



REGION **V** SYSTEMS

ANNUAL REPORT FY 21-22

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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, Network Providers, the Department of Health and Human Services representatives, Legislative representatives, people we serve, and other stakeholders who help us carry out our strategic intent, **“promoting comprehensive partnerships in behavioral health.”**

As we enter each fiscal year, it brings hope, new opportunities, and a renewed inspiration to start the year fresh, while keeping what we learned from last year as part of our roadmap for future success. In January 2023, the Governing Board welcomed **Patrick Kreifels** as our new Regional Administrator. Patrick is a long-term employee, serving Region V Systems for the past 18 years in his prior role as Continuous Quality Improvement Director. In reflection of FY 21-22, we would be remiss not to acknowledge it was a challenging year for all those involved in the behavioral health system. The pandemic, workforce challenges, and Medicaid expansion have created an ever-changing landscape. Behavioral health providers have continually adapted to this changing landscape while ensuring that services were available to people who were seeking support and services. Despite these challenges, the Region V Network experienced no discontinuation of any services, demonstrating a commitment to ensuring ongoing support for those in need. The impacts of Medicaid expansion beginning October 1, 2020, allowed for a re-evaluation of funding through the Regional Behavioral Health System and promoted consideration of how to reinvest legislative allocations into the system. Throughout FY 21-22, alternative service delivery continued, allowing a variety of mechanisms to support persons served and maintain services. More details of our business activities and performance are illustrated throughout this report. Below are a few of the highlights from the last year.

Contract Management

Region V Systems implemented a new contract management system, Agiloft. This system allows employees to access important documents and contracts via a secure online portal; increases efficiency in our contract execution process; streamlines and automates the processes; allows for electronic signatures; and creates a system that tracks contract deliverables, whereby reducing organizational risk.

Reinvestment Funding

Medicaid Expansion resulted in the overall capacity drawdown for services and supports decreasing within the Regional Behavioral Health System. Utilizing input from system partners’ needs assessments and input from stakeholders at regional behavioral health planning sessions in July, Region V began to expand services throughout the regional geographic area. This expansion of services included a focus on the rural counties. Some of the expanded services include Recovery Support, Supported Employment, Supported Housing, and Professional Partner programming. Peer Navigation services began in the rural areas. A women-focused Halfway House is being developed. In addition, Region V has been working with Lancaster County on two major projects. The first is a walk-in/respite center for adults. The goal is to provide support to several entities who regularly encounter people who need mental health support, however, currently do not fall within the current services. The second project is focused on developing a family resource center where families can receive support when in crisis and, if necessary, provide a period of respite to stabilize a recent family crisis.

Dialectical Behavior Therapy and Motivational Interviewing

During this year two evidenced-based practices were introduced within the Region V network, System of Care. Following negotiations with the Division of Behavioral Health, training, consultation, and site visits began with a variety of providers to set the foundation to implement Dialectical Behavior Therapy (DBT) and Motivational Interviewing. These proven evidenced-based approaches demonstrate interventions/approaches and critical support to persons served, while ensuring fidelity to the model. Both evidenced-based approaches were identified as two key strategies that would have significant, positive impact for many people served throughout the Region V Behavioral Health System and are well supported/in alignment with the Substance Abuse Mental Health Administration’s goal of identifying and disseminating clinically sound and scientifically based programs.

Consumer Coordination

Region V continued to contract with Wellbeing Initiative Inc., a peer-run organization, to promote persons served involvement across Region V’s geographic area. This collaboration has been extremely impactful to maximize funding. The collaboration has resulted in recovery programming for some county jails, peer support training, facilitation of the Consumer Family Advisory Committee, and planning/coordinating a behavioral health conference, “Many Pathways to Recovery-Rising Up Together.”

Rate Increases

During the 2021 legislative session, a 2 percent rate increase for providers was approved by the Legislature. With the pandemic significantly impacting the Behavioral Health System, the Legislative Appropriations Committee recommended an additional 15 percent rate increase. This was approved during the 2022 legislative session. These rate increases began July 1, 2022, and we anticipate it having a significant impact in supporting the Regional Behavioral Health system.

NEBHjobs.com

The collaboration between the Behavioral Health Education Center of Nebraska (BHECN) and Region V Systems continues, exploring how to make this free job-posting website for behavioral health employers and applicants an ongoing useful tool. Since its inception in 2015, this website has had 379,613 page views.

Lincoln Permanent Housing (LPH) Grant

Region V Systems was awarded an additional permanent housing grant from Housing and Urban Development (HUD) to expand our permanent supportive housing to people who are homeless with disabilities in the city of Lincoln (Lincoln Permanent Housing [LPH]). The LPH Program was implemented April 2021 and began housing the first participant in June 2021. The program allows Region V Systems to provide housing and case management support to up to 12 people at one time.

Prevention System Coordination

In partnership with the UNL Policy Center, suicide prevention efforts are priority due to high suicide rates among people ages 15-24 throughout southeast Nebraska. The Education Development Center provided training and consultation to five providers to help us reach our aspirational goal of zero deaths by suicide. 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 Action 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.

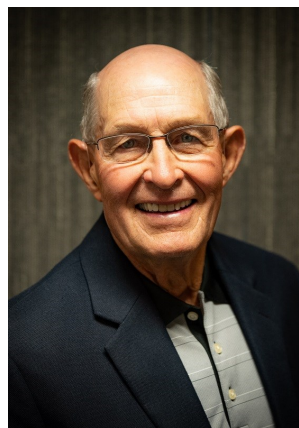
System of Care Continuous Quality Improvement

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.

Tributes

This past spring, long-time advocate for Nebraska's most vulnerable citizens passed away. Dennis "Denny" Byars committed his life to supporting Nebraska citizens, especially individuals with intellectual disabilities and those impacted by behavioral health challenges. Denny was one of the main authors of LB 1083, which initiated Behavioral Health Reform in 2004. After leaving the Legislature, Denny served as a Gage County Commissioner and the Chairperson of Region V's Governing Board for over a decade. Additionally, C.J. Johnson, serving as Regional Administrator of Region V Systems for 25 years, resigned. C.J. was a fierce advocate for peer services, network providers, and employees of Region V Systems. Ultimately, C.J. was passionate about ensuring quality services were available to people to help them live within recovery.

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



Gale Pohlmann
Gale Pohlmann,
Regional Governing
Board Chair



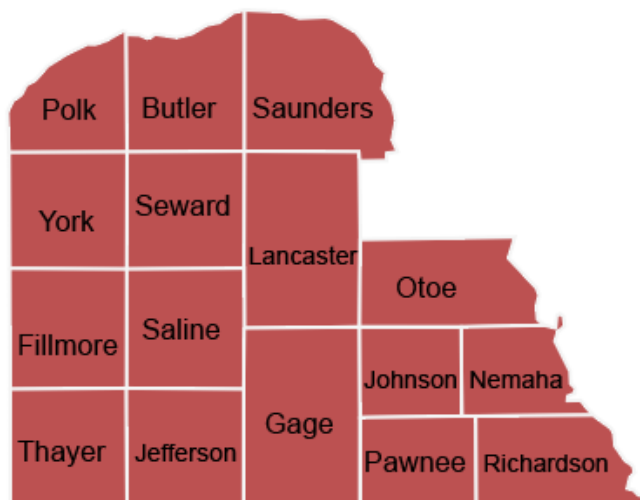
Patrick Kreifels
Patrick Kreifels,
Regional Administrator

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 2020*, Region V has a population of 482,715, constituting approximately 25 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</i> | <i>Advocacy and involvement of persons served 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 County Ryan Svoboda
 Fillmore County Kenny Harre
 Gage County Emily Haxby
 Jefferson County Gale Pohlmann (*Chair, BHAC Rep*)*
 Johnson County Les Agena
 Lancaster County Christa Yoakum (*Secretary*)*
 Nemaha County Michael Weiss
 Otoe County Dan Crownover

Pawnee County Jan Lang (*Treasurer*)*
 Polk County Jerry Westring
 Richardson County John Caverzagie (*Vice Chair*)*
 Saline County Janet Henning
 Saunders County Bill Reece
 Seward County Ken Schmieding
 Thayer County Dean Krueger
 York County Stan Boehr

* Executive Committee members

BEHAVIORAL HEALTH ADVISORY COMMITTEE (BHAC)

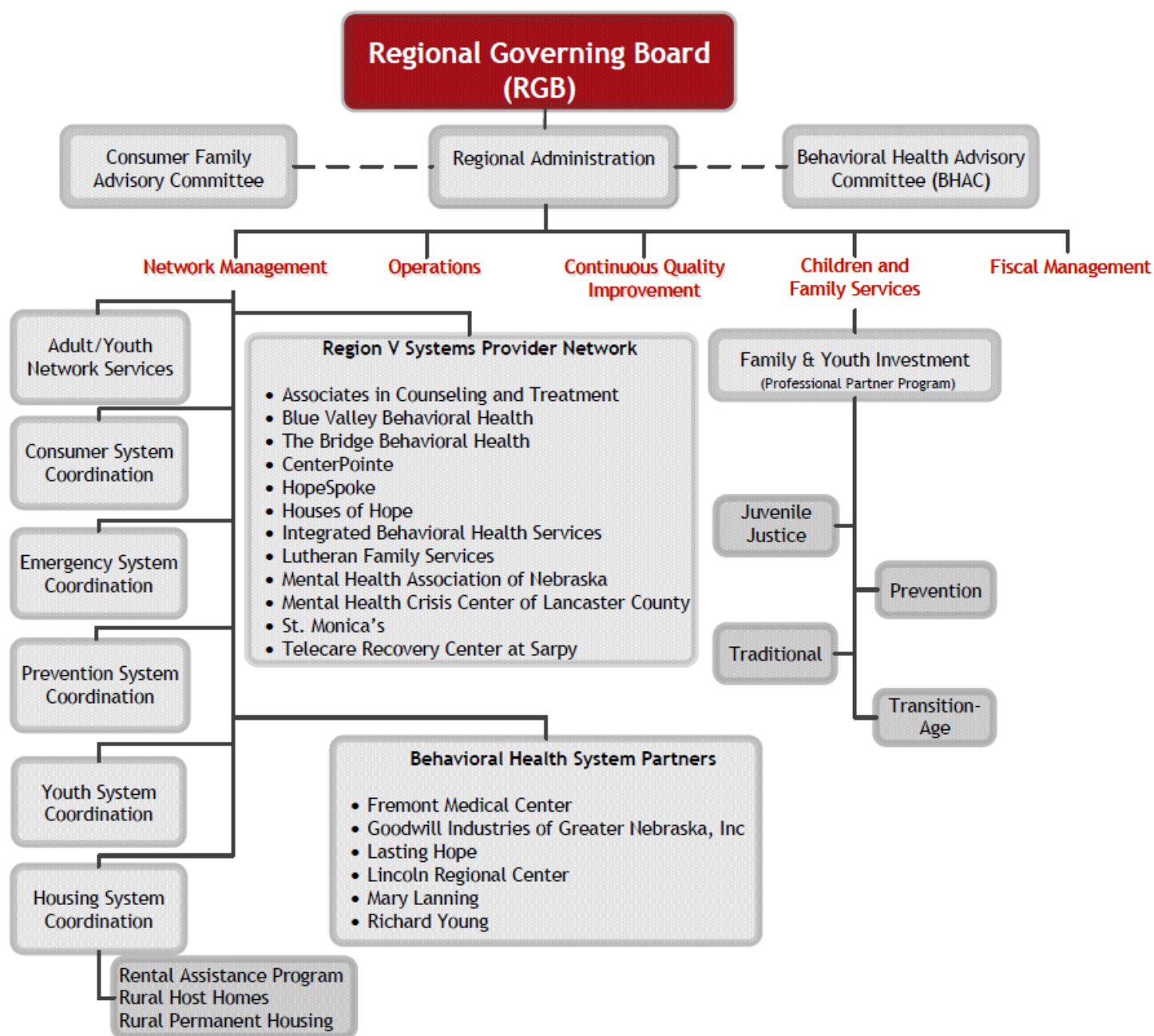
The Regional Governing Board (RGB) is required to appoint a Behavioral Health Advisory Committee, responsible for advising the RGB on behavioral health issues and funding allocations. Consideration for membership is given to geographic residence, direct and indirect consumers, cultural diversification,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

| | |
|---------------------------------------|----------------------------------|
| Renee Duffek | Rachel Mulcahy |
| Greg Janak (<i>Member at Large</i>) | Laura Osborne (<i>Chair</i>) |
| Corrie Kielty | Gale Pohlmann (<i>RGB Rep</i>) |
| Stephanie Knight | Kim Schroeder |
| Jill Kuzelka (<i>Vice Chair</i>) | Kelsey Schwab |
| Sarah McEntarffer | Michele Vana |
| Rebecca Meinders | Evette Watts |

Thanks to the past members of the FY 21-22 BHAC & RGB for your dedication and support toward the Regional System of Care:

Bill Barnesberger (RGB)
Christine Cooney (BHAC)
Jim Erickson (RGB)
Karen Helmberger (BHAC)
Larry Holtzman (RGB)
Corrine Jarecke (BHAC)
Barbara Murphy (BHAC)
John Smaus (RGB)
Darla Winslow (BHAC)

GOVERNANCE STRUCTURE

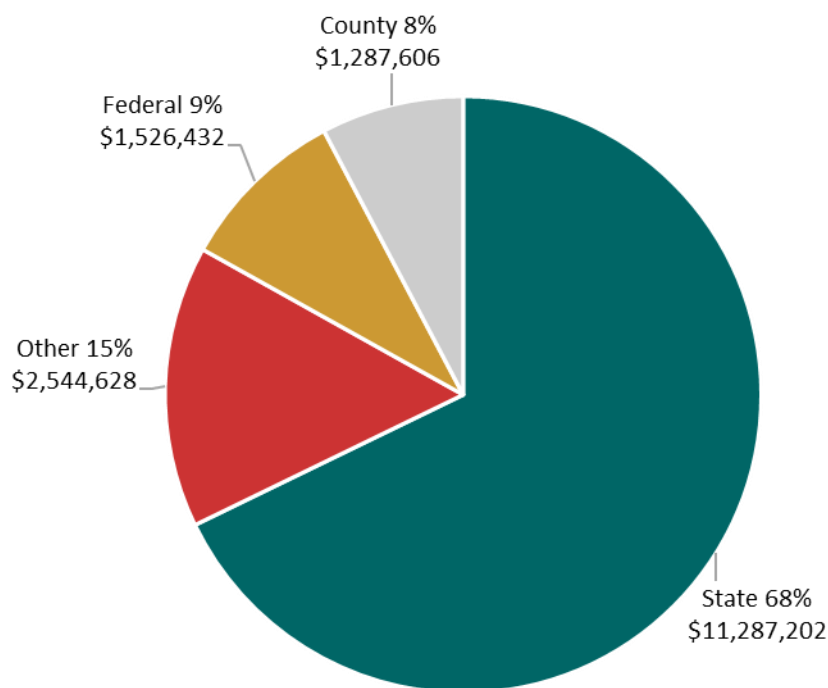


FISCAL TRANSPARENCY

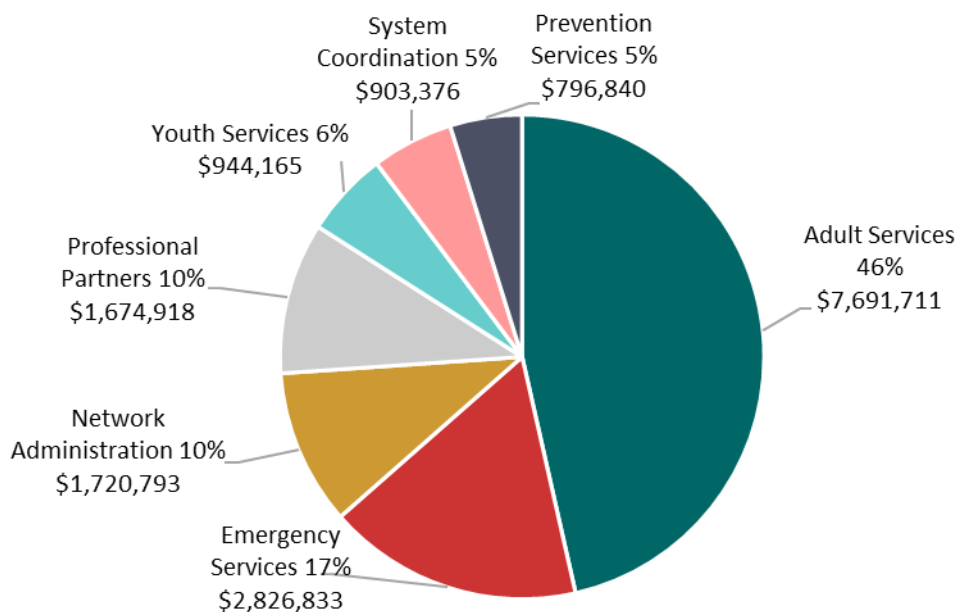
Fiscal management ensures the effective use of financial resources, transparency, and accountability. Funding is received from a variety of resources, including state and federal dollars through Nebraska’s Department of Health and Human Services’ Division of Behavioral Health and the Division of Children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

FY 21-22 Funding
\$16,645,867



FY 21-22 Expenditures
\$16,558,636



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

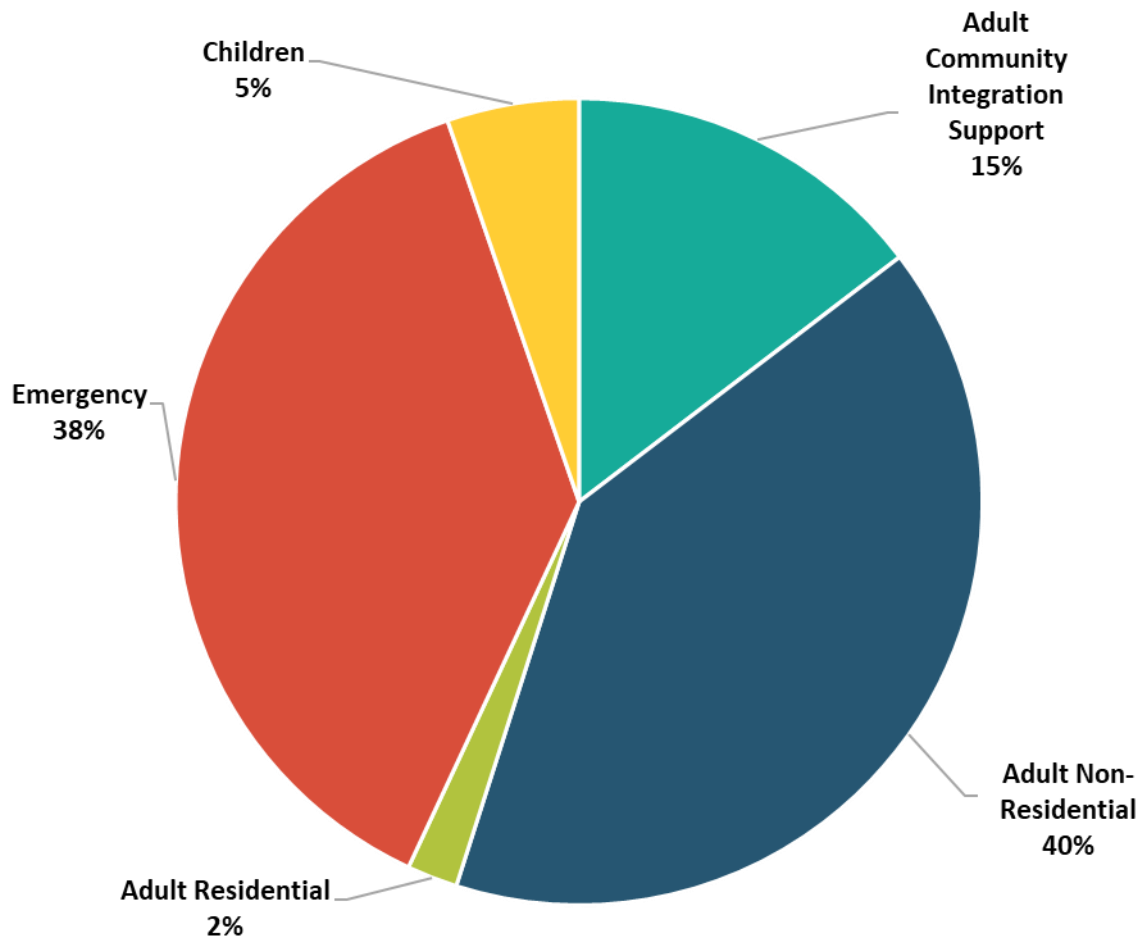
Region V Systems partners with state agencies, community partners, persons served, families, and other community primary care and behavioral health entities to support a system of care that is integrated and supports the Quadruple Aim of:

- 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 21-22, 12 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.

PERSONS SERVED BY LEVEL OF CARE



REINVESTMENT FUNDING

The availability of behavioral health funds as a result of Medicaid Expansion and the receipt of one-time supplemental funding has created a unique opportunity to reinvest funding for Region V Systems to implement evidence-based practices (EBP) to improve provider competency, reduce suicide rates, improve quality of life, provide additional care for individuals with complex needs, and address issues of network adequacy. Region V Systems facilitated multiple planning sessions during July 2021 with a diverse group of stakeholders and utilized the information to create a matrix identifying the needs/gaps in our system, current services, infrastructure, community response to meet these needs, areas identified as a priority and current/potential fund sources. Concurrently, a scan of recent local health department needs assessments and the following analyses/assessments was completed:

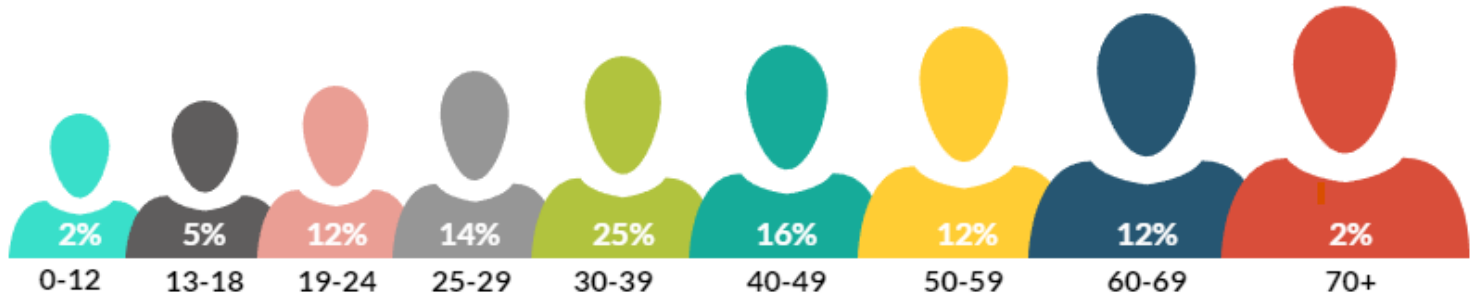
- Nebraska Families First Prevention Services Act Gap Analysis for Nebraska Department of Health & Human Services-Children Family Services Division: Preliminary Findings report by Chapin Hall at the University of Chicago. (May 2021)
- Region V Behavioral Health Authority/Southeast Nebraska System of Care Assessment Results 2020. Year 4 Needs Assessment/September 2020. Prepared by University of Nebraska Public Policy Center.
- Nebraska Behavioral Health Needs Assessment (2016). Prepared by University of Nebraska Medical Center College of Public Health.
- 2018 Nebraska Risk and Protective Factor Student Survey Results. Lancaster County. Administered by the Bureau of Sociological Research at the University of Nebraska-Lincoln. Targeting Nebraska students in grades 8, 10, 12.

Collaboration with the Division of Behavioral Health, localities, and other stakeholders continues in these opportunities to reinvest funds to meet the behavioral health needs of the people we serve.

| Projects | | \$ 2,307,100 |
|--|---|--|
| Administration/ Coordination/ Training | ASAM Criteria Training | vouchers for this strength-based multidimensional substance use disorder assessment |
| | Daily Living Activities-20 (DLA-20) Training | Train-the-Trainer series to expand training capacity |
| | Dialectical Behavior Therapy | training and support of providers implementing this EBP |
| | Motivational Interviewing | training and support of providers implementing this EBP |
| | Network & CQI Coordination | addition of two positions |
| Adult Community Integration | Contingency Management for RentWise | incentivize renters to participate in education series |
| | Navigator | emergency Peer Support in rural communities |
| | Recovery Support | expansion to rural communities |
| | Supported Employment | expansion to rural communities |
| | Supported Housing | increase number of rental vouchers and expand coordination |
| Adult Residential | Halfway House for Women | addition of gender-specific halfway house |
| Emergency | Medically Monitored Inpatient Withdrawal Management—SUD | new service for persons served with a Substance Use Disorder (SUD) |
| | Mental Health Crisis Center Enhanced Programming | provide clinical services, coordinate care, and implement discharge plans |
| | Mobile Technology for Crisis Response | for stakeholders to utilize telehealth to connect with the Mobile Crisis Response Team during crisis interventions |
| Prevention | Faith Partners | trainings to address and prevent substance use issues |
| | Generational Trauma | production of videos focusing on the effects of generational trauma |
| Youth Non-Residential | Professional Partner Expansion | reduce waitlist and prioritize youth/young adults following a crisis event in the rural area or transitioning from crisis care |

BEHAVIORAL HEALTH DATA FOR REGION V-FUNDED SERVICES

Age



| | Mental Health | Substance Use Disorder | Total* |
|-----------------------|---------------|------------------------|--------|
| Unique Persons Served | 4,515 | 1,656 | 5,649 |

| County of Residence | County Residents Served | New Admissions FY 21-22** |
|---------------------------------------|-------------------------|---------------------------|
| Butler | 52 | 53 |
| Fillmore | 50 | 50 |
| Gage | 336 | 406 |
| Jefferson | 87 | 100 |
| Johnson | 43 | 43 |
| Lancaster | 3,588 | 4,299 |
| Nemaha | 72 | 88 |
| Otoe | 152 | 163 |
| Pawnee | 25 | 31 |
| Polk | 30 | 29 |
| Richardson | 107 | 129 |
| Saline | 172 | 175 |
| Saunders | 103 | 106 |
| Seward | 131 | 177 |
| Thayer | 25 | 29 |
| York | 20 | 216 |
| All Other including "Not Available" † | 617 | 730 |
| Region Total | 5,790*** | 6,824 |

* 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 21-22 and not admissions in previous years. Some individuals may have been admitted into more than one service.

*** Some individuals may have lived in more than one county in FY 21-22.

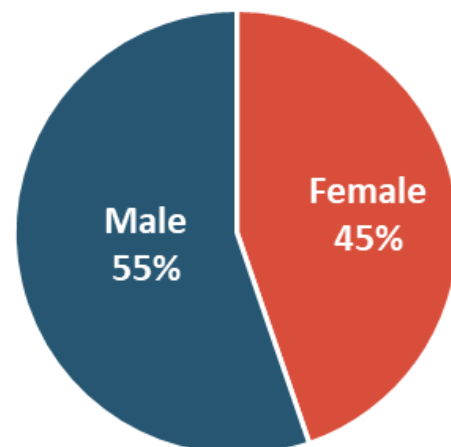
† There are services where County of Residence is not a required field at the time of admission and other services where it is not required at all.

Race







































■ White (71.1%)
 ■ Black/African American (7.5%)
 ■ American Indian/Alaska Native (2.8%)
 ■ Two or More Races (1.1%)
 ■ Asian (0.8%)
 ■ Native Hawaiian/Other Pacific Islander (0.3%)
 ■ Other (3.4%)
 ■ Not Specified (13%)

Gender



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

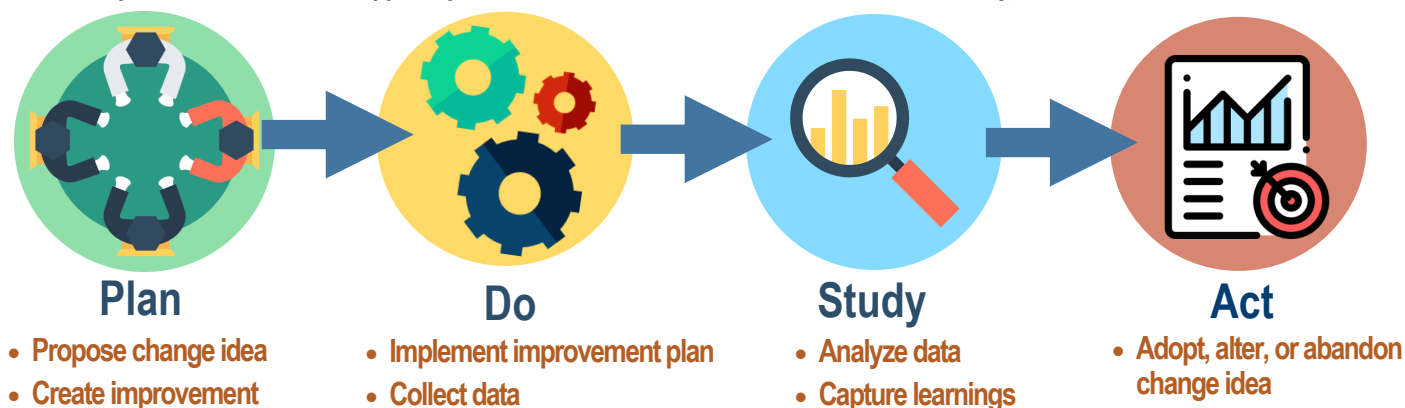
 Adult Community Integration Support
  Adult Non-Residential
  Adult Residential
  Emergency
  Youth Non-Residential

| | | |
|---|---|---|
| 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.thebridgelinebraska.org |    | Emergency Protective Custody; Short-Term Residential - SUD; Intermediate Residential - SUD; Post-Commitment Days; Short-Term Respite; Passages Extended Respite; Social Detoxification; Medically Monitored Withdrawal Management - SUD |
| 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 |
| Goodwill Industries of Greater Nebraska, Inc. 1804 South Eddy Street, PO Box 1863 Grand Island, NE 68801 Phone: 308-384-7896 www.goodwillne.org |  | Supported Employment - MH & SUD |
| 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, Prevention, Transition Age, Juvenile Justice |
| St. Monica's 120 Wedgewood Drive Lincoln, NE 68510 Phone: 402-441-3768 www.stmonicas.com |    | Outpatient Therapy-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/>

Region V Systems continually strives to improve the quality of care for persons served 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;
- persons served 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 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 persons served access to services, effectiveness, efficiency, satisfaction, and utilization.



MEASURING RECOVERY OF PERSONS SERVED

Each Network Provider identifies and implements an outcome evaluation tool to measure functioning of persons served receiving services funded by Region V Systems. Individual scores are reported and 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, Y-OQ 30.2 PR/SR, S-OQ 2.0).

Functioning tools monitor and measure outcomes for persons served by comparing enrollment scores to ongoing/ discharge scores and showing progress or improvement in the persons served road to recovery.

Recovery Outcomes of Persons Served When Comparing Admission to Discharge/Most Recent Scores

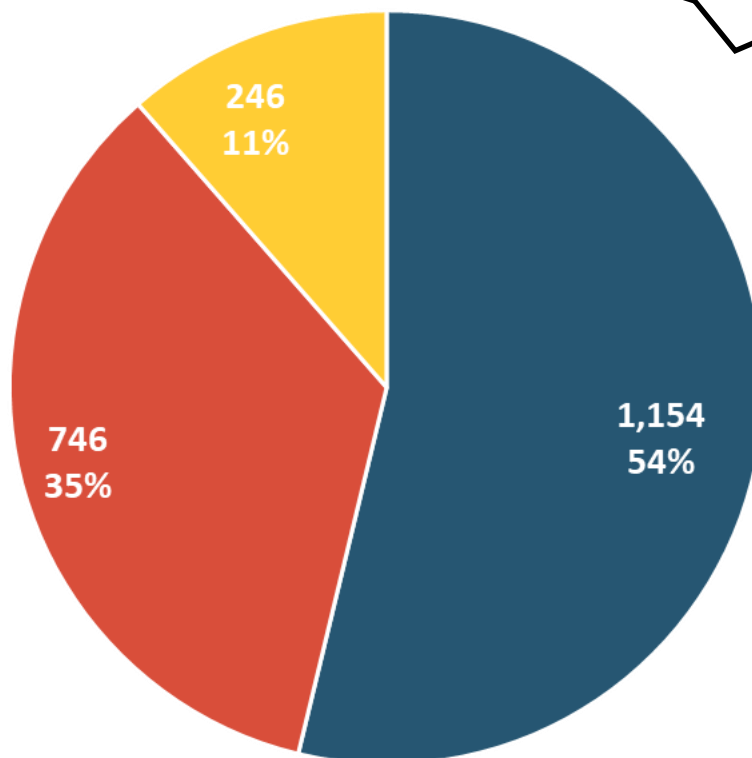
FY 21-22
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Significant Decline:

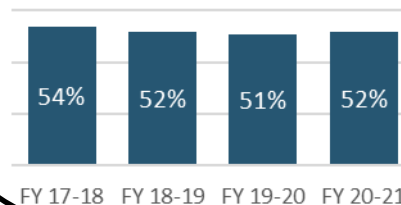
statistically (not likely to have happened by chance) and/or clinically significant (real effect on daily life) decline

No Change:

no significant difference between admission and discharge/most recent scores



Previous Years' Performance of Significant Improvement



Significant Improvement:

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

NATIONAL OUTCOME MEASURES (NOMS)

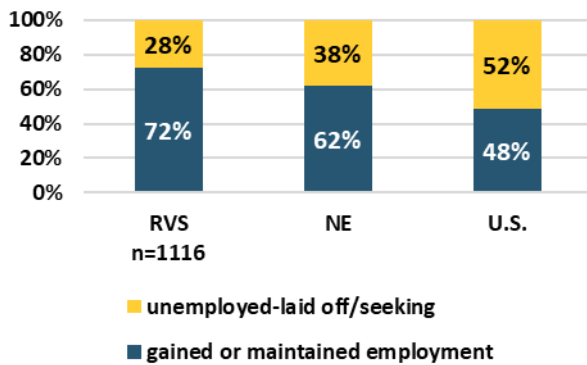
National Outcome Measures developed by Substance Abuse and Mental Health Services Administration (SAMHSA), in collaboration with the states, have identified domains as our National Outcome Measures, or NOMs. The domains embody meaningful, real life outcomes for people who are striving to attain and sustain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

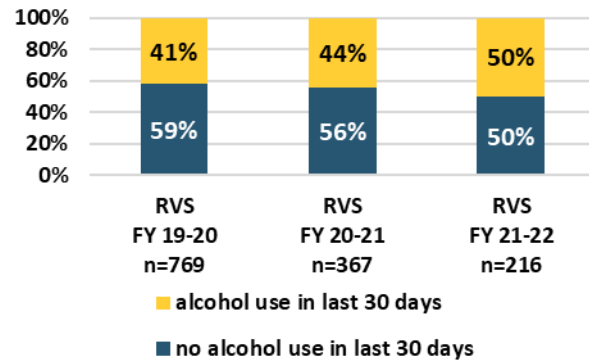
The NOMs domains focus on persons served achieving/sustaining employment or enrollment in school (Employment/Education), reduce arrests (Crime and Criminal Justice), increase stability in housing (Stability in Housing), abstinence or reduction from drug/alcohol use (Reduced Morbidity).

NOMs are calculated by comparing a person'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.

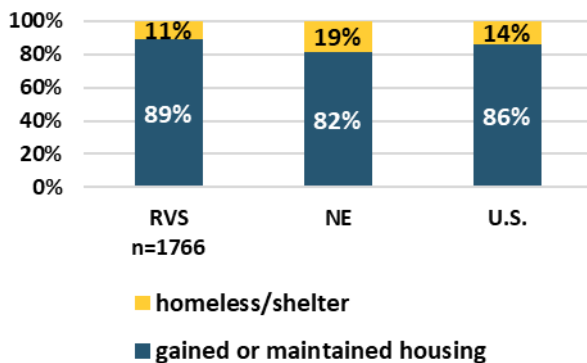
Employment



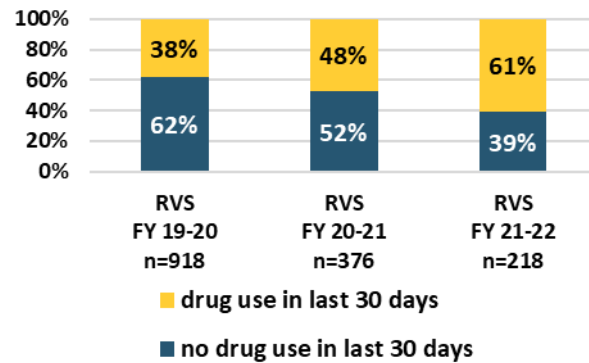
Alcohol Abstinence



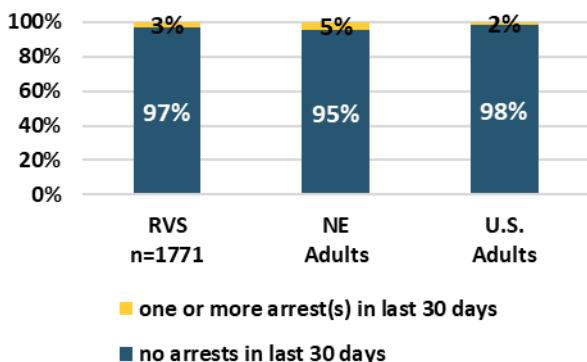
Stable Housing



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 21-22

NE: Nebraska Division of Behavioral Health performance for Mental Health & Dual Diagnosis services, as reported to SAMHSA for 2021

U.S.: Aggregate performance of states reporting to SAMHSA for 2021

PERCEPTION OF CARE AND MENTAL HEALTH STATISTICS IMPROVEMENT PROGRAM (MHSIP) CONSUMER SATISFACTION SURVEY

In an effort to assess the person's served point of view as to the quality and effectiveness of services he/she received, Region V Systems' Provider Network asks the following questions on surveys of persons served collected by each agency at various points of service and at discharge. The graph below illustrates an aggregate of responses from persons served by 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.

Below are several outcomes comparing aggregate data of the 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 21-22 | State of Nebraska Consumer Survey Adults 2021 | All States Reporting to SAMHSA Adults 2021 |
|---------------------------------|---|---|---|--|
| General Satisfaction | If I had other choices, I would still get services from this agency | 89.7% | 89.4% | 89.0% |
| | I would recommend this agency to a friend or family member | 91.5% | 87.9% | |
| Quality and Appropriateness | Staff were sensitive to my cultural background (race, religion, language, etc.) | 89.0% | 87.3% | 89.8% |
| Access | Services were available at times that were good for me | 88.0% | 87.7% | 87.9% |
| Participation in Treatment Plan | I, not staff, decided my treatment goals | 88.0% | 78.9% | 89.1% |
| Functioning | I am better able to handle things when they go wrong | 85.1% | 74.5% | N/A |
| Outcomes | I deal more effectively with daily problems | 86.7% | 80.4% | 72.2% |
| | I am better able to deal with crisis | 84.9% | 75.9% | |
| Social Connectedness | In a crisis, I would have the support I need from family or friends | 82.8% | 79.7% | N/A |
| Other | Staff treated me with respect and dignity | 93.2% | 92.8% | N/A |
| | The program was sensitive to any experienced or witnessed trauma in my life | 88.8% | 84.6% | |

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

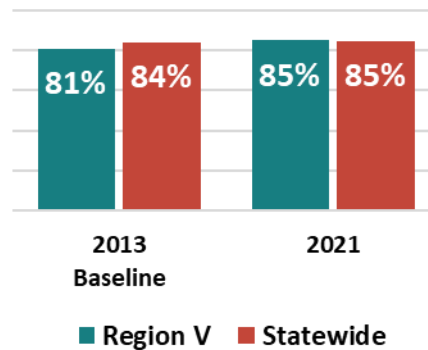
Trauma-Informed Care is a statewide initiative to ensure all Network Providers:

- 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 persons served.

Beginning in FY 12-13, Network Providers administered the Fallot and Harris Trauma-Informed Self-Assessment Tool, an agency self-assessment, setting a baseline to identify each agency’s trauma-informed capacity in the following domains: Program Procedures and Settings; Policies; Trauma Screening, Assessment, and Service Planning; Administrative Support for Program-Wide Trauma-Informed Services; Trauma Training and Education; and Human Resources Practices. Quality improvement plans are developed by each Network Provider based on bi-annual assessment results, with the most recent assessment completed in FY 20-21.

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 19.

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 outcomes and recovery for persons served.



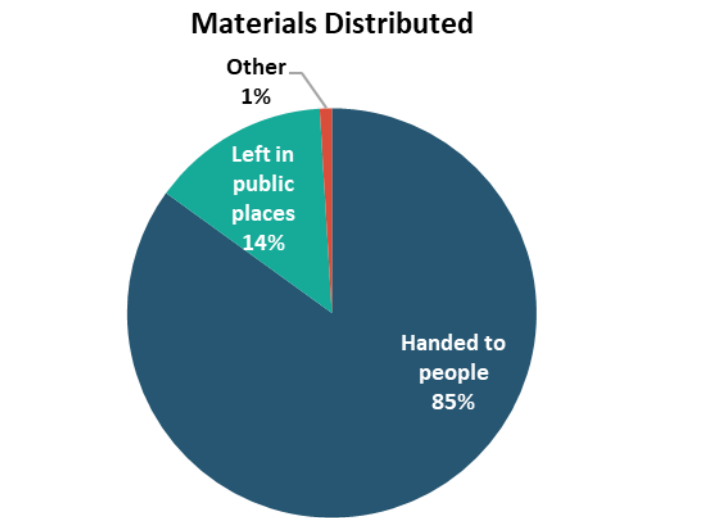
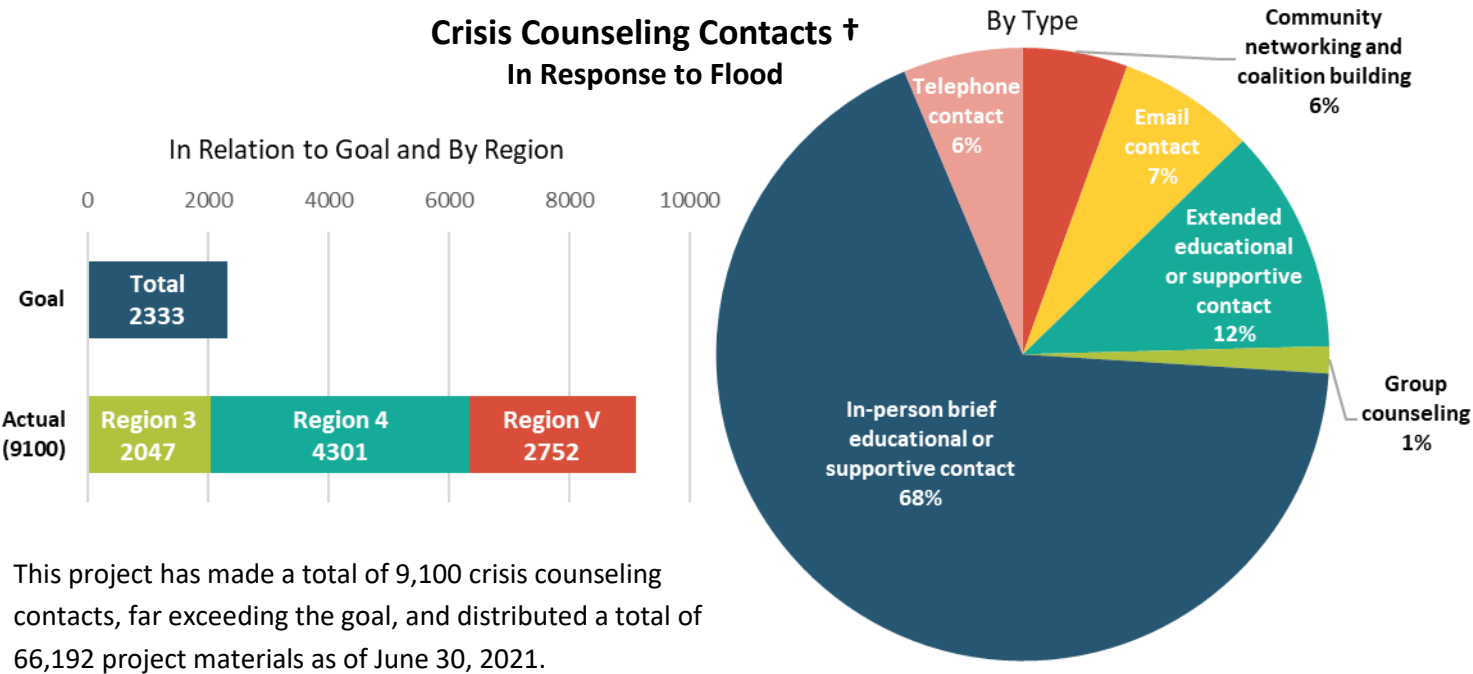
The purpose and focus of the behavioral health/primary care integration initiative in Region V has been to support a **patient-centered medical home model** and the integration of primary care and behavioral health care. Region V Systems has promoted integration since 2011 by supporting access for individuals in residential care to primary health care and a medical home at Bluestem Health utilizing vouchers for persons served to receive behavioral health services. Conversely, Bluestem prioritizes behavioral health screening and referral to treatment.

NEBRASKA STRONG: SAMHSA NEBRASKA DISASTER RECOVERY ADULTS PROJECT

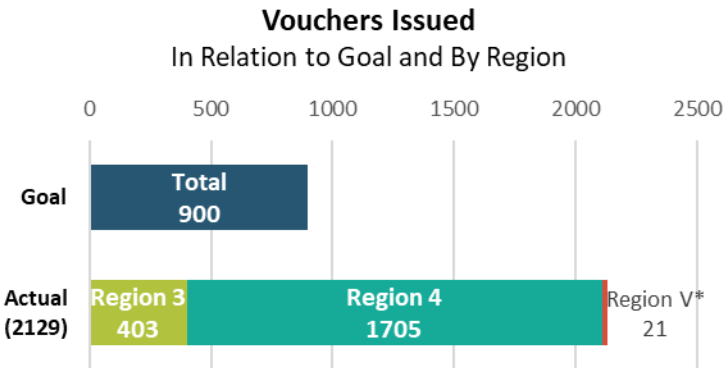
In late April of 2020, Region V Systems was awarded a SAMHSA Disaster Response Grant for Adults. This project served adults in 23 Nebraska counties (Butler, Nemaha, Richardson, Saline, and Saunders in **Region V**; Antelope, Boone, Boyd, Burt, Colfax, Cuming, Holt, Knox, Madison, Nance, Pierce, Platte, Stanton, and Thurston in **Region 4**; Buffalo, Custer, Hall, and Howard in **Region 3**) with a Presidential disaster declaration of individual assistance from the flooding of 2019.

In collaboration with the Rural Response Hotline, the Nebraska Public Policy Center, Region 3 Behavioral Health Services, and Region 4 Behavioral Health System, the following services were provided:

- access to mental health and substance use outpatient treatment vouchers;
- direct **crisis counseling†** to promote resilience and foster community connections;
- training in Cognitive Behavioral Therapy for Postdisaster Distress (CBT-PD) for clinicians; and
- increased ability of community members to recognize the signs of mental illness and substance use and respond with immediate support and assistance through Mental Health First Aid (MHFA) training.



113 Nebraska clinicians have been trained in CBT-PD, 11 MHFA classes have been offered in the 23 counties, and 2,129 mental health and substance use treatment vouchers have been distributed to individuals in need of services.



*The counties in Region V represent 17% of the population served by this project.

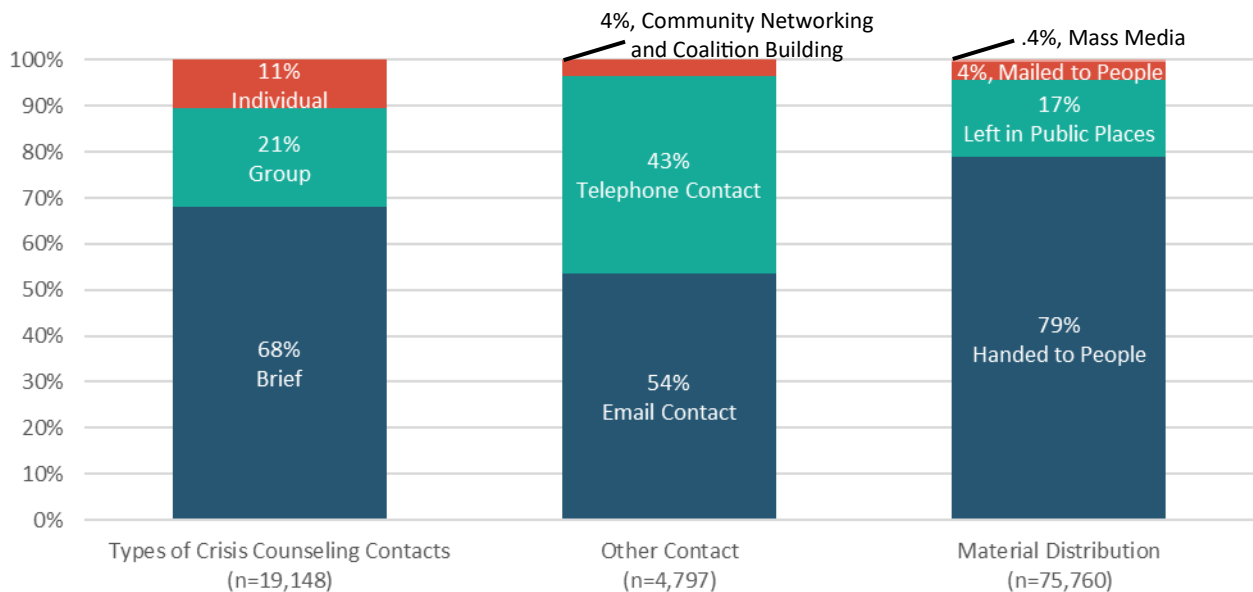
†Crisis Counseling is community-based outreach to promote recovery and provide resources

NEBRASKA STRONG RECOVERY PROJECT: FEMA CRISIS COUNSELING PROGRAM (CCP)

From May of 2020 to December of 2021, Region V Systems participated in a 19-month statewide grant called the Nebraska Strong Recovery Project. This project assisted individuals, businesses, and communities who were affected by **COVID-19** and was active in all of Region V Systems’ counties. The focus of this project is to provide **community-based outreach and psychoeducational services** to people affected by COVID-19.

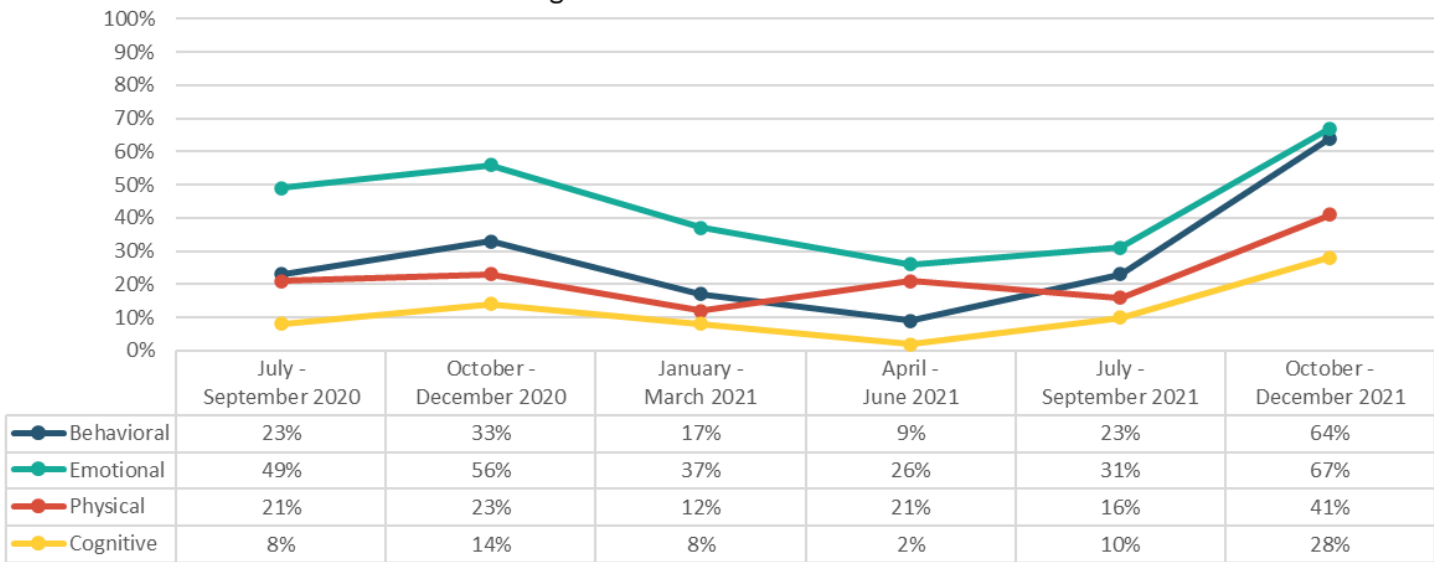
During this project, Region V Systems was able to provide 19,148 total crisis counseling contacts†, exceeding the goal of 5,544 project contacts. The charts below represent a breakdown of crisis counseling contacts, other contacts, and materials distributed.

Crisis Counseling Contacts†
In Response to COVID Pandemic



Outreach Workers assessed individuals at each contact for current reactions. During a contact, individuals may exhibit no reactions, or reactions in one or more categories. The chart below shows recorded reactions over the duration of the project. Reactions help guide outreach activities/strategies. For example, an uptick in emotional reactions might lead Outreach Workers to talk more about mental health services available in the community. With higher rates of cognitive reactions, the team offered groups focused on self-care.

Region V Reactions Over Time



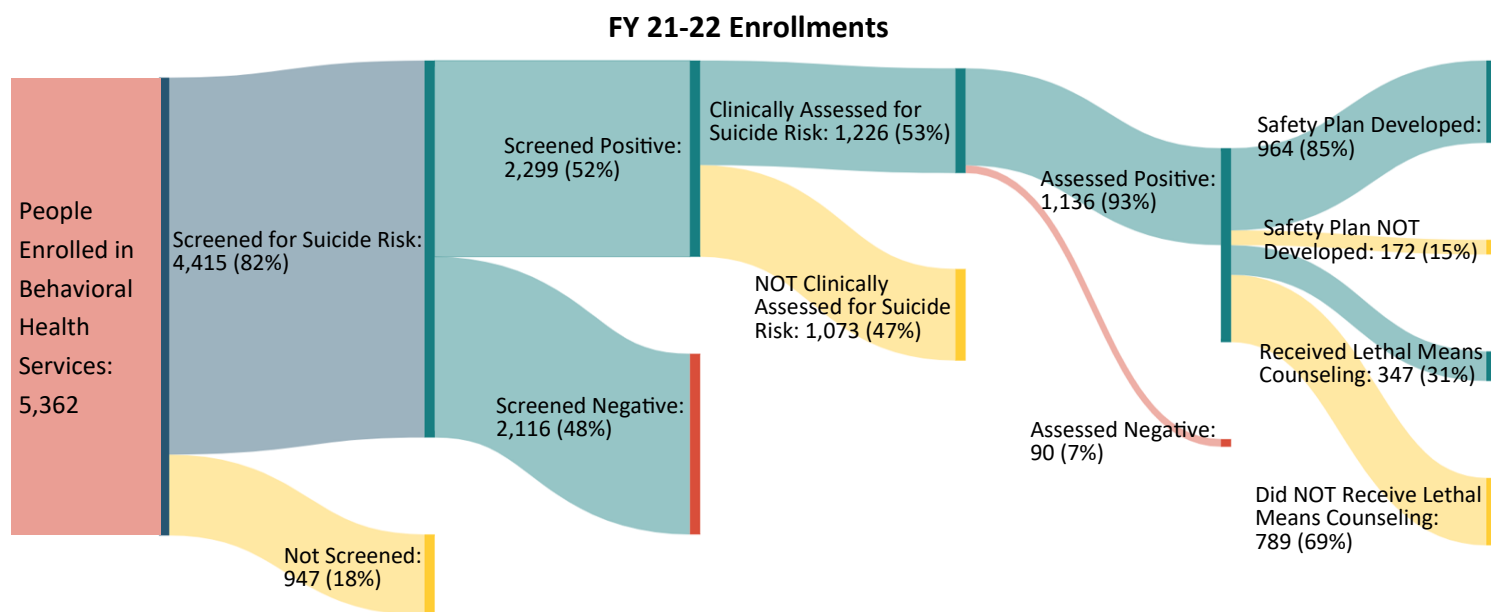
†Crisis Counseling is community-based outreach to promote recovery and provide resources

ZERO SUICIDE; LET'S TALK – SYSTEM OF EXCELLENCE

The foundational belief of Zero Suicide is that all suicide deaths for individuals under the care of health and behavioral health systems are preventable. The Zero Suicide approach operationalizes what experts in the field of suicide prevention have identified as the core components of safe care for individuals with suicidal thoughts and urges. The components represent a holistic approach to suicide prevention and include:

- **LEAD** - Create a leadership-driven, safety-oriented culture committed to dramatically reducing suicide among people under care. Include survivors of suicide attempts and suicide loss in leadership and planning roles.
- **TRAIN** - Systematically screen all patients to assess suicide risk among those receiving care within the health and behavioral health care system. Developing a competent workforce via system-wide, comprehensive, and timely suicide care training.
- **IDENTIFY** - Systematically identify and assess suicide risk among people receiving care.
- **ENGAGE** - Ensure every individual has a pathway to care that is both timely and adequate to meet his or her needs. Include collaborative safety planning and restriction of lethal means. Ensure every individual has a pathway to care that is both timely and adequate to meet his or her needs. Include collaborative safety planning and restriction of lethal means.
- **TREAT** - Implementing effective, evidence-based treatments that directly target suicidal thoughts and behaviors.
- **TRANSITION** - Providing continuous contact and support, especially after acute care.
- **IMPROVE** - Applying a data-driven quality improvement approach to inform system changes that will lead to improved patient outcomes and better care for those at risk.

Region V Systems completed Year 3 of a Garrett Lee Smith subcontract in partnership with the UNL Public Policy Center. This year, an evidence-based Zero Suicide training was facilitated through the Education Development Center (EDC). The training allowed participating organizations within Region V Systems (CenterPointe, Lutheran Family Services, the Mental Health Association of Nebraska, Mental Health Crisis Center of Lancaster County, and Region V Systems' Family & Youth Investment Program) to develop a Zero Suicide System of Excellence. The EDC also offered guidance on evidence-based practices through monthly meetings and technical assistance. The providers participating in the Zero Suicide System of Excellence planning have developed action plans for implementation, report quarterly on their progress, and on identified variables identified by the EDC. Such areas that are being tracked can be observed in the chart below. In FY 21-22, a priority for the System of Excellence was identifying gaps of care for those with suicide risk, notably with the need for more clinical assessments of suicide risk.



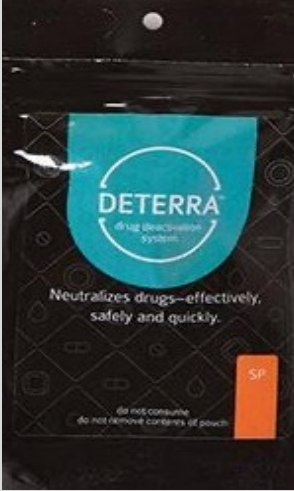
SYSTEM COORDINATION

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

PREVENTION SYSTEM COORDINATION

Region V’s Prevention System Coordination is a collaborative partnership among community coalitions, 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 utilized in FY 21-22 are included below. Strategies on pages 20-22 with an asterisk (*) denote evidence-based and those with a pound (#) indicate braided funding.



Deterra Drug Disposal Pouch

Safe, easy way to dispose of prescription medications

3,600 distributed

Narcan


Opioid overdose reversal medication

Distribution of Narcan to First Responders

420 units distributed to EMTs, police officers, etc.

STOPODNE

Anyone who is a **NEBRASKA resident** can obtain **NARCAN** for **FREE** at a participating pharmacy without a prescription. Learn more [@stopodne.com](https://stopodne.com) or scan the QR code.



| CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS) MINI-GRANTS | | |
|---|---------|------------------------------|
| Prioritize and fund culturally responsive community services | | |
| Agency/Coalition | Award | Purpose |
| Lincoln Medical Education Partnership/School Community Intervention & Prevention (SCIP) | \$1,019 | Translation materials |
| Lincoln Medical Education Partnership/Stepping Stones | \$1,000 | Cultural competency training |
| St. Monica’s | \$1,500 | Women are Sacred |

MENTAL HEALTH FIRST AID (MHFA)

| FY 21-22 | | |
|--------------|-----------|--------------|
| Type | Trainings | Participants |
| Youth | 5 | 67 |
| Adult | 14 | 159 |
| Total | 19 | 226 |



Trainings

Two options offered:

- 8-hour in-person training OR
- 2-hour self-study and 6-hour training, either in-person or virtually

9 trainers in the Region V Systems cadre, offering MHFA in Southeast Nebraska

GARRETT LEE SMITH SUICIDE PREVENTION GRANT

Hope Squads

Reduce youth suicide through education, training, and peer intervention



16 active Hope Squads

Question, Persuade, Refer (QPR) Trainings*

Suicide prevention trainings

27 trainings

1,039 people trained

Trainings are being held both in-person and virtually
Lincoln Public Schools (LPS) social workers continue to train their staff on an annual basis

Lethal Means Campaign

Over 50% of deaths by suicide are gun related

WHO HAS ACCESS TO YOUR SOCKS GUNS?

LockUpFirearms.org



SARAH GARRETT LEE SMITH GRANT/OML POLICY CENTER REGION V SYSTEMS

Assessing and Managing Suicide Risk (ASMR)

Training on best practices recommended by the nation's leading experts in the research and delivery of suicide care

2 sessions

42 people trained

Lock Boxes

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

425 distributed to hospital and law enforcement

Local Outreach to Suicide Survivors (LOSS) Team

Reduce suicide bereavement distress of those immediately impacted by providing compassion, support, and providing information about available resources

Blue River LOSS Team (Gage and Jefferson)

Four Corners LOSS Team (York, Seward, Polk, Butler)

Lincoln/Lancaster County LOSS Team

Southeast Nebraska LOSS Team (Otoe, Nemaha, Johnson, Pawnee, Richardson)

* evidence-based

braided funding

3rd Millennium*

Online education program for high school students on alcohol, marijuana, vaping and/or conflict resolution. It can be given for infractions or embedded into a health class.

81 students assigned for alcohol infractions
90 students assigned for marijuana infractions
279 students assigned for vaping infractions
299 students participated through a health class

Faith Partners

Helping faith congregations take a team approach to alcohol/drug issues.

15 teams

9 denominations

Planned a QPR week at the end of September with 13 faith community host sites, including 2 remote and 1 hosted in Spanish

Communities Mobilizing for Change on Alcohol (CMCA)*#

Family education, engagement, and enforcement regarding family standards on alcohol use

Lancaster Leadership

Prevention Leadership Team

Began the planning process for an underage drinking campaign.
 Launched a Talk Heart to Heart Pinterest account to further spread information from the parent toolkit.
 The team also approved the launch of social posts in Spanish which can be shared on Pinterest as well. All pins are available at:
www.talkheart2heart.org

www.TalkHeart2Heart.org

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

27,000 + visits

23,000 + users

813 social media followers

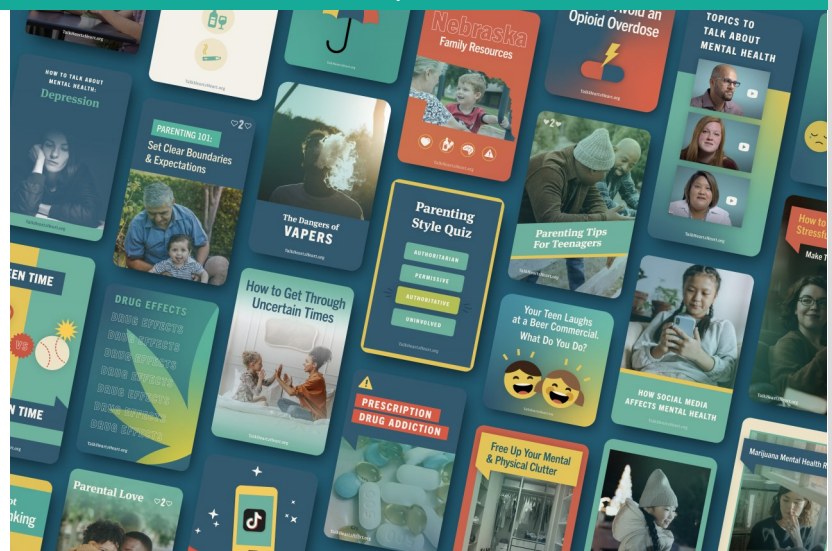
1 million + impressions

15,000 + engagements

Facebook page:

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

Getting Tech Just Right Campaign



SAMSHA 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

14 youth (7/16 counties represented) collaborated on planning June Jam 2022



Communities Mobilizing for Change on Alcohol (CMCA)*#

Positive social norming media campaign

100% of all counties in Region V participated in statewide media campaign (billboards, digital media, social media, television ads, banners)

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

40 counselors and social workers trained;
15 completed facilitator training
5 WRAP groups in schools
4 in Middle School
1 in High School

School Community Intervention and Prevention (SCIP)

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

100 schools have SCIP teams
625 referrals from SCIP teams for mental health and/or substance use concerns:
 • **354** alcohol, tobacco, or other drug related concerns
 • **271** mental health concerns

Compliance Checks*

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

| # of Checks | Passed |
|-------------|------------|
| 80 | 96% |

Second Step*

Social emotional learning curriculum

100% of counties have schools engaged
100% of PreK-8th grade schools in Lincoln Public Schools engaged

Mini-Grants

Seed funding to help communities start projects that can be sustained

| Agency/Purpose | Award | Agency/Purpose | Award |
|--|---------|---|---------|
| Crete Community Assistance Office Bridges Out of Poverty Online Trainer Certification | \$1,499 | Saunders County ACT/Youth Services Bilingual training service for law enforcement officers | \$500 |
| Falls City FCA, HOPE Squads, Honor Society Power Team 2.0, School Assembly (Falls City and Sacred Heart –Elementary, Middle and High Schools) | \$2,000 | Southeast CASA “High in Plain Sight” training by Jermaine Galloway | \$1,600 |

* evidence-based # braided funding

PROMOTING COMPREHENSIVE PARTNERSHIPS IN BEHAVIORAL HEALTH THROUGH REGIONAL PREVENTION COORDINATION

Multi-county evidence-based strategies utilized by all coalitions:

- * Communities Mobilizing for Change (including Compliance Checks and www.TalkHeart2Heart.org website)
- * Responsible Beverage Training
- * Second Step
- * Devereux Student Strengths Assessment (DESSA)

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



County Coalition

Current Lead

Evidence Based Practices
utilized by County Coalition,
in addition to multi-county
strategies listed above

Butler County Believes in Youth and Community (BBYC)

David City High School
750 D Street
David City, NE 68632

Amy Sander
402-367-3187
sander@dcscouts.org

3rd Millennium, D.A.R.E

Fillmore County Coalition

Public Health Solutions
830 E 1st Street, Suite 300
Crete, NE 68333

Jill Kuzelka
402-826-3880
jkuzelka@phsneb.org

Circle of Security

Four-County Collaborative

1520 22nd Street
Auburn, NE 68305

Laura Osborne
402-414-2460
fourcountycollaborative@gmail.com

Utilizing multi-county strategies listed above

Gage County MAPS Coalition

320 N 5th Street
Beatrice, NE 68310

Jill Kuzelka
402-826-3880
jkuzelka@phsneb.org

3rd Millennium, WRAP

Jefferson County Prevention Coalition

Public Health Solutions
830 E 1st Street, Suite 300
Crete, NE 68333

Jill Kuzelka
402-826-3880
jkuzelka@phsneb.org

Circle of Security

Lancaster Prevention Coalition

1645 N Street
Lincoln, NE 68508

Teri Effle
402-441-4367
teffle@region5systems.net

3rd Millennium, Creating Lasting Family Connections, WRAP

Polk County Substance Abuse Coalition

330 N State Street, PO Box 316
Osceola, NE 68651

Evette Watts
402-747-2211
ewatts.pch@gmail.com

Highway Checkpoints

Saline County (CURB) Prevention Coalition

Public Health Solutions
830 E 1st Street, Suite 300
Crete, NE 68333

Jill Kuzelka
402-826-3880
jkuzelka@phsneb.org

Circle of Security

Saunders County Prevention Coalition

387 N Chestnut Street, Suite 1
Wahoo, NE 68066

Amber Pelan
402-443-8107
apelan@co.saunders.ne.us

3rd Millennium, D.A.R.E.

Seward County Prevention Coalition

616 Bradford Street
Seward, NE 68434

Lori Sherman
402-643-3695
bridgessewardcounty@gmail.com

3rd Millennium, BIST, D.A.R.E

Thayer County Healthy Communities Coalition

Public Health Solutions
830 E 1st Street, Suite 300
Crete, NE 68333

Jill Kuzelka
402-826-3880
jkuzelka@phsneb.org

Circle of Security

York County Prevention Network

816 E 8th Street
York, NE 68467

Barbra Ivey
402-363-8128
iveybarbra@gmail.com

WRAP

HOUSING COORDINATION

Region V Systems’ housing programs provide safe, secure, affordable housing – together with supportive services – so that persons served 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 use 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 21-22 funding: \$1,208,932

RAP, through funding from the Department of Health and Human Services (DHHS), provides **safe, secure, affordable housing – together with support services – so that persons served can begin to work toward recovery**. There are four tracks in the RAP Housing program: 1) RAP-MH is intended for persons 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 persons 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 specialized housing track tailored to provide housing opportunities for women with children discharging from the Therapeutic Community level of care.

One of the focuses of reinvestment planning this year was on expanding and enhancing supports, including housing, to persons with mental and substance use issues. Region V was able to add a Housing Specialist and increase the number of vouchers by 20 in our substance use track. Both Housing Specialists were certified in Rentwise and implemented this tenant education program as part of the Rental Assistance Program. Rentwise offers a curriculum that helps renters obtain and keep rental housing and to be successful renters. Successful completion of the course also gives participants a preference with Region V on the wait list and with the Housing Authorities. This helps them bridge quicker from RAP, a transitional housing program, to Section 8, a permanent housing program.

263

households received RAP
benefits in FY 21-22





Rural Permanent Housing Program (RPHP) implemented November 2012

FY 21-22 funding: \$285,877

Region V Systems receives funding from Housing and Urban Development (HUD) to provide permanent supportive housing 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.

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

37

households were provided housing in
the 20-county area in FY 21-22

Leasing unit capacity : 32



Lincoln Permanent Housing Program (LPHP) implemented February 2021

FY 21-22 funding: \$168,845

Region V Systems expanded Permanent Housing into Lincoln in January 2021, housing the first participant in April 2021. The Lincoln program mimics the Rural Permanent Housing Program in that the program also receives referrals through the State Coordinated Entry System and serves vulnerable adults and families.

Funding supports programming in the city of Lincoln, Nebraska.

14

households were provided
housing in FY 21-22

Leasing unit capacity : 12



Rural Host Homes Program (HHP) implemented October 2019

FY 21-22 funding: \$102,488

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 the community and provided by community volunteers. The goal of the Rural Host Homes Program is to drastically reduce the number of 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 goals directed at transitioning to appropriate levels of independence. Program participants can stay in the Host Home for up to 12 months.

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

*Due to low utilization of the Host Homes, Region V Systems along with the HUD housing partners, made the determination to discontinue the Host Homes housing support model. Instead, the Transition-age Rural Permanent Housing will be developed to serve young adults, ages 18-24, and with a projected start date of October 2022.

2 *

young adults were provided
housing in FY 21-22

Leasing unit capacity : 8



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 persons served:

- Ensure services are persons served focused.
- Create services that emphasize beneficial outcomes based on recovery principles.
- Ensure person served 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 persons served and family involvement and provide opportunities for persons served to learn leadership.



WELLBEING
INITIATIVE, INC.

FY 20-21 found an opportunity to utilize the Consumer Specialist funding in a different format while continuing to support and promote persons served and family involvement. Region V began negotiations with Wellbeing Initiative, a peer-

operated agency, to develop a workplan that would meet the Division of Behavioral Health's (DBH) deliverables for the funding. After completion of the workplan and approval from DBH, Region V entered into a contract with Wellbeing Initiative beginning January 1, 2021, covering an 18-month period through June 30, 2022, to carry out activities to meet the intention of the funding that began in 2007. This contract also included the identification of a designated individual who would represent Region V's consumer interest at all designated meetings. Quarterly reports are provided summarizing activities carried out during the previous three months.

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.



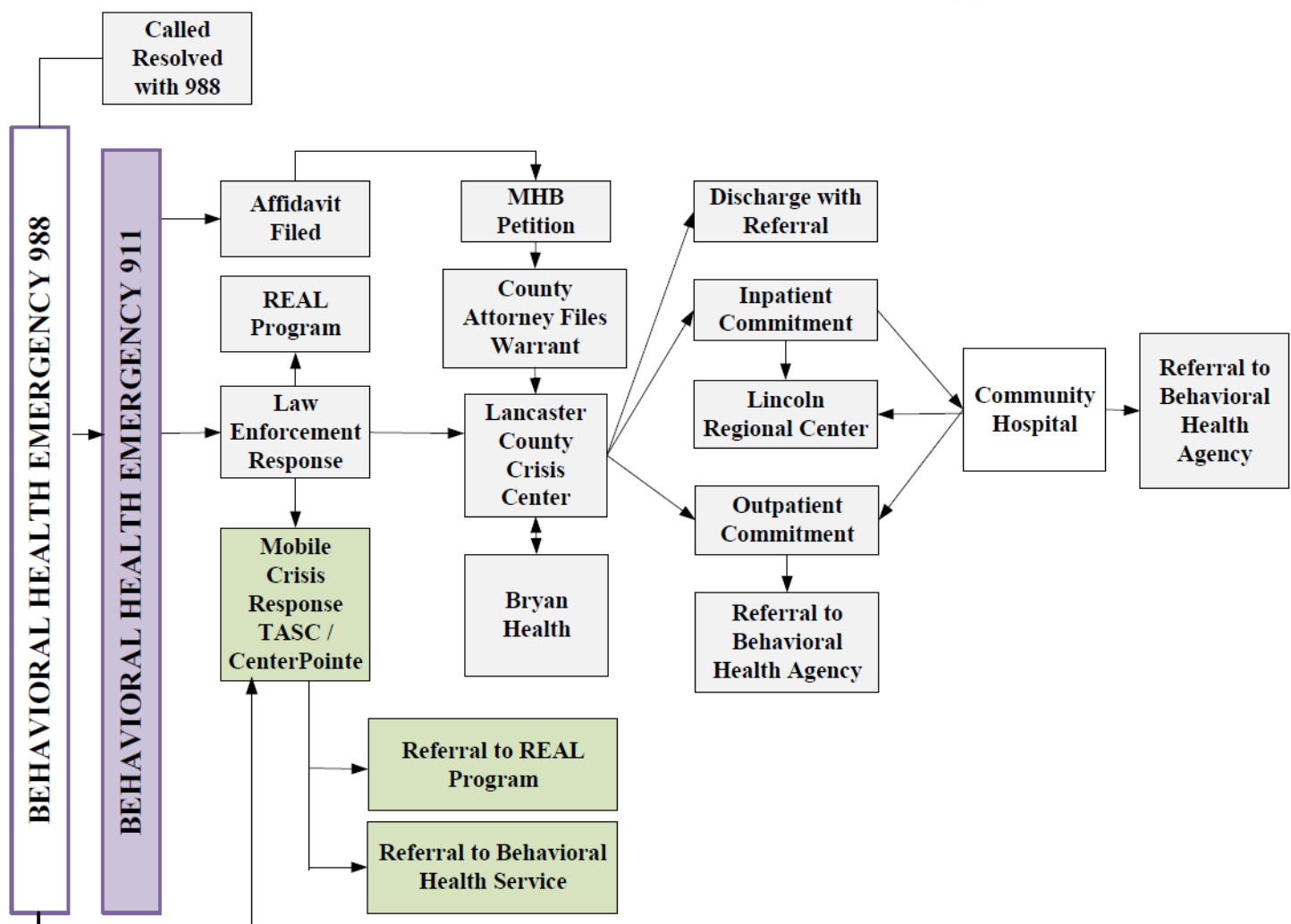
| Grantee | Amount | Grantee | Amount |
|--|---------|--|---------|
| Consumer Family Advisory Committee Meeting Expenses | \$475 | Rise Up Together | \$4,265 |
| Garden for Health | \$309 | Sacred Voices Talking Circle | \$686 |
| Helping Hands | \$3,274 | Support Material (Strengths Finders, Red Road to Wellbriety, Workbooks, Spanish Translation of Brochure) | \$2,552 |
| Medicine Wheel | \$500 | Surviving to Thriving | \$514 |
| Mission Field | \$1,897 | Whispering Acres High Hopes Equine Assisted Learning | \$2,772 |
| Peer Support Specialist - Nebraska Certification Testing | \$125 | WRAP Groups and Supplies | \$2,250 |
| Project Connect Lincoln | \$428 | Total: \$20,047 | |

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. 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.

In our effort to keep system providers connected and improve communication, the HURT Team (High Utilizer Review Team) was developed. The HURT Team meets one time per week, for 60 minutes, to identify, support and assist those who are in crisis and/or near crisis. The goal of the HURT Team is to act fast and try to get the person back to pre-crisis functioning. Members of this team include Lincoln Police Department, Targeted Adult Service Coordination (TASC), CenterPointe, The Bridge Behavioral Health, Bryan Hospital, and Mental Health Association.

Region V Adult Behavioral Health Emergency System



For those persons in a behavioral health emergency who do not meet the criteria to be placed in Emergency Protective Custody (EPC), there are alternative mobile crisis response services to assist them and responding law enforcement. The goal of mobile crisis response is to respond in real time to the persons experiencing a behavioral health crisis to assist with risk assessment, safety planning, and service needs. Objectives include decreasing police contact, hospitalizations, EPCs, and incarceration. When a diversion occurs, some of the benefits include reduced law enforcement time and increased access to community-based services for the person served.

Mobile Crisis Response

TASC (Targeted Adult Service Coordination): 88% diversion rate for 223 adult calls. TASC responds to law enforcement-initiated calls in rural Southeast Nebraska.

CenterPointe: 85 adult mobile crisis response calls in the city of Lincoln, 604 adult walk-in crisis contacts, and 2,745 crisis calls.

REAL (Respond Empower Advocate Listen): Emergency peer support through the Mental Health Association, expanded to rural Southeast Nebraska to cover all 16 counties of the Region V service area.

Lancaster County Mental Health Crisis Center hired a mental health practitioner to provide clinical services, coordinate care, and implement discharge plans.

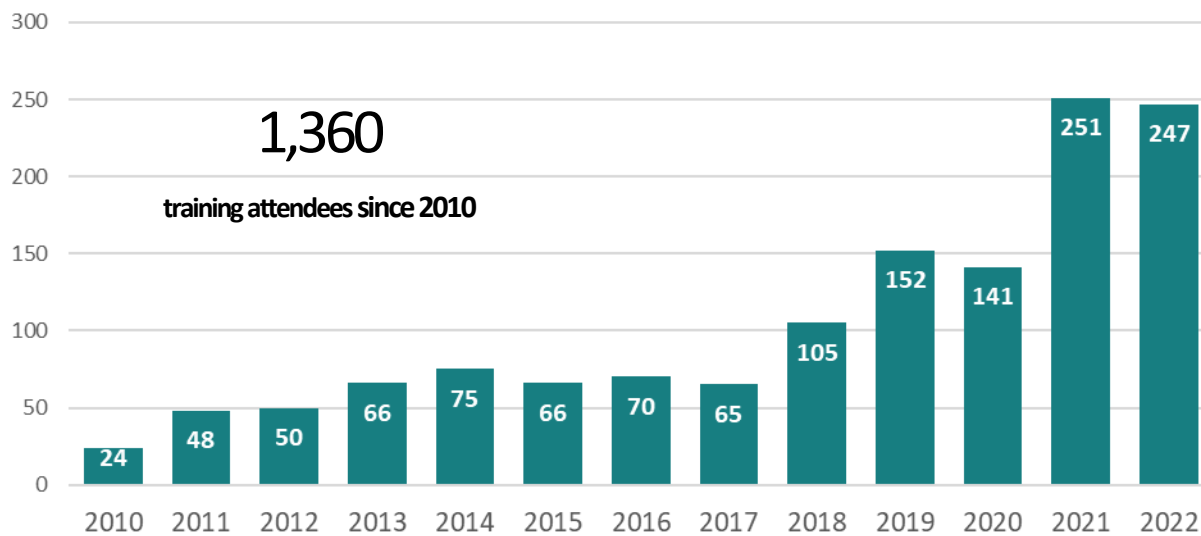
EMERGENCY SYSTEM TRAININGS

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.

Behavioral Health Threat Assessment Training (BETA)

This year, Region V Systems proudly celebrated 13 years of providing and sponsoring an advanced training to law enforcement departments and partners to law enforcement 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 and partners to law enforcement to obtain better outcomes when facing incidents involving persons with mental illness and dangerousness. Traditionally, law enforcement techniques have focused on the apprehension and prosecution of offenders after crimes are committed. However, 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. BETA training is looking at how law enforcement officers and others may identify, assess, and manage the risk of future behaviors.

Number of BETA Participants



People who live with serious mental illness are among the most vulnerable members of our community. The Lincoln Police Department recognizes that caring for these individuals requires additional and ongoing training for police officers, collaboration between police officers and mental health workers, and programs that people with mental illnesses can access during and after contact with police. Thank you to the city of Lincoln and Lincoln Police Department for not only attending BETA for the past 13 years but also financially contributing to its ongoing success. Lincoln Police Department gave \$38,000 to enhance training to law enforcement and partners to law enforcement. Through these collaborations, LPD works with the community to develop multifaceted strategies for responding to those experiencing mental health crises.

CHILDREN AND FAMILY SERVICES

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 needs and their families.

Activities include:

- **Active participation on the state statute-driven 1184 Treatment and Non-Court Review Teams**
- **Behavioral Health/Probation Leadership Collaboration Team**
- **Community Response Strategic Planning Coalition**
- **Crisis Response Steering Committee and Coalition**
- **Early Childhood Behavioral Health Coalition Team**
- **Juvenile Detention Alternatives Initiative Committee (JDAI)**
- **Lancaster County Reducing Racial and Ethnic Disparities (RED) Committee**
- **New American Task Force-Behavioral Health Subcommittee**
- **Partnerships with the Crisis Center and Region V Rental Assistance Program**
- **Through the Eyes of a Child (Juvenile Justice)**
- **Transition Age Youth Review Teams**

NEBRASKA CHILDREN'S SYSTEM OF CARE

The Nebraska System of Care planning structures (workgroups and subcommittees) continue as we work towards building a robust system of care that incorporates early identification, early intervention, prevention, and mental health promotion, in addition to treatment services and supports to address the behavioral health needs of all children, youth, and young adults.

YOUTH CRISIS RESPONSE CONTINUUM

The **Youth Crisis Response Continuum (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.

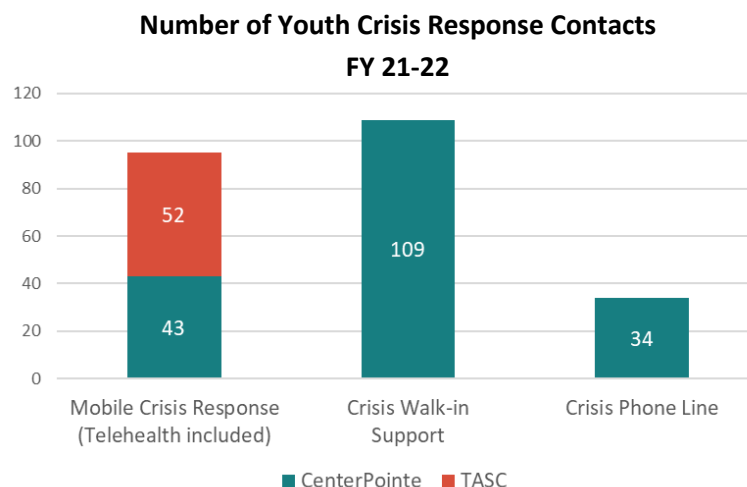
The service can be activated by law enforcement, the Boys Town Family Helpline, and by families in need of crisis support and interventions. YCRC is provided by licensed behavioral health professionals who complete brief mental health status screenings, assess risk, and provide crisis intervention, crisis 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 licensed behavioral health professionals meet with the youth and family on site, by telehealth (videoconference) or by teleconference.



The **YCRC** includes:

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



Families Inspiring Families (FIF), a parent-led organization, continues to provide Family Peer Advocacy and Support and Crisis Stabilization to families in crisis through intentional peer support provided by parents with lived experience. Intentional peer support is the unrelenting focus on the primary parent/primary caregiver(s) with the goal to empower and support.

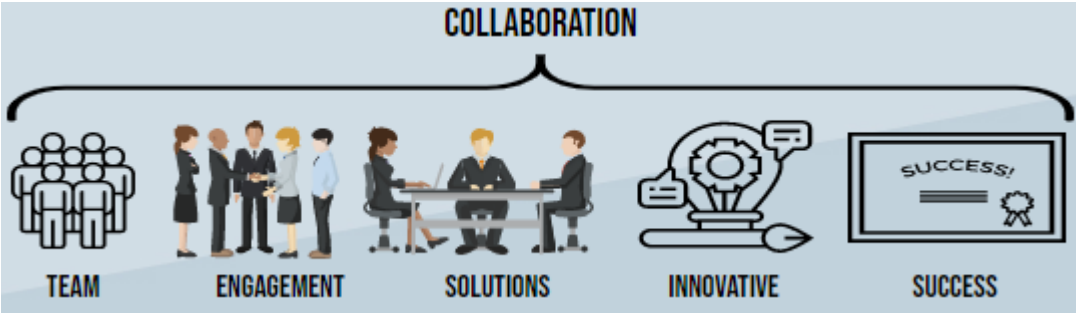
The **Family Crisis Response Center (FCRC)** is being planned and developed through a partnership between Lancaster County (ARPA Funds) and Region V Systems (Medicaid Expansion Reinvestment Funds). Additional funding support needs are being explored with interested systems and community partners (various funding mechanisms). The purpose of the **FCRC** is to provide families of children and youth in crisis a **place to go** to receive assistance that is an alternative from hospitalization or to prevent hospitalization. The behavioral health side of the center will start out as youth emergency type services but allowing for flexibility in adding additional services in the future as the community need and community partners become more apparent. The center will focus on assisting the families of children and youth in crisis with deescalating the crisis, identifying/scheduling needed services and supports, and providing case management or follow up services for these families and individuals. The center will also work with the family in crisis to review other areas in life that may be contributing to the escalation of crises beyond the mental health crisis that is the catalyst to accessing the FCRC.

INDEPENDENT CLINICAL ASSESSMENT FOR QUALIFIED RESIDENTIAL TREATMENT PROGRAM (QRTP)

The Family First Prevention Services Act (FFPSA) was signed into law in February 2018 in a bipartisan effort to turn the focus of the child welfare system toward keeping youth safely with their families to avoid the trauma that results when youth are removed from their homes. The FFPSA emphasizes the use of front-end preventative services, including parenting classes and behavioral health services. It also places limits on the use of federal funds to pay for youth to reside in out-of-home congregate care settings. The FFPSA requires that a qualified individual assess youth who are admitted into QRTPs to determine whether the youth’s needs could be met in a family-based setting or if those needs necessitated admission into a QRTP. The Nebraska Department of Health and Human Services, Division of Children and Family Services (CFS) contracted with Region V Systems to conduct Independent Clinical Assessments from October 2019 until January 2022. CFS terminated this contract after the only QRTP in Nebraska closed.

Region V Systems utilized a biopsychosocial approach and assessment instruments such as the Child & Adolescent Functional Assessment (CAFAS®), the Suicide Behavior Questionnaire (SBQ-R), the Caregiver Strain Questionnaire-Short Form 7 (CGSQ-SF7) and Cluster-Based Planning (C-BP®) to complete the Independent Clinical Assessments. This information was used to develop treatment goals and to identify evidence-based interventions that could be utilized during the youth’s treatment in the QRTP or during treatment provided after the youth is discharged from the QRTP.

Feedback received from Children and Family Services Specialists and administrators from CFS indicated that the Independent Clinical Assessments were comprehensive, thorough, and provided in-depth recommendations that were specific for each youth. Feedback received from the youth and their families included appreciation for having their thoughts and feelings heard, valued, and respected.



The data noted below is inclusive of all Independent Clinical Assessments completed between October 2019 and January 2022.

| | | | |
|--|--------------------------|--|--|
| 17 Assessments | 16 Average Age | Most Frequent Assignment Made Through Cluster-Based Planning Cluster 10: Youth With Both Cognitive Limitations and Behavior Problems | Survey Results |
| 140 Average CAFAS score, indicating a high degree of impairment and need for intensive treatment | | | 100% of Youth and Parents felt heard and understood |
| | | | 100% of Youth and Parents reported that they were treated with respect and dignity |
| 47% Identified at risk of suicide | | Most Frequent Evidence Based Interventions Recommended <ul style="list-style-type: none">• Dialectical Behavior Therapy• Trauma-Focused Cognitive Behavior Therapy• Trauma Affect Regulation: Guide for Education and Therapy• Aggression Replacement Training | 100% of CFS Specialists felt heard and understood |
| 88% Recommended for QRTP | | | 100% of CFS Specialists reported the assessment was comprehensive and thorough |

FAMILY & YOUTH INVESTMENT



The Professional Partner Program, known as Family & Youth Investment (FYI), utilizes the **Wraparound approach**, relying 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 youth/young adult—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/young adult 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 youth from becoming state wards, preventing expensive out-of-home placements or involvement in emergency services; **99% of youth/young adults were living in their home in FY 21-22** (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.

Region V Systems’ FYI Program administers four Professional Partner tracks as described below.

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.

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.

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.

| TRACK | AVERAGE LENGTH OF STAY | NUMBER OF YOUTH SERVED |
|------------------|------------------------|------------------------|
| Juvenile Justice | 6.7 months | 4 |
| Prevention | 11.5 months | 31 |
| Traditional | 19.0 months | 115 |
| Transition-Age | 15.8 months | 60 |

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

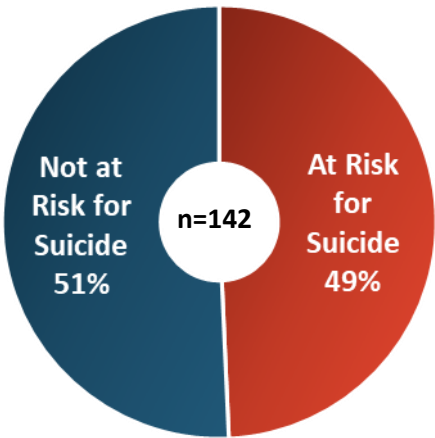
In October 2021, the Nebraska Division of Behavioral Health approved the expansion of the Family & Youth Investment Professional Partner Program using funds realized through Medicaid Expansion efforts. The Program expansion includes three additional Professional Partner positions to focus on **Waitlist Management** (reduction of youth and their families waiting on program support); **Rural Crisis Response** (expands rural community and school support); and **Care Transitions** (targeted aftercare support for youth and young adults exiting acute/inpatient level of care). In FY 21-22, 13 youth/transition-age adults and their families were served.

ZERO SUICIDE INITIATIVE

The Family & Youth Investment (FYI) Professional Partner Program established a Zero Suicide Implementation Team that includes persons with lived experience. Lived experience is defined as persons who have experienced suicidal thoughts, survived a suicide attempt, cared for someone who has been suicidal, or been bereaved by suicide.

This year, the work of the Implementation Team has been to ensure adherence to operationalizing the components of Zero Suicide and associated activities. Specifically, the Implementation Team trained the organizational leadership, inclusive of the Regional Governing Board and Region V Systems employees, on the concept of Zero Suicide, conducted a Zero Suicide Workforce Survey to assess employees’ self-perception of their knowledge and comfort interacting with persons who may be at risk for suicide, including comfort and skill, providing specific elements of care such as screening, assessing treatment needs, and support during care transitions, and established procedures for tracking and monitoring the efficacy of the Zero Suicide approach and progress towards goals. FYI utilizes the Suicide Behavior Questionnaire-Revised (SBQ-R) for screening.

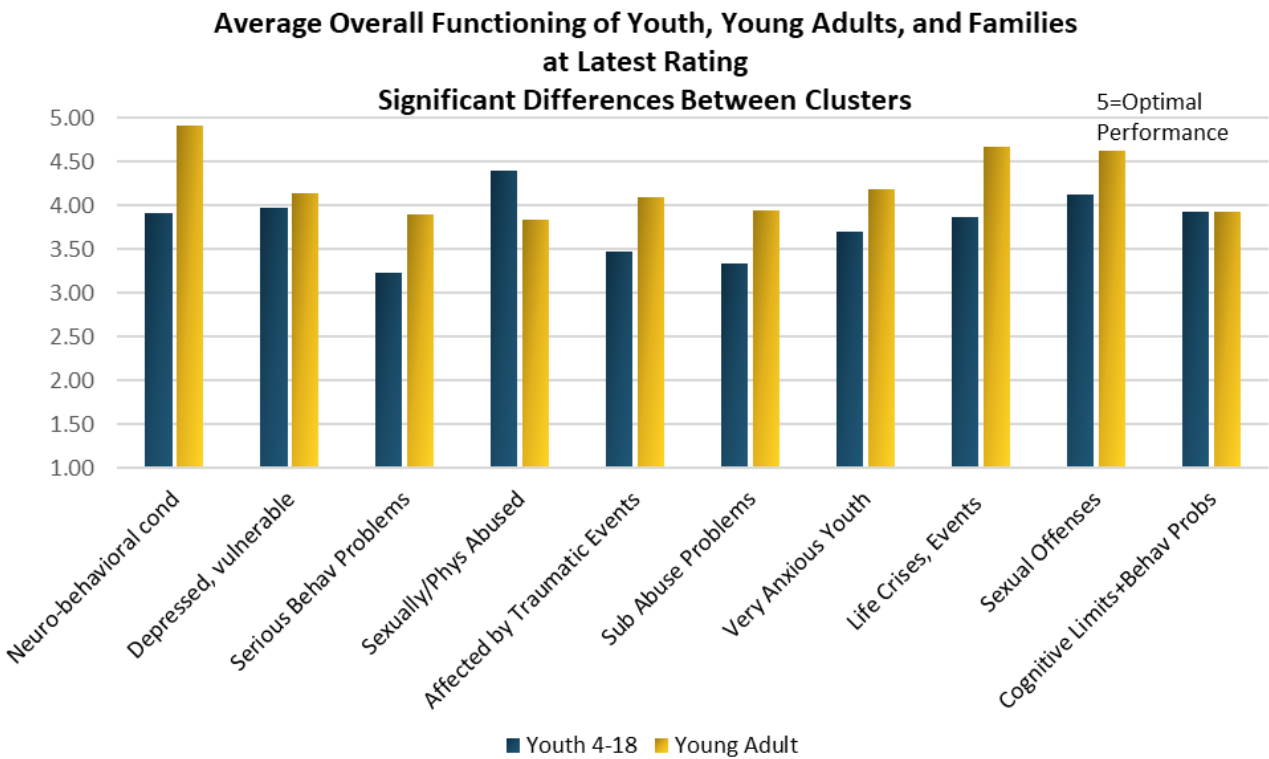
FYI Youth Completing SBQ-R
FY 21-22



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

The FYI Program completed its fourth year of implementation of the Cluster-based Planning Professional Partner Level of Care System (PPLOC System). The system is designed to assist Professional Partners to identify stages of change and to provide stage-match interventions. The system provides guidance and direction that **identifies targeted goals, services, and, supports** (mini-job description for each youth cluster).

The 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 were performing at a higher level than Youth as of their latest ratings (4.15 vs. 3.73 on the 5-point scale). Independent of age, members of specific clusters were functioning better at their latest rating. Members of Clusters 4 (Sexually Abused) and 2 (Vulnerable & Less Resilient) were functioning overall at the highest level. In contrast, youth and young adults in Clusters 3 (Serious Behavior Problems) had the lowest latest ratings.

CHILD AND ADOLESCENT FUNCTIONING SCALE (CAFAS)



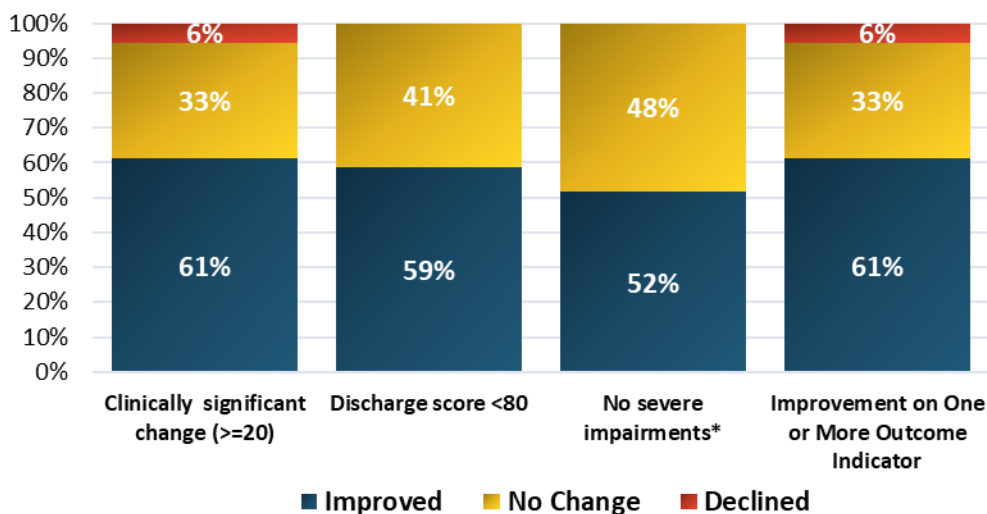
The CAFAS is a tool designed to evaluate emotional, behavioral, substance abuse functioning, and the impact of eight psychosocial areas of a youth's life. The lower the score the more improvement and less impairment exists for youth.

Region V Systems identifies three possible outcomes for youth:

1. Did youth decrease their total CAFAS by 20 points (showing clinically significant change)?
2. Did youth decrease their total CAFAS score below 80, the Family & Youth Investment (FYI) admission criteria? or
3. Did youth decrease any of the 8 domains from 30 points = severe impairment to moderate, mild, or minimal impairment?

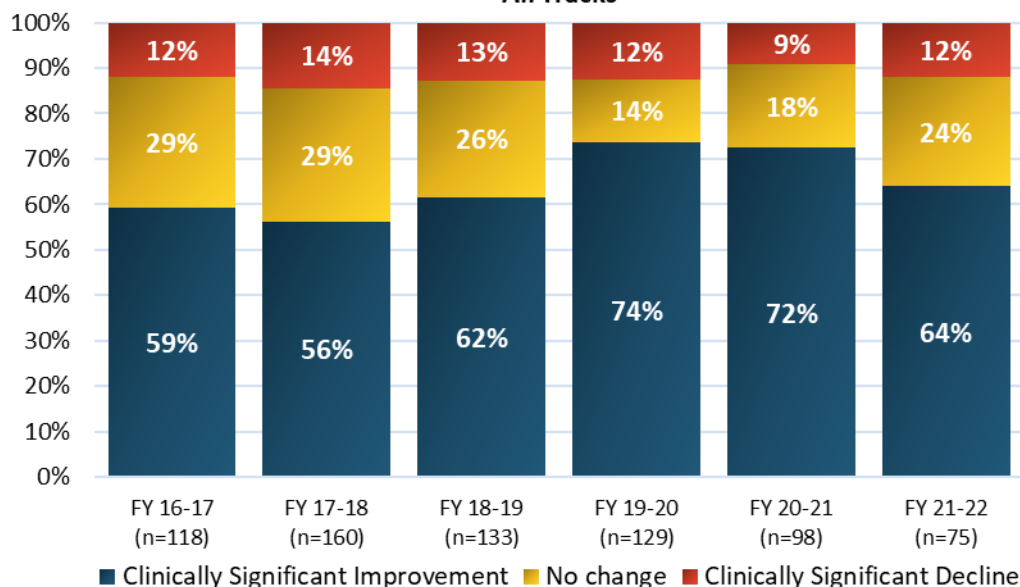
The graphs below illustrate the numbers and percentage of youth achieving outcomes as a result of the FYI Program.

**Improvement on One or More Outcome Indicator
from Admission to Discharge CAFAS (Traditional Track)
FY 21-22 n=36**

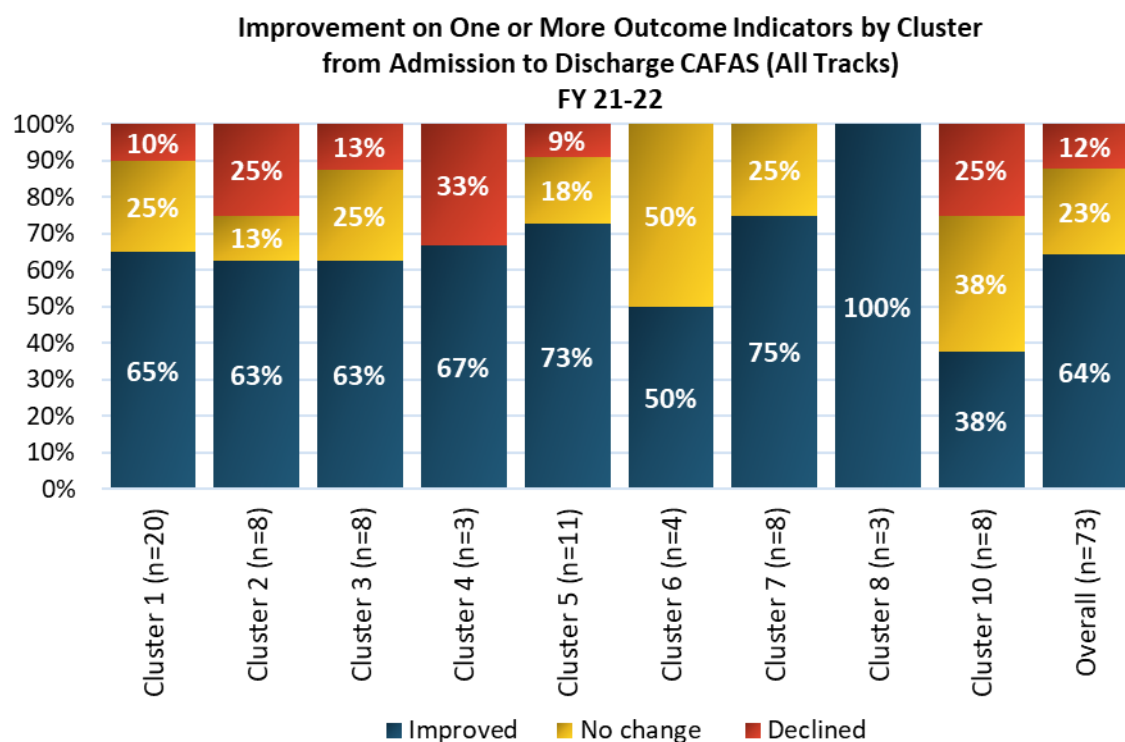
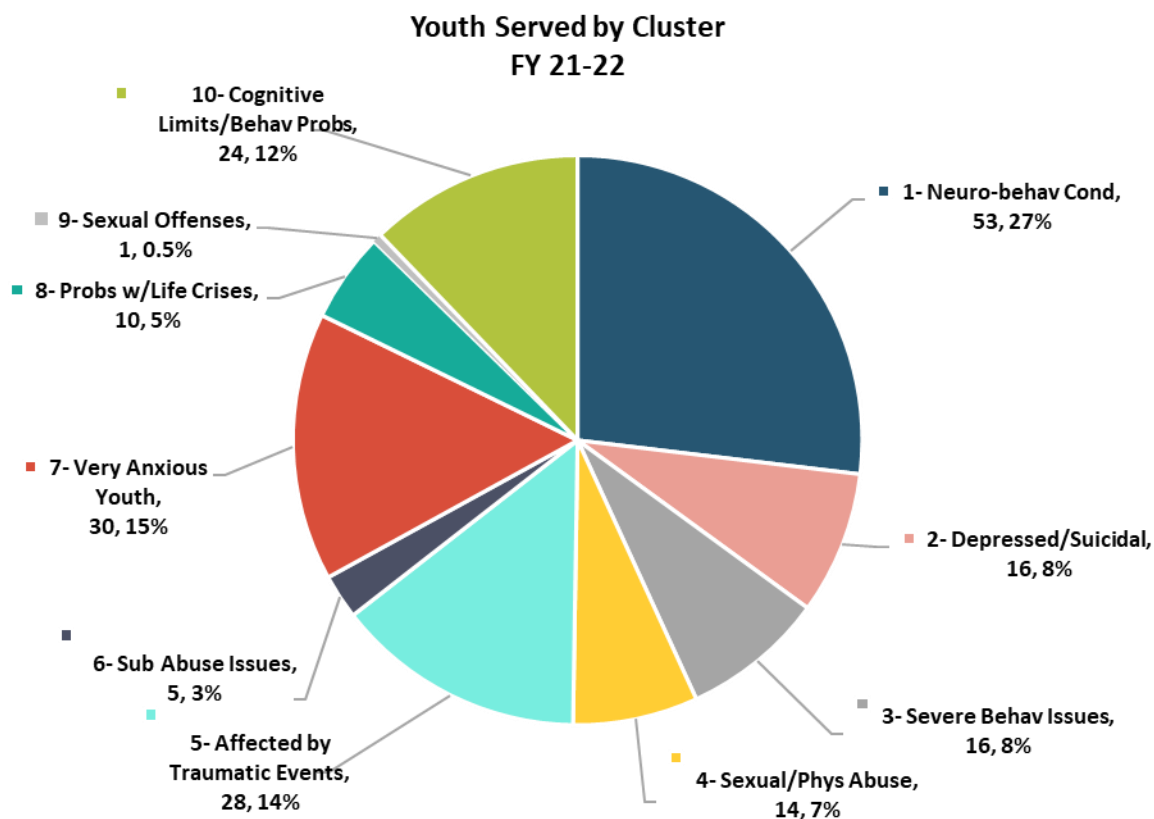


*Only evaluated if there was one or more areas of severe impairment at intake.

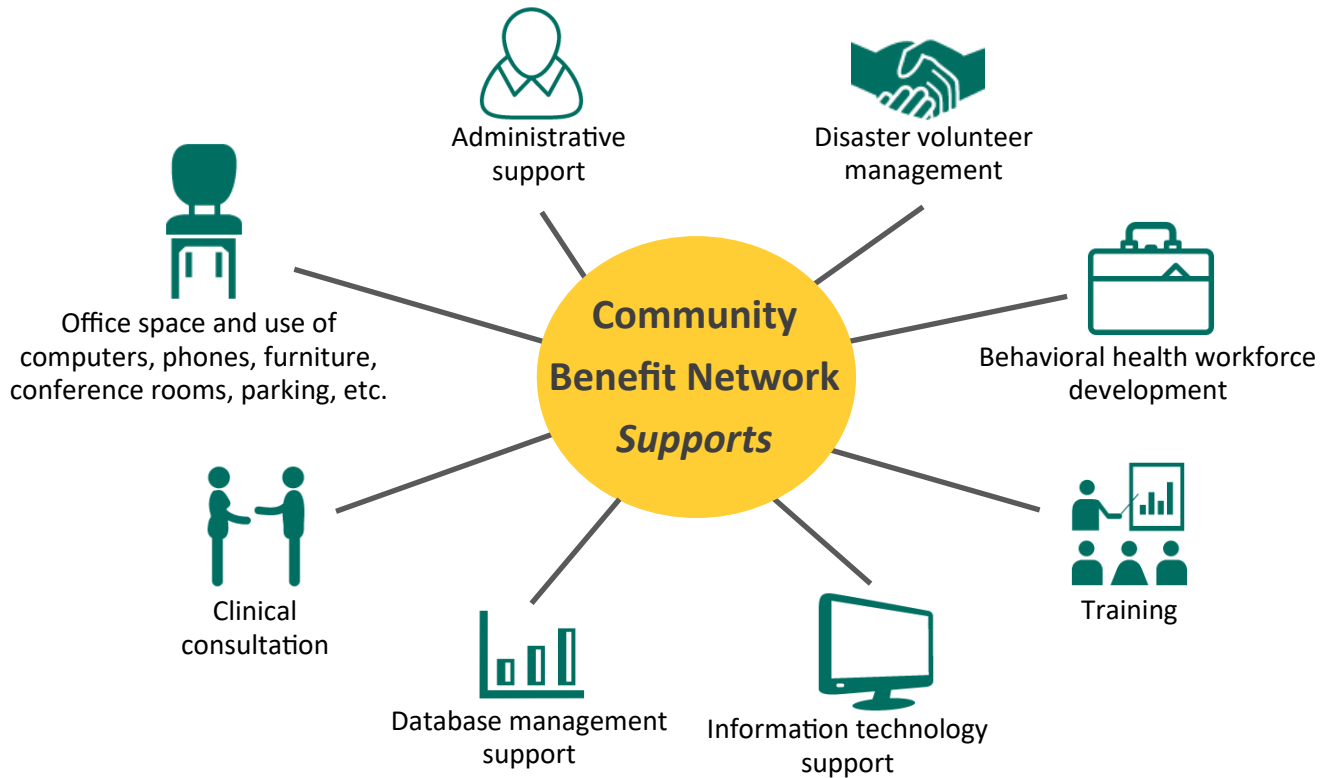
**Change in CAFAS Score from Admission to Discharge
All Tracks**



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. The charts below identify the percentage of youth and their respective cluster membership along with their progress towards recovery.



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 20-21, 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 21-22, 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
- Public Health Solutions
- Southeast District Health Department

NEBHJOBS.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 – [NEBHJobs.com](https://nebhjobs.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 21-22, over 400 positions were posted by employers, and the number of website users topped at 6,877.

NEBHjobs.com had a presence at in-person and virtual conferences, conducted a targeted direct mailing to the Nebraska behavioral health community, ran social media campaigns about behavioral health careers, and shared information on jobs posted to the website.

Patrick Kreifels, Regional Administrator

Staff directory updated
as of publication date,
March 13, 2023

Children and Family Services

Renee' Dozier

Director of Children & Family Behavioral Health Services

Annie Glenn

Professional Partner Supervisor

Heather Brown

Professional Partner

Munira Husovic

Professional Partner

Lisa Moser

Professional Partner

Malcom Miles

Professional Partner Supervisor

Zina Crowder

Professional Partner

Trina Janis

Professional Partner

Shelly Noerrlinger

Referral & Resource Coordinator

Alicia Dreier

Professional Partner

Laila Khoudeida

Professional Partner

Mariah Rivera

Professional Partner

Eden Houska

Professional Partner

Andrea Macias

Professional Partner

Cherie Teague

Professional Partner

Katiana MacNaughton

Professional Partner

Connie Vissering

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. Employees participating in our annual opinion surveys report that:

- **97%** “understand how my efforts contribute to Region V’s mission
- **87%** say “I am proud to work here”
- **95%** are “engaged employees”
- **90%** say “Our culture supports my health and wellbeing”

Continuous Quality Improvement

Erin Rourke

CQI Director

Tyler Fernandez

CQI Network Specialist

Joseph Pastuszak

CQI Analyst

Operations

Kim Michael

Director of Operations & Human Resources

Donna Dekker

Administrative Assistant

Jon Kruse

Technology Systems Manager

Wade Fruhling

Technology Systems Specialist

Deanna Gregg

Operations Manager

Susan Lybarger

Administrative Assistant

Network Management

Amanda Tyerman-Harper
Director of Network Services

Theresa Henning
Director of Special Projects

Marvin Binnick
RAP Housing Specialist

Kelly DuBray
RPH Housing Specialist

Sandy Morrissey
Prevention Director

Sue Brooks
LPH Housing Specialist

Teri Effle
Prevention Specialist

Kristin Nelson
Director of Emergency Services

Sharon Dalrymple
Administrative Program Specialist

Jade Fowler
RAP Housing Specialist

John Danforth
Network Coordination Manager

Kayla Lathrop
Prevention Specialist

Dani DeVries
HUD Housing Coordinator

Marti Rabe
Network Specialist

Jessica Zimmerman
Housing Coordination Specialist

Fiscal

Tami DeShon
Fiscal Director

Danielle Belina
Assistant Fiscal Director

Pat Franks
Fiscal Associate

Linda Pope
Fiscal Specialist

Scott Spencer
Fiscal Specialist

Milestone Anniversaries

59% of our staff have been employed 5+ years! Congratulations to our staff who celebrated a milestone anniversary in FY 21-22:



Eden Houska
August 22, 2021

Joseph Pastuszak
October 24, 2021

Kelly DuBray
January 30, 2022



Jessica Zimmerman
July 1, 2021

Corporate Citizenship



Region V Systems is enthusiastically supportive of employees partaking in volunteer efforts in our community. Employees are granted time for these activities as needed if the activity is within the scope of our authority, the goals/mission are of strategic importance to us, agencies/activities for which we have provided funding or other sponsorship, and other philanthropic activities that positively support and enrich our community. Internally, Region V Systems is proud to have a designated Corporate Citizenship Team. In FY 21-22, this team coordinated a winter clothing drive for Blue Valley Community Action. The donated clothing haul by Region V's employees was used, in part, for this agency's Christmas give-a-way.



The Region V Systems logo represents our commitment to *promote comprehensive partnerships in behavioral health*. Partnerships with providers, persons served, the Nebraska Department of Health and Human Services, and other stakeholders are ever evolving through evaluation, assessment, and implementation of programming to best meet the needs of behavioral health systems and its consumers.

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 21-22 funding includes federal Catalog of Federal Domestic Assistance (CFDA) grant #93.959 and #95.958 (\$1,526,432 or 9%), state funding through DBH contract #61165-Y3 (\$12,813,633 or 83%), and local county dollars (\$1,287,606 or 8%).