



Published February 14, 2022

# REGION **V** SYSTEMS ANNUAL REPORT FY 20-21

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*PROMOTING COMPREHENSIVE  
PARTNERSHIPS IN BEHAVIORAL HEALTH*



# ANNUAL LETTER TO STAKEHOLDERS

Dear Colleagues,

We would like to sincerely thank the Regional Governing Board members, the Behavioral Health Advisory Committee members, our Network Providers, the Department of Health and Human Services representatives, Legislative representatives, individuals we serve, and our many other stakeholders who help us carry out our strategic intent, “promoting comprehensive partnerships in behavioral health.”

As we rounded the corner going into FY 20-21, it was assumed that the COVID-19 Pandemic would “be under control,” and life would return to normal. Little could be further from the truth. The initial precautions put in place beginning March 2020 continued as we entered FY 20-21 and would continue to various degrees throughout FY 20-21. In addition, the impacts of Medicaid Expansion beginning October 1, 2020, began to be realized throughout the fiscal year. Network Providers adapted throughout this challenging period to ensure that all behavioral health services and supports were available to all individuals in need and seeking support towards their behavioral health needs. To support providers during this time, the Division of Behavioral Health approved the provision of alternative service delivery for a variety of services and supports. The Regions, in conjunction with the Division, partnered to provide support including “Covid Gap Funding” that enabled providers to bill for 100% of their contracts through January 2021 to maintain revenues and ensure the availability of behavioral health services and supports.

Here are a few highlights from FY 20-21:

## **Contract Management**

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

## **Reinvestment Funding**

Due to Medicaid Expansion, the overall capacity drawdown for services and supports decreased within the Regional behavioral health system. This initiated activities to review how these additional available funds could be reinvested in the Regional system. Proposals for expansion of identified services and one-time investments were developed in conjunction with Network Providers and submitted to the Division. Additional planning to receive stakeholder input began and a number of stakeholder virtual meetings were scheduled for July 2021. Proposals will be developed to enhance the overall behavioral health system (i.e., services, infrastructure, and community response solutions) and ultimately support the recovery efforts of persons served throughout the Region V geographic area.

## **Dialectical Behavioral Therapy and Motivational Interviewing**

Planning began with the Division of Behavioral Health and Region V to invest in the development of fidelity supported evidenced-based practices throughout the Region V Network. Dialectical Behavioral Therapy (DBT) and Motivational Interviewing (MI) were identified as two key strategies that would have significant impact for many consumers throughout the Region V behavioral health system. Long-term implementation plans were initiated with the intent of beginning the process of training and overall implementation beginning FY 21-22.

## **Consumer Coordination**

In an effort to maximize funding to promote consumer involvement throughout the Region V geographic area, a collaboration with Wellbeing Initiative was established. Wellbeing Initiative is a consumer-ran organization that provides activities to support consumer involvement. This pilot is intended to utilize an already established consumer-ran organization and its infrastructure to support the consumer coordination activities within Region V.

## **State Opioid Response**

Narcan has been widely dispersed throughout the Region V geographic area to first responders including, but not limited to, providers, law enforcement, fire and rescue. In partnership with DHHS and the Nebraska Pharmacists Association, a pilot project among selected pharmacies in Lancaster County was successful in providing free Narcan to concerned citizens. Due to community response, selected pharmacies across the state are also participating in providing free Narcan to individual community members. Narcan will continue to be made available to first responders and community members through the Opioid funding provided.

### **NebraskaBehavioralHealthJobs.com**

Since its inception, this website has had over **332,447** page views. The collaboration between the Behavioral Health Education Center of Nebraska (BHECN) and Region V Systems continued to explore how to make this free job posting website for behavioral health employers an ongoing useful tool. These efforts led to a **2.8%** increase in the number of jobs posted as compared to the previous fiscal year.

### ***Lincoln Permanent Housing (LPH) Grant***

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

### ***System of Care Continuous Quality Improvement***

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

### ***Prevention***

In partnership with the UNL Policy Center, suicide prevention efforts are priority due to suicide rates among people ages 15-24 throughout southeast Nebraska. Mental health promotion, programming, trainings, and resources have reached schools and communities across the Region. Fourteen evidence-based programs are utilized and promoted through the prevention coalitions. Through the Partnership for Success Grant, development of the website [www.TalkHeart2Heart.org](http://www.TalkHeart2Heart.org) offers stories of hope, resources, and education for adults and youth. The Region V Youth Action Board planned for regional youth events and assisted with disseminating messages of hope by placing yard signs at schools, churches, and neighborhoods throughout the Region.

### ***Nebraska Strong (Flood) Grant***

Region V continued to support individuals impacted by the 2019 spring flooding through a new SAMHSA grant following the completion of the FEMA Regular Service Program grant. Region V Systems' Outreach Workers provided information and supported behavioral health referrals when needed. The ongoing efforts provided support to individuals in Butler, Nemaha, Richardson, Saline, and Saunders counties throughout FY 20-21. In addition to the outreach activities, individuals who qualified were able to receive vouchers through the Rural Response Hot Line to aid in obtaining outpatient behavioral health services.

### ***Nebraska Strong (COVID-19) Grant***

Region V continued to participate in a statewide FEMA Crisis Counseling Program grant to provide outreach activities throughout the Region V geographic area. This grant allowed Outreach Workers to educate the public on how to engage in behavioral health self-care during the Pandemic as well as connect individuals with resources such as housing assistance, food pantries, and information regarding behavioral health services available in the area.

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



Dennis Byars  
Regional Governing Board Chair

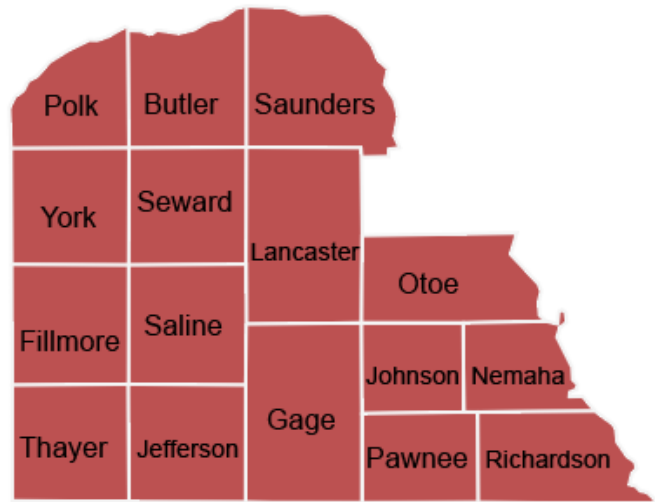
C.J. Johnson  
Regional Administrator

# WHO WE ARE

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

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

Region V Systems’ major functions are described in this report. For more information on Region V Systems, please visit our website at [www.region5systems.net](http://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 as well as evaluation and quality management</i>	<i>Advocacy and involvement of consumers in all aspects of service planning and delivery within the Region</i>	
<i>Evaluation and quality management</i>	<i>Fiscal management and accountability, including preparation of an annual budget and plan for the funding and administration of services</i>	

## REGIONAL GOVERNING BOARD (RGB)

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

- |   |  |
|---|--|
| Butler County ..... Ryan Svoboda                                      | Pawnee County ..... Jan Lang ( <i>Treasurer</i> )* |
| Fillmore County ..... Kenny Harre                                     | Polk County ..... Jerry Westring                   |
| Gage County ..... Dennis Byars ( <i>Chair</i> )*                      | Richardson County ..... John Caverzagie            |
| Jefferson County ..... Gale Pohlmann ( <i>Vice Chair, BHAC Rep</i> )* | Saline County ..... Janet Henning                  |
| Johnson County ..... Jim Erickson                                     | Saunders County ..... John Smaus                   |
| Lancaster County ..... Christa Yoakum ( <i>Secretary</i> )*           | Seward County ..... Ken Schmieding                 |
| Nemaha County ..... Larry Holtzman                                    | Thayer County ..... Dean Krueger                   |
| Otoe County ..... Dan Crownover                                       | York County ..... Bill Bamesberger                 |

\* Executive Committee members

# BEHAVIORAL HEALTH ADVISORY COMMITTEE (BHAC)

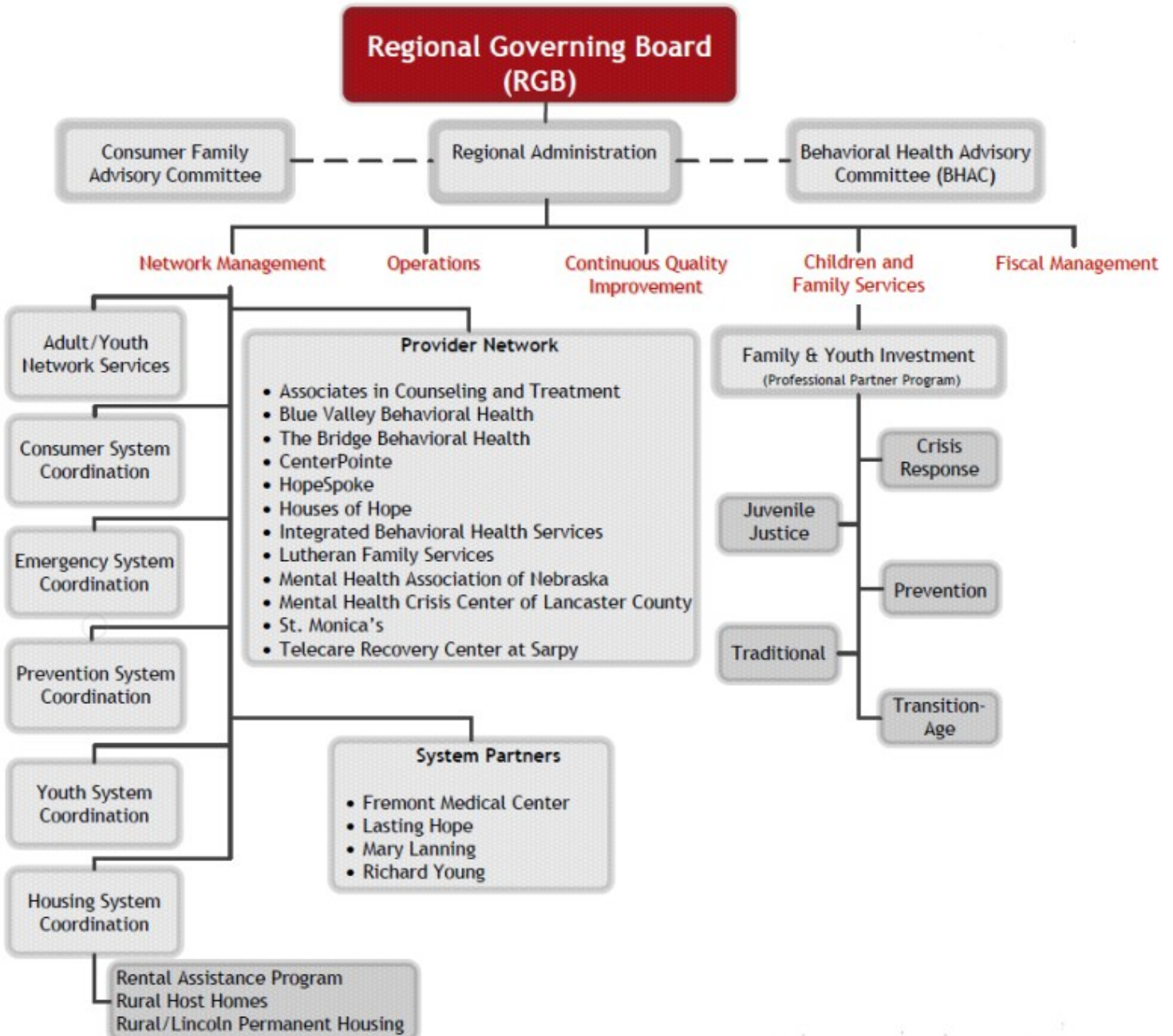
The Regional Governing Board (RGB) is required to appoint a Behavioral Health Advisory Committee, responsible for advising the RGB on behavioral health issues and funding allocations. Consideration for membership is given to geographic residence, direct and indirect consumers, cultural diversification,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

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

*Thanks to the past members of the FY 20-21 BHAC & RGB for your dedication and support toward the Regional System of Care:*

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

## GOVERNANCE STRUCTURE

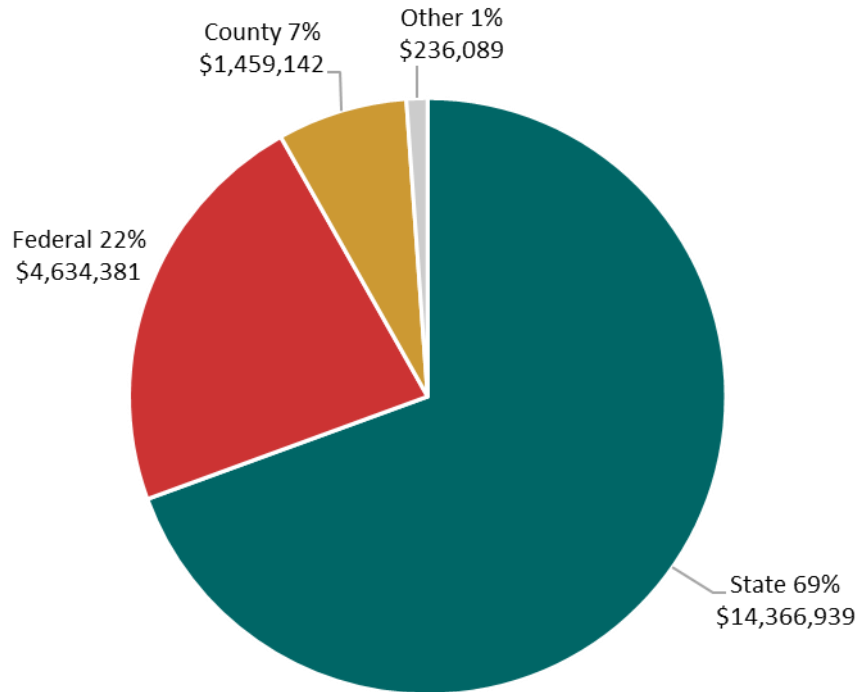


# FISCAL TRANSPARENCY

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

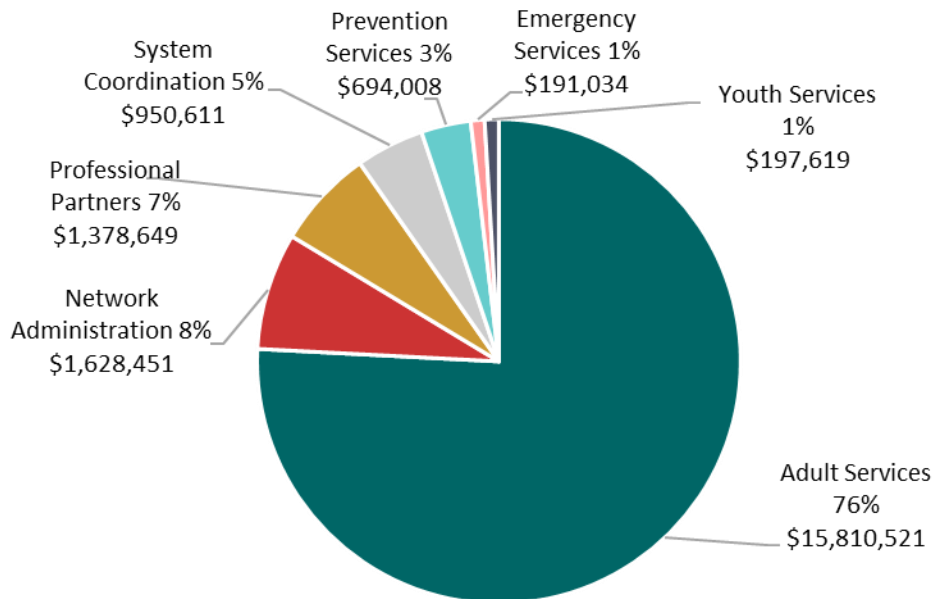
Region V then distributes funding through contracts with local providers and works with system partners that offer many levels of treatment and a broad array of services. To ensure contractual and financial compliance, Region V Systems’ staff conduct contract performance reviews and fiscal audits.

## FY 20-21 Funding \$20,696,551



*\*This page was updated following the Regional Governing Board's approval of the Annual Report on February 14, 2022, upon receipt of the final audit in September 2022.*

## FY 20-21 Expenditures \$20,850,894



This **publicly funded system** is only one part of the overall behavioral healthcare system in Nebraska. It is considered the *safety net* for those who **meet financial eligibility requirements, are uninsured, underinsured, or have no other means to pay for behavioral healthcare**. Other funding sources such as Medicaid, insurance companies, private businesses, and individuals themselves also influence the way behavioral health services are provided in the state.

# NETWORK ADMINISTRATION

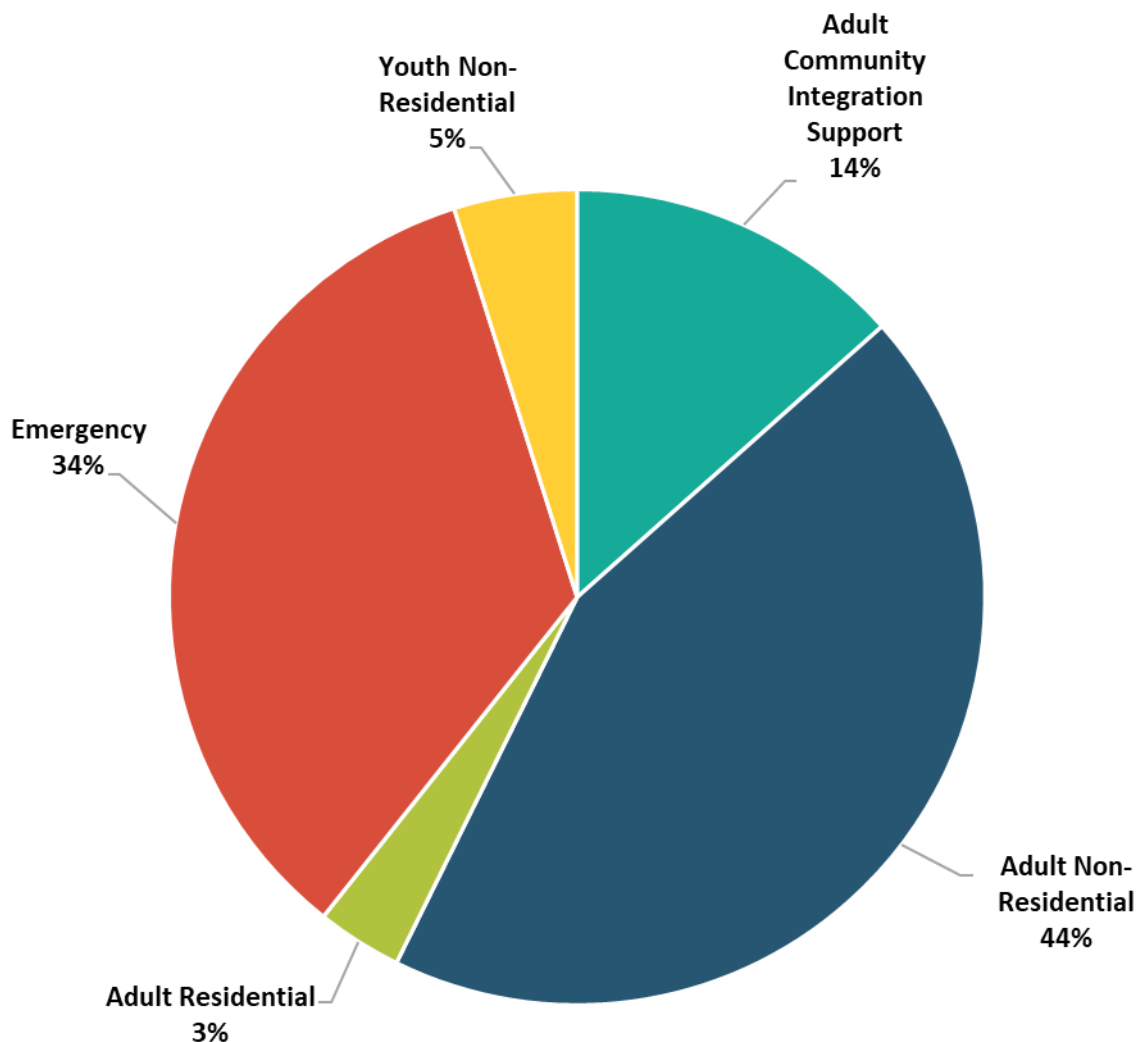
Region V Systems partners with state agencies, community partners, consumers, families, and other community primary care and behavioral health entities to support a system of care that is integrated and supports the Quadruple Aim of:

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

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

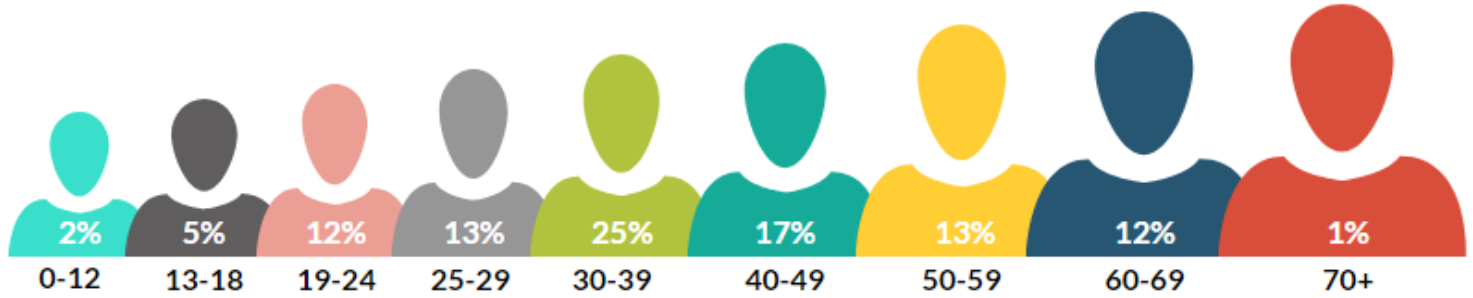
In FY 20-21, 12 agencies were in Region V Systems’ Provider Network, providing access to an array of quality behavioral health services that promote wellness and recovery. Services are categorized by level of care, including inpatient, residential, non-residential, community integration/support, children’s, and emergency, based on the intensity of treatment and supports needed. These services are designed to assist youth, adults, and families to reach the goal of recovery to live, work, and participate in their communities.

PERSONS SERVED BY LEVEL OF CARE



# BEHAVIORAL HEALTH DATA FOR REGION V-FUNDED SERVICES

## Age



	Mental Health	Substance Use Disorder	Total*
Unique Persons Served	5,775	1,994	6,976

County of Residence	County Residents Served	New Admissions FY 19-20**
Butler	89	105
Fillmore	60	73
Gage	440	491
Jefferson	111	120
Johnson	51	78
Lancaster	4,400	4,967
Nemaha	86	98
Otoe	196	209
Pawnee	29	23
Polk	45	52
Richardson	128	143
Saline	177	195
Saunders	136	166
Seward	139	131
Thayer	42	41
York	230	219
All Other including "Not Available" †	881	1,012
<b>Region Total</b>	<b>7,240***</b>	<b>8,123</b>

\* 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 20-21 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 20-21.

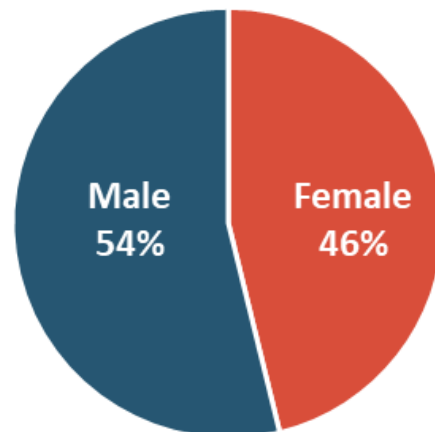
† There are services where County of Residence is not a required field at the time of admission and other services where it is not required at all.

## Race








- White (69.6%)
- Black/African American (6.6%)
- American Indian/Alaska Native (2.9%)
- Two or More Races (1.1%)
- Asian (0.6%)
- Native Hawaiian/Other Pacific Islander (0.4%)
- Other (2.8%)
- Not Specified (16%)































## Gender





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

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

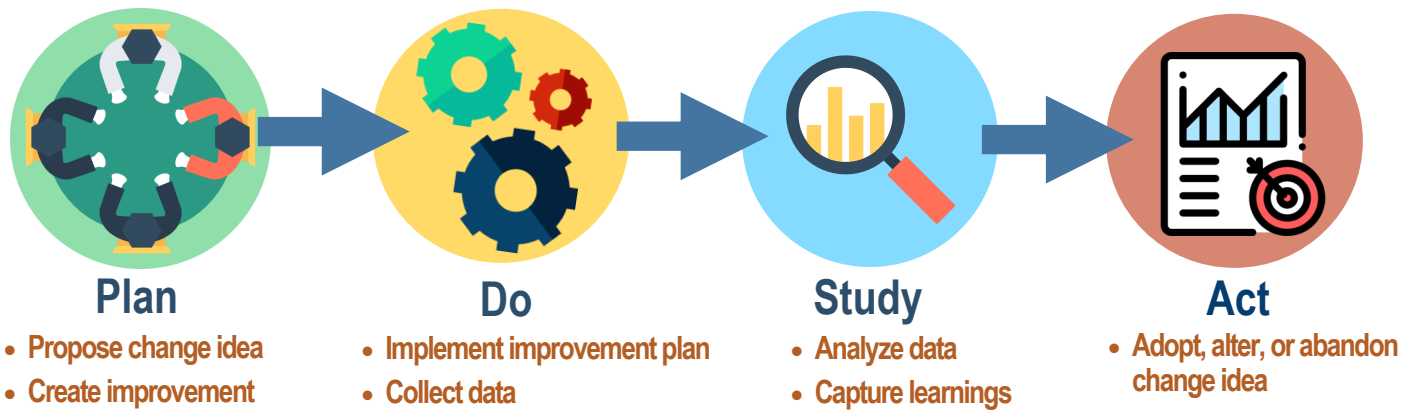
<b>Associates in Counseling and Treatment</b> 600 North Cotner Boulevard Ste. 119 Lincoln, NE 68505 Phone: 402-261-6667 <a href="http://www.actnebraska.org">www.actnebraska.org</a>		<b>Assessments - SUD</b>
<b>Blue Valley Behavioral Health</b> 1123 North 9th Street Beatrice, NE 68310 Phone: 402-228-3386 <a href="http://www.bvbh.net">www.bvbh.net</a>	   	<b>24-Hour Crisis Line; Community Support - MH; Intensive Outpatient - SUD; Medication Management; Outpatient Therapy - MH &amp; SUD; Assessments - SUD</b>  <i>Additional offices in Auburn, Crete, David City, Fairbury, Falls City, Geneva, Nebraska City, Pawnee City, Seward, Wahoo, York</i>
<b>The Bridge Behavioral Health</b> 721 'K' Street Lincoln, NE 68508 Phone: 402-477-3951 <a href="http://www.thebridgelinebraska.org">www.thebridgelinebraska.org</a>	  	<b>Emergency Protective Custody; Short-Term Residential - SUD; Intermediate Residential - SUD; Post-Commitment Days; Short-Term Respite; Passages Extended Respite; Social Detoxification; Medically Monitored Withdrawal Management - SUD</b>
<b>CenterPointe</b> 2633 'P' Street Lincoln, NE 68503 Phone: 402-475-8717 <a href="http://www.centerpointe.org">www.centerpointe.org</a>	   	<b>Community Support - MH &amp; SUD; Day Rehabilitation (MidPointe); Outpatient Therapy - MH &amp; SUD; Medication Management; Dual Disorder Residential; Assertive Community Treatment (PIER); Recovery Support-MH &amp; SUD; Projects in Assistance to Transition from Homelessness (PATH); Supportive Living; 24 Hour Crisis Line; Psychiatric Residential Rehabilitation (Community Transitions); Peer Specialist; SSI/SSDI Outreach Access and Recovery (SOAR); Youth Mobile Crisis Response</b>
<b>HopeSpoke</b> 2444 'O' Street Lincoln, NE 68510 Phone: 402-475-7666 <a href="http://www.hopespoke.org">www.hopespoke.org</a>	 	<b>Assessments - MH &amp; SUD; Outpatient Therapy - MH &amp; SUD; Therapeutic Consultation – MH</b>
<b>Houses of Hope</b> 1124 North Cotner Boulevard Lincoln NE 68505 Phone: 402-435-3165 <a href="http://www.housesofhope.com">www.housesofhope.com</a>	  	<b>Halfway House; Targeted Adult Service Coordination (TASC): Intensive Community Services - MH; Emergency Community Support - MH &amp; SUD; Crisis Response Team; Recovery Support – MH &amp; SUD; Short-Term Residential (Touchstone); Youth Mobile Crisis Response (TASC)</b>
<b>Integrated Behavioral Health Services</b> 1430 South St. Lincoln, NE 68502 Phone: 531-500-4429 <a href="http://www.ibhealthservices.com">www.ibhealthservices.com</a>		<b>Secure Residential</b>
<b>Lutheran Family Services</b> 2301 'O' Street Lincoln, NE 68510 Phone: 402-435-2910 <a href="http://www.lfsneb.org">www.lfsneb.org</a>	  	<b>Intensive Outpatient-SUD; Outpatient Therapy-MH &amp; SUD; Community Support -MH; Medication Management; Assessments – SUD; Peer Specialist</b>
<b>Mental Health Association of Nebraska</b> 1645 'N' Street Lincoln, NE 68508 Phone: 402-441-4371 <a href="http://www.mha-ne.org">www.mha-ne.org</a>	 	<b>Supported Employment (HOPE); Hospital Diversion (Keya House)</b>
<b>Mental Health Crisis Center of Lancaster County</b> 825 'J' Street Lincoln, NE 68508 Phone: 402-441-8276 <a href="http://www.lancaster.ne.gov/368/Mental-Health-Crisis-Center">www.lancaster.ne.gov/368/Mental-Health-Crisis-Center</a>		<b>Emergency Protective Custody; Emergency Crisis Assessment - SUD; Post-Commitment Days</b>
<b>Region V Systems</b> 1645 'N' Street Lincoln, NE 68508 Phone: 402-441-4343 <a href="http://www.region5systems.net">www.region5systems.net</a>	 	<b>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</b>
<b>St. Monica's</b> 120 Wedgewood Drive Lincoln, NE 68510 Phone: 402-441-3768 <a href="http://www.stmonicas.com">www.stmonicas.com</a>	  	<b>Outpatient Therapy-SUD; Short-Term Residential; Therapeutic Community; Peer Specialist</b>
<b>TeleCare Recovery Center at Sarpy</b> 2231 Lincoln Road Bellevue, NE 68005 Phone: 402-291-1203 <a href="http://www.telecarecorp.com">www.telecarecorp.com</a>		<b>Secure Residential</b>

MH: Mental Health

SUD: Substance Use Disorder

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

Region V Systems continually strives to improve the quality of care for consumers by better identifying **who the consumers of services are, what types of services are needed, and what can best be offered to meet their needs.**



## REGIONAL QUALITY IMPROVEMENT

The Regional Quality Improvement Team (RQIT) establishes network accountability for continuous quality improvement by using data to plan, identify, analyze, implement, and report ongoing improvements and celebrates progress, change, and success. RQIT oversees data participation, reporting, quality, and analysis, and provides recommendations or reports to Region V Systems and Network Providers. RQIT also interfaces with the Division of Behavioral Health (DBH). Through continuous quality improvement (CQI) coordination, Region V Systems ensures:

- a continuous learning environment exists as a network culture with leadership that sets clear direction and expectations for systems goals and outcomes;
- active participation by all network participants in monitoring/reporting and sharing information;
- consumers and families participate in all processes of the CQI program, and their views and perspectives are valued;
- all participants are afforded opportunities for involvement in decision making and performance improvement as topics proceed through Region V Systems' CQI communication process;
- awareness and understanding that quality is an essential element in service provision and management;
- data is accurate and reliable, and there is confidence in information before reports are released;
- improved adult/youth consumer outcomes as they work towards recovery;
- services that promote recovery, wellness and choice;
- services provided incorporate best practice, evidence-based practice, and effective practices;
- services are of high quality and provided in the most cost-effective manner; and
- population management is utilized by identifying subgroups of individuals who share common histories, problems, strengths, and life situations through Cluster-Based Planning (CBP) process.

## COMPASS

For records management, Region V Systems contracts with H4 Technology, LLC for its electronic health record software system, called Compass. Compass assists Region V Systems to achieve its goals of: 1) elimination of dual entry, 2) simplifying workflows, 3) maintaining data consistency between Region V Systems and the Division of Behavioral Health's Central Data System, 4) supporting all providers in the network with the exchange of information in their preferred fashion, and 5) creating analytic and reporting dashboards.

Compass acts as a reporting mechanism for filtering and comparing data. It allows Region V Systems and the Network Providers to customize dashboards to quickly and easily obtain critical region-wide information to assist in making data-driven decisions based on predefined, measurable outcomes. Compass assists the System of Care with making observations, identifying trends, performance improvement, and planning for consumers' access to services, effectiveness, efficiency, satisfaction, and utilization.



# MEASURING CONSUMER RECOVERY

Each Network Provider identifies and implements an outcome evaluation tool to measure consumer functioning and report individual consumer scores for consumers receiving services funded by Region V Systems. Tools utilized are:

- Daily Living Activities-20 (DLA-20);
- Brief Addiction Monitor-Revised (BAM-R);
- Basis-24;
- Child Adolescent Functioning Scale (CAFAS);
- Quality of Life Attainment Scale (QLA); and
- Outcome Questionnaire (OQ-45.2, Y-OQ 30.2 PR/SR, S-OQ 2.0).

Functioning tools monitor and measure consumers' outcomes by comparing enrollment scores to ongoing/discharge scores and showing progress or improvement in the consumer's road to recovery.

## Consumer Recovery Outcomes When Comparing Admission to Discharge/Most Recent Scores

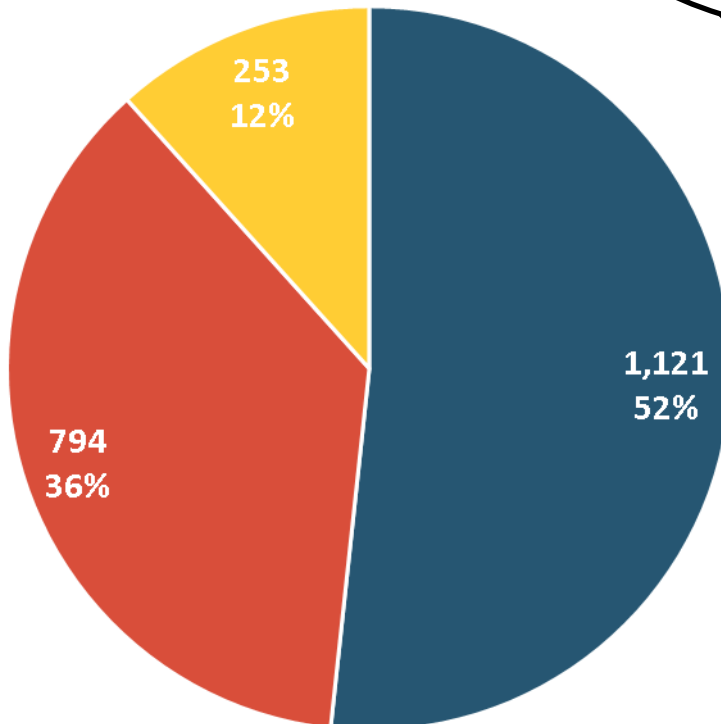
FY 20-21  
n=2168

### Significant Decline:

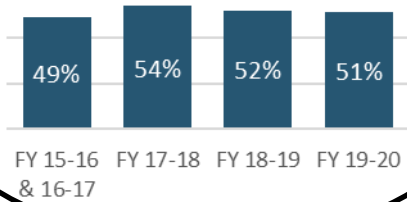
statistically (not likely to have happened by chance) and/or clinically significant (real effect on daily life) decline

### 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)

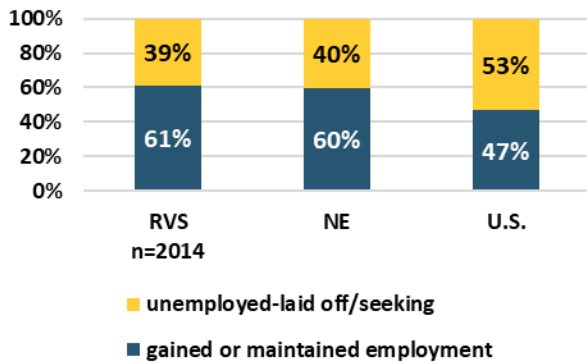
National Outcome Measures developed by Substance Abuse and Mental Health Services Administration (SAMHSA), in collaboration with the states, have identified domains as our National Outcome Measures, or NOMs. The domains embody meaningful, real life outcomes for people who are striving to attain and sustain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

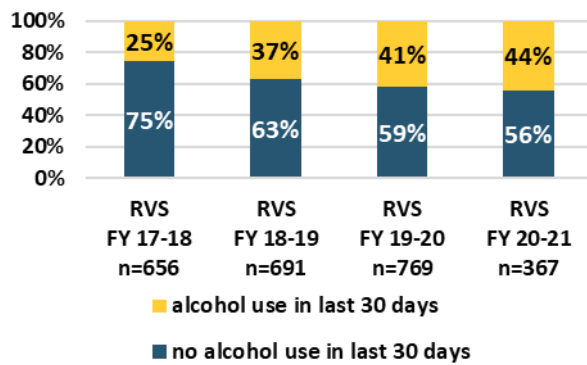
The NOMs domains focus on consumers achieving/sustaining employment or enrollment in school (Employment/Education), reduce arrests (Crime and Criminal Justice), increase stability in housing (Stability in Housing), abstinence or reduction from drug/alcohol use (Reduced Morbidity).

NOMs are calculated by comparing a consumer's status at enrollment vs. discharge. The following charts indicate a snapshot of Region V Systems' aggregate performance of the NOMs in relation to employment, crime, housing, and drug/alcohol use.\* When available, the State of Nebraska and U.S. rates are shown as a comparison.

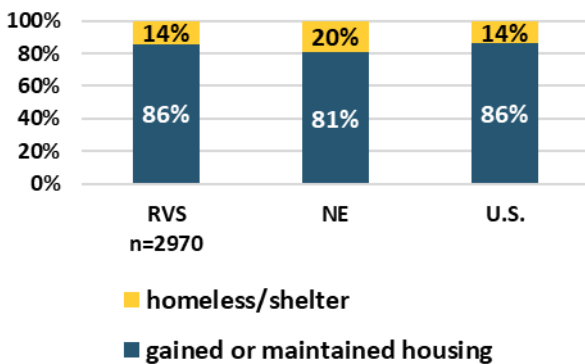
## Employment



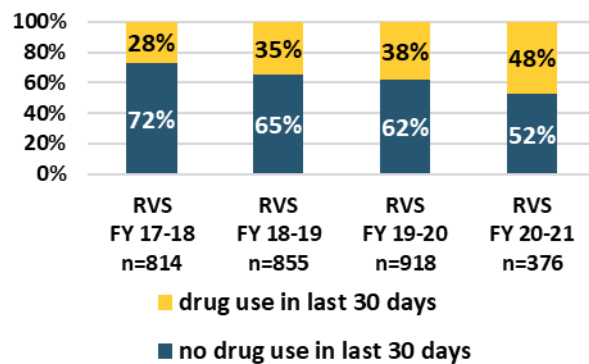
## Alcohol Abstinence



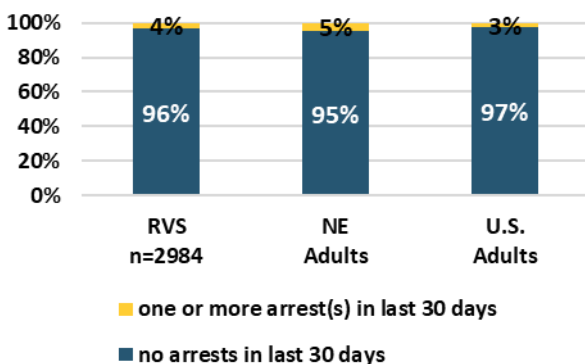
## Stable Housing



## Drug Abstinence



## Criminal Justice



\*There is exclusion criteria for each of the National Outcomes Measures. For example, persons not in the labor force (i.e. disabled, retired, unemployed-not seeking, etc.) are excluded from the Employment NOM calculation.

**RVS:** Region V Systems' Network performance in FY 20-21

**NE:** Nebraska Division of Behavioral Health performance for Mental Health & Dual Diagnosis services, as reported to SAMHSA for 2020

**U.S.:** Aggregate performance of states reporting to SAMHSA for 2020

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

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

The Department of Health and Human Services’ Division of Behavioral Health administers a behavioral health consumer survey to solicit input from persons receiving mental health and/or substance use services on the quality and impact of services received. Survey areas include: access, quality, outcomes, participation in treatment planning, general satisfaction, functioning, and social connectedness. For a complete viewing of the report visit [2020 Behavioral Health Consumer Survey](#).

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 20-21	State of Nebraska Consumer Survey Adults 2020	All States Reporting to SAMHSA Adults 2020
<b>General Satisfaction</b>	If I had other choices, I would still get services	88.5%	83.2%	90.1%
	I would recommend this agency to a friend or family member	92.0%	89.2%	
<b>Quality and Appropriateness</b>	Staff were sensitive to my cultural background (race, religion, language, etc.)	89.7%	87.7%	90.8%
<b>Access</b>	Services were available at times that were good for me	90.7%	88.4%	88.9%
<b>Participation in Treatment Plan</b>	I, not staff, decided my treatment goals	88.1%	81.0%	86.9%
<b>Functioning</b>	I am better able to handle things when they go wrong	86.7%	75.3%	N/A
<b>Outcomes</b>	I deal more effectively with daily problems	86.8%	79.6%	79.6%
	I am better able to deal with crisis	83.1%	76.9%	
<b>Social Connectedness</b>	In a crisis, I would have the support I need from family or friends	82.0%	81.5%	N/A
<b>Other</b>	Staff treated me with respect and dignity	94.2%	92.2%	N/A
	The program was sensitive to any experienced or witnessed trauma in my life	89.1%	85.5%	

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

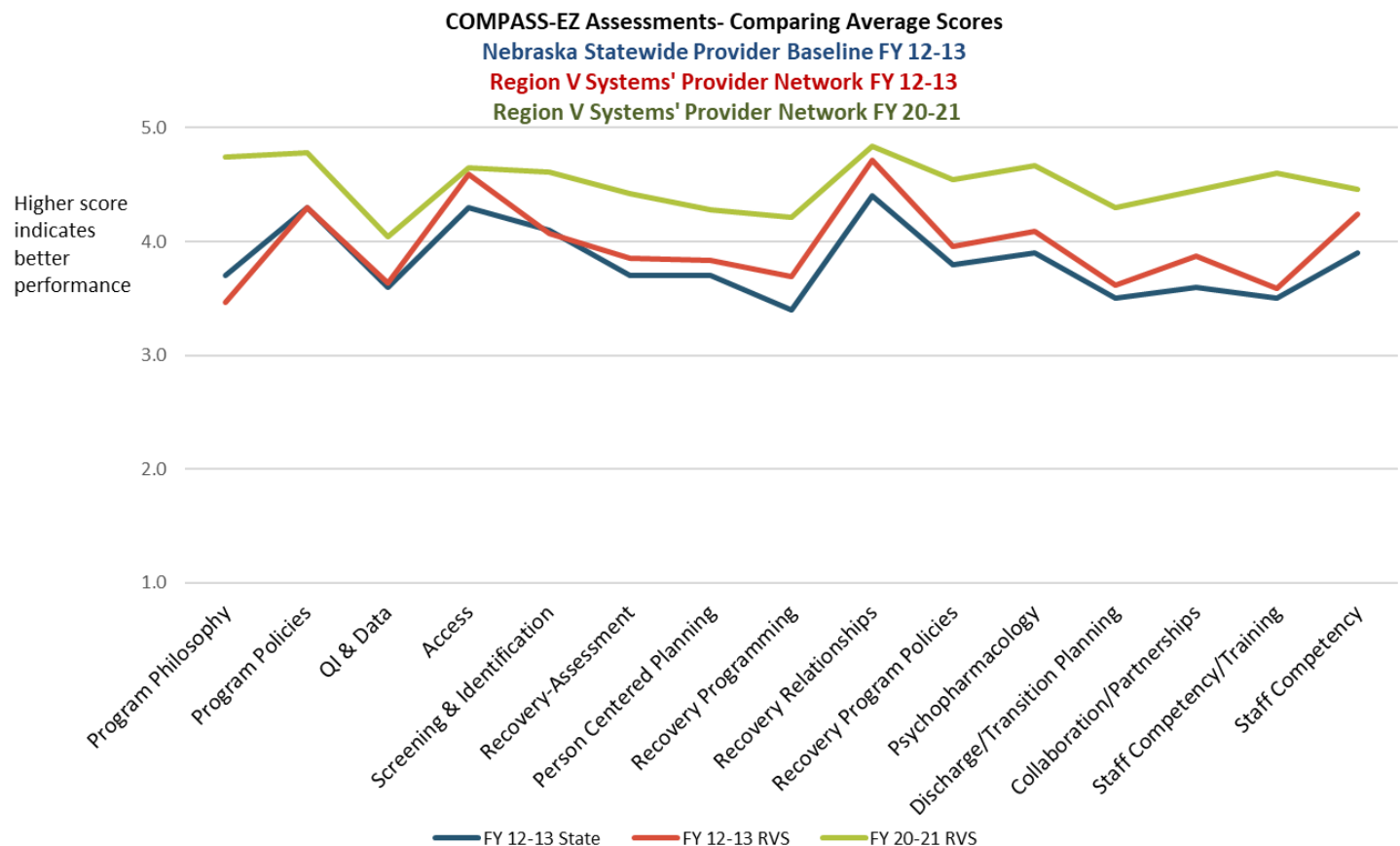
Since FY 12-13, Network Providers in all six Behavioral Health Regions have participated in a quality improvement initiative **utilizing the values and principles of “Complexity Capability” to advance both organizationally and clinically effective care for individuals and families with complex co-occurring 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 20-21 identified Region-wide progress in all domains.



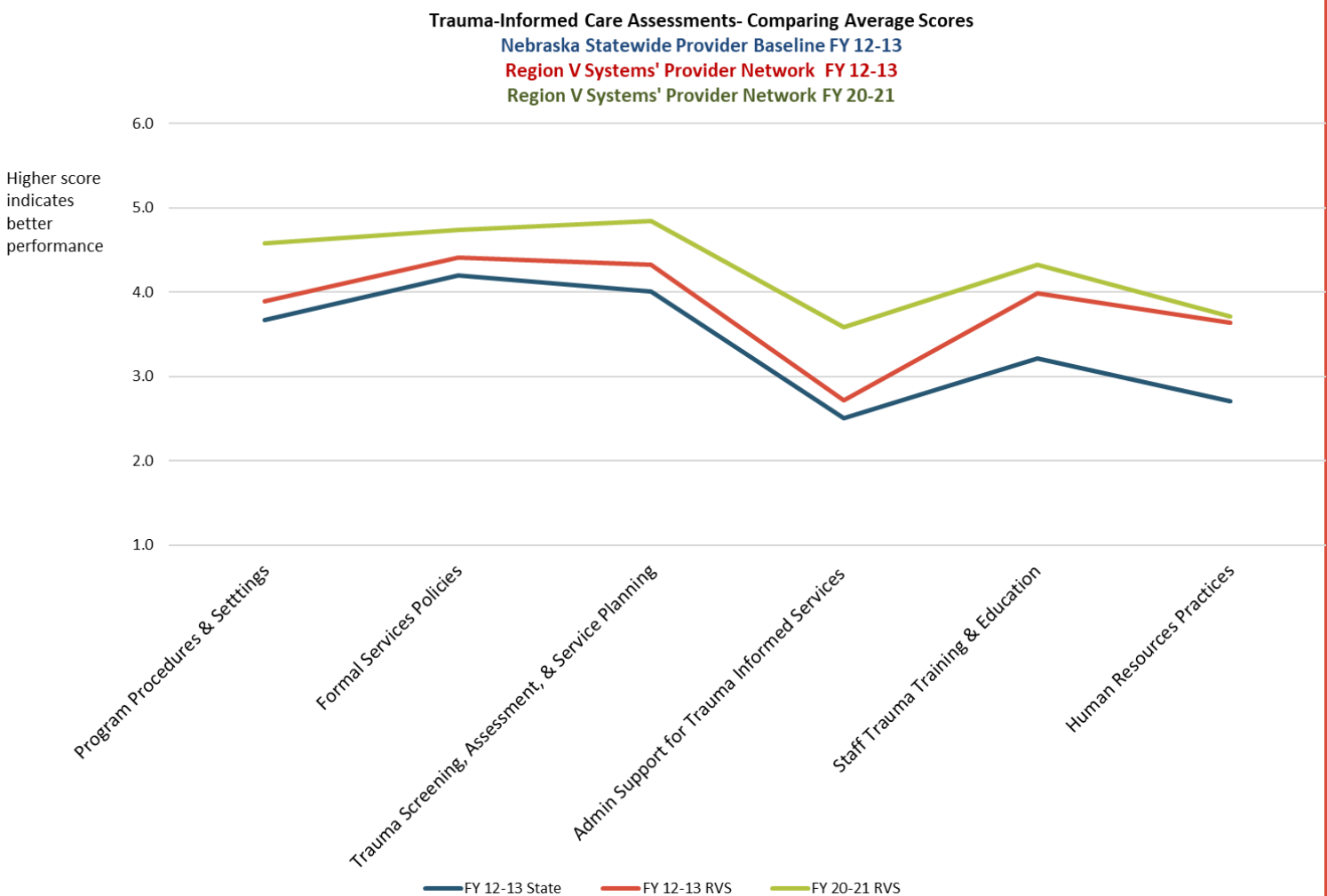
# TRAUMA-INFORMED CARE

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

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

Beginning in FY 12-13, Network Providers administered the Fallof 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 20-21. A comparison of baseline and the most recent assessment results is provided below.



## OPIOID CRISIS GRANT

Region V Systems partners with the Nebraska Department of Health and Human Services, Division of Behavioral Health in implementing the State Targeted Response (STR) and State Opioid Response (SOR) grants, funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) and Center for Substance Abuse Prevention (CSAP). These grant funds **aim to address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose-related deaths through the provision of prevention, treatment, and recovery activities** for opioid use disorders (OUD) (including prescription opioids as well as illicit drugs such as heroin). In Region V, funds support the following activities:



- Implementation of evidence-based primary and secondary prevention methods defined by SAMHSA or Centers for Disease Control and Prevention (CDC), proven to reduce the number of persons with OUDs and OUD-associated deaths.
- Expanded access to the clinically appropriate, evidence-based practices (EBP) of medication-assisted treatment (MAT) for opioid disorders. Individuals were supported on their path to recovery with funding for medication-assisted treatment including medication management provided by certified prescribers, medically necessary labs, and the FDA-approved medication, Buprenorphine.

For more information on the prevention activities funded under the Opioid Crisis Grant, please see page 19.

## BEHAVIORAL HEALTH/PRIMARY CARE INTEGRATION

Public behavioral health providers and primary care providers demonstrate a **belief in and commitment to whole healthcare** and understand that treating mental health, physical health, and substance use in an integrated care fashion maximizes consumer outcomes and recovery.



The purpose and focus of the behavioral health/primary care integration initiative in Region V has been to support a **patient-centered medical home model** and the integration of primary care and behavioral health care. Region V Systems has promoted integration since 2011 by supporting access for individuals in residential care to primary health care and a medical home at Bluestem Health utilizing vouchers for consumers to receive behavioral health services. Conversely, Bluestem prioritizes behavioral health screening and referral to treatment. In FY 20-21, 26 persons served received primary health care services through Region V Systems' voucher funding.



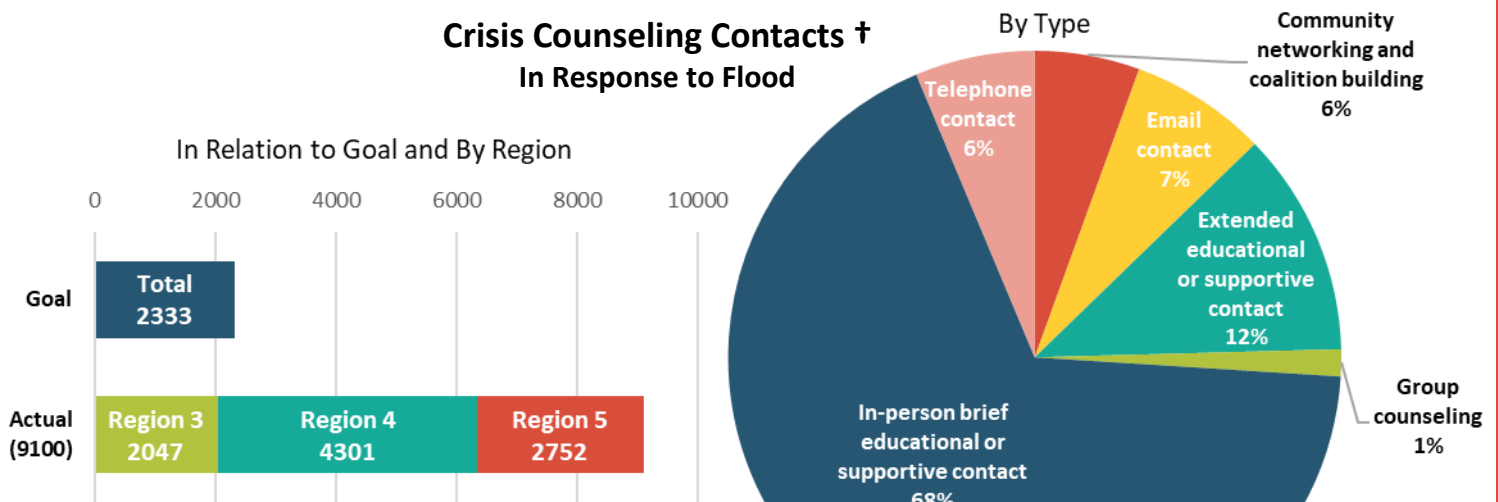
# NEBRASKA STRONG: SAMHSA NEBRASKA DISASTER RECOVERY ADULTS PROJECT

In late April of 2020, Region V Systems was awarded a SAMHSA Disaster Response Grant for Adults. This project served adults in 23 Nebraska counties (Butler, Nemaha, Richardson, Saline, and Saunders in **Region 5**; Antelope, Boone, Boyd, Burt, Colfax, Cuming, Holt, Knox, Madison, Nance, Pierce, Platte, Stanton, and Thurston in **Region 4**; Buffalo, Custer, Hall, and Howard in **Region 3**) with a Presidential disaster declaration of individual assistance from the flooding of 2019.

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

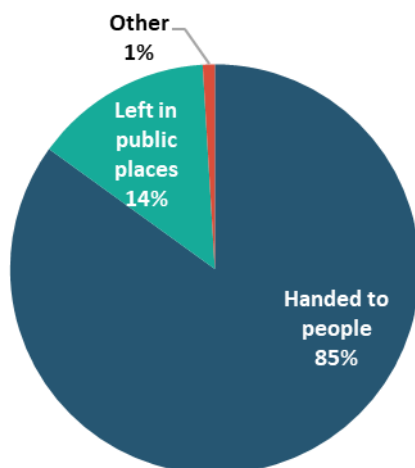
- access to mental health and substance use outpatient treatment vouchers;
- direct **crisis counseling**† to promote resilience and foster community connections;
- training in Cognitive Behavioral Therapy for Postdisaster Distress (CBT-PD) for clinicians; and
- increased ability of community members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

## Crisis Counseling Contacts † In Response to Flood



This project has made a total of 9,100 crisis counseling contacts, far exceeding the goal, and distributed a total of 66,192 project materials as of June 30, 2021.

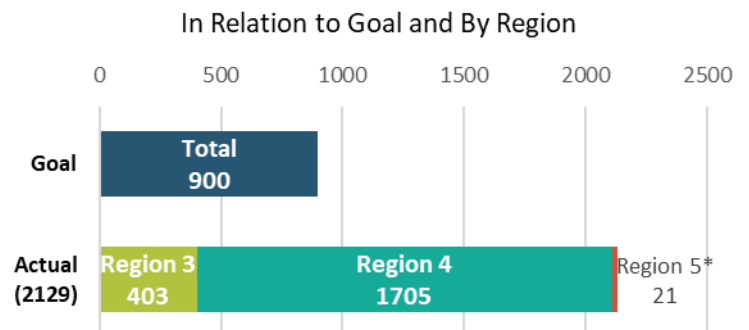
## Materials Distributed



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

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

## Vouchers Issued



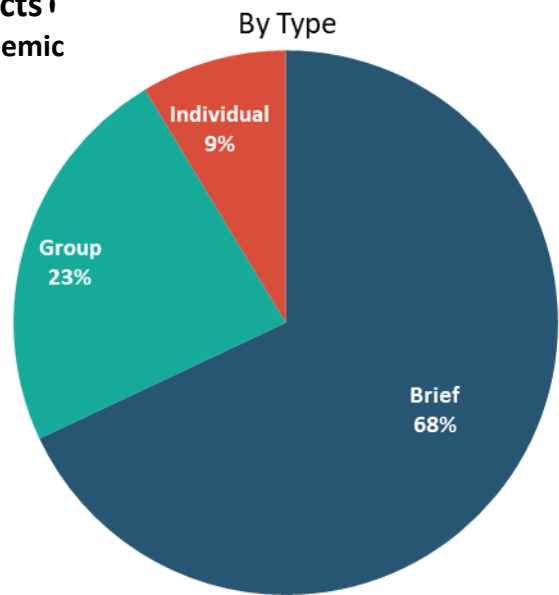
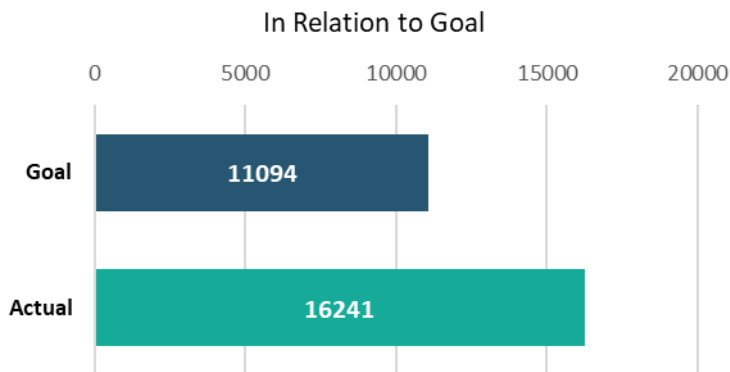
\*The counties in Region V represent 17% of the population served by this project.

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

Since May 2020, Region V Systems has participated in the statewide Nebraska Strong Recovery Project to assist individuals, businesses, and communities who were affected by **COVID-19**. This project has assisted all of Region V Systems' counties. The focus of this project is to provide **community-based outreach and psychoeducational services** to people affected by COVID-19.

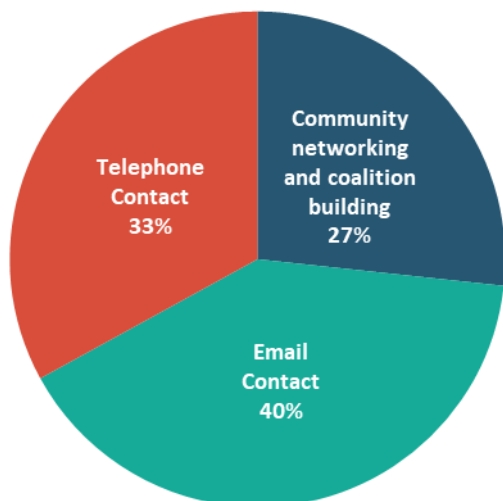
Through this project, Region V Systems was able to provide 16,241 total crisis counseling contacts† between May 2020 and June 2021. In the charts below are the number of contacts compared to the project goal and the breakout of types of contact.

**Crisis Counseling Contacts†  
In Response to COVID Pandemic**



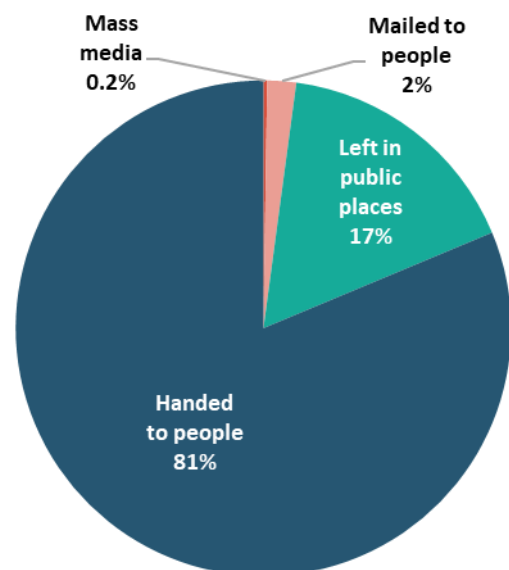
Additional contacts represented in the graph below accounted for 4,623 other community contacts to support the project.

**Other Contacts**



70,832 project materials were distributed. The method of materials/information distribution is seen below.

**Materials Distributed**



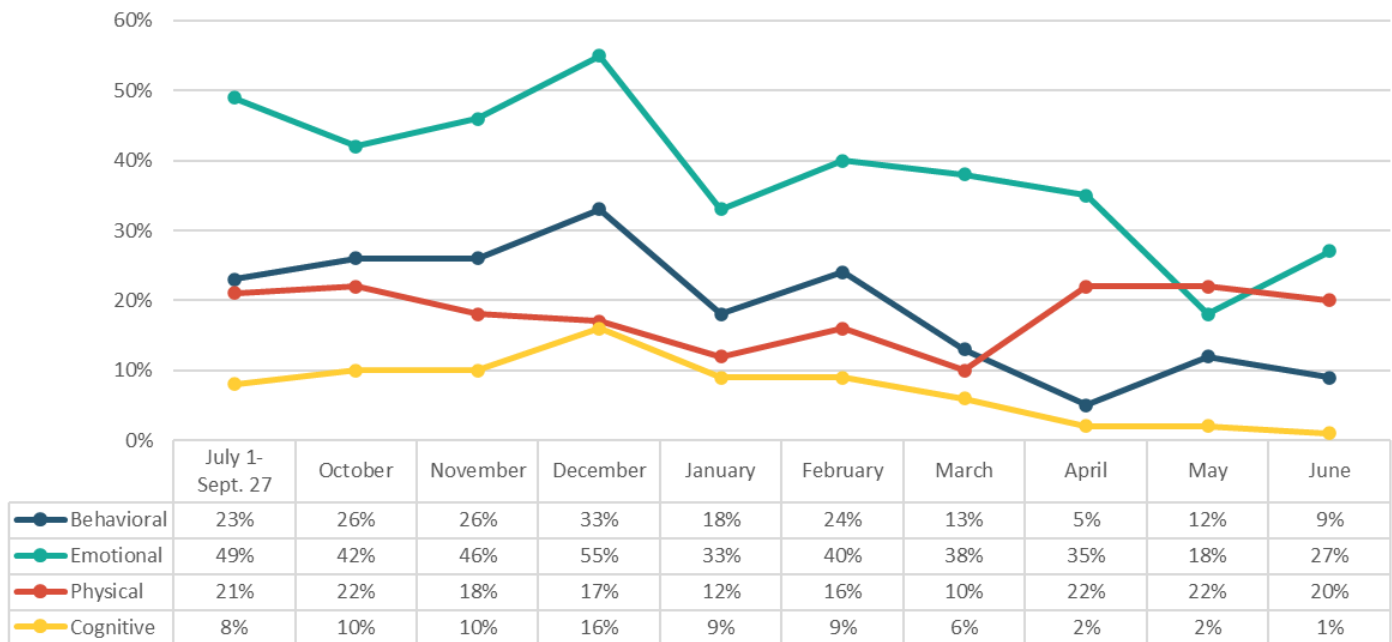
†Crisis Counseling is community-based outreach to promote recovery and provide resources

Individuals contacted during the Nebraska Strong Recovery Project have shown a range of disaster reactions to COVID-19, as categorized below:

Behavioral	Emotional	Physical	Cognitive
<ul style="list-style-type: none"> <li>extreme change in activity level</li> <li>excessive drug or alcohol use</li> <li>isolation/withdrawal</li> <li>on guard/hypervigilant</li> <li>Agitated/jittery/shaky</li> <li>Violent or dangerous behavior</li> <li>Acts younger than age (children or youth)</li> </ul>	<ul style="list-style-type: none"> <li>sadness, tearful</li> <li>irritable, angry</li> <li>anxious, fearful</li> <li>despair, hopeless</li> <li>feelings of guilt/shame</li> <li>numb, disconnected</li> </ul>	<ul style="list-style-type: none"> <li>headaches</li> <li>stomach problems</li> <li>difficulty falling or staying asleep</li> <li>eating problems</li> <li>worsening of health problems</li> <li>fatigue, exhaustion</li> </ul>	<ul style="list-style-type: none"> <li>distressing dreams, nightmares</li> <li>intrusive thoughts, images</li> <li>difficulty concentrating</li> <li>difficulty remembering</li> <li>preoccupies with death/destruction</li> </ul>

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

Region V Reactions Over Time



## ZERO SUICIDE: LET'S TALK

Zero Suicide is an aspirational goal with a practical framework for a system-wide transformation and organizational commitment to safer suicide care in primary/behavioral health care systems.

Region V Systems completed Year 2 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 (FYI) program to develop a Zero Suicide System of Excellence. The EDC also offered guidance on evidence-based practices through monthly meetings and technical assistance. Activities included *Motivational Interviewing* and *Assessing and Managing Suicide Risk (AMSR)* trainings and the development of a workplan for all organizations to implement and monitor the elements of Zero Suicide.

# SYSTEM COORDINATION

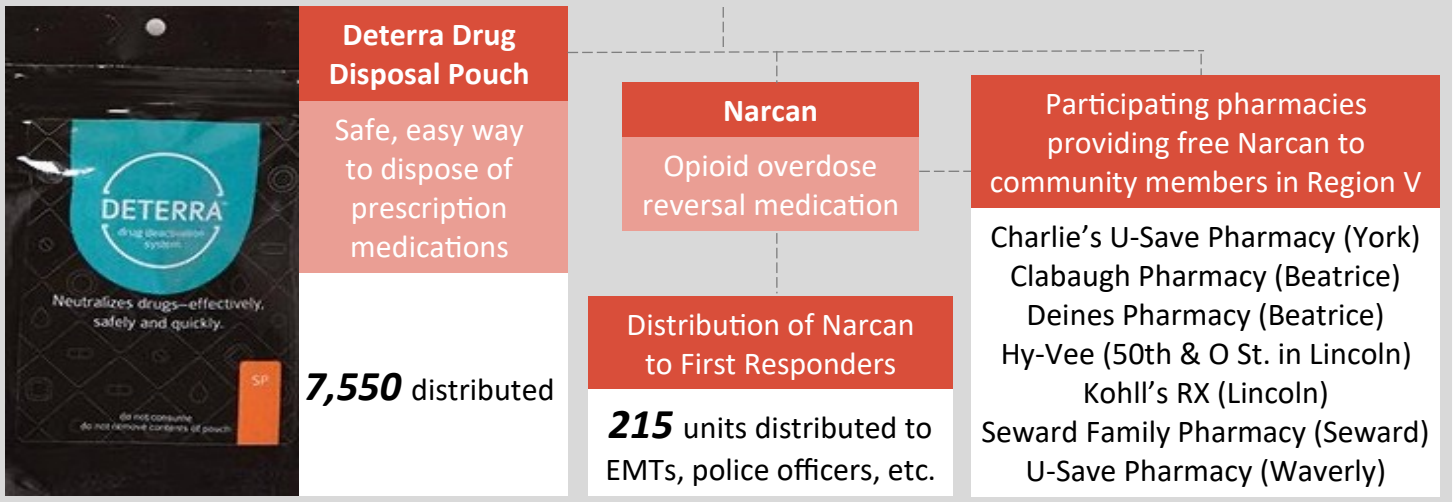
In addition to initiatives, service enhancements, and network management, Region V Systems also provides **overall system coordination** in partnership with providers, consumers, community hospitals, local coalitions, housing providers, landlords, local schools, vocational/employment agencies, advocacy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

## PREVENTION SYSTEM COORDINATION

Region V's Prevention System Coordination is a collaborative partnership among community coalitions, SCIP (School and Community Prevention and Intervention), the Youth Action Board, and various community stakeholders to address substance abuse priorities and mental health promotion. The federal **Strategic Prevention Framework Model** is used to drive strategies in each community, which include: assessment, capacity development, planning, implementation, and evaluation. Prevention System Coordination provides ongoing technical assistance and trainings for all coalitions and stakeholders in southeast Nebraska as well as with statewide partnerships. Prevention efforts are **strength-based and encourage wellness among youth and adults**. Evidence-based programming **addresses risk factors** that may lead to substance abuse and/or addiction.

Prevention System Coordination manages funding from five sources: Garrett Lee Smith Suicide Prevention Grant, Mental Health First Aid Grant, SAMHSA Federal Block Grant, SAMHSA Partnership for Success Grant, and SAMHSA State Targeted Response to Opioid Crisis Grant. Highlights of wellness strategies are included below. Strategies on pages 20-22 with an asterisk (\*) denote evidence-based and those with a pound (#) indicate braided funding.

### SAMHSA STATE TARGETED RESPONSE TO OPIOID CRISIS



### CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS) MINI-GRANTS

Prioritize and fund culturally responsive community services

Agency/Coalition	Award	Purpose
<b>Coalition Leads</b>	\$7,164	Travis Translators
<b>Lincoln Medical Education Partnership/School Community Intervention &amp; Prevention (SCIP)</b>	\$1,019	Translation materials
<b>Lincoln Medical Education Partnership/Stepping Stones</b>	\$1,000	Cultural competency training

## MENTAL HEALTH FIRST AID (MHFA)

FY 20-21		
Type	Trainings	Participants
Youth	<b>5</b>	<b>109</b>
Adult	<b>8</b>	<b>61</b>
<b>Total</b>	<b>13</b>	<b>170</b>



### Trainings

Participants:

- complete a 2-hour self-study and
- attend a 6-hour training, either in-person or virtually

**12** 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

**12** active Hope Squads

### Motivational Interviewing

Training on collaborative, goal-oriented style of communication with particular attention to the language of change

**2** sessions  
**46** people trained

### What gives you hope?

Video project created to offer hope

The [TalkHeart2Heart YouTube channel](#) added 5 additional local stories of hope (bringing the total to 13) and created additional shortened versions of some existing videos for use on social media and in awareness campaigns.

### Question, Persuade, Refer (QPR) Trainings\*

Suicide prevention trainings

**23** trainings  
**781** people trained

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

### Assessing and Managing Suicide Risk (ASMR)

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

**2** sessions  
**42** people trained

### Lock Boxes

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

**498** distributed to hospital and law enforcement

### Local Outreach to Suicide Survivors (LOSS) Team

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

Blue River LOSS Team (Gage and Jefferson)  
Four Corners LOSS Team (York, Seward, Polk, Butler)  
Lincoln/Lancaster County LOSS Team  
Southeast Nebraska LOSS Team (Otoe, Nemaha, Johnson, Pawnee, Richardson)

\* evidence-based      # braided funding

[www.TalkHeart2Heart.org](http://www.TalkHeart2Heart.org)

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

**25,000** visits

**25,000** users

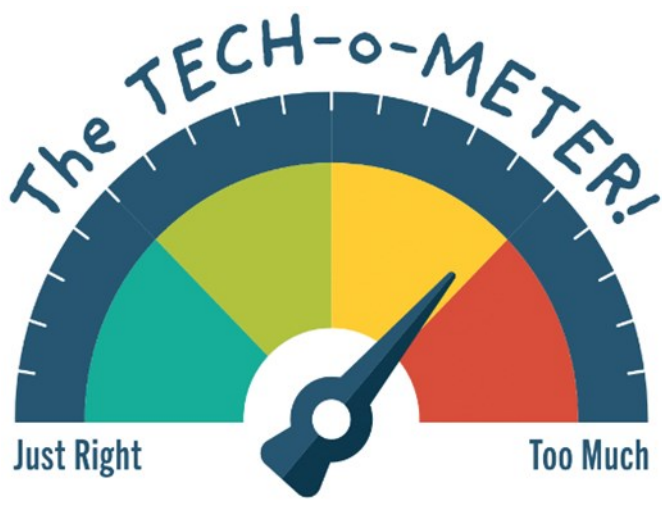
**746** social media followers

**820,000** impressions

**Facebook page:**

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

**Getting Tech Just Right Campaign**



**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.

**30** students assigned for infractions

**299** students participated through a health class

**Faith Partners**

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

**14** teams

**9** denominations

Cadre of trainers

Quarterly leadership meetings among all congregations

**Communities Mobilizing for Change on Alcohol (CMCA)\*#**

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

**Lancaster Leadership**

prevention leadership team

Developed additional pieces for the parenting toolkit encouraging families to develop their standards with a piece on balance and technology for children and adults. The booklets were handed out to schools and at community events and are available for download on

[www.talkheart2heart.org](http://www.talkheart2heart.org)

\* evidence-based

# braided funding

## SAMSHA FEDERAL BLOCK GRANT

### Youth Action Board (YAB)

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

**16** youth (7/16 counties represented) collaborated on planning of June Jam 2021



### Communities Mobilizing for Change on Alcohol (CMCA)\*#

Positive social norming media campaign

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

### Wellness Recovery Action Plan (WRAP) \*

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

offered online to community members throughout the year

**34** counselors and social workers trained, with the intent of offering WRAP in schools

### School Community Intervention and Prevention (SCIP)

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

**100** schools have SCIP teams  
**143** referrals from SCIP teams for mental health and/or substance use concerns:

- **7** alcohol, tobacco, or other drug related concerns
- **123** mental health concerns
- **13** mental health and substance abuse

### Compliance Checks\*

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

Type	# of Checks	Passed
Urban	<b>31</b>	<b>87%</b>
Rural	<b>75</b>	<b>96%</b>
Total	106	93%

### Second Step\*

Social emotional learning curriculum

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

### Mini-Grants

Seed funding to help communities start projects that can be sustained

Agency/Purpose	Award	Agency/Purpose	Award
<b>Exeter-Milligan Family, Career and Community Leaders of America</b> 5th Quarter Activities	\$1,499	<b>Lincoln Medical Education Partnership/School Community Intervention &amp; Prevention (SCIP)</b> Resources & brochures	\$1,969
<b>Family Services</b> Grandparent support group	\$3,000	<b>Saunders County Youth Services/Active Community</b> Business cards with local resources	\$200
<b>Four County Juvenile Justice</b> Diversion Data Evaluation	\$3,000	<b>Seward High School</b> Enhancement of Positive Behavioral Interventions and Supports (PBIS)	\$1,500
<b>Gage County MAPS Community Coalition</b> Second Step/Communities Mobilizing for Change on Alcohol	\$2,000	<b>University of Nebraska -Lincoln</b> Room fees for Screen U	\$500

\* evidence-based      # braided funding

## SOUTHEAST NEBRASKA NATIVE AMERICAN COALITION (SENNAC)

Our Regional Prevention Coordination Team provides support to the **Southeast Nebraska Native American Coalition (SENNAC)**, whose purpose is to fund behavioral health and cultural priorities among First Nation populations in southeast Nebraska, and the **Culturally and Linguistically Appropriate Services (CLAS) Coalition**, whose focus is addressing culturally and linguistically specific issues in behavioral health. Please see page 19 for more information on CLAS activities.

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

#### Multi-county strategies utilized by all coalitions:

- \* **Communities Mobilizing for Change (including Compliance Checks and [www.TalkHeart2Heart.org](http://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:

<p><b>Butler County Believes in Youth and Community (BBYC)</b> David City High School 750 D St. David City, NE 68632 Current Lead: Amy Sander <a href="mailto:sander@dcscouts.org">sander@dcscouts.org</a> 402-367-3187 <b>EBP: 3rd Millennium, D.A.R.E.</b></p>	<p><b>Fillmore County Coalition</b> Public Health Solutions 830 E 1st St. Suite 300 Crete, NE 68333 Current Lead: Jill Kuzelka <a href="mailto:jkuzelka@phsneb.org">jkuzelka@phsneb.org</a> 402-826-3880 <b>EBP: Circle of Security</b></p>	<p><b>Gage County MAPS Coalition</b> 320 N. 5th Street Beatrice, NE 68310 Current Lead: Christina Lyons <a href="mailto:clyons@bpsnebr.org">clyons@bpsnebr.org</a> 402-806-7783 <b>EBP: 3rd Millennium, All Stars, WRAP</b></p>
<p><b>Jefferson County Prevention Coalition</b> Public Health Solutions 830 E 1st St. Suite 300 Crete, NE 68333 Current Lead: Megan Garcia <a href="mailto:mgarcia@phsneb.org">mgarcia@phsneb.org</a> 402-826-3880 <b>EBP: Circle of Security</b></p>	<p><b>Lancaster Prevention Coalition</b> 1645 N Street Lincoln, NE 68508 Current Lead: Teri Effle <a href="mailto:teffle@region5systems.net">teffle@region5systems.net</a> 402-441-4367 <b>EBP: 3rd Millennium, ALL Stars, Creating Lasting Family Connections, WRAP</b></p>	<p><b>Polk County Substance Abuse Coalition</b> 330 N State Street, PO Box 316 Osceola, NE 68651 Current Lead: Darla Winslow <a href="mailto:darlawins@yahoo.com">darlawins@yahoo.com</a> 402-747-2211 <b>EBP: utilizing multi-county strategies listed above</b></p>
<p><b>Saline County (CURB) Prevention Coalition</b> Public Health Solutions 830 E 1st St. Suite 300 Crete, NE 68333 Current Lead: Jill Kuzelka <a href="mailto:jkuzelka@phsneb.org">jkuzelka@phsneb.org</a> 402-826-3380 <b>EBP: Circle of Security</b></p>	<p><b>Saunders County Prevention Coalition</b> 387 N. Chestnut Street, Suite 1 Wahoo, NE 68066 Current Lead: Amber Pelan <a href="mailto:APelan@co.saunders.ne.us">APelan@co.saunders.ne.us</a> 402-443-8107 <b>EBP: D.A.R.E.</b></p>	<p><b>Seward County Prevention Coalition</b> 616 Bradford Street Seward, NE 68434 Current Lead: Megan Kahler <a href="mailto:harrison@CultivateSewardCounty.com">harrison@CultivateSewardCounty.com</a> 402-643-4189 <b>EBP: BIST, D.A.R.E., 3rd Millennium</b></p>
<p><b>Southeast District Prevention Partnerships (Johnson, Nemaha, Otoe, Pawnee, and Richardson counties)</b> 2511 Schneider Avenue Auburn, NE 68305 Current Lead: Amanda Drier <a href="mailto:amanda@sedhd.org">amanda@sedhd.org</a> 402-274-3993 <b>EBP: Alcohol Wise, Circle of Security, D.A.R.E., Unique YOU</b></p>	<p><b>Thayer County Healthy Communities Coalition</b> Public Health Solutions 830 E 1st St. Suite 300 Crete, NE 68333 Current Lead: Jill Kuzelka <a href="mailto:jkuzelka@phsneb.org">jkuzelka@phsneb.org</a> 402-826-3880 <b>EBP: Circle of Security</b></p>	<p><b>York County Prevention Network</b> 816 E. 8th St. York, NE 68467 Current Lead: Barbra Ivey <a href="mailto:iveybarbra@gmail.com">iveybarbra@gmail.com</a> 402-363-8128 <b>EBP: utilizing multi-county strategies listed above</b></p>



# HOUSING COORDINATION

Region V Systems' housing programs provide safe, secure, affordable housing – together with supportive services – so that consumers can begin to work toward recovery. Together with the state and local Continuums of Care for the Homeless, Region V works to **house vulnerable adults who have mental health and substance abuse issues.**



Region V Systems is an active member of both the Balance of State Continuum of Care (CoC) and the Lincoln CoC, also known as the Lincoln Homeless Coalition. The CoCs provide a strategic, focused approach to reducing and ending homelessness in Nebraska. Our housing programs have contributed to the CoCs' collaborative efforts to address homelessness in Lincoln and the Balance of State through leadership in planning initiatives and participation in the Coordinated Entry System. The CoCs' efforts have led to an effective end to veterans' homelessness in the Balance of State and the City of Lincoln and a significant decrease in the annual Point-In-Time count of homelessness in Lincoln.

## HOUSING PROGRAMS



### Rental Assistance Program (RAP) implemented September 2005

FY 20-21 funding: \$740,561

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

284

households received RAP  
benefits in FY 20-21





## Rural Permanent Housing Program (RPHP) implemented November 2012

FY 20-21 funding: \$282,524

Region V Systems receives funding from Housing and Urban Development (HUD) to provide permanent supportive housing to **homeless consumers with disabilities** in our geographical area of **16 counties** in southeast Nebraska (not inclusive of the city of Lincoln) as well as the counties of Adams, Clay, Nuckolls, and Webster. Up to 32 households can be served at one time.

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

# 27

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



## Lincoln Permanent Housing Program (LPHP) implemented February 2021

FY 20-21 funding: \$46,311

Region V Systems was awarded funding from Housing and Urban Development (HUD) to **expand** our permanent supportive housing to serve homeless consumers with disabilities in the **city of Lincoln** (Lincoln Permanent Housing-LPH). The LPH Program was implemented in February 2021 with the first participant being housed in April 2021. The new program allows Region V Systems to provide housing and case management support to up to 12 program households at one time.

Funding supports programming in the city of Lincoln, Nebraska.

# 6

households were provided  
housing April — June 2021



## Rural Host Homes Program (HHP) implemented October 2019

FY 20-21 funding: \$97,621

Region V Systems was awarded the HUD-funded Nebraska Balance of State CoC Youth Homelessness Demonstration Program grant (YHDP) to implement the **Rural Host Homes Program** to serve 12 young adults (guests), 18-24 years of age. The Rural Host Homes Program is a flexible and cost-effective model for providing time-limited stable housing and supports that offers program participants a home-like, non-institutional environment rooted in community and provided by community volunteers (hosts). The goal of the Rural Host Homes Program is to drastically reduce the number of young adults experiencing homelessness, including unaccompanied and pregnant and parenting young adults. The young adult (guest) is assigned a case manager and life coach to assist with identifying individualized goals directed at transitioning to appropriate levels of independent living. Program participants can stay in the Host Home for up to 12 months. The young adults are reviewed and selected through the weekly Nebraska Coordinated Entry process facilitated by the Center for Children, Family and the Law (CCFL).

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

# 4

young adults were provided  
housing in FY 20-21



## CONSUMER COORDINATION

Consumer involvement and advocacy has been paramount as part of the Behavioral Health Services Act (LB 1083). The Act identified the following priorities for consumers:

- Ensure services are consumer focused.
- Create services that emphasize beneficial outcomes based on recovery principles.
- Ensure consumer involvement in all aspects of service planning and delivery.

These priorities are accomplished through:

### CONSUMER SPECIALIST

Since 2007, a Consumer Specialist position has been funded in each Region to support and promote consumer and family involvement and provide opportunities for consumers to learn leadership.



WELLBEING  
INITIATIVE, INC.

FY 20-21 found an opportunity to utilize the Consumer Specialist funding in a different format while continuing to support and promote consumer and family involvement. Region V began negotiations with Wellbeing Initiative, a consumer-operated agency, to develop a workplan that would meet the Division of Behavioral Health’s (DBH) deliverables for the funding. After completion of the workplan and approval from DBH, Region V entered into a contract with Wellbeing Initiative beginning January 1, 2021, covering an 18-month period to carry out activities to meet the intention of the funding that began in 2007. This contract also included the identification of a designated individual who would represent Region V’s consumer interest at all designated meetings. Quarterly reports are provided summarizing activities carried out during the previous three months.

### CONSUMER FAMILY ADVISORY COMMITTEE (CFAC)

Since its establishment in 2004, the CFAC has been involved in projects that benefit people with mental health and/or addiction problems and their families. These projects include Wellness Recovery Action Plan (WRAP®), self-advocacy, and community outreach. The CFAC also awards grants to support local projects; funded activities are outlined below.



Grantee	Amount	Grantee	Amount
Community Coming Together	\$1,646	Project Connect Lincoln	\$4,481
Consumer Family Advisory Committee Meeting Expenses	\$110	SMART Recovery Group	\$419
Gallup Strength Finders and Affirmation Coins	\$711	Whispering Acres High Hopes Equine Assisted Learning	\$1,848
Many Pathways to Recovery - “Healing Together” Conference	\$4,068	WRAP Groups and Supplies	\$8,602
Peer Support Specialist - Nebraska Certification Testing	\$400	<b>Total: \$22,285</b>	

# EMERGENCY SYSTEM COORDINATION

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

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

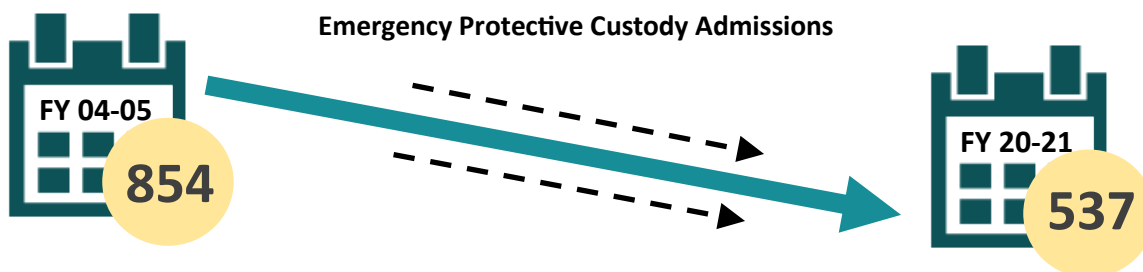
**Emergency Protective Custody (EPC)** is a legal term and is often the “front door” to the emergency system for persons experiencing a behavioral health crisis. A law enforcement officer who has probable cause that a person may be **mentally ill** and **dangerous** may take the person into custody and have the person admitted to a medical treatment facility (Lancaster County Mental Health Crisis Center or community hospital) under an Emergency Protective Custody hold. A mental health professional will evaluate the person within 36 hours after admission. The person may be discharged with a referral, an outpatient commitment to behavioral health services in the community, or an inpatient commitment to an acute inpatient setting in a community hospital or the Regional Center.

## MOBILE CRISIS RESPONSE TEAMS—AN EPC DIVERSION OPPORTUNITY



In 2005, Region V implemented Mobile Crisis Response Teams to provide licensed clinical support to law enforcement on behavioral health calls. The desired outcome of the Crisis Response Teams is diversion of individuals experiencing a behavioral health crisis from being involuntarily placed under an Emergency Protective Custody hold when other crisis interventions can meet their needs. When activated by law enforcement, licensed clinicians respond to provide a behavioral health assessment and safety planning services to persons experiencing a behavioral health crisis. Follow-up behavioral health services are also available. **The rural Mobile Crisis Response Team responded to 255 adult calls. Of those 255 calls, 85% were diverted from an EPC.** Crisis Response Teams are effective. They promote consumer voice and choice through voluntary treatment and reduce the pressure on the emergency system by reducing EPCs.

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



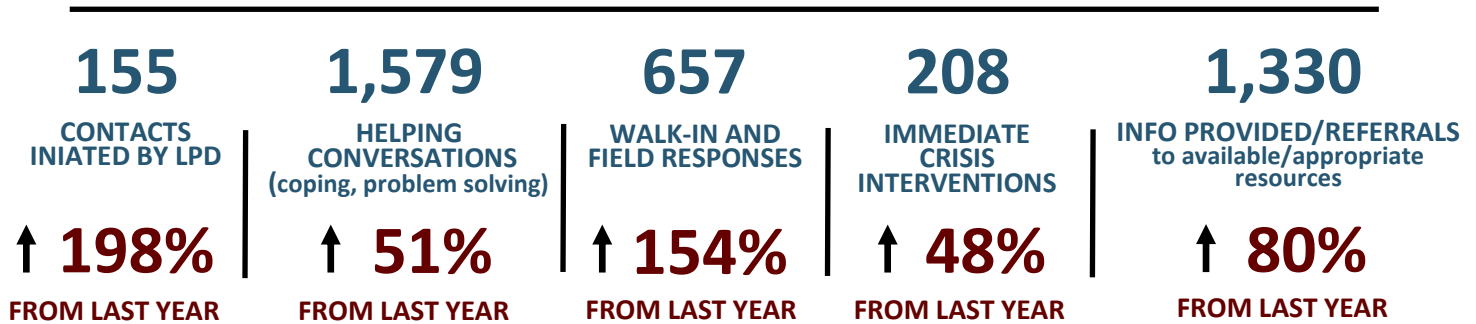
## EXPANSION OF CRISIS RESPONSE SERVICES

CenterPointe was awarded a grant from SAMHSA for a CCBHC (Certified Community Behavioral Health Clinic) in May of 2020. This grant expanded the crisis response services and added physical health and youth services to CenterPointe. The crisis team expansion included hiring a program director, two therapists (in addition to the one therapist on the team already), and three peer support specialists.

A significant expansion for the crisis team is mobile crisis response. Prior to this grant, mobile crisis response was under Systems of Care, which focused on youth crisis response initiated by the Lincoln Police Department (LPD) or Nebraska Family Hotline (NFH). With the expansion of services, the crisis team expanded mobile crisis response to 24/7 for youth, adults, and families. It can still be initiated by LPD and NFH but can also be initiated by Bryan Hospital, probation, and the crisis team and is available for populations across the lifespan. The goal of mobile crisis response is to respond in real time of the crisis to assist with risk assessment, safety planning, and service needs as well as to decrease police contact, hospitalization, EPC, and incarceration.

The crisis response program has also added a 30-day crisis follow-up period. Following the initial contact, the staff that had contact will complete the first follow up. If the individual wants ongoing support for 30 days, a peer support will remain in contact to bridge gaps and help the person get into the desired services. Crisis response peers also work with individuals in pre-crisis who are high utilizers in the community to decrease incarceration and hospitalization.

**4,735** **↑ 64%**  
TOTAL CONTACTS FROM LAST YEAR



## EMERGENCY SYSTEM TRAININGS

Region V focuses resources on educating members of law enforcement and other community partners about best practices in serving individuals in the emergency system through a variety of trainings.

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

### Behavioral Health Threat Assessment Training (BETA)

This year, Region V Systems offered 10 trainings to the Lincoln Fire and Rescue Department. The goals of these small group sessions include: (1) participants will learn the signs and symptoms of mental illness, (2) participants will gain empathy for, or understanding of, those that have mental illness, and (3) participants will increase their skills and techniques to better serve those with mental illness. In total, approximately 160 were trained.



Children and Family Services' primary responsibility is the oversight of Youth System Coordination functions in the Region V geographical area and the administration of the Family & Youth Investment (FYI) Program.

## YOUTH SYSTEM COORDINATION



Youth System Coordination is a collaborative partnership with providers, family advocacy organizations, and other youth-serving agencies, including the Division of Children and Family Services and the Administrative Office of Probation, in planning for and development of the System of Care infrastructure to meet the needs of youth/young adults experiencing behavioral health disorders and their families.

Activities include:

- **Children's Level of Care and Transition Age Youth Review Teams**
- **Community Response Coalitions**
- **Disproportionate Confinement of Minority Youth Review Team (RED Team)**
- **Partnerships with the Crisis Center and Region V Rental Assistance Program**
- **Active participation on the state statute-driven 1184 Treatment and Non-Court Review Teams**
- **Crisis Response and Early Childhood Behavioral Health Coalition Team**

## NEBRASKA SYSTEM OF CARE EXPANSION GRANT

Funding for the Nebraska System of Care (SOC), awarded by the Substance Abuse Services and Mental Health Services Administration (SAMHSA), **ended in September 2020**; however, several of the efforts realized during the grant award period have been sustained through various systems partnerships and funding streams. 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. Sustained efforts include the Crisis Response Continuum, Rural School-based Therapeutic Consultation, and Family Advocacy and Support Crisis Stabilization.

## YOUTH CRISIS RESPONSE CONTINUUM

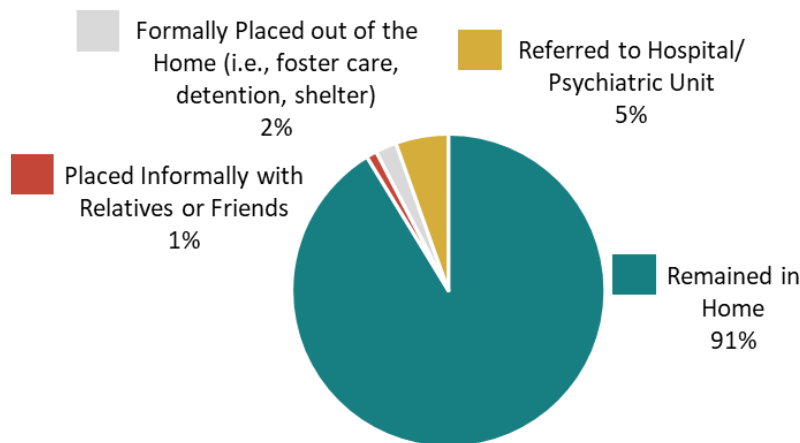
**Youth Crisis Response Continuum (YCRC)** is sustained in Region V Systems' 16-county geographical area through provider partnerships and various funding streams. YCRC is designed to use supports and resources to build upon a youth and family's strengths to help resolve an immediate behavioral health crisis in the least restrictive environment by assisting the youth and/or family to develop a plan to resolve the crisis. The service is activated by law enforcement in rural counties of Region V and through both community and law enforcement activation in the city of Lincoln. Crisis Response is provided by licensed behavioral health professionals (LMHP) who complete brief mental health status screenings, assess risks, and provide crisis intervention, crisis stabilization, referral linkages, and consultation to hospital emergency room personnel, if necessary. The goal of the service is to avoid an inpatient psychiatric hospitalization.



The YCRC includes youth mobile crisis response (provided by CenterPointe, Blue Valley Behavioral Health — Targeted Adult Service Coordination (TASC), crisis response telehealth (CenterPointe, Blue Valley Behavioral Health — Targeted Adult Service Coordination (TASC), crisis phone-line (CenterPointe), and a crisis walk-in support (CenterPointe).

From April 2017 to September 2020, the Crisis Response Teams responded to 219 face-to-face/onsite referrals, 29 telehealth, and 119 phone consultations for the purpose of providing referred youth and their families crisis supports and intervention.

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



**Rural School-based Therapeutic Consultation (R-TC).** R-TC, implemented in May 2019 in ESUs 4 and 6 through a System of Care subgrant, is provided by a licensed mental health practitioner (LMHP) and includes behavioral health screening, student diagnostic and treatment services, crisis intervention, student social/emotional skill development, behavioral health and wellness education, community linkages and referrals, parent/guardian engagement/education, multi-disciplinarian team consultation, and education, consultation and training school personnel.

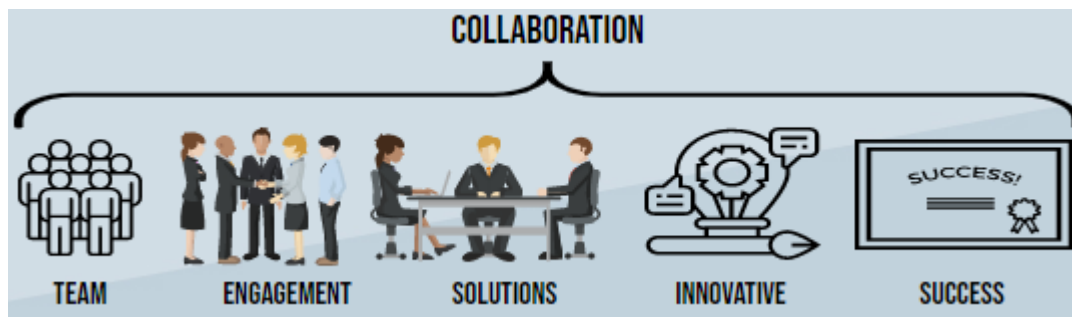
Two districts in the **ESU 4** catchment area sustained services by establishing independent contracts with an LMHP. A third school district contracted directly with ESU 4 for counseling services, provided by an LMHP. The funding streams for the three schools include local district funding, special education funds (as written into the students’ IEP), and Elementary and Secondary School Emergency Relief Funds (ESSER I Fund). A fourth district is slated to add an LMHP to their staff in the FY 21/22 school year utilizing the ESSR and CARES Act funds.

Two schools in the **ESU 6** catchment sustained service by establishing independent contracts for LMHP services through the use of IDEA and ESSR funds. Two schools are slated to work with their county hospital to hire an LMHP to support school-based behavioral health services. Braided funding will be used to support the costs of the position. Other schools in the catchment area will access behavioral health support through their county hospital, paid by IDEA via IEPs and/or private pay with parents.

The State of Nebraska, Division of Behavioral Health has **funded Families Inspiring Families (FIF), a parent-led organization**, to provide **Family Peer Advocacy and Support and Crisis Stabilization** to families that access Mobile or Telehealth Crisis Response Support through CenterPointe or Blue Valley Behavioral Health — Targeted Adult Service Coordination (TASC). Funding sustainability occurred by integrating the Advocacy and Support and Crisis Stabilization supports with existing family-led services and supports funded through the Division. System of Care partners continue to work with the family organizations across Nebraska on various funding mechanisms to sustain family peer support and advocacy activities. Funding mechanisms being explored include establishing a Medicaid rate, developing a service definition that will better define the support(s) provided, and seeking additional funding through local and national grant opportunities.

# INDEPENDENT CLINICAL ASSESSMENT FOR QUALIFIED RESIDENTIAL TREATMENT PROGRAM (QRTP)

The Family First Prevention Services Act (FFPSA) was signed into law as part of Public Law (P.L.) 115–123 and has several provisions to enhance support services for families to help children remain at home, reduce the unnecessary use of congregate care, and build the capacity of communities to support children and families. Through its contract with Region V Systems, the Nebraska Department of Health and Human Services, Division of Children and Family Services (CFS), was among the first states who opted to implement the FFPSA in October 2019. Region V Systems conducts Independent Clinical Assessments for youth who are in the custody of CFS and have been accepted into a Qualified Residential Treatment Program (a congregate care facility). The results of this assessment determine whether the youth’s needs require the services provided in a QRTP or could be met in a family-based setting. A biopsychosocial approach and assessment instruments such as the Child & Adolescent Functional Assessment (CAFAS®), the Suicide Behavior Questionnaire (SBQ-R), the Caregiver Strain Questionnaire-Short Form 7 (CGSQ-SF7) and Cluster-Based Planning (C-BP®) are utilized in the Independent Clinical Assessments to develop treatment goals and to identify evidence based interventions that can be utilized during the youth’s treatment in the QRTP or during treatment provided after the youth is discharged from the QRTP. CFS is currently contracted with one ten-bed treatment facility to operate as a QRTP. Due to the COVID-19 Pandemic, the QRTP reduced its capacity by at least 50% to allow for isolation and social distancing of the youth. These factors reduced the number of youth who were admitted into the QRTP, thus reducing the need for Independent Clinical Assessments. In addition to conducting these Independent Clinical Assessments, Region V Systems serves on multiple committees that assist CFS with the implementation of additional provisions of the FFPSA.



The data noted below is inclusive of all Independent Clinical Assessments that have been completed since inception of the program in October 2019.

<b>15</b> Assessments	<b>16</b> Average Age	<b>Most Frequent Assignment Made Through Cluster-Based Planning</b>  Cluster 10: Youth With Both Cognitive Limitations and Behavior Problems	<b>Survey Results</b>
<b>140</b> Average CAFAS score, indicating a high degree of impairment and need for intensive treatment			100% of Youth and Parents felt heard and understood 100% of Youth and Parents reported that they were treated with respect and dignity
<b>53%</b> Identified at risk of suicide		<b>Most Frequent Evidence Based Interventions Recommended</b>  <ul style="list-style-type: none"> <li>• Dialectical Behavior Therapy</li> <li>• Trauma-Focused Cognitive Behavior Therapy</li> <li>• Trauma Affect Regulation: Guide for Education and Therapy</li> <li>• Aggression Replacement Training</li> </ul>	100% of CFS Specialists felt heard and understood
<b>87%</b> Recommended for QRTP			100% of CFS Specialists reported the assessment was comprehensive and thorough



# FAMILY & YOUTH INVESTMENT



The Professional Partner Program, known as Family & Youth Investment (FYI), utilizes the **Wraparound approach**, relying on the natural support systems of the family in its community. The approach begins with the principle of ensuring **“voice and choice,”** which stipulates that the perspectives of the family—including the youth/young adult —must be given primary importance during planning and other activities. Participants are provided a Professional Partner who coordinates services.

Through a **family-centered team effort**, Professional Partners coordinate and facilitate formal and informal services and supports necessary to assist the youth/young adult and their families in meeting their established goals. Wraparound further requires that the planning process itself, as well as the services and supports provided, are **individualized, family driven, culturally competent, and community based.**

The FYI Program’s primary areas of focus are to:

- Avert youth from becoming state wards, preventing expensive out-of-home placements or involvement in emergency services; **99% of youth/young adults were living in their home in FY 20-21** (assessed on a monthly basis).
- Reduce juvenile crime or contact with adult criminal justice systems.
- Increase school performance.
- Facilitate a seamless transition from the youth to the adult behavioral health system.

FYI administers four Professional Partner tracks, as described below (the Crisis Response track was discontinued 9/30/20).

**Crisis Response** (funded through the SAMHSA System of Care Expansion Grant) served youth/young adults, up to the age of 21, and their families, who experienced a mental health crisis scenario involving law enforcement, placing the family at risk of disruption in their living environment and/or formal involvement for the youth/young adult in higher levels of care. **See Pages 29-30 for more information.**

**Juvenile Justice** (funded through the Nebraska State Probation Administration) serves youth under age 19 involved with the probation system. Youth identified will be struggling to meet their probation requirements, are at risk for being placed out of home/out of state, or are preparing to return from an out of home/state placement. Clinical criteria, which have been present for 6 months prior to referral/enrollment, includes the presence or suspicion of a

**Prevention\*** serves children under age 19, and their families, who are at risk of formal juvenile justice and child welfare involvement and are in need of intensive (90 days) case management and service coordination. To be eligible, the youth must have a serious emotional disturbance or a serious mental illness, and the family must meet financial eligibility.

TRACK	AVERAGE LENGTH OF STAY	NUMBER OF YOUTH SERVED
Crisis Response	6.4 months	11
Juvenile Justice	5.0 months	10
Prevention	7.2 months	39
Traditional	13.1 months	99
Transition-Age	14.9 months	62

mental, behavioral, emotional, and/or substance use diagnosis/concern, which is creating functional limitations.

**Traditional\*** serves children/youth up to age 21, who have a serious emotional disturbance. Anyone can refer an eligible youth to be a part of wraparound, including families self-referring to FYI. In addition to a mental health diagnosis, the youth must meet criteria for functional problems across life domains, and the family must meet financial eligibility.

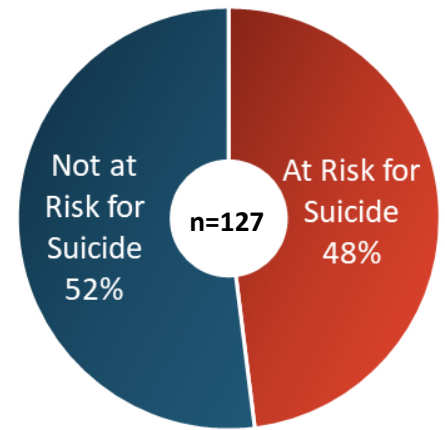
**Transition-Age\*** serves young adults ages 18-24, who have a serious mental illness and who are transitioning from the youth to the adult behavioral health system. Anyone can refer a youth to be a part of wraparound, including a young adult self-referring. Priority enrollment is given to referrals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

\* funded by the Division of Behavioral Health

## SUICIDE BEHAVIOR QUESTIONNAIRE-REVISED (SBQ-R)

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

FYI Youth Completing SBQ-R  
FY 20-21

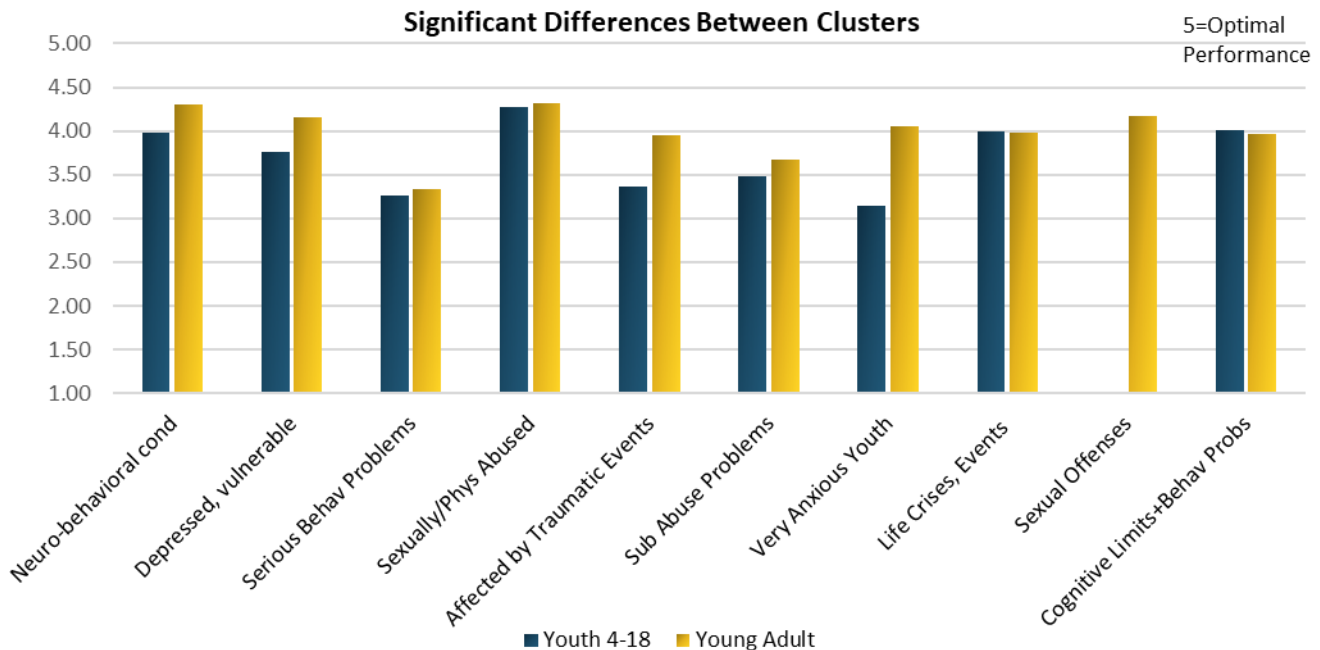


## CLUSTER-BASED PLANNING PROFESSIONAL PARTNER LEVEL OF CARE (CBP-PPLOC)

The Family & Youth Investment Program (FYI) completed its third year of implementation of the Cluster-based Planning Professional Partner Level of Care System (PPLOC System). The system is designed to assist Professional Partners to identify stages of change and to provide stage-match interventions. The system provides guidance and direction that **identifies targeted goals, services, and, supports** (mini-job description for each youth cluster). The FYI Program staff continue to work closely with Synthesis, Inc. and Region V Systems' CQI Department to collect and analyze data to ensure there is no unintended system drift and to evaluate the overall effectiveness of the system.

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

**Average Overall Functioning of Youth, Young Adults, and Families at Latest Rating**



*Overall, young adults were performing higher at their latest ratings than youth (3.98 to 3.73 on the 5-point scale). Members of specific clusters were functioning better at their latest ratings than members of other clusters.*

*As one can see, members of Clusters 4 (Sexually/Physically Abused) and 1 (Neuro-behavioral conditions) were functioning overall at a higher level than youth and young adults in Cluster 3 (Serious Behavior Problems).*

## CHILD AND ADOLESCENT FUNCTIONING SCALE (CAFAS)



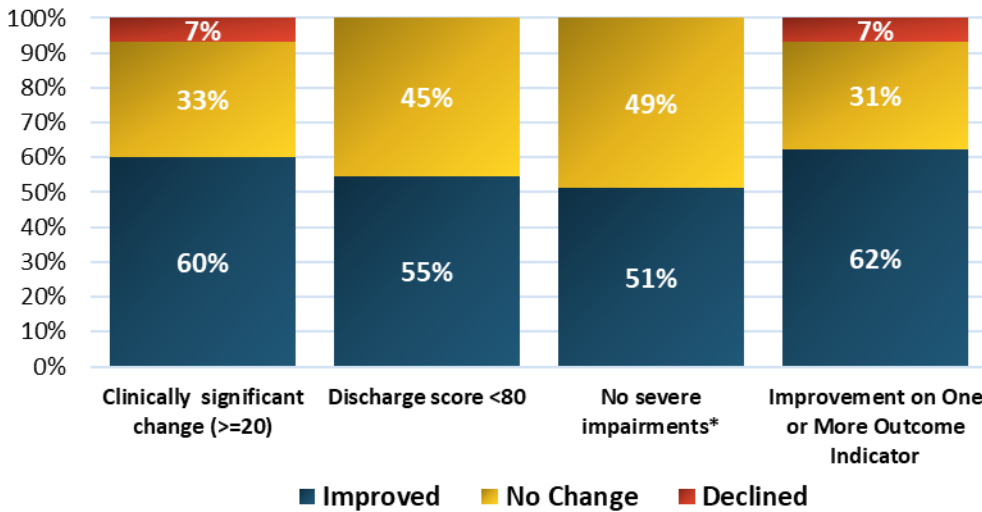
The CAFAS is a tool designed to evaluate emotional, behavioral, substance abuse functioning, and the impact of eight psychosocial areas of a youth's life. The lower the score the more improvement and less impairment exists for youth.

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 FYI admission criteria? or
3. Did youth decrease any of the 8 domains from 30 points = severe impairment to moderate, mild, or minimal impairment?

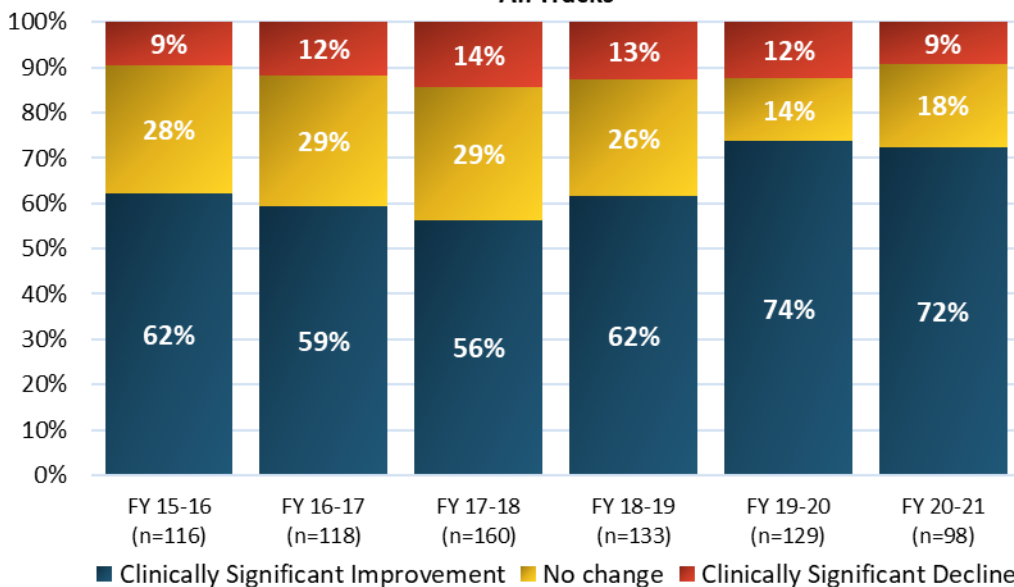
The graphs below illustrate the numbers and percentage of youth achieving outcomes as a result of the FYI Program.

**Improvement on One or More Outcome Indicator from Admission to Discharge CAFAS (Traditional Track)**  
FY 20-21 n=45



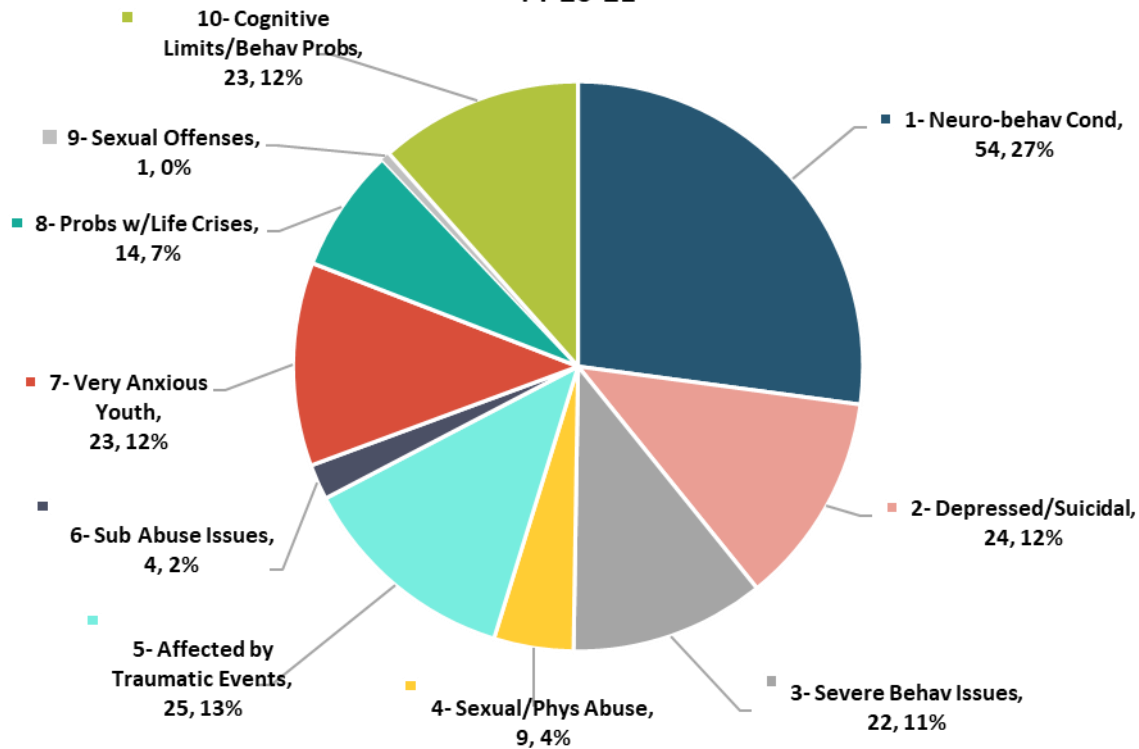
\*Only evaluated if there was one or more areas of severe impairment at intake.

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

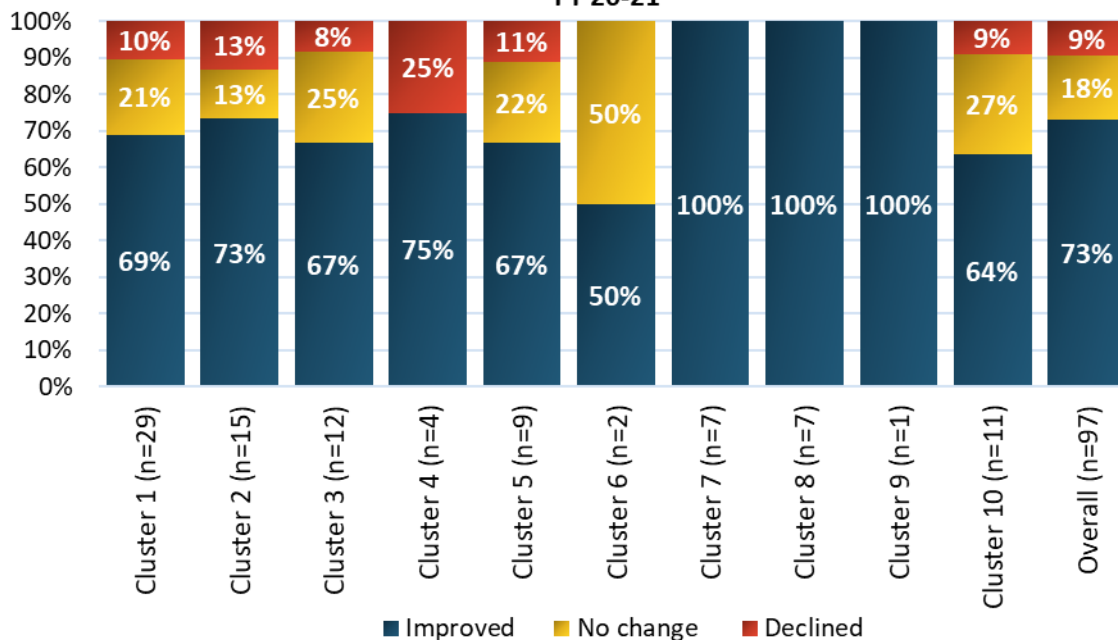


**Cluster-Based Planning (CBP)** is an emerging best practice that identifies subgroups (clusters) of individuals, who share common bio-psychosocial histories, problems, strengths, and life situations. The charts below identify the percentage of youth and their respective cluster membership along with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

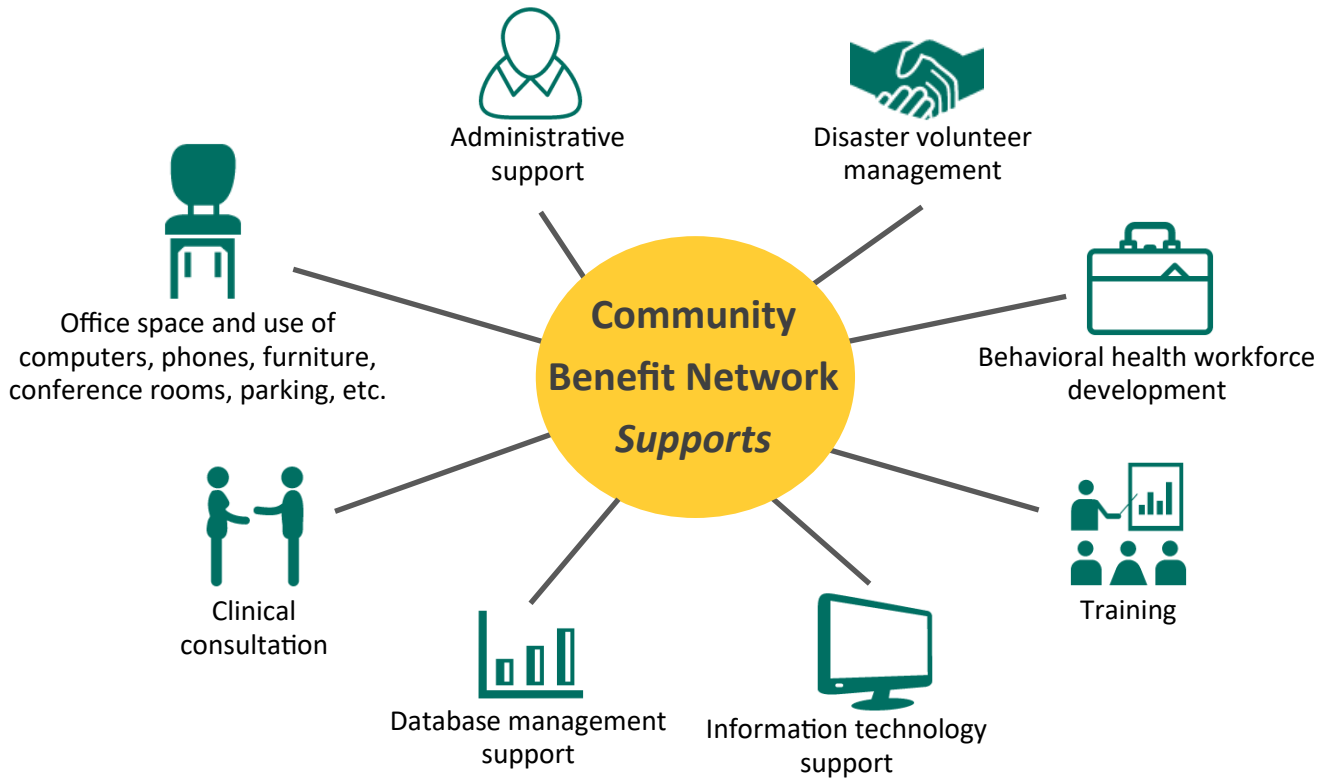
**Youth Served by Professional Partner By Cluster  
FY 20-21**



**Improvement on One or More Outcome Indicators by Cluster  
from Admission to Discharge CAFAS (All Tracks)  
FY 20-21**



Region V Systems' strategic intent is to promote comprehensive partnerships in behavioral health. One example of a partnership is Region V Systems' Community Benefit Network (CBN). During FY 20-21, Region V Systems offered a variety of supports to nonprofits through the CBN, such as:



This type of “shared services/shared space” philosophy allows organizations to build capacity and increase efficiencies, enhancing their ability to provide services and focus on the mission of their organization.

In FY 20-21, Region V Systems provided support to:

- Behavioral Health Education Center of Nebraska
- Cause Collective
- Families Inspiring Families
- Four Corners Health Department
- Mental Health Association of Nebraska
- Public Health Solutions
- Southeast District Health Department

## NEBRASKABEHAVIORALHEALTHJOBS.COM



**NEBHjobs.com**  
Nebraska Behavioral Health Jobs

In response to the Legislature’s concern with growing behavioral health workforce challenges, Region V Systems collaborated with the Behavioral Health Education Center of Nebraska (BHECN) to develop a website – [NebraskaBehavioralHealthJobs.com](https://www.NebraskaBehavioralHealthJobs.com) – where behavioral health employers across the state can **post unlimited job openings for free**. Likewise, job seekers looking for employment in a behavioral health-related career **can post resumes for free** and seek out job and internship opportunities. The website was launched in January 2015.

In FY 20-21, 442 positions were posted by employers, and the number of website users topped at 31,007.

NebraskaBehavioralHealthJobs.com had a presence at 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.

# C.J. Johnson, Regional Administrator

Staff directory updated  
as of publication date,  
February 14, 2022

## Children and Family Services

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



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

- 97% “understand how my efforts contribute to Region V’s mission
- 90% say “I am proud to work here”
- 95% are “engaged employees”

## Continuous Quality Improvement

<b>Patrick Kreifels</b> CQI Director
<b>John Danforth</b> Clinical Assessment Specialist
<b>Joseph Pastuszak</b> CQI Network Specialist
<b>Erin Rourke</b> CQI Analyst

## Operations

<b>Kim Michael</b> Director of Operations & Human Resources		
<b>Donna Dekker</b> Administrative Assistant	<b>Jon Kruse</b> Technology Systems Manager	<b>Wade Fruhling</b> Technology Systems Specialist
<b>Deanna Gregg</b> Operations Manager	<b>Susan Lybarger</b> Administrative Assistant	

## Fiscal

**Tami DeShon**  
Fiscal Director

**Jill Davis**  
Fiscal Associate

**Pat Franks**  
Fiscal Associate

**Linda Pope**  
Fiscal Specialist

**Scott Spencer**  
Fiscal Specialist

## Network Management

**Amanda Tyerman-Harper**  
Director of Network Services

**Theresa Henning**  
Director of Special Projects

**Sandy Morrissey**  
Prevention Director

**Kristin Nelson**  
Director of Emergency Services

**Marvin Binnick**  
RAP Housing Specialist

**Sue Brooks**  
LPH Housing Specialist

**Sharon Dalrymple**  
Host Homes Specialist

**Dani DeVries**  
HUD Housing Coordinator

**Kelly DuBray**  
RPH Housing Specialist

**Teri Effle**  
Prevention Specialist

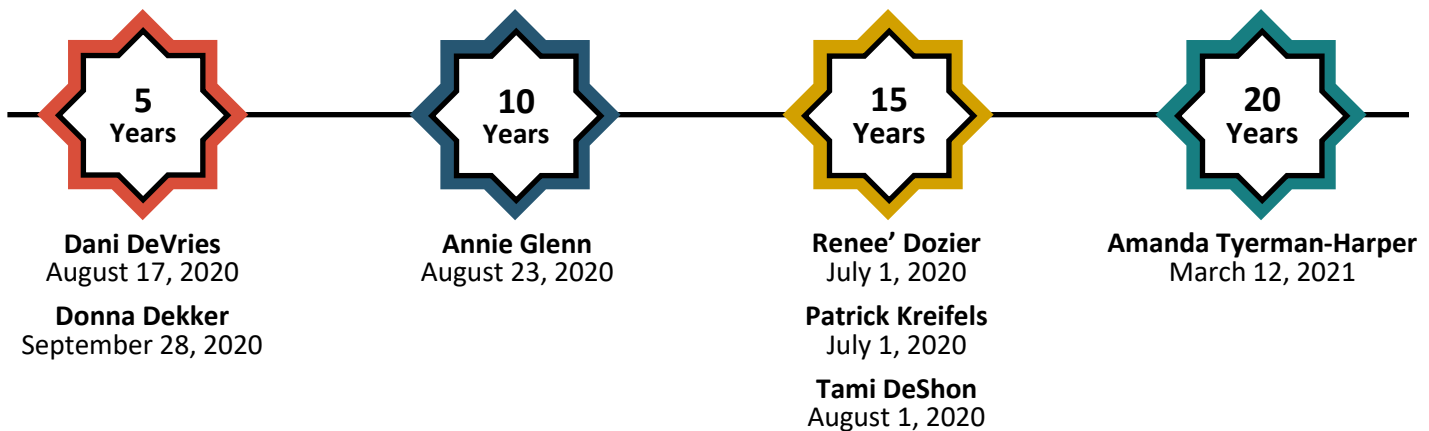
**Jade Fowler**  
RAP Housing Specialist

**Kayla Lathrop**  
Prevention Associate

**Marti Rabe**  
Network Specialist

**Kim Whaley**  
Housing Coordination Specialist

## Milestone Anniversaries



## Nebraska Strong Recovery Project

Region V Systems sincerely thanks the following team members for their service on the FEMA Crisis Counseling Program and SAMHSA Nebraska Disaster Recovery Adults grant. These team members worked tirelessly in the community during difficult times to support individuals recovering from the effects of flooding and the Pandemic. They showed amazing creativity in reaching community members safely, such as those restricted from visitors in long-term care nursing facilities, and worked directly in the community during the height of the Pandemic. These projects would not have been successful without the dedication and determination of these team members.

### SAMHSA Nebraska Disaster Recovery Adults Grant, in response to flooding April 30, 2020– April 29, 2022

Kerri Peterson \*  
Broderick Baker  
Stacy Phillips  
Robin Schmid  
Connie Vissering

### FEMA Crisis Counseling Program (CCP), in response to COVID-19 April 30, 2020-December 26, 2021

Andra Buckley **	Maricela Galdamez	Andrea Macias
Sharon Dalrymple **	Laura Graham	Cory Mattly
Brett Berger	Gretchen Haislip	Alexis Moyer
Jarrett Black	Jill Hilkemann	Gretchen Mueller-Neeman
Reginald Bollinger	Jennifer Igo	MaKayla Muthersbaugh
Heather Brown	Krista Koch	Areli New
Grace Carman	Lynelle Leibhart	Victoria Osler
Luisa Del Castillo	Lori Lueckenhoff	Brogan Vahle
		Emily Wesley

\* Project Director

\*\* Team Leader



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

*Region V Systems is funded in part from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) and the Nebraska Department of Health and Human Services, Division of Behavioral Health (DBH). FY 20-21 funding includes federal Catalog of Federal Domestic Assistance (CFDA) grant #93.959 and #95.958 (\$4,493,704 or 19%), state funding through DBH contract #48948-Y3 (\$18,054,822 or 74%), and local county dollars (\$1,273,407 or 5%).*

*\*This page was updated following the Regional Governing Board's approval of the Annual Report on February 14, 2022, upon receipt of the final audit in September 2022.*