

REGION V SYSTEMS ANNUAL REPORT FY 19-20



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*PROMOTING COMPREHENSIVE
PARTNERSHIPS IN BEHAVIORAL HEALTH*

ANNUAL LETTER TO STAKEHOLDERS

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 19-20 turned out to be significantly challenging for two primary reasons: (1) planning for FY 20-21 and trying to anticipate what the impact of Medicaid Expansion would be on the Regional Behavioral Health system; and (2) the COVID-19 Pandemic. It was impressive to see how the providers of behavioral health services responded to provide alternative service delivery to ensure that consumers could continue to receive support during these difficult times. Working with the Division of Behavioral Health (DBH) and the Nebraska Association of Behavioral Health Organizations (NABHO), strategies to maintain revenues were established to ensure that Network Providers could keep services and supports available during the last four months of the fiscal year and into FY 20-21.

Here are a few highlights from Fiscal Year 19-20:

Increased awareness that vulnerable populations exist in all of our public systems of care have promoted increased communication and collaborations across long-standing silos.

Nebraska System of Care

This has been the final year of the four-year System of Care federal grant. Clinical support has continued 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 support provides therapeutic consultation to students, ages 5 through 21, identified by staff and/or family/caregiver, who have a need for behavioral health services. Youth/family Crisis Response has been provided throughout the Region V geographic area.

State Opioid Response

This opioid response grant supports prevention and treatment activities. Our regional prevention coordination 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.

[NebraskaBehavioralHealthJobs.com](https://www.nebraskabehavioralhealthjobs.com)

Since its inception, the website has had over 279,000 page views. This collaboration with the Behavioral Health Education Center of Nebraska (BHECN) and Region V Systems continued to explore how to make this free job posting website to behavioral health employers an ongoing useful tool. These efforts led to a 12.5% increase in the number of jobs posted as compared to the previous fiscal year.

Lincoln Permanent Housing (LPH) Grant

Region V Systems was awarded funding from Housing and Urban Development (HUD) to expand our permanent supportive housing to consumers who are homeless with disabilities in the city of Lincoln (Lincoln Permanent Housing-LPH). The LPH Program is scheduled to be implemented April 2021 with the goal of housing the first participant in June 2021. The new program will allow Region V Systems to provide housing and case management support to up to 12 program participants at one time.

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

In partnership with the UNL Policy Center, suicide prevention efforts are priority due to suicide rates among people ages 10-24 throughout southeast Nebraska. Mental health promotion, programming, trainings, and resources have reached schools and communities across the Region. Fourteen evidence-based programs are utilized and promoted through the prevention coalitions. Through the Partnership for Success Grant, development of the website www.TalkHeart2Heart.org offers stories of hope, resources, and education for adults and youth.

The Region V Youth Board planned for regional youth events and assisted with disseminating messages of hope by placing yard signs at schools, churches, and neighborhoods throughout the Region.

Nebraska Strong (Flood)

Region V was part of the FEMA Regular Service Program which continued providing outreach to those impacted by the 2019 spring flooding. Region V Systems' Outreach Workers provided information and supported behavioral health referrals when needed. As the FEMA Regular Service Program was wrapping up, Nebraska received a SAMHSA grant to continue providing support to individuals in Butler, Nemaha, Richardson, Saline, and Saunders counties over an additional 18-month time period. In addition to the outreach activities, individuals who qualify can receive vouchers through the Rural Response Hot Line to aid in obtaining outpatient behavioral health services.

Nebraska Strong (COVID-19)

Region V received, and is participating in, a statewide FEMA Crisis Counseling grant to provide outreach activities throughout the Region V geographic area. This grant allows Outreach Workers to educate the public on how to engage in behavioral health self-care during the pandemic as well as provide information regarding behavioral health services available in the area.

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



Handwritten signature of Dennis M. Byars in black ink.

Dennis Byars
Regional Governing Board Chair

Handwritten signature of C.J. Johnson in black ink.

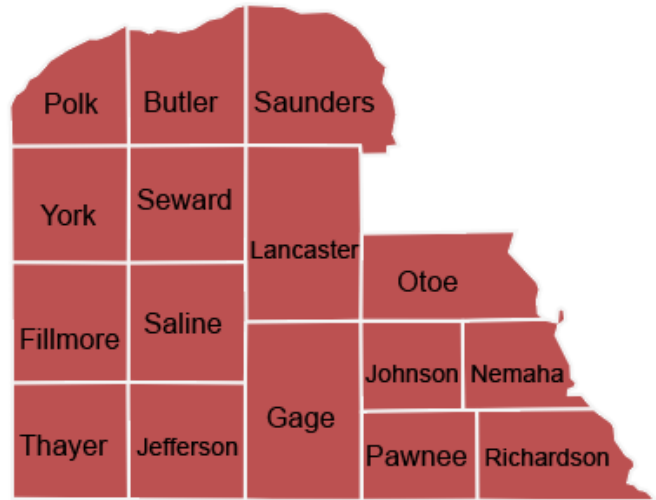
C.J. Johnson
Regional Administrator

WHO WE ARE

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

In 2004, LB 1083 (the Behavioral Health Services Act) was passed, repealing the original statutes but re-establishing and renaming the regions as “Behavioral Health Authorities.” These Behavioral Health Authorities make up *Nebraska’s public behavioral health system*.

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



Region V covers approximately 9,308 square miles. According to *U.S. Census 2010*, Region V has a population of 444,920, constituting approximately 24 percent of the state’s population.



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

STATUTORY RESPONSIBILITIES

<i>Administration and management of the Regional Behavioral Health Authority</i>	<i>Initiation and oversight of contracts for the provision of publicly funded behavioral health services</i>	<i>Comprehensive planning, development, integration, and coordination of an array of publicly funded, community-based behavioral health treatment and rehabilitation services for children and adults</i>
<i>Conducting audits of publicly funded behavioral health services as well as evaluation and quality management</i>	<i>Advocacy and involvement of consumers in all aspects of service planning and delivery within the Region</i>	
<i>Evaluation and quality management</i>	<i>Fiscal management and accountability, including preparation of an annual budget and plan for the funding and administration of services</i>	

REGIONAL GOVERNING BOARD (RGB)

Each Behavioral Health Authority is governed by a Regional Governing Board (RGB), comprised of an appointed county commissioner from each of the counties it serves. **Current membership includes:**

- | | |
|--|--|
| Butler CountyRyan Svoboda | Pawnee County Jan Lang (<i>Treasurer</i>)* |
| Fillmore CountyKenny Harre | Polk County Jerry Westring |
| Gage CountyDennis Byars (<i>Chair</i>)* | Richardson County John Caverzagie |
| Jefferson CountyGale Pohlmann (<i>Vice Chair, BHAC Rep</i>)* | Saline County Janet Henning |
| Johnson CountyJim Erickson | Saunders County John Smaus |
| Lancaster CountyChrista Yoakum (<i>Secretary</i>)* | Seward County Ken Schmieding |
| Nemaha CountyLarry Holtzman | Thayer County Dean Krueger |
| Otoe CountyDan Crownover | York County Bill Bamesberger |

* Executive Committee members

BEHAVIORAL HEALTH ADVISORY COMMITTEE (BHAC)

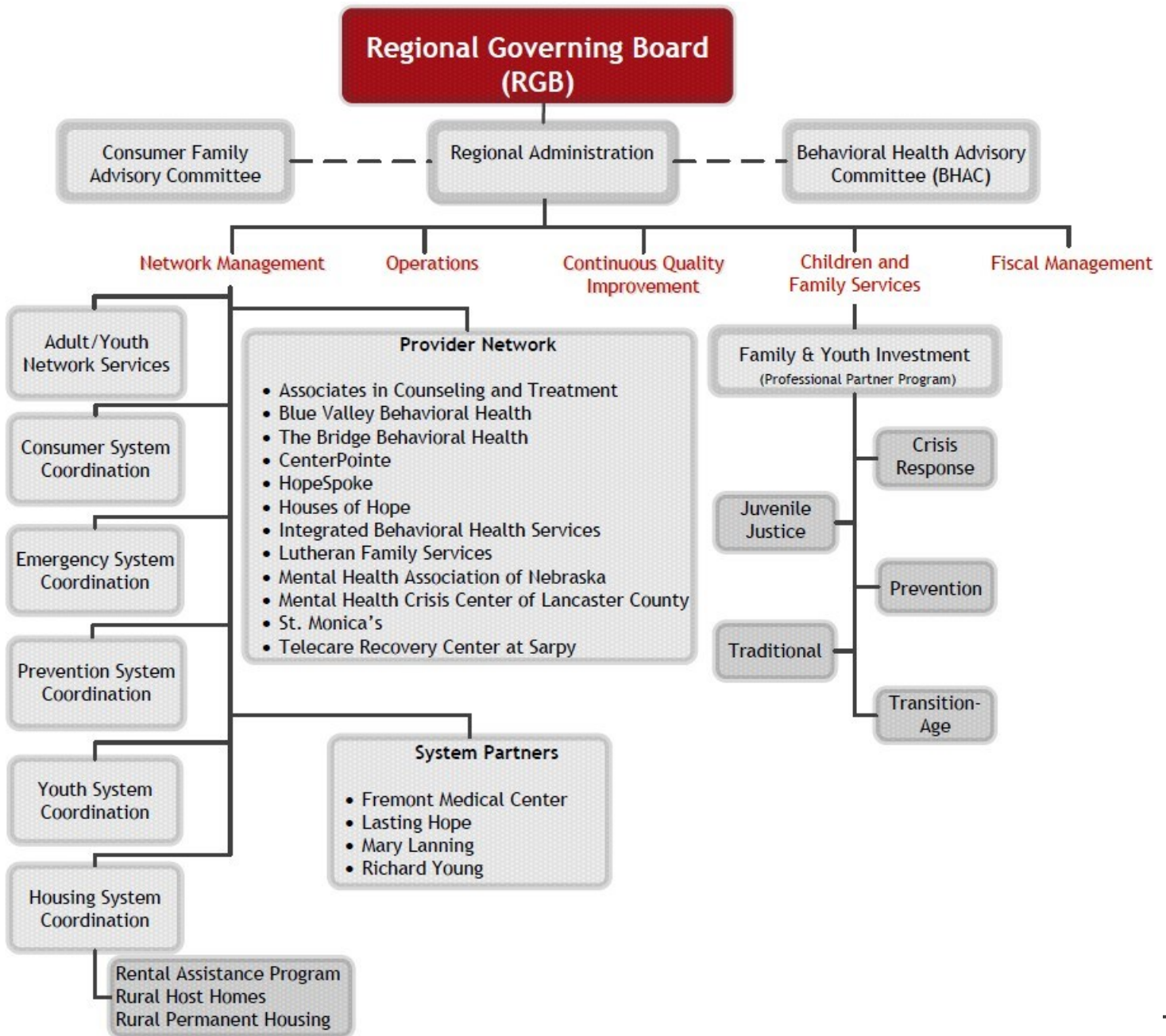
The RGB is required to appoint a Behavioral Health Advisory Committee, responsible for advising the RGB on behavioral health issues and funding allocations. Consideration for membership is given to geographic residence, direct and indirect consumers, cultural diversification, and the community at large.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

- | | |
|---|------------------------------------|
| Christine Cooney (<i>Member at Large</i>) | Jill Kuzelka (<i>Vice Chair</i>) |
| Irene Duncan | Rebecca Meinders |
| Karen Helmberger | Lucinda Mesteth |
| Greg Janak (<i>Member at Large</i>) | Barbara Murphy |
| Corrine Jarecke | Laura Osborne (<i>Chair</i>) |
| Corrie Kielty | Gale Pohlman (<i>RGB Rep</i>) |
| Stephanie Knight | Darla Winslow |

Thanks to the past members of the FY 19-20 BHAC & RGB for your dedication and support toward the Regional System of Care:

- Gene Cotter (BHAC)
- J. Rock Johnson (BHAC)
- Tracy Pella (BHAC)
- Richard Pethoud (BHAC)
- Constance (C.J.) Zimmer (BHAC)
- Greg Janak (RGB)
- Dean Speth (RGB)
- Doris Karloff (RGB)

GOVERNANCE STRUCTURE

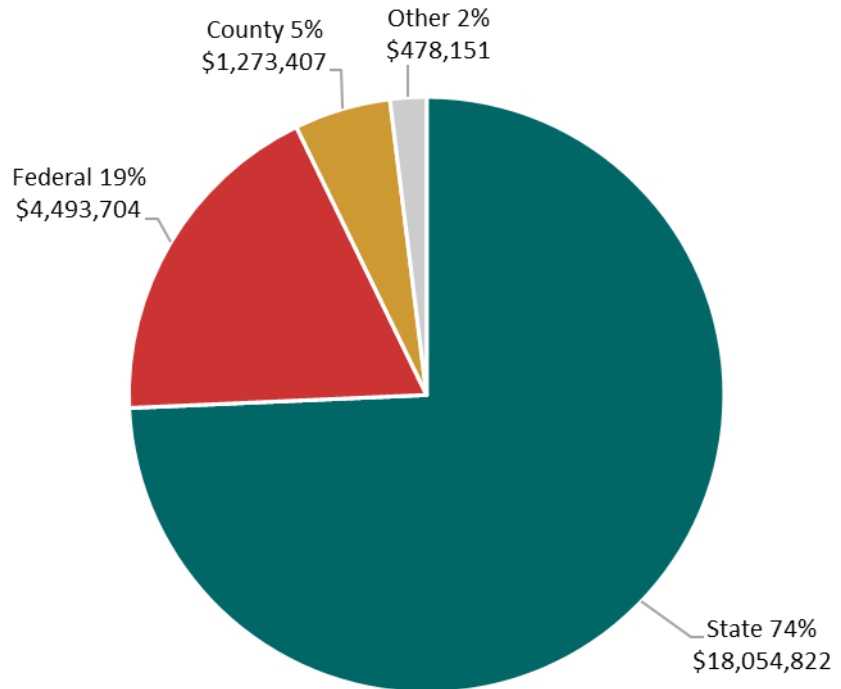


FISCAL TRANSPARENCY

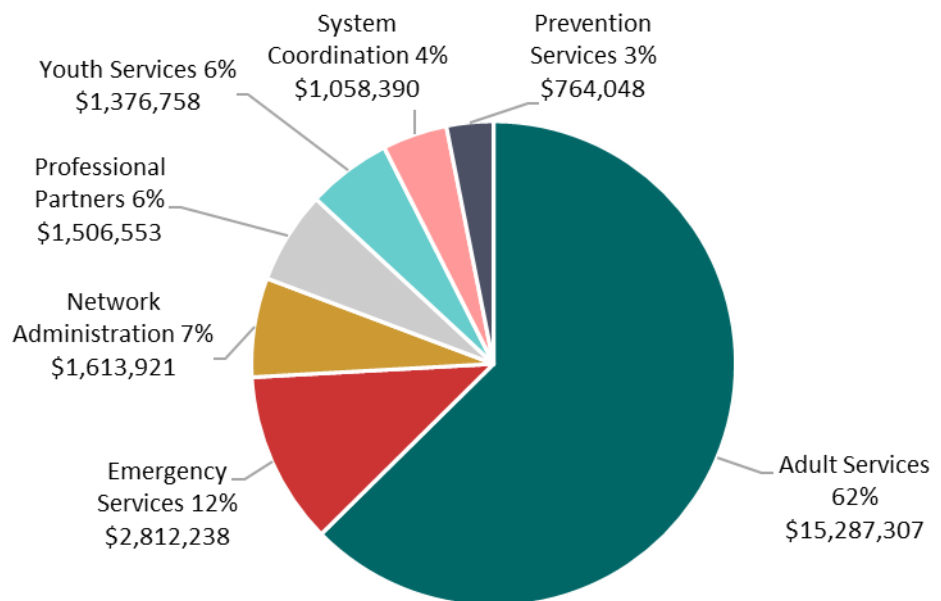
Fiscal management ensures the effective use of financial resources, transparency, and accountability. Funding is received from a variety of resources, including state and federal dollars through Nebraska’s Department of Health and Human Services’ Division of Behavioral Health and the Division of Children 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 then distributes funding through contracts with local providers and works with system partners that offer many levels of treatment and a broad array of services. To ensure contractual and financial compliance, Region V Systems’ staff conduct contract performance reviews and fiscal audits.

FY 19-20 Funding
\$24,300,084



FY 19-20 Expenditures
\$24,419,215



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:

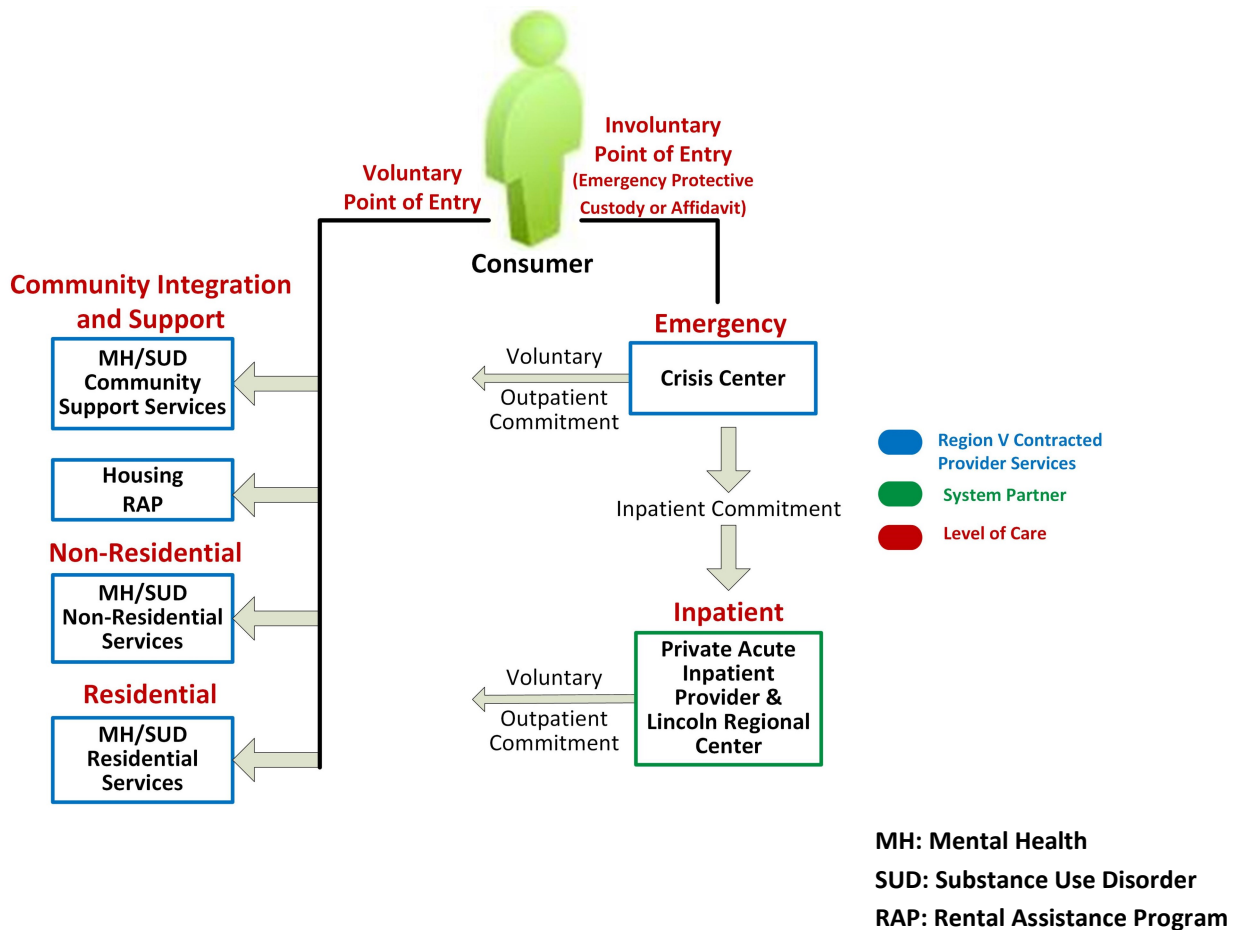
- Enhancing an individual’s experience of care (availability, accessibility, quality, and reliability);
- Improving the health outcomes of individuals;
- Promoting services that are efficient, effective, and in the right amount; and
- Fostering provider satisfaction.

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 19-20, 11 agencies were in Region V Systems’ 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



REGION V SYSTEMS' SERVICE ARRAY (as of publication date)

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

Associates in Counseling and Treatment 600 North Cotner Boulevard Ste. 119 Lincoln, NE 68505 Phone: 402-261-6667 www.actnebraska.org		Assessments - SUD
Blue Valley Behavioral Health 1123 North 9th Street Beatrice, NE 68310 Phone: 402-228-3386 www.bvbh.net	   	24-Hour Crisis Line; Community Support - MH; Intensive Outpatient - SUD; Medication Management; Outpatient Therapy - MH & SUD; Assessments - SUD <i>Additional offices in Auburn, Crete, David City, Fairbury, Falls City, Geneva, Nebraska City, Pawnee City, Seward, Wahoo, York</i>
The Bridge Behavioral Health 721 'K' Street Lincoln, NE 68508 Phone: 402-477-3951 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: 402-475-8717 www.centerpointe.org	    	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 2444 'O' Street Lincoln, NE 68510 Phone: 402-475-7666 www.hopespoke.org	 	Assessments - MH & SUD; Outpatient Therapy - MH & SUD; Therapeutic Consultation – MH
Houses of Hope 1124 North Cotner Boulevard Lincoln NE 68505 Phone: 402-435-3165 www.housesofhope.com	   	Halfway House; Targeted Adult Service Coordination (TASC); Intensive Community Services - MH; Emergency Community Support - MH & SUD; Crisis Response Team; Recovery Support – MH & SUD; Short-Term Residential (Touchstone); Youth Mobile Crisis Response (TASC)
Integrated Behavioral Health Services 1430 South St. Lincoln, NE 68502 Phone: 531-500-4429 www.ibhealthservices.com		Secure Residential
Lutheran Family Services 2301 'O' Street Lincoln, NE 68510 Phone: 402-435-2910 www.lfsneb.org	  	Intensive Outpatient-SUD; Outpatient Therapy-MH & SUD; Community Support -MH; Medication Management; Assessments – SUD; Peer Specialist
Mental Health Association of Nebraska 1645 'N' Street Lincoln, NE 68508 Phone: 402-441-4371 www.mha-ne.org	 	Supported Employment (HOPE); Hospital Diversion (Keya House)
Mental Health Crisis Center of Lancaster County 825 'J' Street Lincoln, NE 68508 Phone: 402-441-8276 www.lancaster.ne.gov/368/mental-health-crisis-center		Emergency Protective Custody; Emergency Crisis Assessment - SUD; Post-Commitment Days
Region V Systems 1645 'N' Street Lincoln, NE 68508 Phone: 402-441-4343 www.region5systems.net	 	Housing Coordination; Emergency System Coordination; Prevention System Coordination; Consumer Services Coordination; Adult System Coordination; Youth System Coordination Professional Partner Programs: Traditional, Children and Family Services, Prevention, Transition Age, Crisis Response, Juvenile Justice
St. Monica's 120 Wedgewood Drive Lincoln, NE 68510 Phone: 402-441-3768 www.stmonicas.com	  	Community Support-SUD; Outpatient Therapy-SUD; Intensive Outpatient-SUD; Short-Term Residential; Therapeutic Community; Peer Specialist
TeleCare Recovery Center at Sarpy 2231 Lincoln Road Bellevue, NE 68005 Phone: 402-291-1203 www.telecarecorp.com		Secure Residential

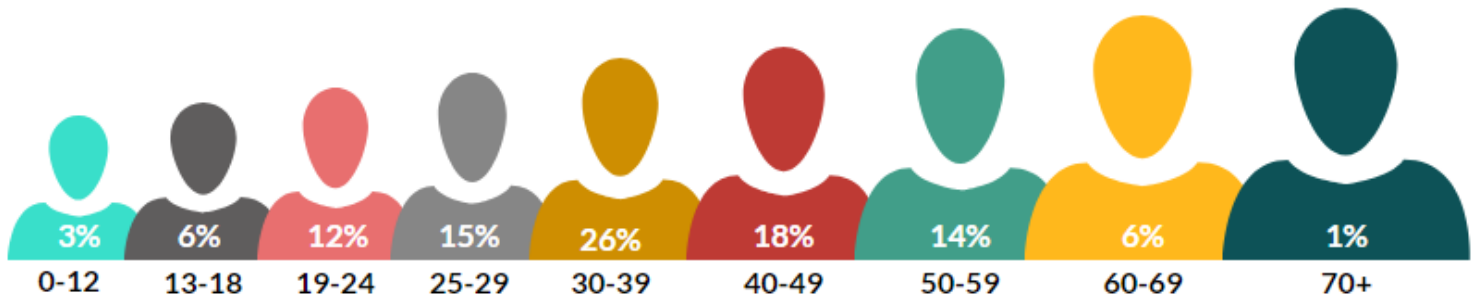
MH: Mental Health

SUD: Substance Use Disorder

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

BEHAVIORAL HEALTH DATA FOR REGION V-FUNDED SERVICES

Age



	Mental Health	Substance Use Disorder	Total*
Unique Persons Served	6,309	2,495	7,779

County of Residence	County Residents Served	New Admissions FY 19-20**
Butler	87	100
Fillmore	72	65
Gage	476	555
Jefferson	115	144
Johnson	47	58
Lancaster	4,829	6,807
Nemaha	114	151
Otoe	227	288
Pawnee	40	39
Polk	53	60
Richardson	141	168
Saline	238	289
Saunders	142	180
Seward	163	195
Thayer	49	51
York	263	292
All Other including "Not Available" †	1,092	1,286
Region Total	8,148***	10,728

* 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 19-20 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 19-20.

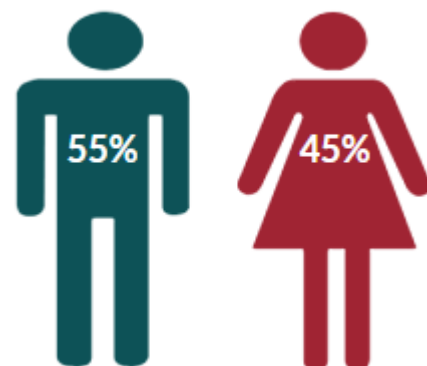
† There are services where County of Residence is not a required field at the time of admission and other services where it is not required at all.

Race

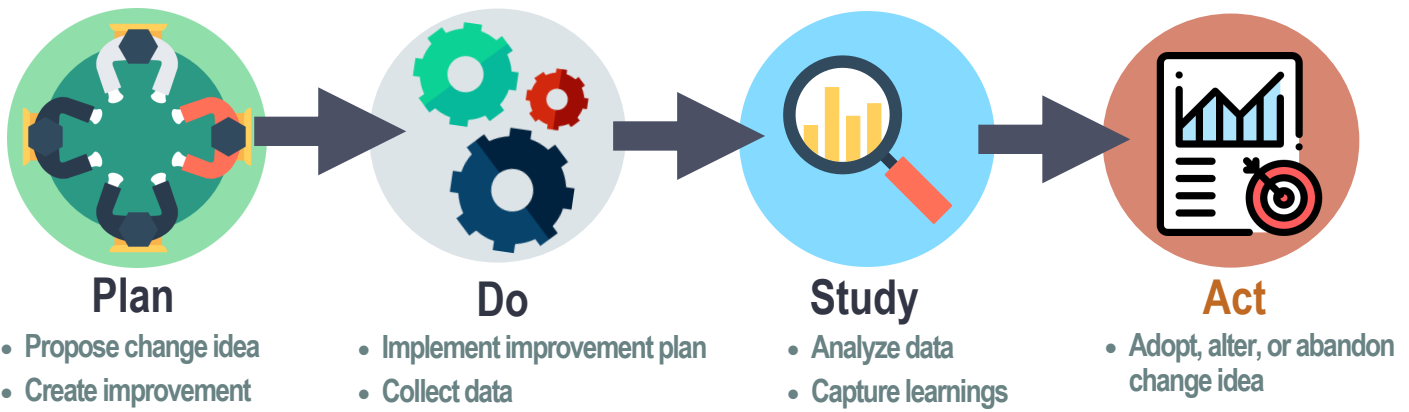


- White (69.9%)
- Black/African American (6.7%)
- American Indian/Alaska Native (3%)
- Two or More Races (1.4%)
- Asian (0.7%)
- Native Hawaiian/Other Pacific Islander (0.3%)
- Other (3.1%)
- Not Specified (14.9%)

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;
- services are of high quality and provided in the most cost-effective manner; and
- population management is utilized by identifying subgroups of individuals who share common histories, problems, strengths, and life situations through Cluster-Based Planning (CBP) process.

COMPASS

For records management, Region V Systems contracts with H4 Technology, LLC for its 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.



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 and showing progress or improvement in the consumer's road to recovery.

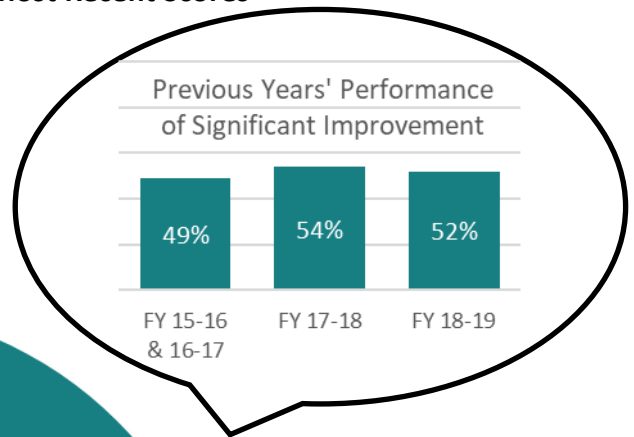
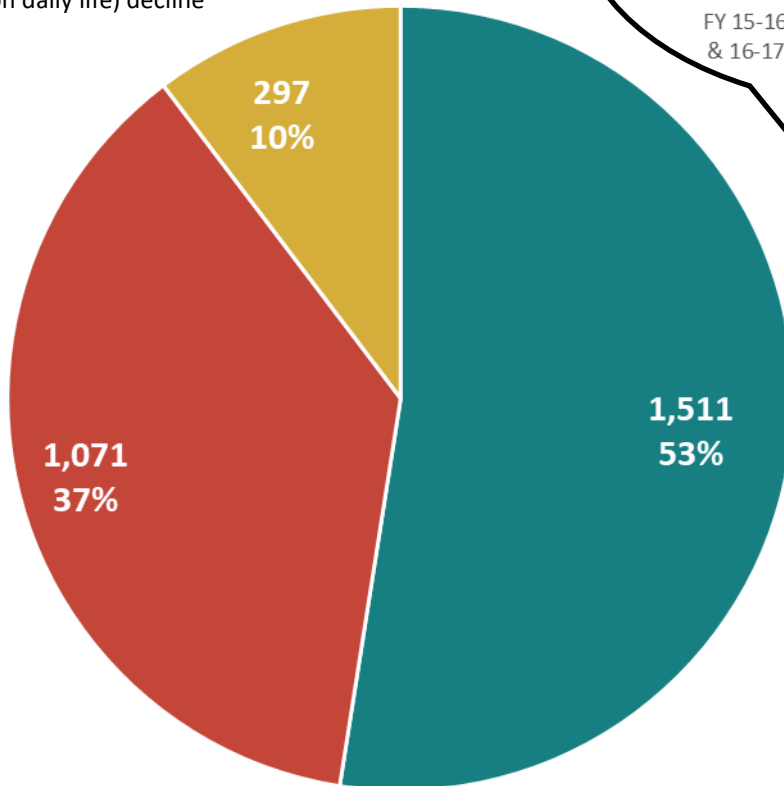
Consumer Recovery Outcomes
When Comparing Admission to Discharge/Most Recent Scores
FY 19-20
n=2879

Significant Decline:

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

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	64/2271	3%	4B- Anxiety and Focus on Physical Health	13/23	57%
		119/2271	5%	1-Chronic and Serious Physical Health Conditions/Psychiatric Disabilities	111/196	57%
		297/2271	13%	3A- Severely Disabled in Many Life Areas	73/141	52%
		534/2271	24%	4A- Anxiety and Depression and Avoid Growth	107/210	51%
		803/2271	35%	2A-Serious Substance Abuse/Mental Health and Community Living Problems	188/368	51%
		104/2271	5%	3B- Severe Psychiatric Illnesses Began More Recently/Not Convinced of Treatment	22/44	50%
		183/2271	8%	2B-Severe Substance Abuse/Less Severe Mental Health Problems	32/67	48%
		167/2271	7%	5- Functioned Well in Community	22/48	46%
	AOD-Men	54/765	7%	M3- Use Threats/Intimidation to Get Needs Met	29/41	71%
		15/765	2%	M6- Younger Men Addicted To Heroin or Cocaine & On Streets	4/6	67%
		57/765	7%	M1- Expect Others to Meet Their Needs	22/34	65%
		99/765	13%	M2- Unable to Deal with High Expectations	37/63	59%
		17/765	2%	M5- Addicted to Opiates or Pain Medications	4/7	57%
		265/765	35%	M8- SA w/Less Sev MH Problems	73/134	54%
		90/765	12%	M4- Culturally Isolated – No Need to Change	9/17	53%
		168/765	22%	M7- SA & Severe MH Problems	50/99	51%
	AOD-Women	29/487	6%	W2- Addicted to Exciting Lifestyle	20/26	77%
		22/487	5%	W3- Addicted to Medications or Other Drugs/Avoid Consequences	9/12	75%
		96/487	20%	W8- Use to Deal with Family/Social Issues	28/42	67%
		122/487	25%	W6- Mental Health Problems & Survivors of Trauma	50/77	65%
		44/487	9%	W7- Controlled by Others with Limited Expectations	16/26	62%
		24/487	5%	W10-Worn Down from Generational Poverty & Addiction	10/17	59%
		51/487	10%	W4- More Mature Alcohol Abusers	18/32	56%
		22/487	5%	W9- Unintentionally Dependent on Drugs	5/10	50%
		53/487	11%	W5- Substance Abuse with Severe Mental Health Problems	19/40	48%
	Youth	81/427	19%	1- Neuro-Behavioral Conditions	31/43	72%
		33/427	8%	10-Cognitive Limitations & Behavior Problems	8/14	57%
		10/427	2%	6-Problems with Substance Abuse	5/9	56%
41/427		10%	5-Affected byTrauma	15/29	52%	
57/427		13%	2-Depressed/Suicidal	24/46	52%	
21/427		5%	4-Sexually/Physically Abused	7/14	50%	
99/427		23%	8-Youth Struggling with Life Crises	33/73	45%	
35/427		8%	7-Very Anxious Youth	9/20	45%	
46/427		11%	3-Severe Behavior Problems	13/30	43%	

NATIONAL OUTCOME MEASURES (NOMS)

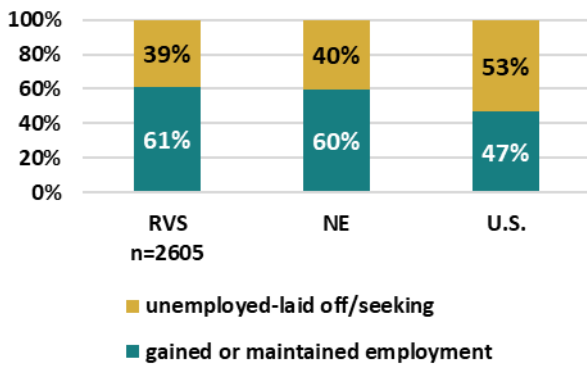
National Outcome Measures developed by Substance Abuse and Mental Health Services Administration (SAMHSA), in collaboration with the states, have identified domains as our National Outcome Measures, or NOMs. The domains embody meaningful, real life outcomes for people who are striving to attain and sustain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

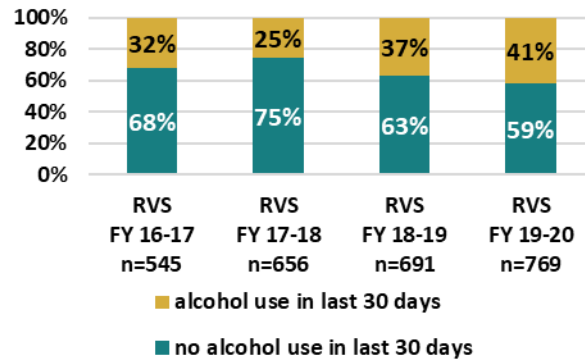
The NOMs domains focus on consumers achieving/sustaining employment or enrollment in school (Employment/Education), reduce arrests (Crime & Criminal Justice), increase stability in housing (Stability in Housing), abstinence or reduction from drug/alcohol use (Reduced Morbidity).

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.

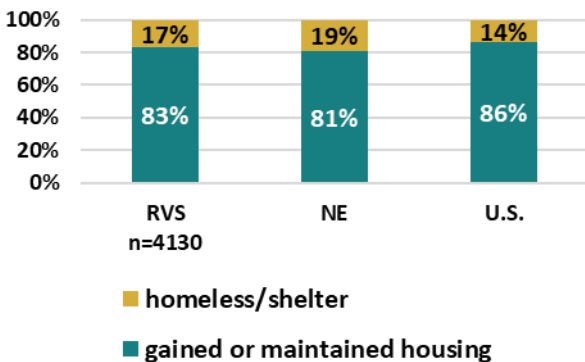
Employment



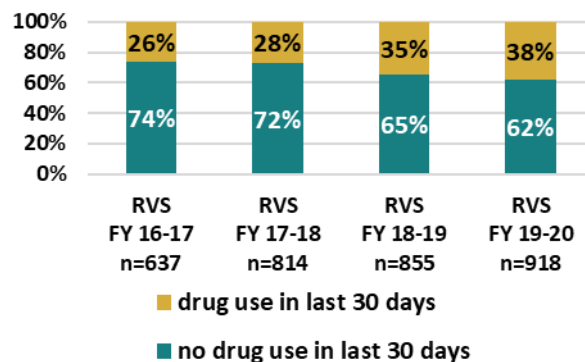
Alcohol Abstinence



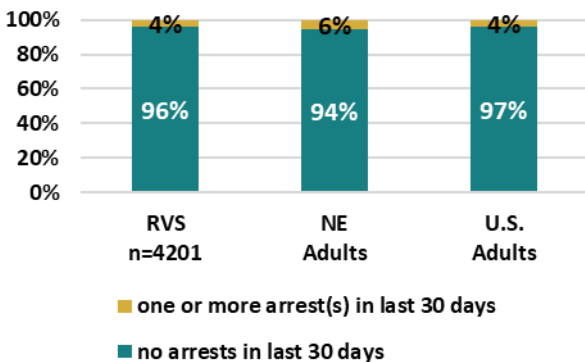
Stable Housing



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 19-20

NE: Nebraska Division of Behavioral Health performance for Mental Health & Dual Diagnosis services, as reported to SAMHSA for 2019

U.S.: Aggregate performance of states reporting to SAMHSA for 2019

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 [2019 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 states reporting to the Substance Abuse and Mental Health Services Administration (SAMHSA):



Survey Domain	Statement	Region V Systems’ Provider Network Perception of Care Adults and Youth FY 19-20	State of Nebraska Consumer Survey Adults 2019	All States Reporting to SAMHSA Adults 2019
General Satisfaction	If I had other choices, I would still get services	92.6%	81.1%	90.1%
	I would recommend this agency to a friend or family member	93.7%	86.9%	
Quality and Appropriateness	Staff were sensitive to my cultural background (race, religion, language, etc.)	90.9%	85.6%	89.5%
Access	Services were available at times that were good for me	90.8%	86.4%	88.6%
Participation in Treatment Plan	I, not staff, decided my treatment goals	86.7%	78.2%	86.2%
Functioning	I am better able to handle things when they go wrong	80.7%	71.3%	N/A
	I deal more effectively with daily problems	87.0%	76.2%	80.4%
Outcomes	I am better able to deal with crisis	85.3%	75.0%	
	In a crisis, I would have the support I need from family or friends	84.6%	79.0%	N/A
Social Connectedness				
Other	Staff treated me with respect and dignity	94.7%	91.7%	N/A
	The program was sensitive to any experienced or witnessed trauma in my life	86.6%	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 abuse disorders.**

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

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

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

Strengths, areas for continued growth, and plans for improvement were outlined in all domains.

TRAUMA-INFORMED CARE

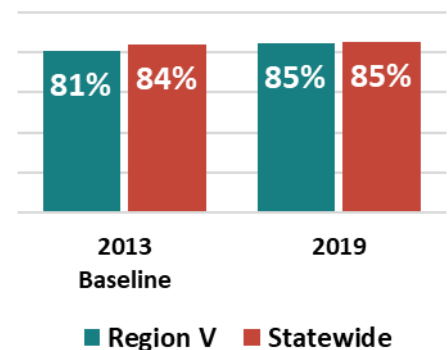
Trauma-Informed Care is a statewide initiative to ensure all Network Providers:

- 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.

In FY 19-20, trauma funding supported the expansion of Region V’s annual Behavioral Threat Assessment Trainings (BETA) to add additional trainings in rural counties and specialized training for school resource officers. These trainings are targeted towards law enforcement with one training objective being to increase the understanding of trauma and increase trauma sensitivity amongst law enforcement officers who work with mutual consumers in our emergency service system; 141 people were trained in BETA.

Annually, the Department of Health and Human Services’ Division of Behavioral Health administers a behavioral health consumer survey. The purpose is to solicit input from persons receiving mental health and/or substance use services on the quality and impact of services received. Survey results are utilized to monitor the System of Care to ensure it is delivering behavioral health services in a trauma-informed manner. The graph above identifies results to the question posed to persons served, “The program was sensitive to any experienced or witnessed trauma in my life.” Statewide averages are also illustrated on the graph.

“The program was sensitive to any experienced or witnessed trauma in my life”



OPIOID CRISIS GRANT

Region V Systems partners with the Nebraska Department of Health and 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 were supported on their path to recovery with funding for medication-assisted treatment including medication management provided by certified prescribers, medically necessary labs, and the FDA-approved medication, Buprenorphine.

For more information on the prevention activities funded under the Opioid Crisis Grant, please see page 17.

SPECIAL POPULATIONS

The purpose of the Special Populations in Behavioral Health grants is to develop comprehensive approaches and support capacity-building efforts in special population priority areas as they relate to behavioral health. Grants were awarded as follows:

Agency	Award	Purpose
The Bridge Behavioral Health	\$408	2 Travis Touch Portable Language Translators
CEDARS	\$1,000	Direct training and certification for two therapists to become certified in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
CenterPointe	\$1,197	Curriculum and materials for CenterPointe clients and staff to implement Dialectical Behavior Therapy (DBT)
CenterPointe	\$1,215	10 Travis Touch Portable Language Translators
Esperanza Family Services	\$1,071	Wellness Recovery and Action Plan (WRAP) training
HopeSpoke	\$852	4 Travis Touch Portable Language Translators
Telecare Corporation	\$270	Travis Touch Portable Language Translator, case charging pad
Wellbeing Initiative	\$1,000	Wellness Recovery and Action Plan (WRAP) seminar
Total: \$7,013		

OPIOID OVERDOSES
On the Rise in the United States

30% INCREASE
in emergency department visits for opioid overdoses
July 2016–September 2017

Increases were greater in adults **ages 25+**

DO YOUR PART TO PREVENT OPIOID OVERDOSES

- Learn about opioid risks
- Store prescription opioids securely
- Find out how naloxone can save lives
- Contact SAMHSA helpline at 1-800-662-HELP

Call 911 if you need immediate care

Learn more at www.cdc.gov/vitalsigns/opioid-overdoses

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 in residential care to primary health care and a medical home at Bluestem Health utilizing vouchers for consumers to receive behavioral health services. Conversely, Bluestem prioritizes behavioral health screening and referral to treatment. In FY 19-20, 67 persons served received primary health care services through Region V Systems' voucher funding.

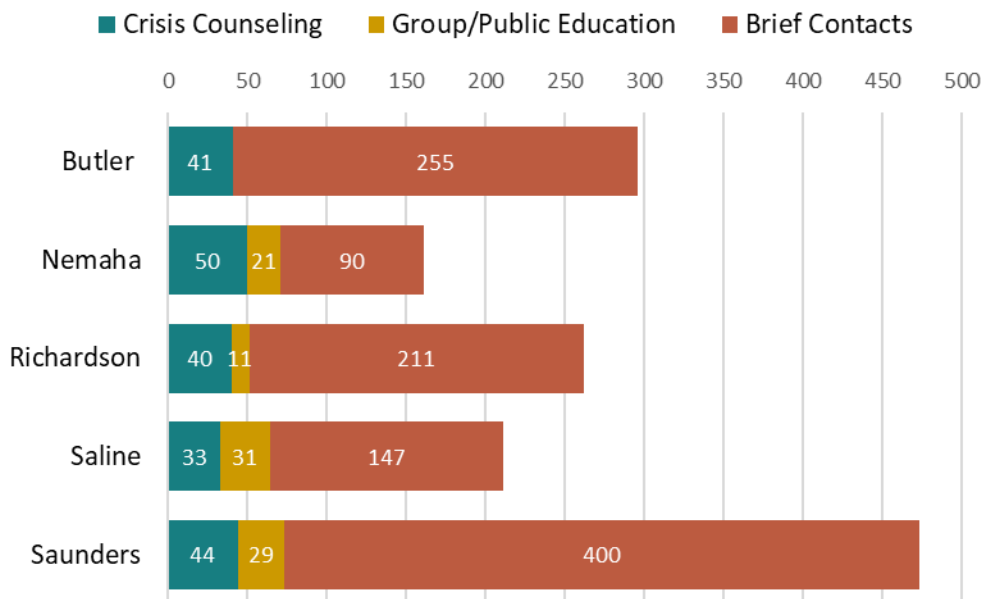


NEBRASKA STRONG RECOVERY PROJECT

Region V Systems participated in the statewide Nebraska Strong Recovery Project from May 2019 – May 2020 to assist survivors of the **2019 floods**. Region V Systems was able to serve residents of **Butler, Nemaha, Richardson, Saline, and Saunders** counties. Counties had to be approved for individual assistance to be included in service funding. The focus of this project was to provide **community-based outreach and psychoeducational services** to people affected by the floods.

Through this project Region V Systems was able to provide 1,403 total contacts. Of these contacts 208 were Individual Crisis Counseling encounters, 92 were group counseling or public education, and 1,103 were brief educational supportive contact.

Below is a breakdown of contact provided by county.



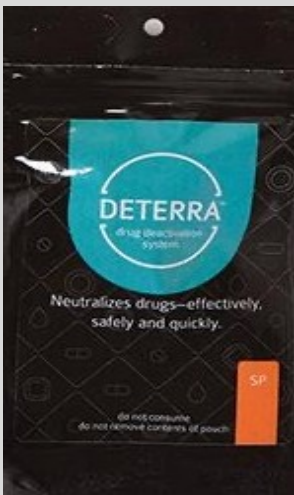
Public health and social distancing measures were implemented on March 17, 2020

PREVENTION SYSTEM COORDINATION

Region V’s Prevention System Coordination is a collaborative partnership among community coalitions, SCIP (School and Community Prevention and Intervention), 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. Prevention efforts are **strength-based and encourage wellness among youth and adults**. Evidence-based programming **addresses risk factors** that may lead to substance abuse and/or addiction.

Prevention System Coordination manages funding from five sources: Garrett Lee Smith Suicide Prevention Grant, Mental Health First Aid Grant, SAMHSA Federal Block Grant, SAMHSA Partnership for Success Grant, and SAMHSA State Targeted Response to Opioid Crisis Grant. Highlights of wellness strategies are included below. Strategies on pages 18-20 with an asterisk (*) denote evidence-based and those with a pound (#) indicate braided funding.

SAMHSA STATE TARGETED RESPONSE TO OPIOID CRISIS



Deterra Drug Disposal Pouch

safe, easy way to dispose of prescription medications

15,500 purchased
13,450 distributed

Distribution to First Responders

627 units distributed to EMTs, Police Officers, etc.

Narcan

opioid overdose reversal medication

Pilot Project

Through a partnership between Nebraska Health and Human Services, Region V Systems, and the Nebraska Pharmacists Association, Narcan was provided free of charge to **69** community members to use for themselves, or for someone of concern, at the following pharmacies:
Hyrum's (Auburn)
Hy-Vee (Lincoln)
Kohl's RX (Lincoln)

CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS) MINI-GRANTS

prioritize and fund culturally responsive community services		
Agency	Award	Purpose
CEDARS	\$1,500	Diversity inclusion training
Esperanza Family Services	\$1,500	WRAP facilitator training
Family Services	\$1,500	Interpreter for family therapy services
HopeSpoke	\$1,500	Translation into Farsi and Travis the Translator
SCIP	\$1,329	Translation materials
Total \$7,329		

MENTAL HEALTH FIRST AID (MHFA)

FY 19-20		
Type	Trainings	Participants
Youth	8	137
Adult	14	283
Total	22	420



Training materials updated by National MHFA

participants will now complete a 2-hour self-study and a 4-hour in-person or virtual training

All trainers in Region V are in process of being trained in order to offer this training format in FY 20-21.

GARRETT LEE SMITH SUICIDE PREVENTION GRANT

Postvention Suicide Activities

development of protocol and strategies to address death by suicide

100% of all colleges and universities within Region V are engaged in Postvention Suicide activities on campus.

What gives you hope?

video project created to offer hope

The [TalkHeart2Heart YouTube channel](#) features personal stories from 8 individuals willing to share with communities across Region V.

Hope Squads

reduce youth suicide through education, training, and peer intervention



Master trainer at Region V Systems
32 schools trained

Lock Boxes

used to store firearms and medication to keep out of the hands of those struggling with suicidal ideation

475 distributed to hospital and law enforcement

Question, Persuade, Refer (QPR) Trainings*

suicide prevention trainings

25 trainings

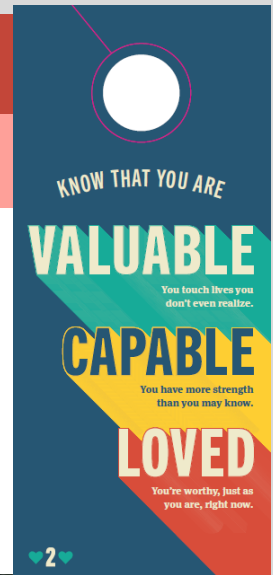
1,049 people trained

25 school psychologists and social workers at Lincoln Public Schools (LPS) became QPR trainers; will offer QPR training to LPS staff on an annual basis

Community Campaigns of Hope

positive social norming media campaign *#

1,200 Yard Signs
1,000 Door Hangers
2,333 Postcards



* evidence-based

braided funding

PARTNERSHIP FOR SUCCESS

Communities Mobilizing for Change on Alcohol (CMCA)*#

family education, engagement and enforcement regarding youth alcohol use standards

Lancaster Leadership

prevention leadership team

Developed a toolkit parents can use to create their family standards around substance use. Toolkit is currently hosted on www.talkheart2heart.org and is open-ended for components to be added in the future.

Creating Lasting Family Connections*

culturally and linguistically appropriate trainings provided for Asian and Hispanic communities

Khamisa Abdalla, one of **10** trainers; **3** additional master trainers



3rd Millennium*

online education program for high school students with alcohol or marijuana infractions addressing behavior change and conflict resolution

62 students mandated to take the course

Faith Partners

helping faith congregations take a team approach to alcohol/drug issues

12 teams, **9** denominations
One-on-one CMCA interviews in congregations
Quarterly leadership meetings among all congregations

www.TalkHeart2Heart.org

provides education, support and resources to the community at large about parenting, substance use, mental health, and risky behavior

2020 Omaha AMA Pinnacle Silver Award winner in the Digital Media category



30k visits

20k users

536 followers of the corresponding Facebook page:

<https://www.facebook.com/talkheart2heart5/>



Alcohol & Drugs



Mental Health



Parenting



Risky Behaviors

SAMHSA FEDERAL BLOCK GRANT

Youth Action Board (YAB)

committed to the prevention of substance abuse and other high-risk behaviors, creating a better future through leadership development

11/16 counties represented collaborated on planning of June Jam Live



School Community Intervention and Prevention (SCIP)

provider of consultation to school teams, educational materials, newsletters and trainings (community and in-school)

98 schools have SCIP teams
651 referrals from SCIP teams, of which **298** were specifically for alcohol, tobacco, or other drug related concerns

Compliance Checks*

random checks of alcohol-licensed establishments to ensure IDs are checked and alcohol is not sold to minors

203 checks
97.1% passed

Wellness Recovery Action Plan (WRAP) *

helps individuals feel better, manage challenges, improve quality of life, decrease and prevent troubling feelings and behaviors, and plan and achieve life goals

12 individuals trained as group facilitators
2 schools with WRAP groups
22 youth developed their own plan



Communities Mobilizing for Change on Alcohol (CMCA)*#

positive social norming media campaign

1,100 signs
2,333 postcards
15,000 stickers

Second Step*

social emotional learning curriculum

100% of counties in Region V have school using Second Step
100% of PreK-8th grade schools in Lincoln Public Schools use Second Step

Mini-Grants

seed funding to help communities start projects that can be sustained

Agency/Purpose	Award	Agency/Purpose	Award
Compass Fellowship Weekly support meetings for women with addiction	\$565	Raymond Central PTO Kindness Retreat	\$1,485
Exeter-Milligan Family, Career and Community Leaders of America 5th Quarter Activities	\$1,026	Saunders County Youth Services/Active Community Prenatal Substance Use Exposure Campaign	\$1,300
Fairbury Community Foundation/Whispering Acres High Hopes Equine Assisted Learning (EAL) program	\$2,949	Saunders County Youth Services/Active Community Team of Saunders County Suicide prevention speaker	\$2,328
Gage County MAPS Community Coalition TeamMates Relaunch	\$2,150	Shelby/Rising City YADA "Effects of Trauma and Therapeutic Approaches" presentation	\$500

* evidence-based

braided funding

SOUTHEAST NEBRASKA NATIVE AMERICAN COALITION (SENNAC)

Our Regional Prevention Coordination team 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 17 for more information on CLAS activities.

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 www.TalkHeart2Heart.org website)**
- * **Responsible Beverage Training**
- * **Second Step**

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

<p>Butler County Believes in Youth and Community (BBYC) David City High School 750 D St. David City, NE 68632 Current Lead: Amy Sander sander@dcscouts.org 402-367-3187</p>	<p>Fillmore County Coalition Public Health Solutions 995 Hwy 33, Ste 1 Crete, NE 68651 Current Lead: Jill Kuzelka jkuzelka@phsneb.org 402-826-3880 EBP: Circle of Security</p>	<p>Gage County MAPS Coalition 320 N. 5th Street Beatrice, NE 68310 Current Lead: Christina Lyons clyons@bpsnebr.org 402-806-7783 EBP: 3rd Millennium, All Stars</p>
<p>Jefferson County Prevention Coalition Public Health Solutions 995 Hwy 33, Ste 1 Crete, NE 68651 Current Lead: Megan Garcia mgarcia@phsneb.org 402-826-3880 EBP: Circle of Security, DESSA</p>	<p>Lancaster Prevention Coalition 1645 N Street Lincoln, NE 68508 Current Lead: Teri Effle teffle@region5systems.net 402-441-4367 EBP: 3rd Millennium, ALL Stars, Creating Lasting Family Connections, WRAP</p>	<p>Polk County Substance Abuse Coalition 330 N State Street, PO Box 316 Osceola, NE 68651 Current Lead: Darla Winslow darlawins@yahoo.com 402-747-2211</p>
<p>Saline County (CURB) Prevention Coalition Public Health Solutions 995 Hwy 33, Ste 1 Crete, NE 68651 Current Lead: Jill Kuzelka jkuzelka@phsneb.org 402-826-3380 EBP: Circle of Security, DESSA</p>	<p>Saunders County Prevention Coalition 387 N. Chestnut Street, Suite 1 Wahoo, NE 68066 Current Lead: Amber Pelan APelan@co.saunders.ne.us 402-443-8107 EBP: ALL Stars, D.A.R.E.</p>	<p>Seward County Prevention Coalition 616 Bradford Street Seward, NE 68434 Current Lead: Megan Kahler Megan@CultivateSewardCounty.com 402-643-4189 EBP: BIST, D.A.R.E., WRAP</p>
<p>Southeast District Prevention Partnerships (Johnson, Nemaha, Otoe, Pawnee, and Richardson counties) 2511 Schneider Avenue Auburn, NE 68305 Current Lead: Amanda Drier amanda@sedhd.org 402-274-3993 EBP: Alcohol Wise, Circle of Security, D.A.R.E., Unique YOU</p>	<p>Thayer County Healthy Communities Coalition Public Health Solutions 995 Hwy 33, Ste 1 Crete, NE 68651 Current Lead: Jill Kuzelka jkuzelka@phsneb.org 402-826-3880 EBP: Circle of Security, DESSA, Stay on Track</p>	<p>York County Prevention Network 816 E. 8th St. York, NE 68467 Current Lead: Barbra Ivey iveybarbra@gmail.com 402-363-8128</p>

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



Rental Assistance Program (RAP) implemented September 2005

FY 19-20 funding: \$849,741

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**. There are four tracks in the RAP Housing program: 1) RAP-MH is intended for consumers with serious and persistent mental illness, who are indigent or have extremely low income, with priority given to those who are discharging from an inpatient Mental Health Board commitment, or those who are at risk of an inpatient commitment; 2) RAP-SD is a specialized 12 month track for consumers with a substance dependence disorder working with the program of Recovery Support, and demonstrating a period of sobriety with a goal towards self-sufficiency through employment; 3) RAP-TAY is a specialized track for homeless transition age youth with serious and persistent mental illness working with the Transition Age Professional Partner Program, and 4) RAP-SD TC is a new specialized housing track tailored to provide housing opportunities for women with children discharging from the Therapeutic Community level of care.

297

households received RAP
benefits in FY 19-20



Rural Permanent Housing Program (RPHP) implemented November 2012

FY 19-20 funding: \$326,037

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 (not inclusive of the City of Lincoln) 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.

31

households were provided
housing in the 20-county
area in FY 19-20





Cooperative Agreement to Benefit Homeless Individuals (CABHI)

implemented October 2016

FY 19-20 funding: \$675,776

This year was the close out of a three-year (2016-2019), \$1.9 million grant from the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) that funded a collaboration of Lincoln agencies and University of Nebraska centers, led by Region V Systems. The goal of the project was to end chronic homelessness in Lincoln, Nebraska. Region V Systems, CenterPointe, and the Mental Health Association teamed up to provide housing, behavioral health treatment, and peer and employment supports to persons experiencing chronic homelessness and serious behavioral health disorders. The program assisted individuals in maximizing stability through peer supports, employment, and treatment.

91

people were provided CABHI benefits from October 2016 through December 2019, which included: housing, peer support, case management, supported employment, and benefit analysis



Rural Host Homes Program (YHDP HHP)

implemented October 2019

FY 19-20 funding: \$157,949

Region V Systems was awarded the HUD-funded Nebraska Balance of State CoC Youth Homelessness Demonstration Program grant (YHDP) to implement the **Rural Host Homes Program**. The Rural Host Homes Program is a flexible and cost-effective model for providing stable housing and supports that offers program participants a home-like, non-institutional environment rooted in community and provided by community volunteers. The goal of the Rural Host Homes Program is to drastically reduce the number of youth/young adults experiencing homelessness, including unaccompanied, pregnant and parenting, 24 years of age and younger. Each participant is assigned a case manager and life coach to assist with identifying individualized goals directed at transitioning to appropriate levels of independence. Program participants can stay in the Host Home for up to 12 months.

Supports programming in the 16 counties in the Region V geographical area, plus Adams, Clay, Nuckolls, and Webster.

22

presentations to community partners throughout southeast Nebraska

489

fliers recruiting HOST volunteers disseminated in the following counties: Adams, Butler, Clay, Fillmore, Gage, Jefferson, Rural Lancaster, Nuckolls, Saline, Saunders, Seward, Thayer, Webster, and York



PROJECT CONNECT LINCOLN



**PROJECT
CONNECT
LINCOLN**

Project Connect Lincoln is an annual one-day, one-stop event for people experiencing homelessness or who are at risk of homelessness. This year, **616** guests were served during the event by over **400** volunteers and **91** participating organizations. Guests 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 provided planning leadership for the event, recruited service providers, coordinated event details, and oversaw outreach efforts to consumers. Other Region V employees volunteered at the event and provided 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 was 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
Community Coming Together	\$5,433	Peer Support Training	\$267
Consumer Family Advisory Committee Workshops	\$1,756	Peer-to-Peer Marketing	\$867
Consumer Family Advisory Committee Meeting Expenses	\$426	WRAP Facilitator Training	\$3,823
International Association of Peer Supporters Conference Registration	\$2,787	WRAP Groups (Mental Health Crisis Center, Touchstone)	\$7,043
			Total: \$22,405

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.

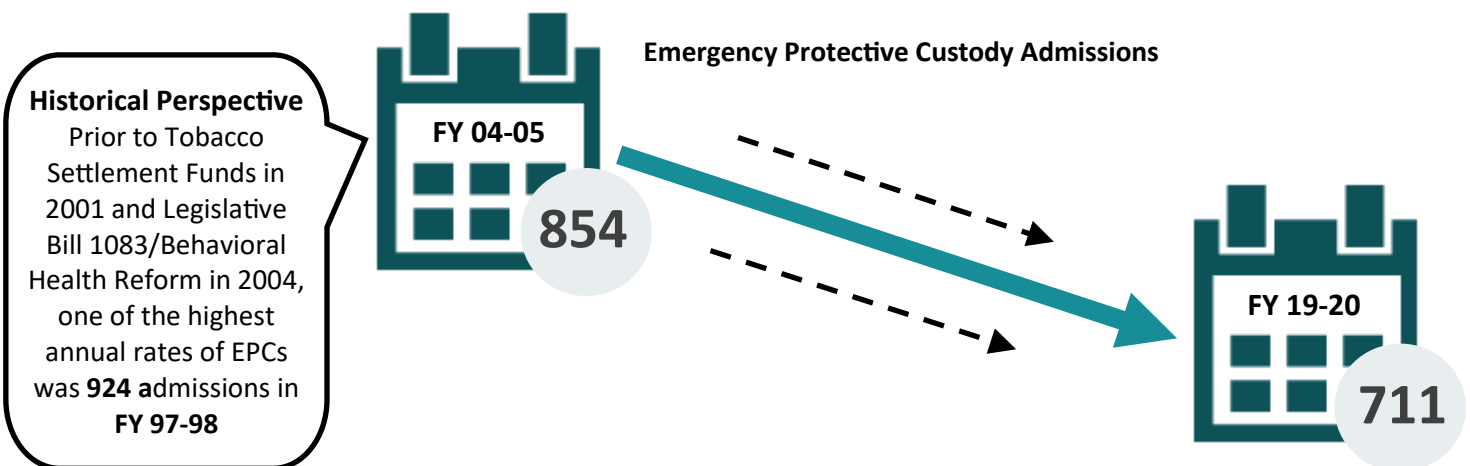
Emergency Protective Custody (EPC) is a legal term and is often the “front door” to the emergency system for persons experiencing a behavioral health crisis. A law enforcement officer who has probable cause that a person may be **mentally ill** and **dangerous** may take the person into custody and have 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 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 responded to 272 adult calls. Of those 272 calls, 91% were diverted from an EPC.** Crisis Response Teams are effective. They promote consumer voice and choice through voluntary treatment and reduce the pressure on the emergency system by reducing EPCs.

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



What do we know about people who are placed into Emergency Protective Custody?

43% dually diagnosed with mental health (MH) and substance use (SU) disorders

43% with a MH disorder(s) only

14% with a SU disorder(s) only

59% male

41% female

Age

41% 18-29

26% 30-39

19% 40-49

10% 50-59

4% 60+

64% danger to self/suicide attempt

19% danger to self and others

11% danger to self/neglect

5% danger to others

616 people

84% White

9% Black/African American

7% All Others

89% had 1 admission in the year

7% had 2 admissions in the year

4% had 3 or more admissions in the year

22% of admissions were accounted for by people who had 2+ admissions in the year

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 11 years, Region V has trained 864 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).

Behavioral Health Threat Assessment Training (BETA) This year, Region V Systems proudly **celebrated 11 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.

65 BETA Participants

19 Mini-BETA Participants

57 Youth BETA Participants

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, Richardson, and York 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 who 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**
- **Community Response Coalitions (Lincoln, York and Otoe County)**
- **Juvenile Detention Alternatives Initiative Committee (JDAI)**
- **Through the Eyes of a Child (Juvenile Justice)**
- **Behavioral Health/Probation Leadership Collaboration Team**
- **Early Childhood Behavioral Health Coalition Team**

NEBRASKA SYSTEM OF CARE EXPANSION GRANT

The Nebraska System of Care Expansion Grant, awarded by the Substance Abuse Services and Mental Health Services Administration (SAMHSA), came to an end in September 2020 (its last year of implementation). 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. **This year the focus has been to sustain programming and/or processes realized through grant activities.**

RURAL SCHOOL-BASED THERAPEUTIC CONSULTATION (R-TC)

Region V Systems worked with ESUs 5 and 6 on sustaining Rural School-based Therapeutic Consultation. R-TC, implemented in May 2019, is provided by a licensed clinician and includes behavioral health screening, crisis intervention, student social/emotional skill development and behavioral health and wellness education, community linkage and referral, parent/guardian engagement/education, multi-disciplinarian team meetings, education, consultation and training school staff and student diagnostic and treatment services. Several schools in the ESUs geographical areas have determined to establish independent relationship with a clinician for ongoing therapeutic consultation. Other schools have determined to continue with behavioral health classroom consultation only. Since 2019, **58 students** have been served and **207 hours of classroom/teacher consultation** has been provided.

YOUTH CRISIS RESPONSE CONTINUUM

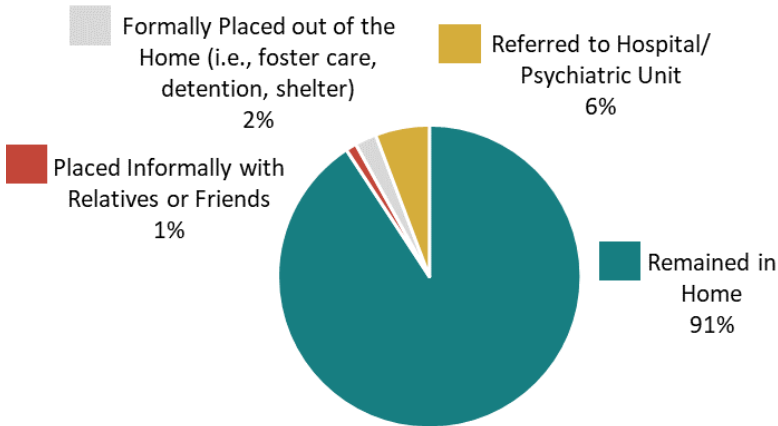
Region V Systems has worked with community partners and providers to develop a plan to sustain the **Youth Crisis Response Continuum (YCRC)** established by the System of Care. **YCRC** is designed to use supports and resources to build upon a youth and family's strengths to help resolve an immediate behavioral health crisis in the least restrictive environment by assisting the youth and/or family to develop a plan to resolve the crisis. The service is activated by law enforcement and is provided by licensed behavioral health professionals who complete brief mental health status screenings, assess risk, and provide crisis intervention, crisis stabilization, referral linkages, and consultation to hospital emergency room personnel, if necessary. The goal of the service is to avoid an inpatient psychiatric hospitalization.



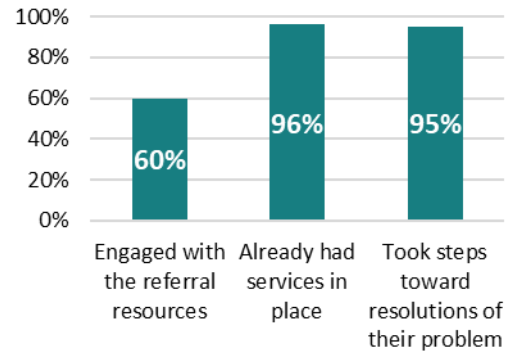
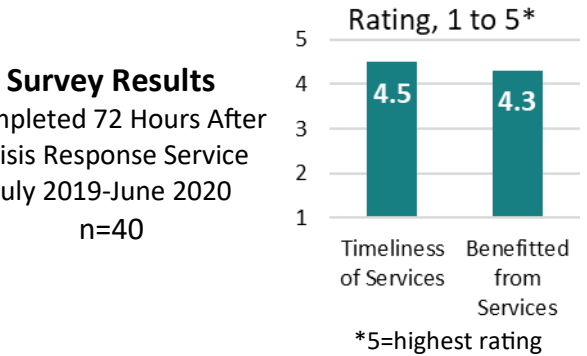
The **YCRC** includes **Youth Mobile Crisis Response** (provided by Center Pointe & Blue Valley Behavioral Health (BVBH)-Targeted Adult Service Coordination -TASC), **Crisis Response Telehealth** (Center Pointe & BVBH-TASC), **Crisis Phone-Line** (Center Pointe) and **Crisis Walk-in Support** (Center Pointe). Center Pointe has received a Community Behavioral Health Center grant and plans to continue the provision of crisis response supports by integrating the established crisis response activities into the Center services. Ongoing discussion continues with Blue Valley Behavioral Health-TASC.

The LMHP meets with the youth and family to provide crisis support and intervention, on site, by telehealth or by teleconference. Since implementation, Y-MCR has been **deployed 347 times, serving 302 youth and families.**

Disposition of Youth
at the Conclusion of Youth Mobile Crisis Response Service
April 2017 (Implementation) - June 2020
n=347



Survey Results
Completed 72 Hours After
Crisis Response Service
July 2019-June 2020
n=40



Region V Systems continued its contractual relationship with **Families Inspiring Families**, a parent-led organization, to provide Family Peer Advocacy and Support and Crisis Stabilization to families that access the System of Care Mobile or Telehealth Crisis Response.

This year's priority efforts focused on ongoing sustainability of peer-led advocacy. Funding mechanisms include Medicaid reimbursement and seeking additional funding through local and national grant opportunities.

THE YOUTH AND YOUNG ADULT LEADERSHIP GROUP

Established April 2019 through the System of Care, the Youth and Young Adult Leadership Group, continued to come together with the **focus on mental health awareness and health**. The Leadership Group established their name brand as **S.M.I.L.Es (Someone Making Individual Lives Equal)**. The group also established a logo and created group T-shirts. The S.M.I.L.Es Leadership group will continue to come together monthly.

INDEPENDENT CLINICAL ASSESSMENT FOR QUALIFIED RESIDENTIAL TREATMENT PROGRAM (QRTP) CONGREGATE CARE FACILITIES

In October 2019, the Nebraska Department of Health and Human Services (NDHHS)-Division of Children and Family Services (CFS) contracted with Region V Systems to provide Independent Clinical Assessments for youth who are referred for a congregate care placement (such as group homes and residential treatment facilities designated as a QRTP). The assessment is a part of the first major modernization of the child welfare system called the Families First Prevention Services Act. The Independent Clinical Assessment utilizes a biopsychosocial method and assessment instruments, such as the Child & Adolescent Functional Assessment Scale (CAFAS®), Suicide Behavior Questionnaire (SBQ-R), Cluster-Based Planning Ratings (C-BP®), and Caregiver Strain Questionnaire-Short Form (CGSQ-SF) to **determine whether a youth's needs require placement in a QRTP or can be met in a family-based setting**. These assessments are completed within 30 days. If placement within a QRTP is recommended, NDHHS-CFS can access federal funding to help cover the cost, reducing the need for state funds. In addition to developing and completing Independent Clinical Assessments, staff from Region V Systems also created a Referral Flowchart and Frequently Asked Questions document for families and stakeholders; developed and administered surveys; conducted presentations with CFS Service Area administrators, supervisors, and specialists; and held ongoing meetings with CFS administrators.



Survey Results

8 Youth	16 Average Age	100% Felt heard and understood	100% Felt heard and understood
150 Average CAFAS score, indicating a high degree of impairment and likely needs intensive treatment		100% Reported that they were treated with respect and dignity	100% Reported the assessment was comprehensive and thorough
62% Identified at risk of suicide		"This was one of the more accurate assessments"	"I thought this assessment was more comprehensive and specific to the child"
88% Recommended for QRTP		"I actually felt listened to and he understood my needs and what we were looking for to get us help"	"I really appreciated the assessor's willingness to reach out for collateral information and keep me informed throughout the process"

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; **92% of youth were living in their home in FY 19-20** (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 SAMHSA 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 28 for more information.**

Prevention* serves 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 (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.

TRACK	AVERAGE LENGTH OF STAY	NUMBER OF YOUTH SERVED
Crisis Response	6.3 months	38
Juvenile Justice	8.8 months	15
Prevention	7.3 months	47
Traditional	11.7 months	113
Transition-Age	13.3 months	58

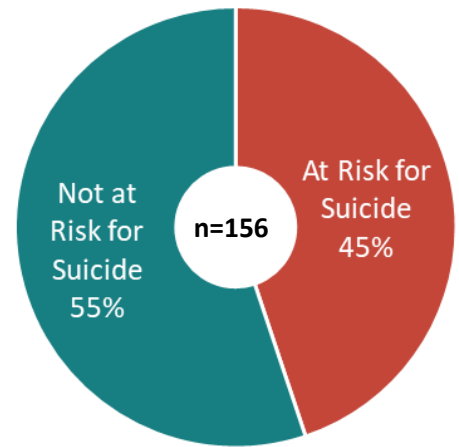
Transition-Age* serves young adults ages 18-24, who have a serious mental illness and who are transitioning from the youth to the adult behavioral health system. Anyone can refer a youth to be a part of wraparound, including a young adult self-referring. Priority enrollment is given to referrals coming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

* funded by the Division of Behavioral Health

SUICIDE BEHAVIOR QUESTIONNAIRE-REVISED (SBQ-R)

The Suicide Behavior Questionnaire-Revised was developed by ©Osman eta/ (1999) Revised. Permission for use granted by A. Osman, MD. The goal of using the SBQ-R is to **identify past suicidal behaviors including ideation and attempts**. These two areas have been identified as significant risk factors for subsequent suicidal behavior. This tool has 4 items, each tapping a different dimension of suicidality: Item 1 taps into lifetime suicide ideation and/or suicide attempt; Item 2 assesses the frequency of suicidal ideation over the past twelve months; Item 3 assesses the threat of suicide attempt; and Item 4 evaluates self-reported likelihood of suicidal behavior in the future. A broad range of information is obtained in a very brief administration. Response can be used to identify at-risk individuals and specific risk behaviors. Any youth that has a total score of 7 and above is identified as at risk of suicide. And **further safety planning should occur to keep the youth safe**.

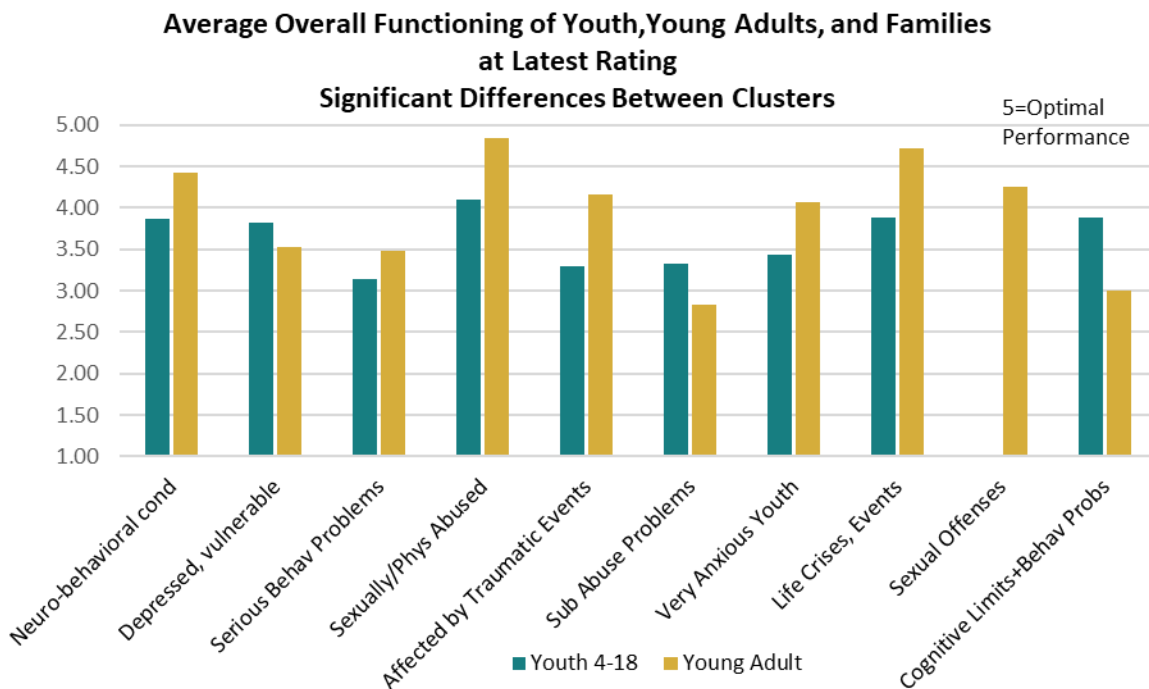
FYI Youth Completing SBQ-R
FY 19-20



CLUSTER-BASED PLANNING PROFESSIONAL PARTNER LEVEL OF CARE DEVELOPMENT (CBP-PPLOC)

The Family & Youth Investment Program (FYI) completed its second 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). FYI team members are working with Synthesis, Inc. and the Region 1 Professional Partner Program to assist with training and implementation of CBP PPLOC.

The charts below demonstrate how well cluster members are functioning as of their latest rating (both youth and young adult). Ratings are conducted at 90-day intervals.



Overall Young Adults and Youth were performing at about the same level as of their latest ratings (3.65 to 3.77 on the 5-point scale). However, there were significant interaction effects. This meant that in some cases, Young Adult members of specific clusters were functioning better and in other cases Youth members of a specific cluster were performing at a higher level.

As one can see, Young Adult members of Clusters 4 (Sexually Abused), 5 (Affected by Traumatic Events), and 8 (Life Events or Crises) were functioning overall at a higher level than their younger counterparts. In contrast, Youth (4-18) in Clusters 2 (Vulnerable & Less Resilient), 6 (Substance Abuse Issues) and 10 (Cognitive Limits and Behavior Problems) were doing better overall at their latest rating than Young Adult cluster members.

CHILD AND ADOLESCENT FUNCTIONING SCALE (CAFAS)



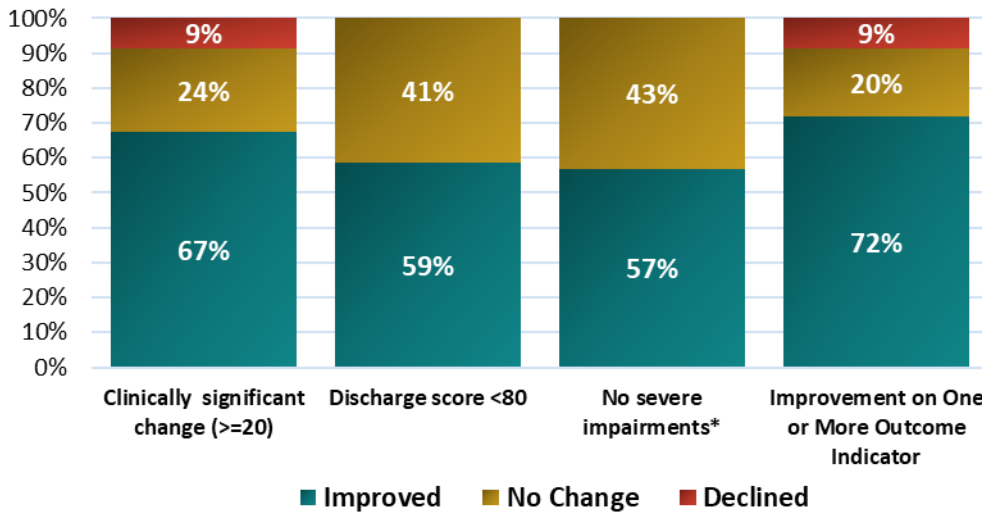
The CAFAS is a tool designed to evaluate emotional, behavioral, substance abuse functioning, and the impact of eight psychosocial areas of a youth's life. The lower the score the more improvement and less impairment exits for youth.

Region V Systems identifies three possible outcomes for youth:

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

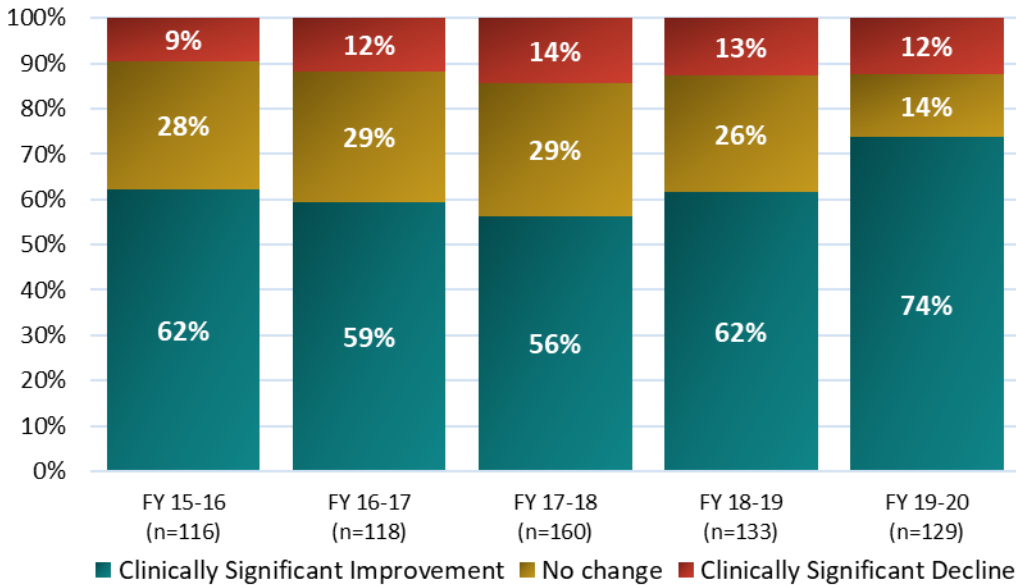
The graphs below illustrate the numbers and percentage of youth achieving outcomes as a result of the FYI Program.

Improvement on One or More Outcome Indicator from Admission to Discharge CAFAS (Traditional Track)
FY 19-20 n=46



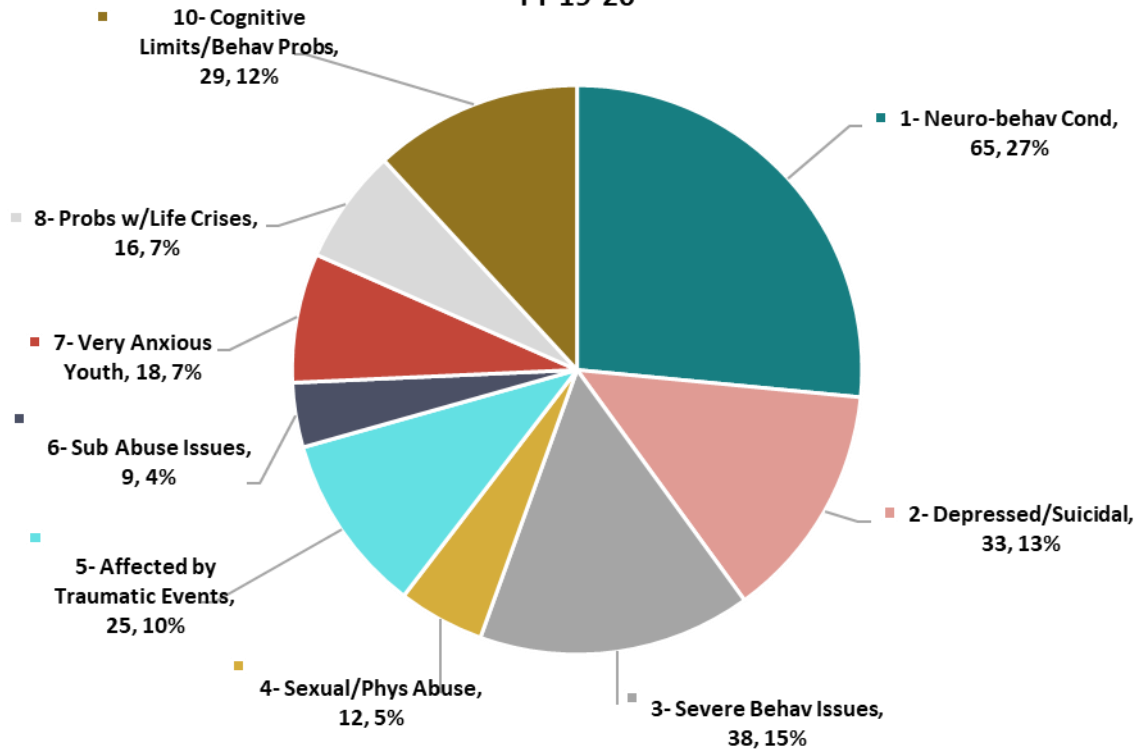
*Only evaluated if there was one or more areas of severe impairment at intake.

Change in CAFAS Score from Admission to Discharge All Tracks

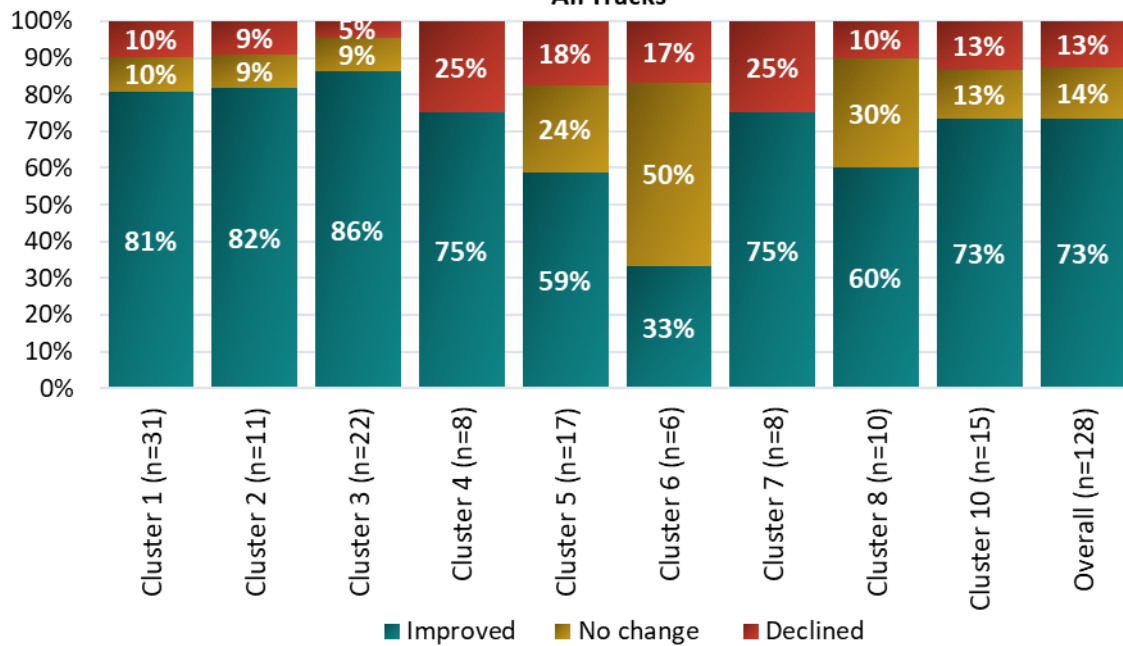


Cluster-Based Planning (CBP) is an emerging best practice that identifies subgroups (clusters) of individuals, who share common bio-psychosocial histories, problems, strengths, and life situations. For more information on CBP, see page 11 of this report. The charts below identify the percentage of youth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

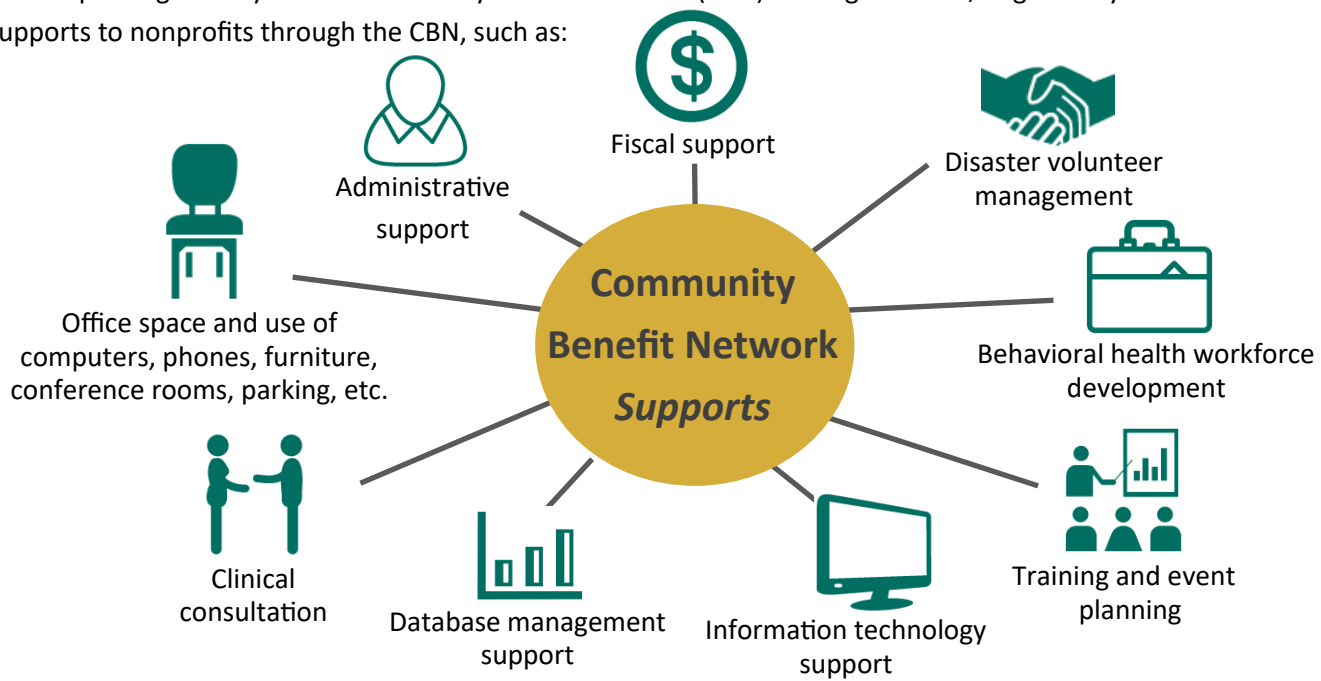
**Youth Served by Professional Partner By Cluster
FY 19-20**



**Improvement on One or More Outcome Indicators by Cluster
FY 19-20
All Tracks**



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 19-20, 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 19-20, 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](https://www.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 19-20, 579 positions were posted by employers, and the number of website users topped at 6,010.

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 November 8, 2021

C.J. Johnson, Regional Administrator

Children and Family Services

Renee' Dozier Director of Children & Family Behavioral Health Services		Annie Glenn Professional Partner Supervisor	Malcom Miles Professional Partner Supervisor
Zina Crowder Professional Partner	Trina Janis Professional Partner	Lisa Moser Professional Partner	Connie Vissering Professional Partner
Eden Houska Professional Partner	Laila Khoudeida Professional Partner	Shelly Noerrlinger Referral & Resource Coordinator	Jessica Zimmerman Service Coordination Specialist
Munira Husovic Professional Partner	Katiana MacNaughton Professional Partner	Cherie Teague Professional Partner	



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 three awards to date 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

Theresa Henning
Director of Special Projects

SAMHSA Nebraska Disaster Response Adult Grant, in response to flooding	FEMA Crisis Counseling Program (CCP), in response to COVID-19		
	Andra Buckley Team Leader	Gretchen Carman Outreach Worker	Andrea Macias Outreach Worker
	Sharon Dalrymple Team Leader	Gretchen Haislip Outreach Worker	Alexis Moyer Outreach Worker
Kerri Peterson Project Director	Heather Brown Outreach Worker	Lynelle Leibhart Outreach Worker	Gretchen Mueller-Neeman Outreach Worker

Fiscal

Tami DeShon
Fiscal Director

Jill Davis
Fiscal Associate

Pat Franks
Fiscal Associate

Linda Pope
Fiscal Specialist

Scott Spencer
Fiscal Specialist

Network Management

Amanda Tyerman-Harper
Director of Network Services

Sandy Morrissey
Prevention Director

Kristin Nelson
Director of Emergency Services

Sue Brooks
LPH Housing Specialist

Teri Effle
Prevention Specialist

Marti Rabe
Network Specialist

Dani DeVries
HUD Housing Coordinator

Jade Fowler
RAP Housing Specialist

Kim Whaley
Housing Coordination Specialist

Kelly DuBray
RPH Housing Specialist

Kayla Leintz
Prevention Associate



One of our most impactful contributions to the community has come from our “Jeans for a Cause” campaign. An 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 \$7,690 exclusively by wearing jeans, making an impact at 10 different non-profits in Lincoln.

Employees have volunteered their time to the “Tabitha Meals on Wheels” program for the last 24+ years.



Phyllis McCaul, Regional Consumer Specialist with Region V Systems for 10 years, passed away on September 5, 2020. Not only was Phyllis a valued member of our Region V family, she unselfishly spent her life sharing her gifts and talents with many others.

For the last 11 years (since the program’s inception), employees have volunteered their time at the annual “Project Connect Lincoln,” a collaboration of local organizations, businesses, and community volunteers who come together



to provide a one-day, one-stop shop for people experiencing homelessness or at-risk of homelessness to receive a wide variety of immediate, on-site services and support for unmet needs.

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.



Our employees are committed to doing their part to help with Lincoln’s waste reduction goals by actively 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, for which Region V Systems was designated most recently in 2019 at the Silver leadership level.



Continuous Quality Improvement

Patrick Kreifels
CQI Director

John Danforth
Clinical Assessment Specialist

Joseph Pastuszak
CQI Network Specialist

Erin Rourke
CQI Analyst

Operations

Kim Michael
Director of Operations & Human Resources

Donna Dekker
Administrative Assistant

Jon Kruse
Technology Systems Manager

Gretchen Mills
Administrative Assistant

Deanna Gregg
Operations Manager

Susan Lybarger
Administrative Assistant

Region V Systems is funded in part from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) and the Nebraska Department of Health and Human Services, Division of Behavioral Health (DBH). FY 19-20 funding includes federal Catalog of Federal Domestic Assistance (CFDA) grant #93.959 and #95.958 (\$4,493,704 or 19%), state funding through DBH contract #48948-Y3 (\$18,054,822 or 74%), and local county dollars (\$1,273,407 or 5%).