



REGION **V** SYSTEMS

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FY 17-18 Annual Report

*PROMOTING COMPREHENSIVE
PARTNERSHIPS IN BEHAVIORAL HEALTH*



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.



Published March 2019

Dear Colleagues,

We would like to sincerely thank the Regional Governing Board members, the Behavioral Health Advisory Committee members, Network Providers, the Department of Health and Human Services representatives, Legislative representatives, individuals we serve, and many other stakeholders who help us carry out our strategic intent, “promoting comprehensive partnerships in behavioral health.” Fiscal Year 17-18 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 have promoted increased communication and collaborations across long-standing silos.

Here are a few highlights from Fiscal Year 17-18:

Nebraska System of Care: As Nebraska moved into the second year of its System of Care federal grant, several focus areas began to emerge. Cluster-based Planning (CBP) became a significant discussion point as population management across multiple systems became an increasing challenge. Many saw this planning approach as a way to create a common language across systems as well as provide a methodology for looking at outcomes and service needs throughout the youth-serving systems. In addition, Youth Crisis Response has been well established within the regional system. Local workgroups began looking at other service gaps and began making recommendations for service development using future funds and/or carryover dollars from the original grant.

State-Targeted Response: This opioid-targeted grant brought into the Region prevention and treatment activities. Prevention focused on education and medication disposal. Medication Assisted Treatment utilizing Buprenorphine was initiated for those with an opioid addiction. Narcan was introduced to treatment providers, law enforcement, and other groups to address incidents of overdose.

Electronic Billing System: The Division of Behavioral Health (DBH) began the utilization of its Electronic Billing System (EBS). As with the implementation of any new system, there have been challenges, and the fiscal managers have been working through any glitches with DBH throughout the year.

NebraskaBehavioralHealthJobs.com: Through the collaboration with the Behavioral Health Education Center of Nebraska (BHECN) and Region V, the Nebraska Association of Behavioral Health Organizations (NABHO) was awarded \$10,000 following its involvement in an evaluation project. NABHO used this funding to sponsor a behavioral health conference in the fall of 2018.



Cluster-Based Planning: Region V Systems' Family & Youth Investment Program implemented a Level of Care approach to its Cluster-Based Planning. After development with Synthesis, Inc. over the last year, it will identify specific activities for a progression of phases that each youth and their families work through. Specific outcomes by cluster designation and phase have been identified to help guide the intervention process within the program. Throughout the Provider Network, staff have continued to receive their training in assigning consumers to the various clusters, and this information is enhancing the overall data for system-wide evaluation.

System of Care Continuous Quality Improvement: Each of the Network Providers are utilizing an identified outcome evaluation tool to measure consumer functioning. These tools monitor and measure consumers' outcomes by comparing enrollment scores to discharge scores. Fifty-three percent of consumers showed "improvement" to "meaningful improvement" after receiving behavioral health services. Region V participates on the Statewide Quality Improvement Team and facilitates the Regional Quality Improvement Team that focuses on specific quality outcome measures.

Prevention: Regional Prevention activities continue to move Evidence-Based Practices into all 16 counties, which includes substance use and mental health prevention activities. Another aspect of the prevention activities has focused on increasing the relationships with the public health departments to maximize funding and coordinate activities.

Veterans Homelessness: In 2015, the Nebraska Commission on Housing & Homelessness developed *Opening Doors: 10 Year Plan to Prevent and End Homelessness in the State of Nebraska*. One of the primary goals of the Plan was "Ending Homelessness for Veterans." Region V Systems' Housing Department has been actively involved in Coordinated Entry since its inception, meeting with community partners to develop housing plans for Veterans. In 2017, the Balance of State Continuum of Care, encompassing the rural counties of Nebraska, received a federal designation of reaching the goal of ending veterans' homelessness and indicated that the city of Lincoln had made significant progress towards the goal.

CARF Accreditation: Region V Systems received its national CARF accreditation for its Family & Youth Investment Program and Prevention Program. In addition, a Network Management accreditation was received following the first effort to receive that accreditation.



Thank you 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

Our Mission

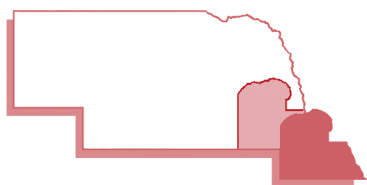
The mission of Region V Systems is to encourage and support the provision of a full range of mental health, alcoholism, and drug abuse programs and services to the youth and adults of Butler, Fillmore, Gage, Jefferson, Johnson, Lancaster, Nemaha, Otoe, Pawnee, Polk, Richardson, Saline, Saunders, Seward, 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 CountyGreg Janak
 Fillmore CountyKenny Harre
 Gage CountyDennis Byars
 Jefferson CountyGale Pohlmann
 Johnson CountyJim Erickson
 Lancaster CountyJennifer Brinkman
 Nemaha CountyLarry Holtzman
 Otoe CountyDean Speth

Pawnee County Jan Lang
 Polk County Jerry Westring
 Richardson County John Caverzagie
 Saline County Janet Henning
 Saunders County Doris Karloff
 Seward County Ken Schmieding
 Thayer County Dean Krueger
 York County Bill Bamesberger

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.

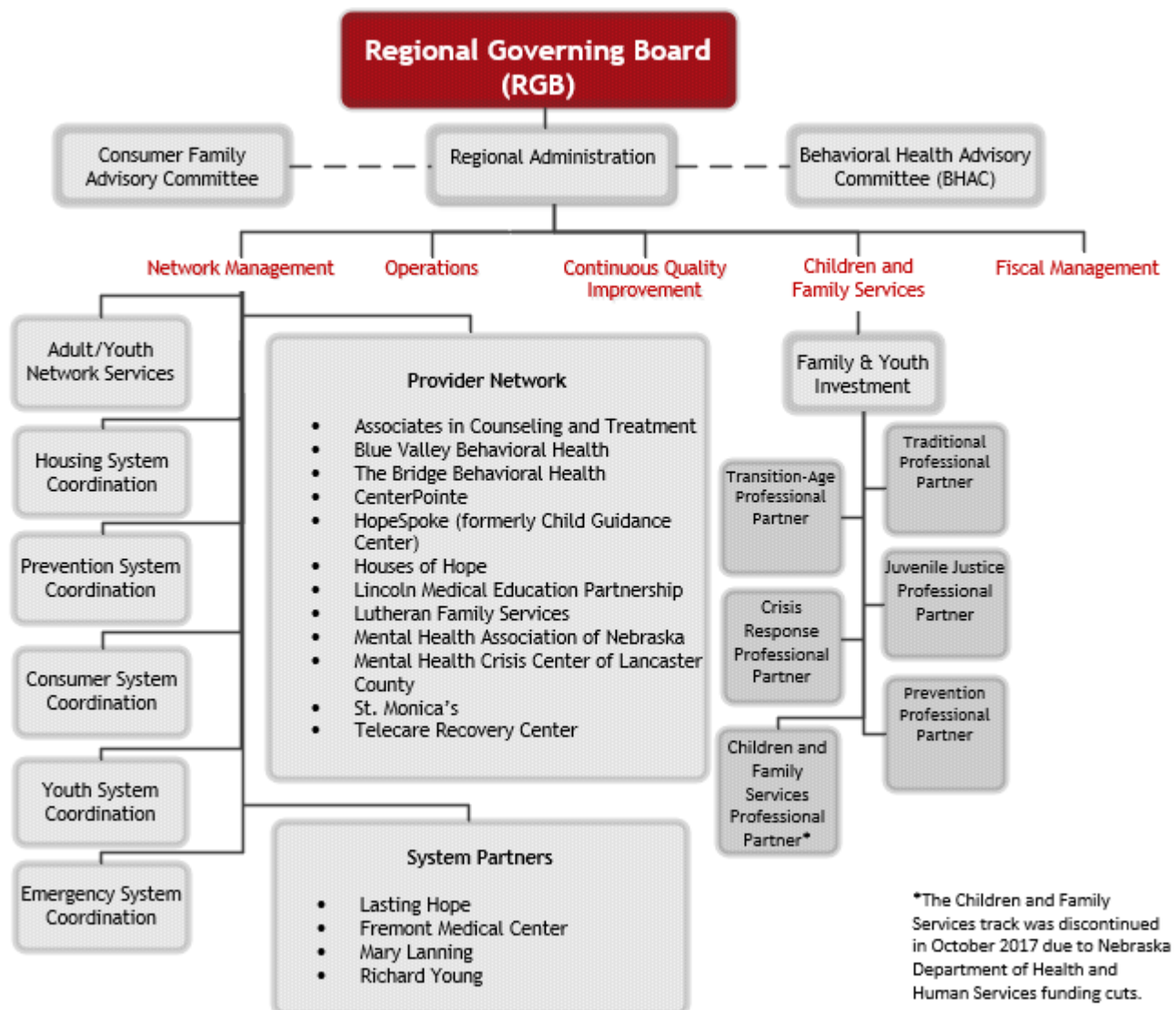
Current membership includes:

Gene Cotter	Rebecca Meinders
Megan Hinrichs	Barbara Murphy
Sara Hoyle (Chair)	Tracy Pella
Corrine Jarecke	Richard Pethoud
Jennifer Jennings	Melissa Ripley
J. Rock Johnson	Darla Winslow
Stephanie Knight	Constance (C.J.) Zimmer (Member at Large)
Jill Kuzelka	

Thanks to the past members of the RGB and BHAC, who served during FY 17-18, for your dedication and support toward the Regional System of Care.

Les Agena (RGB)	Susan Johnson (RGB)
Marvin Bohling (RGB)	Tammy Sassaman (BHAC)
Jim Davidson (RGB)	Brenda Tracy (BHAC)
Roger Glawatz (RGB)	Todd Wiltgen (RGB)

Governance Structure



*The Children and Family Services track was discontinued in October 2017 due to Nebraska Department of Health and Human Services funding cuts.

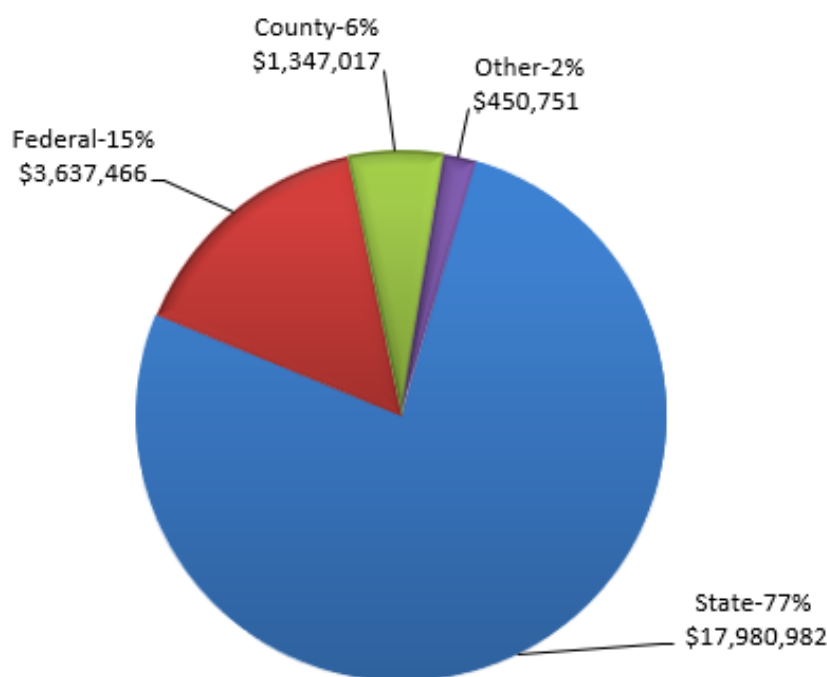
Funding and Expenditures

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

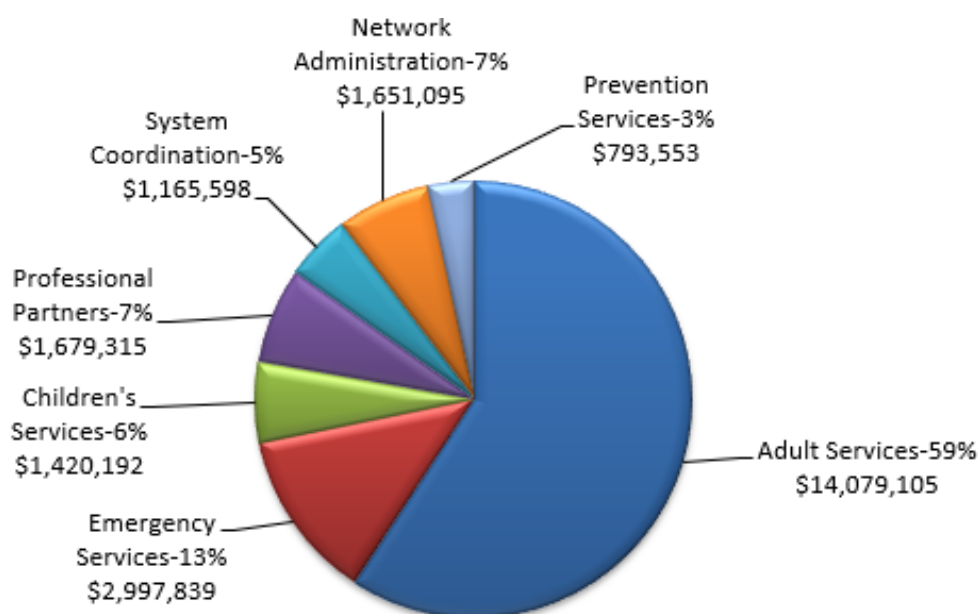
Funding is received from a variety of resources, including state and federal dollars through Nebraska's Department of Health and Human Services' Division of Behavioral Health and the Division of Children and Family Services, local and federal grants, and a county match from each of the 16 counties that 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 17-18 Funding \$23,416,216



FY 17-18 Expenditures \$23,786,697



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:

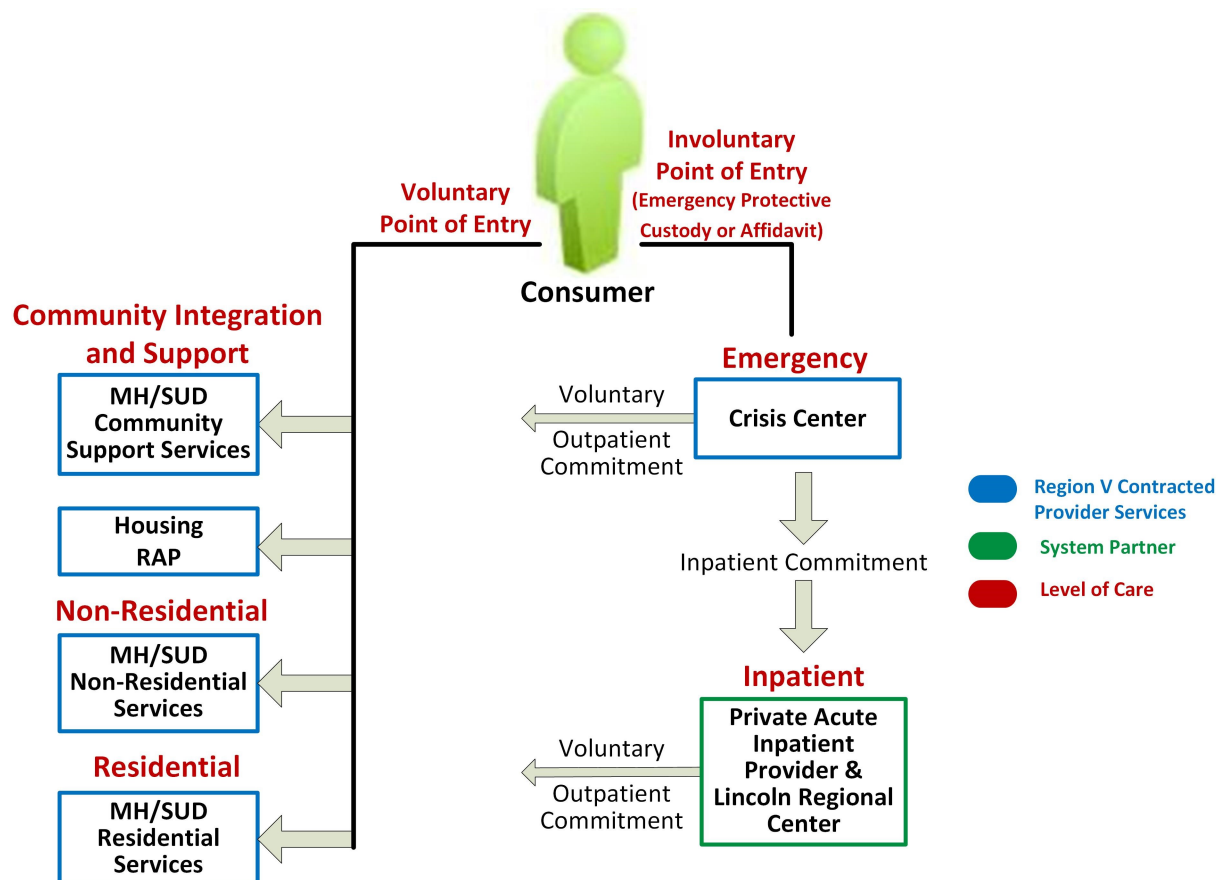
- Enhancing an individual's experience of care (availability, accessibility, quality, and reliability);
- Improving the health outcomes of individuals; and
- Promoting services that are efficient, effective, and in the right amount.

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 publicly funded behavioral health services to the uninsured and underinsured.

In FY 17-18, 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

REGION V SYSTEMS' SERVICE ARRAY

-  Adult Community Integration Support
-  Adult Non-Residential
-  Adult Residential
-  Adult Emergency
-  Youth Non-Residential

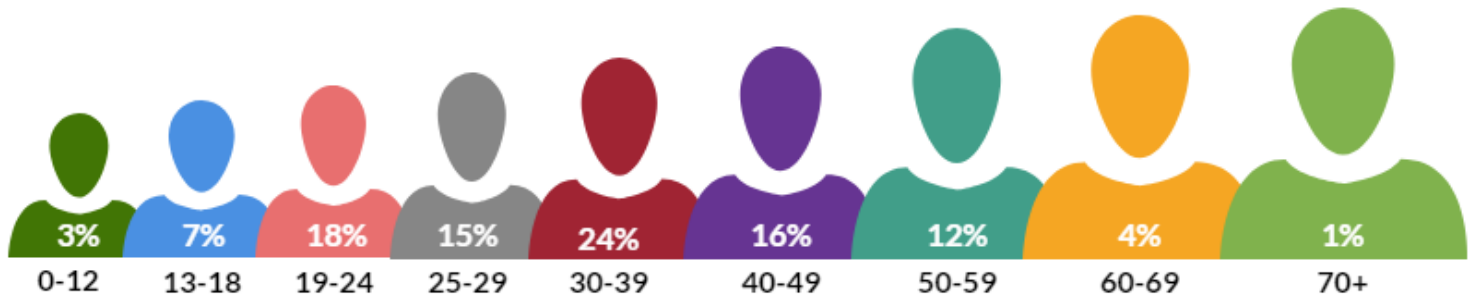
	Associates in Counseling and Treatment 600 North Cotner Boulevard Ste. 119 Lincoln, NE 68505 Phone: 402-261-6667 www.actnebraska.net	Assessments - SUD
	Blue Valley Behavioral Health 1123 North 9th Street Beatrice, NE 68310 Phone: 402-528-3386 www.bvbh.net	24-Hour Crisis Line; Community Support - MH; 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	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); Youth Mobile Crisis Response
	HopeSpoke (formerly Child Guidance Center) 2444 'O' Street Lincoln, NE 68510 Phone: 402-475-7666 www.hopespoke.org	Assessments - MH & SUD; Outpatient Therapy - MH & SUD; Therapeutic Consultation - MH
	Houses of Hope 1124 North Cotner Boulevard Lincoln NE 68505 Phone: 402-435-3165 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); Youth Mobile Crisis Response (TASC)
	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 (HOPE); 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-SUD; Outpatient Therapy-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

View online:

<http://region5systems.net/who-we-are/provider-network/>

Behavioral Health Data for Region V-Funded Services

AGE



	Mental Health	Substance Use Disorder	Total
Unique Persons Served	5,436	4,762	9,111

County of Residence	County Residents Served	New Admissions FY 17-18*
Butler	91	111
Fillmore	93	123
Gage	494	618
Jefferson	147	202
Johnson	46	61
Lancaster	6,022	9,808
Nemaha	84	104
Otoe	198	280
Pawnee	33	34
Polk	55	66
Richardson	135	173
Saline	197	241
Saunders	152	206
Seward	168	197
Thayer	56	65
York	310	355
All Other including "Not Available"	1,326	2,004
Region Total	9,607**	14,648

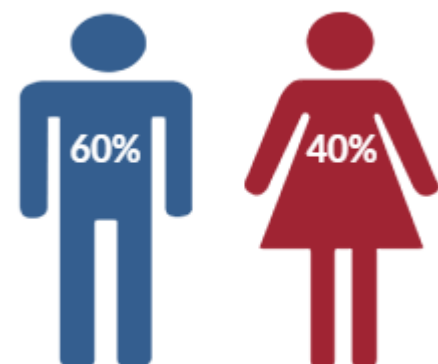
* New Admission: counts only admissions that occurred in FY 17-18 and not admissions in previous year. Some individuals may have been admitted into more than one service.

**Some individuals may have lived in more than one county in FY 17-18.

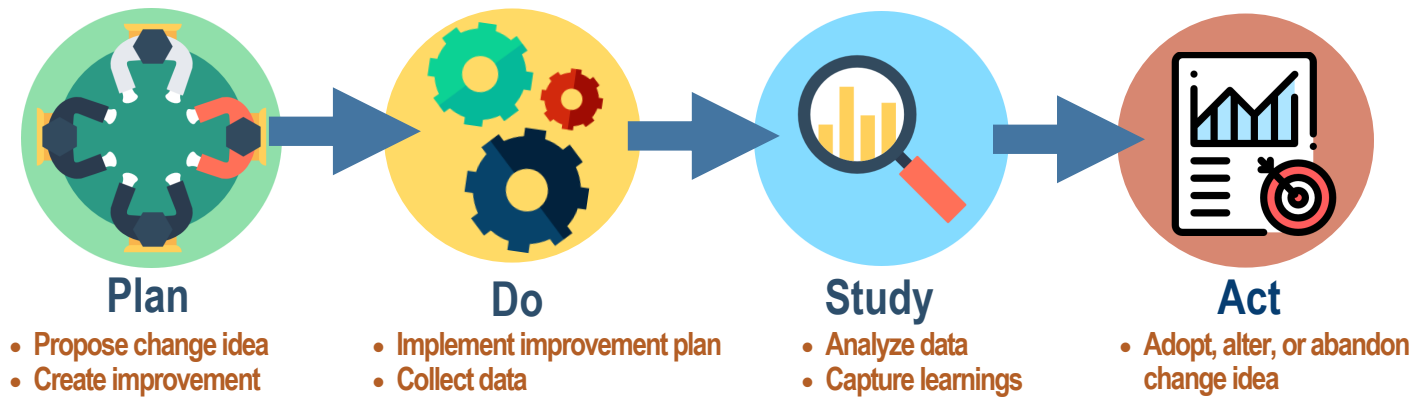
Race



Gender



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.*

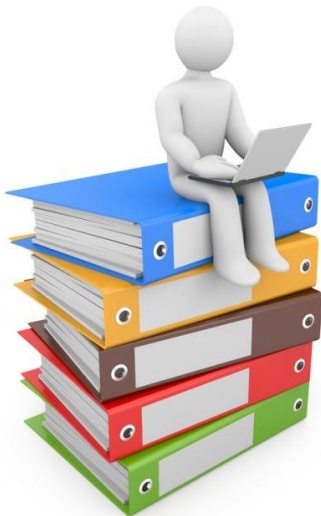


Regional Quality Improvement

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.

Compass



Region V Systems contracts with H4 Technology, LLC to create an electronic health record software system called Compass for records management. Compass assists Region V Systems to achieve its goals of: 1) elimination of dual entry, 2) simplifying 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.

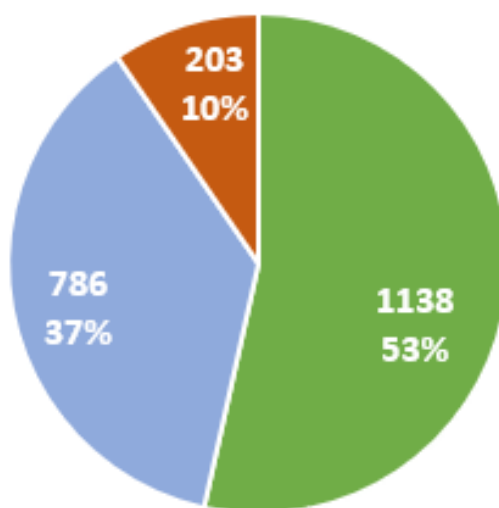
Outcomes: Measuring Consumer Recovery

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);
- Brief Addiction Monitor-Revised (BAM-R);
- Basis-24;
- Child Adolescent Functioning Scale (CAFAS);
- Quality of Life Attainment Scale (QLA); and
- Outcome Questionnaire (OQ 45.2, YOO, YOQ-SR, SOQ).

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 Recovery Outcomes
When Comparing Admission to Discharge/Most Recent Scores
FY 17-18
n=2,127



■ **Significant Improvement** ■ **No Change** ■ **Significant Decline**

Significant Improvement: statistically (not likely to have happened by chance) and/or clinically significant (real effect on daily life) improvement

No Change: no significant difference between admission and discharge/ most recent scores

Significant Decline: statistically (not likely to have happened by chance) and/or clinically significant (real effect on daily life) 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 consumer outcomes by cluster (consumers served by network providers):

Behavioral Health Landscape		Proportion of People Served (unduplicated)		Cluster Membership	Proportion of People Served with Significant Improvement	
Adults	Persons with SPMI	190/1545	12%	3A- Severely Disabled in Many Life Areas	26/40	65%
		91/1545	6%	5- Functioned Well in Community	20/33	61%
		393/1545	25%	4A- Anxiety and Depression and Avoid Growth	43/79	54%
		115/1545	7%	2B- Severe Substance Abuse/Less Severe Mental Health Problems	30/57	53%
		96/1545	6%	1- Chronic and Serious Physical Health Conditions/Psychiatric Disabilities	14/28	50%
		535/1545	35%	2A- Serious Substance Abuse/Mental Health and Community Living Problems	100/209	48%
		65/1545	4%	3B- Severe Psychiatric Illnesses Began More Recently/Not Convinced of Treatment	10/26	38%
		60/1545	4%	4B- Anxiety and Focus on Physical Health	2/6	33%
	AOD-Men	59/624	9%	M2- Unable to Deal with High Expectations	54/59	92%
		248/624	40%	M8- Substance Abuse with Less Severe Mental Health Problems	134/156	86%
		28/624	4%	M4- Culturally Isolated - No Need to Change	14/18	78%
		43/624	7%	M1- Expect Others to Meet Their Needs	23/30	77%
		172/624	28%	M7- Substance Abuse & Severe Mental Health Problems	80/104	77%
		42/624	7%	M3- Use Threats/Intimidation to Get Needs Met	18/24	75%
		22/624	4%	M5- Addicted to Opiates or Pain Medications	14/19	74%
		10/624	2%	M6- Younger Men Addicted To Heroin or Cocaine & On Streets	9/13	69%
	AOD-Women	24/431	6%	W7- Controlled by Others with Limited Expectations	15/15	100%
		11/431	3%	W1- More Mature Addicted to Crack, Narcotics and Other Street Drugs	8/9	89%
		18/431	4%	W10- Worn Down from Generational Poverty & Addiction	15/17	88%
		82/431	19%	W8- Use to Deal with Family/Social Issues	56/65	86%
		29/431	7%	W4- More Mature Alcohol Abusers	22/26	85%
		29/431	7%	W2- Addicted to Exciting Lifestyle	19/23	83%
		33/431	8%	W9- Unintentionally Dependent on Drugs	28/36	78%
		76/431	18%	W5- Substance Abuse with Severe Mental Health Problems	22/34	65%
Youth	Youth	15/431	3%	W3- Addicted to Medications or Other Drugs/Avoid Consequences	7/11	64%
		114/431	26%	W6- Mental Health Problems & Survivors of Trauma	48/77	62%
		2/371	1%	9- Involved in Sexual Offenses	3/3	100%
		124/371	33%	8- Youth Struggling with Life Crises	11/15	73%
		15/371	4%	4- Sexually/Physically Abused	7/10	70%
		51/371	14%	1- Neuro-Behavioral Conditions	20/31	65%
		19/371	5%	10- Cognitive Limitations & Behavior Problems	12/19	63%
		52/371	14%	2- Depressed/Suicidal	14/24	58%
		14/371	4%	6- Problems with Substance Abuse	7/12	58%
		35/371	9%	3- Severe Behavior Problems	10/21	48%
		34/371	9%	7- Very Anxious Youth	4/9	44%
		25/371	7%	5- Affected by Trauma	5/12	42%

National Outcome Measures (NOMs)

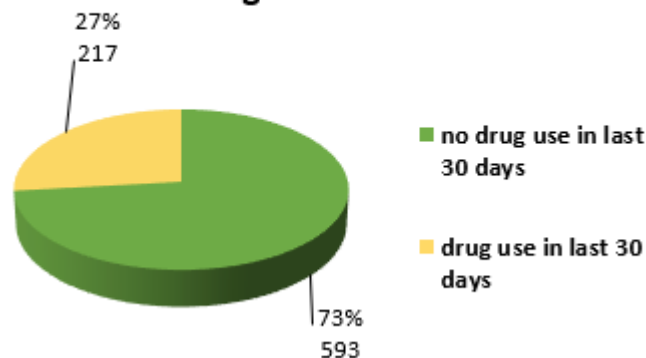
National Outcome Measures developed by Substance Abuse and Mental Health Services Administration (SAMHSA), in collaboration with the states, have identified domains as our National Outcome Measures, or NOMs. The domains embody meaningful, real life outcomes for people who are striving to attain and sustain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

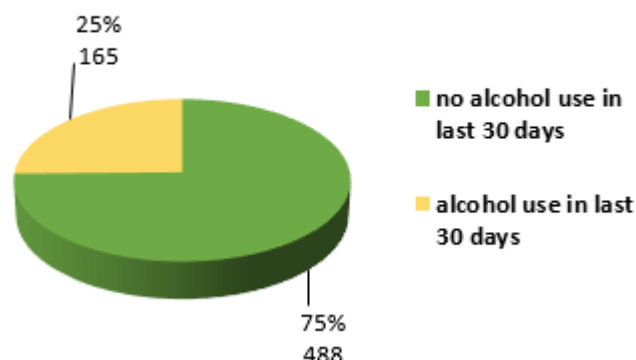
The NOMs domains focus on consumers achieving/sustaining employment or enrollment in school (Employment/Education), reduce arrests (Crime & Criminal Justice), increase stability in housing (Stability in Housing), abstinence or reduction from drug/alcohol use (Reduced Morbidity).

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, crime, housing, and drug/alcohol use.*

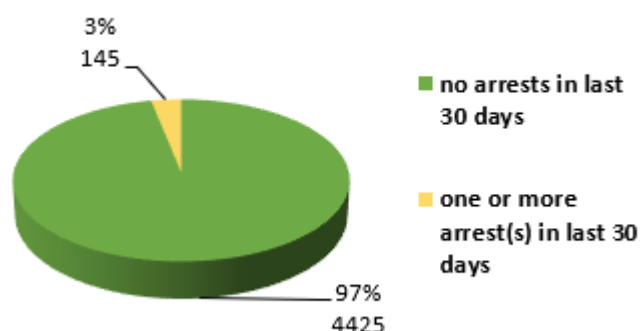
Drug Abstinence



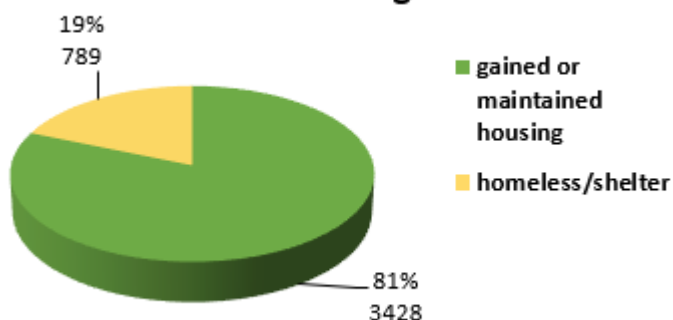
Alcohol Abstinence



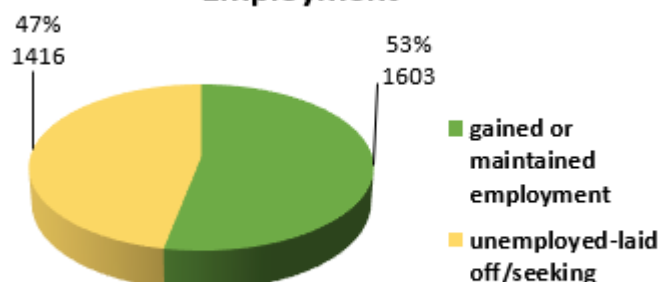
Criminal Justice



Stable Housing



Employment



*There is exclusion criteria for each of the National Outcomes Measures. For example, persons not in the labor force (i.e. disabled, retired, unemployed-not seeking, etc.) are excluded from the Employment NOM calculation.

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.

ACTUAL PERFORMANCE

Fiscal Year (FY)	Return to Provider	Recommended Provider	Target	Lower Threshold
FY 17-18	91%	91%	100%	85%
FY 16-17	91%	92%	100%	85%
FY 15-16	93%	93%	100%	85%
FY 14-15	91%	88%	100%	85%
FY 13-14	90%	90%	100%	85%
FY 12-13	93%	94%	100%	85%
FY 11-12	93%	94%	100%	85%

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%
2017 85.2%	2017 86.1%



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%
2017 70.4%	2017 69.9%



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%
2017 83.3%	2017 85.9%



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%
2017 79.8%	2017 82.3%

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

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

Strengths, areas for continued growth, and plans for improvement were outlined. Reassessments of providers in FY 16-17 identified Region-wide progress in all domains.

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 17-18, 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 ongoing consultation. Trauma funds also supported the annual Behavioral Threat Assessment Training (BETA), which is geared towards law enforcement with one training objective 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: 98 people trained; 21 agencies represented

EMDR: 30 people trained, 7 agencies represented

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
Blue Valley Behavioral Health	\$630	Reimbursement of interpretation services
CenterPointe	\$105	Reimbursement of interpretation services
LMEP-SCIP (School Community Intervention and Prevention)	\$1,500	Translation of parent materials into Arabic, Kurdish, Karen Vietnamese, Nuer, and Ukrainian.
LMEP – Stepping Stones for Families	\$1,500	Translation of brochure, consumer satisfactions survey, and intake forms
Lutheran Family Services	\$1,500	Provide CLAS training to LFS providers
Lutheran Family Services	\$4,025	Reimbursement of interpretation services
Mental Health Association of Nebraska	\$1,500	Implement a 9-week Wellness Recovery Action Plan session for people who are deaf or hard of hearing in the Region V area
TOTAL: \$10,760		

Opioid Crisis Grant

Region V partnered with Nebraska Department of Health & Human Services, Division of Behavioral Health in implementing the State Targeted Response to the Opioid Crisis Grant, a grant funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) and Center for Substance Abuse Prevention (CSAP). These funds aim to address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose-related deaths through the provision of prevention, treatment, and recovery activities for opioid use disorder (OUD) (including prescription opioids as well as illicit drugs such as heroin). In Region V, funds supported the following activities:

- Implementation of primary and secondary prevention using evidence-based methods defined by SAMHSA or CDC, proven to reduce the number of persons with OUDs and OUD-associated deaths.
- Expanded access to the clinically appropriate evidence-based practices (EBP) of medication-assisted treatment (MAT) for opioid disorders. Individuals received assistance with treatment and support of their path to recovery by providing funding for medication-assisted treatment through the use of the FDA-approved medication, buprenorphine.

For more information on the Prevention activities funded under the Opioid Crisis Grant, please see page 20.

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 Bluestem Health, formerly known as People's Health Center (PHC), utilizing vouchers for consumers to receive behavioral health services. Conversely, Bluestem prioritizes behavioral health screening and referral to treatment. In FY 17-18, 256 persons served received primary health care services through Region V Systems' voucher funding.

Medication Support

Medication support is a service enhancement and quality improvement component of services, attempting to favorably impact the clinical and economic outcomes for consumers. It provides:

- ancillary assistance in the delivery of medication management services in an outpatient behavioral health setting; and
- interim access to medications as other more sustainable means are secured for the persons served.

In FY 17-18, funding in the amount of \$55,261 was utilized for mental health services and \$42,761 for substance use disorder services to provide this ancillary service enhancement.

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 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. Five areas of System Coordination are provided: Prevention System Coordination, Housing Coordination, Consumer Coordination, Emergency System Coordination, and Youth System Coordination. 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 System Coordination

Region V's Prevention System Coordination is a collaborative partnership among community coalitions, service providers, the Youth Action Board, and various community stakeholders to address substance abuse priorities and mental health promotion. The federal **Strategic Prevention Framework Model** is used to drive strategies in each community, which include: assessment, capacity development, planning, implementation, and evaluation. Prevention System Coordination provides ongoing technical assistance and trainings for all coalitions and stakeholders in southeast Nebraska as well as with statewide partnerships. Data collected every two years among participating schools drives coalitions' annual strategic plans to achieve measurable outcomes. A listing of coalitions can be found on page 18.

Prevention System Coordination manages funding from five different sources, which are identified below, to accomplish its strategic plan goals.

Evidence-Based Practices (EBP)

Funding Source: SAMSHA Federal Block Grant



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

Region V Systems provides funding, technical assistance, and coordination to coalitions within Region V Systems' service area. **These local prevention coalitions** submit an annual strategic plan based on data-driven prevention needs within their respective counties. A total of 16 evidence-based strategies and programs are implemented by the coalitions. All 16 counties received SAMSHA Prevention Grant Funding.

Multi-county strategies used in all 16 counties include: **Communities Mobilizing for Change, Second Step, and Responsible Beverage Training**. On the following page is a directory of the county coalitions in Region V, listing the additional Evidence Based Strategies utilized by each.

Alcohol inspections are a strategy within Communities Mobilizing for Change to conduct compliance checks on area retailers to ensure compliance with state liquor laws. Law enforcement partners with underage youth, trained by law enforcement, in conducting these checks throughout the Region. The goal of compliance checks is to reduce rates of sales to youth, increase awareness of liquor laws, support the business community with education and fair warnings of upcoming checks, and improve case outcomes for non-compliant businesses. **A 95% compliance rate is the regional target.**

2017-2018 Multi-County Alcohol Inspections (Compliance Checks)	
Number of Inspections	426
Number Passed	384
Percent of Inspections that Passed	90%

PROMOTING COMPREHENSIVE PARTNERSHIPS IN BEHAVIORAL HEALTH THROUGH REGIONAL PREVENTION COORDINATION

Multi-county strategies utilized by all coalitions are:

- Communities Mobilizing for Change
- Compliance Checks
- Second Step
- TalkAboutAlcohol.org website

Directory and listing of Evidence Based Practices (EBP) utilized by each county coalition

Butler County Believes in Youth Coalition

2850 County Road L
Weston, NE 68070
Sam Stecher
bbyccordinator@gmail.com
402-545-2081
EBP: D.A.R.E., Mentoring

Jefferson County Prevention Coalition

Public Health Solutions
995 Hwy 33, Ste 1
Crete, NE 68651
Jill Kuzelka
jkuzelka@phsneb.org
402-826-3880
EBP: Circle of Security, Mentoring

Saline County (CURB) Prevention Coalition

421 W. Ash Street
Wilber, NE 68465
Tim McDermott
nebraskatim@gmail.com
402-323-8868

Southeast District Prevention Partnerships (Johnson, Nemaha, Otoe, Pawnee, and Richardson counties)

2511 Schneider Avenue
Auburn, NE 68305
Amanda Drier
grant@sedhd.org
402-274-3993
EBP: Alcohol Wise, Circle of Security, D.A.R.E., Unique YOU

Fillmore County Coalition

Public Health Solutions
995 Hwy 33, Ste 1
Crete, NE 68651
Jill Kuzelka
jkuzelka@phsneb.org
402-826-3880
EBP: Circle of Security

Lancaster Prevention Coalition

1645 N Street
Lincoln, NE 68508
Teri Effle
lancasterprevention@gmail.com
402-441-4367
EBP: 3rd Millennium, ALL Stars, Creating Lasting Family Connections, Love and Logic, WRAP

Saunders County Prevention Coalition

387 N. Chestnut Street, Suite 1
Wahoo, NE 68066
Amber Pelan
APelan@co.saunders.ne.us
402-443-8107
EBP: ALL Stars, D.A.R.E., Mentoring, WRAP

Thayer County Healthy Communities Coalition

PO Box 91
Hebron, NE 68370
Phone: 402-441-4346
Jill Kuzelka
jkuzelka@phsneb.org
402-826-3880
EBP: Stay on Track

Gage County MAPS Coalition

320 N. 5th Street
Beatrice, NE 68310
Christina Lyons
cl Lyons@bpsnebr.org
402-806-7783
EBP: Mentoring, Prescription Drug Take Back

Polk County Substance Abuse Coalition

330 N State Street, PO Box 316
Osceola, NE 68651
Darla Winslow
darlawins@yahoo.com
402-747-2211
EBP: Mentoring

Seward County Prevention Coalition

616 Bradford Street
Seward, NE 68434
Megan Kahler
Megan@CultivateSewardCounty.com
402-643-4189
EBP: BIST, D.A.R.E., Mentoring

York County Prevention Network

1417 Kennedy Drive
York, NE 68467
Irene Duncan
iduncan@neb.rr.com
402-362-5165
EBP: Mentoring

The Regional Prevention Coordination also provides support to the Southeast Nebraska **Native American Coalition (SENNAC)**, whose purpose is to fund behavioral health and cultural priorities among First Nation populations in southeast Nebraska and the **Culturally and Linguistically Appropriate Services (CLAS) Coalition**, whose focus is addressing culturally and linguistically specific issues in behavioral health. Please see page 15 for more information on CLAS activities.

Prevention Mini-grants

Funding Source: SAMSHA Federal Block Grant

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 17-18, \$20,690 in funding was granted for various prevention activities within Region V Systems’ service area.**

Agency	Award	Purpose
Bruning-Davenport USD Thayer County Healthy Communities	\$500	Youth leadership summit
Deshler Public Schools – Thayer County Healthy Communities	\$1,200	Youth Leadership summit
Four Corners Health Department	\$2,541	WRAP training
Gage County MAPS Community Coalition	\$506	Reaching Teens training materials
Lincoln Medical Education Partnership (SCIP)	\$2,900	3rd Millennium online course for alcohol/marijuana
Saunders County Youth Services / Prevention Coalition	\$2,774	Wellness Recovery Action plan training; presentation for brain and spinal cord injury
Seward High School	\$2,750	Pride and social media parent presentation
Southeast Nebraska CASA	\$500	Youth activity book
Southeast Nebraska Community Action Partnership, Inc. (SENCA)	\$1,000	CASA training
Southeast Nebraska Youth Empowerment council	\$1,240	Youth training
Thayer Central Community Schools – Thayer County Healthy	\$600	Speaker fee
York County Drug Task Force	\$3,000	Community education on alcohol and drugs
Yutan Public Schools	\$1,179	Second Step curriculum
TOTAL: \$20,690		

Youth Action Board

Funding Source: SAMSHA Federal Block Grant



100%
of all counties in
Region V had youth
representation on our
Youth Action Board

Regional Prevention Coordination (RPC) works with a Youth Action Board (YAB), comprised of youth leaders who represent their respective local prevention coalitions. The YAB, in partnership with RPC, facilitates two annual regional youth events,

Red/White Tailgate and June Jam. Both events promote substance abuse prevention among underage youth in grades 7-12. In FY 17-18, over 700 youth and adult sponsors participated at the Red/White Tailgate, and 235 youth and adults at the June Jam event.

The YAB has also initiated, and is promoting, a social movement campaign, “I am One of Many.” The campaign encourages youth to be part of a larger group of youth that choose to abstain from alcohol and drugs, bullying, negative behaviors, and taking unhealthy risks. YAB promotes the movement regionally, with efforts to spread the message statewide.



YOUTH ACTION BOARD

Lancaster Partnership for Success

Funding Source: SAMSHA Partnership for Success Grant

This five-year grant supported strategies in Lancaster County in addressing parent/youth communication specific to alcohol and substance abuse, including a user-friendly website (talkaboutalcohol.org), and evidence-based programming, including Communities Mobilizing for Change, Creating Lasting Family Connections, and the placement of Second Step, a social-emotional learning curriculum, in all elementary and middle schools throughout Lincoln Public Schools.

Mental Health First Aid (MHFA)

Funding Source: Mental Health First Aid Grant



26 Trainings

426 Participants

Region V has a team of certified trainers to conduct evidence-based MHFA training. MHFA is a public education program that helps the public to identify, understand, and respond to individuals showing signs of mental illness or substance use disorder. MHFA is an 8-hour interactive course where participants learn information on mental illness and addiction, risk factors, and warning signs for mental health and addiction concerns, strategies for how to help someone in both crisis and non-crisis situations, and how to connect an individual with help and support. There are two courses, Adult and Youth Mental Health First Aid. **99% of people completing the MHFA course would recommend the course to others.**

Suicide Prevention

Funding Source: Garrett Lee Smith Suicide Prevention Grant

Region V has been actively involved in suicide prevention efforts for the last four years. Nebraska is 37th in the nation for suicide rates in adults but in the top ten for youth suicide rates. Primary efforts are identified below:

- **Question, Persuade and Refer (QPR)** trainings are designed to reduce suicidal behavioral and save lives by providing innovative, practical, and proven strategies to assist someone in crisis. Within the last four years, over **8,500 individuals** throughout Region V have received this life-saving training.
- **Local Outreach to Suicide Survivors (LOSS) Teams** are based on a nationally-recognized postvention effort to bring immediate support to survivors of suicide. The team consists of survivor volunteers (persons who have experienced the suicide of a loved one) and trained mental health professionals activated by first response officials to the scene of a suicide to offer resources, support, and hope. Research has shown this intervention increases survivors' likelihood of seeking help and reduces the risk to attempt or complete suicide themselves. Lancaster County has a team in place, and two teams are being developed, one in Gage and Jefferson counties and one in Seward, York, Polk, and Butler in partnership with the Four Corners Health District.
- **Hope Squads** are a school-based peer-to-peer suicide prevention program. Students are selected by their peers and trained to recognize warning signs in depressed or suicidal peers and empowered to seek help and save a life. Middle and high schools in McCool Junction, Beatrice, Osceola, and York (K-12) were all trained in this model this year as well as trainings provided to Lincoln High, Southeast Community College, and Seward St. Johns Lutheran (elementary).

Opioid Prevention

Funding Source: SAMSHA State Targeted Response to Opioid Crisis Grant

One objective of the opioid crisis grant is implementation of primary and secondary prevention, using evidence-based methods. Some of the accomplishments in prevention in year one of the grant are as follows:

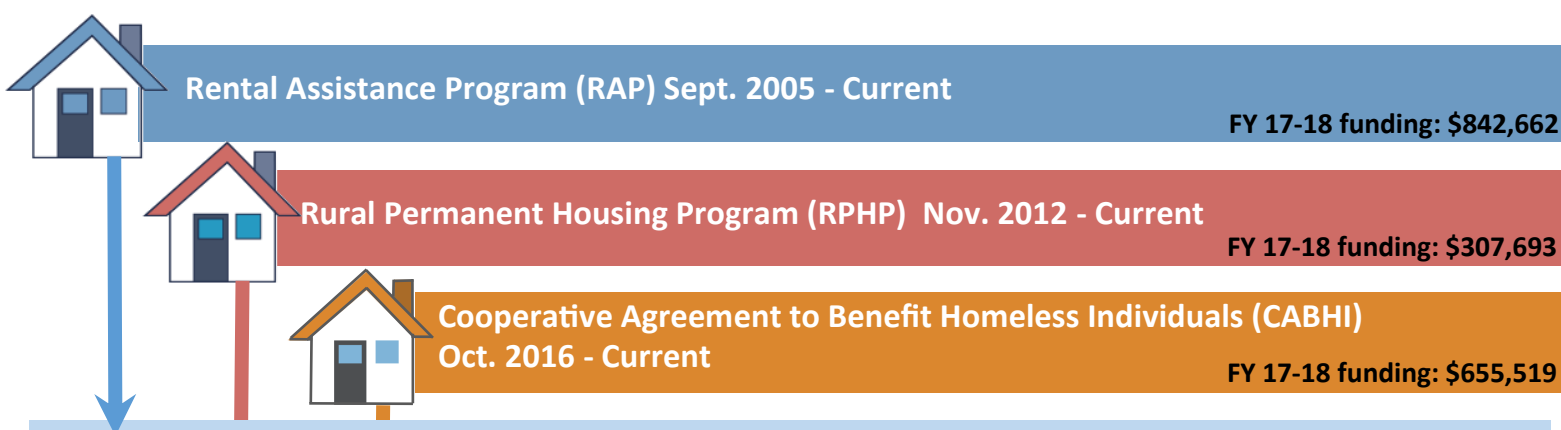
- Efforts supported **workforce development**; Southeast Nebraska Health District assisted with capacity development and engaging law enforcement and hospitals.
- The **Dose of Reality** media campaign was disseminated through movie trailers, radio spots, and posters strategically placed in doctors' offices, churches, and schools.
- **MedSafes** are a disposal system for unused and expired medications and meet the requirement of the DEA Controlled Substances Act. These receptacles were installed in rural hospitals in Richardson, Johnson, and Nemaha counties and the sheriff's department in Pawnee County.
- **Prescription drug monitoring guidelines** information was disseminated throughout the Region.

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.

Region V Systems is an active member of both the Balance of State Continuum of Care (CoC) and the Lincoln CoC, also known as the Lincoln Homeless Coalition. The CoCs provide a strategic, focused approach to reducing and ending homelessness in Nebraska. Region V housing programs have contributed to the CoCs' collaborative efforts to address homelessness in Lincoln and the Balance of State through leadership in planning initiatives and participation in the Coordinated Entry System. The CoCs' efforts have led to an effective end to veterans' homelessness in the Balance of State and a significant decrease in the annual Point-In-Time count of homelessness in Lincoln.

Housing Programs



RAP, through funding from DHHS, provides **safe, secure, affordable housing – together with support services – so that consumers can begin to work toward recovery**. 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 who are at risk of an inpatient commitment.

Region V Systems receives funding from Housing and Urban Development (HUD) to provide permanent supportive housing to **homeless consumers with disabilities** in Region V Systems' geographical area of **16 counties** in southeast Nebraska as well as the counties of Adams, Clay, Nuckolls, and Webster.

RPHP receives referrals for assistance through the Nebraska Balance of State Coordinated Entry System called the **Most Vulnerable Review Team (MVRT)**. RPHP provides **permanent supportive housing to single adults and families identified as the most vulnerable**, while adhering to a "housing first" philosophy which **offers consumer choice** in receiving services and immediate housing.

In 2016, a three-year, \$1.9 million grant from the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) was awarded to a collaboration of Lincoln agencies and University of Nebraska centers, led by Region V Systems. **The goal of the project is to end chronic homelessness in Lincoln, Nebraska.** Region V Systems, CenterPointe, and the Mental Health Association team up to provide housing, behavioral health treatment, and peer and employment **supports to persons experiencing chronic homelessness and serious behavioral health disorders**. The program **assists individuals in maximizing stability** through peer supports, employment, and treatment.

Project Homeless Connect



**PROJECT
HOMELESS
CONNECT**

Project Homeless Connect Lincoln is an annual one-day, one-stop event for people experiencing homelessness or who are at risk. Guests attending the event are able to receive a wide variety of immediate, on-site services and support for unmet needs.

Medical, dental, and behavioral health professionals provide essential care while other organizations assist with needs such as social services applications, education/ employment, legal issues, and basic needs. Staff from Region V Systems' Housing Department provide planning leadership for the event, recruiting service providers, coordinating event details, and overseeing outreach efforts to consumers. Other Region V employees volunteer at the event and provide information about agency programs. In FY 17-18, 377 guests attended the event.

In FY 17-18....

341 mental health and substance use households received RAP benefits



61 people were provided housing in the 20-county area



CABHI



56 people were provided CABHI benefits from October 2016 through September 2017, which included: housing, peer support, case management, supported employment and benefit analysis



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 17-18, Consumer Specialist efforts focused on planning and implementing specialized WRAP classes, providing weekly peer services at the Mental Health Crisis Center, teaching Live Well classes, and providing monthly technical assistance to peer support providers in Region V. The Consumer Specialist is active in the community serving on the State Joint Advisory Board, the board of the Mental Health Association, and the People's Council through the Office of Consumer Affairs.

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
Children's Mental Health Awareness Event	\$2,000
Depression Workshops	\$3,098
Family Education Group	\$1,035
International Association of Peer Supporters Conference Registration	\$6,464
Pathways to Recovery at the VA Hospital	\$630
Peer to Peer Support Group	\$1,900
Region V Consumer Conference	\$5,230
SRO Transitional Living Program (MHA)	\$3,050

Grantee	Amount
Take Flight Peer Equine Group	\$1,004
Transportation for Re-entry Programs	\$1,000
Treatment Coins	\$1,000
Wellness Engagement Training	\$855
WRAP Advanced Facilitator Training	\$3,125
WRAP Convergence	\$3,315
WRAP Groups (VA, The Orchard, LFS, CenterPointe)	\$6,788
Yoga at MidPointe	\$1,192
Total: \$41,686	

Emergency System Coordination

Emergency System Coordination is designed to meet the needs of individuals experiencing a behavioral health crisis. To ensure the safety of consumers and the public, efforts are focused on organizing and coordinating law enforcement, hospitals, behavioral health professionals, Mental Health Boards, Mental Health Crisis Center, county attorneys, and other key stakeholders to provide a crisis response system.

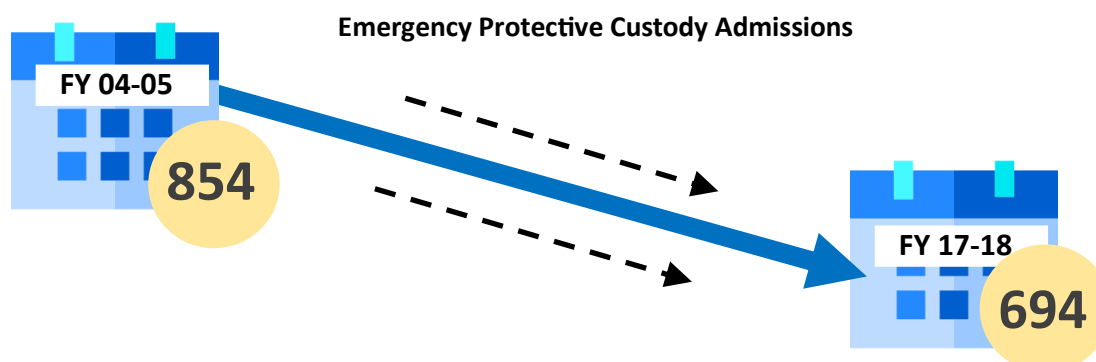
Emergency Protective Custody is a legal term and is often the “front door” to the emergency system for adults experiencing a behavioral health crisis. A law enforcement officer who has probable cause that a person may be **mentally ill** and **dangerous** may take the person into custody and have the person admitted to a medical treatment facility (Lancaster County Mental Health Crisis Center or community hospital) under an Emergency Protective Custody hold. A mental health professional will evaluate the person within 36 hours after admission. The person may be discharged with referral, outpatient committed to behavioral health services in the community, or inpatient committed to an acute inpatient setting in a community hospital or the Regional Center.

Mobile Crisis Response Teams—An EPC Diversion Opportunity



In 2005, Region V implemented Mobile Crisis Response Teams for adults in an effort to provide licensed clinical support to law enforcement on behavioral health calls. The desired outcome of the Crisis Response Teams is diversion of adults experiencing a behavioral health crisis from being involuntarily placed under an Emergency Protective Custody hold when other crisis interventions can meet their needs. When activated by law enforcement, licensed clinicians go on scene to provide behavioral health assessment and safety planning services to persons experiencing a behavioral health crisis. Follow-up behavioral health services are also available. **In FY 17-18, 270 adult calls were responded to by the rural Mobile Crisis Response Team (TASC), a 20% increase from FY 16-17. Of those 270 calls, 91% were diverted from an EPC.** Crisis Response Teams are effective. They promote consumer voice and choice through voluntary treatment and reduce the pressure on the emergency system by reducing EPCs.

The data graph below demonstrates the impact of the Crisis Response Teams on EPC admissions since implementation.



Behavioral Health Threat Assessment Training (BETA)

Another effort of Region V Systems is to educate members of law enforcement and other partners about best practices in serving persons in the emergency system. The 4-day, 32-hour BETA curriculum is designed to assist Nebraska law enforcement officers in obtaining better outcomes when interacting with persons experiencing a behavioral health crisis, improve the safety of the community by increasing officer skills and abilities in identifying signs and symptoms of mental illness, and being knowledgeable and aware of threat assessment and management techniques. In FY 17-18, in efforts to accommodate and reach our rural partners, Region V developed a one-day mini-BETA training and offered two sessions, one in Beatrice and one in Auburn. Thirty-six officers were trained in these mini-BETA sessions. **In the last 9 years, 559 members of law enforcement and partners of law enforcement have been BETA trained.** Law enforcement from Lincoln Police Department, Lincoln Sheriff's Office, UNL Police, FBI, US Marshall, Nebraska State Patrol, and various rural county police departments and sheriff offices have been benefited from the training.

1

Increase skills and abilities to identify signs and symptoms of mental illness

2

Learn basic threat assessment skills

3

Increase sensitivity to trauma

4

Learn effective communication techniques

5

Increase awareness of state and local mental health resources

Children and Family Services' primary responsibility is the oversight of Youth System Coordination functions in the Region V geographical area and the administration of the Family & Youth Investment (FYI) Program.

Youth System Coordination



Youth System Coordination is a collaborative partnership with providers, family advocacy organizations, and other youth-serving agencies, including the Division of Children and Family Services and the Administrative Office of Probation, in planning for and development of the System of Care infrastructure to meet the needs of youth/young adults experiencing behavioral health disorders and their families.

Activities include:

- A monthly **Children's Level of Care Team** with other youth serving agencies to improve coordination and collaboration.
- A monthly **Transition Age Youth Review Team** for young adults, ages 18-24, with a mental health diagnosis, to assist in transition planning as they move from the youth System of Care to adult services.
- **Partnership with the Crisis Center** through weekly participation in its case staffing to review age-appropriate cases that could benefit from Transition Age Professional Partner (TAPP) services; Mental Health Board commitments are given priority admission to this program.
- **Rental Assistance Program partnership to provide housing to eligible young adults** through a limited number of targeted housing vouchers.
- Active participation on the state statute-driven **1184 Treatment and Non-Court Review Teams** in each county to staff, coordinate, develop, and monitor treatment plans of youth victims of child abuse and neglect.

Youth System Coordination has played a key role in the implementation of the **Nebraska System of Care Expansion Grant**, awarded by the Substance Abuse Services and Mental Health Services Administration (SAMHSA). The grant is in the second of its four-year award term. System of Care is a framework for designing mental health services and supports for children and youth who have a serious emotional disturbance, and their families, through a collaboration across and involving public and private agencies, families, and youth.

In Region V, youth crisis services include a Crisis Call Line and Crisis Walk-in Center, managed by CenterPointe. The System of Care grant has allowed for the strengthening of the crisis response continuum for youth and their families across Nebraska including:

- Implementation of **Youth Mobile Crisis Response (Y-MCR)**. Y-MCR is provided by CenterPointe in the city of Lincoln and Blue Valley Behavioral Health through its Targeted Adult Service Coordination (TASC) in the rural counties of Region V, including rural Lancaster County.



The goals of Y-MCR are to:

- Identify the nature of the issues causing the crisis and the danger or risk posed to the child or someone else.
- Prevent the need for out-of-home placement of the child in a psychiatric inpatient unit, residential treatment center, or detention facility.
- Initiate a crisis response and crisis plan in the child's home to stabilize the child and help reduce the incidence of a future crisis.
- Link the child and family to other community mental health services or other supports, as needed.
- Provide short-term peer advocacy/crisis stabilization and case management follow-up that focuses on reducing the need for other formal services.

Y-MCR is activated by law enforcement and provides law enforcement timely access to clinical consultation and support on juvenile mental health calls. **90% of the time the clinician comes on scene and meets in person with the youth and family to provide crisis support and intervention.** Consultation can also be provided via telephone or telehealth. Since implementation, **Y-MCR has been deployed 164 times, serving 149 youth and families.**

- Development of two **System of Care workgroups** that represent the urban and rural areas in Region V. The Urban Workgroup consists of broad representation of stakeholders from the city of Lincoln. The Rural Workgroup has representation from each county in Region V. The focus of each group has been to increase knowledge of System of Care principles and practices, identify service needs and gaps within the children's System of Care in their respective areas, and to identify potential responses to gaps and needs through existing resources and/or working to develop services and supports.

Family & Youth Investment



The Professional Partner Program, known as **Family & Youth Investment (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 17-18, FYI administered six program tracks, with the Children and Family Services track being discontinued in October 2017 due to Nebraska Department of Health and Human Services funding cuts. Families must meet financial and diagnostic eligibility requirements to access Professional Partner support at no cost (does not include Child and Family Services and Juvenile Justice Tracks). For families not meeting program eligibility criteria, paying a monthly rate for participation is an option. Following are descriptions of the six FYI program tracks.

Children and 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.

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.

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.

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.**

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.

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.

TRACK	AVERAGE LENGTH OF STAY	NUMBER OF YOUTH SERVED
Children and Family Service	5.6 months	59
Juvenile Justice Wraparound Support	5.2 months	30
Traditional	13.9 months	101

TRACK	AVERAGE LENGTH OF STAY	NUMBER OF YOUTH SERVED
Crisis Response	3.7 months	35
Prevention Professional Partner	5.3 months	66
Transition-Age Professional Partner	15.3 months	63



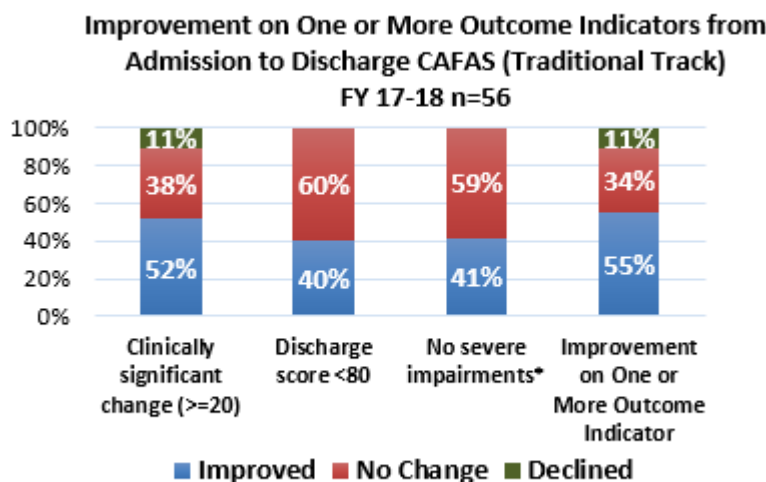
Child and Adolescent Functioning Scale (CAFAS)

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 exists for youth.

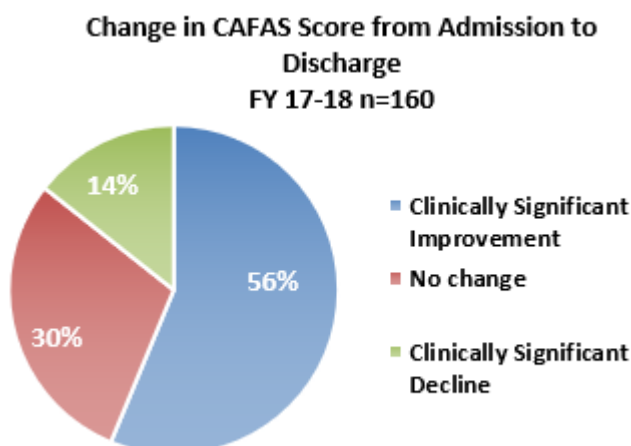
Region V Systems identifies three possible outcomes for youth:

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?

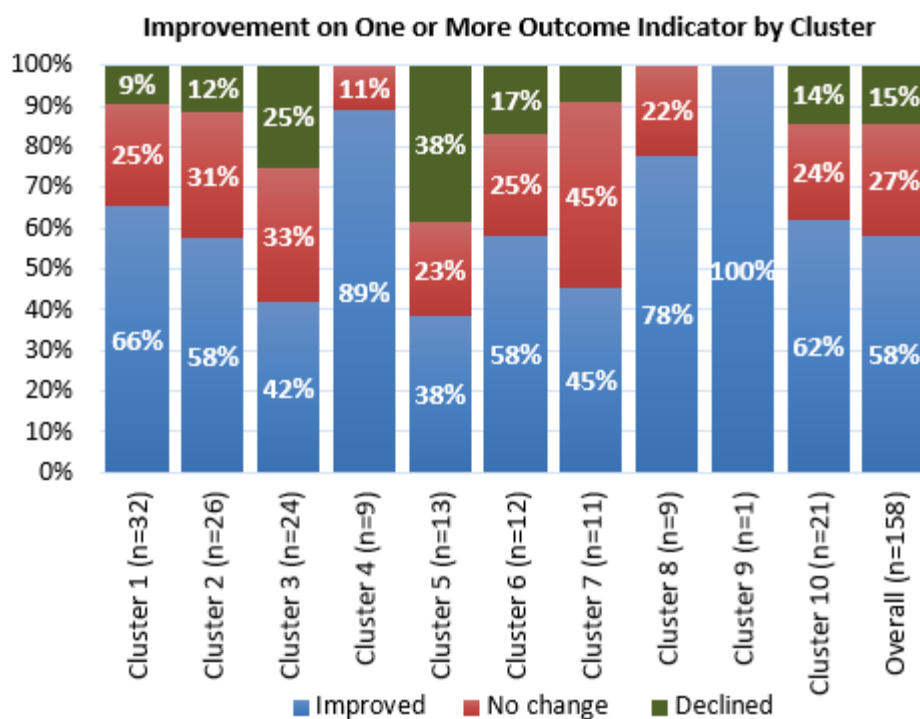
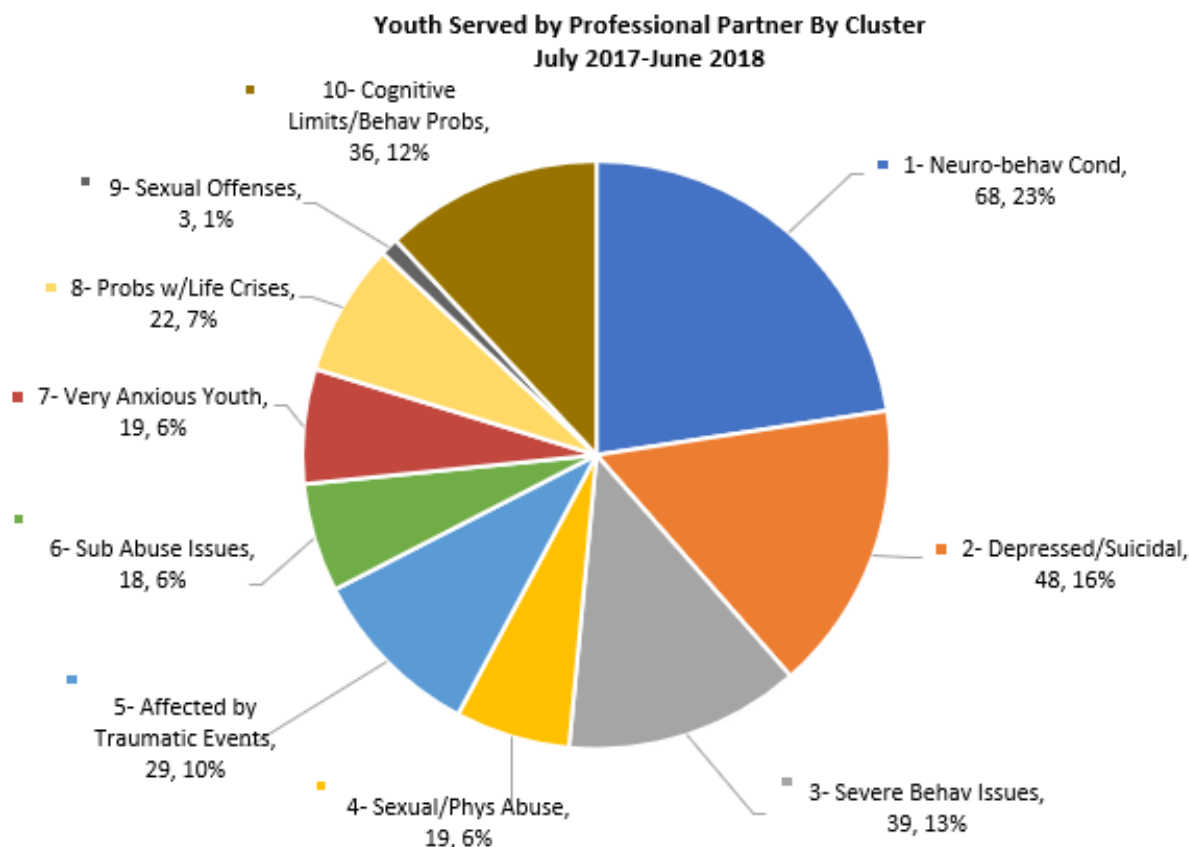
The graph below illustrates the number and percentage of youth achieving outcomes as a result of the FYI Program.



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

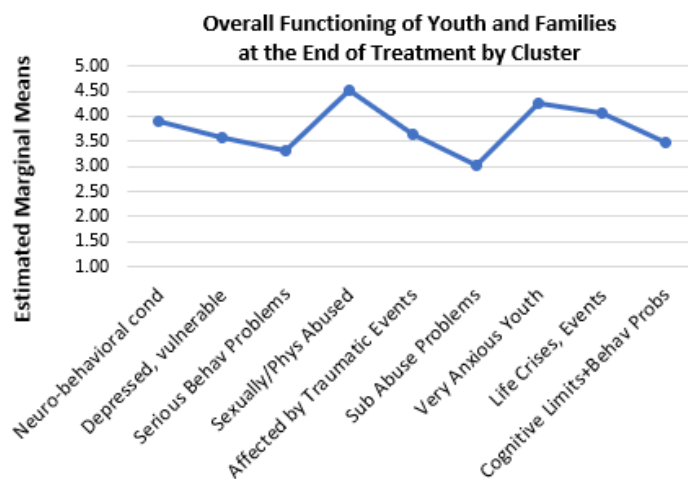
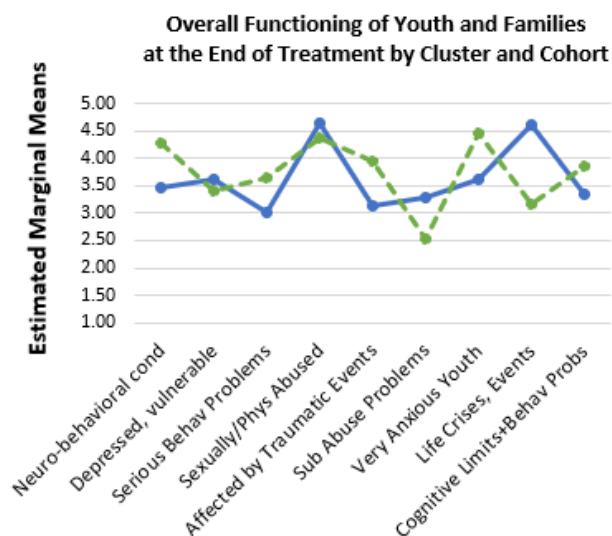


Cluster-Based Planning (CBP) is an emerging best practice that identifies subgroups (clusters) of individuals, who share common bio-psychosocial histories, problems, strengths, and life situations. For more information on CBP, see page 11 of this report. The charts below identify the percentage of youth and their respective cluster membership along with their progress towards recovery.



Cluster-Based Planning Level of Care Development

The Family & Youth Investment Program (FYI) completed its first year of implementation for the **Cluster-based Planning Professional Partner Level of Care System (PPLOC System)** pilot. The system is designed to assist Professional Partners to identify stages of change and to provide stage match interventions. The system provides guidance and direction that identifies targeted goals, services, and supports (mini-job description for each youth cluster). The FYI Program staff worked closely with Synthesis, Inc. and Region V Systems' CQI Department to collect and analyze data to ensure there is no unintended system drift and to evaluate the overall effectiveness of the system.

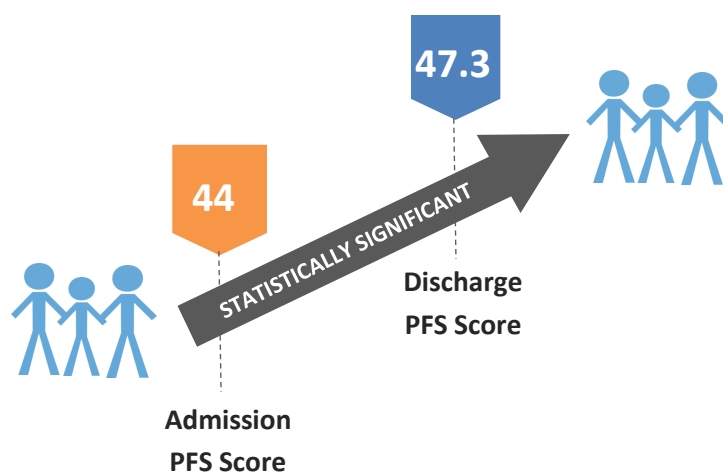


Statistical analyses showed a trend between the Clusters in terms of the overall level of performance on outcomes at discharge. So while across clusters, youth scored at about 3.66 on the 5-point scale at discharge, members of some clusters appeared to be doing much better (e.g., Sexual Abuse, Very Anxious Youth, Life Crises/Events) and some only moderately well (e.g., Serious Behavior Problems, Substance Abuse Problems). Note: the sample size makes these results preliminary.

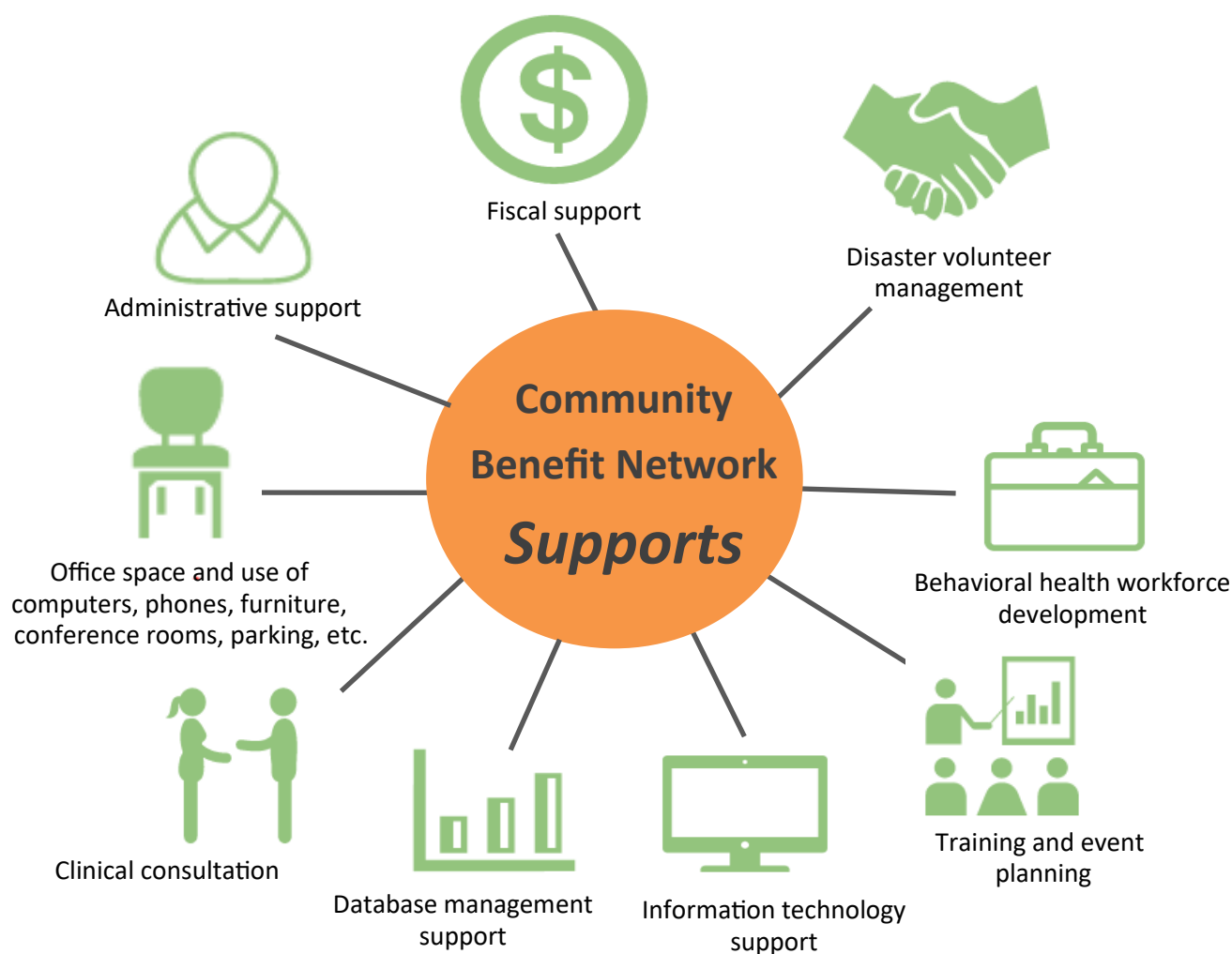
Protective Factors Survey for Children and Family Services Track

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 133 families leaving FYI services with an improved total protective factors score of 3.6 points, which is statistically significant.



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 17-18, 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 17-18, Region V Systems provided support to:

- Behavioral Health Education Center of Nebraska
- Cause Collective
- Families Inspiring Families
- Four Corners Public Health Solutions
- Lancaster Prevention Coalition
- Mental Health Association of Nebraska
- National Association of Case Management
- Southeast District Health Department

National Association of Case Management

Region V Systems provides technical assistance to the National Association of Case Management. Members of the National Association of Case Management 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 with fiscal management, facilitates board meetings and sub-committee meetings, manages the daily work of the association, and coordinates the planning for the Annual Case Management 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 17-18, over 470 positions were posted, and the number of website users topped 9,400.

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.

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
Family Service Association	\$1,000	Provide therapy services for dealing with life stressors within school setting.
LMEP—Stepping Stones for Families	\$1,013	Assist clients with barriers to receiving treatment, etc. via assistance with bus passes to attend treatment, appointments and job opportunities. Provide assistance via emergency fund for rent, utilities, etc. Provide Self-Care Kits.
Lutheran Family Services	\$1,000	Laptops and/or tablets for pilot project using virtual interpretation for Limited English Proficiency.
Mental Health Association and Lancaster Prevention Coalition	\$1,000	Utilize funds to assist Moms WRAP Group including WRAP Books, trained facilitators, flyers and supplies.
Mental Health Association of Nebraska	\$1,000	Materials, supplies, and training costs for a 9-week WRAP session for people who are deaf or hard of hearing.
Nebraska Commission for the Deaf and Hard of Hearing	\$1,000	Collaborate with MHA to provide a two-day WRAP training for Deaf and Hard of Hearing people in an effort to educate about WRAP Program. Funds needed for interpreters and CART.
SE Nebraska Community Action Partnership	\$1,000	Promotion and recruitment of volunteers for the CASA program in Nemaha County.
TOTAL:		\$7,013

C.J. Johnson, Regional Administrator

Children and Family Services

Renee Dozier, Director of Children and Family Services

Robin Austen Professional Partner	Donita Baxter Professional Partner	Andrew Brown Professional Partner	Dani DeVries System of Care Coordinator
Kelly DuBray Professional Partner	Annie Glenn Professional Partner Supervisor	Eden Houska Professional Partner	Munira Husovic Professional Partner
Elizabeth Kester Professional Partner	Laila Khoudeida Professional Partner	Kayla Leintz Professional Partner	Katiana MacNaughton Professional Partner
Malcom Miles Professional Partner Supervisor	Lisa Moser Professional Partner	LaShawnda Nimox Professional Partner	Shelly Noerrlinger Professional Partner
Jaime Stephenson Skill Builder	Cherie Teague 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

Jill Davis-Haussler Fiscal Associate	Tami DeShon Assistant Fiscal Director	Pat Franks Fiscal Associate	Linda Pope Fiscal Specialist
Sarah Thompson-Krug Fiscal Associate			

Network Management

Lee Heflebower, Director of Housing and Supported Living
Kristin Nelson, Director of Emergency Services


Sandy Morrissey, Prevention Director
Amanda Tyerman-Harper, Director of Network Services

Rob Conway Housing Outreach Specialist	Teri Effle Prevention Specialist	Theresa Henning Regional Administrative Aide	Phyllis McCaul Regional Consumer Specialist
Marti Rabe Network Specialist	Robin Schmid CABHI Housing Assistant	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 Technology Systems Manager	Susan Lybarger Administrative Assistant	Gretchen Mills Administrative Assistant	Andy Petrzilka IT Associate



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