

Region II Human Services Management Report For the year 2010

Our Mission

To work toward the health, happiness and well-being of every person who works within our organization and every person served by our organization.

To provide the highest quality substance abuse and mental health services to any person in need of those services

To assure organizational survival and growth.

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Reviewed and Approved by Region II Human Services Governing Board on April 28, 2011.

Overview

Each program report has been reviewed with staff, consumers, advisory committee, and governing board. This management report will provide a summary of those reviews and conclusions and goals for the coming year.

Contracted Services

The Region contracts with 9 agencies for 14 different services. During 2010, we continued expanding our ability to provide services by creating Letters of Agreement with programs needed for individual clients. For instance, clients needing Psychiatric Residential Rehab, detox, Partial care or other services could access those services through our ability to find an appropriate service and make the dollars available to pay for care. In this way we can respond to individual needs.

It is clear that our contractors are serving more and more of our clients and that it is imperative that communication and teamwork remain a high priority. Many of our needs are being met by the contracted services and it is also clear that certain needs remain and that we need to address those needs. The demand for certain residential services remains but we saw it diminish this year due to the ability to wrap services around clients in the community.

Our Quality Improvement goal "To achieve better outcomes for consumers through effective and safe transitions from residential levels of care to the

consumer's home and community" was achieved through the work of all providers and two consumers. As reflected in the remarks of each of the residential services they have each created ways to improve this process. The Region will continue facilitating the Quality Improvement team and management recommends the continuation of this goal and another goal regarding quality of care.

Great Plains Regional Medical Center accepted Emergency Protective Custody individuals from all counties and has continued to work closely with our Emergency Support Program. Great Plains has been able to work with those committed clients and take care of them here in the Region. We had very few admissions to the Regional Center.

CenterPointe (dual diagnosis residential) identified the need to connect with clients after discharge and will put in place a way to do so.

Houses of Hope (substance abuse halfway house for men) remains an important link in services and served the same number of individuals this year.

Touchstone continues to improve communication with the Regional staff involved in client care. Discharge planning has improved through the efforts of staff from Region II visiting Touchstone and connecting with clients. The move and the new phone system will help in the communication process. They identified the need for supportive housing in our area and we will meet with them to identify what is here and see if we can work together to create what might be needed. We will attend a staff meeting this year.

St. Monica's continues serving women from our Region and throughout the year we worked with them on improving communication. We will continue meeting with clients before discharge to assure that services are in place.

Community Support services offered through Goodwill remained constant during this year. Ongoing meetings with Goodwill produced a more coordinated effort for these clients. Goodwill added clinical supervision for their community support program and that has helped tremendously. The needs of clients remain complex and teamwork with all agencies remains a high priority. We will continue ongoing bi-monthly meetings with Goodwill to help create a better service.

The Supported Employment program(Goodwill) has improved this year and we will continue meeting with them regularly to keep those improvements working. 59% of those referred are deemed ineligible by Vocational Rehab so we want to work with the state to see if we can implement some supported employment without the involvement with Voc-Rehab. The option for clients would make the service more accessible and valuable.

The Pawnee Hotel continues offering community support and mental health respite. The Region needs more timely reports, registrations with Magellan, and compliance on contract issues. New regulations and service definitions will be difficult for the Pawnee to meet. We will be in communication with them on these issues. Goals for this program include contract compliance and audit of all services.

The housing voucher program through West Central Housing Authority is working well and we recommend additional coordination with the program so that we can improve the transition from this program to other housing. We will meet with the housing program monthly to determine how to transition more clients over to other housing programs.

Overall, programs on contract report satisfaction with working with the Region. Gaps include housing and supported housing for those returning from treatment. Meetings with all providers will be established to individualize client services. There will not be new dollars to establish new services so we will continue working to wrap services around individual clients. Discharge planning will begin at admission and referral sources and support workers will be involved in the process to be sure each client has the best possible chance at recovery. More emphasis will be placed on the consumer WRAP (Wellness Recovery Action Program)

Access to Medication checks is an issue throughout the region. We will again use our unique approach through individual case planning to try to reduce the wait time for medication issues. We will work with Family Practice Physicians to find solutions.

Intensive Outpatient services (Lutheran Family Services) continues building their program. Issues raised by community members include access issues in Lexington. As noted it is not always easy to have enough clients. We have encouraged the program to have regularly scheduled start times so courts and providers can make referrals. The hope was that we could decrease the need for residential by creating this level of care and our usage of residential care has decreased this year.

Programs Provided Directly by the Region

Outpatient services continue to see a high demand for services. Urgent Outpatient has helped meet immediate need but the demand for ongoing care is still strong. We have eased the demand some by providing referrals to other providers for those who have other payment sources. The complex needs of clients make the demands on care even more significant. The need for access to medication checks grows daily. Advocacy for outpatient and medication services and the money to support the expansion of these services will be needed in order to continue keeping persons out of higher levels of care. Over the course of this

year more groups were started by clinicians to help alleviate the problem. The addition of peer support has been very helpful.

The data system continues being improved and has helped solve many problems and helps create reports that are timely and accurate. Decisions are based on the data in the reports. All of our contracted providers now enter admissions and discharges into our system.

Community Support has grown again this year. We will continue improving this service as it is invaluable in keeping clients stable and in the community. Several challenges remain as we improve communication and teamwork. Management will work on the identified needs.

The demand for Youth Care continues to grow. New resources were identified as a goal last year and with the passage of LB603 there is more money for this service. The development of levels of care continues working well to help manage the workload. We put some of the new funding into helping with transition age youth but the demands on this program remain strong.

The Day Rehab programs continue serving all Severe and Persistent Mentally Ill clients who are referred and who meet criteria. Programming improved as did staff stability this past year.

The Emergency Support Coordination Program has continued its excellent response to emergency behavioral health needs. Management will work with the program and the state to maintain the flexibility that make this program a strong resource.

Prevention services continue across the Region. Every effort will be made to continue this level of service. We now have two funded coalitions who are their own fiscal managers. The reporting documentation is a challenge.

The outcome data reveals an overall increase in quality of life and functional improvements. Client Surveys from every program indicate an excellent level of satisfaction. Client satisfaction surveys are our main report card. The surveys are given to every client for two weeks each year. This measure remains a crucial tool in our evaluation program. We had a 92.5% return rate and a satisfaction rate of 92%.

Regional Coordination

The Region coordinates an extraordinary amount of activity. Coordination includes emergency, prevention, youth systems, housing, and consumer. All of the system coordination areas met their deliverables and have worked hard to measure and fill gaps as noted in the program evaluation.

Overall this organization remains true to its mission and goals. Clients come first and their needs are valued in every decision made.

Our consumer specialists continue providing the administration with priorities based on clients needs as they discover those needs in conversations and in peer support groups.

Conclusions

2010 has been a year of challenges and growth. We have improved communication, quality of care, and increased the use of community based services. We received a 3 year CARF accreditation. Division director Adams met with the Governing Board and praised the work of this region in its unique ability to wrap care around clients. The intensity of complex needs that clients have is increasing and that is making each person's job more critical and more difficult. Keeping adequate and creative support available to all staff is a priority. Keeping clear communication within all programs delivered and funded is also a priority. As we develop systems of care and systems of documentation, we must keep our mission and values in place. In the process, we must remain fiscally responsible for each dollar spent. This will be done through reports to the Advisory and Governing Boards and State.

The organizational changes continue making each program more viable and more accessible.

We will remain accredited and licensed in all areas required. Our Advisory Committee will remain active in recommendations to the Board and will continue representation of our area and our consumers. All boards and programs continue valuing participation from consumers, families, and interested persons in mental health and substance abuse.

This management plan is considered part of the strategic plan for the Region. The Governing Board, Advisory Committee, consumers and all staff and providers review the program evaluation and this report. The program evaluations and the management report are used to help create the Regional Budget Plan. The Regional Administrator meets with persons served in the creation of goals and in the planning effort. Our consumer specialists meet with consumers across the region on a regular basis and bring concerns, needs and ideas forward to the Regional Administrator monthly. We met our goal set last year to add these reports, client satisfaction surveys and other communication tools to the web site.

No trends were noted of significance in incident reporting. A full analysis of incidents is completed annually. The Privacy report and the corporate compliance report are in our program evaluation.

We believe that we are living and working the mission established and will continue doing so over the coming year.

Report on goals set in 2010

- **Create a Quality Improvement Goal that involves all providers and staff in improving discharge planning for all clients. A measuring tool will be used starting in July 2010.**
Goal was established and all providers participated. Tracking system can now give us results quarterly. The data is reviewed with all providers and some consumers for continuous quality improvement.
- **Revise program evaluation report format.**
Format was found to be effective in some ways and needed to be changed in other areas. Changes were made.
- **Use all data available to make tough budget decisions.**
New reports were developed through the tracking system and all data was reviewed in preparation for budget. Statewide data was also reviewed and utilized to make decisions.
- **Continue consumer involvement at all levels of the organization.**
Consumer specialists were part of many teams this year in the development of services and systems. In addition, the region helped consumers receive peer training and start a warm line.
- **Enhance the web site.**
Web site was completely redesigned and now contains more information and is user friendly.
- **Get National expertise in trends for the future in behavioral healthcare delivery.**
Administration consulted with Open Minds, leading nationally recognized consultants in the Behavioral Health Care field.
- **Cross train at all levels.**
Directors trained staff in all programs and legal information on all aspects of behavioral health was conducted.
- **Meet the systems level deliverables.**
All deliverables were met and exceeded. All reports were turned in on time.
- **Update retirement plan to be able to include employer and employee contributions (staff survey)**
Plan in place and employees can contribute.

Goals for 2011

- Further training on substance abuse for community support workers and further training on women and substance abuse
- Increase activities at day rehab

- Increase access to meds for diabetes
- Investigate telemedicine
- Increase access to dentists for consumers
- Continue QI discharge goal and add another quality goal.
- Quicker access to residential care
- More treatment services in jails
- Coordinated care with primary care physicians
- More WRAP classes
- Continue consumer involvement
- Quicker Access to medication management

In addressing these needs, Network management will focus on the following three goals:

1. Work with Richard Young hospital on increasing access to telemedicine throughout our region.
2. Investigate the possibility of providing IOP in the new Lincoln County jail through the current contract provider.
3. Provide support for the peer run Warm Line.
4. Work with Goodwill on Supported Employment evidence based practice.