contracts with a network of behavioral health community providers and works with system partners who offer a broad array of services designed to assist adults in reaching their goal of recovery to live, work, and be full participants in their communities. Services are categorized by level of care, including **inpatient, residential, non-residential, community integration/support, children’s, and emergency**, based on the intensity of treatment and professional care needed. Following are the services funded by Region V Systems:

Adult Community Integration/Support

A number of varied and flexible service options are available intended to:

- Reduce episodes of relapse, crisis, and emergency room utilization;
- Shorten length of stay at inpatient and residential levels of care; and
- Promote the recovery and resiliency of the individual.

Services	Network Provider
Assertive Community Treatment (2)	CenterPointe (PIER) Lutheran Family Services (PIER)
Community Support (2)	Blue Valley Behavioral Health CenterPointe Lutheran Family Services St. Monica’s
Community Support (1)	CenterPointe St. Monica’s
Day Rehabilitation (2)	CenterPointe
Family Support & Advocacy (1)	Lincoln Medical Education Partnership
Peer Specialist (2)	CenterPointe Lutheran Family Services St. Monica’s
Projects in Assistance to Transition from Homelessness (2)	CenterPointe
Recovery Support (2)	CenterPointe
Recovery Support (1)	CenterPointe The Bridge Behavioral Health (TASC)*
Rental Assistance Program (2)	Region V Systems
Rural Permanent Housing Program (4)	Region V Systems
Supported Employment (2)	Mental Health Association of Nebraska
Supportive Living (2)	CenterPointe
Transition-Age Professional Partner (2)	Region V Systems

(1) Substance Abuse (2) Mental Health (3) Dual Diagnosis (4) Any Disability, as identified through funding streams.

* Targeted Adult Service Coordination (TASC) is a collaborative program involving Houses of Hope, Blue Valley Behavioral Health, Lutheran Family Services, and The Bridge Behavioral Health.

**Adult
Non-Residential**

Provides mental health and substance use treatment and rehabilitation services intended to:

- Reduce episodes of relapse, crisis, and emergency room utilization;
- Shorten lengths of stay at inpatient and residential levels of care; and
- Promote the recovery and resiliency of the individual.

Services	Network Provider
Assessment (1)	Associates in Counseling and Treatment Blue Valley Behavioral Health Lincoln Medical Education Partnership Lutheran Family Services
Intensive Community Services (2)	Houses of Hope (TASC)*
Intensive Outpatient (1)	Blue Valley Behavioral Health Lutheran Family Services St. Monica's
Medication Management (2)	Blue Valley Behavioral Health CenterPointe Lutheran Family Services
Outpatient Therapy (Individual, Family, Group) (2)	Blue Valley Behavioral Health CenterPointe Child Guidance Center Lutheran Family Services St. Monica's
Outpatient Therapy (Individual, Family, Group) (1)	Blue Valley Behavioral Health CenterPointe Lincoln Medical Education Partnership Lutheran Family Services St. Monica's

**Adult
Residential**

Provides 24-hour supervision with varying mental health, substance abuse, co-occurring, and/or rehabilitation services depending on the individual's need.

Services	Network Provider/System Partner
Psychiatric Residential Rehabilitation (2)	CenterPointe
Halfway House (1)	Houses of Hope
Intermediate Residential (1)	The Bridge Behavioral Health
Short-Term Residential (1)	The Bridge Behavioral Health CenterPointe (Touchstone) Houses of Hope (Touchstone) St. Monica's
Therapeutic Community (1)	St. Monica's
Dual-Disorder Residential (3)	CenterPointe
Secure Residential (1)	Telecare Recovery Center**

(1) Substance Abuse (2) Mental Health (3) Dual Diagnosis (4) Any Disability, as identified through funding streams.

* Targeted Adult Service Coordination (TASC) is a collaborative program involving Houses of Hope, Blue Valley Behavioral Health, Lutheran Family Services, and The Bridge Behavioral Health.

** A system partner, not one of Region V Systems' Network Providers

Adult Inpatient

Hospital-based acute and sub-acute psychiatric service designed to stabilize acute psychiatric conditions for individuals under a Mental Health Board commitment, providing intensive multidisciplinary assessment and treatment planning, psychiatric interventions, and recovery supports. As symptoms are stabilized, the individual is transitioned to community-based residential or non-residential services for continued recovery.

Services	System Partner
Acute/Subacute Inpatient Hospitalization Services (2)	Lasting Hope** Lincoln Regional Center** Mary Lanning** Richard Young**

Adult Emergency

Ensures consumers have access to multiple alternatives for support while experiencing an acute behavioral health crisis, including those individuals with active substance use.

Services	Network Provider
24-hour Crisis Line (2)	Blue Valley Behavioral Health CenterPointe
Civil Protective Custody (Involuntary) (1)	The Bridge Behavioral Health
Crisis Assessment (1)	Mental Health Crisis Center
Crisis Respite (3)	The Bridge Behavioral Health
Crisis Response Teams (2)	Blue Valley Behavioral Health (TASC)*
Emergency Protective Custody (Involuntary) (3)	The Bridge Behavioral Health Mental Health Crisis Center
Emergency Community Support (3)	Lutheran Family Services (TASC)*
Hospital Diversion (KEYA House) (2)	Mental Health Association of Nebraska
Social Detoxification (1)	The Bridge Behavioral Health

Youth Non-Residential

Focuses on addressing behavioral health needs of youth and families with complex needs, resulting from a child's serious emotional disturbance or substance use disorder.

Services	Network Provider
Outpatient Therapy (Individual, Family, Group) (2)	Blue Valley Behavioral Health Child Guidance Center
Outpatient Therapy (Individual, Family, Group) 1)	Blue Valley Behavioral Health Child Guidance Center
Assessment (3)	Blue Valley Behavioral Health Child Guidance Center
Intensive Outpatient (2)	Blue Valley Behavioral Health
Therapeutic Consultation (2)	Child Guidance Center
SOAR (SSI/SSDI Outreach Access and Recovery) (1)	CenterPointe

(1) Substance Abuse (2) Mental Health (3) Dual Diagnosis (4) Any Disability, as identified through funding streams.

* Targeted Adult Service Coordination (TASC) is a collaborative program involving Houses of Hope, Blue Valley Behavioral Health, Lutheran Family Services, and The Bridge Behavioral Health.

** A system partner, not one of Region V Systems' Network Providers

CHILDREN & FAMILY SERVICES

Family & Youth Investment

Children & Family Services administers the Professional Partner Program, known as **Family & Youth Investment (FYI)**. FYI utilizes the Wraparound approach, which relies on the natural support systems of the family in its community. The approach begins with the principle of ensuring “voice and choice,” which stipulates that the perspectives of the family—including the child—must be given primary importance during planning and other activities. Participants are provided a Professional Partner who coordinates services. Through a family-centered team effort, Professional Partners coordinate and facilitate formal and informal services and supports necessary to assist the youth and their families in meeting their established goals. Wraparound further requires that the planning process itself, as well as the services and supports provided, are individualized, family driven, culturally competent, and community based.

The FYI Program’s primary areas of focus are to:

- Avert children from becoming state wards, preventing expensive out-of-home placements or involvement in emergency services;
- Reduce juvenile crime or contact with adult criminal justice systems;
- Increase school performance; and
- Facilitate a seamless transition from the youth to the adult behavioral health system.

FYI includes five program tracks. Families must meet financial and diagnostic program eligibility requirements to receive Professional Partner support at no cost. For families not meeting eligibility criteria, the option of paying a monthly rate for participation is available. Following are descriptions of the five FYI tracks:

1. The **Traditional** track serves children up to age 21 with a serious emotional disturbance.
2. The **Prevention Professional Partner (PPP)** track focuses on prevention, serving children under age 19 and their families who are at risk of formal juvenile justice and child welfare involvement and are in need of intensive (90 days) case management and service coordination. To be eligible, the youth must have a serious emotional disturbance or a serious mental illness.
3. The **Transition-Age Professional Partner (TAPP)** track serves young adults ages 17-24 who have a serious mental illness and who are transitioning from the youth to the adult behavioral health system.
4. The **Children & Family Services (CFS)** track serves youth under age 19 and their families who are referred by the Nebraska Department of Health and Human Services, Division of Children and Family Services to safely maintain children in the home and increase family stability. The youth does not need to have a serious emotional disturbance or a serious mental illness to be eligible to participate.
5. The **Juvenile Justice Wraparound Support (JJ)** (track funded through the Nebraska State Probation Administration) serves youth under age 19 involved with the probation system. Youth identified will be struggling to meet their probation requirements, are at risk for being placed out of home/out of state, or are preparing to return from an out of home/state placement. Clinical criteria, which have been present for 6 months prior to referral/enrollment, includes the presence or suspicion of a mental, behavioral, emotional, and/or substance use diagnosis/concern, which is creating functional limitations. **For more information on JJ, see page 13.**



Traditional Track: Average length of stay was 12.9 months; number of youth served was 110.

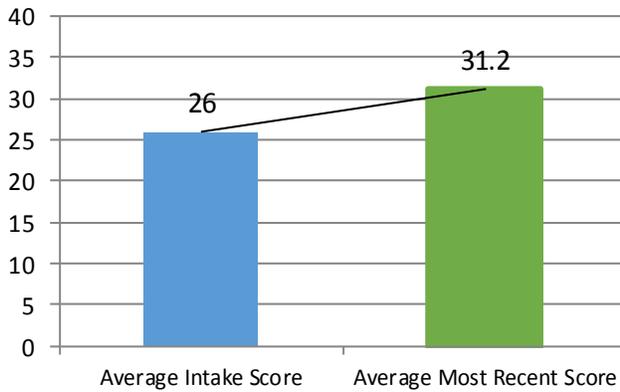
PPP Track: Average length of stay was 4.5 months; number of youth served was 58.

TAPP Track: Average length of stay was 12.3 months; number of youth served was 57.

CFS Track: Average length of stay was 4.7 months; number of youth served was 131.

JJ Track: Average length of stay was 3.6 months; number of youth served was 20.

Active Families Average Outcome Rating Scale Scores (n=128) Showing Improvement



Outcome Rating Scale Graph — All five FYI Program Tracks
 Client-Directed/Outcome-Informed Care, an evidence-based practice, is designed to ensure consumer involvement in planning, delivery, and evaluation of treatment services, focusing on whether treatment is working and then building on successes. Dr. Scott Miller assisted in founding the Institute for the Study of Therapeutic Change (ISTC). Dr. Miller's theory is based on the premise that when the client's voice is privileged as the source of wisdom and solution, and helps purposefully form strong partnerships, interaction with a client can be client-directed and outcome-informed. According to Dr. Miller, a score of 28 points is the clinical cutoff. Clients that score under 28 are in need of and could benefit from treatment; above 28 points indicates a person is functioning like the "norm population not in behavioral health services." On average, the families are progressing/improving.

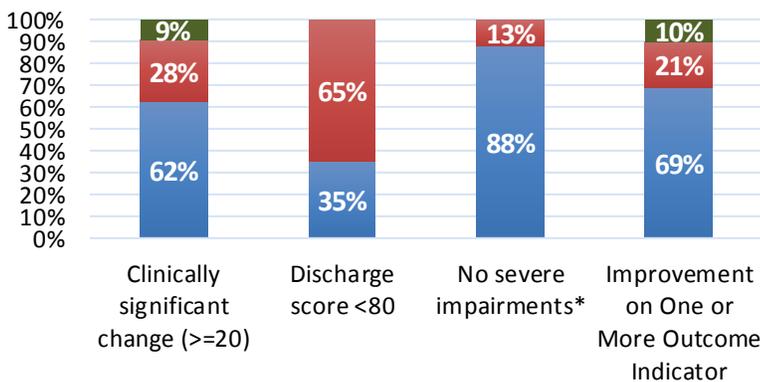
Child and Adolescent Functioning Scale (CAFAS)

The CAFAS is a tool designed to evaluate emotional, behavioral, substance abuse functioning, and the impact of eight psychosocial areas of a youth's life. The lower the score the more improvement and less impairment exits for youth. Region V Systems identifies three possible outcomes for youth:

1. Did youth decrease their total CAFAS by 20 points?
2. Did youth decrease their total CAFAS score below 80, the FYI admission criteria? or
3. Did youth decrease any of the 8 domains from 30 points = severe impairment to moderate, mild, or minimal impairment?

The graph below illustrates the number and percentage of youth achieving outcomes as a result of the FYI Program.

Improvement on One or More Outcome Indicator from Admission to Discharge CAFAS (n=116)

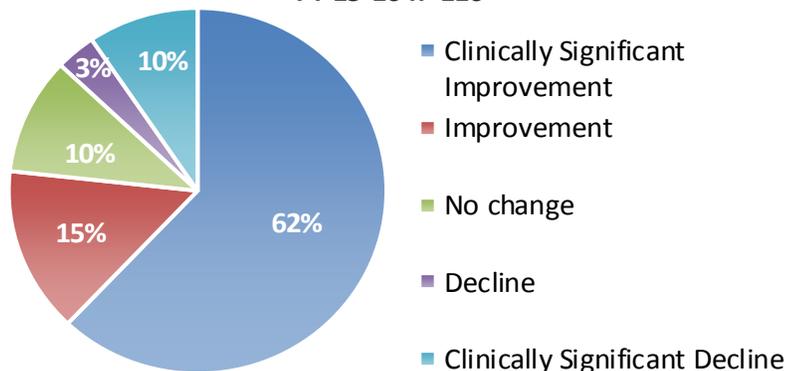


*Only evaluated if there was one or more areas of severe impairment at intake

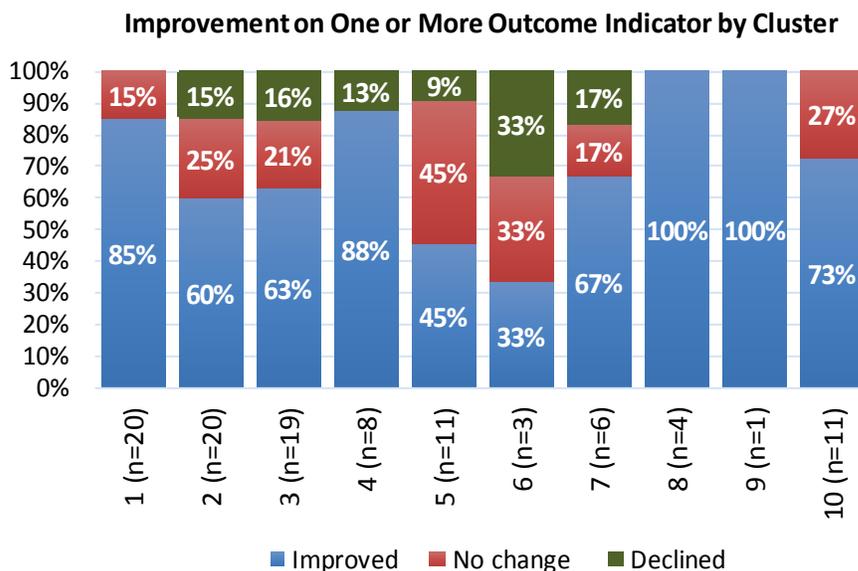
Includes the following tracks: Traditional, Prevention, Transition Age, and Juvenile Justice. CFS does not require CAFAS for eligibility.

■ Improved ■ No Change ■ Declined

Change in CAFAS Score from Admission to Discharge FY 15-16 n=116



Includes the following tracks: Traditional, Prevention, Transition Age, and Juvenile Justice. CFS does not require CAFAS for eligibility.



Effectiveness Testing of the Wraparound Team Monitoring System (WRAP-TMS)

Research Partnership

In February 2016, the Family & Youth Investment (FYI) Program partnered with the University of Washington (UW) in an 8-month research study, led by Dr. Eric Bruns, PhD, to learn how well the Wraparound Team Monitoring System (Wrap-TMS: Electronic Health Record) works in supporting the implementation of various components of service delivery associated with the Wraparound process. Specifically, the research measured staff-, team-, and youth and family-level outcomes for Wraparound Teams, plans of care, progress and outcomes using the Wrap-TMS, compared to teams that do not use the system.

Study Procedures

The study randomly assigned Wrap TMS Facilitators (Professional Partners) to either continue documenting the Wraparound workflow process as usual (on paper forms and/or locally developed data systems) or use a secure web-based Wrap-TMS Electronic Health Record to enter youth and team data, plan of care components, assessment data, and track progress for the first four months of service delivery. Professional Partners assigned to the Wrap-TMS Facilitators group were trained on WRAP-TMS using the full online Wrap-TMS training and knowledge tests, followed by in-person review conducted by UW research staff.

The Control Group (not assigned to use Wrap-TMS) did not receive training on the use of Wrap-TMS, but complete research measures via web-based or phone surveys while “doing business as usual.”

FYI Supervisors were surveyed by UW staff on three occasions with the areas of focus being basic supervision processes and practices as well as the use of Wrap-TMS.

The research project required that 40 new FYI Program participant caregivers give informed consent to be enrolled in the project by a specific timeframe, which included consenting to interviews conducted by research staff. During the course of the research project, participants were interviewed five times and provided compensation for each interview. Research questions focused on child behavior, caregiver stress, caregiver role, and the family experience with getting services in Wraparound.

Potential Benefits

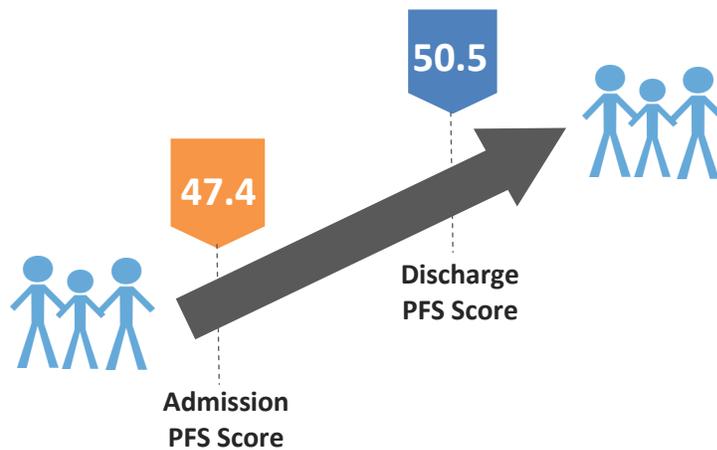
- Increased knowledge of the Wraparound approach/process, health information technology, and tracking participant, team, and program outcomes.
- Utilization of electronic health records vs. paper files; remote/secure access to records.
- Customized reports unique to the FYI Program.

The TMS Research Project was completed in the fall of 2016, at which time research implications were shared and future steps considered.

Protective Factors Survey for Children and Family Services Track

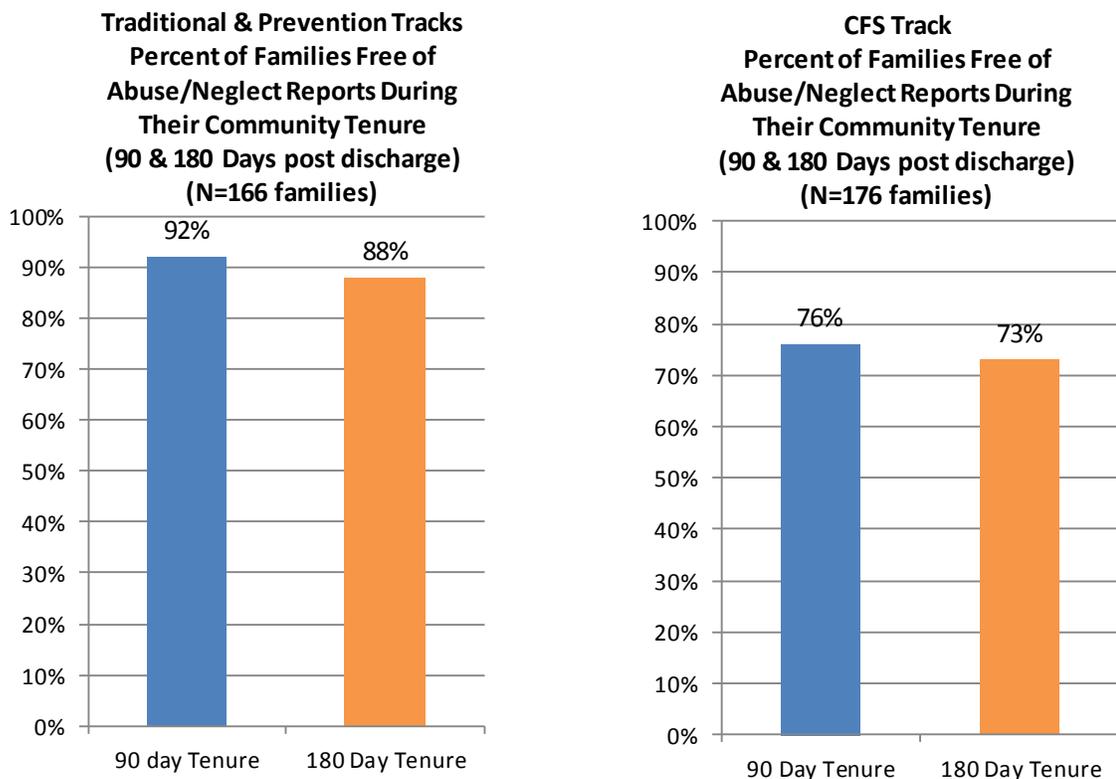
The Protective Factors Survey (PFS) is a 20-item measure **designed for use with caregivers receiving the child maltreatment prevention services** such as home visiting, parent education, and family support. It is a pre-post survey completed by the program participants, usually parents or caregivers. This tool was developed in 2004 by the University of Kansas, Institute for Educational Research and Public Service as supported by the FRIENDS National Resource Center for Community-Based Child Abuse Prevention in Chapel Hill, NC.

The PFS measures protective factors in five areas: family functioning/resiliency, social support, concrete support, nurturing and attachment, and knowledge of parenting/child development. The higher the score, the more protective factors/assets a family possess. The illustration below shows 50 families leaving FYI services with an improved total protective factors score of 3.1 points, which is statistically significant.



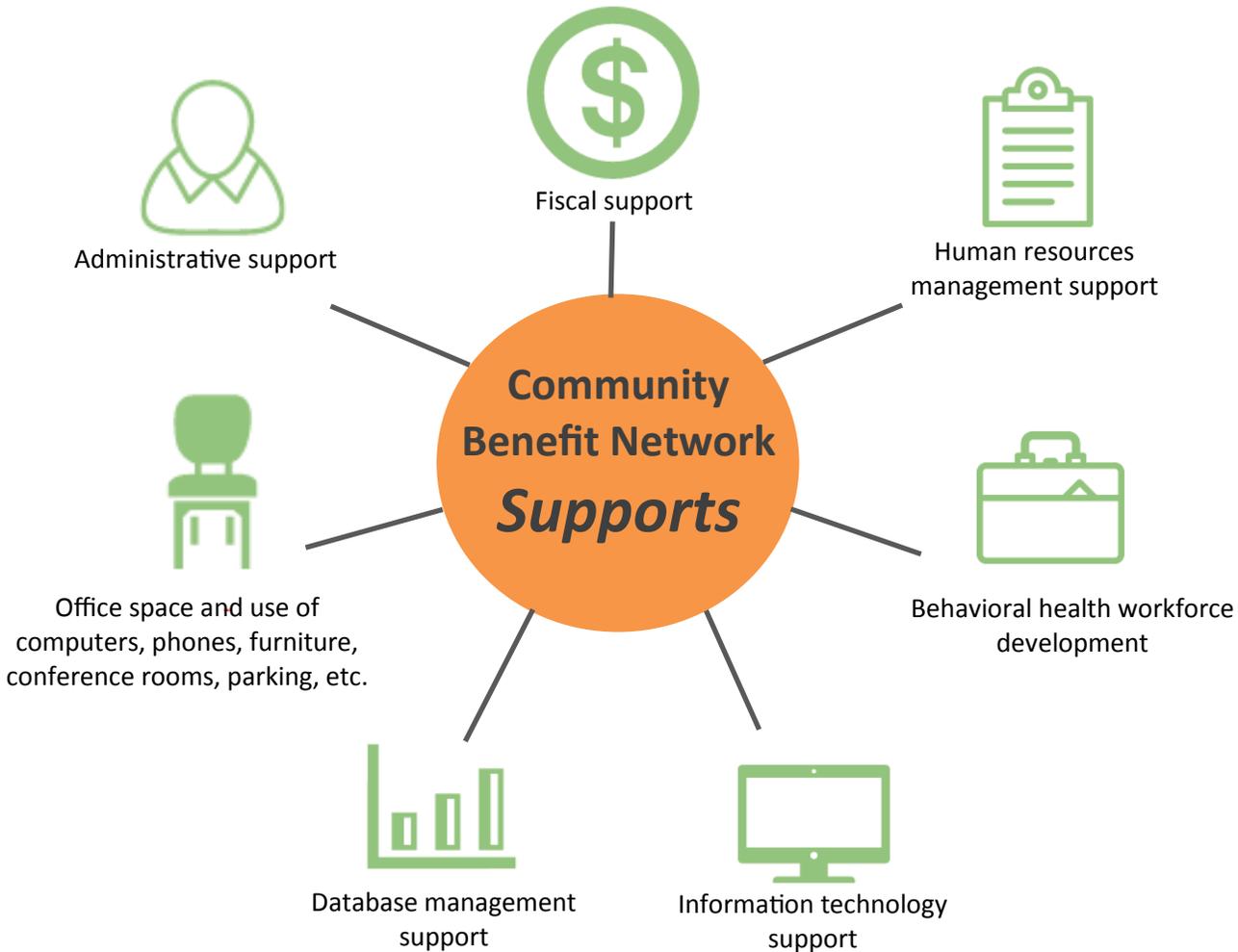
The Wraparound Process: Effectiveness of Reducing Abuse/Neglect Recidivism

The intent of the FYI Professional Partner Program is to prevent youth from experiencing out-of-home placement. This outcome is assessed by tracking families that remain free of abuse/neglect reports at 90 and 180 days post-discharge from the FYI Program.



COMMUNITY BENEFIT NETWORK

Region V Systems' strategic intent is to **promote comprehensive partnerships in behavioral health**. One example of a partnership is Region V Systems' Community Benefit Network (CBN). During FY 15-16, Region V Systems offered a variety of supports to nonprofits through the CBN, such as:



This type of “shared services/shared space” philosophy allows organizations to build capacity and increase efficiencies, enhancing their ability to provide services, and focus on the mission of their organization.

In FY 15-16, Region V Systems provided support to:

- Behavioral Health Education Center of Nebraska
- Electronic Behavioral Health Information Network
- Families Inspiring Families
- Healthy Families Project
- Houses of Hope
- Human Services Federation
- Lancaster Prevention Coalition
- Mental Health Association of Nebraska
- National Association of Case Managers
- People’s Health Center
- Seward County
- St. Monica’s

DIRECTORY

Prevention Coalitions

Butler County Believes In Youth

750 'D' St.
David City, NE 68632
Phone: 402-367-4590
Chad Denker

Johnson County CAN Coalition

P.O. Box 684
358 N. 6th St.
Tecumseh, NE 68450
Phone: 402-335-3328
Joan Peters

Nemaha Advocates Drug and Alcohol Awareness Coalition

601 'J' St.
Auburn, NE 68305
Phone: 402-414-1871
Mallory Siebold

Richardson County Prevention is Key

810 Central Ave.
Humboldt, NE 68376
Phone: 402-862-2151
Karen Mezger

Seward County Bridges

216 S. 9th St.
Seward, NE 68434
Phone: 402-643-3695
Jessica Rutt

Gage County MAPS Community Coalition

320 N. 5th St.
Beatrice, NE 68310
Phone: 402-223-1500 Ext 1059
Christina Lyons

Lancaster Prevention Coalition

1645 'N' St.
Lincoln, NE 68508
402-441-3807
Teri Vosicky

Partners for Otoe County

6142 Highway 75
Nebraska City, NE 68410
Phone: 402-873-6343
Lisa Chaney

Saline County Drug and Alcohol Prevention Coalition

PO Box 865
Wilber, NE 68465
Phone: 402-821-3581
Tim McDermott

Thayer County Healthy Communities Coalition

PO Box 91
Hebron, NE 68370
Phone: 402-200-0502
Jana Tietjen

Jefferson County Community Coalition

PO Box 352
514 'D' St.
Fairbury, NE 68352
Phone: 402-729-6510
Collena Laschanzky

Mead Community Group

610 S. Vine
Mead, NE 68443
Phone: 402-624-5255
Jeannette Johnson

Polk County Substance Abuse Coalition

PO Box 316
Osceola, NE 68651
Phone: 402-747-2211
Darla Winslow

Saunders County Youth Services/Prevention Coalition

354 W. 4th Street
Wahoo, NE 68066
402-443-8169

York County Drug Task Force

1102 N. Lincoln Ave.
York, NE 68467
Phone: 402-394-7999
Laura Cole

Prevention Provider

School Community Intervention & Prevention (SCIP)

Lincoln Medical Education Partnership
4600 Valley Road
Lincoln, NE 68510
Phone: 402-483-4581

DIRECTORY

Provider Network

Central office listed; for other service locations, contact the agency listed.

Associates in Counseling & Treatment

600 N Cotner Blvd., Ste 119
Lincoln, NE 68505
Phone: 402-261-6667
www.actnebraska.net

Blue Valley Behavioral Health

1123 N. 9th St.
Beatrice, NE 68310
Phone: 402-228-3386
www.bvbh.net

The Bridge Behavioral Health

721 'K' St.
Lincoln, NE 68508
Phone: 402-477-3951
www.thebridgenebraska.org

CenterPointe

2633 'P' St.
Lincoln, NE 68503
Phone: 402-475-8717
www.centerpointe.org

Child Guidance Center

2444 'O' St.
Lincoln, NE 68510
Phone: 402-475-7666
www.child-guidance.org

Houses of Hope

1124 N Cotner Blvd.
Lincoln, NE 68505
Phone: 402-435-3165
www.housesofhope.com

Lincoln Medical Education Partnership

4600 Valley Rd.
Lincoln, NE 68510
Phone: 402-483-4581
www.lmep.com

Lutheran Family Services

2301 O Street
Lincoln, NE 68510
Phone: 402-441-7940
www.lfsneb.org

Mental Health Association of Nebraska

1645 'N' St.
Lincoln, NE 68508
Phone: 402-441-4371
www.mha-ne.org

Mental Health Crisis Center of Lancaster County

825 J Street
Lincoln, NE 68508
Phone: 402-441-8276
www.lancaster.ne.gov/mental

St. Monica's

120 Wedgewood Dr.
Lincoln, NE 68510
Phone: 402-441-3768
www.stmonicas.com

Fiscal

Regional Administrator

C.J. Johnson



Paul Van De Water
Fiscal Director

Danielle Belina
Fiscal Associate

Tami DeShon
Associate Fiscal Director

Pat Franks
Fiscal Associate

Julie Monfelt
Payroll/Benefits Specialist

Continuous Quality Improvement

Patrick Kreifels
CQI Director

Joseph Pastuszak
CQI Network Specialist

Erin Rourke
CQI Analyst

Continuing Education

Ardi Korver
Director of Continuing Education

Jean Barton
Continuing Education Associate

Family & Youth Investment

Renee Dozier
Director of Children & Family Services

Annie Glenn
Professional Partner
Supervisor

Sam Lange
Skill Builder

Maggie Montoya
Professional Partner

Patrick Austin
Skill Builder

Jordan Holmes
Professional Partner

Jenna Lempka
Skill Builder

Lisa Moser
Professional Partner

Amber Briley
Professional Partner

Munira Husovic
Professional Partner

Eden McClain
Professional Partner

LaShawnda Nimox
Professional Partner

Danielle DeVries
Professional Partner

Daise Imakando
Skill Builder

Ashley McCracken
Professional Partner

Shelly Noerrlinger
Professional Partner

Elizabeth Fortune
Professional Partner

Kelsey Johnson
Skill Builder

Katiana Meyer
Professional Partner

Jonathan Pennington
Professional Partner

Melissa Frohner
Professional Partner

Gina Koudeida
Skill Builder

Malcom Miles
Professional Partner
Supervisor

Tracy Shaw
Professional Partner

Nicole Giebelhaus
Professional Partner

Laila Koudeida
Professional Partner

Andreas Miles-Novelo
Skill Builder

Jessica Zimmerman
Service Coordination
Specialist

Network Management

Sandy Morrissey
Prevention Director

Rose Hood Buss
Prevention Specialist

Kristin Nelson
Director of Emergency Services

Phyllis McCaul
Regional Consumer Specialist

John Turner
Director of Housing & Supported Living

Linda Pope
eBHIN Transition Coordinator

Amanda Tyerman-Harper
Director of Network Services

Marti Rabe
Network Specialist

Breanne Chandler
CABHI Housing Assistant

Scott Stemper
Prevention Specialist

Rob Conway
Housing Outreach Specialist

Bridget Thompson
CABHI Housing Coordinator

Theresa Henning
Regional Administrative Aide

Kim Whaley
Housing Assistant

Operations

Kim Michael
Director of Operations & Human Resources

Betsy Bergman
Project Specialist

Donna Dekker
Administrative Assistant

Deanna Gregg
Operations Manager

Jon Kruse
IT Specialist

Susan Lybarger
Administrative Assistant

Andy Petrzilka
IT Associate