



REGION **V** SYSTEMS

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# FY 18-19 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, Department of Health and Human Services, 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 February 10, 2020

## Dear Colleagues,

We would like to sincerely thank the Regional Governing Board members, the Behavioral Health Advisory Committee members, our 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.” FY 18-19 was an active legislative year with several bills being considered that impacted behavioral health as well as the introduction of funding to begin to realize the cost model study regarding service rates. The unexpected weather events that led to the widespread flooding added to the activities going on in the area of behavioral health in many parts of the state.

Here are a few highlights from FY 18-19:

**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.

**Nebraska System of Care:** As part of the third year of our System of Care Federal grant, strategic planning took place with the area Educational Service Units (ESUs). This planning led to the hiring of a clinician to be employed through a cooperative agreement between ESU 4 (covering Johnson, Nemaha, Pawnee, and Richardson counties) and ESU 6 (covering Butler, Polk, Seward, and York counties). This clinician provides expertise through therapeutic consultation to students, ages 5 through 21, identified by staff and/or family/caregiver, who have a need for behavioral health services.

**State Opioid Response:** This opioid response grant was an extension of the previous State Targeted Response grant and allowed continued prevention and treatment activities. Prevention efforts focused on education and medication disposal. Medication Assisted Treatment, utilizing Buprenorphine, continued throughout the fiscal year for those with an opioid addiction. Narcan was available to treatment providers, law enforcement, and other groups to address incidents of overdose.

**Electronic Billing System:** The Regions and the Division of Behavioral Health met throughout the year to create more efficiencies in the Electronic Billing System (EBS) that was in its second year of implementation. Although it has been a challenge, the information that is available, in conjunction with the Centralized Data System, has enhanced the ability to make informed decisions as the annual Regional Budget Plan was developed.

**NebraskaBehavioralHealthJobs.com:** Since its inception, the website has had over 248,000 page views. Region V’s collaboration with the Behavioral Health Education Center of Nebraska (BHECN) continued to explore how to make this free job posting website for behavioral health employers an ongoing useful tool. These efforts led to a 55% increase in the number of jobs posted, as compared to the previous fiscal year.

**Host Homes Housing Grant:** Region V Systems was awarded funding to implement Host Homes in the rural counties. The grant will allow Region V to partner with Host Home Providers (HHPs) to provide housing and other support to young adults ages 18-24 who are experiencing homelessness. Depending on individual abilities, HHPs will assist with personal care, meal planning and preparation, medical appointments, community activities, safety skills, shopping and more.

**System of Care Continuous Quality Improvement:** With the availability of our regional electronic health record software system, called Compass, our Regional Quality Improvement Team (RQIT) has been able to establish network accountability for continuous quality improvement by using data to plan, identify, analyze, implement, and report ongoing improvements and to celebrate progress, change, and success. Each Network Provider is represented on the RQIT Team and, as a collective group, oversees data participation, reporting, quality, and analysis, and provides recommendations or reports to Region V and Network Providers.

**Prevention Coordination:** Every year, the Regional Prevention Department, along with the Youth Action Board, hosts the annual June Jam at Southeast Community College (Milford). With almost 200 youth involved this year, participants were able to learn leadership skills and gain a better understanding of their emotional intelligence.

**Nebraska Strong Recovery Project:** Region V was part of the FEMA Individual Service Program, which provided support to those impacted by the spring flooding. The outreach workers provided information and supported behavioral health referrals when needed. Through the FEMA Regular Service Program, Region V continues to support individuals throughout FY 19-20.

**Veterans Homelessness:** In October 2018, the City of Lincoln announced that it had received federal designation of effectively Ending Veterans Homelessness. The development of a citywide Coordinated Entry System to allocate housing resources was credited with much of the success in reaching the federal milestone. Region V Systems' Housing Department was actively involved in Coordinated Entry since its inception, meeting weekly with community partners to review their needs and personal preferences, including options through Region V's CABHI (Cooperative Agreement to Benefit Homeless Individuals) Program and Rural Permanent Housing Program. The rural Nebraska Continuum of Care, also served by the Rural Permanent Housing Program, reached the goal of Ending Veterans Homelessness in May 2017.

Thank you again to 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,



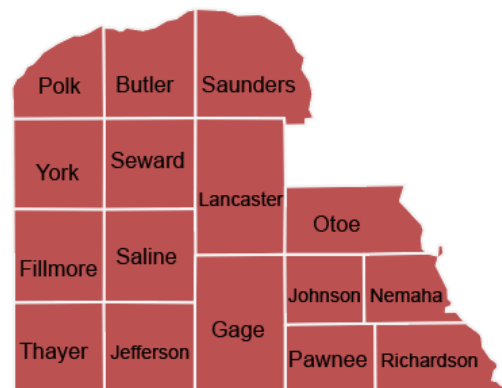
Dennis Byars                      C.J. Johnson  
Regional Governing Board Chair   Regional Administrator

## Our Mission

*The mission of Region V Systems is to encourage and support the provision of a full range of mental health and substance use disorder 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.*

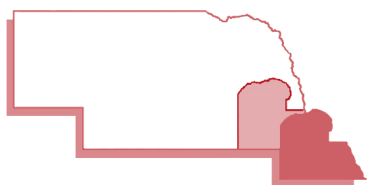
As one of Nebraska's six behavioral health regions, Region V Systems was originally created by state statute in 1974 as a quasi-governmental entity with the responsibility of coordinating and overseeing the delivery of publicly funded mental health services for the 16 counties making up the Region V geographical area. Two years later, the Legislature added responsibility to each of the six regions for the development and coordination of substance use disorder 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](http://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 (Vice Chair, BHAC Rep)*	Pawnee County .....	Jan Lang
Fillmore County .....	Kenny Harre	Polk County .....	Jerry Westring
Gage County .....	Dennis Byars (Chair)*	Richardson County .....	John Caverzagie
Jefferson County .....	Gale Pohlmann	Saline County .....	Janet Henning
Johnson County .....	Jim Erickson	Saunders County .....	Doris Karloff (Treasurer)*
Lancaster County .....	Christa Yoakum (Secretary)*	Seward County .....	Ken Schmieding
Nemaha County .....	Larry Holtzman	Thayer County .....	Dean Krueger
Otoe County .....	Dean Speth	York County .....	Bill Barnesberger

\* Executive Committee members



## Behavioral Health Advisory Committee (BHAC)

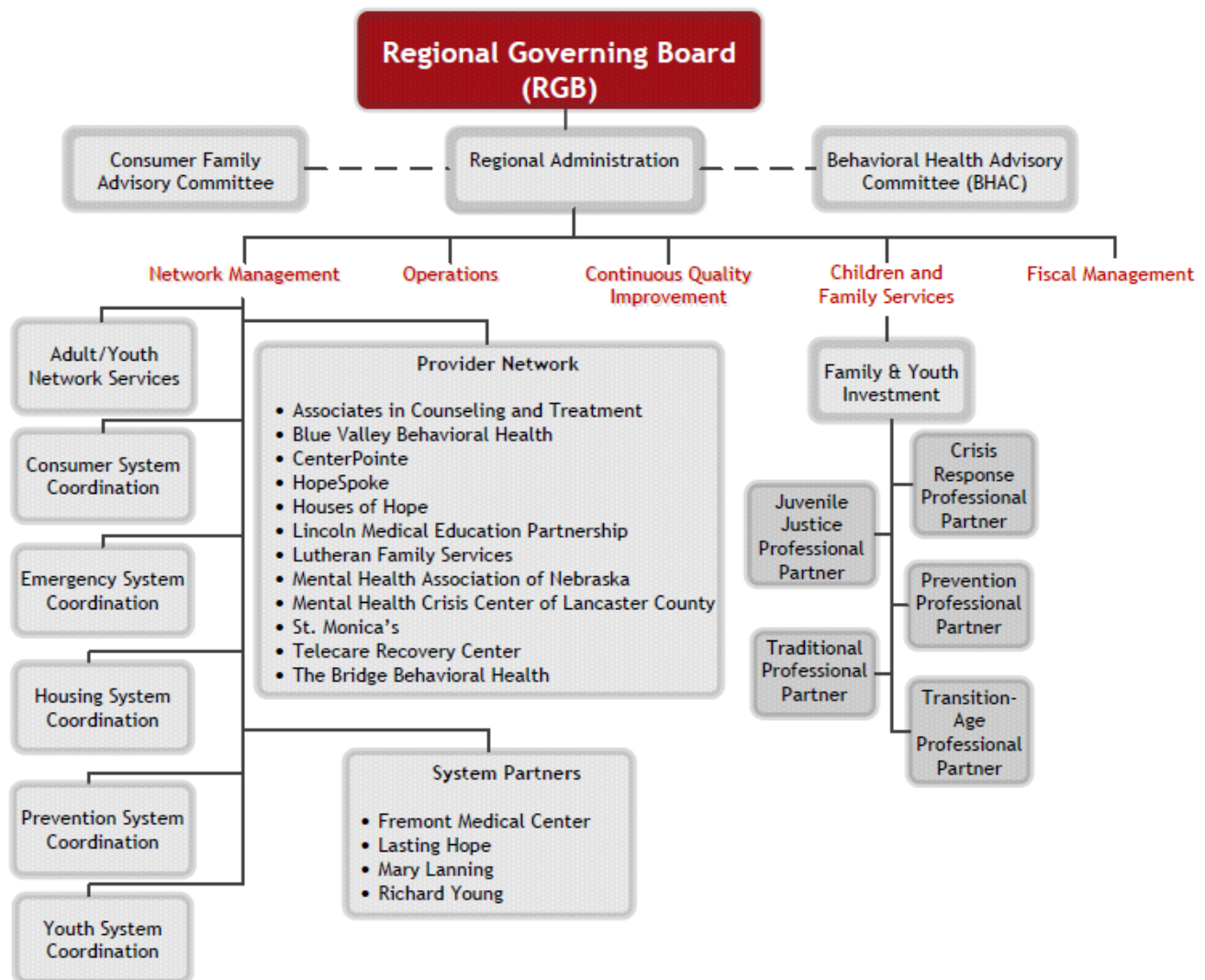
By statute, the RGB is required to appoint a Behavioral Health Advisory Committee, responsible for advising the RGB on behavioral health issues and funding allocations. Consideration for membership is given to geographic residence, direct and indirect consumers, cultural diversification, and the community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

Christine Cooney	J. Rock Johnson	Barbara Murphy
Gene Cotter ( <i>Vice Chair</i> )	Corrie Kielty	Laura Osborne
Irene Duncan	Stephanie Knight ( <i>Chair</i> )	Tracy Pella
Karen Helmberger	Jill Kuzelka	Richard Pethoud
Greg Janak ( <i>RGB Rep</i> )	Rebecca Meinders	Darla Winslow
Corrine Jarecke	Lucinda Mesteth	Constance (C.J.) Zimmer ( <i>Member at Large</i> )

*Thanks to the past members of the RGB and BHAC, who served during FY 18-19, for your dedication and support toward the Regional System of Care.*

Jennifer Brinkman (RGB)      Jennifer Jennings (BHAC)  
Megan Hinrichs (BHAC)      Melissa Ripley (BHAC)  
Sara Hoyle (BHAC)

## Governance Structure



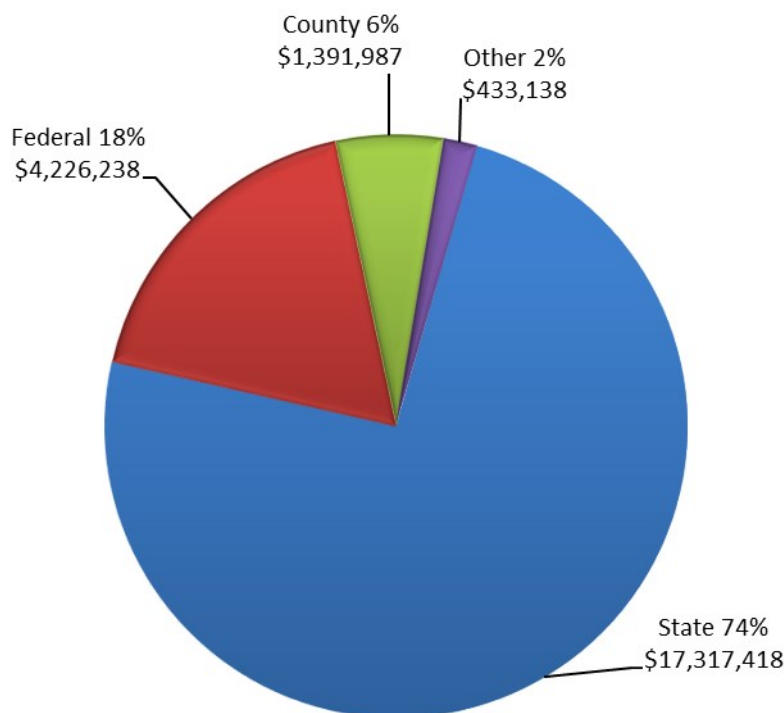
## Funding and Expenditures

Our fiscal management ensures the effective use of financial resources, transparency, and accountability.

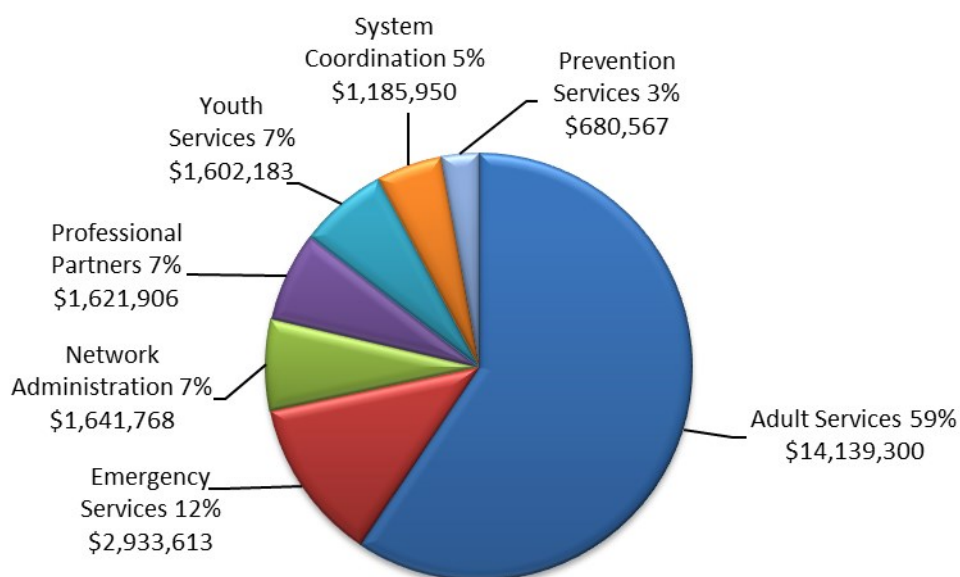
Funding is received from a variety of resources, including state and federal dollars through Nebraska's Department of Health and Human Services' Division of Behavioral Health and the Division of Children and Family Services, local and federal grants, and a county match from each of the 16 counties that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

Region V Systems 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, our staff conduct contract performance reviews and fiscal audits.

### FY 18-19 Funding \$23,368,781



### FY 18-19 Expenditures \$23,805,287



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 Quadruple Aim of:

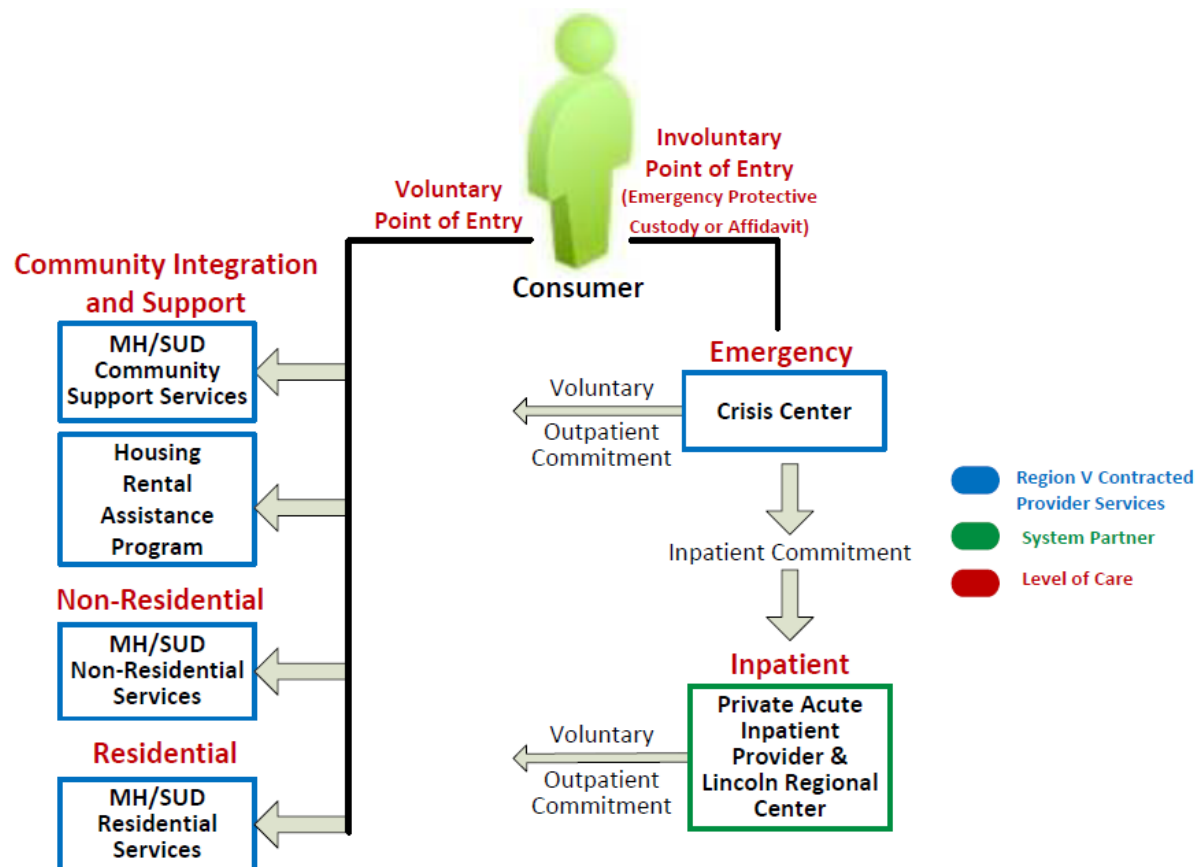
- Enhancing an individual's experience of care (availability, accessibility, quality, and reliability);
- Improving the health outcomes of individuals;
- Promoting services that are efficient, effective, and in the right amount; and
- Fostering provider satisfaction.

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 18-19, 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




 **Associates in Counseling and Treatment**  
600 North Cotner Boulevard  
Ste. 119  
Lincoln, NE 68505  
Phone: 402-261-6667  
[www.actnebraska.net](http://www.actnebraska.net)

Assessments - SUD




   **Blue Valley Behavioral Health**  
1123 North 9th Street  
Beatrice, NE 68310  
Phone: 402-528-3386  
[www.bvbbh.net](http://www.bvbbh.net)

24-Hour Crisis Line; Community Support - MH; Intensive Outpatient - SUD; Medication Management; Outpatient Therapy - MH & SUD; Assessments - SUD



*Additional offices in Auburn, Crete, David City, Fairbury, Falls City, Geneva, Nebraska City, Pawnee City, Seward, Wahoo, York*

   **The Bridge Behavioral Health**  
721 'K' Street  
Lincoln, NE 68508  
Phone: 402-477-3951  
[www.thebridgnebraska.org](http://www.thebridgnebraska.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](http://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](http://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](http://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](http://www.lmep.com)

Assessments-SUD; Adult Outpatient-SUD

   **Lutheran Family Services**  
2301 'O' Street  
Lincoln, NE 68510  
Phone: 402-435-2910  
[www.lfsneb.org](http://www.lfsneb.org)


Intensive Outpatient-SUD; Outpatient Therapy-MH & SUD; Community Support -MH; Medication Management; Assessments - SUD; Peer Specialist

  **Mental Health Association**  
1645 'N' Street  
Lincoln, NE 68508  
Phone: 402-441-4371  
[www.mha-ne.org](http://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](http://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](http://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](http://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](http://www.telecarecorp.com)

Secure Residential

 Adult Community Integration Support

 Adult Non-Residential

 Adult Residential

 Adult Emergency

 Youth Non-Residential

MH: Mental Health

SUD: Substance Use Disorder

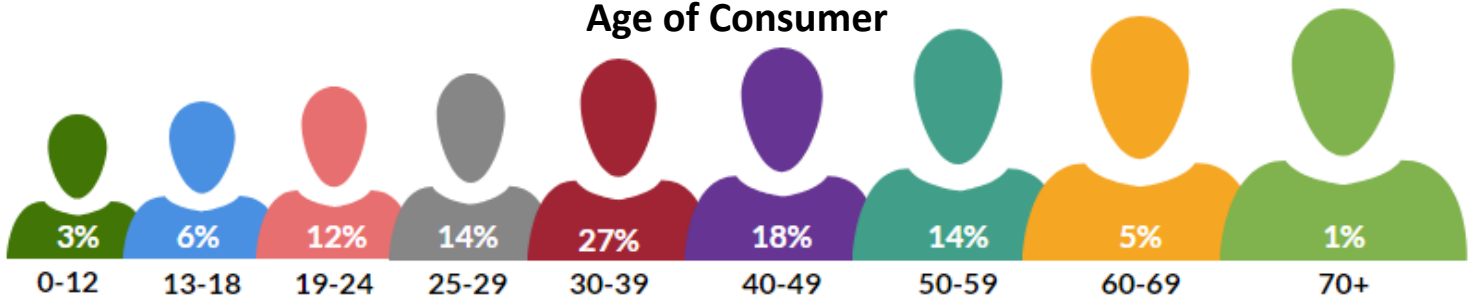
View online:

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



## Behavioral Health Data for Region V-Funded Services

### Age of Consumer



	Mental Health	Substance Use Disorder	Total*
Unique Persons Served	5,787	2,600	7,418

County of Residence	County Residents Served	New Admissions FY 18-19**
Butler	77	98
Fillmore	79	80
Gage	483	642
Jefferson	116	139
Johnson	34	44
Lancaster	4,737	6,896
Nemaha	75	70
Otoe	201	285
Pawnee	29	41
Polk	60	71
Richardson	132	166
Saline	193	218
Saunders	155	193
Seward	154	146
Thayer	45	35
York	257	285
All Others including "Not Available"†	1,040	1,180
Region Total	7,867***	10,589

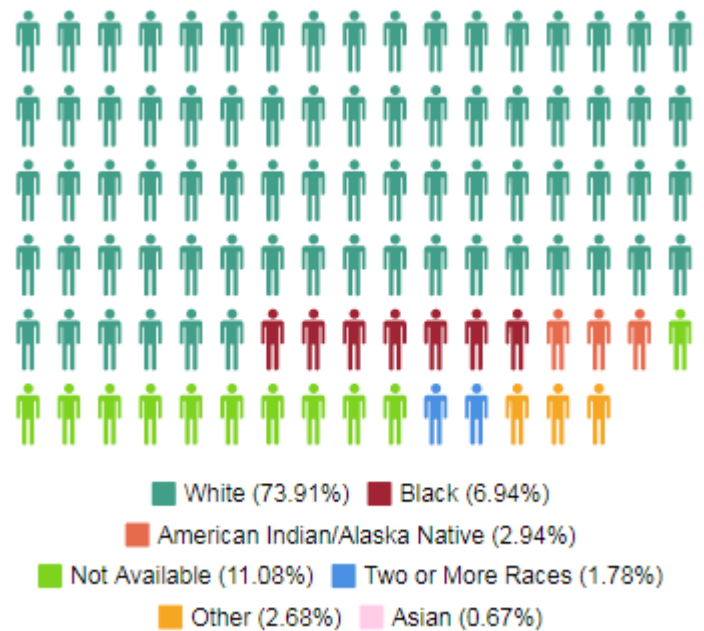
\* Total Unique Persons Served is lower than the sum of the unique persons served in each Mental Health (MH) and Substance Use Disorder (SUD) services as some persons were served in both MH and SUD services.

\*\* New Admission: counts only admissions that occurred in FY 18-19 and not admissions in previous year. Some individuals may have been admitted into more than one service.

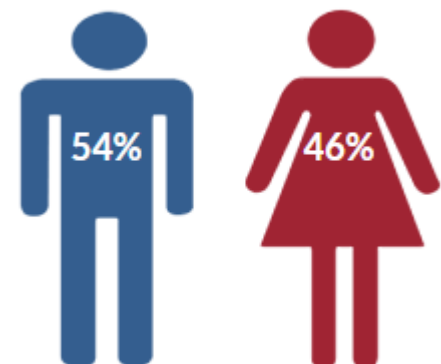
\*\*\*Some individuals may have lived in more than one county in FY 18-19.

† There are services where County of Residence is not a required field at the time of admission and other services where it is not required at all.

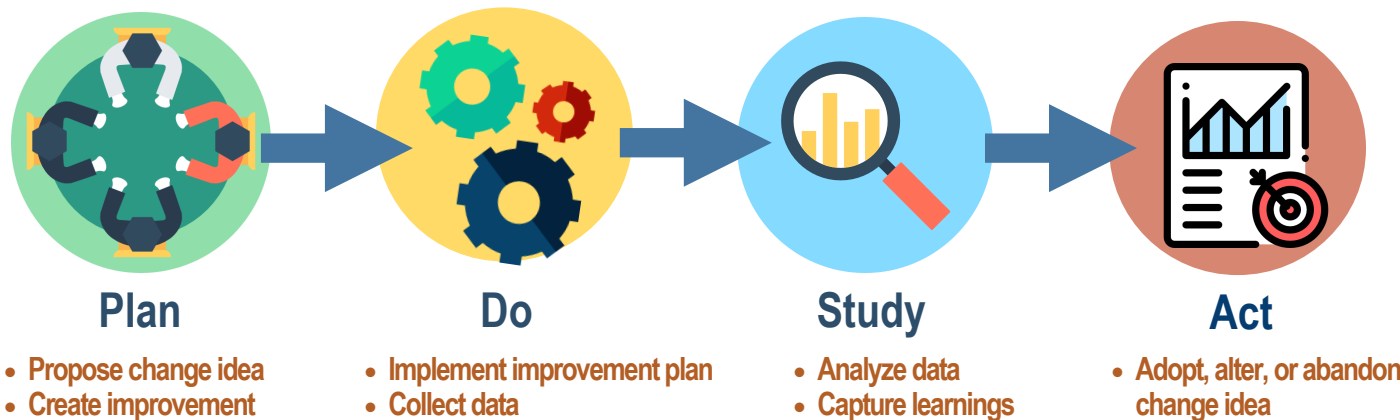
### Race



### 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 Division of Behavioral Health (DBH). Through continuous quality improvement (CQI) coordination, Region V Systems ensures:

- a continuous learning environment exists as a network culture with leadership that sets clear direction and expectations for systems goals and outcomes;
- active participation by all network participants in monitoring/reporting and sharing information;
- consumers and families participate in all processes of the CQI program, and their views and perspectives are valued;
- all participants are afforded opportunities for involvement in decision making and performance improvement as topics proceed through Region V Systems' CQI communication process;
- awareness and understanding that quality is an essential element in service provision and management;
- data is accurate and reliable, and there is confidence in information before reports are released;
- improved adult/youth consumer outcomes as they work towards recovery;
- services that promote recovery, wellness and choice;
- 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

For records management, Region V Systems contracts with H4 Technology, LLC to create an electronic health record software system, called Compass. 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 acts 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 assists 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 ongoing/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 18-19

n=2436

#### Significant Decline:

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

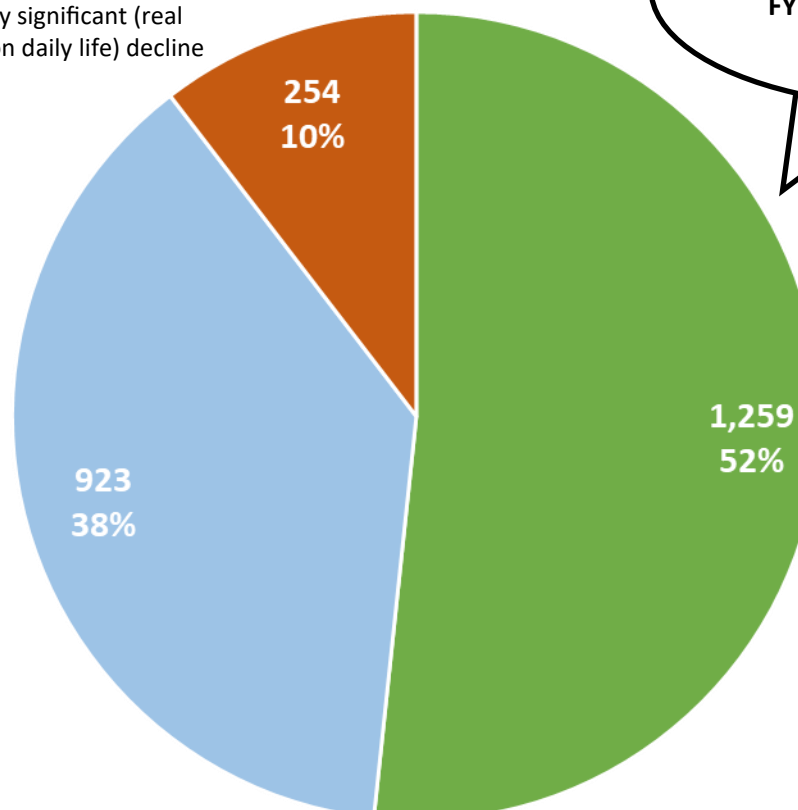
#### Previous Years' Performance of Significant Improvement

FY 15-16 & FY 16-17: 49%

FY 17-18: 54%

#### No Change:

no significant difference between admission and discharge/most recent scores



#### Significant Improvement:

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

## 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 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 chart indicates 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	434/1719	25%	4A- Anxiety and Depression and Avoid Growth	108/190	57%
		67/1719	4%	3B- Severe Psychiatric Illnesses Began More Recently/ Not Convinced of Treatment	24/44	55%
		630/1719	37%	2A- Serious Substance Abuse/ Mental Health and Community Living Problems	157/300	52%
		183/1719	11%	3A- Severely Disabled in Many Life Areas	57/113	50%
		128/1719	7%	5- Functioned Well in Community	23/46	50%
		62/1719	4%	4B- Anxiety and Focus on Physical Health	11/23	48%
		128/1719	7%	2B- Severe Substance Abuse/ Less Severe Mental Health Problems	17/36	47%
		87/1719	5%	1- Chronic and Serious Physical Health Conditions/ Psychiatric Disabilities	22/48	46%
	AOD- Men	45/653	7%	M3- Use Threats/ Intimidation to Get Needs Met	16/21	76%
		71/653	11%	M2- Unable to Deal with High Expectations	22/32	69%
		209/653	32%	M8- SA w/ Less Sev MH Problems	84/123	68%
		12/653	2%	M5- Addicted to Opiates or Pain Medications	4/6	67%
		63/653	10%	M1- Expect Others to Meet Their Needs	19/32	59%
		163/653	25%	M7- SA & Severe MH Problems	60/117	51%
		80/653	12%	M4- Culturally Isolated – No Need to Change	9/19	47%
		10/653	2%	M6- Younger Men Addicted To Heroin or Cocaine & On Streets	2/8	25%
	AOD- Women	17/404	4%	W3- Addicted to Medications or Other Drugs/ Avoid Consequences	10/14	71%
		22/404	5%	W9- Unintentionally Dependent on Drugs	10/14	71%
		18/404	4%	W1- More Mature Addicted to Crack, Narcotics and Other Street Drugs	14/20	70%
		23/404	6%	W10- Worn Down from Generational Poverty & Addiction	13/20	65%
		83/404	21%	W8- Use to Deal with Family/ Social Issues	36/57	63%
		39/404	10%	W4- More Mature Alcohol Abusers	17/27	63%
		95/404	24%	W6- Mental Health Problems & Survivors of Trauma	57/91	63%
		33/404	8%	W2- Addicted to Exciting Lifestyle	24/41	59%
		29/404	7%	W7- Controlled by Others with Limited Expectations	8/15	53%
Youth	Youth	45/404	11%	W5- Substance Abuse with Severe Mental Health Problems	9/20	45%
		82/394	21%	1- Neuro-Behavioral Conditions	26/36	72%
		18/394	5%	6- Problems with Substance Abuse	10/14	71%
		20/394	5%	4- Sexually/ Physically Abused	6/9	67%
		104/394	26%	8- Youth Struggling with Life Crises	19/33	58%
		28/394	7%	10- Cognitive Limitations & Behavior Problems	8/15	53%
		34/394	9%	5- Affected by Trauma	9/18	50%
		27/394	7%	7- Very Anxious Youth	5/10	50%
		34/394	9%	3- Severe Behavior Problems	10/22	45%
		44/394	11%	2- Depressed/ Suicidal	11/26	42%
		3/394	1%	9- Involved in Sexual Offenses	2/5	40%



## National Outcome Measures (NOMs)

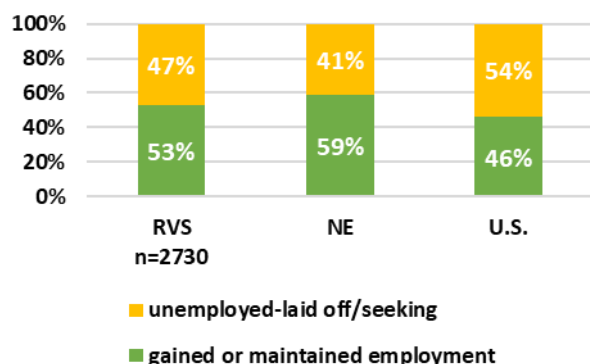
National Outcome Measures developed by Substance Abuse and Mental Health Services Administration (SAMHSA), in collaboration with the states, have identified domains as our National Outcome Measures, or NOMs. The domains embody meaningful, real life outcomes for people who are striving to attain and sustain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

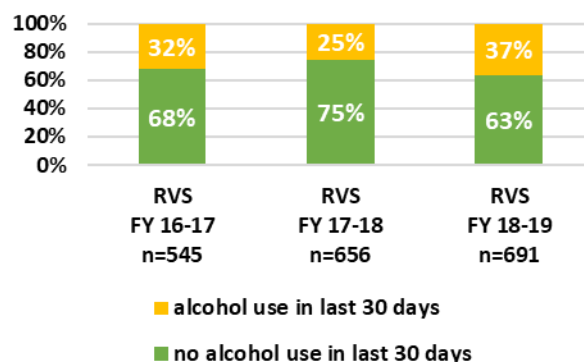
The NOMs domains focus on consumers achieving/sustaining employment or enrollment in school (Employment/Education), reduce arrests (Crime & Criminal Justice), increase stability in housing (Stability in Housing), abstinence or reduction from drug/alcohol use (Reduced Morbidity).

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.\* When available, the State of Nebraska and U.S. rates are shown as a comparison.

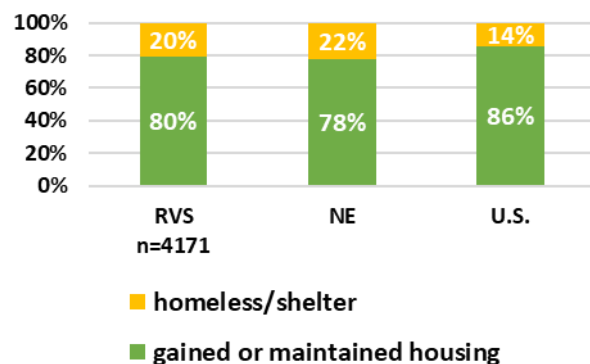
### Employment



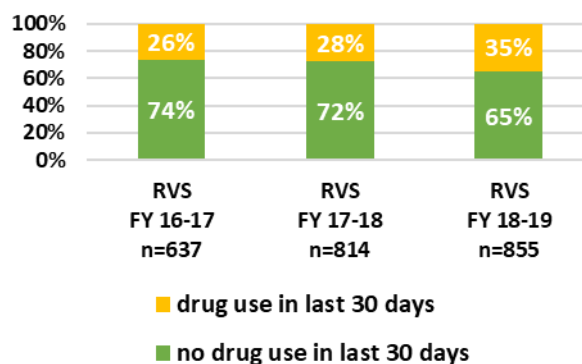
### Alcohol Abstinence



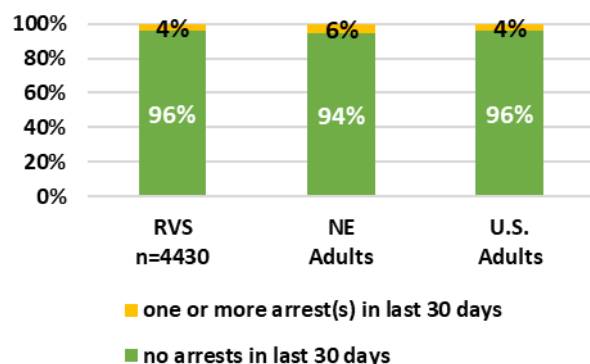
### Stable Housing



### Drug Abstinence



### Criminal Justice



\*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.

**RVS:** Region V Systems' Network performance in FY 18-19  
**NE:** Nebraska Division of Behavioral Health performance for Mental Health & Dual Diagnosis services, as reported to SAMHSA for 2018

**U.S.:** Aggregate performance of states reporting to SAMHSA for 2018

## Perception of Care and Mental Health Statistics Improvement Program (MHSIP) Consumer Satisfaction Survey

In an effort to assess the consumer's point of view as to the quality and effectiveness of services they received, Region V Systems' Provider Network asks the following questions on consumer surveys collected by each agency at various points of service and at discharge. The graph below illustrates an aggregate of consumer responses from all providers in the network.

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 [2018 Behavioral Health Consumer Survey](#). Below are a few outcomes of aggregate data comparing Region V Systems' Provider Network, The Division of Behavioral Health's Consumer Survey, and national performance of all United States reporting to the Substance Abuse and Mental Health Services Administration (SAMHSA):

Survey Domain		Region V Systems' Provider Network Perception of Care Adults and Youth		State of Nebraska Consumer Survey Adults		All States Reporting to SAMHSA Adults	
General Satisfaction	If I had other choices, I would still get services from this agency	FY 18-19 Q1-4	92.6%	2018	81.1%	2018	90.1%
	I would recommend this agency to a friend or family member	FY 18-19 Q1-4	93.7%	2018	86.9%		
Quality and Appropriateness	Staff were sensitive to my cultural background (race, religion, language, etc.)	FY 18-19 Q3-4	90.9%	2018	85.6%	2018	89.5%
Access	Services were available at times that were good for me	FY 18-19 Q3-4	90.8%	2018	86.4%	2018	88.6%
Participation in Treatment Plan	I, not staff, decided my treatment goals	FY 18-19 Q3-4	86.7%	2018	78.2%	2018	86.2%
Functioning	I am better able to handle things when they go wrong	FY 18-19 Q3-4	80.7%	2018	71.3%	N/A	
Outcomes	I deal more effectively with daily problems	FY 18-19 Q3-4	87.0%	2018	76.2%	2018	80.4%
	I am better able to deal with crisis	FY 18-19 Q3-4	85.3%	2018	75.0%		
Social Connectedness	In a crisis, I would have the support I need from family or friends	FY 18-19 Q3-4	84.6%	2018	79.0%	N/A	
Other	Staff treated me with respect and dignity	FY 18-19 Q3-4	94.7%	2018	91.7%	N/A	
	The program was sensitive to any experienced or witnessed trauma in my life	FY 18-19 Q3-4	86.6%	2018	85.1%		

Along with an array of mental health and substance use disorder 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

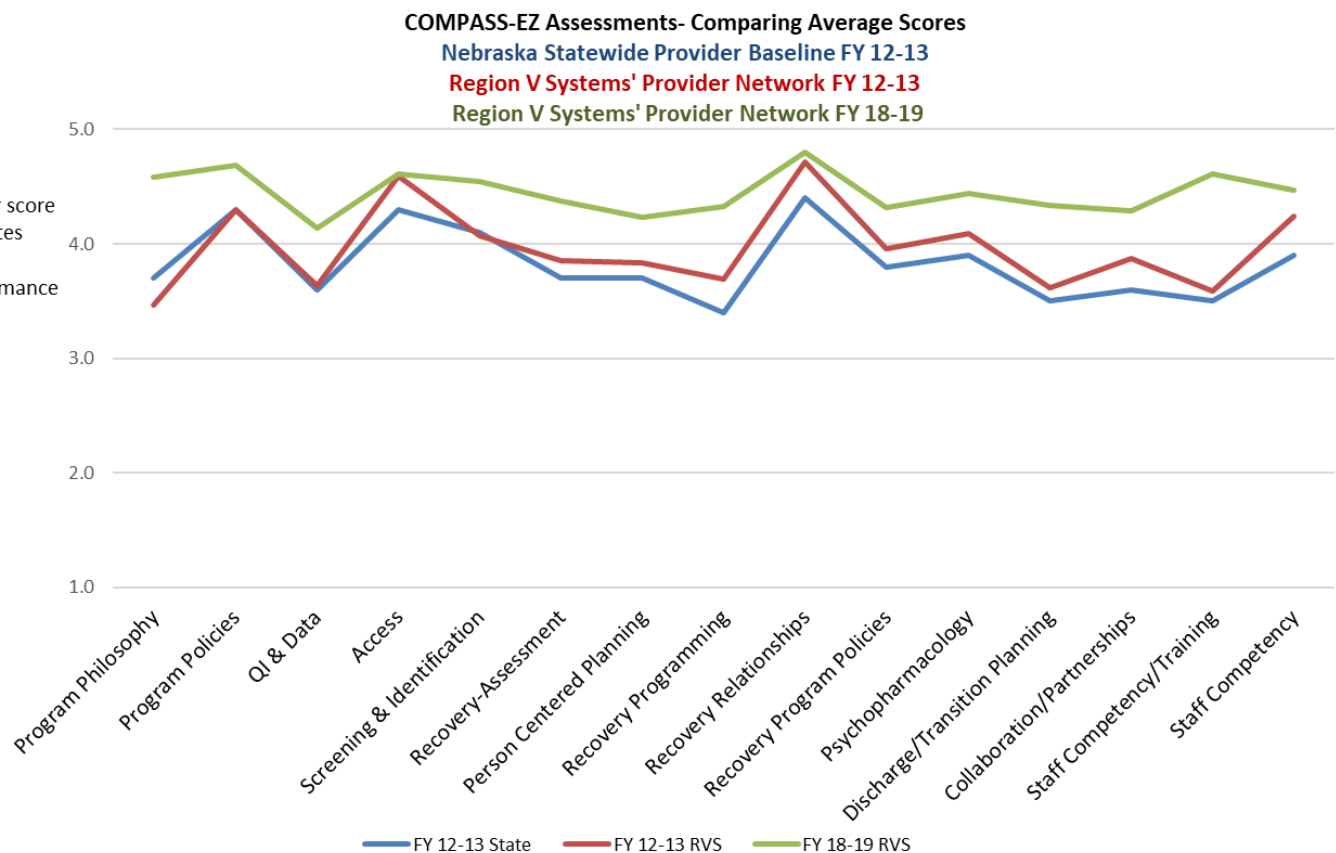
Since FY 12-13, Network Providers in all six Behavioral Health Regions have participated in a quality improvement initiative **utilizing the values and principles of “Complexity Capability” to advance both organizationally and clinically effective care for individuals and families with complex co-occurring mental health and substance use 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 18-19 identified Region-wide progress in all domains.

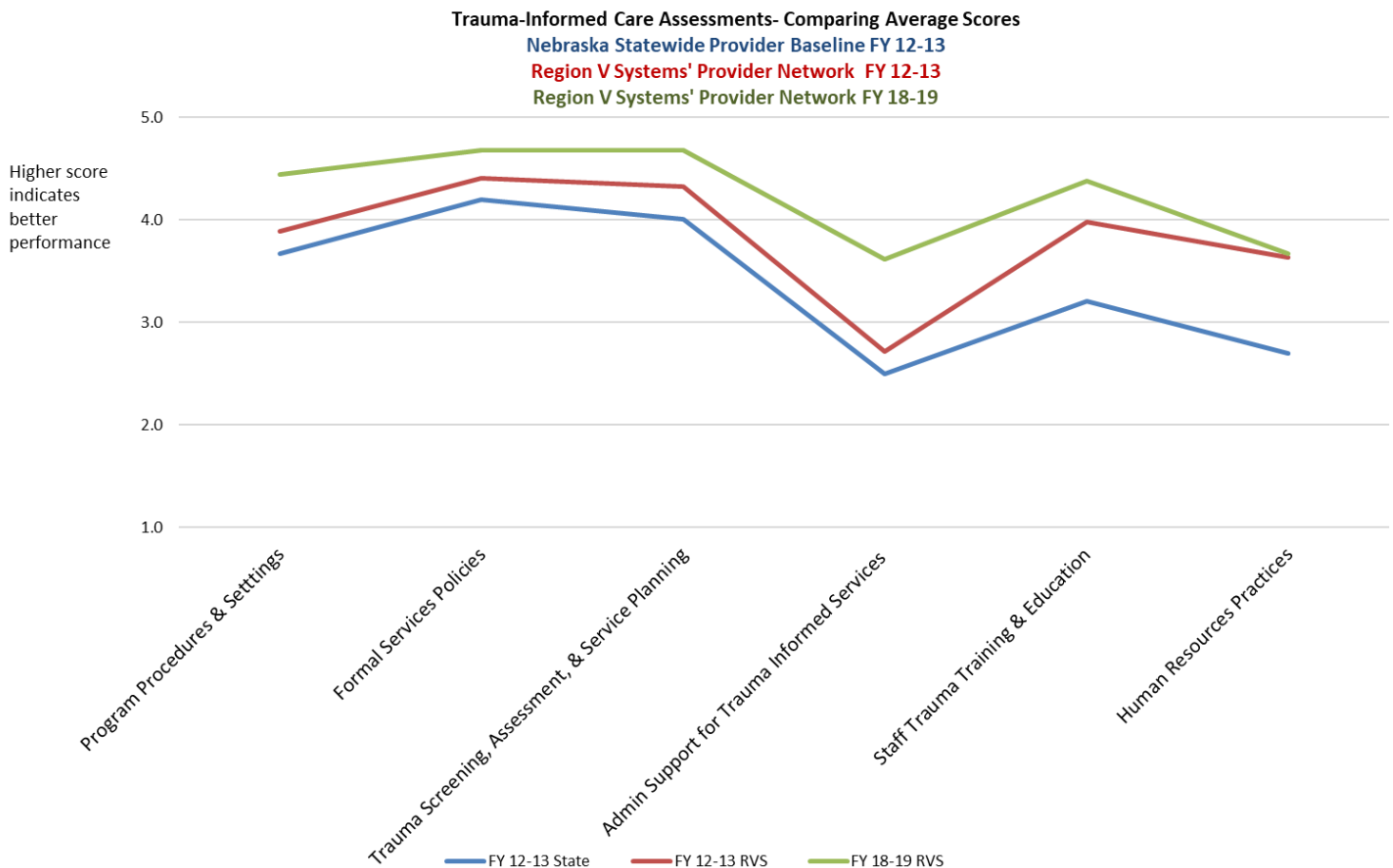


## Trauma-Informed Care

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.

Beginning in FY12-13, Network Providers administered the Falloot and Harris Trauma-Informed 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; and Human Resources Practices. Quality improvement plans were developed by each Network Provider based on assessment results. Reassessments of continued growth in trauma informed care capacity is completed every other year with the most recent assessment completed in FY 18-19. A comparison of baseline and the most recent assessment results is provided below.





## 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 language interpretation services and other supports related to CLAS activities. The following chart identifies funding allocated:

Agency	Award	Purpose
Asian Community and Cultural Center	\$1,425	Costs associated with interpreter training
Blue Valley Behavioral Health	\$1,225	Translation of registration forms and other related documents from English to Spanish
Connected Forever	\$600	Translation and printing of materials in Spanish
Esperanza Family Services and El Centro de las Americas	\$2,331	Support for the completion of the Creating Lasting Family Connections Program
Esperanza Family Services and El Centro de las Americas	\$1,238	Whole Health Action Management (WHAM) in Spanish
HopeSpoke (formerly Child Guidance Center)	\$1,500	Translation of materials by LanguageLinc Interpretation Services and printing
LMEP-SCIP (School Community Intervention and Prevention)	\$1,500	Translation of materials by LanguageLinc Interpretation Services
Lutheran Family Services of Nebraska, Inc.	\$1,500	CLAS training for behavioral health therapy providers (speaker/trainer fee)
TOTAL: \$11,319		

## Opioid Crisis Grant

Region V Systems partners with the Nebraska Department of Health & Human Services, Division of Behavioral Health in implementing the State Targeted Response (STR) and State Opioid Response (SOR) grants, 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 grant 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 disorders (OUD) (including prescription opioids as well as illicit drugs such as heroin). In Region V, funds support the following activities:

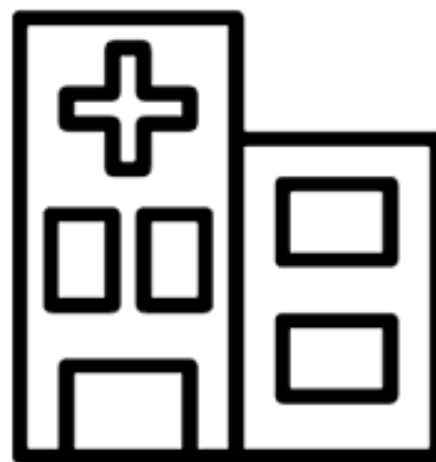
- Implementation of evidence-based primary and secondary prevention methods defined by SAMHSA or Centers for Disease Control and Prevention (CDC), proven to reduce the number of persons with OUDs and OUD-associated deaths.
- Expanded access to the clinically appropriate, evidence-based practices (EBP) 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, utilizing vouchers for consumers to receive behavioral health services. Conversely, Bluestem prioritizes behavioral health screening and referral to treatment. In FY 18-19, 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 medication management services that favorably impacts outcomes for consumers. Funds provide for ancillary assistance in the delivery of medication management services in an outpatient behavioral health setting.

## 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
Lutheran Family Services	\$1,000	To conduct trainings for behavioral health professionals and/or clinicians to better assist the following special populations: Transgender clients, Traumatic Brain Injury clients, and Intellectual disabilities.
Matt Talbot Kitchen and Outreach	\$825	Licensing and continuing education costs for the Licensed Alcohol and Drug Counselors at the Transitional Housing Program which helps individuals move from homelessness and addiction to a stable living environment.
Mental Health Crisis Center	\$1,000	To support the purchase and implementation of "Portable Language Translators," so the many non-English-speaking individuals who are admitted to the Crisis Center will be served more effectively and timely.
The HUB Central Access Point for Young Adults	\$500	To support the licensing costs for using Service Point. The HUB specifically uses Service Point as part of their services for youth that are homeless. These funds will be used to pay a one-year subscription fee for Service Point.
The Mental Health Association of Nebraska	\$1,000	WRAP class to assist individuals living with mental health and/or substance abuse issues to gain and maintain their recovery. Funds to be used for books, payment of trained facilitators, postage, and poster supplies.
TOTAL:		\$4,325

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

## 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. SHARPS/NE Risk and Protective Factor Student Survey/CDC Youth Risk Survey and Tobacco Survey was issued in the fall of 2019 and data is collected every two years among participating schools, which drives coalitions' annual strategic plans to achieve measurable outcomes. A listing of coalitions can be found on page 22.

Prevention System Coordination manages funding from five sources: Garrett Lee Smith Suicide Prevention Grant, Mental Health First Aid Grant, SAMSHA Federal Block Grant, SAMSHA Partnership for Success Grant, and SAMSHA State Targeted Response to Opioid Crisis Grant. The strategic plan goals and activities funded by these sources are detailed below.

### 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.

**Evidence-based 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.

FY 18-19 Multi-County Alcohol Inspections (Compliance Checks)	
Number of Inspections	341
Number Passed	312
Percent of Inspections that Passed	91.5%

A 95% compliance rate is the regional target.



## 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. **\$20,373 in funding was granted for various programs/activities within Region V Systems’ service area to initiate prevention programs addressing substance abuse.**

Agency	Award	Purpose
Community Health Partnership of Nemaha County (NADAA)	\$3,000	WRAP training
Exeter-Milligan Red Ribbon Week Committee	\$350	MADD presentation
Faith Partners Nebraska Coalition	\$2,997	Leadership and team training; coalition consultation
Family Service Lincoln	\$1,500	Trauma presentation
Gage County MAPS Community Coalition	\$1,418	My Favorite Book, Way to Go Book, Engage Every Student Books and 20 Ways to Build Relationships materials
Lincoln Medical Education Partnership (SCIP)	\$4,308	School and community preventions materials; electronic DESSA Mini Student Assessment tool
Peru State College Counseling and Student Affairs	\$500	Wellness Recovery Action Plan training
Saunders County Youth Services / Prevention Coalition	\$3,800	Sticker Shock materials; school reporter program; classroom intercom; speaker fees
Seward High School	\$2,500	Pride and social media parent presentation
TOTAL: \$20,373		

## Youth Action Board

Funding Source: SAMSHA Federal Block Grant



**100%**  
of all counties in  
Region V had youth  
representation on the  
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. 435 youth and 63 adult sponsors participated at the Red/White Tailgate, and 235 youth, youth staff, 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 promoted the movement regionally and statewide with other youth leaders from Lincoln County and Merrick County, with efforts to spread the message statewide.



YOUTH ACTION BOARD



## Partnership for Success

Funding Source: SAMSHA Partnership for Success Grant

This five-year grant was awarded to Lancaster, Gage, and Southeast District Prevention Partnerships. The grant supports strategies in Lancaster County in addressing parent/youth communication specific to alcohol and substance abuse, including a user-friendly website ([talkaboutalcohol.org](http://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. Gage County and Southeast District Prevention Partnership are utilizing the evidence-based practice, 3<sup>rd</sup> Millennium. Southeast District is also using Communities Mobilizing for Change.

## Mental Health First Aid (MHFA)

Funding Source: Mental Health First Aid Grant



Region V has a team of certified trainers to conduct evidence-based Mental Health First Aid (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. **92% 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 5 years. Nebraska is 37<sup>th</sup> in the nation for suicide rates in adults but in the top ten for youth suicide rates (ages 15-24). Primary efforts are identified below:

- **Question, Persuade and Refer (QPR)** trainings are designed to reduce suicidal behavior and save lives by providing innovative, practical, and proven strategies to assist someone in crisis. Within the last 4 years, over **11,000 individuals** throughout Region V have received this 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. Within Region V, four LOSS Teams exist: Gage, Jefferson, Lancaster, and Seward counties, and the fourth covering the counties of Butler, Polk, and York. In FY 19-20, we will have a fifth LOSS Team in the counties of Johnson, Nemaha, Otoe, Pawnee, and Richardson.
- **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. This year, two of Region V's preventionists were trained as Master Hope Squad Trainers, two of only 30 in the country. Hope Squads are currently in operation in 34 schools within Region V.

## Opioid Prevention

Funding Source: SAMSHA State Targeted Response to Opioid Crisis Grant

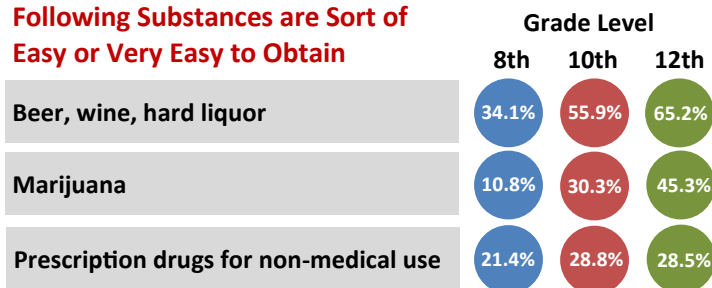
One objective of the opioid crisis grant is implementation of evidence-based prevention methods. Some of the activities supported through the grant include:

- The **Dose of Reality** media campaign was circulated, in partnership with all Marcus Theatres, using movie trailers to educate about the danger of prescription opioids to approximately 630,947 viewers. In partnership with Broadcast House Media, Region V spread the message of people impacted by opioid use using Center for Disease Control-provided radio spots to approximately 275,700 listeners.
- **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 Johnson, Nemaha, Richardson, and York counties and in sheriffs' offices in Butler, Fillmore, Gage, Jefferson, Otoe, Pawnee, Polk, and Saline counties.
- **Prescription drug monitoring guidelines** were disseminated throughout the Region.

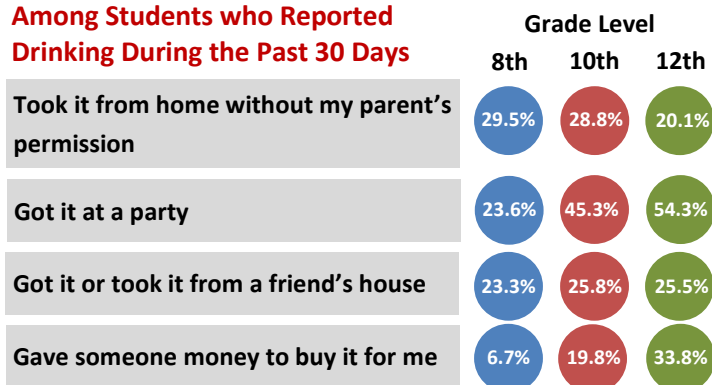
Here are some of the findings from the 2018 Nebraska Risk and Protective Factor Student Survey (NRPFS). The 2018 survey represents the 8<sup>th</sup> implementation of the NRPFS. The NRPFS targets Nebraska students in grades 8, 10, and 12, with a goal of providing schools and communities with local-level 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, 24,085 students completed the NRPFS. 5,663 of those students were from Region V Systems' service area, which includes 22.4% of all 8<sup>th</sup> graders, 14.4% of all 10<sup>th</sup> graders, and 11.6% of all 12<sup>th</sup> graders. 51% of the respondents were females.

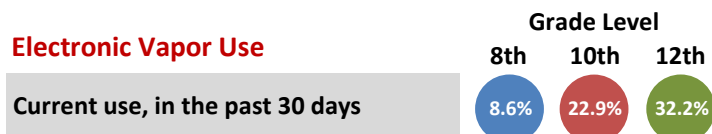
### Percentage Reporting that the Following Substances are Sort of Easy or Very Easy to Obtain



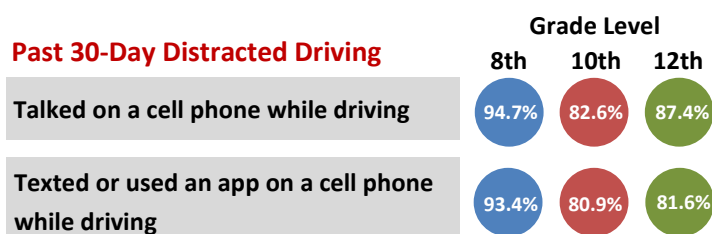
### Top Sources for Obtaining Alcohol, Among Students who Reported Drinking During the Past 30 Days



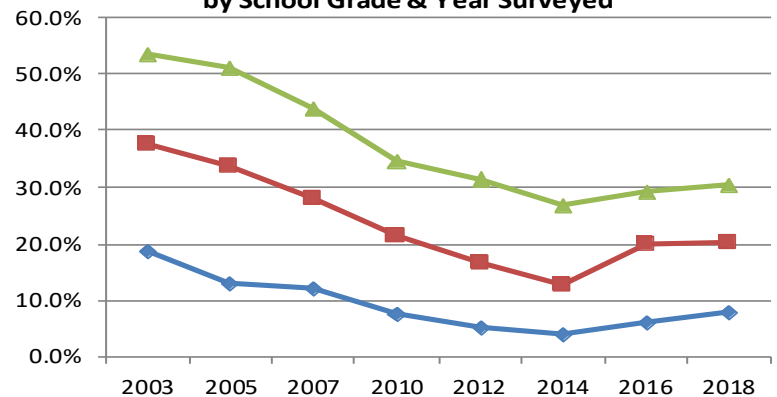
### Electronic Vapor Use



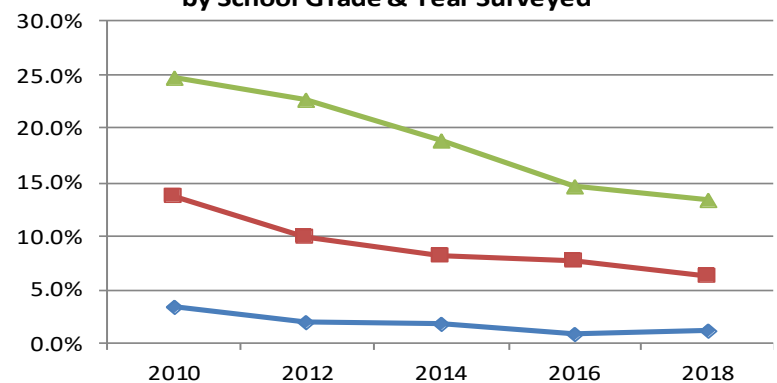
### Past 30-Day Distracted Driving



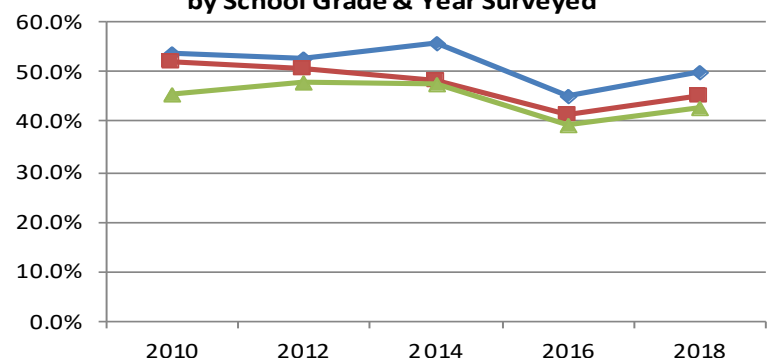
### Alcohol Use in the Past 30 Days by School Grade & Year Surveyed



### Binge Drinking in the Past 30 Days by School Grade & Year Surveyed



### Discussed Dangers of Alcohol with a Caregiver in Past 12 Months by School Grade & Year Surveyed



## PROMOTING COMPREHENSIVE PARTNERSHIPS IN BEHAVIORAL HEALTH THROUGH REGIONAL PREVENTION COORDINATION

Multi-county strategies utilized by all coalitions:

- Communities Mobilizing for Change (including Compliance Checks and TalkAboutAlcohol.org website)
- Responsible Beverage Training
- Second Step

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

<b>Butler County Believes in Youth Coalition</b> 2850 County Road L Weston, NE 68070 Sam Stecher <a href="mailto:bbyccordinator@gmail.com">bbyccordinator@gmail.com</a> 402-545-2081 <b>EBP: D.A.R.E.</b>	<b>Fillmore County Coalition</b> Public Health Solutions 995 Hwy 33, Ste 1 Crete, NE 68651 Jill Kuzelka <a href="mailto:jkuzelka@phsneb.org">jkuzelka@phsneb.org</a> 402-826-3880 <b>EBP: Circle of Security</b>	<b>Gage County MAPS Coalition</b> 320 N. 5th Street Beatrice, NE 68310 Christina Lyons <a href="mailto:cl Lyons@bpsneb.org">cl Lyons@bpsneb.org</a> 402-806-7783 <b>EBP: 3rd Millennium</b>
<b>Jefferson County Prevention Coalition</b> Public Health Solutions 995 Hwy 33, Ste 1 Crete, NE 68651 Jill Kuzelka <a href="mailto:jkuzelka@phsneb.org">jkuzelka@phsneb.org</a> 402-826-3880 <b>EBP: Circle of Security</b>	<b>Lancaster Prevention Coalition</b> 1645 N Street Lincoln, NE 68508 Teri Effle <a href="mailto:lancasterprevention@gmail.com">lancasterprevention@gmail.com</a> 402-441-4367 <b>EBP: 3rd Millennium, ALL Stars, Creating Lasting Family Connections, WRAP</b>	<b>Polk County Substance Abuse Coalition</b> 330 N State Street, PO Box 316 Osceola, NE 68651 Darla Winslow <a href="mailto:darlawins@yahoo.com">darlawins@yahoo.com</a> 402-747-2211
<b>Saline County (CURB) Prevention Coalition</b> 421 W. Ash Street Wilber, NE 68465 Tim McDermott <a href="mailto:nebraskatim@gmail.com">nebraskatim@gmail.com</a> 402-323-8868	<b>Saunders County Prevention Coalition</b> 387 N. Chestnut Street, Suite 1 Wahoo, NE 68066 Amber Pelan <a href="mailto:APelan@co.saunders.ne.us">APelan@co.saunders.ne.us</a> 402-443-8107 <b>EBP: ALL Stars, D.A.R.E, WRAP</b>	<b>Seward County Prevention Coalition</b> 616 Bradford Street Seward, NE 68434 Megan Kahler <a href="mailto:Megan@CultivateSewardCounty.com">Megan@CultivateSewardCounty.com</a> 402-643-4189 <b>EBP: BIST, D.A.R.E.</b>
<b>Southeast District Prevention Partnerships (Johnson, Nemaha, Otoe, Pawnee, and Richardson counties)</b> 2511 Schneider Avenue Auburn, NE 68305 Amanda Drier <a href="mailto:grant@sedhd.org">grant@sedhd.org</a> 402-274-3993 <b>EBP: Alcohol Wise, Circle of Security, D.A.R.E., Unique YOU</b>	<b>Thayer County Healthy Communities Coalition</b> PO Box 91 Hebron, NE 68370 Phone: 402-441-4346 Jill Kuzelka <a href="mailto:jkuzelka@phsneb.org">jkuzelka@phsneb.org</a> 402-826-3880 <b>EBP: Stay on Track</b>	<b>York County Prevention Network</b> 1417 Kennedy Drive York, NE 68467 Irene Duncan <a href="mailto:iduncan@neb.rr.com">iduncan@neb.rr.com</a> 402-362-5165

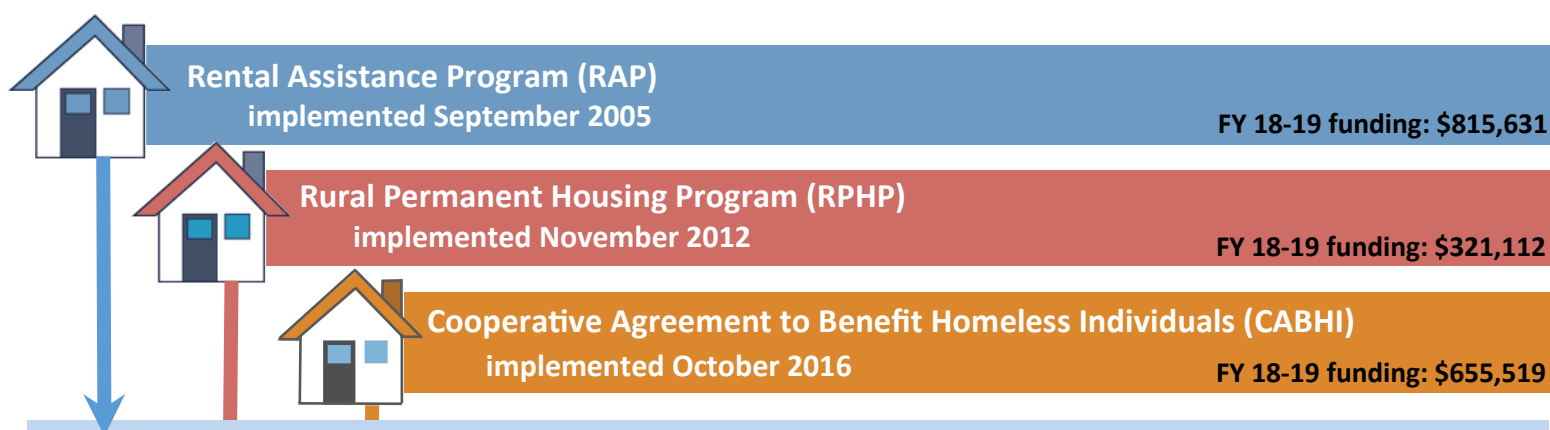
Our Regional Prevention Coordination team also provides support to the Southeast Nebraska **Native American Coalition (SENNAC)**, whose purpose is to fund behavioral health and cultural priorities among First Nation populations in southeast Nebraska, and the **Culturally and Linguistically Appropriate Services (CLAS) Coalition**, whose focus is addressing culturally and linguistically specific issues in behavioral health. Please see page 16 for more information on CLAS activities.

## 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. Our 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 the City of Lincoln and a significant decrease in the annual Point-In-Time count of homelessness in Lincoln.

### Housing Programs



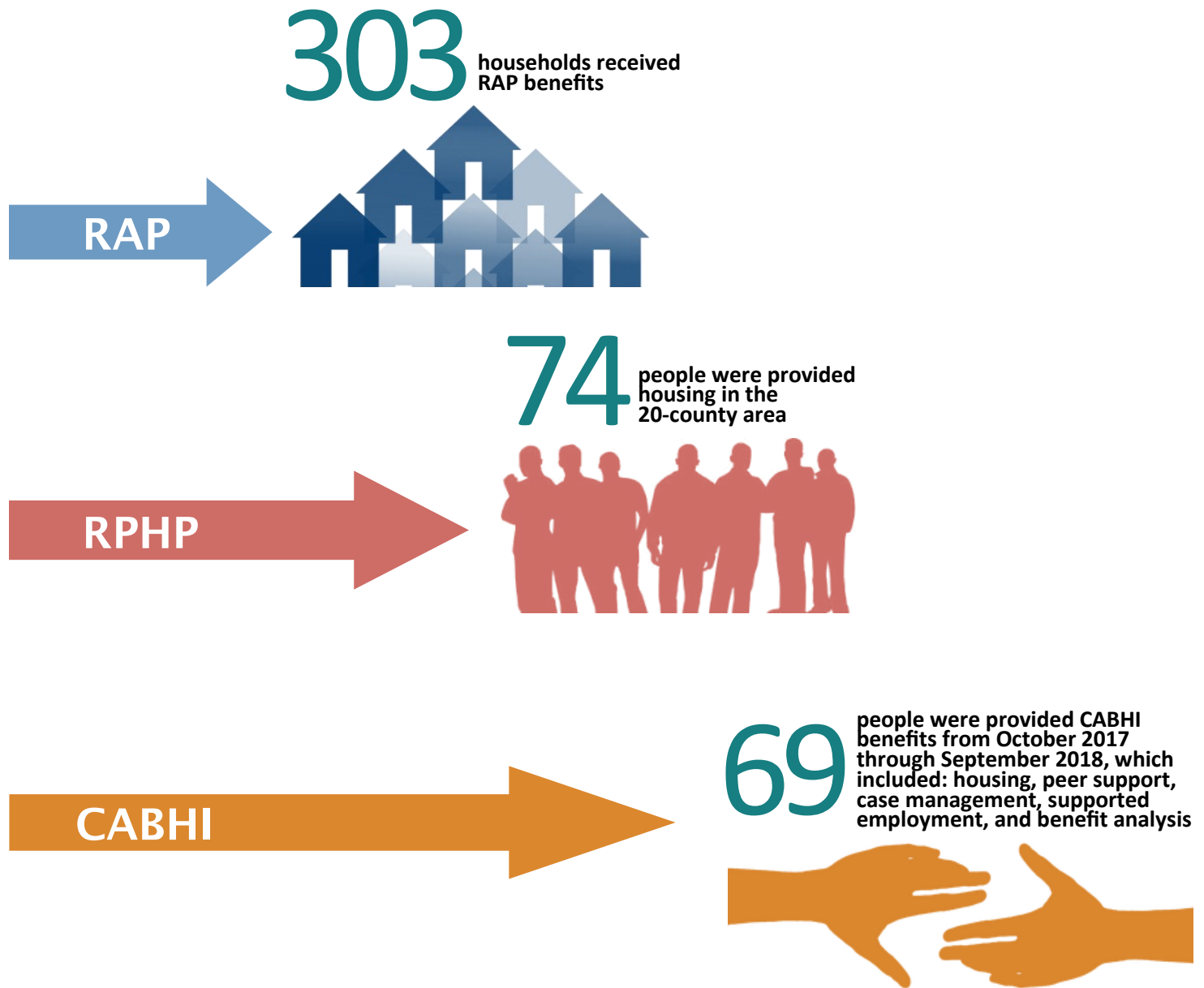
RAP, through funding from the Department of Health and Human Services (DHHS), provides **safe, secure, affordable housing – together with support services – so that consumers can begin to work toward recovery**. The target population is consumers with serious and persistent mental illness and/or substance use disorder, 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 our geographical area of **16 counties** in southeast Nebraska as well as the counties of Adams, Clay, Nuckolls, and Webster.

RPH 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.

## Housing Programs



## 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. The 576 guests who attended the event were 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.



## 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 Consumer 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.**



Our Consumer Specialist's 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; funded activities are outlined below.

Grantee	Amount	Grantee	Amount
Birth Certificates for Participants (MHA)	\$408	Take Flight Equine Group	\$1,004
Consumer Family Advisory Committee Meeting Expenses	\$339	Treatment Graduation Medallions (St. Monica's)	\$1,550
International Association of Peer Supporters Conference Registration	\$5,078	WRAP Groups (CenterPointe, Fresh Start, Mental Health Association, Mental Health Crisis Center, St. Monica's)	\$4,818
Region V Consumer/Family Behavioral Health Conference	\$5,500	WRAP Train-the-Trainer Training	\$2,196
State Identification for Participants (MHA)	\$954	<b>Total</b>	<b>\$21,847</b>

## Emergency System Coordination

Emergency System Coordination is designed to meet the needs of an individual experiencing a behavioral health crisis. Behavioral health crisis services are an important part of a comprehensive system that understands the person and the environment in which the crisis is occurring. Although the term crisis services is often used to refer to hotlines or helplines, it also encompasses other programs that provide assessment, crisis stabilization, and referral to an appropriate level of ongoing care. Providing a full range of crisis services can reduce mental health emergencies when paired with appropriate mental health follow-up care. Emergency system coordination efforts are focused on organizing and coordinating with law enforcement, hospitals, behavioral health professionals, Mental Health Boards, the Mental Health Crisis Center, county attorneys, and other key stakeholders to provide a crisis response system.

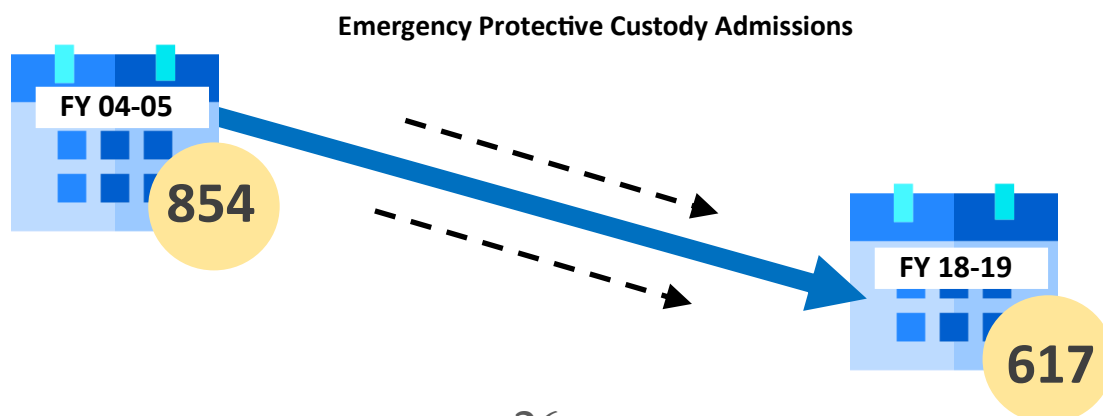
**Emergency Protective Custody (EPC)** is a legal term and is often the “front door” to the emergency system for persons experiencing a behavioral health crisis. A law enforcement officer who has probable cause that a person may be **mentally ill** and **dangerous** may take the person into custody and 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 a 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 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 individuals 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 respond to provide a behavioral health assessment and safety planning services to persons experiencing a behavioral health crisis. Follow-up behavioral health services are also available. **The rural Mobile Crisis Response Team (TASC) responded to 294 adult calls, an 8% increase from FY 17-18. Of those 294 calls, 87% 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.



## Emergency System Trainings

Region V focuses resources on educating members of law enforcement and other community partners about best practices in serving individuals in the emergency system through a variety of trainings. Over the past ten years, Region V has trained 721 members of law enforcement.

### Threat Assessment and Management

The goal of threat assessment and management is to provide an integrated and coordinated process for identifying and responding to people who may be at risk of harming themselves or others. Region V has a strong relationship with the Association of Threat Assessment Professionals (ATAP). Region V's Director of Emergency Services has attended three National ATAP conferences and is currently a board member on the Great Plains ATAP Chapter (GPATAP).

This past April, Region V Systems partnered with GPATAP and UNL Public Policy to bring in **Dr. John Nicoletti**, Ph.D., ABPP, who is a Board Certified Specialist in Police and Public Safety Psychology and a national trainer to increase threat assessment management of people who may be at risk of harming themselves and others. The workshop focused on differentiating between mental health and substance abuse evaluations, wellness checks, fitness for duty, suicide and threat/risk management, and techniques for matching the three areas of responsibility for behavioral health professionals in conducting threat assessment. The goal of this workshop was to prepare mental health and substance abuse professionals to assess, manage, and respond to individuals who present with threatening behaviors. 75 clinicians were trained in threat assessment and management.

### Behavioral Health Threat Assessment Training (BETA)



586 BETA Participants  
69 Mini-BETA Participants  
66 Youth BETA Participants

This year, Region V Systems proudly celebrated ten years of providing and sponsoring an advanced training to law enforcement departments to educate them about our programs and best practices in serving persons with behavioral health needs. The BETA curriculum is designed to assist Nebraska law enforcement officers to obtain better outcomes when facing incidents involving consumers with mental illness and dangerousness. Traditionally, law enforcement techniques have focused on the apprehension and prosecution of offenders after crimes are committed. When police are given information that someone may potentially commit a crime or become violent in the future, their responsibilities, authorities, and available investigative tools are suddenly less clear. BETA training, is looking at how law enforcement officers and others may identify, assess, and manage the risk of future behaviors.

The goals of the BETA training include: (1) law enforcement will increase their skills and abilities to identify and describe signs and symptoms of mental illness, (2) law enforcement will learn basic threat assessment and management skills, (3) law enforcement will increase effective communication techniques, and (4) law enforcement will have a greater understanding of state and local mental health resources. The training consists of 32 hours of classroom instruction and, at the end, participants commit to spend 8 hours impacting a local issue related to the course content.

In FY 17-18, Region V responded to the needs and requests of smaller, rural departments that, because of limited resources, could not commit to a four-day training, by starting to offer a condensed, 8-hour, mini-BETA course. Thus far, trainings have been offered in Gage, Nemaha, and Richardson counties.

Another expansion of BETA in response to community identified needs was the addition of a Youth BETA training, developed specifically for school resource officers (SRO) to help them better identify and respond to adolescents who may have mental health needs. The curriculum was modified to focus on an adolescent's development and resources. Youth BETA is designed not only for SROs but also for school administrators, school security, and/or any member of law enforcement that is responding to youth/families in crisis.

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:

- **Children's Level of Care and Transition Age Youth Review Teams**
- **Partnerships with the Crisis Center and Region V Rental Assistance Program**
- **Active participation on the state statute-driven 1184 Treatment and Non-Court Review Teams**

Youth System Coordination continued to play 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 third 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.

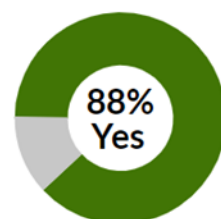
System of Care principles includes youth and family involvement in planning and service delivery. Not only is an emphasis placed on voice and choice in the provision of care, but focus is placed on the involvement of youth and families in the System of Care, inclusive of the development and delivery of services and supports.

**The Youth and Young Adult Leadership Group** was established in early spring of 2019. The youth provided input on new and upcoming services being implemented within the System of Care. The group also attended the Nebraska Juvenile Justice Association conference in May to share their voice.

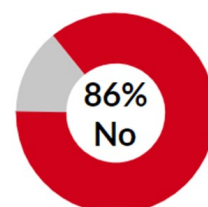
Region V Systems established a contractual partnership with **Families Inspiring Families, a parent-led organization**, to provide Family Peer Advocacy and Support and Crisis Stabilization to families that access Mobile or Telehealth Crisis Response Support through CenterPointe or Blue Valley Behavioral Health-Targeted Adult Service Coordination (TASC).

Region V's System of Care Coordinator worked with the **System of Care Urban and Rural Advisory Workgroups** to commission a survey to capture the gaps in the availability and accessibility of mental health and substance disorder supports. Community members from both rural and urban areas reported mental health services and supports being available in their area, but wait times are long and there is a lack of access to higher levels of care. Rural respondents indicated that families had to take youth to Omaha hospitals, rather than local hospitals. When asked in what way survey respondents would like to see awareness increased in their community, they most frequently responded that they would rather see funding go to increasing access to services.

**There are youth mental health services in my community**



**Higher levels of care are available for youth**



## Youth System- Crisis Response Continuum

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, including rural Lancaster County.

The goals of Y-MCR are to:

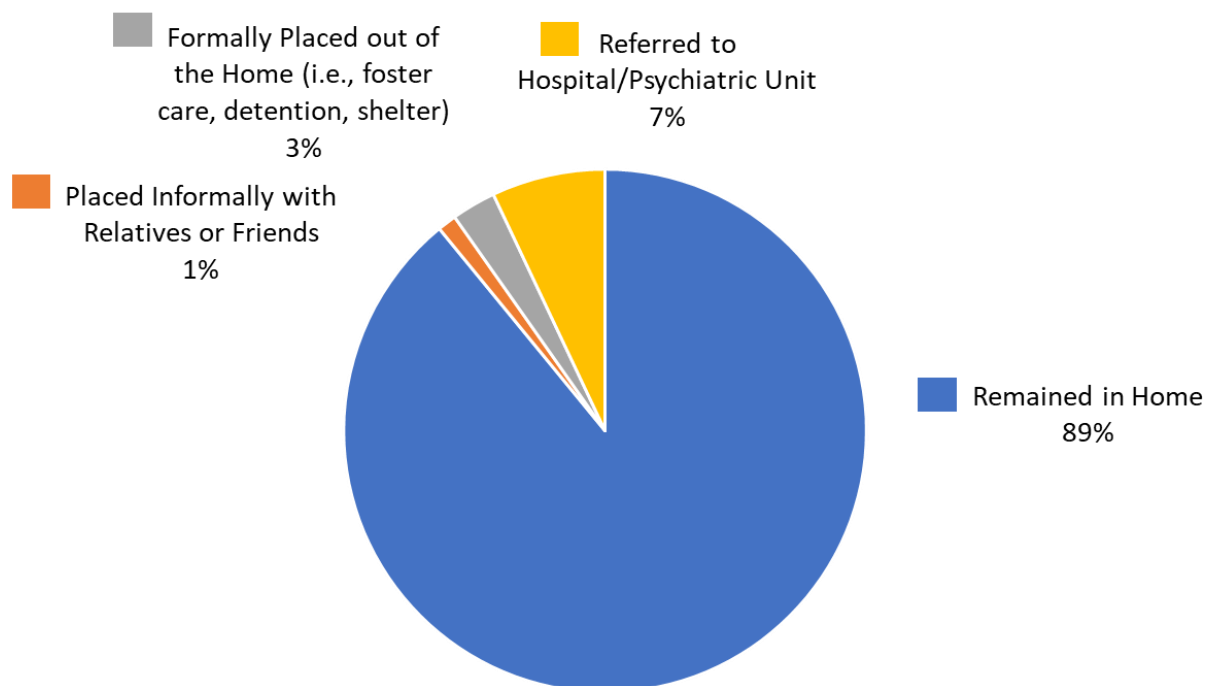
- Identify the nature of the issues causing the crisis and the danger or risk posed to the child or someone else.
- Prevent the need for out-of-home placement of the child in a psychiatric inpatient unit, residential treatment center, or detention facility.
- Initiate a crisis response and crisis plan 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 (Families Inspiring Families)/crisis stabilization and case management follow-up (Region V Systems' Professional Partner Program) 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 by a licensed mental health practitioner (LMHP). Consultation can be provided via telephone, telehealth, or in person. **The LMHP comes on scene 89% of the time and meets with the youth and family to provide crisis support and intervention.** Since implementation, **Y-MCR has been deployed 256 times, serving 226 youth and families.**



### Disposition of Youth at the Conclusion of Youth Mobile Crisis Response Service April 2017 (Implementation) – June 2019

n=256





## 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; 97% of youth were living in their home in FY 18-19 (assessed on a monthly basis).
- Reduce juvenile crime or contact with adult criminal justice systems.
- Increase school performance.
- Facilitate a seamless transition from the youth to the adult behavioral health system.

FYI administers five Professional Partner tracks, as described below.

**Crisis Response** (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 29 for more information.**

**Prevention\*** 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, and the family must meet financial eligibility.

**Traditional\*** serves children/youth up to age 21, who have 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.

**Juvenile Justice Wraparound Support** (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.

### **Transition-Age\***

serves young adults ages 18-24, who have a 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. The young adult must meet financial eligibility.

TRACK	AVERAGE LENGTH OF STAY	NUMBER OF YOUTH SERVED
Crisis Response	5.4 months	49
Juvenile Justice Wraparound Support	7.1 months	23
Prevention	6.3 months	54
Traditional	10.3 months	109
Transition-Age	12.8 months	56

\* funded by the Division of Behavioral Health



### Child and Adolescent Functioning Scale (CAFAS)

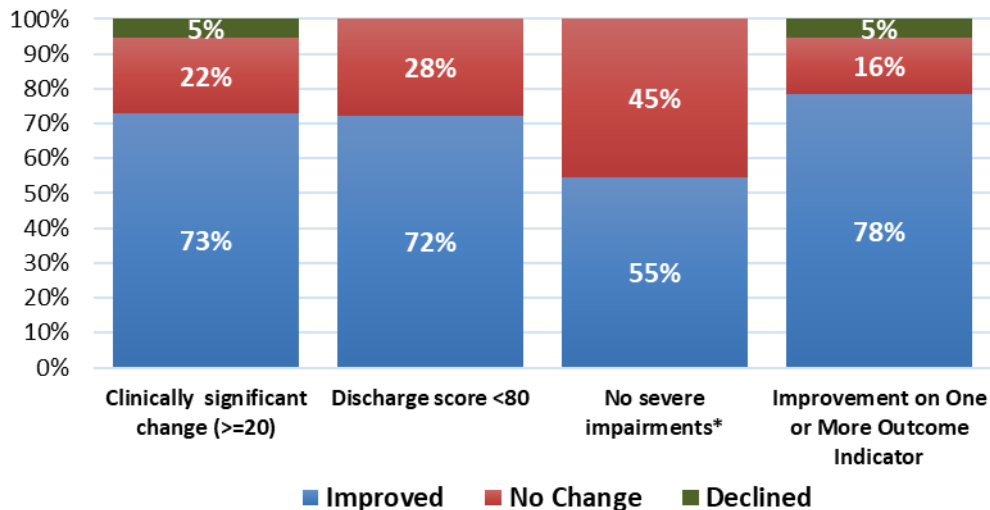
The CAFAS is a tool designed to evaluate emotional, behavioral, substance abuse functioning, and the impact of eight psychosocial areas of a youth's life. The lower the score, the more improvement and less impairment exists for youth.

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?

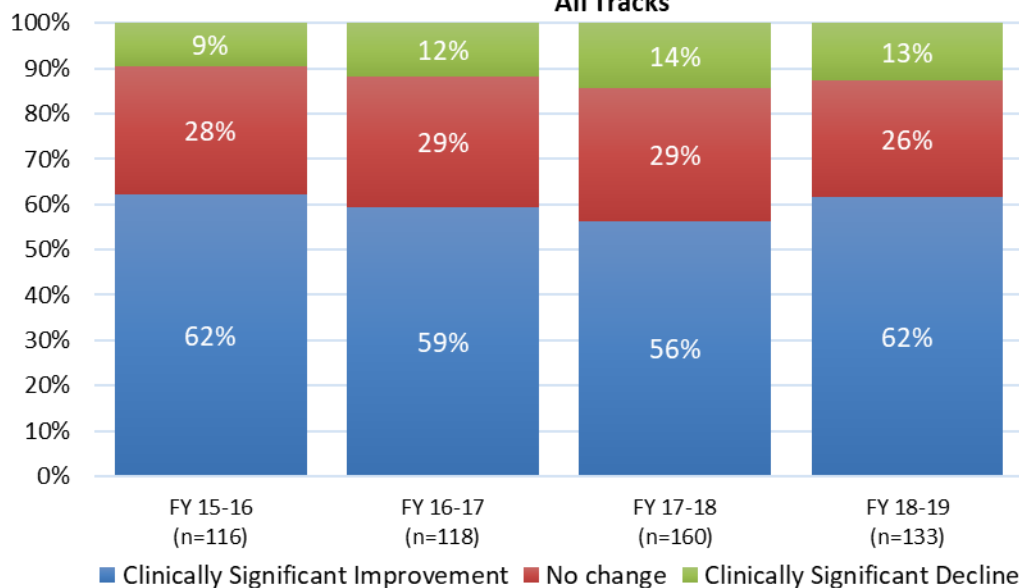
The graph below illustrates the number and percentage of youth achieving outcomes as a result of the FYI Program.

**Improvement on One or More Outcome Indicators from Admission to Discharge CAFAS (Traditional Track)**  
FY 18-19 n=37

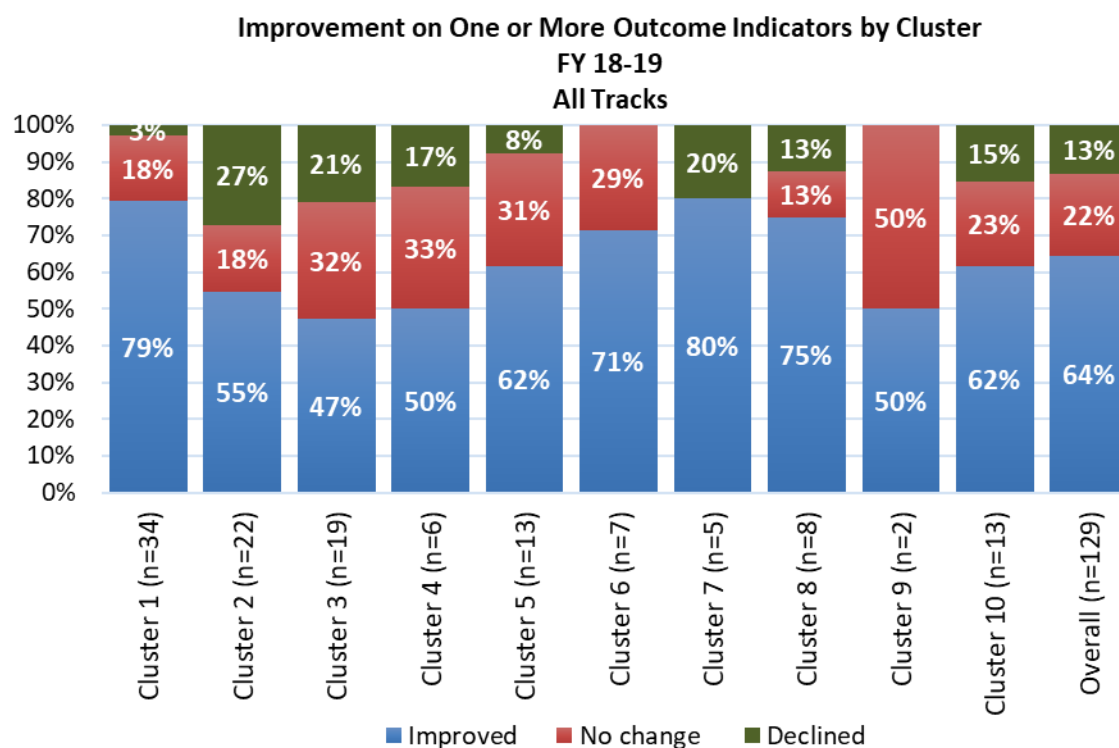
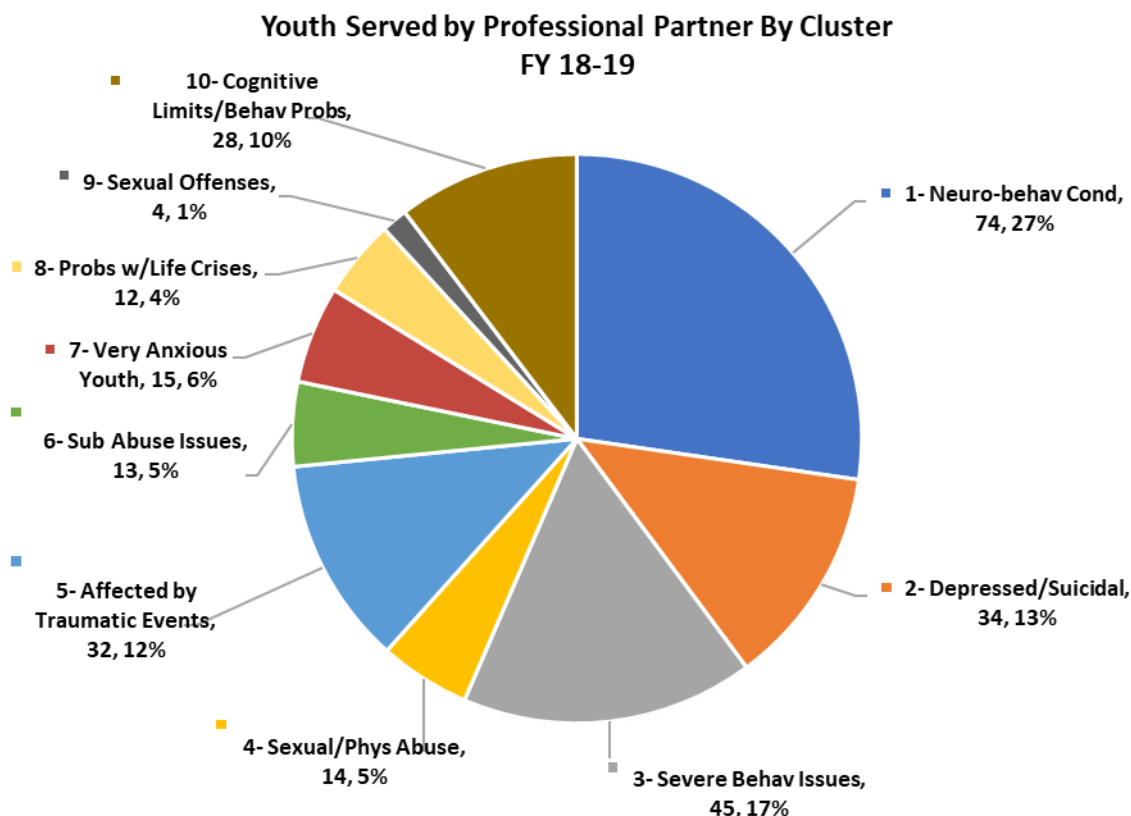


\*Only evaluated if there was one or more areas of severe impairment at intake.

**Change in CAFAS Score from Admission to Discharge**  
All Tracks

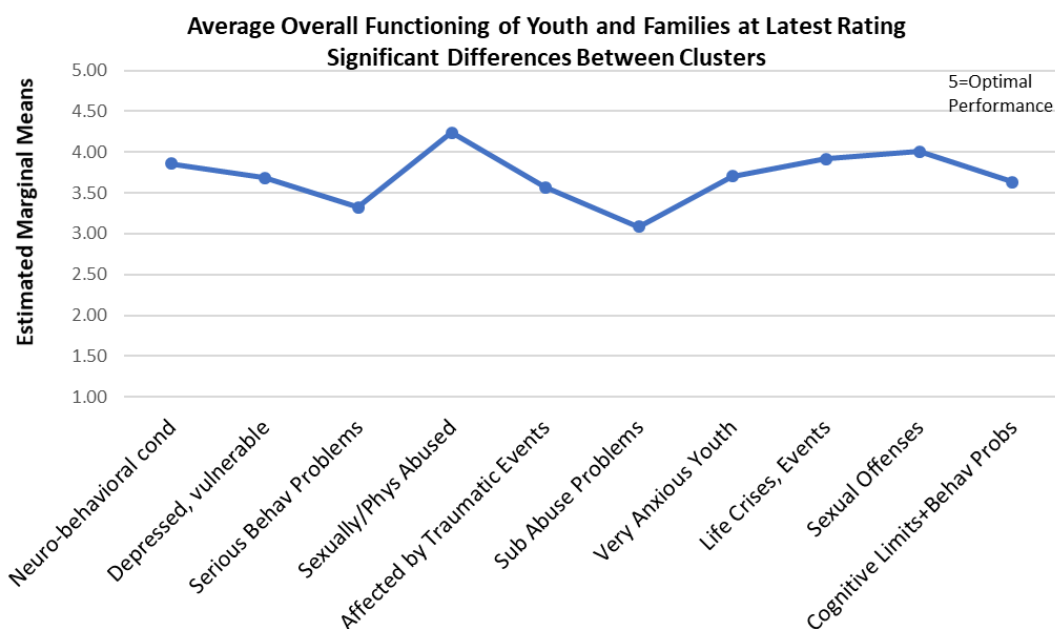


**Cluster-Based Planning (CBP)** is an emerging best practice that identifies subgroups (clusters) of individuals, who share common bio-psychosocial histories, problems, strengths, and life situations. For more information on CBP, see page 11 of this report. The charts below identify the percentage of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

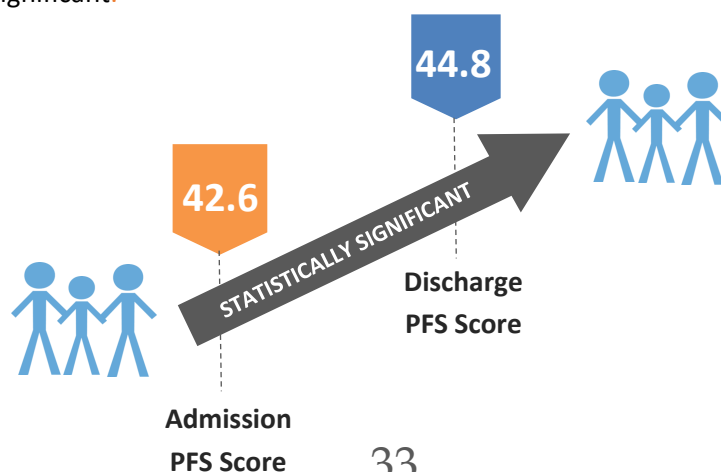


Statistical analyses showed a significant difference between the Clusters in terms of the overall level of performance on outcomes at their latest rating. Members of some clusters (e.g., Sexual Abuse, Life Crises/Events, Sexual Offenses) were doing somewhat better than youth in other clusters. In contrast, Global Outcome Scores for youth with Serious Behavior Problems and Substance Abuse Problems were lower than for youth in other clusters.

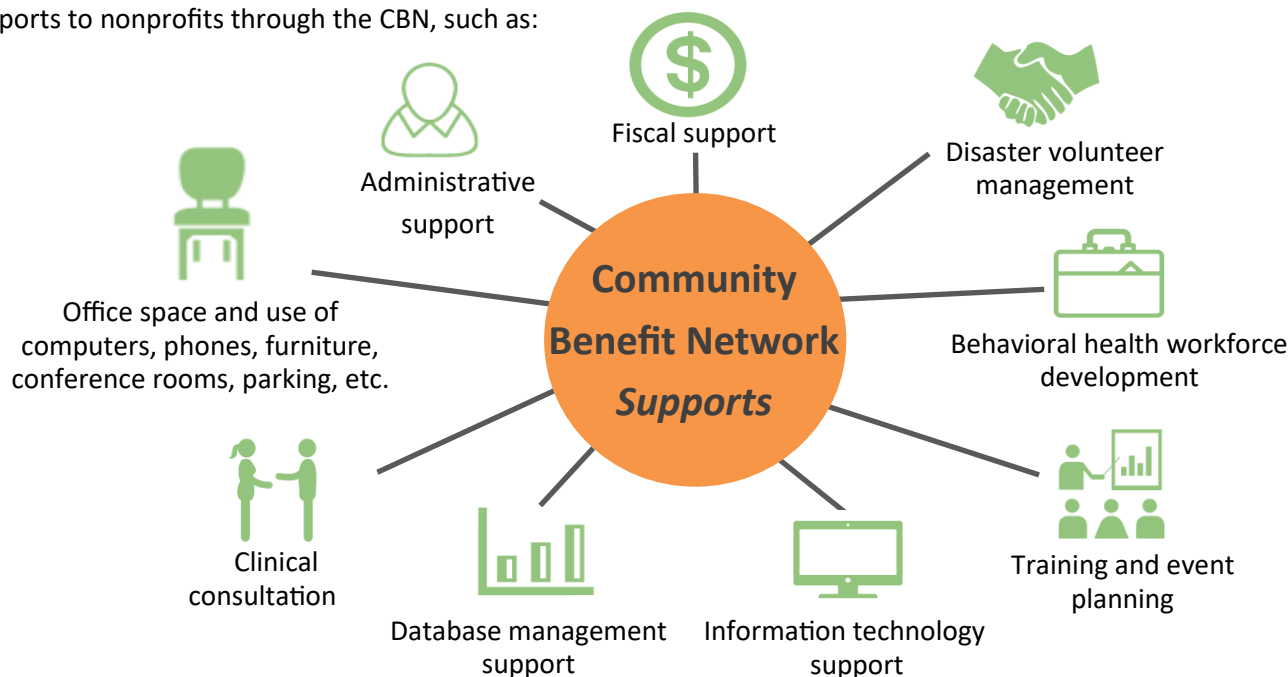
### Protective Factors Survey for Children and Family Services Track

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 64 families leaving FYI services with an improved total protective factors score of 2.2 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 18-19, 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 18-19, Region V Systems provided support to:

- Behavioral Health Education Center of Nebraska
- Cause Collective
- Families Inspiring Families
- Four Corners Health Department
- Mental Health Association of Nebraska
- National Association of Case Management
- Public Health Solutions
- 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 18-19, over 470 positions were posted, and the number of website users topped at 9,242.

[NebraskaBehavioralHealthJobs.com](http://NebraskaBehavioralHealthJobs.com) had a presence at conferences and events, and various targeted marketing efforts were conducted through direct mailings, contests, and social media.



# Employee Engagement

Staff directory updated as of publication date

**C.J. Johnson, Regional Administrator**

## Children and Family Services

**Renee' Dozier**

Director of Children & Family Services

<b>Robin Austen</b> Professional Partner	<b>Annie Glenn</b> Professional Partner Supervisor	<b>Laila Khoudeida</b> Professional Partner	<b>Shelly Noerrlinger</b> Referral & Resource Coordinator
<b>Broderick Baker</b> Professional Partner	<b>Eden Houska</b> Professional Partner	<b>Katiana MacNaughton</b> Professional Partner	<b>Kerri Peterson</b> Professional Partner
<b>Donita Baxter</b> Professional Partner	<b>Munira Husovic</b> Professional Partner	<b>Malcom Miles</b> Professional Partner Supervisor	<b>Cherie Teague</b> Professional Partner
<b>Andrew Brown</b> Professional Partner	<b>Liz Kester</b> Professional Partner	<b>Lisa Moser</b> Professional Partner	<b>Jessica Zimmerman</b> Service Coordination Specialist



Our employees embrace the *learning organization* philosophy through individual learning, team learning, and organizational learning. We foster a culture of forming strong mutual relationships, a sense of community, caring, and trust. Our organizational design is meant to be boundaryless, team-driven, and empowering. Information sharing is open, timely, and accurate. Leadership has a shared vision and is collaborative in nature.



The learning organization philosophy is realized through Region V Systems receiving its third award in FY 18-19 for placing in the top five employers, in its size category, from the "Best Places to Work in Lincoln" program. The program's survey, conducted by an independent entity (Quantum Workplace), distributes, gathers data, and analyzes results compared to other Lincoln employers who participated. Based on our employees' survey scores, **the award recognizes Region V Systems for providing a productive, healthy, and fun workplace culture, resulting in engaged and satisfied employees.**

## Nebraska Strong Recovery Project

<b>Sue Brooks</b> Outreach Worker	<b>Renee Langan</b> Outreach Worker	<b>Claudia Menjivar</b> Outreach Worker	<b>Kylan Pinkelman</b> Outreach Worker
<b>Destenie Commuso</b> Outreach Worker	<b>Kara Magdanz</b> Outreach Worker	<b>Alexis Moyer</b> Outreach Worker	<b>Robin Schmid</b> Administrative Assistant
<b>Shaun Grantski</b> Outreach Team Leader	<b>Cory Mattly</b> Outreach Worker	<b>Kasey Moyer</b> Outreach Worker	

Fiscal Dept.		Network Management	
Tami DeShon Fiscal Director	Sandy Morrissey Prevention Director	Dani DeVries HUD Housing Coordinator	Kayla Leintz Prevention Associate
Jill Davis Fiscal Associate	Kristin Nelson Director of Emergency Services	Kelly DuBray Housing Specialist	Phyllis McCaul Regional Consumer Specialist
Pat Franks Fiscal Associate	Amanda Tyerman-Harper Director of Network Services	Teri Effle Prevention Specialist	Marti Rabe Network Specialist
Linda Pope Fiscal Specialist		Jade Fowler Host Homes Specialist	Bridget Thompson RAP Housing Coordinator
Theresa Sock Fiscal Associate		Theresa Henning Regional Administrative Aide	Kim Whaley Housing Assistant

**Region V Systems has a strong commitment to balance organizational performance with contributions to the quality of life of its employees, the local community, and society at large. Employees participate in many corporate citizenship activities:**



One of our most impactful contributions to the community has come from our “Jeans for a Cause” campaign. Any employee can pay \$5 to wear jeans to work that day. Twice a year, for 6 months each time period, all donations earned through “Jeans Day for a Cause” are earmarked for the identified charity. This endeavor continues to be a wonderful win-win cause for our organization. Employees get to do something they love to do (wear jeans to work) AND make a difference in the community with their donation. We began “Jeans Day for a Cause” in 2011; our employees have since raised \$7,050 exclusively by wearing jeans, making an impact at 8 different non-profits in Lincoln.



For the last 10 years (since the program’s inception), Region V Systems’ employees have volunteered their time at the annual “Project Homeless Connect Lincoln,” a collaboration of local organizations, businesses, and community volunteers who come together to provide a one-day, one-stop shop of health and human services for people experiencing homelessness.



Region V Systems has been a supporter of the “Tabitha Meals on Wheels” program for the last 23+ years, whereby our employees ensure that someone from our organization volunteers for our designated route every Friday without fail.



For the second year in a row, Region V Systems received an award for its recycling efforts by participating in the “Recycle Lincoln Leadership Recognition Program.” The program’s mission is to help promote the city’s goal to reduce the per capita amount of waste disposed of in landfills by 30% by 2040. Businesses are recognized for their leadership and excellence in recycling.

## Continuous Quality Improvement

Patrick Kreifels  
CQI Director

John Danforth  
Clinical Assessment Specialist

Joseph Pastuszak  
CQI Network Specialist

Erin Rourke  
CQI Analyst

## Operations Dept.

Kim Michael  
Director of Operations & Human Resources

Donna Dekker  
Administrative Assistant


Deanna Gregg  
Operations Manager

Jon Kruse  
Technology Systems Manager

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