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REGION **V** SYSTEMS

FY 16-17 Annual Report

*PROMOTING COMPREHENSIVE
PARTNERSHIPS IN BEHAVIORAL HEALTH*



Published February 2018

Dear Colleagues,

The work that Region V Systems is able to accomplish each year is not possible without the efforts of 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”; thank you to all these groups for your continued support. Fiscal year 16-17 included several initiatives that continue to build the foundation to support the newly emerging behavioral health landscape in Nebraska.

Here are a few highlights from FY 16-17:

NebraskaBehavioralHealthJobs.com: In continued collaboration with the Behavioral Health Education Center of Nebraska (BHECN), Region V Systems created a mobile application and refined the website that allows entities involved in behavioral health to post job openings for free as well as allowing job seekers to post resumes at no expense. The new mobile app allows job seekers to receive notifications of jobs they are interested in.

Best Places to Work: Region V Systems was honored to be recognized as one of five “Best Places to Work” in the medium size employer 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.

The Office of Probation Administration: Region V Systems continues its work with probation, providing two unique initiatives. The first initiative, a Justice Wraparound Track for youth involved in the Juvenile Justice system, aims to reduce higher levels of care and out-of-home/ out-of-state placements for justice-involved youth. The second initiative is the creation of 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.



SAMHSA CABHI Grant: In September of 2016, Region V Systems was awarded a three-year Cooperative Agreement to Benefit Homeless Individuals (CABHI) grant from SAMHSA. This project aims to end chronic homelessness in Lincoln by addressing the needs of persons experiencing chronic homelessness who have a substance abuse disorder, serious mental illness, serious emotional disturbance, or co-occurring disorder. In its first year, through the use of Permanent Supportive Housing, the project enrolled 59 chronically homeless people. The project is set to add 15 individuals each subsequent year.

System of Care (SOC) Grant: Through the System of Care grant, Region V Systems has worked to build on the current structure for crisis response, extending that service to youth. This service is being provided through the Region V Systems service area by CenterPointe and TASC. In addition to initial crisis response by a therapist, a referral can be made to Families Inspiring Families for family navigator services of up to six hours.

As we look forward to FY 17-18, I would like to again thank all our system partners who make our work possible. We continue to 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



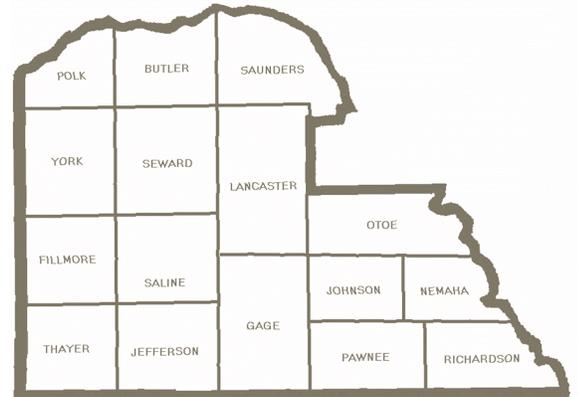
This logo represents Region V Systems' commitment to promote comprehensive partnerships in behavioral health. Partnerships with providers, consumers, DHHS, and other stakeholders are ever evolving through evaluation, assessment, and implementation of programming to best meet the needs of the behavioral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

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.

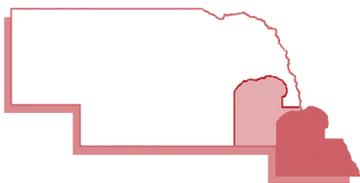
As one of Nebraska’s six behavioral health regions, Region V Systems was originally created by state statute in 1974 as a quasi-governmental entity with the responsibility of coordinating and overseeing the delivery of publicly funded mental health services for the 16 counties making up the Region V 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. Region V Systems’ statutory responsibilities as a behavioral health authority include:



- Administration and management of the regional behavioral health authority.
- Comprehensive planning, development, integration, and coordination of an array of publicly funded, community-based behavioral health treatment and rehabilitation services for children and adults.
- Initiation and oversight of contracts for the provision of publicly funded behavioral health services.
- Fiscal management and accountability, including preparation of an annual budget and proposed plan for the funding and administration of services.
- Coordinating and conducting of audits of publicly funded behavioral health services.
- Evaluation and quality management.
- Advocacy and involvement of consumers in all aspects of service planning and delivery within the Region.

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.



Region V 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)

Each Behavioral Health Authority is governed by a Regional Governing Board, comprised of an appointed county commissioner from each of the counties it serves.

Current membership includes:

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

* Executive Committee members

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.

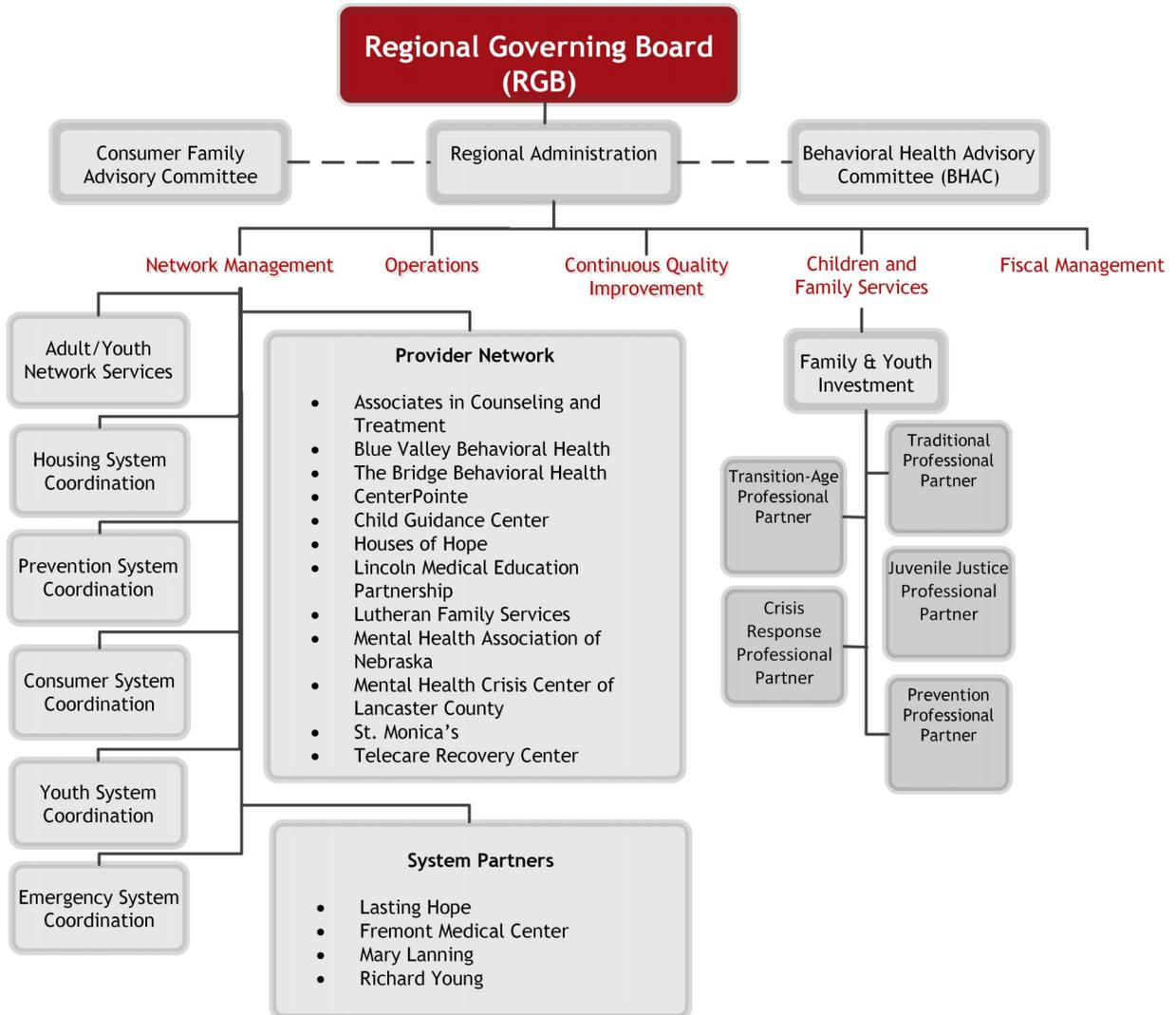
Current membership includes:

- | | |
|--------------------------|---|
| Gene Cotter | Tracy Pella |
| Megan Hinrichs | Richard Pethoud |
| Sara Hoyle (Chair) | Melissa Ripley |
| Jennifer Jennings | Tammy Sassaman (Vice Chair) |
| J. Rock Johnson | Brenda Tracy |
| Susan Johnson (RGB Rep.) | Darla Winslow |
| Stephanie Knight | Constance (C.J.) Zimmer (Member at Large) |
| Barbara Murphy | |

Thanks to the past members of the RGB and BHAC, who served during FY 16-17, for your dedication and support toward the Regional System of Care.

Don Harmon (BHAC) Wayne Price (BHAC)
 Janet Henning (BHAC)

Governance Structure



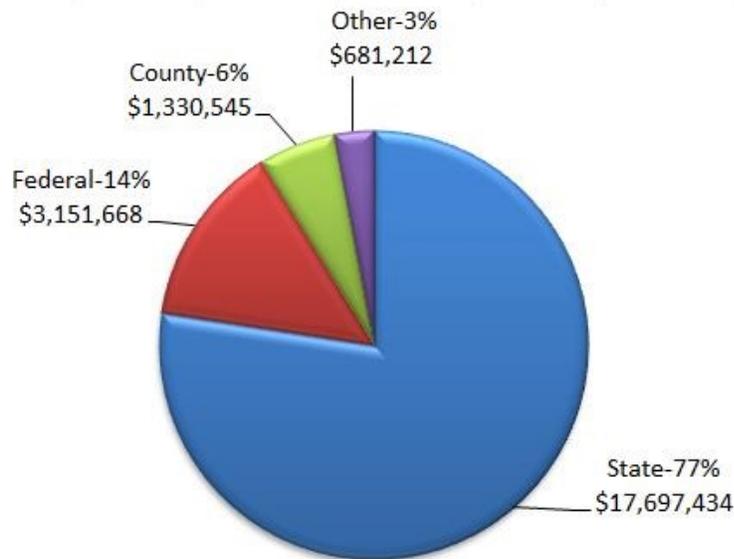
Funding and Expenditures

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

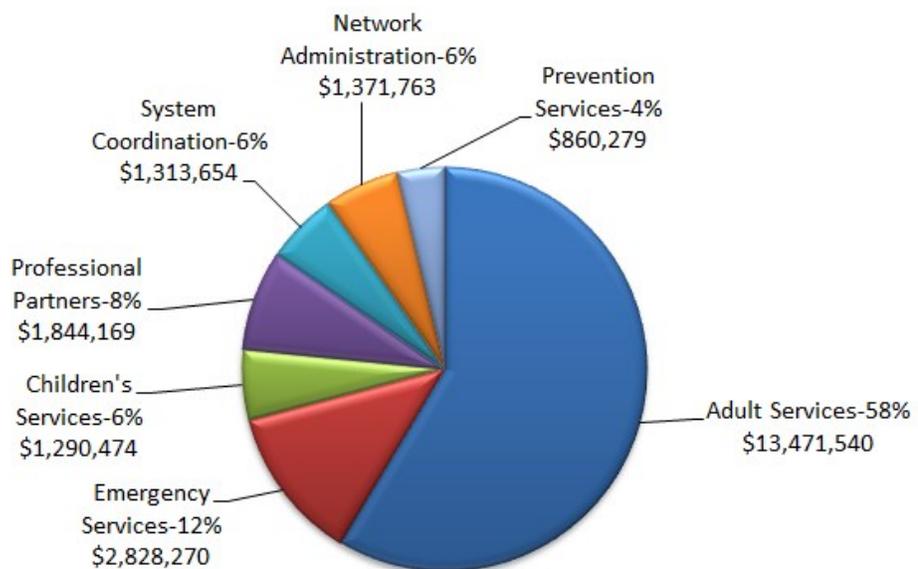
Funding is received from a variety of resources, including state and federal dollars through Nebraska’s Department of Health and Human Services’ Division of Behavioral Health and the Division of Children and Family Services, local and federal grants, and a county match from each of the 16 counties that 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 16-17 Funding
\$22,860,859



FY 16-17 Expenditures*
\$23,019,660



*Local grants equaled <1%, or \$39,511; 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

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 and supports the Triple Aim of:

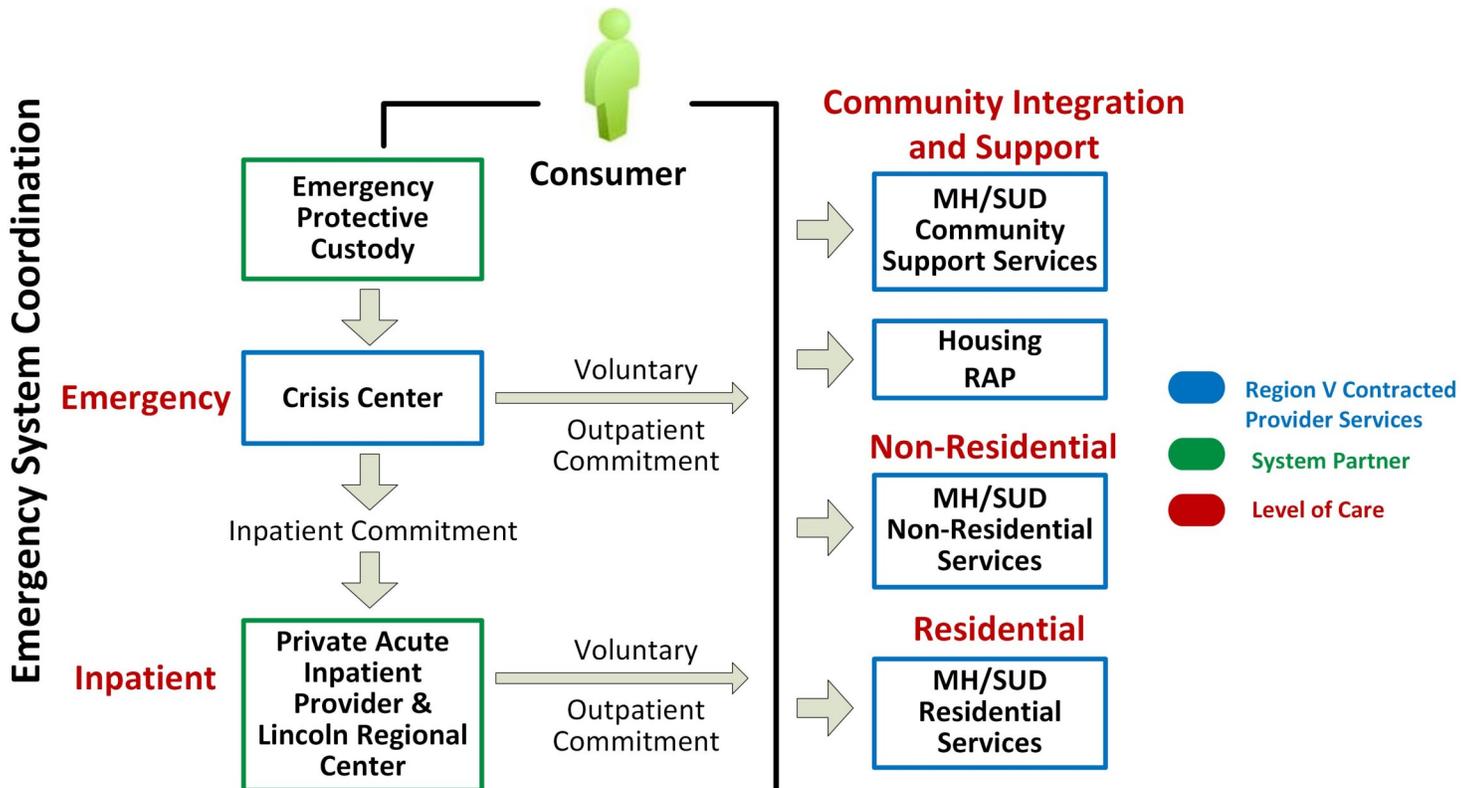
- Enhancing an individual's experience of care (availability, accessibility, quality, and reliability);
- Improving the health outcomes of individuals; and
- Promoting services that are efficient, effective, and in the right amount.

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 the Region V Systems' Provider Network and provide publically funded behavioral health services to the uninsured and underinsured.

In FY 16-17, 12 agencies were part of the Provider Network providing access to an array of quality behavioral health services that promote wellness and recovery. 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 supports needed. These services are designed to assist youth, adults, and families to reach the goal of recovery to live, work, and participate in their communities.

Following is a chart identifying the different entry points for adult consumers voluntarily and involuntarily entering and moving through the levels of care of the public behavioral health system.

Adult Behavioral Health System



MH: Mental Health
SUD: Substance Use Disorder
RAP: Rental Assistance Program

REGION V SYSTEMS' SERVICE ARRAY

- Associates in Counseling and Treatment**
2110 S. 38th Street
Lincoln, NE 68506
Phone: 402-261-6667
www.actnebraska.net
Assessments - SUD
- Blue Valley Behavioral Health**
1123 North 9th Street
Beatrice, NE 68310
Phone: 402-528-3386
www.bvbh.net
24-Hour Crisis Line; Community Support - MH; Intensive Outpatient - SUD; Medication Management; Outpatient Therapy - MH & SUD; Assessments - SUD
- The Bridge Behavioral Health**
721 'K' Street
Lincoln, NE 68508
Phone: 402-477-3951
www.thebridgelinebraska.org
Civil Protective Custody; Emergency Protective Custody; Short-Term Residential - SUD; Intermediate Residential - SUD; Post-Commitment Days; Short-Term Respite; Passages Extended Respite; Social Detoxification
- CenterPointe**
2633 'P' Street
Lincoln, NE 68503
Phone: 402-261-6667
www.actnebraska.net
Community Support - MH & SUD; Day Rehabilitation (MidPointe); Outpatient Therapy - MH & SUD; Medication Management; Dual Disorder Residential; Assertive Community Treatment (PIER); Recovery Support-MH & SUD; Projects in Assistance to Transition from Homelessness (PATH); Supportive Living; 24 Hour Crisis Line; Psychiatric Residential Rehabilitation (Community Transitions); Peer Specialist; SSI/SSDI Outreach Access and Recovery (SOAR)
- Child Guidance Center**
2444 'O' Street
Lincoln, NE 68510
Phone: 402-475-7666
www.child-guidance.org
Assessments - MH & SUD; Outpatient Therapy - MH & SUD; Therapeutic Consultation - MH;
- Houses of Hope**
1124 North Cotner Boulevard
Lincoln NE 68505
Phone: 402-4735-3165
www.housesofhope.com
Halfway House; Targeted Adult Service Coordination (TASC); Intensive Community Services - MH; Emergency Community Support - MH & SUD; Crisis Response Team; Recovery Support - MH & SUD; Short-Term Residential (Touchstone)
- Lincoln Medical Education Partnership**
4600 Valley Road
Lincoln, NE 68510
Phone: 402-483-4581
www.lmep.com
Assessments-SUD; Adult Outpatient-SUD; Family Support & Advocacy
- Lutheran Family Services**
2301 'O' Street
Lincoln, NE 68510
Phone: 402-435-2910
www.lfsneb.org
Intensive Outpatient-SUD; Outpatient Therapy-MH & SUD; Community Support -MH; Medication Management; Assessments - SUD; Peer Specialist; Emergency Community Support (Harvest Project)
- Mental Health Association**
1645 'N' Street
Lincoln, NE 68508
Phone: 402-441-4371
www.mha-ne.org
Supported Employment; Hospital Diversion (Keya House)
- Mental Health Crisis Center**
825 'J' Street
Lincoln, NE 68508
Phone: 402-441-8276
www.lancaster.ne.gov/mental
Emergency Protective Custody; Emergency Crisis Assessment - SUD; Post-Commitment Days
- Region V Systems**
1645 'N' Street
Lincoln, NE 68508
Phone: 402-441-4343
www.region5systems.net
Housing Coordination; Emergency System Coordination; Prevention System Coordination; Consumer Services Coordination; Adult System Coordination; Youth System Coordination Professional Partner Programs: Traditional, Children and Family Services, Prevention, Transition Age, Crisis Response, Juvenile Justice
- St Monica's**
120 Wedgewood Drive
Lincoln, NE 68510
Phone: 402-441-3768
www.stmonicas.com
Community Support-MH & SUD; Outpatient Therapy-MH & SUD; Intensive Outpatient-SUD; Short-Term Residential; Therapeutic Community; Peer Specialist
- TeleCare Recovery Center at Sarpy**
2231 Lincoln Road
Bellevue, NE 68005
www.telecarecorp.com
Secure Residential

Adult Community Integration Support

Adult Non-Residential

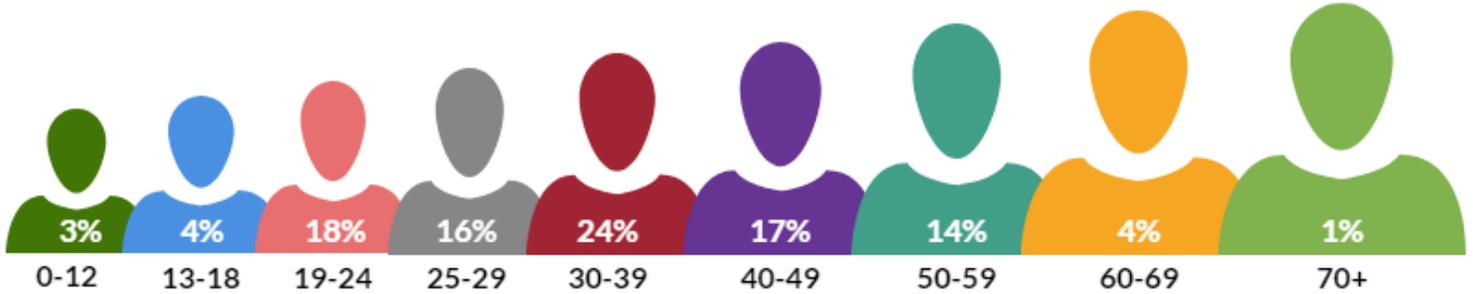
Adult Residential

Adult Emergency

Youth Non-Residential

Behavioral Health Data for Region V-Funded Services

AGE



	Mental Health	Substance Use Disorder	Total
Unique Persons Served	5,112	5,099	9,054

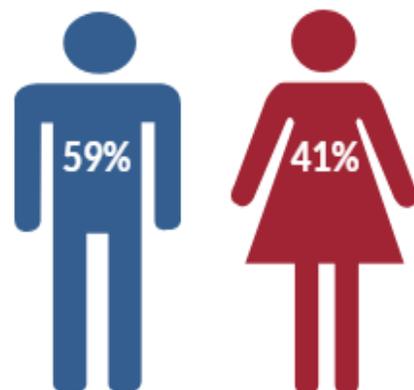
County of Residence	County Residents Served	New Admissions FY 16-17*	Percent of Admissions
Butler	61	55	0.4%
Fillmore	79	61	0.5%
Gage	493	611	4.9%
Jefferson	137	136	1.1%
Johnson	47	51	0.4%
Lancaster	6,494	8,627	69.5%
Nemaha	84	95	0.8%
Otoe	198	204	1.6%
Pawnee	38	35	0.3%
Polk	43	60	0.5%
Richardson	130	126	1.0%
Saline	185	199	1.6%
Saunders	144	146	1.2%
Seward	166	154	1.2%
Thayer	47	46	0.4%
York	285	324	2.6%
All Other including "Not Available"	816	1477	11.9%
Region Total	9,447**	12,407	100.0%

Race



- White (78.52%)
- Black (8.69%)
- American Indian/Alaska Native (4.40%)
- Not Available (3.50%)
- Two or More Races (2%)
- Other (2%)
- Asian (0.90%)

Gender



* New Admission: counts only admissions that occurred in FY 16-17 and not admissions in previous year. Some individuals may have been admitted into more than one service.

**Some individuals may have lived in more than one county in FY 16-17.

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.*

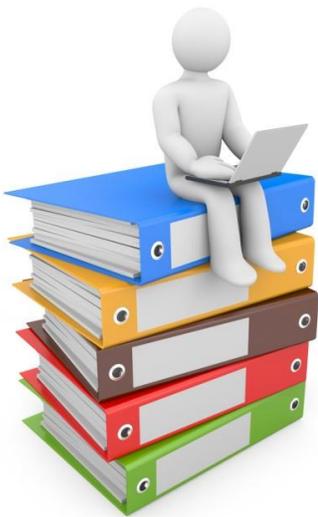
Regional Quality Improvement

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.

Region V Systems Compass



Region V Systems contracts with H4 Technology, LLC to create an electronic health record software system called Compass for records management. Compass is assisting Region V Systems achieve our goals of: 1) elimination of dual entry, 2) simplifying the provider and Region user workflows, 3) maintaining data consistency between Region V Systems and the Division of Behavioral health's Central Data System, 4) supporting all providers in the network with the exchange of information in their preferred fashion, and 5) creating analytic and reporting dashboards.

Compass will act as a reporting mechanism for filtering and comparing data. It allows Region V Systems and the Network Providers to customize dashboards to quickly and easily obtain critical region-wide information to assist in making data-driven decisions based on predefined, measurable outcomes. Compass will assist the system of care with making observations, identifying trends, performance improvement and planning for consumers access to services, effectiveness, efficiency, satisfaction, and utilization.

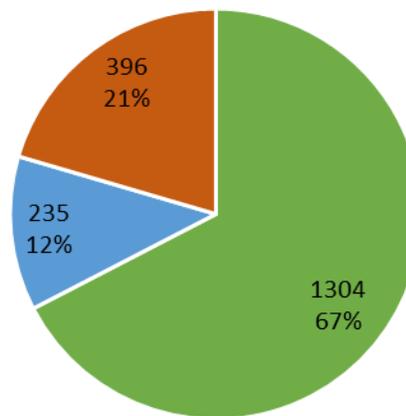
Outcomes: Measuring Consumer Recovery

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 Goal Attainment Scale (CGAS);
- Domain Assessment;
- Basis-24;
- Child Adolescent Functioning Scale (CAFAS);
- Quality of Life Attainment Scale (QLA); and
- Outcome Questionnaire (OQ 45.2, YOO, YOQ-SR).

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.

Consumer Outcomes
When Comparing Admission to Discharge Scores
 FY 16-17
 n=1935



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

- Clinically Significant Improvement & Improvement
- No Change
- Clinically Significant Decline & Decline

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 bio-psychosocial 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."

The following charts indicate a snapshot of a few outcomes:

Category	Cluster (n=1454)	Improved and Clinically Significant Improvement
Persons with SPMI	3A- Severely Dis in Many Life Areas (n=48)	63%
	5- Functioned Well in Community (n=35)	60%
	2B- Severe SA/Less Sev MH Prob (n=67)	57%
	4A- Anxiety and Depression and Avoid Growth	56%
	1- Phys Health/Psych Dis. (n=38)	55%
	4B- Anxiety and Focus on Phys Health (n=10)	50%
	2A- Serious SA/MH and Comm Liv Prob (n=227)	48%
	3B- YA Severely Dis/Not Convinced of Tx (n=33)	45%
AOD-Men	M2- Unable to Deal w/High Expectations (n=60)	92%
	M8- SA w/Less Sev MH Problems (n=153)	86%
	M4- Culturally Isolated - No Need to Change (n=19)	79%
	M7- SA & Severe MH Problems (n=106)	76%
	M1- Expect Oths to Meet Their Needs (n=38)	76%
	M3- Use Threats/Intimidation to Get Needs Met	75%
	M5- Addicted to Opiates/Meds (n=19)	74%
	M6- YM Add. To Heroin or Cocaine & On Streets	69%
AOD-Women	W7- Controlled by Oths w/Limited Expect (n=15)	100%
	W10- Worn Down from Gen. Poverty & Addiction	89%
	W8- Use to Deal with Fam/Social Issues (n=66)	86%
	W4- More Mature Alcohol Abusers (n=26)	85%
	W2- Addicted to Exciting Lifestyle (n=24)	83%
	W1- More Mat Use Crack + Oth Drugs (n=10)	80%
	W9- Unintentionally Dependent on Drugs (n=37)	78%
	W5- SA w/Sev MH Problems (n=34)	65%
	W3- Meds/Oth Drugs/Avoid Conseqs (n=11)	64%
W6- MH Problems & Survivors of Trauma (n=79)	63%	
Youth	10- Cognitive Limitations & Behavior Probs (n=9)	89%
	1- ADHD & Oth Neuro-behav (n=26)	81%
	2- Depressed/Suicidal (n=15)	73%
	8- Youth Struggling w/Life Crises (n=14)	71%
	3- Severe Behavior Probs (n=21)	67%
	5- Affected by Trauma (n=9)	67%
	6- Probs with Substance Abuse (n=9)	56%
	4- Sexually/Physically Abused (n=10)	50%
	9- Involved in Sexual Offenses (n=4)	50%
7- Very Anxious Youth (n=5)	40%	

Cluster-Based Planning Level of Care Development

Region V Systems' Family & Youth Investment (FYI) Program continued its work to develop Levels of Care, by cluster, for program participants and their families. **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. This year, FYI worked with Synthesis, Inc., to conduct an extensive file review of participants discharged from programming and deemed as successful. The goal of the file review exercise was to identify common types of linkages, activities, education, and funding considered necessary to have an impact for participants and their families to experience change. Next steps of the development process consist of developing evaluation components and staff training.

National Outcome Measures (NOMs)

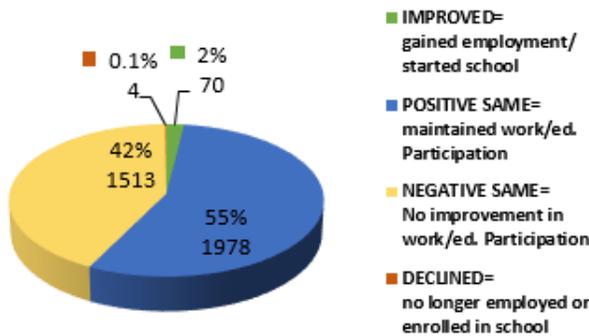
National Outcome Measures developed by Substance Abuse and Mental Health Services Administration (SAMHSA), in collaboration with the states, have identified domains as our National Outcome Measures, or NOMs. The domains embody meaningful, real life outcomes for people who are striving to attain and sustain recovery, build resilience, and work, learn, live, and participate fully in their communities.

Region V Systems' Compass software assists us in automating the collection, computing of scores, and graphically illustrating consumers' progress in achieving national outcome measures.

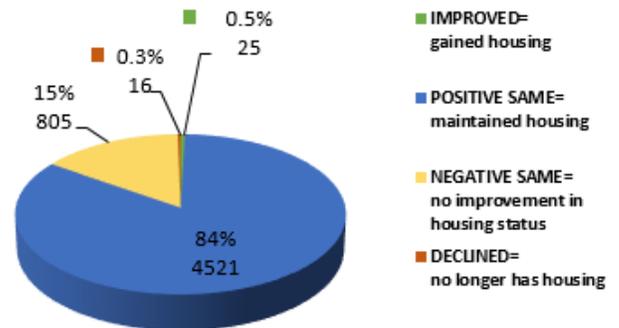
The NOMs domains focus on consumers achieving/sustaining employment or enrollment in school (Employment/Education), reduce arrests (Crime & Criminal Justice), increase stability in housing (Stability in Housing), abstinence or reduction from drug/ alcohol use (Reduced Morbidity).

NOMs are calculated by comparing a consumer's status at enrollment vs. discharge. The following charts indicate a snapshot of Region V Systems' aggregate performance of the NOMs in relation to employment/school, crime, housing, and drug/alcohol use.

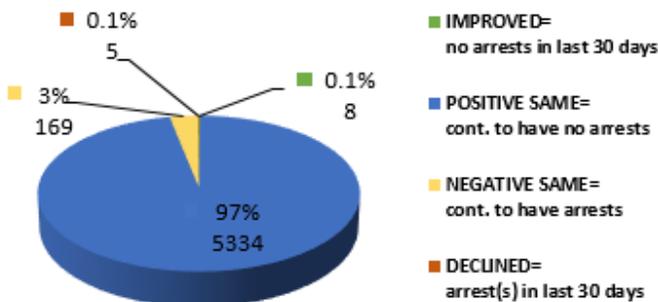
Employment/Education (ed.)



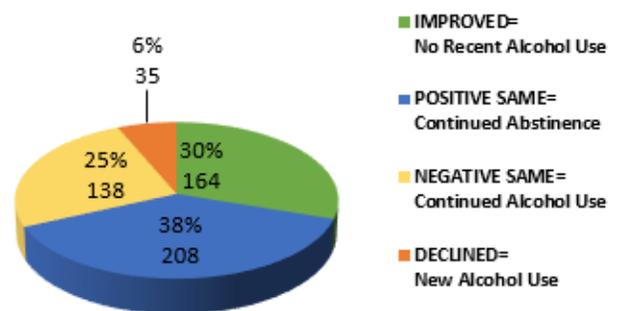
Stable Housing



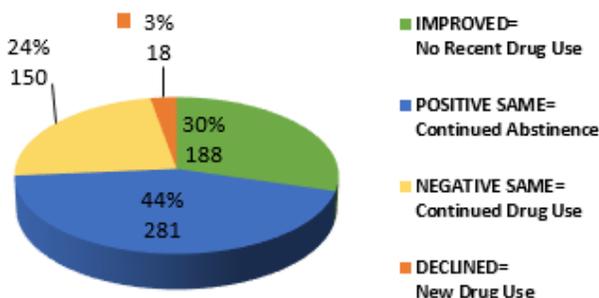
Criminal Justice



Alcohol Abstinence



Drug Abstinence



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)	Return to Provider	Recommended Provider
FY 16-17	91%	92%
FY 15-16	93%	93%
FY 14-15	91%	88%
FY 13-14	90%	90%
FY 12-13	93%	94%
FY 11-12	93%	94%

Mental Health Statistics Improvement Program (MHSIP) Consumer Satisfaction Survey

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. For a complete viewing of the report visit http://dhhs.ne.gov/Behavioral_Health/Pages/behavioral_health_index.aspx. Below are a few outcomes comparing Region V Systems' performance to statewide average data:



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%
2016	82.5%	2016	84.1%



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%
2016	65.6%	2016	68%



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%
2016	83%	2016	86%



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%
2016	81.5%	2016	81.3%

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:

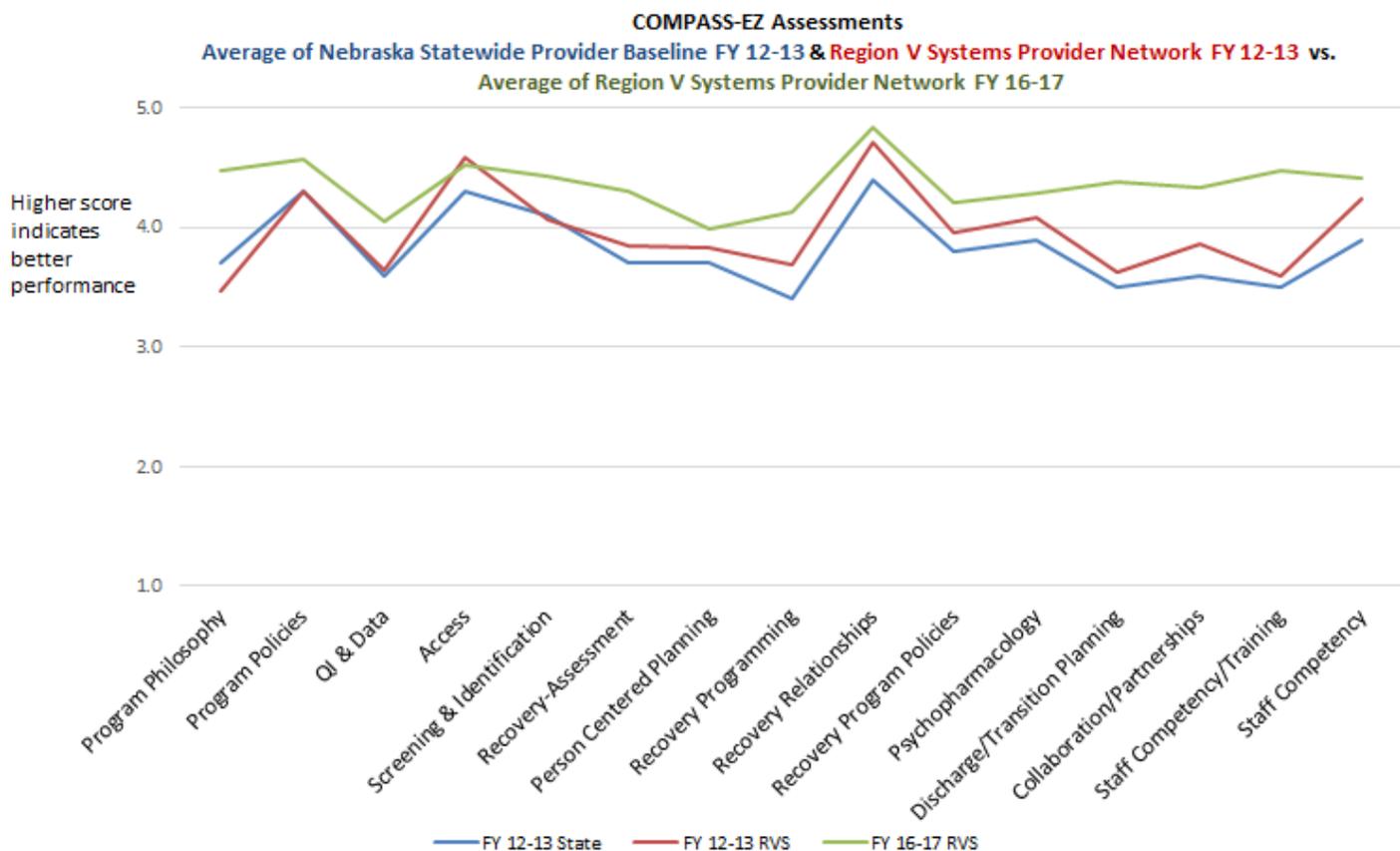
Complexity Capable Care

This initiative utilizes 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. Its aim is to develop co-occurring capability in all programs statewide, providing services in partnership with the Nebraska Department of Health and Human Services’ Division of Behavioral Health, Nebraska Behavioral Health Authorities, providers, and system partners.

The initiative links the COMPASS-EZ, an organizational evaluation 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 to encourage co-occurring capability. Participants are identified as a team of change agents, representing a voice and committed to the goals of:

- 1) Co-occurring competency for all staff
- 2) Program self-assessment (e.g., COMPASS-EZ®)
- 3) Agency improvement action plans

The results of Region V Systems’ Provider Network average, compared to the statewide average of the COMPASS-EZ assessment by fiscal year, are illustrated in the following graph. Region V Systems’ Provider Network average continues to improve in all areas identified in the COMPASS EZ.



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.

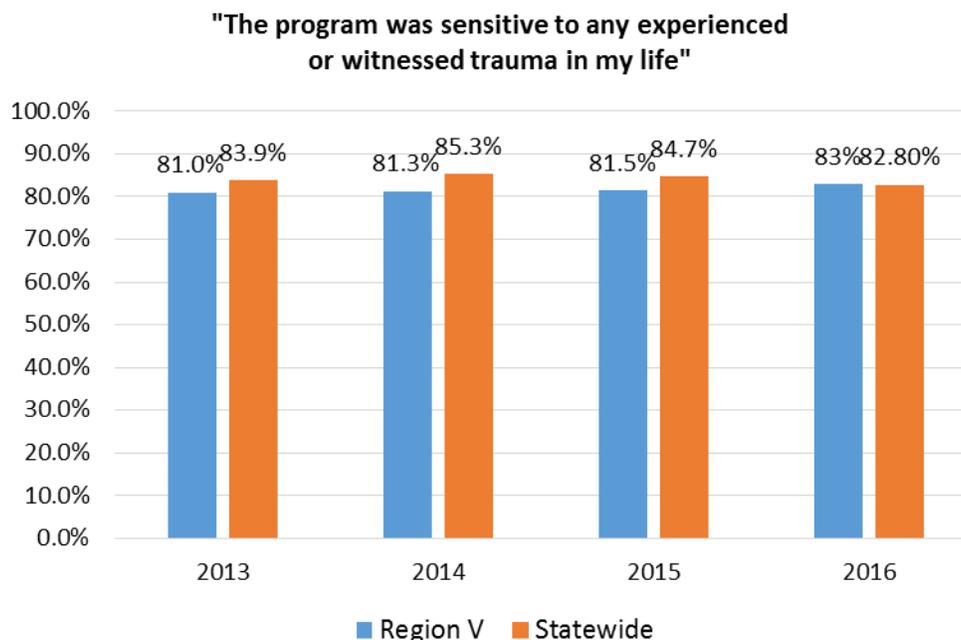
Region V Systems facilitates a **Trauma-Informed Workgroup** comprised of consumers, Network Providers, Region V staff, and other community stakeholders, responsible for planning, developing, marketing, implementing, and evaluating strategies to increase awareness and promote a trauma-informed service delivery system. **In FY 16-17, the Trauma-Informed Workgroup focused on increasing evidence-based, trauma-specific treatment services** within Region V by sponsoring and coordinating Eye Movement Desensitization and Reprocessing (EMDR) training and Dialectical Behavioral Therapy (DBT) trainings. Trauma funds also supported the annual Behavioral Threat Assessment Training (BETA) which is geared towards law enforcement with one goal being to increase the understanding of trauma and increase trauma sensitivity amongst law enforcement officers who work with mutual consumers in our emergency services.

BETA: 58 people trained; 15 agencies represented

DBT : 102 people trained; 22 agencies represented

DLA-20: 50 people trained, 22 agencies represented

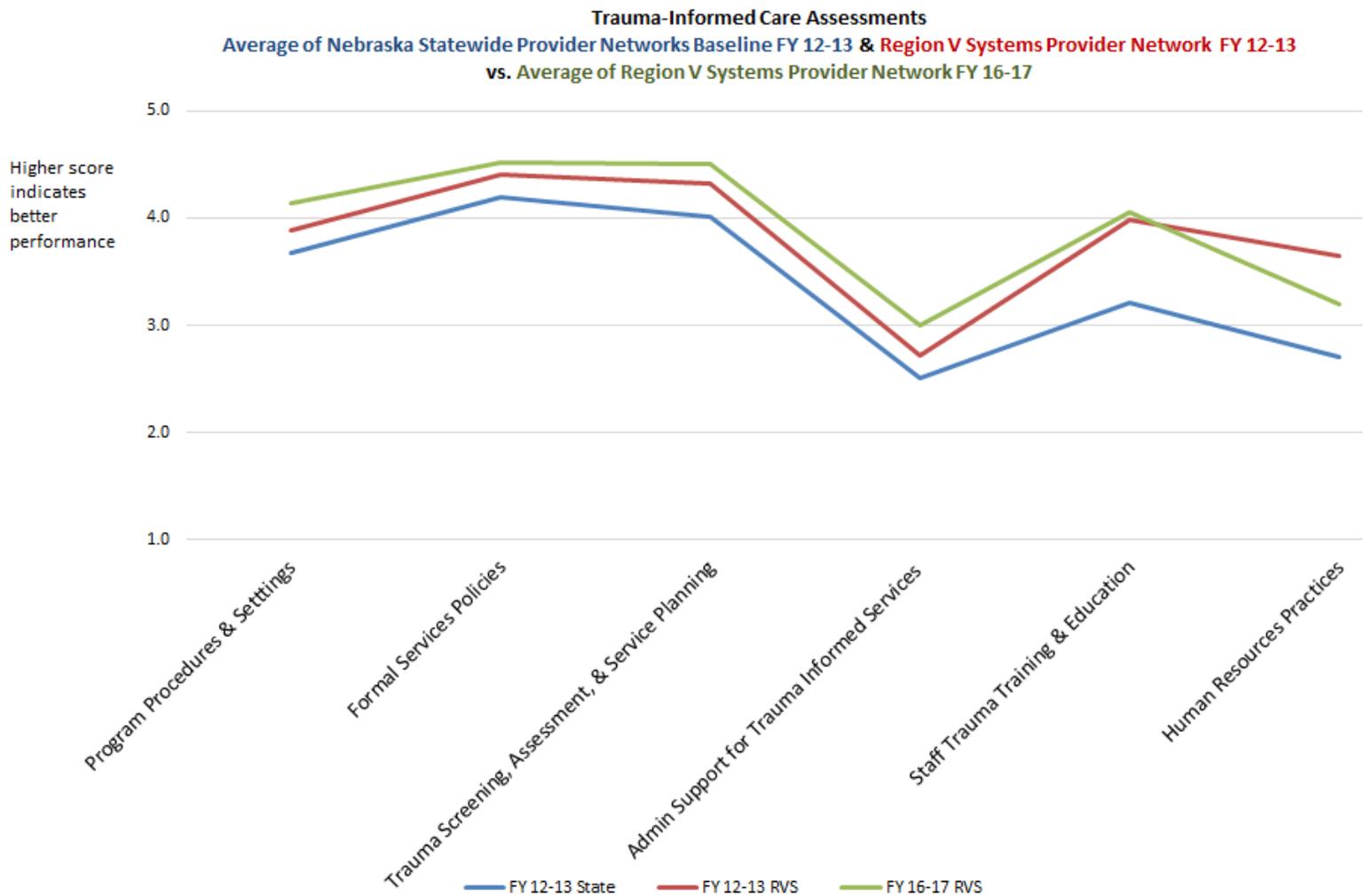
Annually, the Department of Health and Human Services' Division of Behavioral Health administers a behavioral health consumer survey. The purpose is to solicit input from persons receiving mental health and/or substance use services on the quality and impact of services received. Survey results are utilized 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 persons served, "The program was sensitive to any experienced or witnessed trauma in my life." Statewide averages are also illustrated on the graph.



Beginning in FY 12-13, Network Providers administered the Falloot and Harris Trauma-Informed Care Self Assessment Tool, an agency self-assessment, setting a baseline to identify each agency's trauma-informed capacity 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 Network Provider based on assessment results. Reassessments of Network Providers were conducted in FY 14-15 and most recently in FY 16-17.



Behavioral Health/Primary Care Integration

Public behavioral health providers and primary care providers demonstrate a belief in and commitment to whole healthcare and understand that treating mental health, physical health, and substance use in an integrated care fashion maximizes consumer outcomes and recovery.

The purpose and focus of the behavioral health/primary care integration initiative in Region V 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 16-17, 256 persons served received primary health care services through Region V Systems' voucher funding.

Medication Support

Medication support services are a quality improvement component of medication management services, attempting to favorably impact the clinical and economic outcomes for consumers. It also provides:

- ancillary assistance in the delivery of medication services in an outpatient behavioral health setting; and
- medications and assistance in medication safety and quality of care.

All Region V Network Providers are eligible for these funds. In FY 16-17, funding in the amount of \$54,864 was utilized for mental health services and \$69,025 for substance abuse services to provide this ancillary service.

Projects for Assistance in Transition From Homelessness (PATH)

PATH Street Outreach

CenterPointe's street outreach program staff actively seek consumers who are homeless and have serious mental illness or co-occurring mental health and substance use issues. Outreach workers assist consumers living in shelters, on the streets, or in inappropriate settings through face-to-face contact. This allows the worker and consumer to tap into appropriate services for behavioral and primary healthcare, housing, and entitlement programs. Through the program, the participant's immediate needs are also addressed (e.g., crisis intervention, food, clean clothing, hygiene kits, and blankets).

PATH Care Management Services

Through community referrals or street outreach contacts, enrolled participants are assigned a care manager who coordinates their care. Care management services are provided in a variety of locations including: the consumer's home, shelters, the street, soup kitchens, and program staff offices. Based on individual needs, PATH Care Management focuses on appropriate housing while addressing participants behavioral and primary care issues.

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 in addressing substance abuse priorities and mental health promotion utilizing the Substance Abuse and Treatment Block Federal Grant funds. 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 all counties in
Region V had youth
representation on our
Youth Action Board

100% of the 16 counties in Region V had youth representation on our Youth Action Board. The Board members build youth leadership through involvement in their respective local prevention coalition. The Board is also responsible for two annual regional youth events, Red/White Tailgate (601 youth in attendance) and June Jam (211 youth and adult sponsors), both promoting substance abuse prevention among underage youth 7th-12 grades.



100%
of funded coalitions
are utilizing data-driven/
evidence-based programs
and strategies

Region V had 13 active prevention coalitions during FY 16-17; those would include: Lancaster, Johnson, Saunders, Nemaha, Polk, Saline, Seward, Butler, Jefferson, Otoe, Thayer, York, and Gage counties. 100% of all funded coalitions are utilizing data-driven/evidence-based programs and strategies.

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

- **Local Prevention Coalitions:** Annually, each coalition submits a strategic plan based on data-driven prevention needs within its county. The activities and strategies are funded by substance abuse prevention block grant funds.
- **Native American Coalition:** The coalition's purpose is to fund behavioral health and cultural priorities among 1st Nation populations in southeast Nebraska. Leadership development and ongoing capacity development continue at the monthly coalition meetings to address priority needs.
- **Culturally and Linguistically Appropriate Services (CLAS) Coalition:** 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.

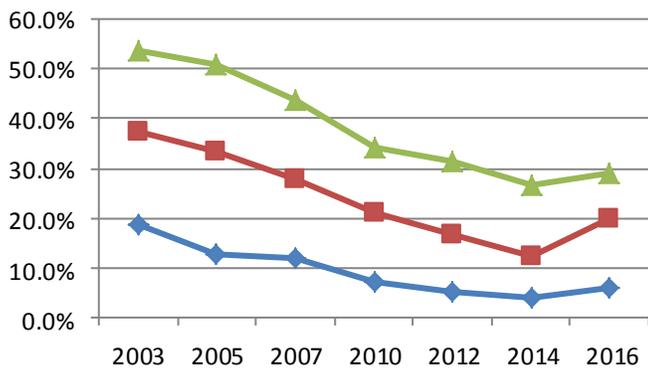
Through CLAS identified funding, the Coalition helps to reimburse providers for interpreter services and other supports related to CLAS activities. The following chart identifies funding allocated:

Agency	Award	Purpose
LMEP-SCIP (School Community Intervention and Prevention)	\$1,500	Translation of parent materials by LanguageLinc Interpretation
LMEP - Stepping Stones for Families	\$1,549	Cultural sensitivity training program, lunch, personal hygiene supplies
Lincoln Public Schools	\$1,500	Provide training for staff who work with students who are refugees
Lutheran Family Services of Nebraska, Inc.	\$1,500	Printing/laminating and translating into five languages 20-question "Flashcard" sheets for New Americans visiting the clinic
Total FY 16-17 CLAS Grant Awards:	\$6,049	

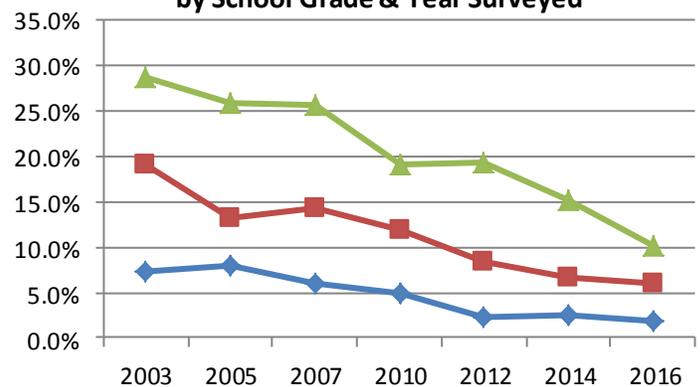
Here are some of the findings from the 2016 Nebraska Risk and Protective Factor Student Survey (NRPFS). The 2016 survey represents the seventh implementation of the NRPFS. The NRPFS targets Nebraska students in grades 8, 10, and 12 with a goal of providing schools and communities with local-level data. As a result, the survey is implemented as a census survey; meaning, that every public and non-public school with an eligible grade can choose to participate. This data is not to be considered a representative statewide sample. The survey is designed to assess adolescent substance use, delinquent behavior, and many of the risk and protective factors that predict adolescent problem behaviors.

Within Nebraska, 28,710 students from the 8th, 10th, and 12th grades completed the NRPFS. 6,061 of those students were from the Region V Systems' service area, which includes 43.2% of all 8th graders, 32.7% of all 10th graders, and 28.5% of all 12th graders in Region V. 51% of Region V respondents were males.

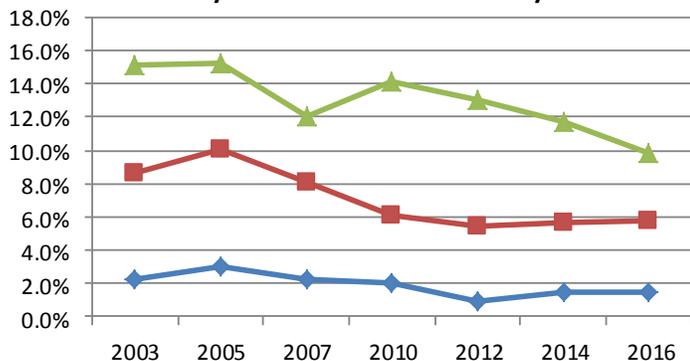
Alcohol Use in the Past 30 Days



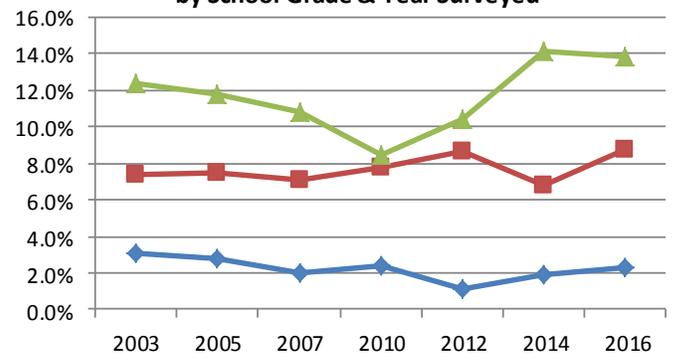
Cigarette Use in the Past 30 Days by School Grade & Year Surveyed



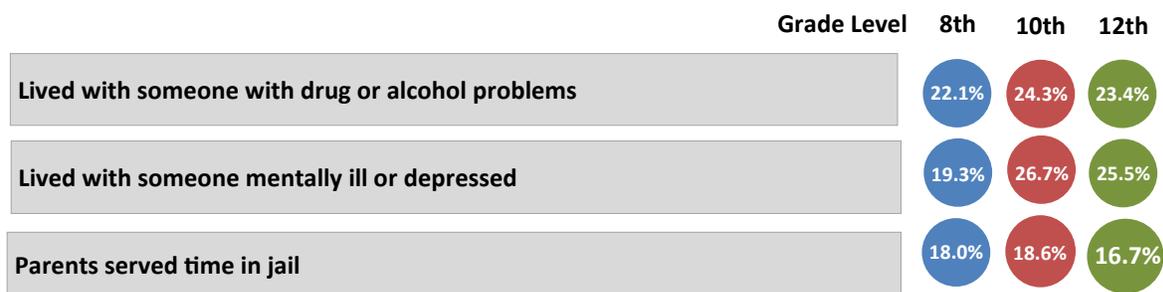
Smokeless Tobacco Use in the Past 30 Days by School Grade & Year Surveyed



Marijuana Use in the Past 30 Days by School Grade & Year Surveyed



Youth Perception: Feelings and Experiences with Family - Top Three Areas of Concern (from the 2016 NRPFS)



Mental Health First Aid (MHFA) and Second Step

Mental health promotion within Region V Prevention services includes the evidence-based curriculum “Second Step” utilized in elementary schools throughout the Region V service area. Evidence-based trainings include Youth and Adult Mental Health First Aid. See Region V Systems’ website for monthly trainings scheduled.

Substance Abuse Prevention Block grant funds support Lincoln Medical Education Partnership/School and Community Intervention and Prevention (SCIP), which serves over 90 schools in southeast Nebraska, and coordination of an annual spring conference and summer training for professionals.

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. 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.

Trainings provided in FY 16-17 include:

- Question, Persuade, Refer (given to over 3,500 community members);
- Wellness Recovery Action Plans within requested schools;
- LOSS Team development; and
- Hope Squads trainings within middle/high schools and higher education.

Lancaster Partnership for Success

Partnership for Success (PFS) grant: 2016 was year four of the five-year grant. Strategies in addressing parent/youth communication specific to alcohol and substance abuse include a user friendly website, talkaboutalcohol.org, and evidence-based programs, inclusive of culturally and linguistically appropriate services, including Communities Mobilizing for Change, Creating Lasting Family Connections, and Second Step curriculum in the schools.

PROMOTING COMPREHENSIVE PARTNERSHIPS IN BEHAVIORAL HEALTH THROUGH REGIONAL PREVENTION COORDINATION

Butler County Believes In Youth

750 'D' St.
David City, NE 68632
Phone: 402-515-9937
Morgan Van Winkle

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

110 N 9th Street
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: 402-441-4346

Jefferson County Community Coalition

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

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
Kristin Bohac

York County Drug Task Force

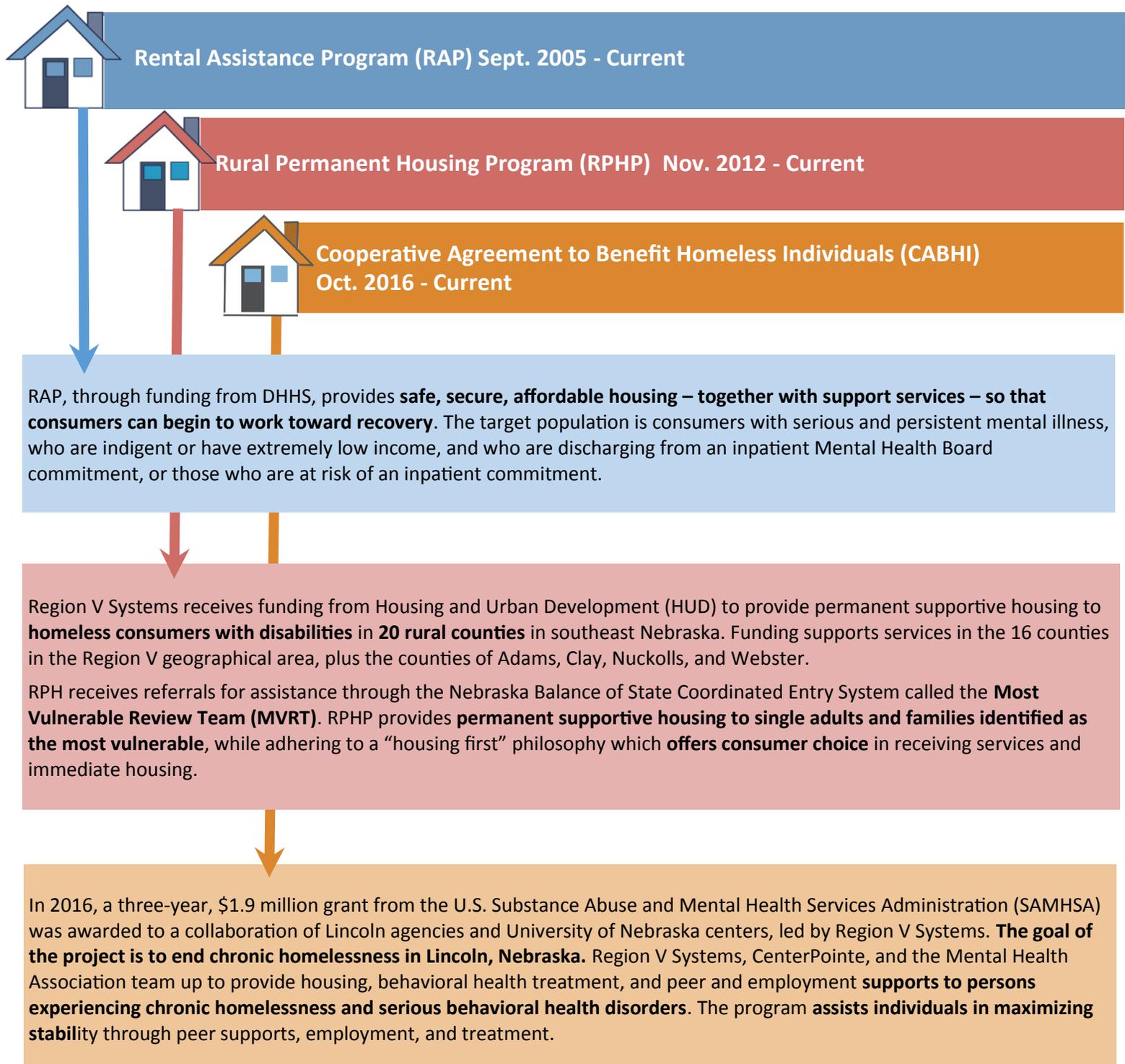
1102 N. Lincoln Ave.
York, NE 68467
Phone: 402-394-7999
Laura Cole

Prevention Mini-grants

The purpose of prevention mini-grants is to build community capacity to support and sustain substance abuse prevention efforts throughout southeast Nebraska. The intent is that it be used as "seed" money to start programs, organizations, and community coalitions, ensuring comprehensive community approaches for preventing alcohol, tobacco, and other drug abuse. Priority for funding goes to activities including: parenting empowerment, environmental efforts, or education/alternatives for youth including higher-risk populations. Preference is also given to smaller groups or organizations with fewer grant-writing resources in order to build their capacity to participate in prevention efforts. **In FY 16-17, \$16,143 in funding was granted for various prevention activities within Region V Systems' service area.**

Grantee	Amount	Purpose
Ashland Starts and Stripes	\$500	All school assembly featuring Jessie Funk
Family Youth Involvement Center/Youth Leadership Council	\$298	After School Alternative Activities
Gage County MAPS Community Coalition	\$8,200	PAX Plus Good Behavior Game Kit for classroom teachers; "Know the Truth" prevention program; PAX Plus Good Behavior Game Kit for classroom teachers
Mead Community Group	\$2,027	MCC (Mead Covenant Church) youth after school mentoring program
Rooted in Relationships Initiative - Saline & Jefferson Counties	\$1,850	Second Step Social Emotional Learning Curriculum; Circle of Security-Parenting Facilitator
Saunders County Prevention Coalition	\$3,000	Second Step curriculum
Saunders County Youth Services/Prevention Coalition	\$1,030	We Want You Back Campaign – Prom Cards
Student Leadership Team (David City Elementary & Bellwood)	\$1,838	Second Step curriculum
Total FY 16-17 Mini-grant Awards:	\$16,143	

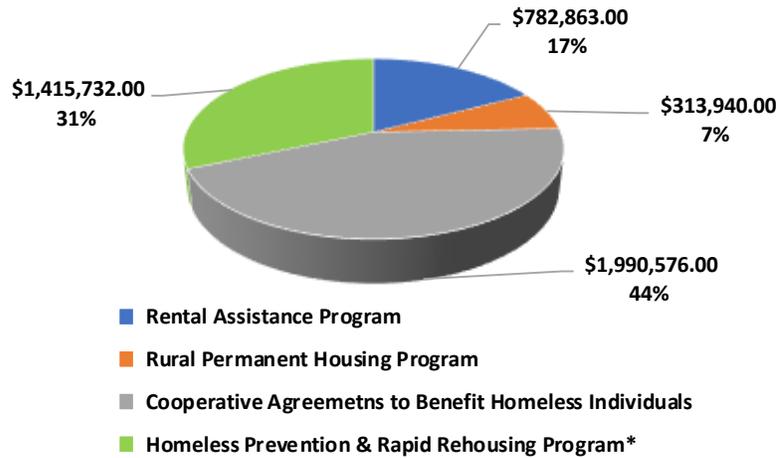
Housing Programs



Housing Coordination

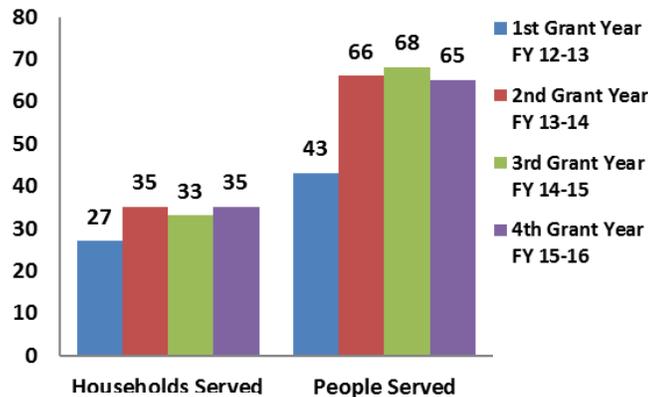
Region V Systems' Housing programs provide safe, secure, affordable housing – together with supportive services – so that consumers can begin to work toward recovery. Together with the state and local Continuums of Care for the Homeless, Region V works to house vulnerable adults who have mental health and substance abuse issues.

Housing Funding Region V Systems has Received Since 2005

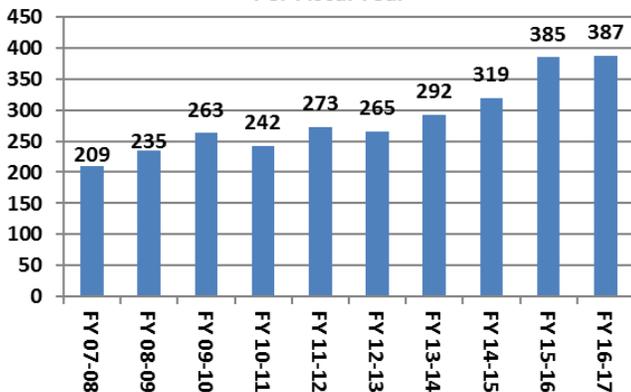


*HPRP Program was in existence from 2009-2012

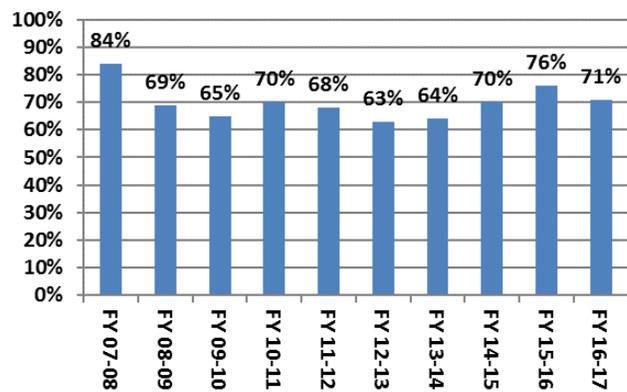
Rural Permanent Housing Program: Number of Households and People Provided Housing in 20-County Area



Number of Mental Health & Substance Use Consumer Households Receiving RAP Benefits Per Fiscal Year



Consumers Successfully Discharging from RAP Per Fiscal Year



FY 11-12 through the current fiscal year includes both mental health and substance use consumer counts. FY 07-08 through FY 11-12 is mental health consumers only.

Consumer Coordination

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.**

During FY 16-17, efforts focused on planning and implementing targeted WRAP classes, including a Depression Workshop and WRAP for Life which includes modules on Becoming a Non-Smoker, Weight Loss, Reducing Clutter and Issues Related to Aging. WRAP classes are offered at four different locations in the community. A partnership with the Veteran's Administration and other peer-run community services has been a key focus in FY 16-17.

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
Alternative 2016, 30 Years, Looking Backward-Looking	\$2,520
CABHI housing and Employment Support	\$1,620
Children's Summit (HFP) - 2016	\$565
Community Mental Health Awareness Week - Pony Express	\$2,000
Community WRAP	\$260
Depression Workshop	\$540
Internal WRAP at the MH Crisis Center	\$2,800
International Assoc. of Peer Supporters - 2017	\$6,464
Mental Health Association Re-Entry Programs	\$1,000

Grantee	Amount
Nat'l Federation of Families Children's MH Conference	\$1,322
Nebraska Behavioral Health Conference - 2017	\$10,320
Peer Support Training	\$900
WRAP at MH Crisis Center	\$960
WRAP Facilitators Books	\$2,500
WRAP for Life at the VA	\$842
Zeniloquy's Art Expression Room, Mindfulness and Yoga Suite	\$2,000
Total	\$36,613

Emergency System Coordination

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.**

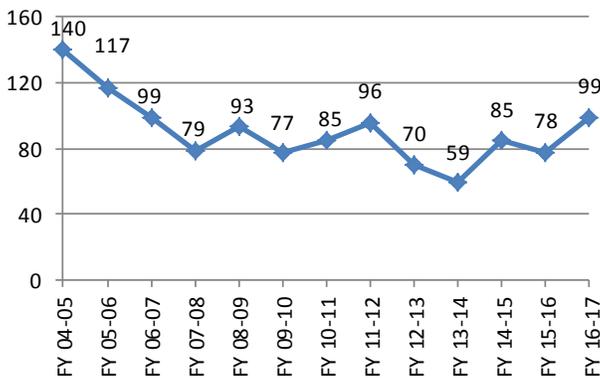
The Crisis Response Team assists individuals by facilitating seamless transitions to the most appropriate level of care by participating in case reviews, treatment team meetings, and other activities designed to develop discharge plans for individuals receiving treatment in the emergency system.

In September 2015, the Division of Behavioral Health directed Region V Systems **to modify its inpatient treatment process.** Prior to September 2015, all consumers in Region V who 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.**

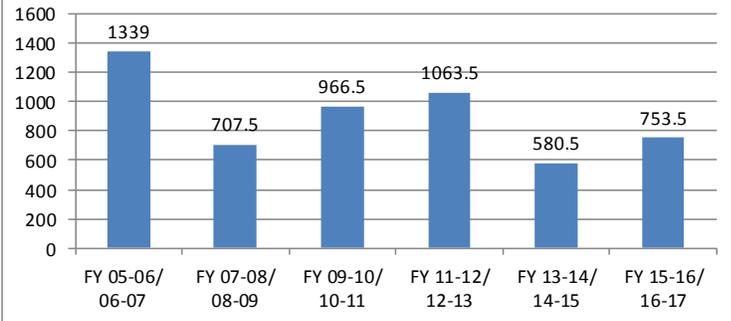
LRC: 32 patients, average length of stay = 866 days

MLH: 43 patients, average length of stay = 17.7 days

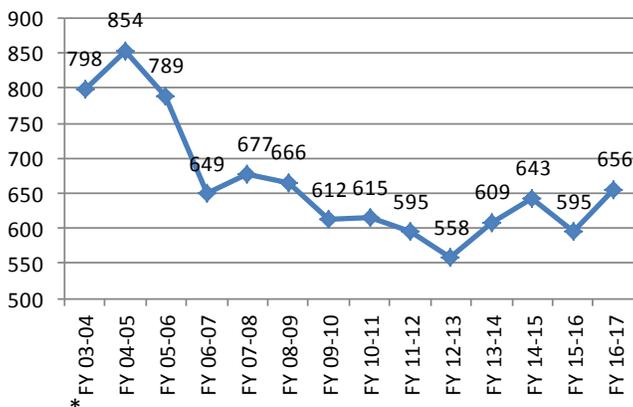
Repeat Emergency Protective Custody Admissions Per Fiscal Year



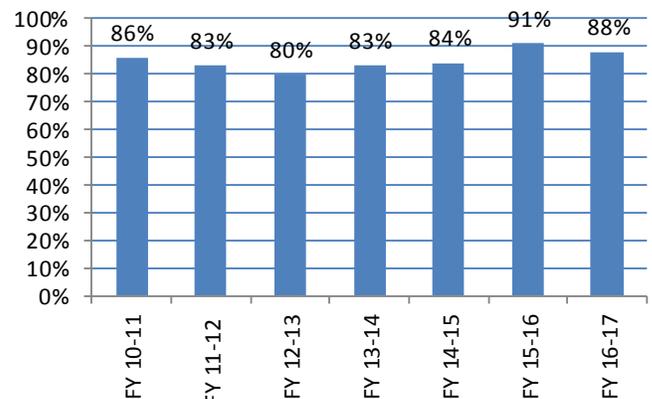
Bi-Annual Fiscal Years Average Post-Commitment Days



Emergency Protective Custody Admissions Per Fiscal Year



Percent of Emergency Protective Custody Holds Diverted by Crisis Response Teams



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

Youth System Coordination



Nebraska received a SAMHSA System of Care Expansion Grant for Youth Mobile Crisis Response across the state

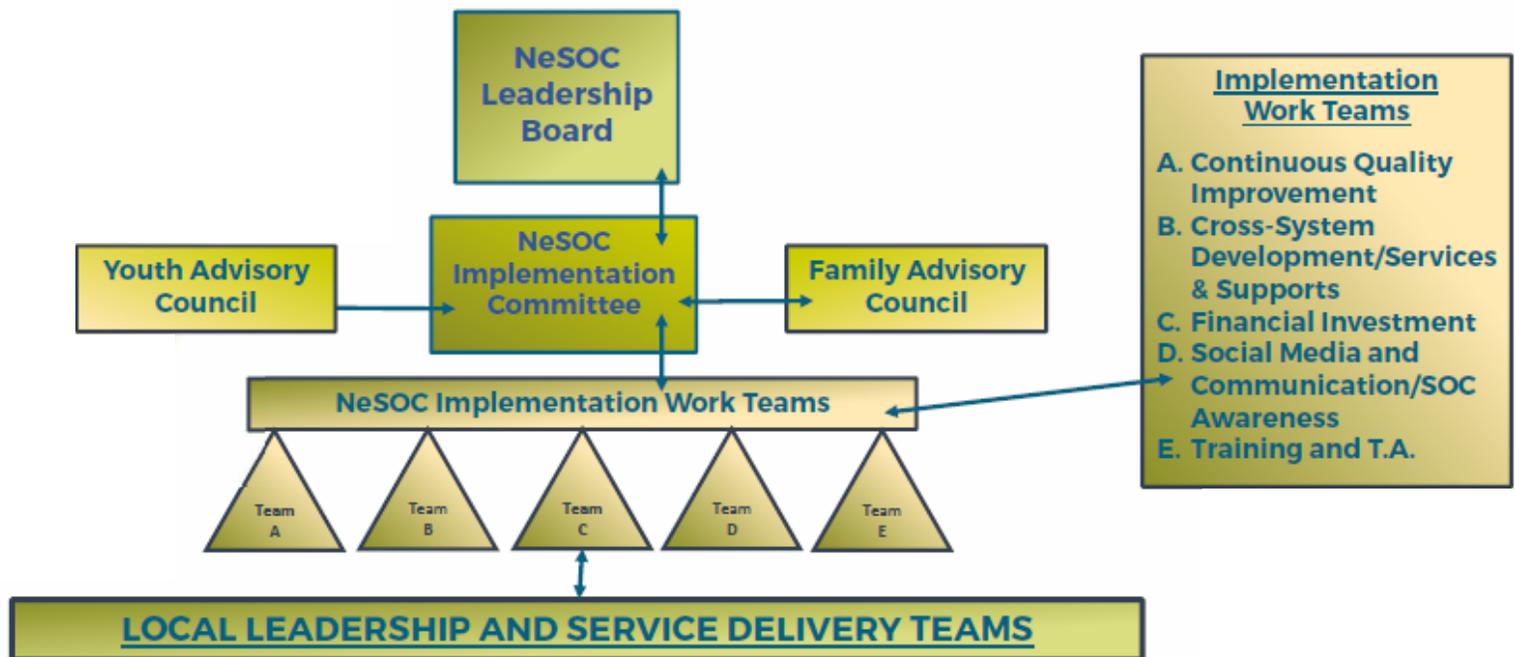
In November 2016, Nebraska received a SAMHSA System of Care Expansion Grant award which resulted in each Regional Behavioral Health Authority across the State receiving funding to enhance or develop formalized crisis response for youth.

In April 2017, Region V Systems' Emergency and Youth Coordination, TASC-Targeted Adult Services Coordination, Center Pointe, Heartland Family Services (serves only Otoe County), and Families Inspiring Families (a peer-run family organization), collaborated to further enhance Youth Mobile Crisis Response, an immediate intervention service for youth/young adults, up to age 21, who are experiencing escalated emotional and behavioral issues, and their families. The service enhancement formally expanded Youth Mobile Crisis Response to serve all counties in the Region V geographic area and includes access to Family Peer Advocacy to provide crisis stabilization and navigation support (accessible for up to 72 hours after crisis occurrence) and Crisis Response Professional Partners (Care Coordination) to prevent further problems in functioning and/or disruption of their living environment.

The Youth Mobile Crisis Response support is activated by law enforcement, when deemed appropriate, and begins with law enforcement contact with a licensed clinician to devise a coordinated response. The clinicians work face-to-face or via telehealth with youth/young adults and their families to de-escalate the crisis, determine mental status, plan for safety, and make linkages to ongoing supports, as needed.

**TASC is collaboration of Lutheran Family Services, Blue Valley Behavioral Health, The Bridge Behavioral Health, and Houses of Hope.*

Nebraska System of Care Operational Structure



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.

In FY 16-17, FYI administered six 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 six FYI tracks:

Traditional track serves children up to age 21 with a serious emotional disturbance. Anyone can refer an eligible youth to be a part of wraparound including families self-referring to FYI. In addition to a mental health diagnosis, the youth must meet criteria for functional problems across life-domains and the family must meet financial eligibility.

Children & Family Services track served 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. The contract for the CFS track ended in October 2017.

Prevention Professional Partner 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.

Juvenile Justice Wraparound Support (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 Juvenile Justice, see page 13.**

Crisis Response Professional Partners (track funded through the SAMSHA System of Care Expansion Grant) serves youth/young adults, up to the age of 21 and their families who have experienced a mental health crisis scenario involving law enforcement placing the family at risk of disruption in their living environment and/or formal involvement for the youth/young adult in higher levels of care. **See Page 26 for more information.**

Transition-Age Professional Partner track serves young adults ages 18-24 who have serious mental illness and who are transitioning from the youth to the adult behavioral health system. Anyone can refer a youth to be a part of wraparound including a young adult self-referring. Priority enrollment is given to referrals coming from the mental health emergency system including the crisis center, psychiatric hospitalization, and the Lincoln Regional Center.



Traditional Track: Average length of stay was 12.7 months; number of youth served was 107.

PPP Track: Average length of stay was 5.1 months; number of youth served was 58.

TAPP Track: Average length of stay was 10.8 months; number of youth served was 60.

CFS Track: Average length of stay was 4.7 months; number of youth served was 120.

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

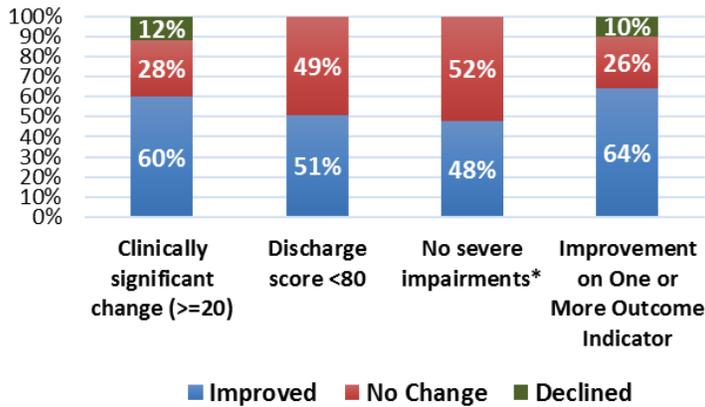
Child and Adolescent Functioning Scale (CAFAS)

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:

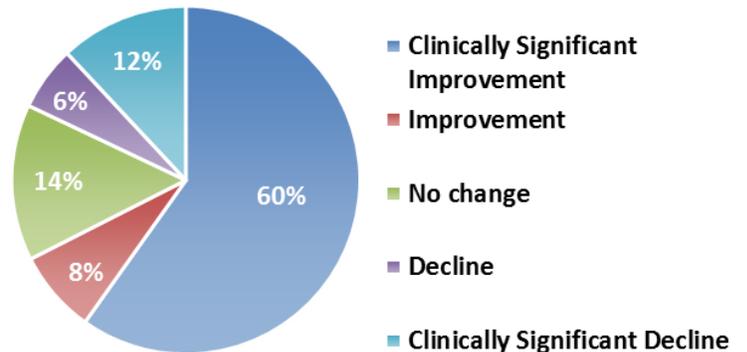
1. Did youth decrease their total CAFAS by 20 points?
2. Did youth decrease their total CAFAS score below 80, the FYI admission criteria? or
3. Did youth decrease any of the 8 domains from 30 points = severe impairment to moderate, mild, or minimal impairment?

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=117)



Change in CAFAS Score from Admission to Discharge FY 16-17 n=117

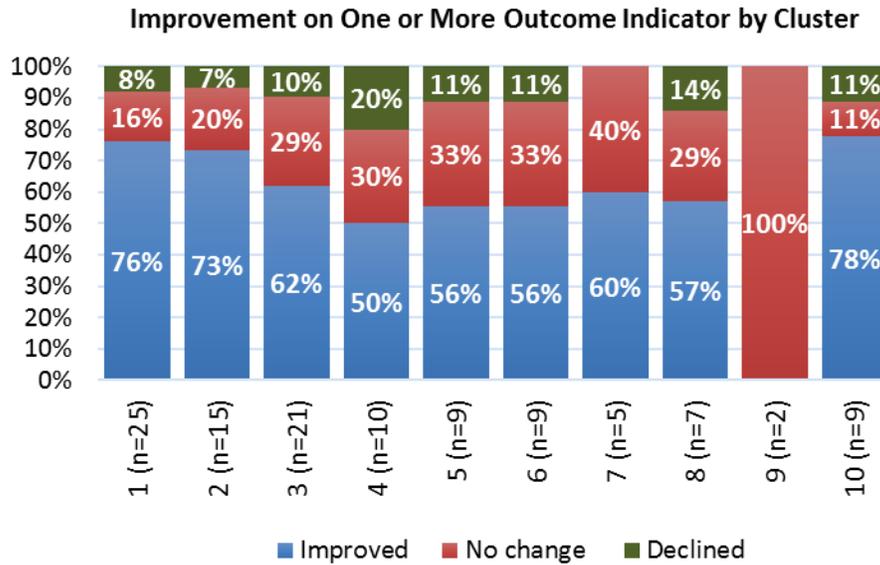


*Only evaluated if there was one or more areas of severe impairment at intake

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

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

Cluster-Based Planning (CBP) is an emerging best practice that identifies subgroups (clusters) of individuals, who share common bio-psychosocial histories, problems, strengths, and life situations. For more information on CBP, see page 11 of this report. The following chart illustrates youth in cluster memberships and the successes they are having on reaching recovery outcomes. The three possible outcomes for youth are listed on page 29 of this report. The chart identifies the percentage of youth and their respective cluster membership along with their progress towards recovery.



Family & Youth Investment Implements Electronic Health Records System

In the fall of 2016, the Family & Youth Investment (FYI) program completed a research project conducted by the University of Washington that tested the benefits of using Fidelity EHR, an electronic health records system designed specifically for use in conjunction with the wraparound process. This pilot project led to the use of the Fidelity EHR system across the entire FYI program.

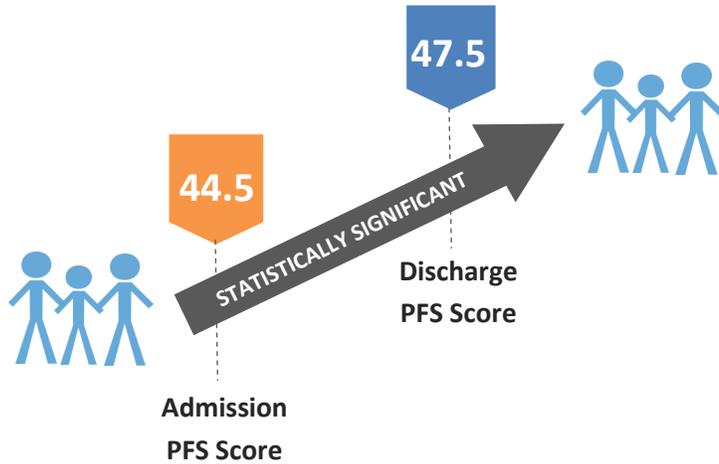
The Fidelity EHR system includes the following features:

- Wraparound specific language including team-based, family-driven, and strengths-based documentation.
- Web-based access to client records.
- Ability to have clients and their family sign documents electronically.
- Tracking of individual clients' progress toward goals with automatic graphing.
- Easy access to records for Professional Partners and their supervisors.
- Management of fiscal records.
- Tracking of enrollments, discharges, caseloads, and other data.

Protective Factors Survey for Children and Family Services Track

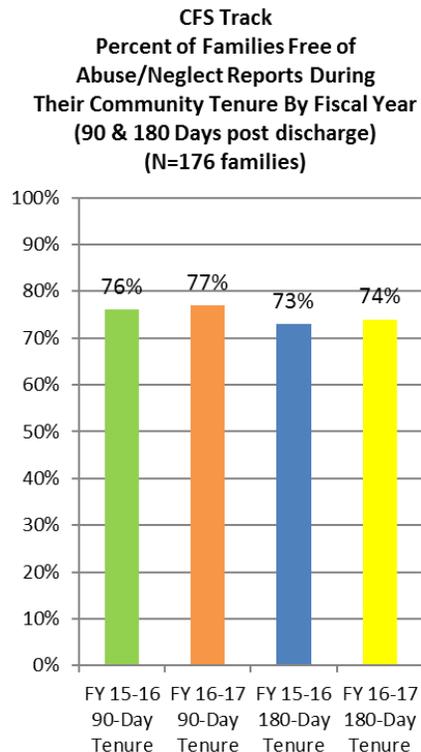
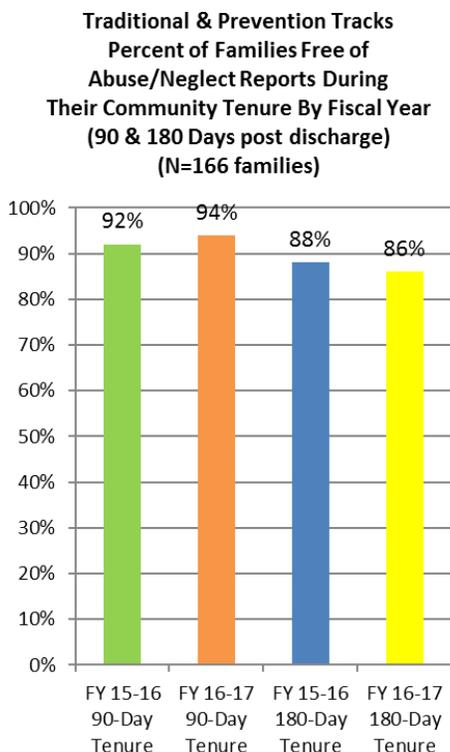
The Protective Factors Survey (PFS) is a 20-item measure **designed for use with caregivers receiving the child maltreatment prevention services** such as home visiting, parent education, and family support. It is a pre-post survey completed by the program participants, usually parents or caregivers. 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 105 families leaving FYI services with an improved total protective factors score of 3 points, which is statistically significant.

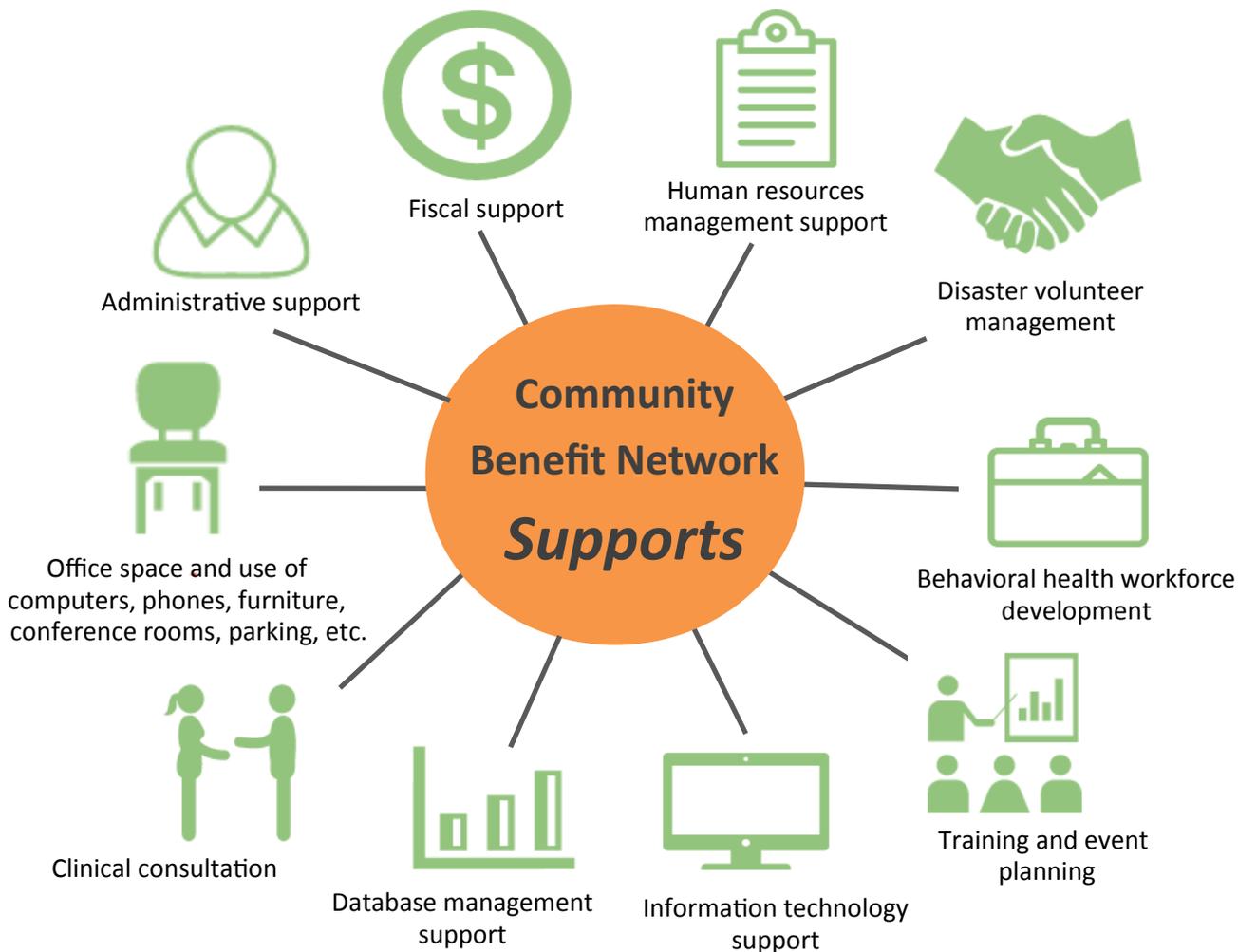


The Wraparound Process: Effectiveness of Reducing Abuse/Neglect Recidivism

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.



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 16-17, 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 16-17, Region V Systems provided support to:

- Behavioral Health Education Center of Nebraska
- Families Inspiring Families
- Four Corners Public Health Solutions
- Healthy Families Project
- Houses of Hope
- Human Services Federation
- Lancaster Prevention Coalition
- Mental Health Association of Nebraska
- National Association of Case Management
- Seward County
- St. Monica's
- Southeast District Health Department

National Association of Case Management

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.

NebraskaBehavioralHealthJobs.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 16-17, over 425 positions were posted, and the number of website views neared 75,000.

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. A mobile app was also developed for quick access to the site for job seekers.

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	\$575	Provide training and resources (books) for CenterPointe and Region V managers on specific issues faced by aging and elderly people.
Committee Recommendation	\$1,000	Provide training to nursing homes on best practices in working with consumers with mental health needs.
Committee Recommendation	\$1,000	Collaborate with the New American Taskforce/Community Health Endowment to provide training to behavioral health providers on culturally specific model to provide therapy and other behavioral health services to new Americans/refugees.
Indian Center, Inc.	\$1,000	Referral and case management for Native Americans in need by helping equip them with cell phones and IT to maintain computer support.
LMPEP-SCIP	\$1,000	Assist non-English speaking families with interpretation costs for SCIP screening as well as assistance in transportation.
Mental Health Association of Nebraska	\$2,000	Implement a 9-week WRAP sessions for women in the Region V area to assist in their behavioral health support.
Total FY 16-17 Special Population Awards:	\$6,575	

Behavioral Health and Nebraska Probation Administration Partnership

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

Probation Administration and Region V Systems Youth Coordination Pilot Results in Expansion

The integration of the Wraparound Approach into the Juvenile Probation System of Care Pilot Program in Nebraska Probation District 3J came to an end in January 2017 and resulted in Probation's Administration's decision to expand the Wraparound support to additional probation districts in the Region V geographic area. The pilot, implemented in December 2015, was administered by Region V Systems' Family Youth & Investment Program in partnership with Probation District 3J, focused on assisting probation youth to improve life functioning across life domains decrease placement out-of-home, out-of-state, and higher levels of care; reduce reliance on formal juvenile justice involvement to meet behavioral health needs; and develop informal and formal support networks to stabilize family and youth functioning in the least-restrictive environment.

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 who 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.

Staff Directory

As of February 14, 2018

C.J. Johnson, Regional Administrator

Children and Family Services

Renee Dozier, Director of Children and Family Services

Dani DeVries System of Care Coordinator	Tara Dice Skill Builder	Kelly DuBray Professional Partner	Nicole Giebelhaus Professional Partner
Annie Glenn Professional Partner Supervisor	Eden Houska Professional Partner	Australia Hruby Professional Partner	Dinka Husovic Skill Builder
Munira Husovic Professional Partner	Elizabeth Kester Professional Partner	Gina Koudeida Skill Builder	Laila Koudeida Professional Partner
Jenna Lempka Skill Builder	Ashley McCracken Professional Partner	Katiana Meyer Professional Partner	Malcom Miles Professional Partner Supervisor
Melony Moore Professional Partner	Lisa Moser Professional Partner	LaShawnda Nimox Professional Partner	Shelly Noerrlinger Professional Partner
Jonathan Pennington Professional Partner	Tracy Shaw Professional Partner	Jessica Zimmerman Service Coordination Specialist	

Continuous Quality Improvement

Patrick Kreifels, CQI Director

Joseph Pastuszak CQI Network Specialist	Erin Rourke CQI Analyst		
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Fiscal

Paul Van De Water, Fiscal Director

Danielle Belina Fiscal Associate	Tami DeShon Associate Fiscal Director	Pat Franks Fiscal Associate	Julie Monfelt Fiscal Associate
Linda Pope Fiscal Specialist			

Network Management

Sandy Morrissey, Prevention Director

Kristin Nelson, Director of Emergency Services

John Turner, Director of Housing and Supported Living

Amanda Tyerman-Harper, Director of Network Services

Breanne Chandler CABHI Housing Assistant	Rob Conway Housing Outreach Specialist	Teri Effle Prevention Specialist	Theresa Henning Regional Administrative Aide
Ardi Korver Support Specialist	Phyllis McCaul Regional Consumer Specialist	Marti Rabe Network Specialist	Scott Stemper Prevention Specialist
Bridget Thompson CABHI Housing Coordinator	Kim Whaley Housing Assistant		

Operations

Kim Michael, Director of Operations and Human Resources

Jean Barton Continuing Education Associate	Betsy Bergman Project Specialist	Donna Dekker Administrative Assistant	Deanna Gregg Operations Manager
Jon Kruse IT Specialist	Susan Lybarger Administrative Assistant	Andy Petrzilka IT Associate	Robin Schmid Administrative Assistant