REGION V SYSTEMS

*Promoting Comprehensive Partnerships in Behavioral Health*

Effectiveness, Efficiency, Access, & Satisfaction Measures
(Including Service Enhancement/Reinvestment Outcomes)

Regional Data Overview Report

2/15/2024

Region V Systems Provider Network Stable Living at Discharge
Network Measure Category: Effectiveness
October 2022-December 2023

Proportion of Those in Stable Living at Discharge for All Services
(Region V Systems Funded)
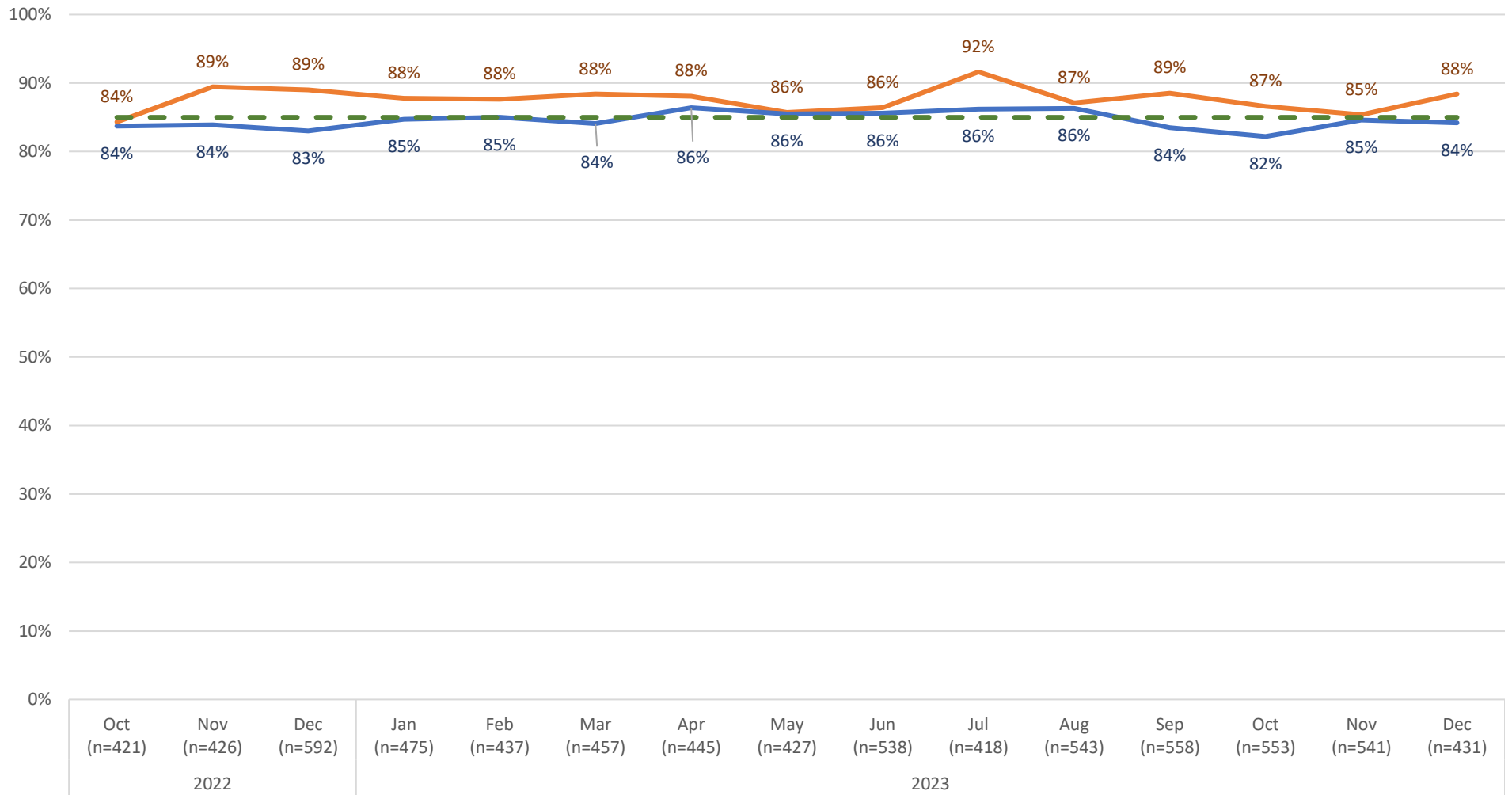
Data Source: Compass 1.23.24

Statewide Outcome: Proportion of Those in Stable Living at Discharge for All Services
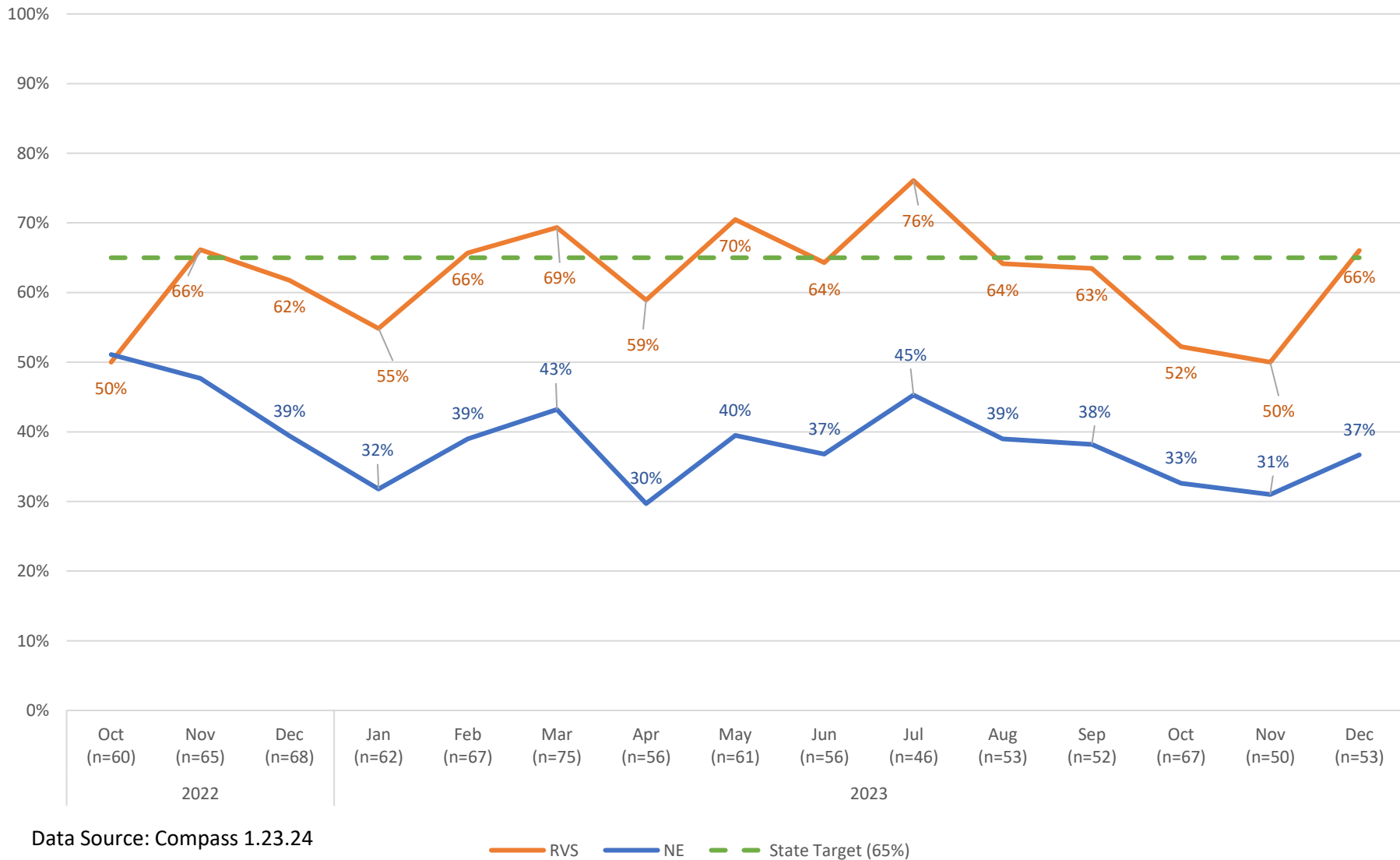
Observations: From October 2022 to December 2023, Region V network performance was at or above the state average for 14 out of 15 months. 88% of persons discharged during the timeframe were in stable living. The proportion of persons in stable living at discharge was at or above the state target (85%) 15 out of the last 15.

Provider's report there is a lack of affordable housing and, even when available, persons served often cannot afford the deposit or monthly rent. A need was identified for additional assisted living/group homes for individuals with extensive mental health needs and low functioning in daily living activities.

**Action Plan for all Stable Housing charts (above and below):**
- Region V Systems provides housing/case management through HUD funding for people eligible in Lincoln and rural areas, including a track specific to Transition Age youth.
- Maximize RAP vouchers, to include a portion of vouchers reserved for Women with Dependent Children leaving Therapeutic Community level of care.
- Contingency Management- Rent Wise Training.
- Newly housed persons for Rental Assistance Program are assessed for basic needs for their new residence and supports to meet the needs ultimately to aid in sustained housing and aid in their recovery.
- Closely monitor Housing Vouchers to ensure funds are expended on contract with DBH.
- Continue monitoring data for accuracy and encourage providers to update statuses as applicable.
- Review Statewide Data Outcomes report and Stability in Housing National Outcome Measure, broken out by service and agency, in Regional Quality Improvement Team and Network Provider meetings on quarterly basis. Allows providers to view individual performance and identify possible quality improvement action steps.
- Explore housing initiatives or activities in the Region V area to increase our awareness.
- CenterPointe, with the opening of their Campus for Health and Wellbeing in May, added 16 apartments for low-income individuals.
- St. Monica's recently opened Women's Halfway House in FY 23-24.
- Region V Systems submitted a proposal in February 2024 for expansion of Rental Assistance Program.

Proportion of Those in Stable Living at Discharge for Residential Services - MH Respite
(Region V Systems Funded)

Data Source: Compass 1.23.24

Legend: RVS — NE — State Target (65%)

Observations: From October 2022 to December 2023, Region V network performance was above the state average for 14 out of 15 months for Residential Services - MH Respite; 62% of persons discharged during the timeframe were in stable living. The proportion of persons in stable living at discharge was at, or above, the state target 5 out of 15 months. Providers report that it is difficult for persons served to obtain transitional living as the programs are generally full.

Proportion of Those in Stable Living at Discharge for Residential Services (except MH Respite)
(Region V Systems Funded)
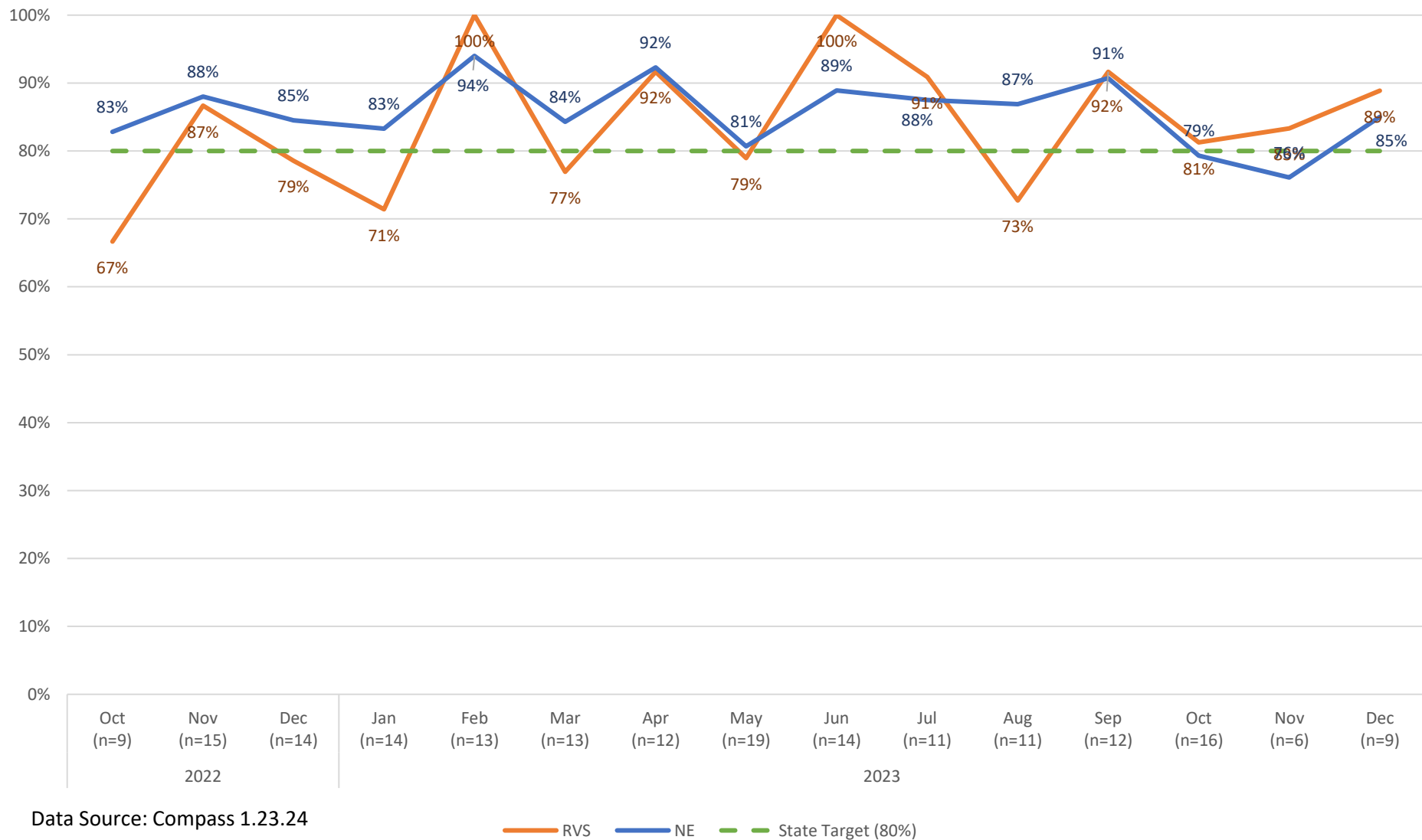
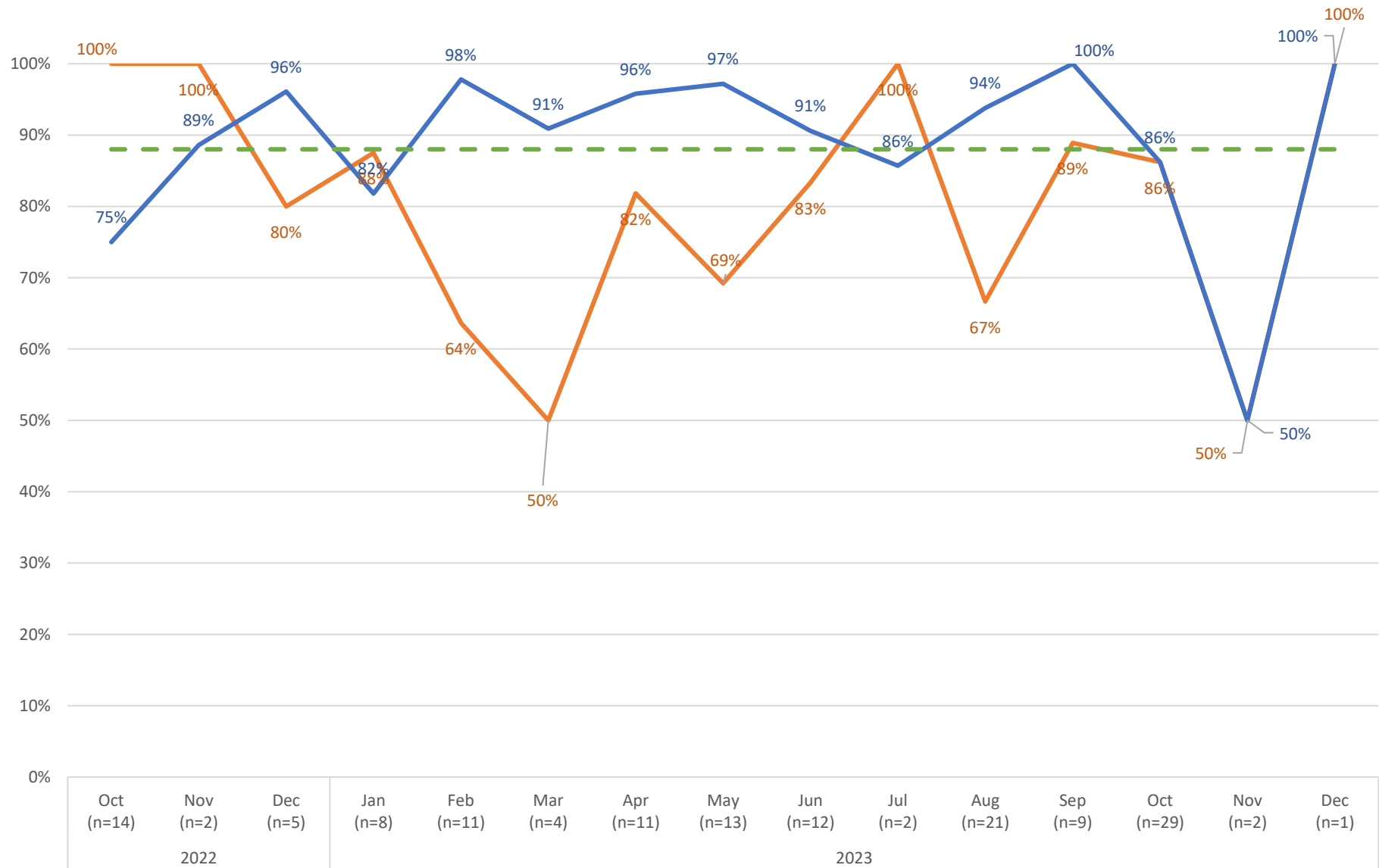Data Source: Compass 1.23.24

RVS — NE — State Target (80%)

Observations: From October 2022 to December 2023, Region V network performance was above the state average for 7 out of 15 months for Residential Services excluding MH Respite; 84% of persons discharged during the timeframe were in stable living. The proportion of persons in stable living at discharge was at, or above, the state target 9 out of 15 months.

Proportion of Those in Stable Living at Discharge
Supported Housing

Data Source: Compass 1.23.24

RVS   NE   State Target (88%)

6

Observations: From October 2022 to December 2023, 80% of persons discharged during were in stable living. The proportion of persons in stable living at discharge was at, or above, the state target 5 out of 15 months.

Action Plan:
- Monthly staffing with all case management provider agencies is occurring regarding shared participants. These meetings include reviewing and updating service plans (to include addressing barriers and issues) and bridging long term housing options. Status updates regarding Lincoln housing availability, income status, utilities, and other options are also discussed for participants long term housing stability.
- Individual service plans with housing goals are gathered initially & quarterly from case management agencies and filed in Region V Systems electronic health record.
- Development of reports in Compass to aid in management of the program.
- Expanded current electronic health record system to incorporate housing tracks. Improve efficiency and consistency in program management and outcomes.

Region V Systems Provider Network Employment Status at Discharge
Network Measure Category: Effectiveness
October 2022-December 2023

Proportion of Those in Labor Market who are Employed at Discharge - All Services
(Excluded Services Displayed with Dotted Line: Emergency/Crisis, Hospitalization, and Assessment Services)
(Region V Systems Funded)
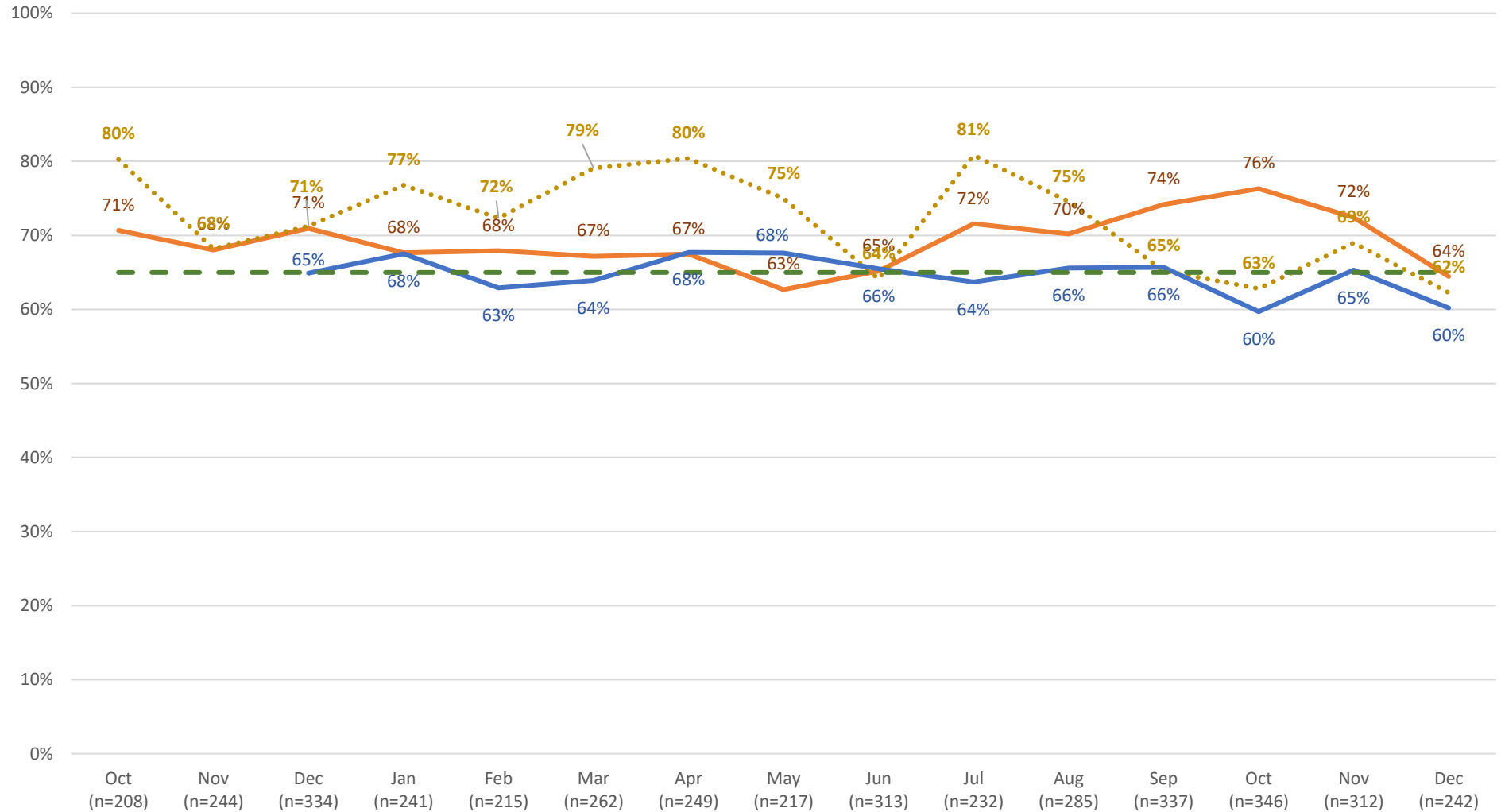
Data Source: Compass 1.23.24

Legend: RVS All Services | RVS Excl Services | NE | State Target (65%)

Proportion of Those in Labor Market who are Employed at Discharge for All Services (Dotted line in chart displays those employed at discharge for services excluding Emergency/Crisis, Hospitalization, and Assessment Services)

Observations: From October 2022 to December 2023, Region V network performance was above the state average for 10 out of 13 months; 69% of persons discharged in the labor force were employed. The proportion of persons employed (of those in the labor force) at discharge was at, or above, the state target 13 out of 15 months. For participants in services such as Residential Care, there is not time to seek employment.

Action Plan:
- Region V Systems will continue to educate providers, reminding them to use "Unemployed Not Seeking" for participants who are spending their time in treatment and thus unable to seek employment.
- Participate in consultation with the Division of Behavioral Health on Individual Placement Support for Supported Employment (through June of 2023)
- July 1, 2022, new provider (Goodwill Industries of Greater Nebraska) offering Supported Employment.
- Continue monitoring data for accuracy and encourage providers to update statuses as applicable.
- Review Statewide Data Outcomes report and Employment National Outcome Measure in Regional Quality Improvement Team and Network Provider meetings on quarterly basis. Quarterly prepare report for providers outlining employment performance by service and agency. Allows providers to view individual performance and identify possible quality improvement action steps.
- Continue efforts to interface Providers' Electronic Health Record systems with Compass for non-Region V funded encounters.
- One provider reported that many people in their service are employed and earning enough that they would not meet financial eligibility for DBH funding. Currently those persons are on Medicaid but the provider is concerned they will become ineligible upon their next eligibility determination, as the unwind process proceeds.
- Host a training course for providers on benefits, to include education on work incentives in FY 23-24. The goal would be to encourage behavioral health service providers to engage with persons served in their employment goals and not have them discourage persons served from seeking employment out of fear of losing benefits when obtaining employment. Align network efforts with Dr. Virginia Selleck's principles.
- Submitted proposal to DBH for Supported Employment Navigator and standalone Benefits Counseling in January 2024.

Proportion of Those in Labor Market who are Employed at Discharge
Supported Employment
(Region V Systems Funded)
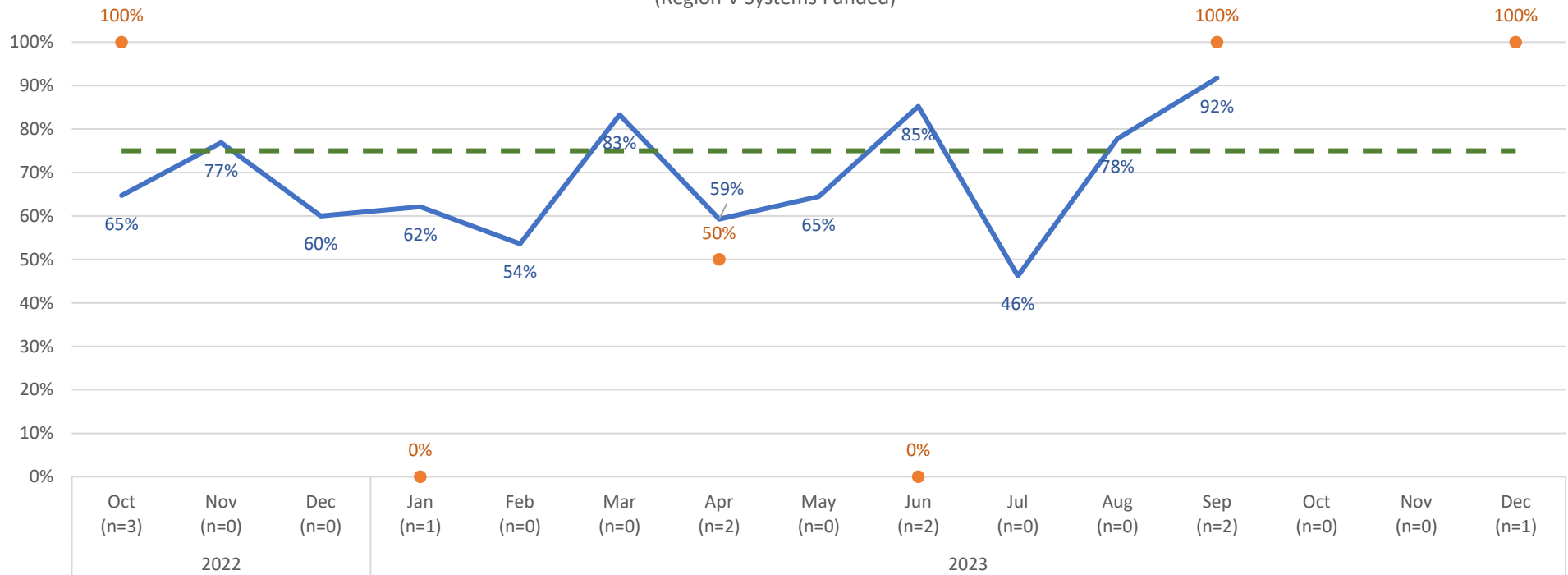
Data Source: Compass 1.23.24

Legend: RVS (orange) — NE (blue) — State Target (75%) (green dashed)

Observations: From October 2022 to December 2023, 64% of persons discharged in the labor force were employed.

Action Plan:

- Continue to address needs identified in the Supported Employment Fidelity assessment, ensuring employment specialists are part of the mental health treatment teams with shared decision making and that the approach to a person's plan is developed and delivered by a multidisciplinary treatment team.
- Region V Systems is seeking clarification with DBH regarding people who are discharged in milestone 5 and the ability to re-enroll directly into milestone 5 if employment supports are needed for the same job or new job. The concept is a safety net/rapid reentry.
- In FY 22-23 quarterly meetings with Supported Employment providers commenced. Topics for these meetings have included addressing barriers in providing the service and ensuring consistency with data collection and outcomes measurement. In FY 23-24 meetings have occurred monthly.
- Mental Health Association has been offering monthly open houses for persons interested in Supported Employment to meet with them and a Vocational Rehabilitation representative.
- SE providers participated in the recent DBH facilitated ISP training series.
- Submitted proposal to DBH for Supported Employment Navigator and standalone Benefits Counseling in January 2024.
- Referrals from Vocational Rehabilitation and utilization has been negligible.

Supported Employment	Mental Health Association of Nebraska			Goodwill Industries of Greater Nebraska, Inc.		
	Persons Successfully Discharged Target=10 Successful Discharges by End of CY		Milestone 4 VR Closure	Persons Successfully Discharged Target=10 Successful Discharges by End of CY		Milestone 4 VR Closure
Source: Compass 2/1/2024	Cumulative #	Monthly % of Discharges in Labor Force	Cumulative	Cumulative #	Monthly % of Discharges in Labor Force	Cumulative
CY 2016 Baseline	8	8/26=31%	n/a			
CY 2017 Baseline	11	11/30=37%	n/a			
CY 2018 Baseline	28	28/42=67%	n/a	Contract began July 1, 2022		
CY 2019	33	33/46=72%	20			
CY 2020	20	19/24=80%	7			
CY 2021	5	7/10=70%	4			
CY 2022	8	8/11=73%	6	1	1/1=100%	1
January 2023	0	0/1 = 0%	0	0	n/a	0
February 2023	0	n/a	0	0	n/a	0
March 2023	0	n/a	0	0	n/a	0
April 2023	0	0/1=0%	2	1	1/1=100%	0
May 2023	0	n/a	3	1	n/a	0
June 2023	0	n/a	3	1	n/a	0
July 2023	0	n/a	3	1	n/a	1
August 2023	0	n/a	3	1	n/a	1
September 2023	0	n/a	3	2	1/1=100%	1
October 2023	0	n/a	3	2	n/a	1
November 2023	0	n/a	3	2	n/a	2
December 2023	0	n/a	3	3	1/1=100%	2
YTD	0	0/2=0%	3	3	2/2=100%	2

CY=Calendar Year

Outcomes for Statewide Supported Employment Proposal **QUARTER 2**				
	Mental Health Association of NE		Goodwill Industries of Greater NE, Inc.	
	MH	SUD	MH	SUD
# of persons referred to Supported Employment & wanting to work with SE • Initiated by Vocational Rehabilitation • Initiated by Community (self, other provider) *Source: Agency Tracking Sheet*	0 0 0	0 0 0	4 0 4	1 0 1
Admissions *Source: CDS/Compass*	2	0	1	1
# of persons referred to Nebraska VR - Vocational Rehabilitation by SE Provider *Source: Agency Tracking Sheet*	7		3	
# of persons who refused referral to VR *Source: Agency Tracking Sheet*	n/a		0	
Average number of days between people being referred to Vocational Rehabilitation and Supported Employment eligibility determination *Source: Agency Tracking Sheet*	n/a		127 (n=1)	
# of persons still waiting for eligibility determination by VR ("in process") and average number of days between people being referred to Vocational Rehabilitation (by Supported Employment Provider) to end of quarter (i.e. September 30 for Q1) *Source: Agency Tracking Sheet*	71 days (n=7)		99.6 days (n=5)	
# of persons referred to Vocational Rehabilitation by SE Provider who choose not to engage with VR and the reason why *Source: Agency Tracking Sheet*	0		0	
# of persons referred to Vocational Rehabilitation by SE Provider who are determined to be ineligible (for Supported Employment) and why *Source: Agency Tracking Sheet*	0		1*	
# of individuals served *Source: CDS/Compass* Number of CDS encounters open at least 1 day of timeframe; people may be duplicated if they left services and returned later under a different encounter number	2	0	2	1
Utilization (Percent of draw down on original contract with Regional Behavioral Health Authority) *Source: EBS/RVS Fiscal*	6.7%	40.6%	2.4%	3.4%
Length of Stay (Admit Date to Discharge Date for persons discharged during timeframe) *Source: CDS/Compass*	NA	NA	553 (n=1)	NA
# of persons employed/# persons served (who are in labor force) Point in time at end of quarter *Source: CDS/Compass run 1.2.24*	40% (14/35)	17% (1/6)	50% (4/8)	0% (0/1)
Length of Time to obtain job (M2 start to M2 end) *Source: CDS/Compass* calculated on persons who obtained employment during timeframe (and not just admissions during timeframe)	NA	NA	NA	NA

* Individual started under Region funding for SE and later stopped engaging with Goodwill and VR.

Region V Systems Access Measures: Short-Term Residential
Network Measure Category: Access

Access Measure: Short-Term Residential -
Percent of Region V Short Term Residential Consumers Admitted within 14/30 Days by Priority Population
- 7/1/2023 - 12/31/2023

Data Source: CDS Access Reports
2/9/2024

■ Percent Admitted within 14 Days   ■ Percent Admitted within 30 Days

<p style="text-align:center">Access Measure: Short-Term Residential</p>

Observations: Data was retrieved from CDS Short-Term Residential Access Report. There was a total of 62 encounters reviewed. Of those 62 encounters:
- 46 (74%) were admitted within 14 days
- 19 (22%) were admitted between 15 and 30 days,
- 1 (2%) were admitted between 31 and 50 days
- 3 (5%) were admitted outside the 50-day time threshold.

Action Plan:
- With Region V Systems' monthly review of waitlist encounters over 14 days, wait times recorded in CDS and errors have decreased
- Focus on increasing data quality efforts to ensure the correct dates and other information are entered on each admitted/waitlist encounters in the Centralized Data System
- Region V Systems continues to provide waitlist trainings to providers as needed
- Providers report on ineligibles and denials for services to Region V on a monthly basis, guiding the system in identifying gaps in services, trends, training needs, and assessment appropriateness
- Priority is given to reviewing waitlist data by service with the Waitlist Subcommittee (Region V and providers), Regional Quality Improvement Team and Network Providers, to assist with data-driven decision making with a focus on program improvements that promote access
- Discuss with other Region Network Directors to gain a common understanding and consistent reporting
- Waitlist meeting with providers occurred in April 2023. Overall, a shortening of the waitlist has been observed compared to FY 21-22. This shortening is due in part to providers being fully staffed, improved internal processes, and improved system partnerships. Challenges noted were increased polysubstance use, notably from fentanyl or other opioids being laced into other drugs.

Number of emergency protective custody in the Region V geographical territory
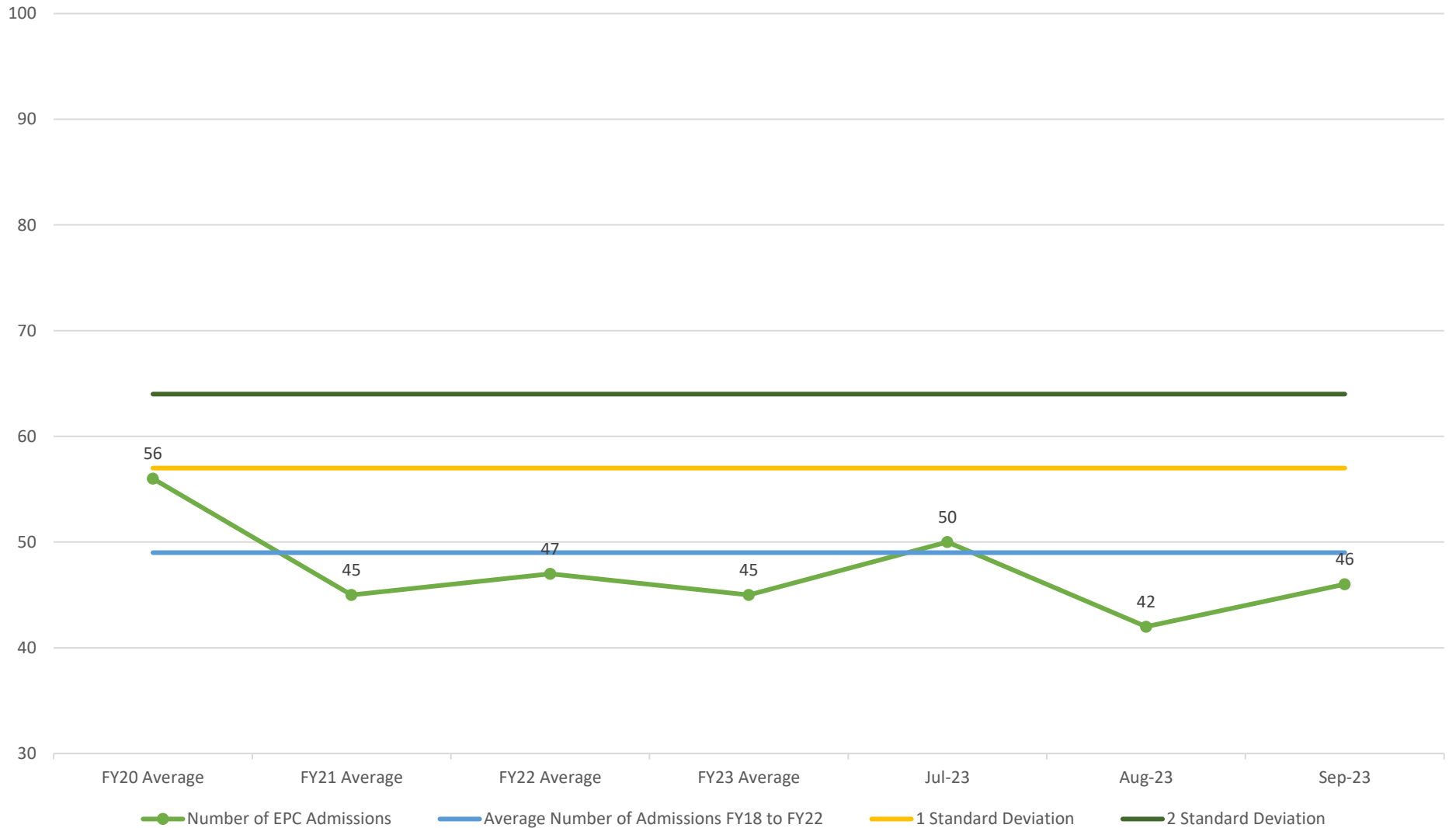
*FY 23-24 data source: Region V Compass and provider reporting
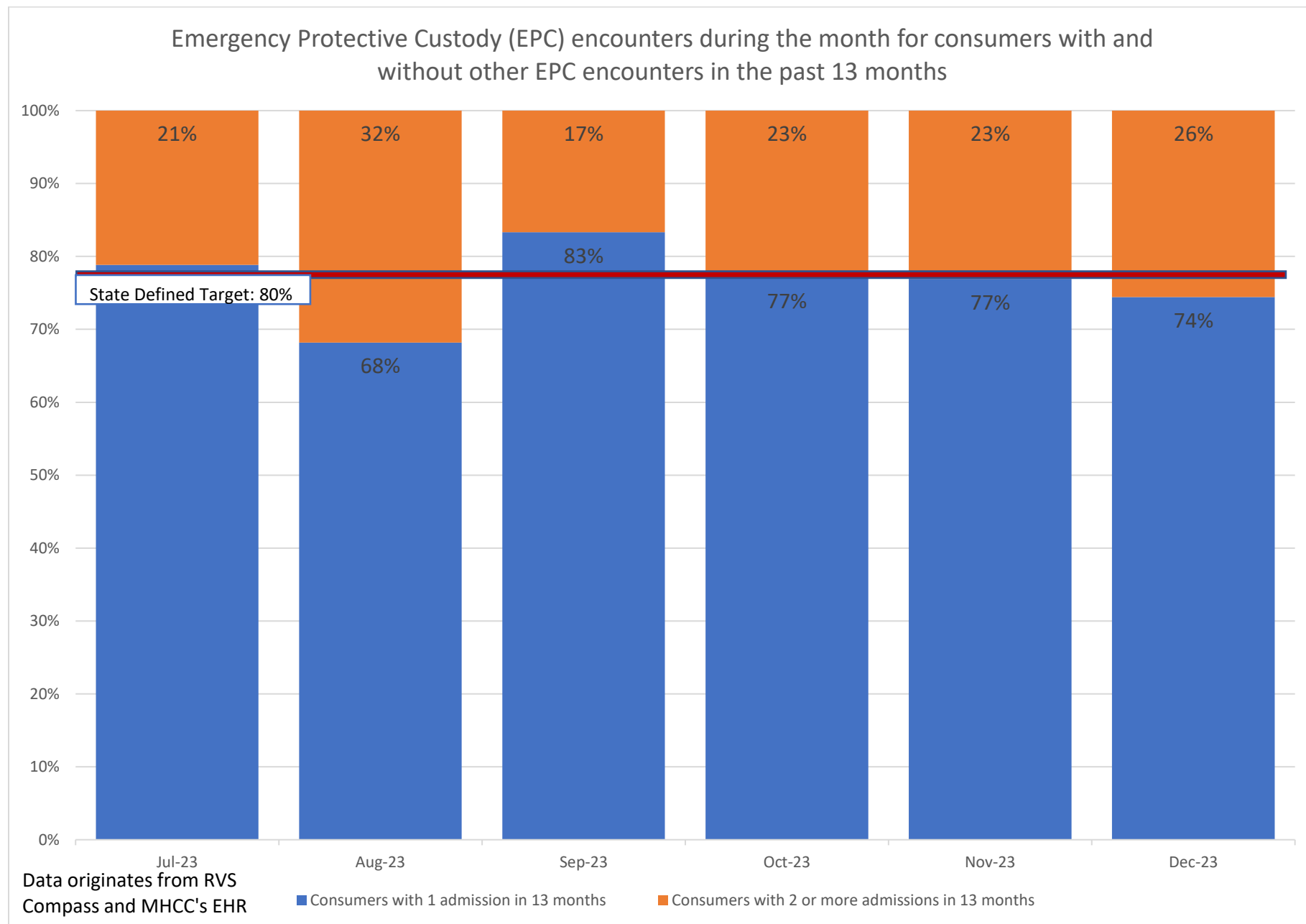
Emergency Protective Custody (EPC) encounters during the month for consumers with and without other EPC encounters in the past 13 months

State Defined Target: 80%

	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Consumers with 2 or more admissions in 13 months	21%	32%	17%	23%	23%	26%
Consumers with 1 admission in 13 months		68%	83%	77%	77%	74%

Data originates from RVS Compass and MHCC's EHR

■ Consumers with 1 admission in 13 months   ■ Consumers with 2 or more admissions in 13 months

*FY 23-24 data source: combination of Region V Compass and provider reporting

16

Average number of days between EPC encounters for consumers with at least one additional EPC encounter within the past 13 months

Data originates from RVS Compass and MHCC's EHR

State Target: 110 or more days between admissions

Month	Value
Jul-23	103
Aug-23	115
Sep-23	141
Oct-23	164
Nov-23	117
Dec-23	87
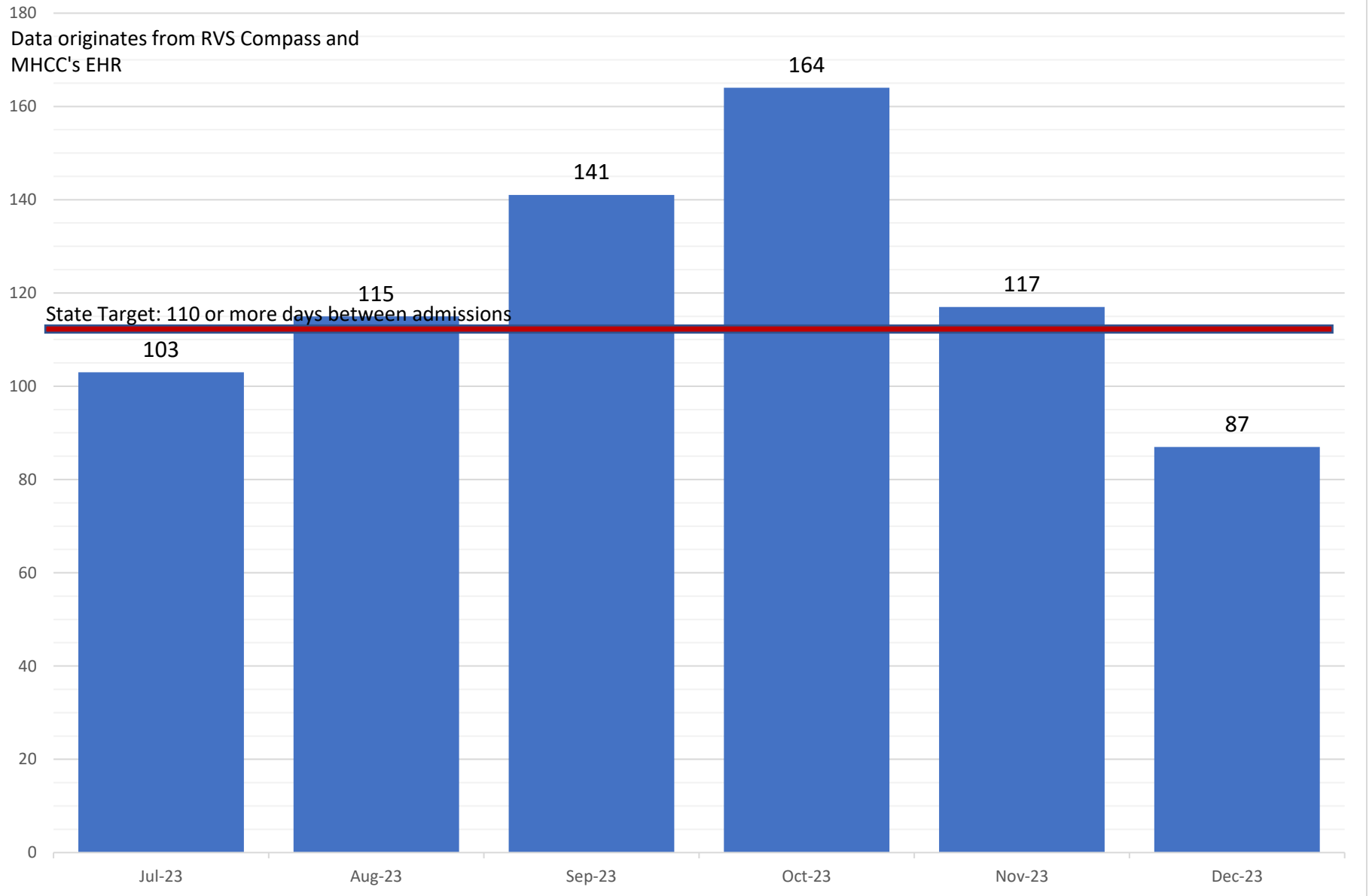
*FY 23-24 data source: combination of Region V Compass and provider reporting

The number of consumers with emergency protective custody readmissions within 30, 180, and 396 days in the Region V geographical territory
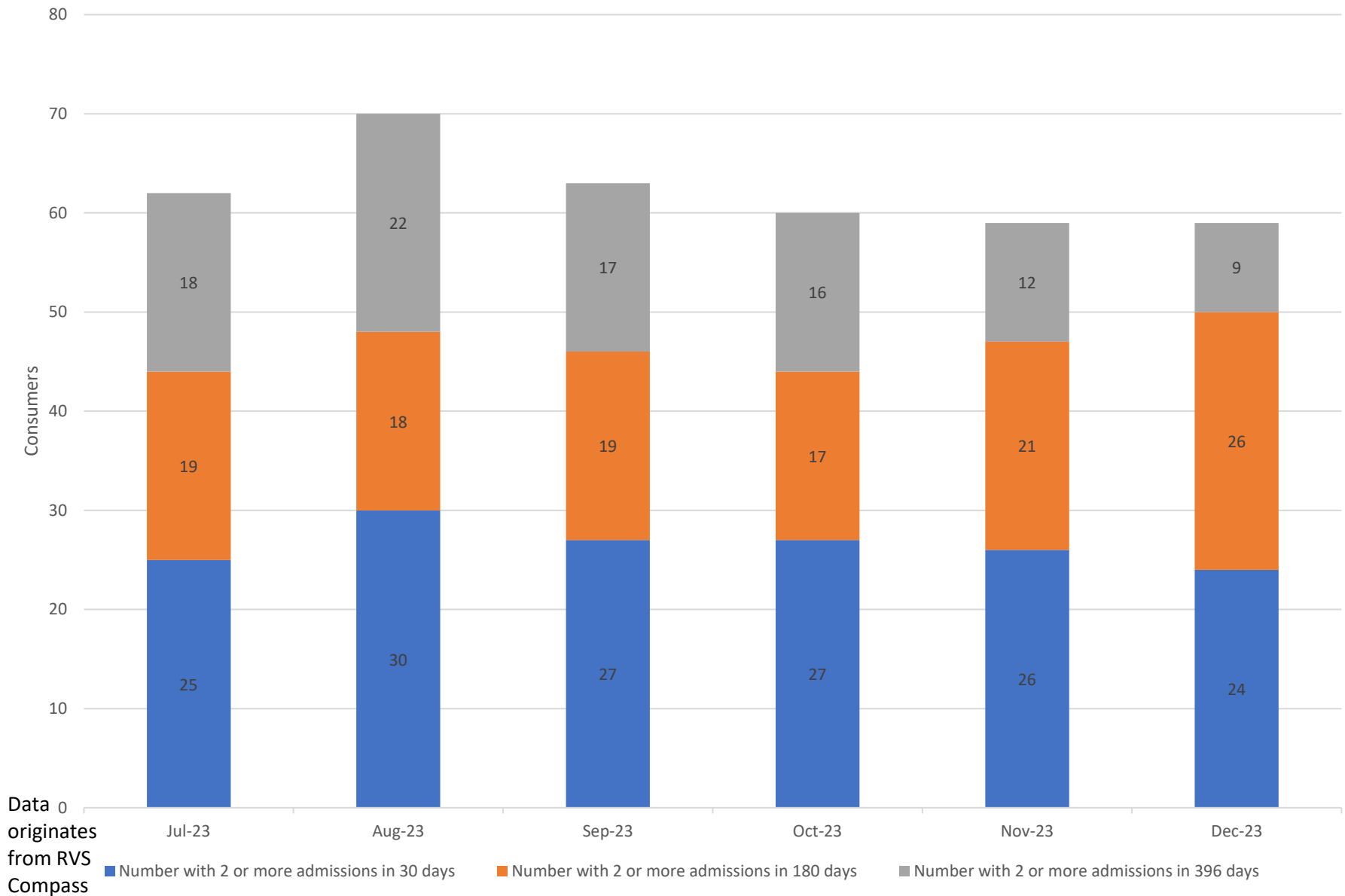
Data originates from RVS Compass

■ Number with 2 or more admissions in 30 days   ■ Number with 2 or more admissions in 180 days   ■ Number with 2 or more admissions in 396 days

*FY 23-24 data source: combination of Region V Compass and provider reporting

18

Number of consumers with 4 or more emergency protective custody admissions in 13-month time period in the Region V geographical territory

Data originates from RVS Compass

*FY 23-24 data source: combination of Region V Compass and provider reporting

Emergency QIAP steps:

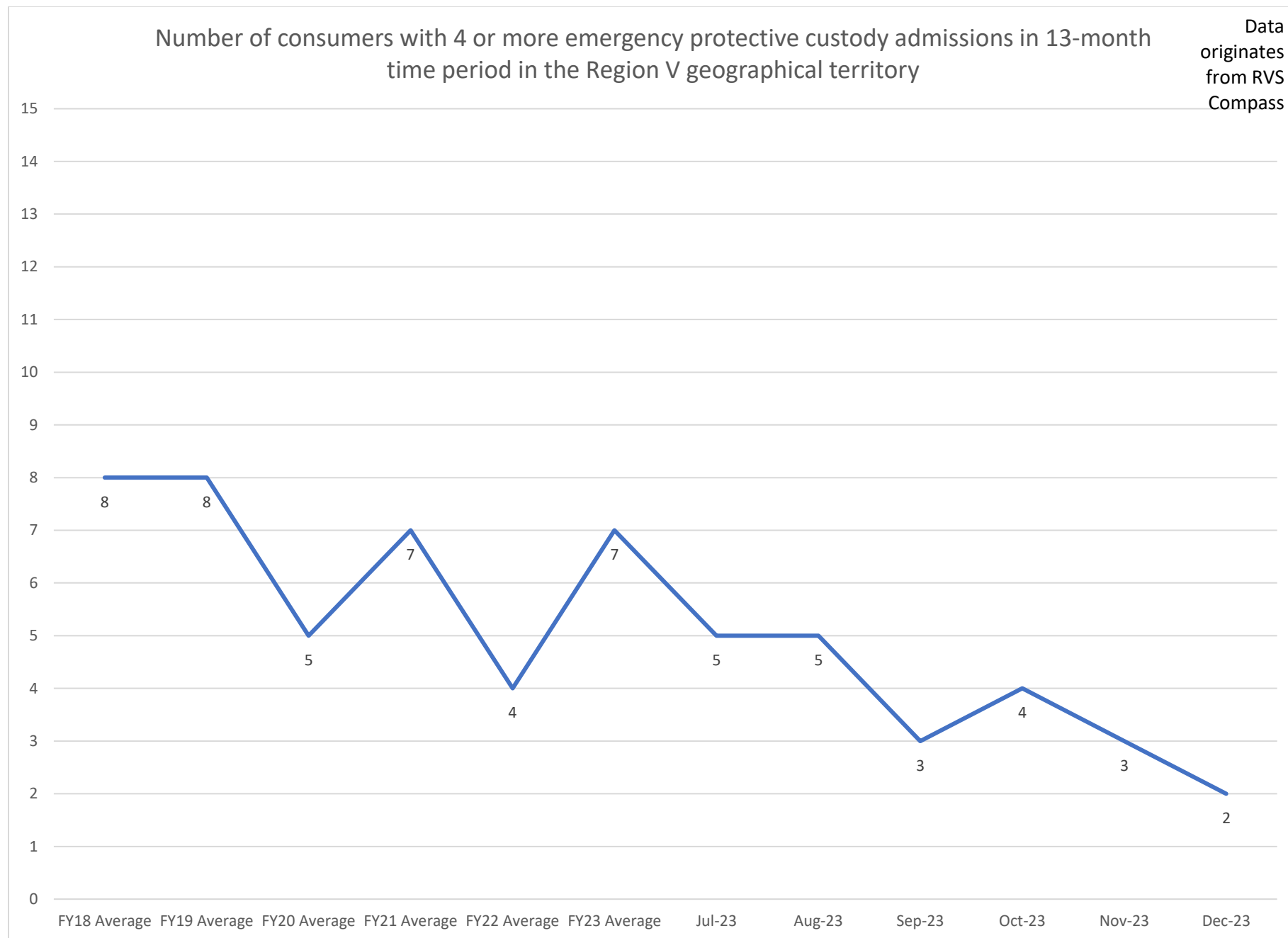- Continue to offer Behavioral Health Threat Assessment Training annually to law enforcement and clinicians, and recently for Lincoln Fire and Rescue.
- Crisis Response teams divert EPC's when a mental health crisis occurs.
- Plans for one continue to be developed for consumers.
- Weekly a "high utilizers" (H.U.R.T.) meeting occurs with the Lancaster County Crisis Center, Region V Systems, and applicable community providers to discuss supports, what is working/not working, needs, strengths, treatment histories, engagement efforts, problem solving, and treatment approaches with an effort to support the person in the community.
- CenterPointe has a crisis response team and open access, which has impacted the number of people being treated voluntarily.
- A new secure residential treatment program at Integrated Behavioral Health increases access to treatment for people in the community, beginning December 2020.
- Implementation of Evidence Based Practices – Dialectical Behavioral Therapy & Motivational interviewing.
- Monthly meeting of Statewide Emergency Coordinators
- Implementation of 988
- In development of/negotiations for Voluntary Crisis Center (crisis stabilization & respite for adults)
- Navigator service in Rural Southeast Nebraska through the Mental Health Association of Nebraska REAL program
- The Mental Health Crisis Center has continued to advocate for long-acting injectable usage in the community. The MHCC added a social worker in the Spring of 2022 to provide direct service/treatment to individuals.
- There has been an increase in length of stay and severity due to more people being admitted after using methamphetamine.

Region V Systems Service Enhancement: Medication Management
Network Measure Categories: Access, Effectiveness, Satisfaction

Lutheran Family Services: Service Enhancement: Medication Support							
Goal	Outcome	Data source	FY 23	FY 24			
				Q1	Q2	Q3	Q4
Participants will experience increased engagement in medication management	**% of participants whose wait time is less than 2 weeks for admission** Baseline: 78.19% (10/1/2019-9/30/2020) Target: 85%	LFS	95% (452/477)	91% (97/107)	92% (95/103)	-	-
People will experience increased access to mediation management	**89% or more of participants will report timely access to services via agency survey as indicated by a selection of "strongly agree" or "agree"** Baseline: 87% (1/1/2020-9/30/2020) Target: 89%	LFS	86% (124/144)	83% (15/18)	85% (22/26)	-	-

Blue Valley Behavioral Health: Service Enhancement: Medication Support							
Goal	Outcome	Data source	FY 23	FY 24			
				Q1	Q2	Q3	Q4
Participants will experience increased engagement in medication management	Establish a baseline & target of the number & percentage of participants who have a wait time of less than 2 weeks for admission	BVBH	33% (13/39)	22% (2/9)	37% (3/8)	-	-
People experience less distressing symptoms from their presenting problem as a result of quicker visits with a prescriber for medications	The average number of days between when a person calls for a medication management appointment with a prescriber and the date the appointment occurs will be 29 days or less Baseline: 30 Days (Industry Standard) Target: 29 Days	BVBH	23 Day Average	28 Day Average	21 Day Average	-	-
People's perception of medication management as timely by survey	Services are available at times that are good for me Baseline (FY 19-20): 94% Target: 90%	BVBH	95% (135/142)	100% (23/23)	95% (47/49)	-	-

Service Enhancement: Behavioral Health Integration for Substance Use Disorder Residential						
Goal	**Outcome**	**Data source**	**FY 24**			
			Q1	**Q2**	**Q3**	**Q4**
Persons receiving primary case voucher services are more likely to remain in and complete substance use treatment, and show significant improvement in their overall DLA-20 score, as well as in the Health Practices domain	64% of consumers with a Bluestem appointment while in treatment will complete substance use treatment	Compass	N/A No appts.	N/A No appts.	-	-
	78% of consumers with a Bluestem appointment while in treatment will show significant improvement in their overall Daily Living Activities (DLA-20) score	DLA-20 Data (COMPASS)				

Region V Systems Service Enhancement: Therapeutic Community at St. Monica's
Network Measure Category: Effectiveness

Goal	Outcome	Data source	FY23	FY 24				
				Q1	Q2	Q3	Q4	Total
Women graduating* will increase their competencies in parenting their children while sober. *regardless of funding source	75% of women leaving will demonstrate statistical improvement when comparing baseline and discharge DLA-20 scores Baseline: 71% (FY 16-20) Target: 75%	St. Monica's	63% (5/8)	0% (0/1)	100% (1/1)	-	-	-
	The proportion of women who have their children placed with them within 90 days will be above 75%. Baseline: 87.5% Target: 75%	St. Monica's	82% (14/17)	100% (2/2)	60% (3/5)	-	-	-
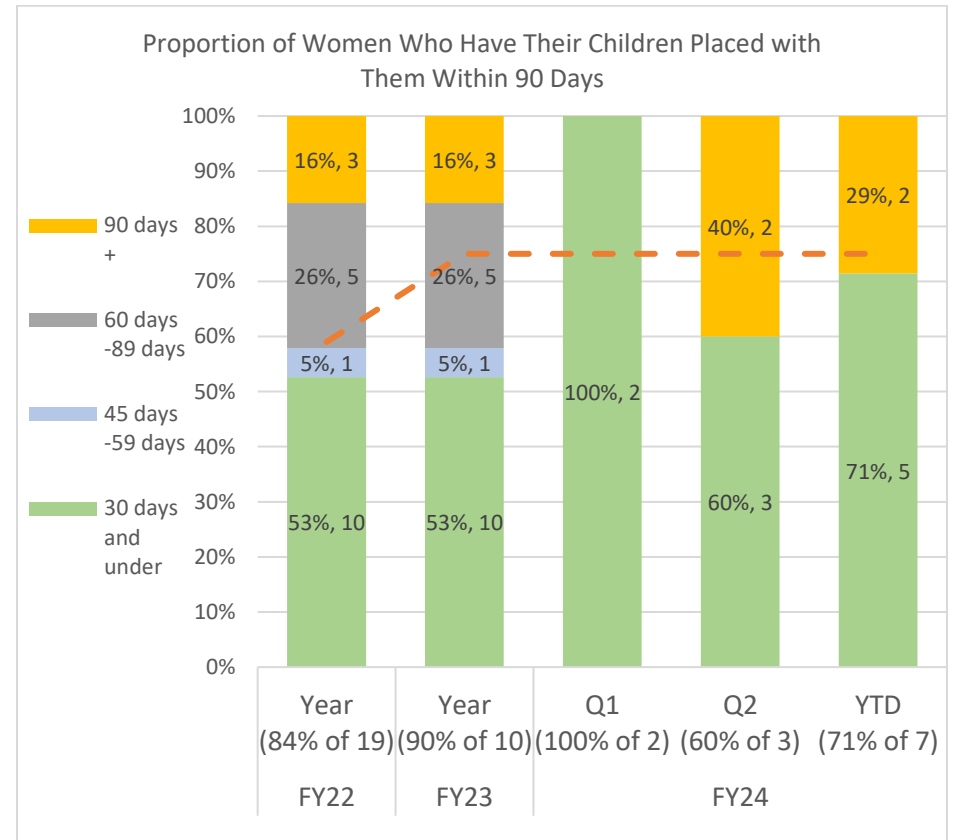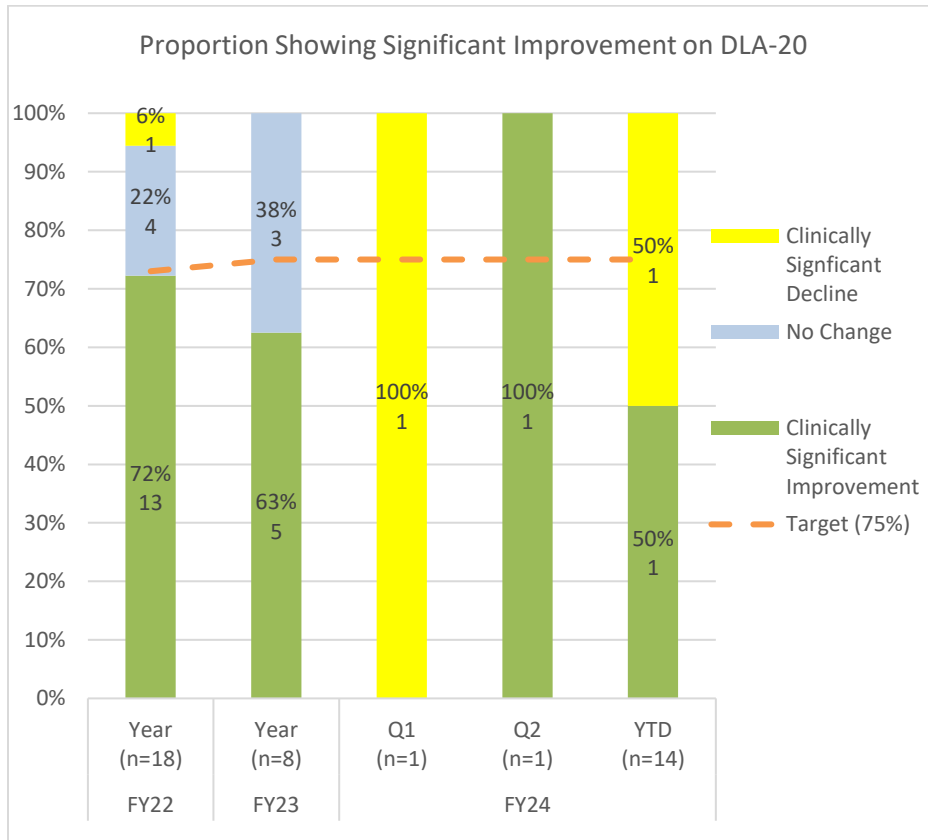
Proportion Showing Significant Improvement on DLA-20

Proportion of Women Who Have Their Children Placed with Them Within 90 Days

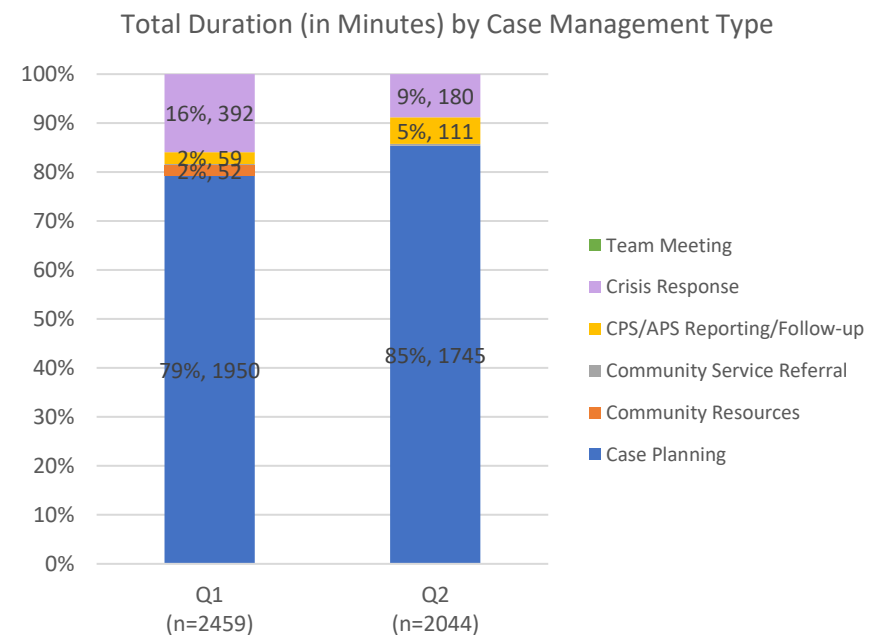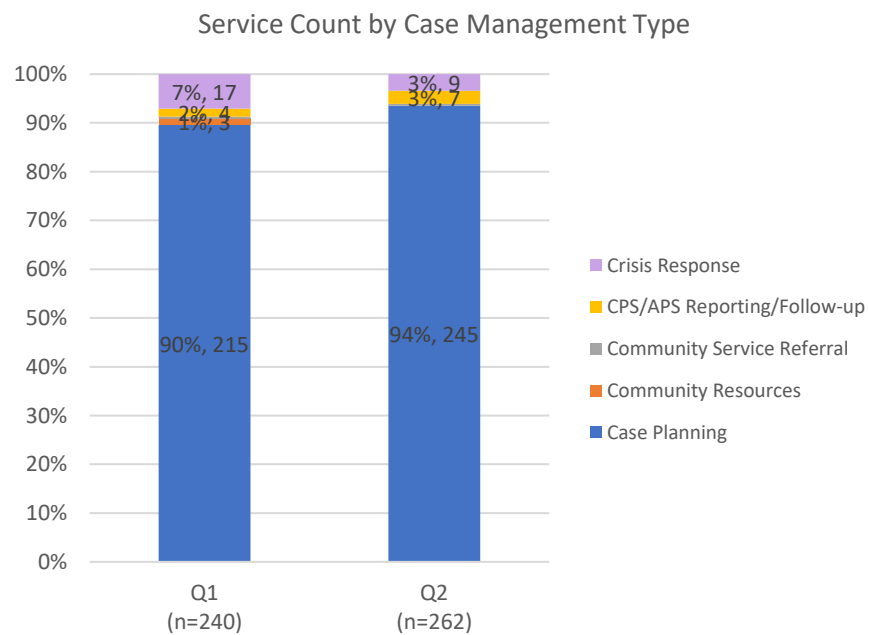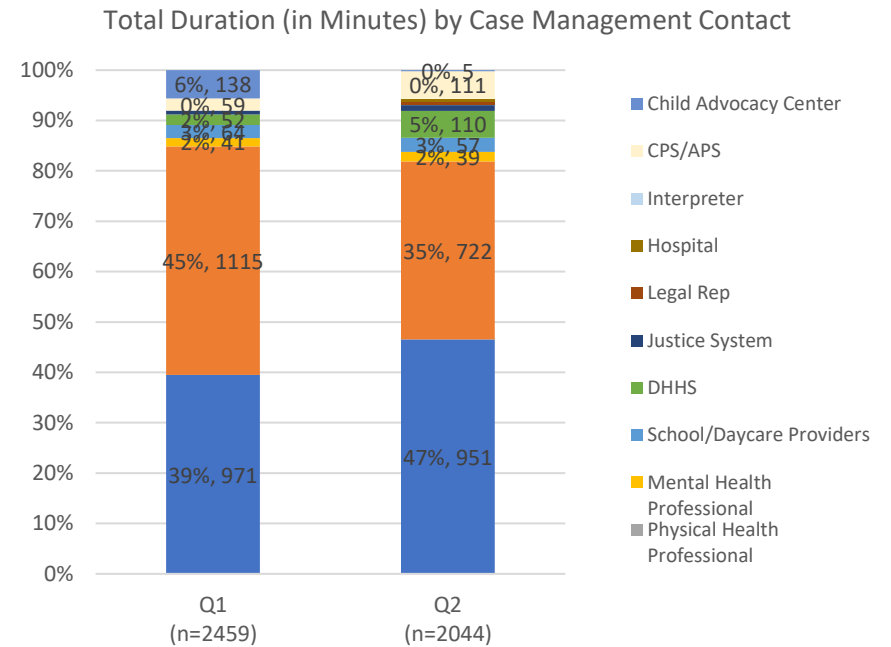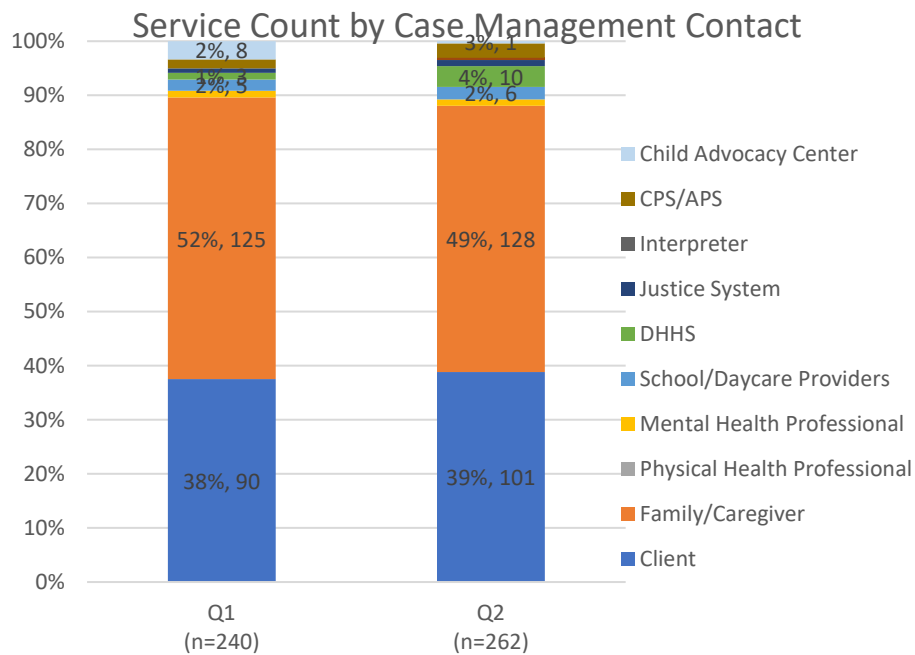| Blue Valley Behavioral Health: Service Enhancement: Outpatient Therapy-Rural Office							
Goal	Outcome	Data source	FY23	FY 24			
				Q1	Q2	Q3	Q4
People have increased access to mental health/substance services.	Individual consumer data is collected with initial call date requesting an appointment and actual appointment date, resulting in the number of days. All days between these two days are averaged. Baseline: 17 Days Target: <14 days	BVBH	11 Days	10 Days	7 Days	-	-
People will have access to a mental health/substance use provider via **Telehealth**	The number of total people utilizing Telehealth for outpatient mental health/substance use service appointments Baseline: 9% (174/1829) FY 18-29 Target: 30%	BVBH	27% (241/887)	16% (24/148)	18% (32/169)	-	-

HopeSpoke: Service Enhancement: Outpatient Expense Based-Case Management					
Goal	Outcome	Data source	FY 22-23	FY 23-24 Q1	FY 23-24 Q2
Youth clients and parents of youth clients will agree that the case management and collaboration that their therapist provided during their or their child's care was beneficial and essential to meeting the set therapy goals in response to this item on the Client Satisfaction	**% youth clients and parents of youth clients will mark agree or strongly agrees to this question** Baseline: 91.7% (FY 19-20) Target: 89% ** Survey is completed 2x/year.*	Hope Spoke	91% 133/146	N/A*	90.38% 47/52
% of Lincoln Public School Collaborators will agree that the case management and collaboration that their HopeSpoke Therapist provided at their or their school site was beneficial and essential to meeting the set therapy goals for their students in response to this item on the Year End School Program Satisfaction Survey completed at the end of the school year.	**% of respondents will mark agree or strongly agree to this question** Baseline: 86.2% (FY 20-21 year-end survey) Target: 85% **Reported on at end of school year*	Hope Spoke	94% 29/31		N/A

HopeSpoke: Service Enhancement: Outpatient Expense Based-Case Management					
Goal	**Outcome**				
Youth receiving school-based therapy services provided by a HopeSpoke therapist at their school site will demonstrate a decrease in difficulties/distress as evidenced by improvement in SDQ (Strengths and Difficulties Questionnaire) scores that are measured at the time of intake and discharge (or start and end of school year).	**Participant SDQ scores will improve between pre and post scores (data source: HopeSpoke/Lincoln Public Schools report)**		**Baseline**	**FY22**	**FY23**
	Increase the proportion of those at <u>low risk</u> by **5%** from pre to post intervention for any disorders, emotional disorders, behavioral disorders and hyperactivity/ concentration disorders.	*Impact*	5.8%	2%	**4-10 year olds** / **11-17 year olds**
		Emotional	9.2%	-3%	12% / 0%
		Conduct	8.5%	-7%	1% / -2%
		Hyperactivity	5.6%	4%	11% / 0%
	Decrease the proportion of those at <u>high-risk</u> by **3%** from pre to post intervention for emotional disorders and behavioral disorders.	*Emotional*	-3.1%	8%	-11% / -3%
		Conduct	-4.9%	5%	-3% / 0%

25

HopeSpoke: Service Enhancement: Outpatient Expense Based-Case Management			FY 22-23		FY 23-24	
Outcome	Measures	Data source	Q3	Q4	Q1	Q2
Establish a baseline of the types of case management activities and utilization as compared to the total population served	**% of total persons served who had at least one case management contact** Baseline: 38% (FY 20-21 Q2) Target: 43%	HopeSpoke	43% (170/393)	53% (195/371)	35% (127/361)	34% (133/392)
	Average number of case management contacts per person served with at least 1 cm contact Baseline: 1.9 (FY 20-21 Q2) Target: 2.5 or longer		2.59 (440/170)	2.15 (420/195)	1.89 (240/127)	1.97 (262/133)
	Average duration of case management contacts per person served (in minutes) with at least 1 cm contact Baseline: 14.7 minutes (FY 20-21 Q2) Target: 20 minutes or longer		24.51 Minutes (4167/170)	21.65 Minutes (4222/195)	19.36 Minutes (2459/127)	15.37 Minutes (2044/133)

See below for additional charts

Service Count by Case Management Contact

Q1 (n=240):
- Client: 38%, 90
- Family/Caregiver: 52%, 125
- Mental Health Professional: 2%, 3
- DHHS: 1%, 3
- Child Advocacy Center: 2%, 8

Q2 (n=262):
- Client: 39%, 101
- Family/Caregiver: 49%, 128
- School/Daycare Providers: 2%, 6
- DHHS: 4%, 10
- CPS/APS: 3%, 1

Legend:
- Child Advocacy Center
- CPS/APS
- Interpreter
- Justice System
- DHHS
- School/Daycare Providers
- Mental Health Professional
- Physical Health Professional
- Family/Caregiver
- Client

Total Duration (in Minutes) by Case Management Contact

Q1 (n=2459):
- Case Planning/Client: 39%, 971
- Family/Caregiver: 45%, 1115
- Mental Health Professional: 2%, 41
- DHHS: 3%, 64
- School/Daycare Providers: 2%, 52
- Interpreter: 0%, 59
- Child Advocacy Center: 6%, 138

Q2 (n=2044):
- Client: 47%, 951
- Family/Caregiver: 35%, 722
- Mental Health Professional: 2%, 39
- School/Daycare Providers: 3%, 57
- DHHS: 5%, 110
- CPS/APS: 0%, 111
- Child Advocacy Center: 0%, 5

Legend:
- Child Advocacy Center
- CPS/APS
- Interpreter
- Hospital
- Legal Rep
- Justice System
- DHHS
- School/Daycare Providers
- Mental Health Professional
- Physical Health Professional

Service Count by Case Management Type

Q1 (n=240):
- Case Planning: 90%, 215
- Community Resources: 1%, 3
- CPS/APS Reporting/Follow-up: 2%, 4
- Crisis Response: 7%, 17

Q2 (n=262):
- Case Planning: 94%, 245
- CPS/APS Reporting/Follow-up: 3%, 7
- Crisis Response: 3%, 9

Legend:
- Crisis Response
- CPS/APS Reporting/Follow-up
- Community Service Referral
- Community Resources
- Case Planning

Total Duration (in Minutes) by Case Management Type

Q1 (n=2459):
- Case Planning: 79%, 1950
- Community Resources: 2%, 52
- CPS/APS Reporting/Follow-up: 2%, 59
- Crisis Response: 16%, 392

Q2 (n=2044):
- Case Planning: 85%, 1745
- CPS/APS Reporting/Follow-up: 5%, 111
- Crisis Response: 9%, 180

Legend:
- Team Meeting
- Crisis Response
- CPS/APS Reporting/Follow-up
- Community Service Referral
- Community Resources
- Case Planning

27

Region V Systems Service Enhancement: Mental Health Crisis Center Clinician
Network Measure Categories: Access & Effectiveness

Service Enhancement Outcomes: Mental Health Crisis Center Clinician						
Goal	**Outcome**	**FY 23**	**FY 24**			
			Q1	**Q2**	**Q3**	**Q4**
People at the Lancaster County Mental Health Crisis Center who are committed inpatient will receive treatment to support their recovery journey.	Decrease the number of inpatient post commitment days at the Lancaster Mental Health Crisis Center (LMHCC) to less than the baseline of the 25-day average (2021 data). **Average length of stay** (length of stay = date of EPC admission to date of IPPC discharge)	61 Days* n = 37	66 Days* n = 7	61 Days* n = 37	-	-
People at Lancaster County Mental Health Crisis Center will receive regular service interventions to support their recovery.	The LMHCC will deliver on average 100% (20 hours) of direct service to the people served each week. Number of group, individual and family therapeutic sessions per week (numerator= # of hours delivered/denominator=expected hours/20)	150% (1590/1060 hours)	215% (559/260 hours)	150% (1590/1060 hours)	-	-
People served at the Lancaster County Mental Health Crisis Center experience a reduction in symptomology and/or improved functioning. The person served gets better/makes gains in their recovery.	Establish a baseline of the proportion of persons with an outpatient commitment who receive follow-up contact after discharging	-	96%* (25/26)	22%** (7/32)	-	-
Programming/services at Lancaster County Mental Health Crisis Center will be sensitive to any experienced or witnessed trauma of the person served.	Perception of Care: The program was sensitive to any experienced or witnessed trauma in my life? (Target: 60%)	57% (203/354)	61% (45/74)	41% (28/68)	-	-

*Corrected Number

**The position has been vacant since late October, leading to a lower number of follow-ups.

Region V Systems Reinvestment: Family & Youth Investment (FYI) Professional Partner High Fidelity Wraparound
Network Measure Categories: Access

Region V Systems Reinvestment: Family & Youth Investment (FYI) Professional Partner High Fidelity Wraparound						
Goal	**Outcome**	**Data source**	**FY 22-23**		**FY 23-24**	
			Q3	**Q4**	**Q1**	**Q2**
Reduce the existing Professional Partner Waitlist by 33%	**# of youth/transition-age young adults on waitlist (point-in-time at end of quarter)** Baseline: 46 Target: 31 or less	CDS	25 Youth	29 Youth	22 Youth	35 Youth
Resume/Sustain the provision of Professional Partner Crisis Response High Fidelity Wraparound to youth and families, transition-age young adults and schools following a crisis event discontinued at the conclusion of the System of Care grant	**# of youth/transition-age youth adults and their families** Baseline: not currently active Target: 20-24 (3 PP's X 12 Families X 3 Months in Quarter/2 priority populations)	CDS/RVS EHR	6 Persons Served 16 Service Months/ 54 Months Capacity=30%	7 Persons Served 19 Service Months/ 54 Months Capacity=35%	8 Persons Served 21 Service Months/ 54 Months Capacity=39%	7 Persons Served 18 Service Months/ 54 Months Capacity=33%
Increase access to High Fidelity Wraparound to youth/transition-age young adults admitted to acute/inpatient levels of care and to youth/transition-age young adults referred and not admit to acute/inpatient care	**# of youth/transition-age youth adults and their families served** Baseline: not currently active Target: 20-24	CDS/RVS EHR	14 Persons Served 41 Service Months/ 54 Months Capacity=76%	15 Persons Served 40 Service Months/ 54 Months Capacity=74%	16 Persons Served 39 Service Months/ 54 Months Capacity=72%	11 Persons Served 32 Service Months/ 54 Months Capacity=59%

Region V Systems Reinvestment: Expansion of Supported Housing
Network Measure Categories: Access & Effectiveness

Region V Systems Reinvestment: Expansion of Supported Housing							
Goal	**Outcome**	**Data source**	**FY 22-23**	**FY 23-24**			
				Q1	**Q2**	**Q3**	**Q4**
Reduce waitlist time for Supported Housing - SUD	**Average number of days waiting (Waitlist Confirmation Date to Waitlist Removal Date)** <u>Baseline</u>: 40 days (1/1/20-3/31/2021) <u>Target</u>: 14 days or less	CDS	22 Days	140 Days	62 Days	-	-
Increase the proportion of persons in Supported Housing – SUD bridging to HUD Housing/Self Sufficiency within 36 months	**% of participants bridging to HUD Housing/Self Sufficiency within 36 months** <u>Baseline</u>: 64% (FY 19-20) <u>Target</u>: 70%	CDS	67% (20/30)	67% (4/6)	63% (5/8)	-	-
Increase the proportion of persons in stable living when discharging from residential services (services included are listed to the right)	**% of participants in stable living when discharging from residential services** <u>Baseline</u>: 66% (FY17-Current) <u>Target</u>: 65% (Statewide) <u>Target</u>: 75% (Region)	CDS/RVS Compass CDS	Dual Disorder Residential – SUD, Halfway House – SUD, Intermediate Residential – SUD, Psychiatric Residential Rehabilitation – MH, Secure Residential – MH, Short Term Residential – SUD, Therapeutic Community – SUD, Mental Health Respite – MH, Mental Health Respite – SUD				
			64% (108/168)	68% (102/149)	61% (197/321)	-	-
			Dual Disorder Residential – SUD, Halfway House – SUD, Intermediate Residential – SUD, Psychiatric Residential Rehabilitation – MH, Secure Residential – MH, Short Term Residential – SUD, Therapeutic Community – SUD (*Mental Health Respite – MH & SUD not included*)				
			88% (36/41)	88% (29/33)	85% (55/65)	-	-

Reinvestment Outcomes: CenterPointe's Mobile Crisis Response						
Goal	**Outcome**	**Location**	**FY23 Q3**	**FY23 Q4**	**FY 23-24 Q1**	**FY 23-24 Q2**
CenterPointe will divert 80% of **adult** crisis contacts from an emergency protective custody (EPC) or hospitalization.	80% of **adult** crisis response contacts will be diverted from an emergency protective custody (EPC) or hospitalization	Community/ Mobile	93% (14/15)	75% (18/24)	93% (27/29)	80% (12/15)
	Baseline 96% of community-based, 99% of office-based (FY22)

Target: 80% of adults | Office | 99% (157/158) | 100% (149/149) | 98.8% (163/165) | 98.6% (146/148) |
| CenterPointe will divert 80% of **youth** crisis contacts from hospitalization. | 80% of **youth** crisis response contacts will be diverted from hospitalization | Community/ Mobile | 86% (6/7) | 80% (8/10) | 100% (11/11) | 100% (13/13) |
| | Baseline: 98% of community-based, 99% of office-based (FY22)

Target: 80% of youth | Office | 100% (22/22) | 100% (20/20) | 100% (19/19) | 97.3% (36/37) |
| When responding to the crisis event CenterPointe will report what agencies and the types of services the person served were referred to at the end of the contact. | See Table Below | | | | | |
| Establish a baseline of the number and percentage of in-person crisis response vs. telehealth crisis response. | Establish a baseline of the number and percentage of in-person mobile crisis response vs. telehealth crisis response.

Baseline: 1% (FY22)

Target: To Be Determined | Community/ Mobile | Telehealth – 0% (0/22) | Telehealth – 0% (0/34) | 0% (0/40) | Telehealth – 3.6% (1/28) |

31

CenterPointe Reinvestment Outcome Goal 3: Types and Services Referred to Crisis Contacts

Number of Referrals	FY 22-23		FY 23-24		Number of Referrals	FY 22-23		FY 23-24	
	Q3	Q4	Q1	Q2		Q3	Q4	Q1	Q2
988		1	1	2	LPAC				1
24/7 Crisis line	4				LPD			2	2
Al-Anon	1				LPS			1	
American Job Center		1			Lutheran Family Services	4	3	2	2
ASI					Matt Talbot		3	4	
Barnabas					MHA			1	
Blue Valley					Monarch Therapy				
Bluestem					Mourning Hope	1	2	1	
Bryan		6			Nebraska Peace of Mind	1			
Catholic Social Services					Other Community Provider Their psych provider		1		
CenterPointe	74	90	19	105	OUR Homes				1
Child Advocacy Center		1	2		Oxford House				
Clinic with a Heart	1				People's City Mission	5	6	12	5
Community Action		2	1		Plaza West	1			
CPS					Project Connect				
Crisis Center					REAL Program Peer Support				
Current Therapist	2				Saint Joseph Catholic Church		1		
DHHS					SCC				
DMV					Section 8		1		
Families Inspiring Families			1		Social Security				
Fresh Start			1		St Elizabeth's Hospital				
Friendship Home	2		3	1	St. Monica's			1	
Gathering Place					TAALK non-offending parent support group		1		
Genesis, Cheney, Lorraine, Monarch Counseling					The Bridge	9	4	6	4
Grace Church			1		The Gathering Place		1		
Health Department	1				Touchstone	1			
HopeSpoke			1		United Ministries				
Hospital	6		19	25	VA		2		
IBHS				1	Voices of Hope	2	2	4	1
Independence Center	1				Warm Line	5	18	33	23
Keya House		2	3	3	Wellbeing Initiative				2
Lancaster Co Emergency Rental Assistance					Wells Fargo				
Lancaster Co Victim Advocate					zTrip				
Legal Aid, Community action.	1								
LFS					**Total**	122	148	209	178

Region V Systems Reinvestment: TASC Expansion of Recovery Support to Rural Region V
Network Measure Categories: Access & Effectiveness

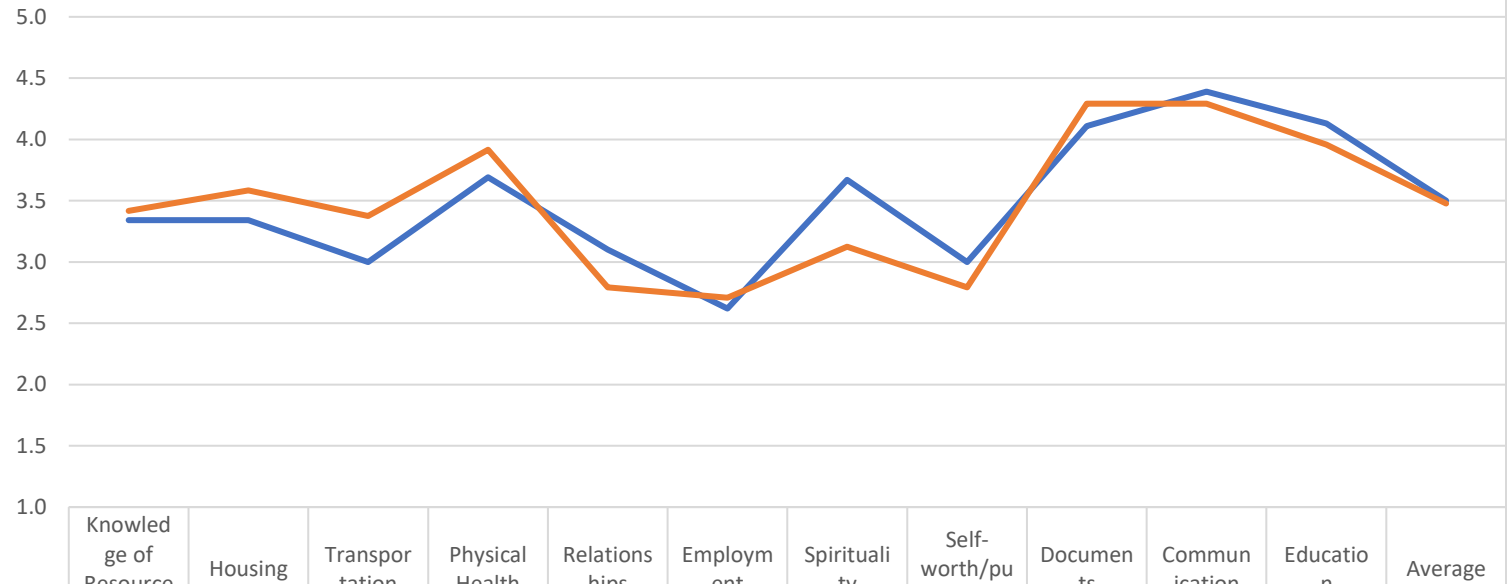| Reinvestment Outcomes: TASC Expansion of Recovery Support to Rural Region V					
Goal	**Outcome**	**FY 23-24**			
		Q1	**Q2**	**Q3**	**Q4**
Expand Recovery Support services to promote successful independent community living by assisting individuals in achieving behavioral health goals and supporting recovery through active case management and crisis relapse prevention	Reduction in length of stay in ERCS from 105 days to 90 days or less. Baseline 105 days. Target: 90 days or less.	Average Length of Stay: **89 Days** N = 55	Average Length of Stay: **94 Days** N = 62	- -	- -

Reinvestment Outcomes: MHA REAL Expansion to Rural Region V							
Goal	**Outcome**	**Data Source**	**FY23**	**FY24**			
				Q1	**Q2**	**Q3**	**Q4**
The people served in BH Peer Navigation service provided by the Mental Health Association of Nebraska through the REAL program are LOCATED	85% of all people referred to MHA Navigation service are located. (Include numerator = people LOCATED/denominator = ALL people referred) Baseline: 85%, REAL in Lincoln	MHA	90% (71/79)	83% (25/30)	91% (40/44)	-	-
People located by the BH Peer Navigation service provided by the Mental Health Association of Nebraska will be ENGAGED	65% of all people LOCATED by the BH Peer Navigation service will be ENGAGED by MHA. (Include numerator = people engaged/denominator = all people located (i.e., Numerator from Outcome1.1) Baseline: 65%, REAL in Lincoln	MHA	91% (63/69)	88% (22/25)	78% (31/40)	-	-
People served in BH Peer Navigation service provided by the Mental Health Association of Nebraska will identify their presenting problems as outlined by the quality-of-life scale	Establish a baseline of the number	MHA	See chart below				
People served by the BH Peer Navigation service provided by the Mental Health Association of Nebraska through the REAL program will get identified needs met through local resources and decrease calls to Law Enforcement.	Of the people who ENGAGE with BH Peer Navigation, establish a baseline of the number of calls that the person called Law Enforcement (LE) after the referral was made (from time LE referred the person to MHA) until discharge	MHA	23% (13/57)	14% (3/22)	10% (3/31)	-	-

Provider continues to participate in outreach efforts with sheriffs, police departments, county attorneys, and jails in the rural Region V service area. Consultation occurred with Region V Systems staff in January 2023 to brainstorm additional efforts that could be made to educate rural law enforcement and increase referrals.

Quality of Life Attainment Scale Average Admission Scores
Mental Health Association of NE- REAL Rural

5: Thriving, Basic Needs Exceeded
4: Secure, In Transition
3: Basic Needs Met
2: Vulnerable, In Transition
1: Basic Needs Unmet

	Knowledge of Resources	Housing	Transportation	Physical Health	Relationships	Employment	Spirituality	Self-worth/purpose	Documents	Communication	Education	Average
FY 22-23 (n=61)	3.3	3.3	3.0	3.7	3.1	2.6	3.7	3.0	4.1	4.4	4.1	3.5
FY 23-24 Q1-2 (n=24)	3.4	3.6	3.4	3.9	2.8	2.7	3.1	2.8	4.3	4.3	4.0	3.5

Region V Systems Reinvestment: Evidence-Based Practice of Dialectical Behavior Therapy (DBT)

The following agencies/programs were approved as Evidence-Based Practice providers of Dialectical Behavior Therapy in the Region V Systems Network in January 2023.

Agency	Service(s)	Approval Term
CenterPointe	Dual Disorder Residential	1-year, expiring January 31, 2024 – **have since moved to DBT Informed**
Integrated Behavioral Health Services	Outpatient Psychotherapy, Residential	2-year, expiring January 31, 2025
Lincoln Regional Center	Inpatient - Women's Program	2-year, expiring January 31, 2025 **have since moved to DBT Informed**
Lutheran Family Services	Outpatient Psychotherapy	2-year, expiring January 31, 2025
Telecare Recovery Center at Sarpy	Secure Residential	2-year, expiring January 31, 2025

- 7 agencies have participated in the implementation of the Evidence-Based Practice of Dialectical Behavior Therapy in one or more of their programs/services.
- Nine provider employees have participated in a DBT Train-the-Trainer process, representing 4 agencies. As of September 30, 2023 there are 5 remaining Train-the-Trainers
- Cohort 2 has begun, adding St. Monica's as a DBT provider.

In order to maintain this approval throughout the term the organization is required to:
- Submit, within 90-days of the approval date, a quality improvement action plan detailing how conformance to the recommendations will be obtained. Implement plan within 6 months.
- Submit annual fidelity attestations.
- Maintain ongoing conformance to the Evidence Based Practice Fidelity Monitoring and Evaluation Plan for Dialectical Behavior Therapy.
- For FY23-24 there were 23 new admissions served by providers trained in Dialectical Behavior Therapy. Below are a highlight of the outcomes measured.

DBT Outcome	Q1 (Admit n = 15, Discharge n = 12)		Q2 (Admit n = 8, Discharge n = 10)	
	Admit Number of Incidents within 1 year prior to admission	**Discharge** Number of Incidents within 3 months prior to admission	**Admit** Number of Incidents within 1 year prior to admission	**Discharge** Number of Incidents within 3 months prior to admission
Suicide Attempts	9	0	10	0
Number of ER Visits Related to Psychiatric Needs	74	1	19	0
Number of Days in Inpatient Psychiatric Hospitalization	710	0	141	0

Region V Systems Reinvestment: Evidence-Based Practice of Motivational Interviewing (MI)

Motivational Interviewing (MI) is a four-year project which will include 4 cohorts.

Cohort 1 began in FY 21-22 and included three agencies. All participants who completed cohort 1 attended MI Phase I, MI Phase II, one MI Booster session, submitted a 20-minute tape for review of MI skills, and attended a coaching session. Additionally, each agency identified agency leaders to participate in MI Leadership Training and team members to become MI Champions within the agency. Below is a recap of each agency that participated and the outcome at the end of FY 21-22:

- Lincoln Regional Center began cohort #1 with four individuals in the MI evidence-based practice track. All four individuals completed all requirements in FY 21-22
- Region V Systems began cohort #1 with 17 individuals and 16 individuals completed all requirements in FY 21-22. One individual was sick for part of the training and not able to complete requirements. This individual joined Region V Systems cohort #2 to complete all requirements.
- The Bridge Behavioral Health began cohort #1 with 6 individuals and determined that they did not have enough staff to meet all requirements of the MI evidence-based practice track at this time.

This Fiscal Year, individuals from Region V Systems and Lincoln Regional Center who completed cohort #1 participated in agency communities of practice offered by their agency MI Champions, two MI Booster sessions, and submit a 20-minute tape for review of MI skills along with attend a coaching session.
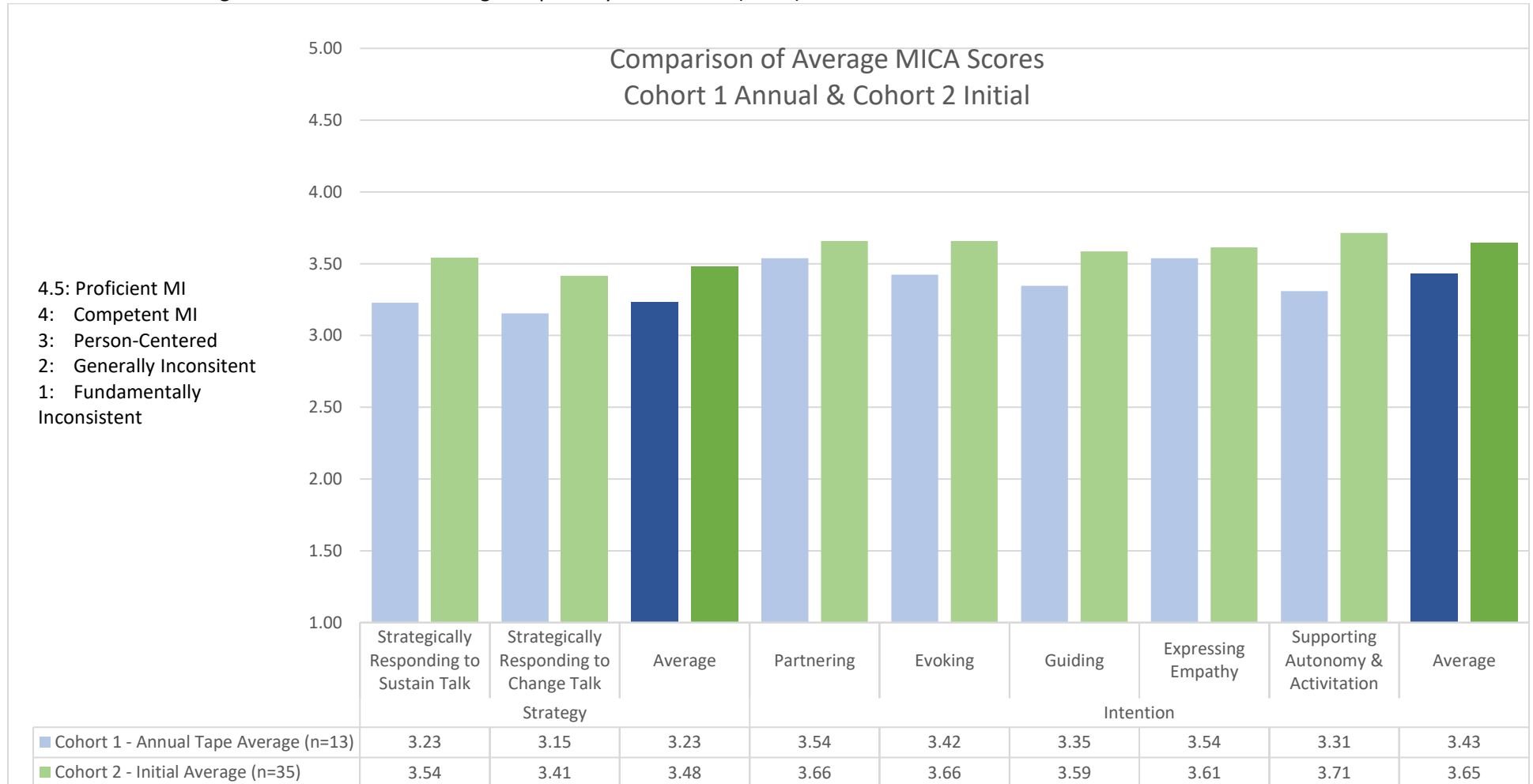
Cohort 2 began in FY 22-23 and included six programs/agencies. Individuals in cohort 2 are required to participate in MI Phase I, MI Phase II, two MI Booster session, submitted a 20-minute tape for review of MI skills, and attended a coaching session. Additionally, each agency identified agency leaders to participate in MI Leadership Training and team members to become MI Champions within the agency if they did not already have MI Champions. Below is a recap of each agency that participated and the outcome at the end of FY 22-23.

- Lincoln Regional Center began cohort #2 with 8 individuals in the MI evidence-based practice track and added an additional individual (Phase I and II completed through Bellevue) in May 2023. Only one individual completed all requirements and LRC determined they will not be able to continue with MI EBP in July 2023.
- Region V Systems began cohort #2 with 3 individuals in the MI evidence-based practice track; 3 individuals have completed requirements. Additionally, in FY 22-23 one of Region V Systems Champions stepped back. Region V Systems is now looking for another MI Champion to meet the required 2 MI Champions.
- CenterPointe began cohort #2 with 10 individuals in the MI evidence-based practice track; in October 2022 they added an additional individual (previously MINT Trained). 1 individual resigned and 1 individual is working to make up missed MI Booster sessions. CenterPointe has 9 individuals have completed requirements and 4 MI Champions who have competed MI Champion Requirements.
- House of Hope began cohort #2 with 4 individuals in the MI evidence-based practice track; 4 individuals have completed requirements. Houses of Hope has 2 MI Champions.
- Touchstone began cohort #2 with 4 individuals in the MI evidence-based practice track; 2 individuals have completed requirements. Touchstone will be using CenterPointe MI Champions.
- Integrated Behavioral Health Services began cohort #2 with 10 individuals in the MI evidence-based practice track; 8 individuals have completed requirements. IBHS has 5 MI Champions.

Status as of January 31, 2024:

- 7 agencies have participated in the implementation of the Evidence-Based Practice (EBP) of Motivational Interviewing in one or more of their programs/services.
- Cohort 2 MI Champions have completed Train-the-Trainer training for Phase I and will complete Phase II by June 30, 2024.
- There are 32 provider employees across 4 agencies with active Motivational Interviewing EBP programs. Additionally, there are 41 employees across 4 agencies in training to become part of EBP approved programs.
- CenterPointe and Integrated Behavioral Health Services are hosting Phase I trainings beginning in February 2024
- CenterPointe and Integrated Behavioral Health Services are hosting Phase II trainings beginning in April 2024
- All EBP participants are to submit tapes (Cohort 3 = initial tapes, Cohort 1 & 2 = annual tapes) for MICA coding in March 2024

The most recent average Motivational Interviewing Competency Assessment (MICA) scores for Cohort 1 and Cohort 2 are seen in the chart below.

Comparison of Average MICA Scores
Cohort 1 Annual & Cohort 2 Initial

4.5: Proficient MI
4: Competent MI
3: Person-Centered
2: Generally Inconsitent
1: Fundamentally Inconsistent

	Strategically Responding to Sustain Talk	Strategically Responding to Change Talk	Average	Partnering	Evoking	Guiding	Expressing Empathy	Supporting Autonomy & Activitation	Average
	Strategy			Intention					
Cohort 1 - Annual Tape Average (n=13)	3.23	3.15	3.23	3.54	3.42	3.35	3.54	3.31	3.43
Cohort 2 - Initial Average (n=35)	3.54	3.41	3.48	3.66	3.66	3.59	3.61	3.71	3.65

Region V Systems Service Outcome: Mental Health Respite
Network Measure Categories: Access

Service Outcomes: Mental Health Respite – MH & SUD					
Outcome	FY23	FY24 Q1	FY24 Q2	FY24 Q3	FY24 Q4
85% of clients will receive at least one referral or linkage to services.	89%	78%	95%	-	-
85% of clients will partially or fully meet their treatment goals	65%	87%	73%	-	-
Proportion of clients served who met with a nurse.	307 of 326	79 of 79	46 of 60	-	-
Proportion of clients served who met with a social worker	218 of 249	77 of 79	50 of 60	-	-