

ANNUAL REPORT FY 22-23



REGION **V** SYSTEMS

*PROMOTING COMPREHENSIVE
PARTNERSHIPS IN BEHAVIORAL HEALTH*



STRUCTURE AND GOVERNANCE	3
FUNDING AND EXPENDITURES	5
NETWORK ADMINISTRATION	6
DEMOGRAPHICS	7
PROVIDERS.....	8
OUTCOMES OF PERSONS SERVED	9
QUALITY INITIATIVES	13
SYSTEM COORDINATION.....	18
CHILDREN AND FAMILY SERVICES	29
PARTNERSHIPS/COLLABORATIONS.....	34
EMPLOYEES	35

ANNUAL LETTER TO STAKEHOLDERS

DEAR COLLEAGUES,

We 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 fulfill our responsibilities of developing and coordinating the publicly funded behavioral health services within our service area by performing comprehensive planning activities, integrating and coordinating the delivery of services, preparing and administering budgets, monitoring the systems performance, and requesting quality improvement action plans when necessary. Through these responsibilities, Region V Systems contributes to accomplishing the purpose and goals of LB 1083, which are to ensure the public safety and health of the people we serve, access to services, availability of high-quality services, and cost-effective services.

State of Emergency Ends

Due to the COVID-19 Pandemic, the federal government declared a “state of emergency” and required all states NOT to end Medicaid insurance for people during the identified term of the emergency. The emergency ended and on March 1, 2023, Nebraska Medicaid began reviewing people’s eligibility for Medicaid and will conduct reviews for over 25,000 Nebraskans every month for the next year. This process will be closely monitored to determine if more Nebraskans will become eligible for Regional Behavioral Health Aid funding. It is anticipated approximately 20 percent of the people removed will again be eligible for the publicly funded safety net behavioral health services provided by the Regional Behavioral Health Authorities across Nebraska. The full impact of Medicaid expansion

that occurred in Nebraska on October 1, 2020, will not be realized until the end of March 2024 after the full year of Medicaid reviews have been conducted.

Legislation

The 105th (2023) legislative session was full of surprises and challenges for senators due to social issues that were brought before the body and ensued an all-encompassing filibuster that had not been historically experienced in the Nebraska Legislature. There were over 800 bills introduced within the first 10 days of the session. Packaging large groups of bills occurred and, in total, 52 bills passed during this long 90-day session; however, of the passed bills, they contained 291 total bills through the amendment process. During this session, Senator Jacobson introduced LB 433, outlining more flexibility to be afforded to the Regional Behavioral Health Regions so we may fulfill our mission. Specifically, the bill asked for the Division of Behavioral Health to respond to Regional Behavioral Health proposals within 30 days, allow shifts in already approved budgets up to 20 percent, and implement a procurement process for appeals. While LB 433 did not make it out of the Health and Human Services Committee, Senator Jacobson has held it over for the 106th Legislative Session if more flexibility is not afforded to the Regions. Intent language regarding this flexibility was included in the Department of Health and Human Services’ mainline budget.

Active efforts occurred during the legislative session to preserve the balance in the Behavioral Health Aid budget by providing information to senators about \$10.3 million that was initially included in the Division of Behavioral Health’s FY 23-24 budget. This would have paid for the 15 percent provider rate increase that was passed by the 2022 legislative session and realized by providers July 1, 2022. Governor

Pillen did not include the \$10.3 million from the mainline budget, and the Appropriations Committee did not reinstate it.

The Legislature did approve a 5 percent rate increase to providers over the next biennium (3 percent the first year and 2 percent the second year). However, the Legislature did not appropriate funds for the 5 percent rate increase, and with the \$10.3 million not being included in the budget, we continue to experience a reduction of capacity and observe barriers to people accessing behavioral health services. Additionally, new services, where the funds were obligated to cover identified needs/fragmentations existing within the behavioral health system, will not come to fruition. This is occurring during a time when the trajectory of data indicates an increased demand for mental health and substance use treatment in our communities, Nebraska, and nationwide.

Reinvestment Funding

Medicaid Expansion resulted in the overall drawdown of funds for services and support decreasing within the Regional Behavioral Health System. This was further complicated by the state of emergency that was declared and implications of the COVID-19 Pandemic. Utilizing input from system partners’ needs assessments and input from stakeholders at regional behavioral health planning sessions, Region V Systems continued to expand services throughout the regional geographic area. The current service array was expanded among existing network providers to increase access for people served throughout the continuum of care. The services expanded for adults and youth include mental health/substance use assessment and addendum, outpatient psychotherapy — individual, family, and group, intensive outpatient, and recovery support. The new women-focused halfway house experienced delays with the initiation of services due to access to product and permit delays and ultimately people began to be seen

in September 2023. Peer Navigation has expanded in the rural counties, and we have seen an increase in referrals.

We continue to move the crisis continuum in alignment with National Guidelines for Crisis Care, essential elements within a no-wrong-door integrated crisis system. Continued efforts to provide education and awareness of “someone to talk to” 988, “someone to respond” crisis response, and “a safe place to go” adult and youth crisis centers. Momentum continued to occur on the two projects Region V Systems is collaborating with Lancaster County. The request for proposal was released for the first adult Voluntary Crisis Response Center (VCRC) (crisis stabilization/mental health respite). The goal of VCRC is to provide support to several entities that 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 crisis center where families can receive support when in crisis and, if necessary, provide a period of respite to stabilize a recent family crisis. The family crisis center request for proposal has been finalized. Collaboration/partnerships continue with community stakeholders, Lancaster County, and the Division of Behavioral Health. Both the adult and youth projects enhance our crisis continuum throughout our 16-county catchment area of offering “somewhere to go” to people/youth during a crisis.

Expansion of Evidence-Based Practices

We continue to collaborate with the Division of Behavioral Health and behavioral health providers to expand and offer evidence-based practices throughout the recovery-oriented system of care. The Zero Suicide transformational framework is designed for behavioral health recovery-oriented systems for safer care of those at risk for suicide. The ultimate purpose of Zero Suicide is to help the people we serve reach the best possible outcome within their recovery, “building a life

worth living,” and zero deaths by suicide. We continue to build the confidence and competence of the behavioral health workforce by continuing to implement Dialectical Behavior Therapy, Motivational Interviewing, and Cognitive Behavioral Therapy—SAFETY-A. These are proven evidence-based approaches that demonstrate interventions/approaches and critical support to persons served, while ensuring fidelity to the model. We are working with network providers to sustain ongoing capacity of these high-quality, evidence-based practices by creating a cadre of trainers within the network provider organizations.

Opioid Remediation Settlement Funds

Over the next 18 years, Nebraska is positioned to receive approximately \$176 million in Opioid Remediation Settlement Funds from the national lawsuits initiated with the Sackler Family, manufacturers, and pharmacies. Of the funds that are appropriated to Nebraska, 15 percent will go to municipalities/counties/cities; of the remaining 85 percent, half will go to the Statewide Opioid Remediation Committee, and the other half will be distributed to each Region across the state based upon the current allocation formula. According to the settlement, there are nine opioid abatement strategies outlined to broaden access to naloxone, increase use of medications to treat opioid use disorder, provide treatment and supports during pregnancy and the postpartum period, expand services for neonatal opioid withdrawal syndrome, fund warm hand-off programs and recovery services, improve treatment in jails and prisons, enrich prevention strategies, expand harm reduction programs, support data collection and research. Region V Systems received its first installment of funds in June 2023, and we will begin to work closely with the Opioid Response Network (ORN) through Substance Abuse and Mental Health Services Administration. The ORN has consultants in 50 states to respond to local needs by

providing free educational resources and training in the areas of prevention, treatment, and recovery of opioid use disorders and stimulant use.

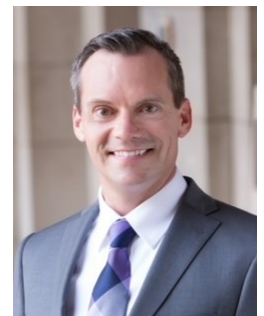
Behavioral Health Stabilization Grant

Many states and professions across the United States experienced workforce shortages, and the “great renegotiation” began as a result of the Pandemic with approximately 33 million Americans quitting their jobs since the spring of 2021. With provider members of Region V Systems’ network vacancy rates ranging, for licensed and non-licensed professionals, from 10 to 47 percent, the Nebraska Department of Health and Human Services, Division of Behavioral Health, allocated one-time provider relief grants to all the Regions with the intent to stabilize and increase the behavioral health system’s ability to hire and retain licensed and non-licensed employees/workforce. Each network provider identified workforce retention/hiring strategies, and they will monitor their vacancy rates during FY 23-24. The impact of these funds will be assessed over time.

Thank you again to all system partners who make our work possible. We look forward to maintaining and 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



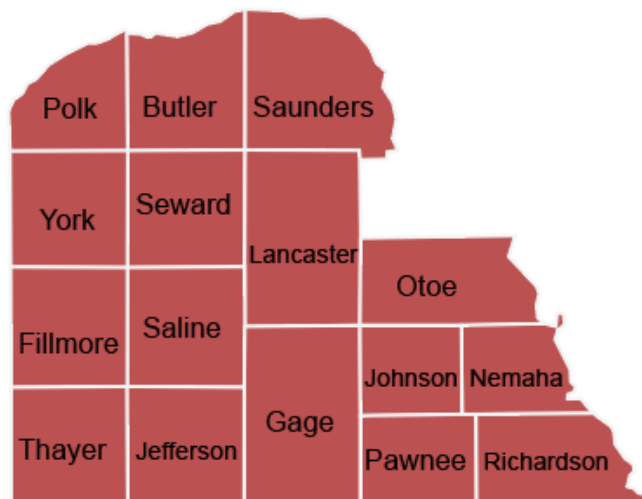
Patrick Kreifels
Patrick Kreifels,
Regional
Administrator

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 about 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)

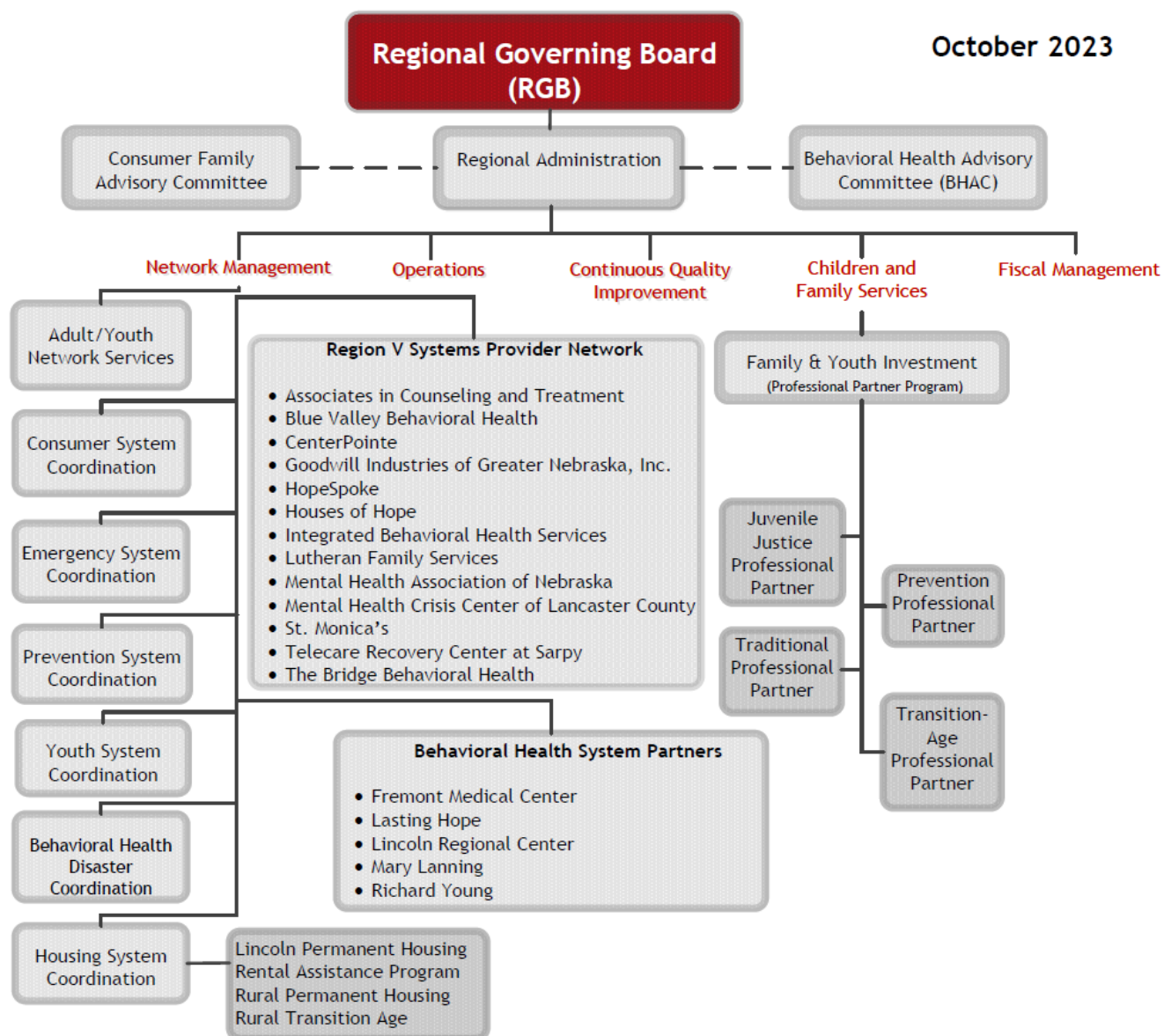
The Regional Governing Board (RGB) is required to appoint a Behavioral Health Advisory Committee, responsible for advising the RGB on behavioral health issues and funding allocations. Consideration for membership is given to geographic residence, direct and indirect consumers, cultural diversification,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

Renee Duffek	Rachel Mulcahy
Greg Janak (Vice Chair)	Laura Osborne
Corrie Kielty	Gale Pohlmann (RGB Representative)
Stephanie Knight	Kimberly Schroeder (Member at Large)
Jill Kuzelka (Chair)	Kelsey Schwab
Sarah McEntarffer	Michele Vana
Rebecca Meinders	Evette Watts

Thanks to the past members of the FY 22-23 BHAC & RGB for your dedication and support toward the Regional System of Care:

Bill Bamesberger (RGB)
Jim Erickson (RGB)
Larry Holtzman (RGB)
John Zaugg (RGB)

GOVERNANCE STRUCTURE



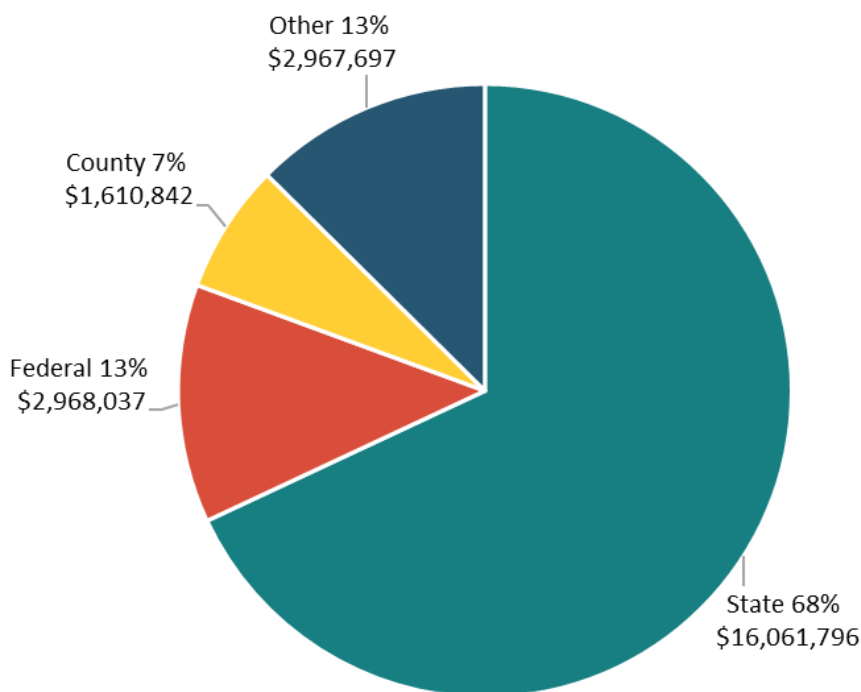
FISCAL TRANSPARENCY

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

Region V 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.

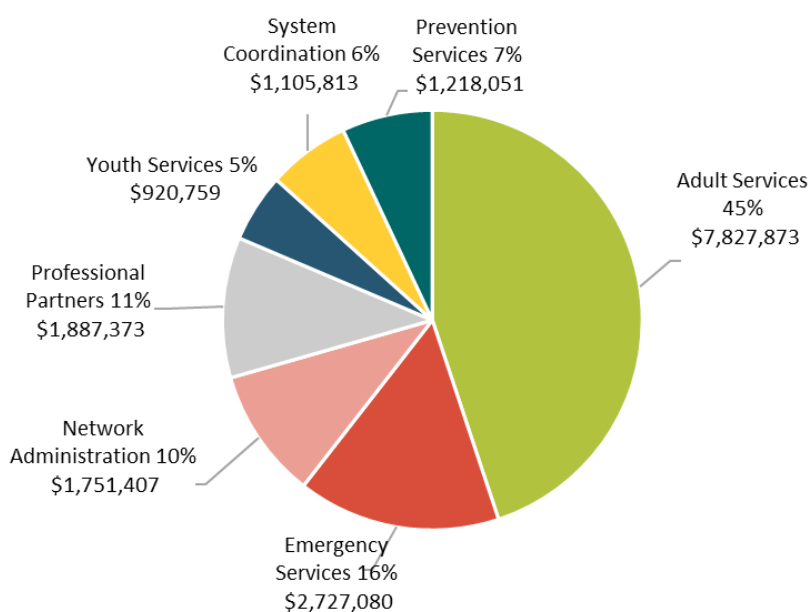
FY 22-23 Funding

\$23,068,372



FY 22-23 Expenditures

\$17,438,356



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

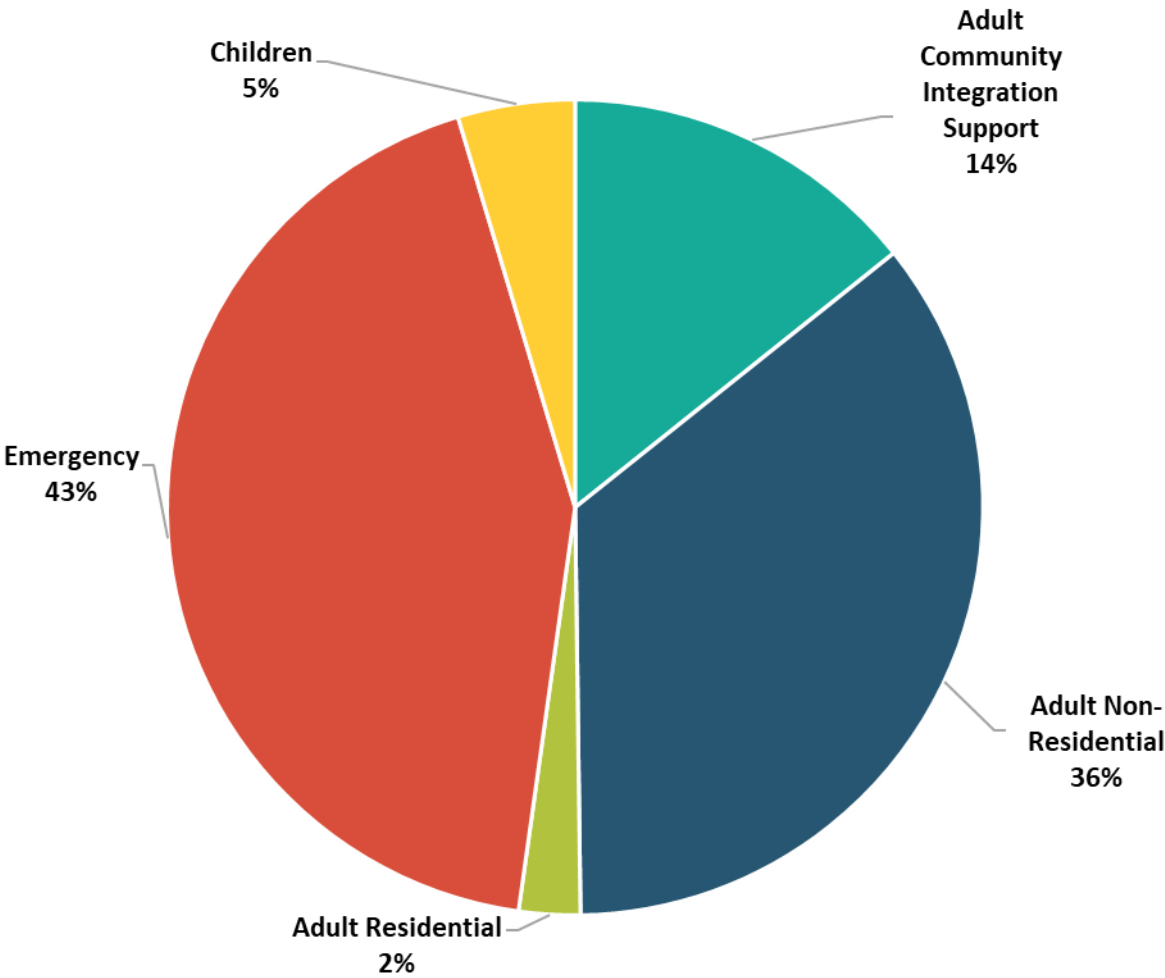
Region V Systems partners with state agencies, community partners, persons served, families, and other community primary care and behavioral health entities to support a system of care that is integrated and supports the Quadruple Aim of:

- 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.

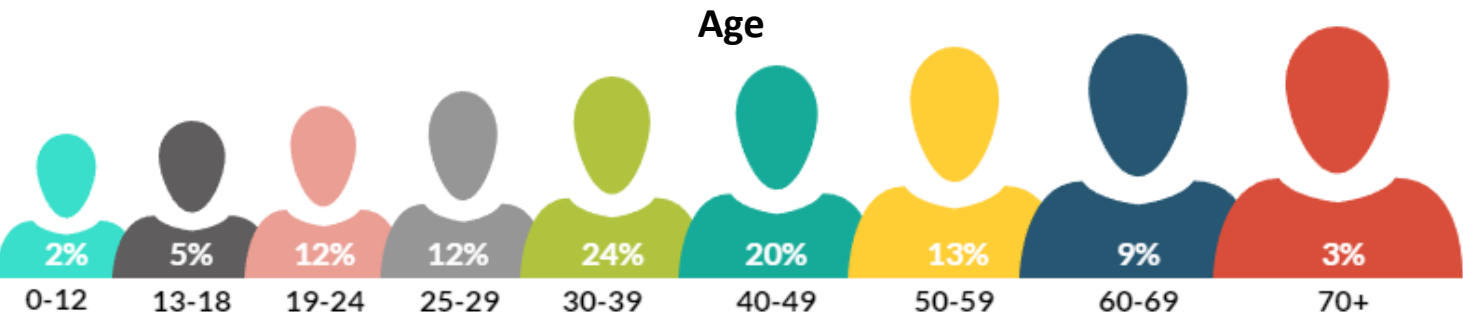
Region V Systems has contractual relationships with a network of behavioral health providers that have met the minimum standards, including national accreditation, to be a part of the Region V Systems’ Provider Network and provide publicly funded behavioral health services to the uninsured and underinsured.

In FY 22-23, 13 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



BEHAVIORAL HEALTH DATA FOR REGION V-FUNDED SERVICES



	Mental Health	Substance Use Disorder	Total*
Unique Persons Served	4,525	1,711	5,820

County of Residence	County Residents Served	New Admissions FY 22-23**
Butler	54	63
Fillmore	33	28
Gage	319	393
Jefferson	78	98
Johnson	30	31
Lancaster	3,692	4,227
Nemaha	52	55
Otoe	158	180
Pawnee	15	11
Polk	18	26
Richardson	85	81
Saline	123	117
Saunders	107	100
Seward	157	174
Thayer	20	24
York	234	260
All Other including "Not Available" †	619	826
Region Total	5,794	6,694***

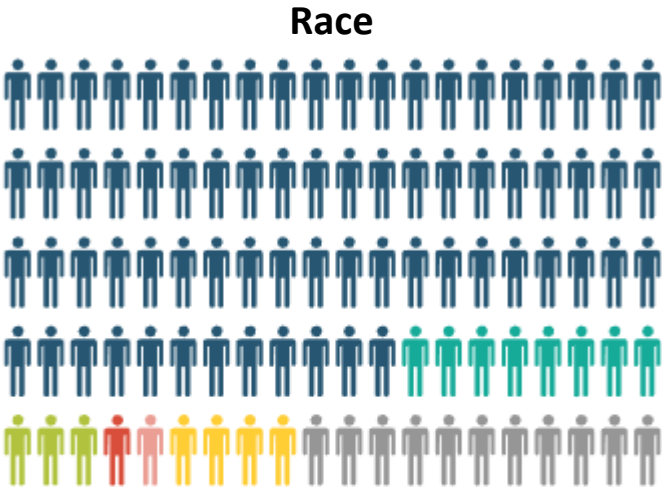
* Total Unique Persons Served is lower than the sum of the unique persons served in each Mental Health (MH) and Substance Use Disorder (SUD) services as some persons were served in both MH and SUD services.

** New Admission: counts only admissions that occurred in FY 22-23 and not admissions in previous years. Some individuals may have been admitted into more than one service.

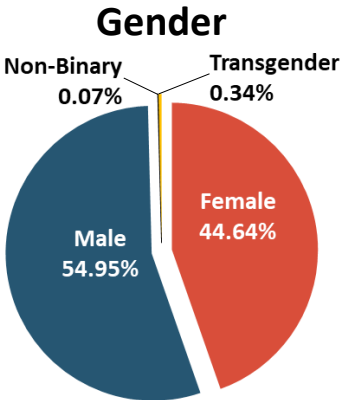
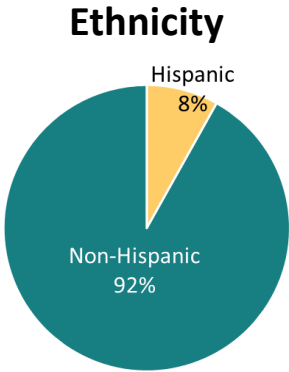
*** Some individuals may have lived in more than one county in FY 22-23.

† 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.

Data source: Nebraska Department of Health & Human Services, Division of Behavioral Health, Centralized Data System



- White (71.97%)
- Black/African American (8.31%)
- American Indian/Alaska Native (2.6%)
- Two or More Races (1.3%)
- Asian (0.9%)
- Native Hawaiian/Other Pacific Islander (0.3%)
- Other (3.8%)
- Not Specified (10.81%)



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

5600 P Street Lincoln, NE 68505
Phone: 402-261-6667
www.actnebraska.org

 Assessments/Addendums – MH & SUD; Outpatient Therapy-MH & SUD; Intensive Outpatient-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/Addendums- MH & SUD

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

CenterPointe

2202 South 11th Street Lincoln, NE 68502
Phone: 402-475-8717
www.centerpointe.org

Assessment/Addendum-MH & SUD, 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); 24 Hour Crisis Line; Psychiatric Residential Rehabilitation (Community Transitions); Peer Support-MH & SUD; SSI/SSDI Outreach Access and Recovery (SOAR)

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; Medication Management

Houses of Hope

1124 North Cotner Boulevard Lincoln, NE 68505
Phone: 402-435-3165
<https://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; Psychiatric Residential Rehabilitation; Community Support-MH, Day Rehabilitation; Outpatient Therapy-MH

Lutheran Family Services

2301 'O' Street Lincoln, NE 68510
Phone: 402-435-2910
<https://www.onelfs.org/behavioral-health/>

Intensive Outpatient-SUD; Outpatient Therapy-MH & SUD; Community Support -MH; Medication Management; Assessments/Addendums – MH & SUD; Peer Support

Mental Health Association of Nebraska

1645 'N' Street Lincoln, NE 68508
Phone: 402-441-4371
www.mha-ne.org

Supported Employment (HOPE) MH & SUD; 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; Halfway House

TeleCare Recovery Center at Sarpy

2231 Lincoln Road Bellevue, NE 68005
Phone: 402-291-1203
www.telecarecorp.com



Secure Residential

The Bridge Behavioral Health

721 'K' Street Lincoln, NE 68508
Phone: 402-477-3951
<https://thebridgenebraska.org/>

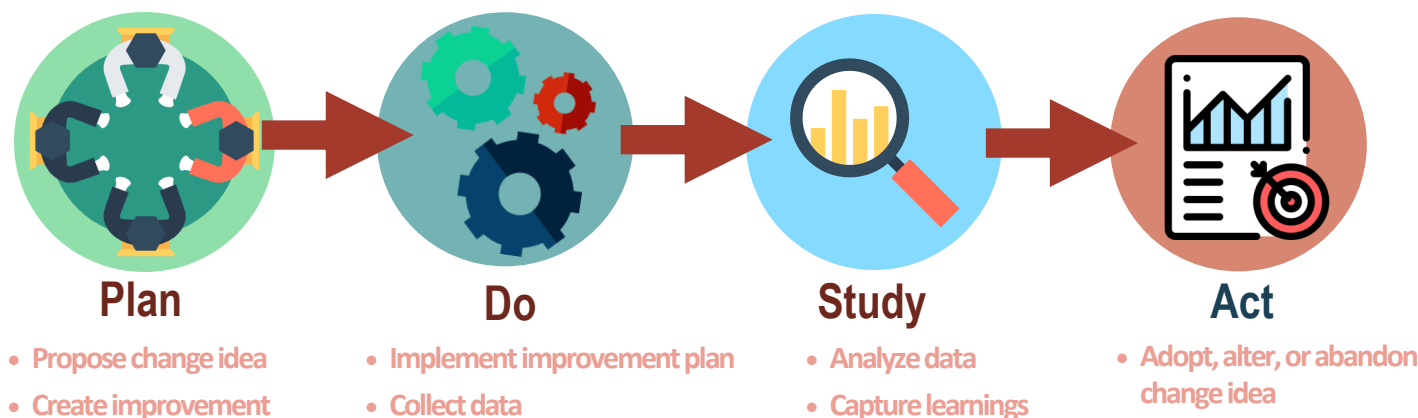
Short-Term Residential - SUD; Intermediate Residential - SUD; Short-Term Respite; Passages Extended Respite; Social Detoxification; Medically Monitored Withdrawal Management – SUD; Assessment/Addendum-SUD; Outpatient Therapy-MH & SUD

MH: Mental Health

SUD: Substance Use Disorder

View online: <https://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.*



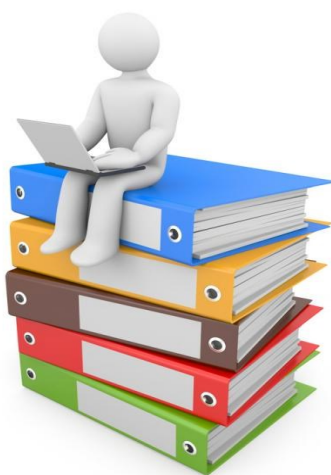
REGIONAL QUALITY IMPROVEMENT

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.



Compass

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
- 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 person’s served road to recovery.

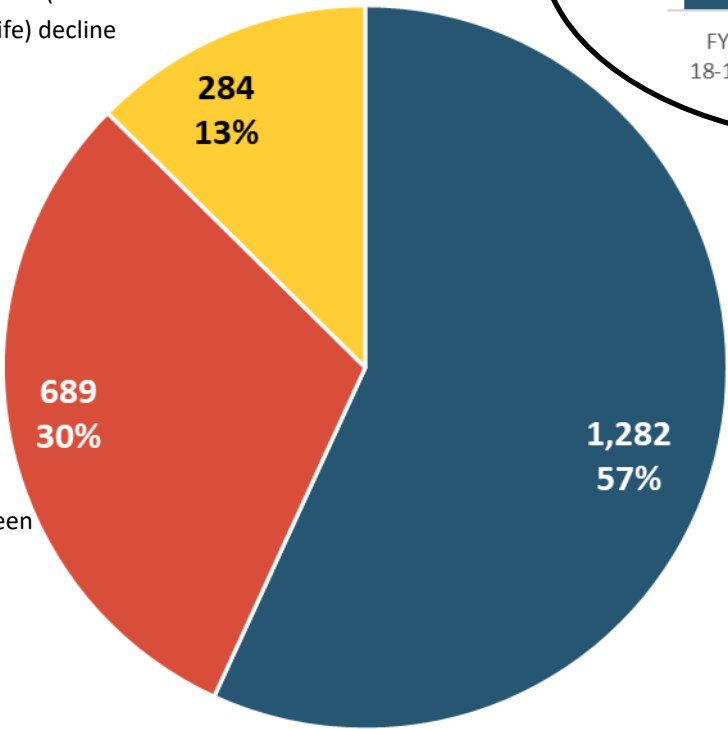
Recovery Outcomes of Persons Served
When Comparing Admission to Discharge/Most Recent Scores
FY 22-23

Significant Decline:

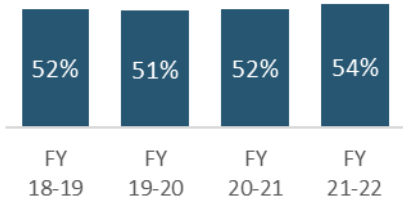
statistically (not likely to have happened by chance) and/or clinically significant (real effect on daily life) decline

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) improvement

NATIONAL OUTCOME MEASURES (NOMS)

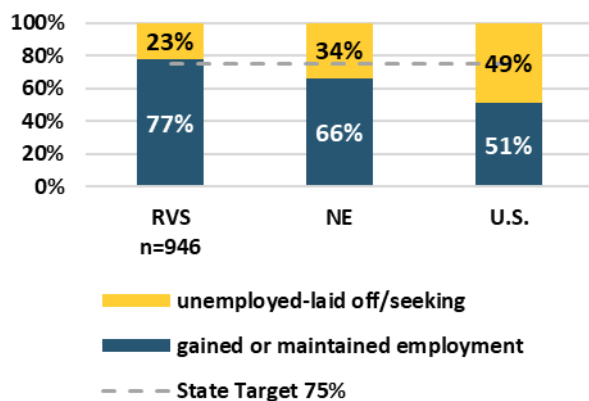
National Outcome Measures developed by Substance Abuse and Mental Health Services Administration (SAMHSA), in collaboration with the states, have identified domains as our National Outcome Measures, or NOMs. The domains embody meaningful, real life outcomes for people who are striving to attain and sustain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

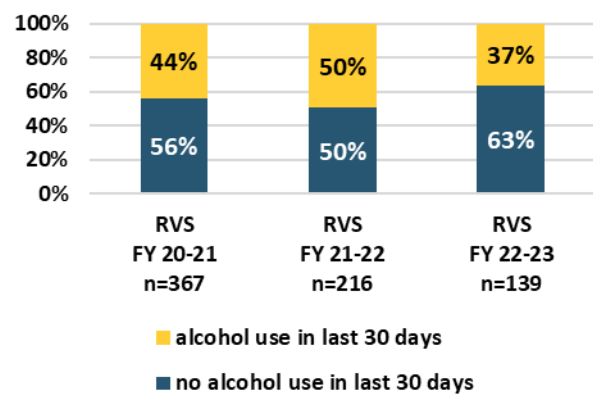
The NOMs domains focus on persons served achieving/sustaining employment or enrollment in school (Employment/Education), reduce arrests (Crime and Criminal Justice), increase stability in housing (Stability in Housing), abstinence or reduction from drug/alcohol use (Reduced Morbidity).

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.

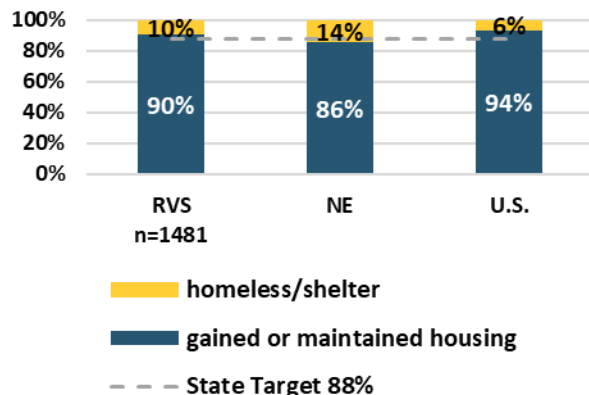
Employment



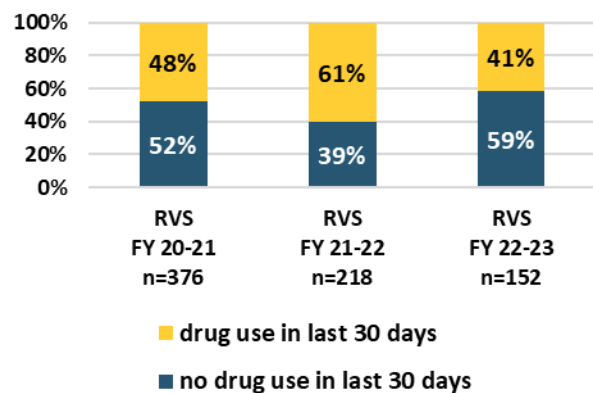
Alcohol Abstinence



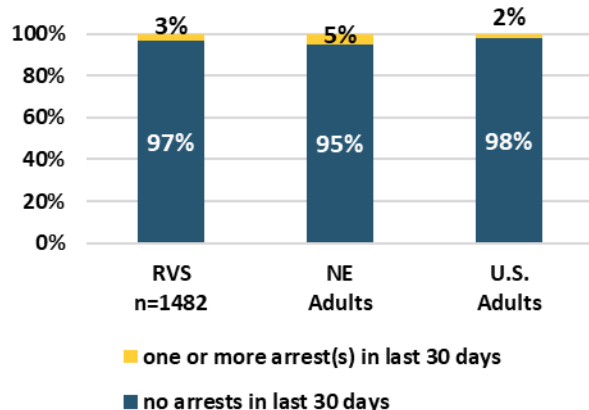
Stable Housing



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 22-23

NE: Nebraska Division of Behavioral Health performance for Mental Health & Dual Diagnosis services, as reported to SAMHSA for 2022

U.S.: Aggregate performance of states reporting to SAMHSA for 2022

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 22-23	State of Nebraska Consumer Survey Adults 2022	All States Reporting to SAMHSA Adults 2022
General Satisfaction	If I had other choices, I would still get services from this agency	92%	80%	85.4%
	I would recommend this agency to a friend or family member	95%	87%	
Quality and Appropriateness	Staff were sensitive to my cultural background (race, religion, language, etc.)	92%	86%	87.5%
Access	Services were available at times that were good for me	91%	88%	84.3%
Participation in Treatment Plan	I, not staff, decided my treatment goals	92%	81%	82.4%
Outcomes	I deal more effectively with daily problems	89%	78%	71.2%
Social Connectedness	In a crisis, I would have the support I need from family or friends	88%	77%	69.1%
Other	Staff treated me with respect and dignity	95%	92%	N/A
	The program was sensitive to any experienced or witnessed trauma in my life	92%	85%	

QUALITY INITIATIVES

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.**

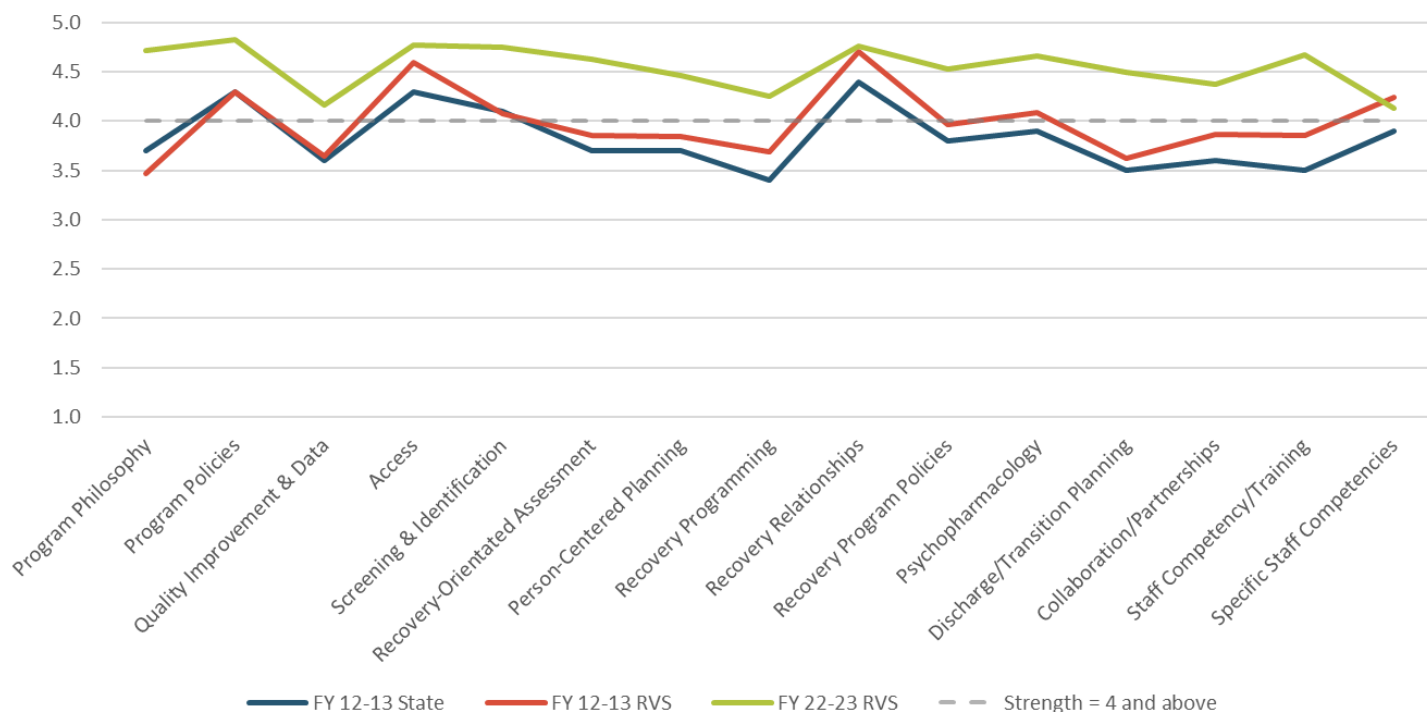
The initiative **links the COMPASS-EZ**, an organizational self-assessment tool, **with the evidence-based practice of *Stages of Change*** to create recovery plans that include appropriate stage-based interventions and seeks to remove organizational and clinical barriers to effective care. Statewide 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. Reassessments of providers in FY 22-23 identified Region-wide progress in all domains but Specific Staff Competencies.

COMPASS-EZ Assessment - Comparing Average Scores
Nebraska Statuswide Provider Baseline FY 12-13
Region V Systems' Provider Network FY 12-13
Region V Systems' Provider Network FY 22-23



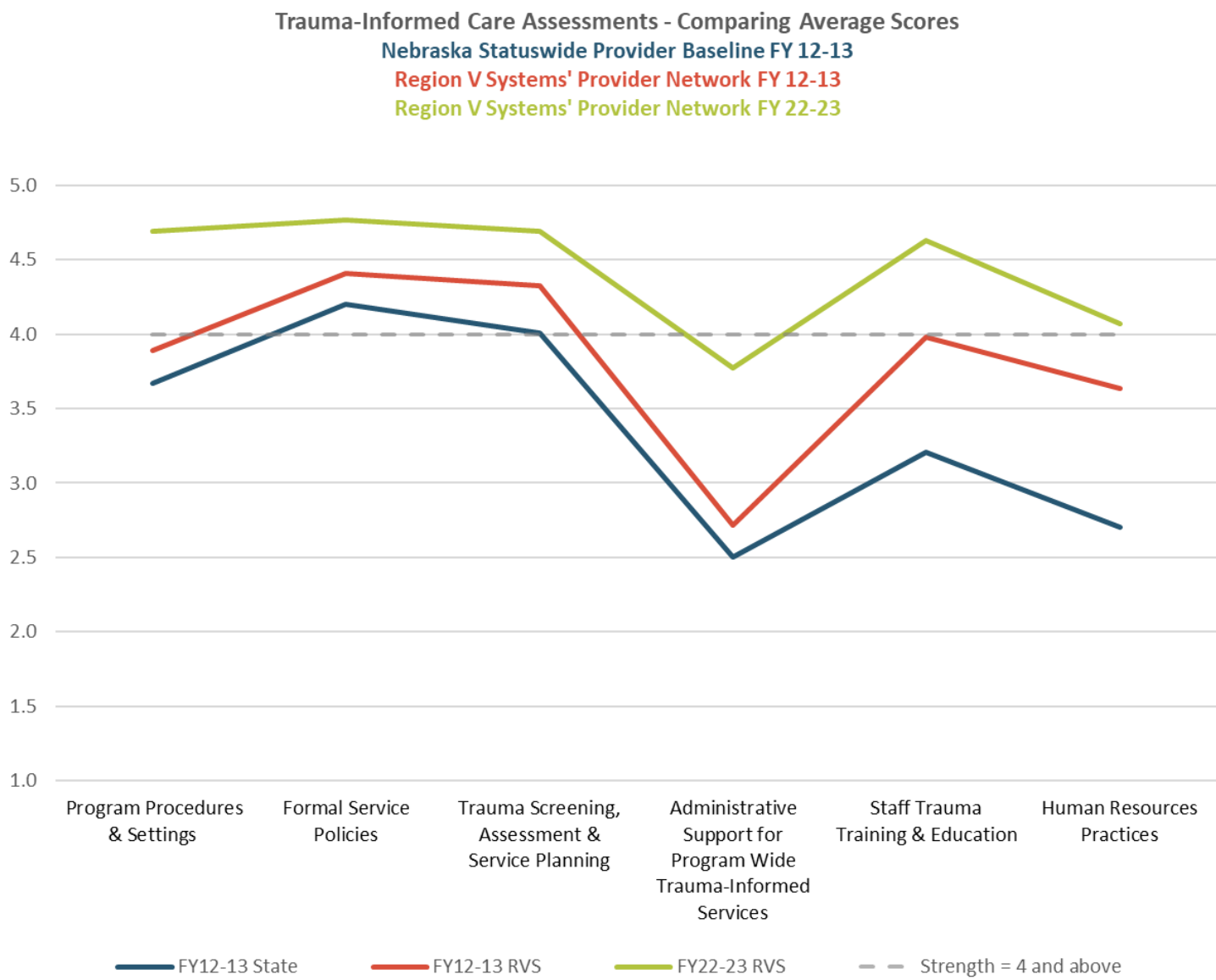
TRAUMA-INFORMED CARE

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

- are informed about the effects of psychological trauma;
- screen for trauma symptoms and history of traumatic events;
- provide ongoing assessment of trauma symptoms and problems related to trauma;
- offer services that are recovery-oriented and trauma-sensitive;
- increase the provision of trauma-informed and trauma-specific services; and
- understand that re-traumatization may occur if safe, effective, and responsive services are not available for consumers.

Beginning in 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 were developed by each Network Provider based on assessment results. Reassessments of continued growth in trauma-informed care capacity is completed every other year with the most recent assessment completed in FY 22-23. A comparison of baseline and the most recent assessment results is provided below.



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.

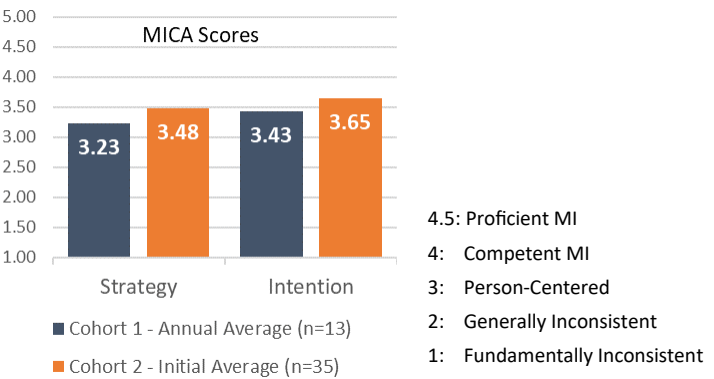
EVIDENCE BASED PRACTICES – FULL FIDELITY IMPLEMENTATION

Motivational Interviewing (MI)

Region V Systems has partnered with Brenda Jennings to offer Motivational Interviewing (MI) training, consultation, and to Network Providers and state partners. MI is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person’s own reasons for change within an atmosphere of acceptance and compassion. (Miller & Rollnick, 2013)

Since August of 2021, two cohorts of MI training have been offered representing 7 agencies. For sustainability purposes, each agency has identified MI Champions. These agency MI Champions are trained to serve as MI Coaches, train staff, and evaluate staff on their skills using the

Motivational Interviewing Competency Assessment (MICA). Below are the results of the MICA assessments completed for Cohorts 1 and 2 showing trained staff, on average, exhibit person-centered skills.



Dialectical Behavior Therapy (DBT)

Region V Systems has partnered with Josh Smith to offer Dialectical Behavior Therapy (DBT) training, consultation, and full fidelity implementation to Network Providers and state partners. DBT was developed by Marsha Linehan, PhD, in 1961, as a standard cognitive behavioral treatment for adults with chronic suicide ideation. It is known as a “third wave treatment” where it balances change strategies found in traditional behavior therapy approaches with acceptance-based and mindfulness strategies. The goal is to “build a life worth living.”

Six agencies have participated in training to date. A Train-the-Trainer module is in progress with the goal to help sustain DBT in the Network and offer community training. Approved DBT teams will continue to participate in fidelity monitoring and report on outcomes for persons served.

Initial outcomes for persons served by DBT in the first year of implementation include:

Inpatient Psychiatric Hospitalizations

Decreased from a quarterly average of 11 days in the year prior to DBT treatment to less than 1 day on average in the last 3 months

↓ Borderline personality disorder symptoms decreased

↑ DBT healthy coping skills increased

↓ Dysfunctional coping skills decreased

Safe Alternative for Teens and Youths—Acute (SAFETY-A)

Region V Systems has partnered with Dr. Lucas Zullo to offer SAFETY-A training, consultation, and full fidelity implementation to agencies. SAFETY-A is a brief therapeutic assessment for youth suicide prevention, which consists of time with the youth, time with the caregiver, and time with the family all together. Five agencies, a total of

19 clinicians/case managers began implementation of SAFETY-A in April of 2023. During the next fiscal year, this group will continue to develop a fidelity monitoring plan, train-the-trainer program, and explore implementation of SAFETY-B and SAFETY-C as additional evidence-based practices to support the prevention of youth suicide within Region V Systems’ network.

Eye Movement Desensitization and Reprocessing (EMDR)

Region V Systems partnered with Dr. Gary Scarborough from the Eye Movement Desensitization and Reprocessing (EMDR) Support Network to offer EMDR Reprocessing training to Network Providers. EMDR is a psychotherapy that enables healing from the symptoms and emotional distress that are the result of disturbing life experiences.

- As of June 30, 2023:
- 8 clinicians completed EMDR Basic Training and 10 hours of Consultation
 - 38 clinicians completed EMDR Basic Training (Consultation will be offered in FY 23-24)
 - 6 Network Providers represented

American Society of Addiction Medicine (ASAM) Criteria Foundations Course

In partnership with American Society of Addiction Medicine (ASAM), Region V Systems coordinated and funded vouchers to Network Providers to complete the ASAM Criteria Foundations Course. This training is based on information found in The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, Third Edition, and incorporates an opportunity to practice applying the information through case-based activities.

- As of June 30, 2023:
- 26 clinicians completed ASAM criteria foundations course
 - 9 Network Providers represented

Gottman Method Couples Therapy – Level 1

Region V Systems partnered with University of Nebraska-Omaha to provide Gottman Method Couples Therapy – Level 1 training to Network Providers. This training gives clinicians skills to help couples compassionately manage their conflicts, deepen their friendship and intimacy, and share their life purpose and dreams based on the Sound Relationship House Theory.

- 12 clinicians participated in Gottman Method Couples Therapy – Level 1 training
- 2 Network Providers represented

OPIOID RESPONSE

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 Response Grant, please see [page 21](#).

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. Learn more from the Zero Suicide Toolkit website:

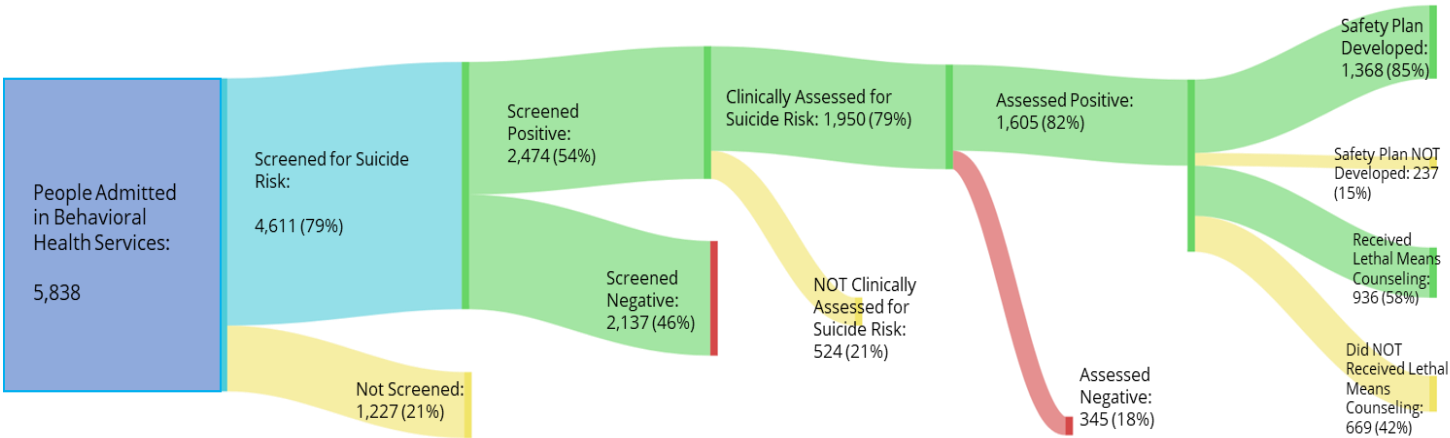
<https://zerosuicide.edc.org/toolkit/zero-suicide-toolkit>

Zero Suicide is an evidence-based program through the Education Development Center (EDC) out of Kansas.

Region V Systems completed Year 4 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) to develop a Zero Suicide System of Excellence. 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 22-23, 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. Agencies participating in the Zero Suicide System of Excellence have developed policies to better monitor and close the gaps in care for those most at risk for suicide. Further, there has been a focus on trainings for assessments and interventions that can help keep those at risk alive.

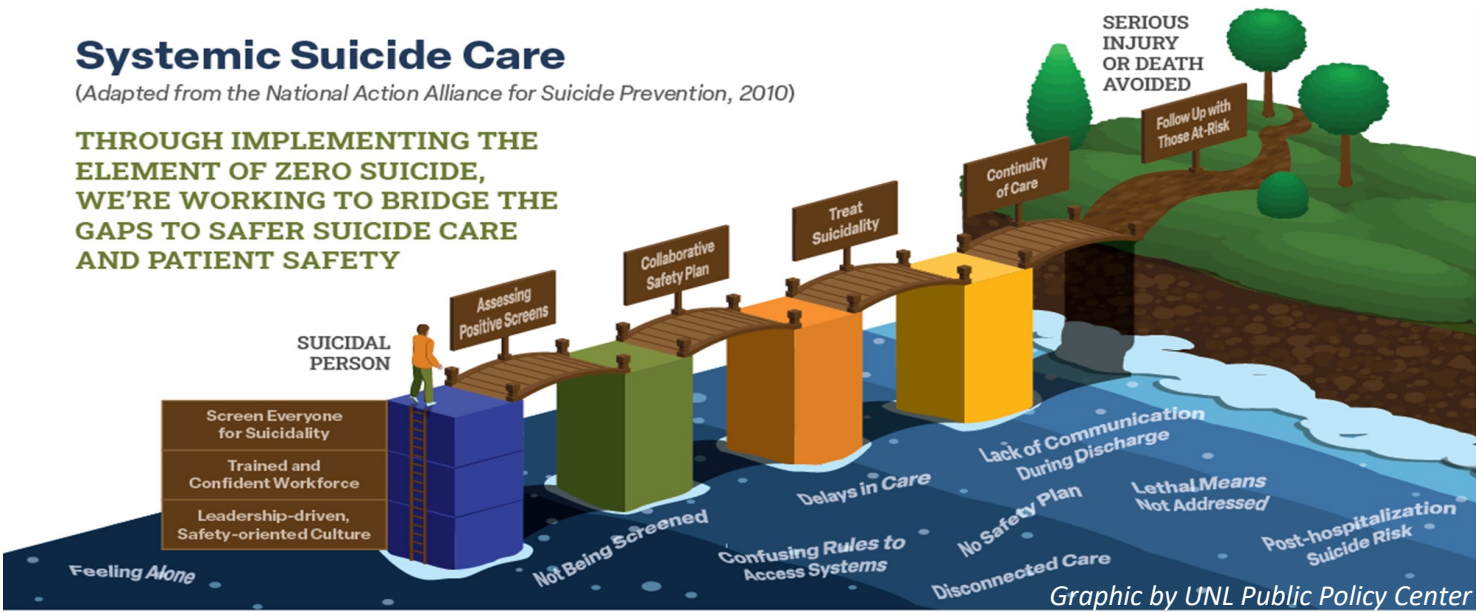
FY 22-23 Enrollments



Systemic Suicide Care

(Adapted from the National Action Alliance for Suicide Prevention, 2010)

THROUGH IMPLEMENTING THE ELEMENT OF ZERO SUICIDE, WE'RE WORKING TO BRIDGE THE GAPS TO SAFER SUICIDE CARE AND PATIENT SAFETY



Graphic by UNL Public Policy Center

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 six areas of System Coordination are provided:

- [Behavioral Health Disaster System Coordination](#)
- [Consumer Coordination](#)
- [Emergency System Coordination](#)
- [Housing Coordination](#)
- [Prevention System Coordination](#)
- [Youth System Coordination](#)

BEHAVIORAL HEALTH DISASTER SYSTEM COORDINATION

As part of Behavioral Health Disaster Coordination, Region V Systems has developed the capacity to respond to behavioral health needs of individuals as a result of experiencing a disaster. Coordination in this area includes working with public health departments, emergency managers, hospital emergency response coordinators, and many other community organizations who are active after a disaster. Region V Systems has a pool of trained volunteers who can respond during times of disaster, as well as a written plan that outlines how disaster-generated psychosocial needs of individuals affected by disaster will be addressed within Region V Systems' catchment area.



EMERGENCY SYSTEM COORDINATION

Emergency System Coordination focuses on aiding individuals who experience behavioral health crises. A comprehensive system that considers the person and their environment is crucial in providing crisis services that can effectively reduce mental health emergencies. This system coordinates with various stakeholders such as law enforcement, hospitals, behavioral

health professionals, Mental Health Boards, the Mental Health Crisis Center, county attorneys, and others to provide prompt crisis response.

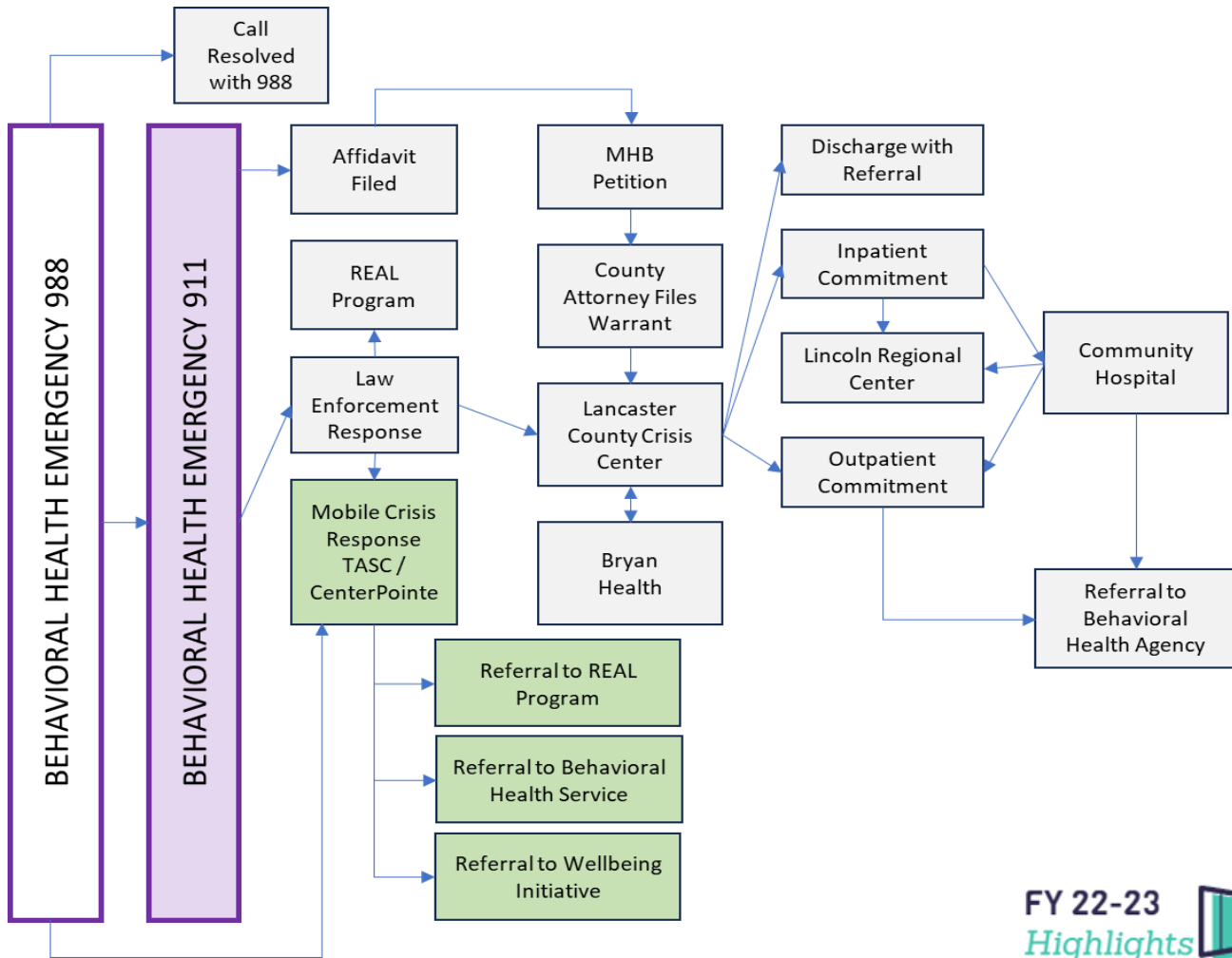
To ensure better communication among system providers, the High Utilizer Review Team (HURT Team) was established. The team convenes weekly for 60 minutes to identify and support individuals in crisis or near

crisis. The HURT Team's main objective is to act fast and restore the person to his/her pre-crisis functioning. Members of the team include the Lincoln Police Department, Targeted Adult Service Coordination (TASC), CenterPointe, The Bridge Behavioral Health, Bryan Hospital, and Mental Health Association.

If someone is going through a behavioral health emergency but doesn't meet the requirements for Emergency Protective Custody (EPC), there are other mobile crisis response services that can help them and the responding law enforcement. The purpose of mobile crisis response is to quickly respond to those experiencing a behavioral health crisis, and help with risk assessment, safety planning, and service needs. The goal is to decrease police contact, hospitalizations, EPCs, and incarceration. When a diversion occurs, it can lead to reduced law enforcement time and better access to community-based services for the person in need.

REGION V SYSTEMS ADULT CRISIS CONTINUUM

Someone to talk to ↔ Someone to respond ↔ A safe place to go



FY 22-23
Highlights 

TASC (Targeted Adult Service Coordination): 92% diversion rate for 256 adult mobile crisis response calls. TASC responds to law enforcement-initiated calls in rural southeast Nebraska.

CenterPointe: 82 adult mobile crisis response calls in the city of Lincoln, 2 iPad/Telehealth calls via LPD, 632 adult walk-in crisis contacts, and 3,594 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: 561 served and 63 days were at capacity.

Wellbeing Initiative, Inc (WBI): The WBI has extended its Peer Support program by providing Recovery Community Navigators (RCNs) who collaborate with first responders, hospitals, treatment centers, and other recovery networks to assist individuals facing substance use issues. The RCNs aim to diminish the negative perception surrounding substance use, address service gaps, and prevent relapse.

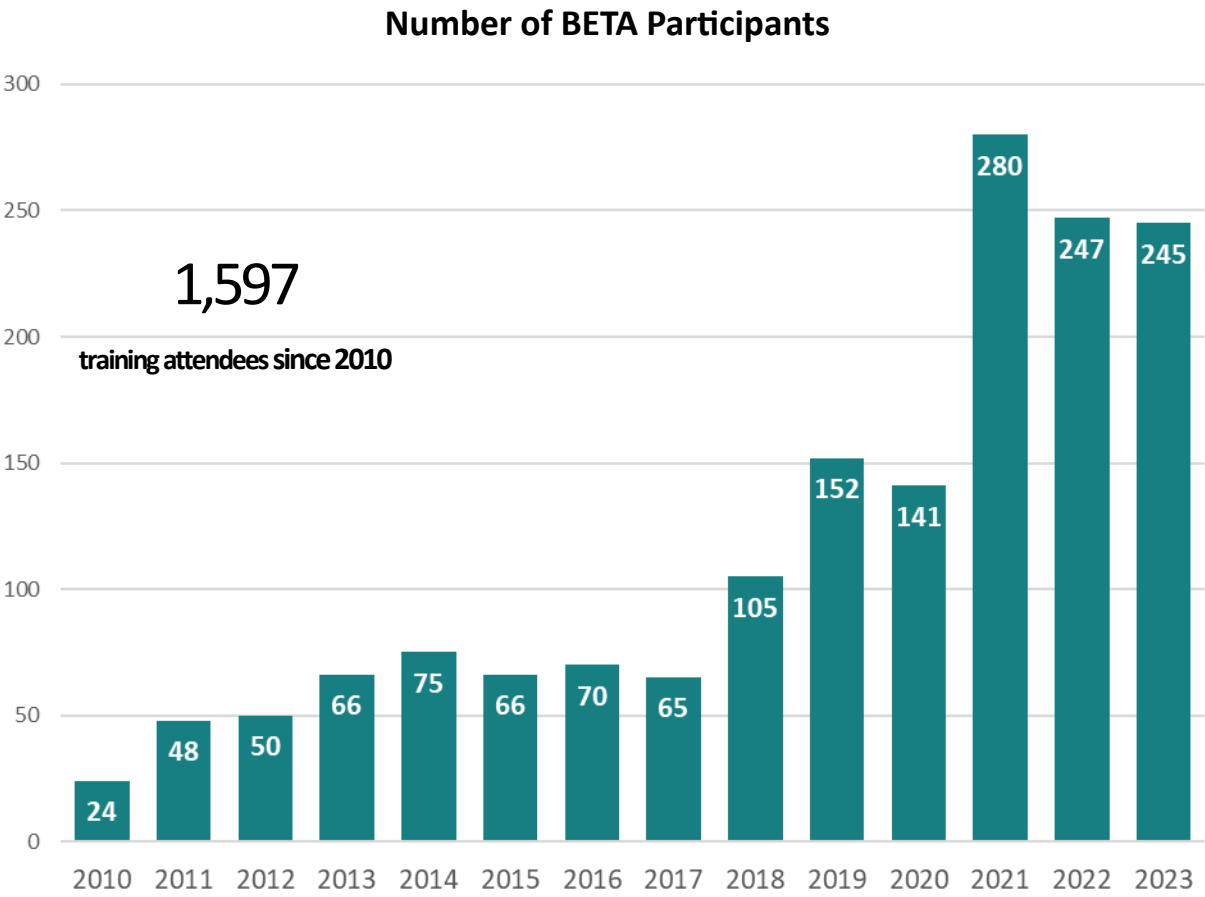
988 The launch of the new three-digit suicide prevention line, 988, on July 16, 2022, has provided a much-needed direct link to compassionate and trained care for individuals experiencing mental health-related distress or suicidal thoughts. Unlike 911, which primarily dispatches emergency services, 988 connects callers to the Lifeline network and other crisis resources. Upon dialing 988, callers are greeted with automated

prompts before being connected to a counselor, thanks to the use of Vibrant Emotional Health Lifeline technology at Lifeline centers. The line has seen a significant increase of 87 percent since its transition from the Lifeline to 988, with an average of 56 calls received per day. Additionally, access to the Mobile Crisis Response Teams has been expanded. They have been activated 33 times by 988.

EMERGENCY SYSTEM TRAININGS

Region V Systems is dedicated to educating law enforcement and community partners on the most effective practices for assisting individuals in emergency situations. They offer a variety of training courses, including Behavioral Health Threat Assessment Training (BETA), which provides advanced education on programs and practices that support individuals with behavioral health needs. For 13 years, Region V Systems has proudly sponsored BETA, a program designed to help Nebraska law enforcement officers and their partners achieve better

outcomes when dealing with incidents involving individuals with mental illness and dangerous behavior. The objective of BETA is to establish an integrated and coordinated process for identifying and responding to individuals who may pose a risk of harm to themselves or others. It focuses on how law enforcement officers and others can identify, evaluate, and manage the risk of future behavior, rather than solely apprehending and prosecuting offenders after a crime has been committed.



Individuals who suffer from severe mental illness are among the most vulnerable members of our society. The Lincoln Police Department (LPD) acknowledges that providing adequate care for these individuals requires extensive and continuous training for police officers, as well as cooperation between police officers and mental health professionals, and access to programs that individuals with mental illnesses can utilize during and after interactions with law enforcement. We express our

gratitude to the city of Lincoln and the Lincoln Police Department for their unwavering support of BETA for the past 13 years as well as their financial contribution of \$36,000 towards improving training for law enforcement and their partners. Through these collaborations, LPD is actively working with the community to devise comprehensive strategies for addressing mental health crises.

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 22-23 are included below. Strategies on pages [22-24](#) with an asterisk (*) denote evidence-based and those with a pound (#) indicate braided funding.

SAMHSA STATE TARGETED RESPONSE TO OPIOID CRISIS



Deterra Drug Disposal Pouch

Safe, easy way to dispose of prescription medications

2,125
distributed

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.

20
participating pharmacies
within Region V Systems



CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS) MINI-GRANTS

Prioritize and fund culturally responsive community services

Agency Coalition	Award	Purpose
Asian Community and Cultural Center	\$3,950	Developed team of 12 licensed Peer Support Specialists representing 10 different languages spoken
Lincoln Medical Education Partnership/School Community Intervention & Prevention (SCIP)	\$972	Language translation of parent materials and resources
Lincoln Medical Education Partnership/School Community Intervention & Prevention (SCIP)	\$1,500	Cultural competency training
St. Monica's	\$1,500	Culturally appropriate sensory room updates
UNO Grace Abbott Training and Supervision	\$1,500	CLAS standards trainings

MENTAL HEALTH FIRST AID (MHFA)

FY 22-23		
Type	Trainings	Participants
Youth	5	79
Adult	13	208
Total	18	287



Trainings

Two options offered:

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

8 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



28 schools with active Hope Squads in **8** counties

Lethal Means Campaign

Over 50% of deaths by suicide are gun related

WHO HAS ACCESS TO YOUR SOCKS GUNS?

[LockUpFirearms.org](https://lockupfirearms.org)



SARINCA GARRETT LEE SMITH GRANT/ONE POLICY CENTER REGION V SYSTEMS

Question, Persuade, Refer (QPR) Trainings*

Suicide prevention trainings

39 trainings

787 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.

Assessing and Managing Suicide Risk (AMSR)

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

2 training sessions (capped at 25 for virtual and 40 for in-person training)

28 people trained (less than capacity due to cancellations and no-shows)

Lock Boxes

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

342 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 (Butler, Polk, Seward, York)
Lincoln/Lancaster County LOSS Team
Saline County LOSS Team

* 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.

47 students assigned courses for alcohol infractions

50 students assigned courses for marijuana infractions

178 students assigned courses for vaping infractions

7 communities using this diversion program

Faith Partners

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

15 teams

9 denominations

QPR week was at the end of September 2022 with

20 faith community host sites, including

2 remote sites

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

903 social media followers

778,829 impressions

20,676 engagements

Facebook page:

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

Getting Tech Just Right Campaign



SAMHSA FEDERAL BLOCK GRANT

Youth Action Board (YAB)

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

25 youth (11/16 counties represented) collaborated on planning June Jam 2023

School Community Intervention and Prevention (SCIP)

Provider of consultation to school teams, educational materials, newsletters and trainings (community and in 105 schools)

Lincoln Schools (Grades K-12)

442 referrals from SCIP teams

- * **359** alcohol, tobacco or other drug use/ concerns
- * **83** mental health concerns

423 students referred

305 interventions

55 assessments

197 services/resources

Rural Schools (Grades K-12)

230 referrals from SCIP teams

- * **31** alcohol, tobacco, or other drug use/concerns
- * **199** mental health concerns

402 students referred

278 interventions

171 assessments

386 services/resources

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

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.

Within Lancaster, Gage, York and Jefferson counties:

40 counselors and social workers trained;
15 completed facilitator training

10 WRAP groups in schools
5 in Middle School
5 in High School

Mini-Grants

Seed funding to help communities start projects that can be sustained

Agency Purpose	Award	Agency Purpose	Award
Exeter-Milligan FCCLA Chapter Ricky Simmons – “Addiction to Redemption” Presentation	\$1,365	School Community Intervention & Prevention (SCIP) Community Awareness Training	\$1,500
Exeter-Milligan FCCLA Chapter Fifth Quarter activities	\$755	Southeast Nebraska CASA Jermaine Galloway presentation “High in Plain Sight” \$400 per county being reached	\$1,600
Fillmore Central Backpack Program Speaker Ricky Simmons on dangers of opioids/ drug use	\$500	Whispering Acres Tails and Treasures Camp Grit	\$2,881
Four Corners Health Department Tobacco Cessation Classes and Faith Partners	\$2,100	York Elementary School Regulation Stations	\$1,415
Saline County LOSS Team Resources for team members (cards, phone, bags w/ resources)	\$1,142		

* 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 402-367-8028 sander@dcscouts.org	3rd Millennium
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@saunderscounty.ne.gov	3rd Millennium
Seward County Prevention Coalition 616 Bradford Street Seward, NE 68434	Lori Sherman 402-643-3695 bridgessewardcounty@gmail.com	3rd Millennium, BIST
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 receives funding from the State of Nebraska Department of Health and Human Services, Division of Behavioral Health, and federal funding from Housing and Urban Development (HUD) to provide safe, secure, affordable housing to homeless individuals and families – 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 Systems works to house vulnerable adults who have mental health and substance use issues and their children as well as provide housing support to transition age youth (ages 18-25).

The Division of Behavioral Health state funding allows Region V Systems to provide housing choice vouchers to a minimum of 110 individuals who live with severe and persistent mental illness and/or substance abuse disorders. The housing choice voucher is used and

available in all 16 counties of Region V Systems. Utilizing the voice and choice model, the participant is free to choose housing type and location. The goal of this program is to support participants in their recovery journey and bridge them to a permanent housing voucher with the local public housing authority or self-sufficiency.

The HUD funding allows Region V Systems to serve 32 Rural Permanent Supported Housing, 11 Lincoln Permanent Support Housing, and 8 Rural Transition Age Permanent Housing. The participant is identified through the coordinated entry system. Persons identified must have chronic homelessness and a disabling condition to be eligible. Region V Systems subleases units to the eligible identified participants.

As a recipient of HUD funding, Region V Systems is required to be 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.



ALL DOORS
LEAD HOME

HOUSING PROGRAMS



Rental Assistance Program (RAP)
implemented September 2005

FY 22-23 funding: \$1,351,866

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 track for persons with a substance dependence disorder; 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.

217

households received RAP
benefits (rent, utilities, and
one-time housing costs)
in FY 22-23





Rural Permanent Housing Program (RPHP) implemented November 2012

FY 22-23 funding: \$365,388

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.

34

households were provided
housing in the 20-county area
in FY 22-23

Leasing unit capacity : 32



Lincoln Permanent Housing Program (LPHP) implemented February 2021

FY 22-23 funding: \$224,040

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.

16

households were provided
housing in FY 22-23

Leasing unit capacity : 12



Rural Transition-age Permanent Housing Program (RTPH) implemented October 2022

FY 22-23 funding: \$159,670

Region V Systems was awarded HUD-funded Nebraska Balance of State CoC Youth Homelessness Demonstration Program grant (YHDP) in 2019 to implement the Host Homes Program, where adult “hosts” welcome transition-aged adults to reside in their residence. Due to the low utilization of the Host Homes Program model, Region V Systems implemented the Rural Transition-age Housing Program in January 2022. Region V Systems' Rural Transition-age Permanent Housing (RTPH) program will provide 8 scattered-site leased housing units across 22 counties in Nebraska inclusive of the 16 counties of the Region V geographical area and the counties of Adams, Cass, Clay, Hall, Nuckolls, and Webster. The target population for this project is transition-age youth ages 18-24 years of age who are experiencing homelessness. The transition-age youth must meet the criteria of HUD Homelessness Definition of literal homelessness, fleeing domestic violence, or couch surfing. Although it is anticipated that most youth experiencing homelessness will enter the program as single individuals, pregnant and parenting youth would also be eligible for the program and full services. Upon acceptance of RTPH, a Housing Specialist (case manager) will offer each youth assistance with developing an individualized housing plan. The Housing Specialist will serve as an advocate, service broker, and liaison on behalf of the youth when accessing needed services and to ensure that the elements of supportive services are planned for and provided.

5

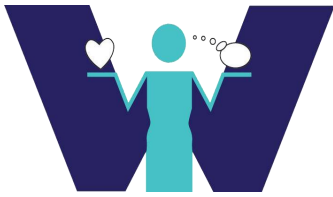
households were provided
housing in FY 22-23

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:



WELLBEING
INITIATIVE, INC.

- Ensure services are persons-served focused.
- Create services that emphasize beneficial outcomes based on recovery principles.
- Ensure persons 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.

Region V Systems continues to contract with Wellbeing Initiative, a peer-operated agency, 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. Some of the activities and accomplishments include support groups being offered weekly (Wellness Response Action Plans (WRAP), Self-Management and Recovery Training (SMART), Harm

Reduction, and others) to people in our 16-county territory and at the Lancaster County Mental Health Crisis Center. During the year, peer support groups reached up to 2,748 people.



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. On June 23, 2023, CFAC hosted the annual behavioral health conference, "Many Pathways to Recovery – Stronger

Together" with 125 people attending. There were 8 breakout sessions covering a gamut of topics and 3 presenters sharing their lived experience. The CFAC also awards grants to support local projects; funded activities are outlined below.

Grantee / Project	Award	Grantee / Project	Award
Consumer Family Advisory Committee Meeting Expenses	\$254	Midpointe Setup Serenity Room	\$559
BHC Many Pathways to Recovery "Stronger Together" Training venue and supplies	\$5,000	PSS Training Peer Support Training	\$500
Bingo at the Indian Center Promote Native American Community Wellness	\$1,844	Surviving to Thriving Supplies	\$540
Helping Men/Women Recover Peer-to-peer support books and supplies	\$2,254	Wellbriety Sacred Voices Meeting room and training expenses	\$1,372
MHA Bus Pass Star Tran bus passes for MHA participants	\$752	WRAP Groups WRAP books and training	\$9,439
NAPS Annual Conference Conference costs	\$894	Total: \$23,408	

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 Family & Youth Investment (FYI).



YOUTH SYSTEM COORDINATION

Youth System Coordination is a collaborative partnership with community providers, comprising of family advocacy organizations and 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 with the focus 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**
- **Community Response Strategic Planning Coalition**
- **Crisis Response Steering Committee and Coalition**
- **Early Childhood Behavioral Health Coalition Team**
- **Juvenile Services Committee (JSC) Access to Services Committee (Juvenile Justice)**
- **Juvenile Justice System Enhancement—Nebraska (JJSEN) Probation System Review Team (Youth)**
- **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 Systems Rental Assistance Program**
- **Robert F. Kennedy Systems Gaps and Needs Strategic Planning Committee**
- **Through the Eyes of a Child (Juvenile Justice)**
- **Transition Age Youth Review Teams**

NEBRASKA CHILDREN'S SYSTEM OF CARE

System of Care is a framework for designing mental health services and supports for children and youth who have a serious emotional disturbance, and their families, through a collaboration across and involving public and private agencies, families and youth. It is a new way of doing business that brings together committed partnerships under one umbrella.

A System of Care connects and coordinates the work of state child-serving agencies, nonprofit and local governments, behavioral health care providers, families and patient advocates. It helps children, youth, and families function better at home, in school, in the community, and throughout life.

Committed partnerships among public and private agencies, families, and youth have emerged under one umbrella called the NeSOC Collaborative to drive the work of the system. Equal partnership, among youth, family and system partners, is the guiding principle of the Collaborative at all levels.

YOUTH CRISIS RESPONSE CONTINUUM

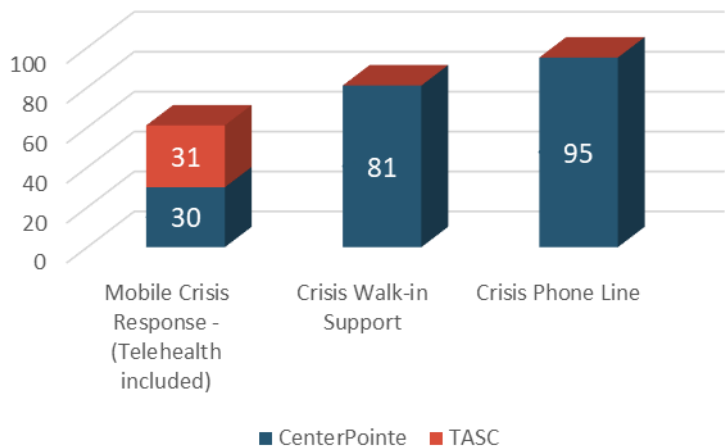
The **Youth Crisis Response Continuum (YCRC)** is designed to use supports and resources to build upon a youth and family's strengths to help resolve an immediate behavioral health crisis in the least restrictive environment by assisting the youth and/or family to develop a plan to resolve the crisis. 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 inpatient psychiatric hospitalization. The licensed behavioral health professionals meet with the youth and family on site, by telehealth (videoconference) or by teleconference.

The YCRC, representing 1) some one to talk to; 2) some one to respond; and 3) a safe place to go, includes:

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



Number of Youth Crisis Response Contacts
FY 22-23



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 (American Rescue Plan Act-ARPA Funds) and Region V Systems (Medicaid Expansion Reinvestment Funds). The purpose of the FCRC is to provide families of children and youth in crisis with a *place to go* to receive assistance that is an alternative to hospitalization or to prevent hospitalization. The FCRC will focus on assisting the families of children and youth in crisis with de-escalating the crisis, identifying/scheduling needed services and supports, and providing case

management or follow-up services for these families and individuals. The FCRC 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. The FCRC will also offer short-term mental health respite (up to five days) for youth and families that need additional time for the purpose of planning and preparation for the youth’s return home and the community.



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**.

FYI’s primary areas of focus are to:

- Avert youth from becoming state wards, preventing expensive out-of-home placements or involvement in

emergency services; **99.4% of youth/young adults were living in their home in FY 22-23** (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 of care.

FYI administers four Professional Partner tracks as described below.

TRACK	AVERAGE LENGTH OF STAY	NUMBER OF YOUTH SERVED
Juvenile Justice	No Discharges	2
Prevention	8.6 months	34
Traditional	12.4 months	166
Transition-Age	21.1 months	50

Juvenile Justice (funded through the Nebraska State Probation Administration) serves youth ages 12 through 18 who are 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 ages 3 through 20 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 ages 3 through 18, 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.

Transition-Age* serves young adults ages 17 through 25 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

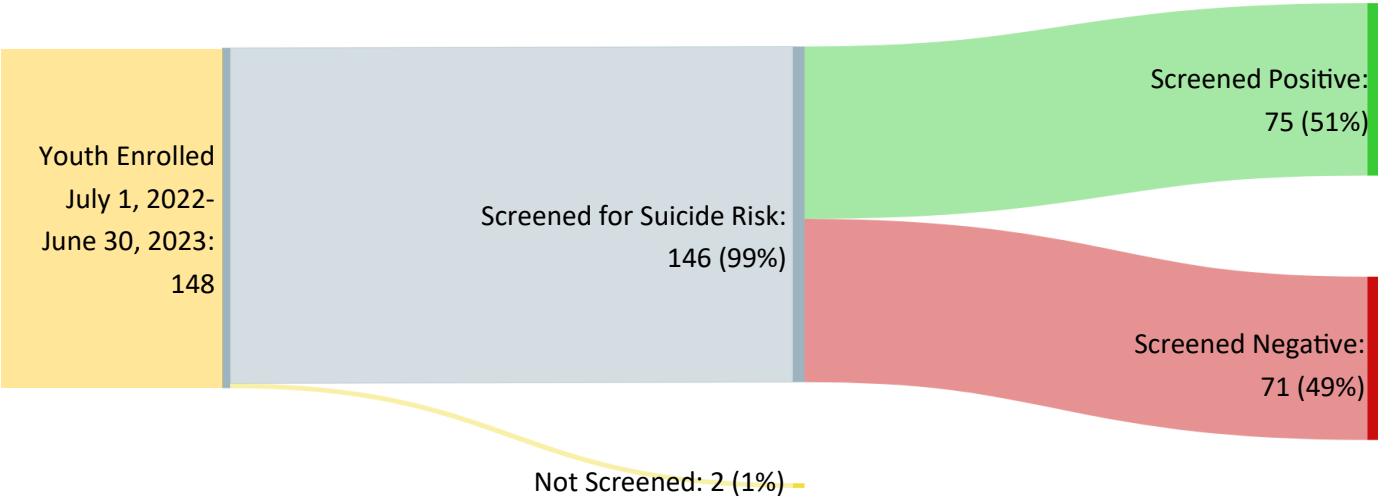
ZERO SUICIDE INITIATIVE

The Family & Youth Investment (FYI) Professional Partner Program continued to implement the Zero Suicide response to individuals at risk of suicide.

This year, the work of the Zero Suicide Implementation Team, inclusive of *persons with lived experience, has been to develop, track, and report on established Zero Suicide metrics (see below).

Additionally, the Implementation Team examined suicide risk screening and assessment tools, customized the electronic health records to capture and track individual participant planning and progress towards recovery, and established procedures to allow for the program to monitor the Professional Partner’s (case manager) responses(s) to the identified, individualized risks.

*Persons with 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.



MOTIVATIONAL INTERVIEWING

The Family & Youth Investment (FYI) Professional Partner Program Team has adopted Motivational Interviewing (MI), an evidenced-based practice, into the support and planning with program participants and their families. MI is aimed at enhancing program participants’ motivation to make changes towards reaching their individualized goals of their choice. As part of the MI training, the team attended an initial two-day training and are required to submit a tape of their individual work with program participants displaying their use of MI, annually. To continue MI skill attainment, the Professional Partner Team will attend an additional six MI booster training sessions each year.

The Professional Partner Team also established MI Champions who participated in MI “train-the-trainer” training and will work alongside an industry expert for the purpose of building a cadre of MI trainers for the community and establishing agency internal team coaching.

The Professional Partner Program Implements Motivational Interviewing Informed Wraparound (MiiWrap®)

To better integrate Motivational Interviewing (MI) and the Wraparound approach into our work with youth and families, the MI Champions participated in a 12-week MiiWrap online course and attended a 5-day in-person training to become certified trainers of MiiWrap. MiiWrap combines the principles and activities of the Wraparound approach with the mindset, relational communication, and change communication skills of Motivational Interviewing. MiiWrap is unique in providing 1) specific relational communication skills to improve engagement, especially in those historically hard to engage; 2) specific skills for determining the reasons for and reducing resistance; 3) specific skills to evoke and improve motivation and commitment to change; 4) a unified and focused mindset that defines how we provide MiiWrap; and 5) behavior change activities that streamline and enhance Wraparound activities with Motivational Interviewing strategies.

CHILD AND ADOLESCENT FUNCTIONING SCALE (CAFAS)



The CAFAS is a tool designed to evaluate emotional, behavioral, substance abuse functioning, and the

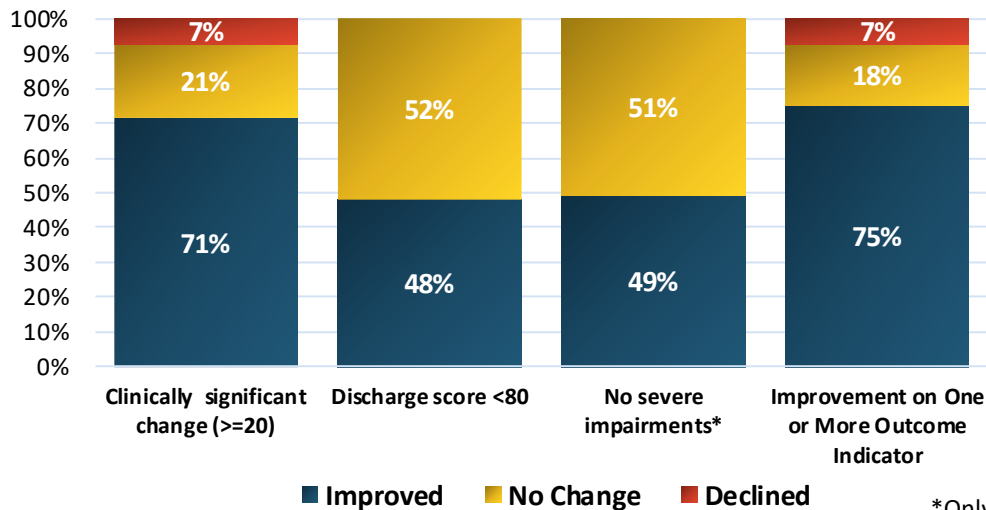
impact of eight psychosocial areas of a youth's life. The lower the score, the more improvement and less impairment exists for youth.

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?

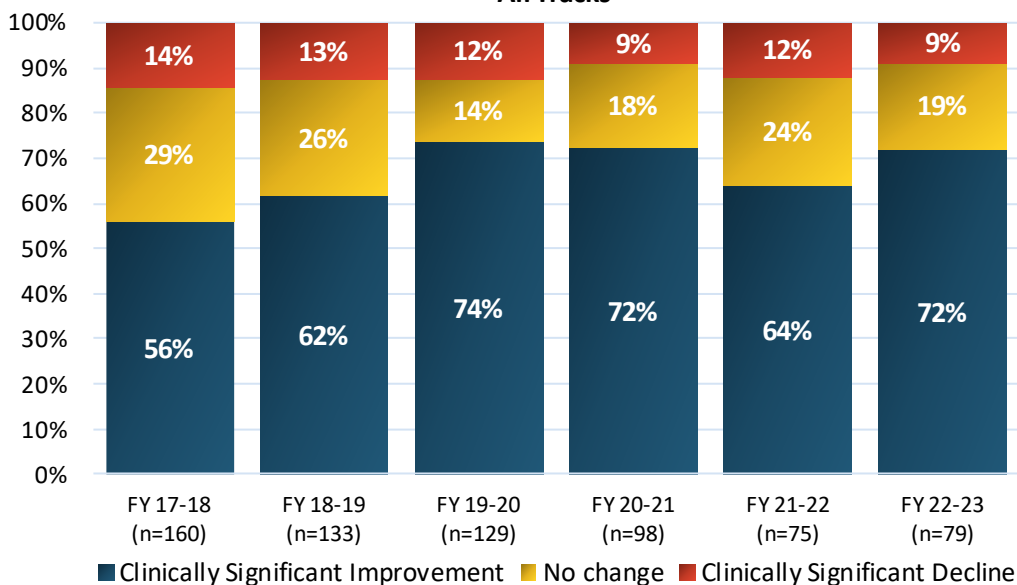
The graphs below illustrate the numbers and percentage of youth achieving outcomes as a result of FYI.

**Improvement on One or More Outcome Indicator
from Admission to Discharge CAFAS (Traditional Track)
FY 22-23 n=56**

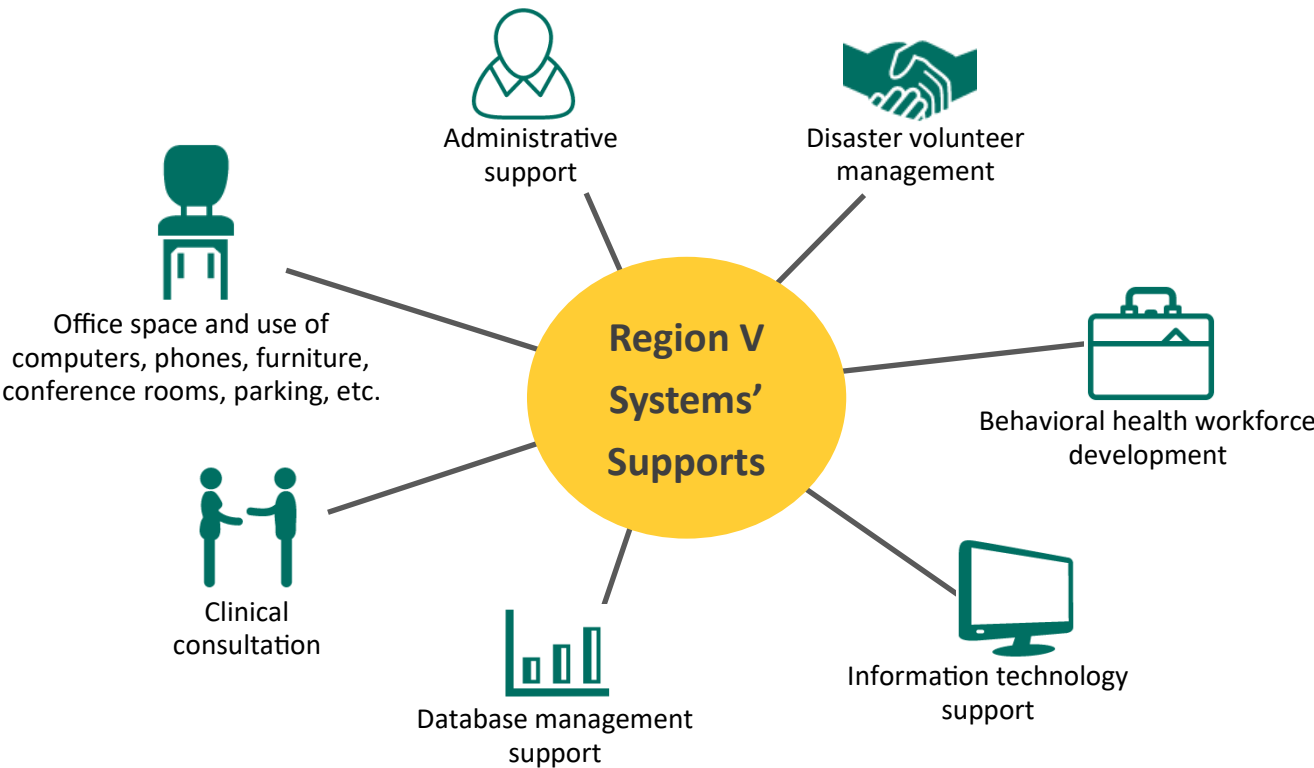


*Only evaluated if there was one or more areas of severe impairment at intake.

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



Region V Systems’ strategic intent is to promote comprehensive partnerships in behavioral health. One example of a partnership is Region V Systems’ support to non-profits as follows during FY 22-23:



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 22-23, 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

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 – 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 22-23, over 727 positions were posted by employers, and the number of website users topped at 7,752.

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.

Thank you Region V Systems' employees for your valuable contributions!

Danielle Belina
Assistant Fiscal Director

Sue Brooks, Lincoln Adult and Rural
Transition-age Housing Specialist

Zina Crowder
Traditional Professional Partner

Sharon Dalrymple
Administrative Program Specialist

John Danforth
Clinical Director

Donna Dekker
Administrative Assistant

Tami DeShon
Fiscal Director

Dani Devries
HUD Housing Coordinator

Renee' Dozier, Director of Children &
Family Behavioral Health Services

Alicia Dreier
Traditional Professional Partner

Kelly DuBray
RPH Housing Specialist

Teri Effle
Prevention Specialist

Tyler Fernandez
CQI Network Specialist

Barb Forsman
CQI Analyst

Jade Fowler
RAP Housing Coordinator

Pat Franks
Fiscal Associate I

Wade Fruhling
Technology Systems Specialist

Nicole Giebelhaus
Traditional Professional Partner

Annie Glenn
Professional Partner Supervisor

Deanna Gregg
Operations Manager

Theresa Henning
Director of Special Projects

Patrick Kreifels
Regional Administrator

Eden Houska
Prevention Professional Partner

Munira Husovic
Traditional Professional Partner

Trina Janis
Opioid Project Manager

Laila Khoudeida
Traditional Professional Partner

Jon Kruse
Technology Systems Manager

Kayla Lathrop
Prevention Specialist

Susan Lybarger
Administrative Assistant

Andrea Macias
Traditional Professional Partner

Katiana MacNaughton
Transition Age Professional Partner

Majesty Maxwell
Traditional Professional Partner

Kim Michael, Director of Operations &
Human Resources

Malcom Miles
Professional Partner Supervisor

Sandy Morrissey
Prevention Director

Lisa Moser
Prevention Professional Partner

Kristin Nelson
Director of Emergency Services

LaShawnda Nimox
Transition Age Professional Partner

Shelly Noerrlinger
Referral & Resource Coordinator

Joseph Pastuszak
CQI Analyst

Linda Pope
Fiscal Specialist

Marti Rabe
Network Specialist

Mariah Rivera
RAP Housing Specialist

Erin Rourke
CQI Director

Scott Spencer
Fiscal Specialist

Cherie Teague
Transition Age Professional Partner

Anna Thomas
RAP Housing Specialist

Amanda Tyerman-Harper
Director of Network Services

Connie Vissering
Traditional Professional Partner

Jessica Zimmerman
Housing Coordination Specialist

*Staff directory updated as of publication date,
11/13/2023*





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:

- **100%** “understand how my efforts contribute to Region V Systems’ mission
- **98%** are “engaged employees”
- **98%** say they are “inspired by the work we do”
- **91%** say “I am proud to work here”
- **86%** say “Our culture supports my health and wellbeing”



Congratulations to our **Prevention System Coordination Team!!** Check out their fabulous work in collaboration with KidGlov that resulted in **3 top** awards in these categories:

“[Tech Away Campaign](#)” Right Sizing Your Family’s Technology Use

“[Hope Videos](#)” Suicide Prevention

“[Stop and Think](#)” Opioid Overdose Prevention

Jade Fowler, our RAP Housing Coordinator, was recognized by the Lincoln Homeless Coalition for being an advocate for the vulnerable and fighting homelessness in our community. **Wade Fruhling, our Technology Systems Specialist,**

performed an instrumental part of the Homeless Connect event



by assisting various organizations with load-ins to help set up for the day (and load-outs) as well as taking pictures at the event. Thank you both for going above and beyond and making a difference in our community!

Corporate Citizenship

Region V Systems is enthusiastically supportive of employees partaking in volunteer efforts in our community.

Employees are granted time for these activities if the activity is within the scope of our authority, the goals/mission are of strategic importance to

us, is for 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 22-23, this team coordinated the following projects:

- * **Sock Drive:** Items donated to CenterPointe Street Outreach
- * **Household and toiletry item collection** for Region V Systems’ Family & Youth Investment and housing program participants.
- * **Shoe and Water Drive** for People’s City Mission



Milestone Anniversaries

59% of our employees have been with us 5+ years! Congratulations to our employees who celebrated a **milestone** anniversary in FY 22-23:



Malcom Miles
October 20, 2022



Erin Rourke
March 5, 2023



Teri Effle
January 17, 2023

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). Fiscal year 22-23 funding includes federal Catalog of Federal Domestic Assistance (CFDA) grant #93.958 and #93.959 (\$2,145,582 or 9%), state funding through DBH contract #67635-Y3 (\$20,880,290 or 85%), and local county dollars (\$1,505,658 or 6%)