

# Region II Human Services Program Evaluations

2023

## **Programs Provided by Region II Human Services—Agency Reports**

- Outpatient—Heartland Clinics, North Platte, Ogallala, McCook, Lexington
- Youth Care Coordination (region wide wrap-around service for Youth)
- Day Support—Frontier (North Platte)
- Community Support (region wide)
- ARM in ARM (Aiding Recovering Moms) region wide
- Emergency Support Program (region wide)
- Region II Quality Improvement

## **Behavioral Health Authority**

### **Systems Coordination**

- Housing Coordination
- Prevention System Coordination
- Disaster Coordination
- Regional Consumer Coordination
- Youth System Coordination
- Emergency System Coordination (contained in the Emergency Support Program report)

### **Contracted Programs**

- Touchstone (Substance Abuse Short Term Residential)
- Great Plains Health Behavioral Health Unit (hospitalization)
- Goodwill (Supported Employment)
- Houses of Hope (halfway house for males-substance abuse)
- CenterPointe (adult co-occurring residential treatment)
- St. Monica's (adult women's residential substance abuse treatment)
- Lutheran Family Services (Intensive Outpatient--substance abuse)
- Community Connections (included in prevention)
- Region II Provider Quality Improvement

### **Region II All Provider Quality Improvement Report**

#### **Grants**

- Mental Health First Aid
- SOR II Opioid Grant
- ARPA Grant

#### **Compliance and Privacy Reports**



## **Programs Provided by Region II Human Services**



## OUTPATIENT PROGRAM REPORT - 2023

Throughout 2023, all of our Heartland clinics have continued with hybrid scheduling. The data continues to show that this has been instrumental in maximizing our most important resources, with clinician productivity at an average of 68% this year and average no-show rates of just 11%. Mastering hybrid scheduling has allowed support staff access to all agency clinicians and lets us respond to location-specific ebbs and flows in demand immediately. We were able to schedule 96% of Urgent Outpatient appointments within 48 hours which is critical for client engagement and meeting client needs as quickly as possible. The staff of our outpatient clinics are able to function and see themselves as part of a larger team to meet the needs of consumers throughout the 17 counties we cover and are no longer bound by the location of the clinic.

In 2023, NBHS proposed a service definition for Client Assistance Programming, the service we have long referred to as Urgent Outpatient. Fortunately, after many years of discussions, this service definition will allow us to continue delivering what has become a cornerstone service for staff, clients and stakeholders. This year, 1,190 people were seen in urgent outpatient programming and 96% of those people were seen within 48 hours of reaching out for services. We remain committed to providing this service within this time frame, as it is critical for client engagement, and allows us to identify any emergent concerns and formulate a plan using the services available to us. Those who utilize Urgent Outpatient programming are able walk away from those first visits with hope and an action plan for addressing their needs.

An increasing need in behavioral health services has been finding best ways to support and educate family members of young adults facing first time experiences with significant behavioral health symptoms. NBHS has confirmed that they will allow for Client Assistance Programming (Urgent Outpatient) for family members. We plan to utilize this option to expand offerings for parents or other family members needing support, problem solving and/or education regarding how to best help loved ones. We recognize that successful treatment includes family and other natural supports whenever possible.

An ongoing challenge for outpatient services and the behavioral health system on a local, state and national level is a shortage of licensed clinicians. Our numbers for the year reinforce that we are maximizing the time available for providers to see clients, but the demand continues to outpace availability. This can only be expected to continue into the foreseeable future. We attempt to recruit clinicians and also provide internal support and assistance for staff members who have interest in pursuing further education in behavioral health. We continue to explore options for care outside of the traditional outpatient setting and make sure that we are helping clients get engaged with any services that may be of benefit. We continue to ensure that our clinical staff are up to date in terms of evidence based practices and continue to be open to any new or innovative approaches that can allow for greater access to care.

In February 2024, Region II programs will be implementing a new Electronic Health Record. While this is always a stressful time for staff, we are hopeful that the new program will allow us to better streamline some processes and possibly lessen documentation times. We have a strong team of super users assembled to insure that staff get the support and education they need to make the transition as seamlessly as possible.

## **DATA FOR 2023**

TOTAL ADMISSIONS TO OUTPATIENT PROGRAMS: 2,625

ADMISSIONS BY LOCATION:

LEXINGTON: 480

McCOOK: 556

NORTH PLATTE: 1239

OGALLALA: 350

TOTAL PERSONS SERVED IN OUTPATIENT PROGRAMS: 3,876

PERSONS SERVED BY LOCATION:

LEXINGTON: 671

McCOOK: 879

NORTH PLATTE: 1,793

OGALLALA: 533

TOTAL PERSONS SERVED THROUGH URGENT OUTPATIENT SERVICES – 1,489

96% of those calling for Urgent OP services were seen within 48 hours

OUTCOME MEASURES (BASED ON WHOQOL-BREF INSTRUMENT)

Overall Quality of Life improvement – 83%

Physical domain improvement – 80%

Psychological domain improvement – 84%

Social Relations domain improvement – 85%

Environmental domain improvement – 82%

CLIENT SATISFACTION SURVEY RESULTS:

99% responded that they had timely access to services

100% responded that they would return to Heartland in the future if needed

96% responded that their quality of life was better as a result of being in the service provided

## Youth Care Coordination Program

### REGIONAL REPORT

YEAR 2023

#### Youth served by county:

- 124 Level A Clients served
  - Chase – 3
  - Dawson – 34
  - Frontier – 6
  - Gosper - 2
  - Grant - 1
  - Hitchcock - 3
  - Keith - 9
  - Lincoln - 46
  - Perkins - 3
  - Red Willow - 17
- 5 Level B Clients Served
  - Dawson – 1
  - Lincoln – 3
  - Logan - 1
- 7 YCC Special Population Clients Served
  - Keith - 1
  - Lincoln – 5
  - Perkins - 1
- 3 Probation Voucher
  - Dawson – 2
  - Red Willow - 1

**Total served: 139**

- The average length of stay is:
  - Youth Care Coordination – 390.56 days (12.84 months)
  - Level B – 413.5 days (13.59 months)
  - Probation – 287.33 days (9.45 months)
  - Special Populations – 212.75 days (6.99 months)
  - Total Average – 326.04 days (10.72 months)

### ***Highlights of the past year***

- Youth Care Coordination served 18 more families from 2022
- There were 17 more intakes into YCC in 2023 then 2022
- Youth Care staff participates in Clinical Supervision once a month with Clinical Supervisor via zoom or in person
- Youth Care Coordination staff are registered as a Provider for the Juvenile Service Delivery Program and have continued to serve youth through the Probation Justice Wraparound Voucher
- Youth Care Coordination staff are CPR and First Aid certified
- YCC staff are trained in and provide Trauma Informed care
- YCC staff is participating in many community meetings including but not limited to Juvenile Assessment Team, 1184, Community Planning Team, Through the Eyes of the Child, etc. while getting familiar with their communities they serve. These meetings are held throughout the Region II services area
- Participated in all Professional Partner Program Supervisor calls with DBH where the main focus is creating a service definition for the PPP
- Contracted with a new mentor to serve youth around Red Willow County area
- Any Mentors that YCC staff contract with receive a training and this Training Manual has been updated
- Staff assisted in transitioning to the new client Electronic Health Record and assisted in created forms for the YCC Program
- Along with the new EHR program, YCC forms were updated to help reduce duplication and improve workflow while continuing to meet the CARF & PPP standards
- YCC staff attended a training with PTI (Parent Training and Information) to understand better the legal rights students and parents have in regards to Special Education
- YCC staff attended the NJJA Conference in Kearney

### ***CAFAS Highlights- Level of Impairment***

*CAFAS applies a scoring system to indicate the degree of impairment a youth has due to behaviors*

- 2023 data shows an average decrease of 43.16 points of impairment in youth successfully discharged from the YCC Level A program.
- There was an average decrease of impairment of youth both successfully and unsuccessfully discharged of 34.23 points.
- Maximum CAFAS score during 2023 at admission was 150, minimum score at discharge was 0.



### ***Client Satisfaction Highlights***

100% return rate of satisfaction surveys this year

89% of youth/young adults showed that general life quality improved due to being part of the Youth Care Coordination Program. This is a 13% increase from 2022

95% of youth/young adults felt they had timely access to Youth Care Coordination. This is a 4% increase from 2022

100% of youth/young adults felt that this program helped them discover that they have choices in how they reach their goals

### ***Efficiency, Effectiveness and Accessibility Highlights***

*Goal-* 90% of all referrals will be contacted within 7 days of receiving the referral

*Goal met:* Total for all YCC programs = 91.18%

- YCC Special Populations – 100%
- YCC Level B – 100%
- YCC Level A – 91.07%
- YCC Probation – 100%

### ***2023 Service Goals Report***

*Goal 1-* Score 72% Fidelity or above in the Wraparound Fidelity Index - EZ

*Goal met:*

- Total average score: 75.75%
- Wraparound Facilitator – 79.04%
- Caregiver – 75.26%
- Youth – 71.14%
- Team Member – 77.58%
- 

*Goal 2 -* Youth Care Coordination referral dispositions will be completed within 30 days of the date that the referral was received 90% of the time

*Goal not met:*

- 85.29% of youth's eligibility disposition was completed within 30 days after referral was received. However, there was a total score of 93.75% of youth that were admitted 30 days after they were determined eligible (referral disposition date).

*Goal 3 -* 75% of youth who are discharged from the Youth Care Coordination Program in 2023 will show an average point decrease of impairment of 20 evidenced by the admission and discharge CAFAS scores

*Goal not met – 67.31% of youth discharged from services had a 20 point decrease in impairment from admission to discharge. However, the average point decrease was 34.23.*

*Goal 4 - All new Youth Care staff will be fully trained and maintaining their own caseloads independently. They will be familiar with their community agencies and resources in all of their communities they serve*

*Goal met – All new staff are maintaining their caseloads independently, utilizing their community resources and making professional relationships in their communities and within Region II Human Services*

### **Challenges/Unmet Needs**

A challenge that we have faced this year was the struggle with staff shortages in the schools and their limited availability to attend Youth Care team meetings. To help bridge this gap, YCC and a particular schools have met to go over any areas for improvement in communication between both programs on how we can effectively work together while meeting the needs of our clients. With this in mind, it has forced us to look within ourselves as a program and how much we advocate and “do for” our families. We started focusing on “doing with” not “for” which helps the parents with their responsibilities and confidence to continue advocating for their child when they are not enrolled in our program.

YCC Director recently implemented a once a month staffing with all case managers, in addition to the monthly Clinical Supervision with our contracted Clinical Supervisor. The goal of this is to help identify families that are ready to transition to discharge, staff referrals to determine eligibility in a timelier manner and any other needs staff may have.

### **Program Goals for 2023**

1. Score 72% or above Total Fidelity in the Wraparound Fidelity Index – EZ
2. Youth Care Coordination referral dispositions will be completed within 30 days of the date that the referral was received 90% of the time.
3. All staff will be trained and maintaining their own caseload in the new client Electronic Health Record
4. At least 80% of youth/young adults will show that general quality of life has improved due to being part of the Youth Care Coordination Program using the Annual Client Satisfaction Survey

## REGION II HUMAN SERVICES

### ADULT SUPPORT SERVICES

#### Program Report-2023

Adult Support Services include Community Support Mental Health and Substance Use Disorder, ARM in ARM, Day Support, Emergency Community Support, Intensive Community Services and Member Bank.

#### Highlights:

- ❖ Reunification of families involved with DHHS
- ❖ 2 healthy babies born while mom in ARM program
- ❖ Care Coordinators attended Team Meetings as needed
- ❖ Care Coordinators transported Medicaid clients to Newman Grove to receive dental care
- ❖ DBT class provided weekly at Day Support
- ❖ Weekly combined meetings with Community Support, Emergency Support, Day Support, Clinical Director, Program Director/Housing Coordinator
- ❖ Monthly meeting with Goodwill Supported Employment and Vocational Rehabilitation
- ❖ Contingency Management funds utilized
- ❖ Hiring Bonus available to assist with competitive hiring
- ❖ Trauma Informed Care training provided
- ❖ myStrengths application in use by clients, staff and community
- ❖ Member Banking available to clients
- ❖ 36 clients received services through Member Banking
  - 33 in Lincoln County
  - 2 in Red Willow County
  - 1 in Keith County
- ❖ Client Satisfaction Surveys distributed
- ❖ Housing Assistance Program funding utilized for on-going and housing cost needs
- ❖ Regularly scheduled Probation meetings with supervisors
- ❖ Regularly scheduled DHHS meetings with supervisors
- ❖ Flex Funds utilized to assist clients with basic needs
- ❖ Provided educational material on recovery, relapse, coping skills, health life styles, budgeting, etc.
- ❖ Staff received Narcan as well as information and training of product and administering as well as having Narcan available at Frontier House for emergency use if needed.
- ❖ 24/7 Emergency Crisis Line
- ❖ Grounding Line available
- ❖ Pioneer House in McCook has a weekly drop in group that provides education, socialization, crafts, board games
- ❖ Implemented Intensive Community Services

### **Goals Identified and Achieved 2023:**

- ✓ (CS)-Distribute Client Satisfaction Surveys
  - Completed
- ✓ (CS)-Distribute letters in communities to increase awareness of program
  - Completed
- ✓ (CS)-95% or higher of referrals will be contacted within 7 days
  - Completed
- ✓ (CS)-Staff will receive “Active Listening,” training
  - Completed
- ✓ (CS)-Implement monthly file review for Quality Assurance of records
  - *This goal was not met on a monthly basis; however, files were reviewed at a minimum of quarterly*
- ✓ (ARM)-Hire ARM in ARM manager
  - Completed
- ✓ (ARM)-Increase number of women admitted to the program to 20
  - Completed
- ✓ (ARM)-ARM in ARM program will not fall below 80% of consumers responding that their quality of life has improved as a result of services
  - *Goal met, 100% of consumers responded with a 4 or 5 (1 to 5 scale) that their life has improved as a result of services.*
- ✓ (DS)-95% of all referrals contacted within 7 days of referral date (2022 = 84%)
  - *Goal not met, however, there was an increase to 90% of referrals contacted within 7 days of referral*
- ✓ (DS)-Flexibility of program to adjust to needs and desires of members, this will include, days, times, activities requested, etc.
  - Completed
- ✓ (DS)-Incorporate monthly file reviews to ensure Quality of electronic records
  - *This goal was not met on a monthly basis; however, files were reviewed at a minimum of quarterly*
- ✓ (DS)-Recruit Day Support staff to join Trauma Champs
  - Completed

### **Challenges and Unmet Needs:**

Ongoing challenges and unmet needs continue to be unreliable Medicaid transportation; we have several examples of Medicaid not authorizing a trip as well as drivers not showing up for a scheduled transport nor is there a call to the client or worker. These issues have delayed clients from obtaining needed medical and dental care. Dental care for clients as well as their children are a struggle. Although we have a dentist in Newman Grove that will take new Medicaid clients, this makes it a very long day for both clients and staff to travel to and from the North Platte area. Available housing rentals

are limited; even with funding available from our Housing Assistance Program, ability to find safe, affordable housing that meets the needs of clients/families is a struggle. Limited foster homes in the area have added strain to families as children placed hours away from their homes thus requiring parents to travel several hours for visitations.

#### **Adult Support Services Goals for 2024:**

- Distribute Client Satisfaction Surveys
- Distribute letters in communities to increase awareness of programs
- 95% or higher of referrals will be contacted within timeframe per program plan
- Provide Bridges Out of Poverty training to all staff who have not taken this training or offer to those who would like a refresher course
- Hire ARM in ARM manager as current manager will be graduating in May 2024 and transitioning over to outpatient services
- Explore ideas on increasing office space at Frontier House to accommodate traveling staff and conference room space
- Explore ability to replace 2 older Frontier House vans with one that is newer and more reliable as staff are regularly traveling long distances with clients to transport to the dentist and other appointments out of town
- Improve aesthetics of Frontier House to provide a welcoming and inviting atmosphere
- Increase number of persons served in all programs
- Intake Specialist will complete intakes for all programs
- Identify and implement additional group in Lexington; possibly, Seeking Safety, Living Sober, etc.
- Programs will not fall below 80% of client's responding that their quality of life has improved as a result of services; this is measured by the Client Satisfaction Surveys

#### **DATA FOR 2023-Community Support MH & SUD**

- 164 referrals received for CSMH
- 71 referrals admitted to CSMH
- 96% referrals CSMH contacted within 7 days of initial referral
  
- 52 referrals received for CSSUD
- 25 admissions to CSSUD
- 97% referrals CSSUD contacted within 7 days of initial referral

#### **DATA FOR 2023-Emergency Community Support**

- 219 referrals received for ECS
- 78 admissions to ECS
- 98% referrals ECS contacted within 7 days of initial referral

**DATA FOR 2023-ARM in ARM**

- 50 referrals received for ARM (19 referrals 2022)
- 28 admissions admitted to ARM
- 98 % referrals contacted within 7 days of initial referral

**DATA FOR 2023-Day Support**

- 30 referrals received for Day Support
- 7 admissions to Day Support
- 90 % referrals for Day Support contacted within 7 days of initial referral

**DATA FOR 2023-Intensive Community Services**

- 1 referrals received for ICS
- 1 admissions to ICS
- 100 % referrals for ICS contacted within 7 days of initial referral

*2023 Client Satisfaction Surveys completed and will be available through the regional website at [www.r2hs.com](http://www.r2hs.com)*

**EMERGENCY SUPPORT PROGRAM  
YEARLY REPORT 2023**

**HIGHLIGHTS**

**Data for 2023**

**EPC's:** 100 (123 in 2022)

Perkins: 1 (2 in 2022)

Red Willow: 12 (13 in 2022)

Thomas: 0 (1 in 2022)

Lincoln: 41 (68 in 2022)

Chase: 1 (5 in 2022)

Dundy: 1 (0 in 2022)

Dawson: 29 (22 in 2022)

Gosper: 1 (1 in 2022)

McPherson: 0 (0 in 2022)

Keith: 12 (9 in 2022)

Grant: 0 (0 in 2022)

Hooker: 0 (0 in 2022)

Logan: 0 (0 in 2022)

Frontier: 2 (2 in 2022)

Arthur: 0 (0 in 2022)

Hitchcock: 0 (0 in 2022)

Hayes: 0 (0 in 2022)

**Mental Health Board Commitments:**

Inpatient: 11 (17 in 2022)

Outpatient: 2 (1 in 2022)

Dropped: 89 (105 in 2022)

Continuance: 1 (2 in 2022)

**Crisis Response Assessments:** 35 (13 in 2022)

**Adult:** 30

**Youth:** 5

**Crisis Response Assessments that ended in EPC:** 0 (1 in 2022)

**Diverted EPC's:** 35 (12 in 2022)

**Repeat EPC's:** 7 (8 in 2022)

**Referrals for Emergency Community Support:** 222 (221 in 2022)

Chase: 0 (1 in 2022)

Dawson: 15 (9 in 2022)

Dundy: 1 (0 in 2022)  
Frontier: 1 (4 in 2022)  
Gosper: 0 (1 in 2022)  
Hitchcock: 2 (0 in 2022)  
Keith: 14 (13 in 2022)  
Lincoln: 172 (181 in 2022)  
Logan: 1 (1 in 2022)  
McPherson: 1 (0 in 2022)  
Perkins: 2 (1 in 2022)  
Red Willow: 9 (8 in 2022)  
Thomas: 1 (1 in 2022)  
Out of Region: 3

**Referrals for Emergency Assistance: 327 (475 in 2022)**

Chase: 3 (4 in 2022)  
Dawson: 80 (58 in 2022)  
Dundy: 7 (0 in 2022)  
Frontier: 5 (3 in 2022)  
Gosper: 6 (5 in 2021)  
Hayes: 1 (0 in 2022)  
Hitchcock: 4 (5 in 2022)  
Keith: 19 (34 in 2022)  
Lincoln: 144 (288 in 2022)  
McPherson: 1 (0 in 2022)  
Perkins: 1 (7 in 2022)  
Red Willow: 37 (42 in 2022)  
Out of Region: 19 (28 in 2022)

**Assistance with Medication: 96 (115 in 2022)**

**Assistance with Transportation: 47 (105 in 2022)**



**Assistance with Medical: 4 (22 in 2022)**

**Assistance with Other (rent, food, etc.): 179 (233 in 2022)**

**Consumers at LRC for 2023:** One male for the whole year. He was a court competency that switched to a Mental Health Board commitment 5 years ago. One female admitted in August and discharged in October.

### **Challenges and unmet needs**

We need to continue to have flexibility in order to assist persons in our area. We are having to submit exception requests if we want to spend flex dollars for persons who have Medicaid, even if what they need is not covered by their Medicaid. This takes the “emergency” assistance out of the process. DBH has cut our ability to help those in emergency even further, by stating that if the person is not in the CDS and does not have an encounter number, we cannot use Region funds to cover any flex funding for them. This makes it difficult when you have someone who is travelling through, or discharging from the hospital or new to town that is in need of assistance as they would not be a client in any services.

As a system, we are again and continually working with LRC on discharges to help improve the quality and timeliness of discharges. It is difficult to get people in to the Regional Center due to the increase in numbers of court orders that are on the list. We have had discussions with the division, LRC and with Emergency Systems Coordinators on the bed allocation process and have been talking about solutions, but have yet to come to a decision. With new leadership at DBH and LRC we continue to discuss and work on admissions and discharges.

Staff shortages have caused there to be several instances when Great Plains Health was closed to admissions, causing consumers under an EPC to be placed all across the state. 51 of our 100 EPC's this year were diverted to other hospitals.

### **EMERGENCY ASSISTANCE**

We were able to assist 327 persons in Region 2 with immediate needs in 2023. With Medicaid expansion and DBH regulations on how we can spend flex funding, that number has decreased from previous years.

### **CRISIS RESPONSE**

We provided assessments for 5 youth and 30 adults in 2023. That number has more than doubled since last year. We updated our assessment and reviewed with our contracted providers. 988 has diverted several calls to us for ongoing services and follow up. Robyn is going to the Law Enforcement training

center and meeting with new recruits and explaining Crisis Response and how to access the service. All crisis response calls that are 988 or Nebraska Family Help Line initiated, are required to be entered in to the CDS and discharged within 72 hours. This has proven to be quite challenging at times.

## **EMERGENCY COORDINATION**

24/7 coverage for mental health and substance abuse emergency calls. Calls come in from hospital social workers, schools, doctor's offices, law enforcement, and people in the community, people who found our number on the internet, or were given our number by a friend. We triage and assess and then assist as able or refer to community resources.

Participation in community meetings to discuss EPC and Crisis Response activities and to problem solve issues. These meetings include:

- Behavioral Systems meetings in North Platte
- EPC meetings at Great Plains Health
- Emergency Systems Coordination meetings with DBH
- McCook and Ogallala Forum meetings
- Hospital and Law Enforcement meeting in McCook

Robyn is point of contact for 988 and Nebraska Family Helpline handoff calls.

Robyn is involved in the meetings being held with DHHS and the Division re: Lincoln Regional Center and admissions and discharges.

Robyn participates in monthly meetings with DBH and Region Emergency System Coordinators.

Robyn has been participating in training at the Law Enforcement training center in Grand Island. She meets with new recruits from Region 2 to discuss the program and participates in their roll playing scenarios to offer suggestions on how to work with persons in a mental health crisis.

Robyn met with newly elected Sheriff's in Region 2.

Robyn meets with Region 2 consumers at St Monica's and Touchstone to assist with planning for when they graduate to help with a seamless transition back in to the community.

## **Progress on Goals for 2023**

We have been given approval to hire for a new position, Intensive Community Services. We are working on posting this position and hiring.

\*\*A new Emergency Support worker was hired and will also be providing this service.

To continue to work with 988 implementation and participate in zoom meetings as needed.

\*\*I participate in calls when informed. All Regional Emergency Coordinators, except for Region 5, were not on the invite for the calls. We are supposed to be now.

To continue to work with LRC on admissions and discharges.

\*\*As new leadership is hired, we are supposed to be having meetings re: communication and working together.

To work with Great Plains Health on admissions and to help decrease the number of persons who are diverted to other hospitals.

\*\*New staff was hired and there are new psychiatrists. Lately, it has been better.

To meet with new Sheriffs across the region and to provide any training for their officers on Emergency Support/Crisis Response.

\*\*Robyn met with new Sheriff's at the beginning of the year

To continue to provide 24/7 coverage for the region for persons who are experiencing a mental health or substance abuse crisis.

\*\*Robyn provides 24/7 coverage.

Robyn no longer is supervising Emergency Community Support staff. That is new this year. Information for that program will be in the Adult Services report.

### **Goals for 2024**

To continue working with DBH and LRC on communication and discharge planning

To work on getting I Pads for Crisis Response counselors so we are able to provide telehealth assessments.

To continue to provide 24/7 coverage for our 17 counties for mental health and substance abuse emergencies.

To work on increasing attendance at the McCook Forum meetings.

To work on recruiting new therapists for Crisis Response.



QUALITY IMPROVEMENT COMMITTEE MEETING  
Community Support, Emergency Support,  
Day Support and Youth Care Coordination

**2023 YEAR END REPORT**

2023 QI meetings were held quarterly, on January 20, April 21, July 21, and October 20. Case presentations were made at each of these meetings by Community Support, Emergency Support, Day Rehabilitation/Day Support, and Youth Care Coordination workers.

File review and presentation adhered to the following format:

- Directors randomly select an electronic record for review.
- The chart is assigned to another worker in the same discipline.
- The assigned worker reviews the chart and completes the Review Form, which is then sent to Program Director.
- Program Director looks over the Review Form, identifying any themes or areas for improvement.
- At QI Meeting, Program Directors speak to any themes/omissions/oversights in reviewed charts.
- Presenter selects a client from their caseload to staff at the meeting—sometimes this is one's most challenging client, sometimes it is someone who has shown great progress.
- QI Review Forms are scanned into the client's electronic record and can be found within the "scanned images" folder, for detailed review.

This year's file reviews illustrated that charts, for the most part, were timely, thorough and complete. Discrepancies that were identified were corrected to the extent possible. Workers used case presentation as a way to share successes and also receive feedback and ideas that could assist their work with particularly challenging clients. Workers, on the whole, demonstrated thorough knowledge of their clients, and positive efforts to promote the achievement of client-identified goals.

QI meetings provided a platform for educating staff on programmatic, procedural, and documentation changes specific to each program. Meetings also provided an opportunity to disseminate important educational and training information to all staff, as well as information on community resources.

Please refer to quarterly QI Reports for additional information on agenda items for each meeting as well as list of attendees and presenters. Case review forms, found in each client's electronic record, identify which files were reviewed and list exact omissions / errors / oversights and note if and when these were corrected.

Quarterly meetings are scheduled again for 2023. Meeting format, as of now, will look similar to that described above. Format may be adjusted as needed, to maximize the time and make it as useful as possible. In person meetings have resumed however, Zoom video meetings are utilized when necessary.

Training needs will continue to be identified and addressed in the coming year by both internal and external resource people. Clinical supervision, in addition to formal QI meetings, will provide ongoing and frequent opportunity for staff education.



## Quality Improvement Outpatient Annual Report

2023

Outpatient Quality Improvement Meetings were held quarterly on February 3, 2023, May 5, July 28, November 3.

Heartland Staff continues to work diligently, proactively and creatively to improve the quality and types of service following:

- Clinical Records- Staff continue to increase proficiency, modify and remedy glitches with ECHO, all electronic; on-line; in real time clinical records.
- Client Services- Clients are still able to utilize telehealth services as well as be seen in person. Region II continues to follow all guidelines of the public health emergency.
- Education and training- All Region II staff are encouraged to obtain continuing education and training. Please refer to quarterly QI Reports for additional information on agenda items for each meeting as well as a list of attendees and presenters.

Region II and Heartland staff continue to improve the accessibility and quality of treatment services in all areas. Adapting to the ever changing funding sources including expanded Medicaid by the State of Nebraska and Insurance companies. Future budgeting issues on the National, State and organization level may prove challenging. The expanded use of telehealth during the Pandemic is predicted to continue into the future with some estimates of up to 50% use in most treatment practices. Region II and Heartland staff will work hard together to meet these new challenges in Mental Health and Substance Abuse treatment services.

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Training needs will continue to be identified and addressed in the coming year by both internal and external resource people. Clinical supervision, in addition to formal QI meetings, will provide ongoing and frequent opportunity for staff education.





# **Behavioral Health Authority Systems Coordination**



**Systems Coordination: Housing**  
Annual Program Report 2023

**HIGHLIGHTS:**

- Housing provided for clients diagnosed with both mental health and substance use disorder
- No “wait list” for housing vouchers
- 24/7 access to Emergency Support crisis line for clients
- Clients meeting Priority 1, 2 & 3 housed
- Ability to assist consumers with maintaining their housing or providing assistance and resources to move into other housing locations that are safe and affordable.
- Positive working relationships with Landlords
- Suzanne Davis hired beginning of 2023 to assist with approval of applications, housing inspections, etc. and has been a beneficial asset for the program.
- Housing Coordinator participated in Southwest Continuum of Care meetings
- Housing Coordinator participated in monthly meetings with Regional Housing Coordinators
- 100% consumers utilizing State Housing Voucher have a care coordinator
- Successful transitions from State Housing Voucher to Section 8
- Good working rapport between Community Support staff and Housing Authority
- 100% of Supported Housing Voucher State Quality Improvement Access Measures met
- Angela Smith, Regional Housing Coordinator attended state housing calls

**PROGRESS TOWARD SERVICE GOALS:**

*Goal #1: Provide safe and affordable housing to consumers with severe and persistent mental illness and/or substance use disorder in Region II and assist consumers to become more self-sufficient*

- ✓ Goal Met
  - Consumers are assisted in finding affordable and safe housing per their preference
  - All consumers receiving housing assistance have an assigned Care Coordinator (from either Community Support, Emergency Support or Youth Care) and receive case management services to assist with successful independent living.
  - 100% of consumers have Comprehensive Treatment Plans that detail the consumer’s goal of independent housing and a copy is provided to client.
  - 100% of consumers in housing program have a Safety Plan to identify triggers, thoughts and behaviors that indicate relapse and a copy is provided to client.
  -

**GOALS IDENTIFIED AND ACHIEVED 2023:**

- ✓ Meet Access Measures as identified by the Division of Behavioral Health
- ✓ Restructure housing program that will enable increased access of housing assistance
- ✓ Increase number of on-going housing vouchers utilized to 20 households/clients
- ✓ Set up a meeting to introduce new Region II Housing Contractor and provide training to case managers to orientate to changes in process
- ✓ Meet with Regional Coordinators to provide support with delivery of housing service and scenarios encountered
- ✓ Housing Coordinator will attend State Housing Voucher calls/meetings
- ✓ Update current housing forms and implement new forms in electronic record to ease process
- ✓ Obtain training for Trauma Informed Care for Housing Assisted Program
- ✓ Update Program Manual for HAP

### **ESTABLISHED MEASURES OF EFFICIENCY AND EFFECTIVENESS:**

This information is provided to Region II for calendar year 2023 by Suzanne Davis, Region II Housing Contractor:

Region 2 served 43 new individuals in the Housing Assistance Program during the calendar year and served an additional 5 individuals who were already receiving housing assistance at the beginning of 2023.

Successfully housing clients is the goal for the success of the State Rental Assistance Transition Voucher Program. By providing safe, decent and affordable housing, clients do not require a higher level of treatment. Rental assistance provides stability for clients and their families that they would not be able to achieve otherwise.

### **CHALLENGES AND UNMET NEEDS:**

- Availability of safe and affordable housing rentals that meet needs of clients and their families is a continued challenge
- Limited available housing for consumers with felonies and low credit scores
- Guidance from Behavioral Health if regions are expected to receive training/certification on NSPIRE as the new standardized tool for housing inspections.

### **GOALS FOR 2024:**

- Increase number of client's served in 2024
- NSPIRE training for housing standards if required by NBHS
- Meet/exceed Access Measures as identified by NBHS
- Transitions to Section 8 or other housing authority

**Region II Human Services  
Prevention System Coordination  
Annual Program Report  
January 1, 2022-December 31, 2023**

Substance Abuse Prevention is a program of Region II Human Services. It is the goal of Region II Human Services to meet the prevention needs of the 17 county area served by the region. This program works with communities, community organizations, schools, churches and parents to provide evidence based programs and norm changing practices. The needs of the communities are data-driven and identified through statistics provided to the State, Regions and Counties. Some of the reports include, but not limited to; The Nebraska Risk & Protective Factors Student Survey and The Nebraska Young Adult Alcohol Opinion Survey. The Regions goals are to delay the onset of first use of alcohol or other substances; to reduce the progression of substance use, including underage drinking, binge drinking, prescription drug abuse, marijuana use and suicidal ideation in communities and to build coalition capacity to continue addressing these problems by targeting risk factors and maximizing protective factors.

One of the goals of the prevention systems coordination focus plan is to increase the perception of risk related to alcohol use among all age groups. Prevention efforts should be equally important for all the target ages. It is important to identify alcohol and other drug use disorders early and provide brief intervention, referral and treatment. Lifelong health starts at birth and continues throughout all stages of life.

The Prevention System Director continues to work with the Bureau of Sociological Research and schools in the region to encourage their participation in the Nebraska Risk and Protective Factors Student Surveys (NRPFS). The Nebraska Risk and Protective Factor Student Survey is one of the three surveys that make up the Student Health and Risk Prevention (SHARP) Surveillance System. The 2021 surveys were completed and results made available to coalitions and regions in the fall of 2022.

Substance use disorder is associated with a number of different mental health disorders and illness, but most importantly, it can often lead to drug addiction or alcoholism. Mental Health disorders and substance use is also major risk factors for suicide.

Region II contracts with two certified trained facilitators to provide Adult Mental Health First Aid (AMHFA), Youth Mental Health First Aid (YMHFA) and Veterans trainings throughout the region. One of the facilitators has additional training in rural communities and public safety tracks of MHFA training. In 2023, the region was able to offer five in-person Adult MHFA trainings with 61 participants. Region II continues to support and offer education and trainings that focus on greater awareness of mental health issues, warning signs of suicide, effective interventions and

treatment. Research shows there are shared risk factors for Substance use disorder and Suicide. Region II continues to support the local suicide prevention coalition and the LOSS team in the region.

Region II contracts with trained facilitators in QPR (Question, Persuade and Refer). Law enforcement, community agencies, church groups, parents, mentors and schools/colleges can request QPR trainings. Region II offered four QPR trainings to 46 participants. Region II collaborated with West Central District Health Dept. to bring in a facilitator to provide QPR in Spanish.

myStrength app- myStrength is an evidence-based digital behavioral health app that empowers myStrength users to address depression, anxiety, stress, substance use, chronic pain and sleep challenges, while also supporting the physical and spiritual aspects of whole-person health. The link is on the Region II website and numerous informational rack cards distributed to community members/agencies. As of Dec. 31, 2023, there are over 704 registered users of the app. There are 67 more registered users than the previous year.

The Prevention System Director collaborates with the Regional Administrator to ensure effective use of prevention funds. Prevention System Director will coordinate local coalitions and community groups and assist with events and services to address the perception of risk related to alcohol use among all age groups. Effective prevention programs and policies stress the importance of wellness, resiliency, and protective factors.

Programs offered by Region II administer pre and/or a post surveys recommended by the specific program/curriculum. Partners for Insightful Evaluation (Pie) developed new pre/posttests for statewide curriculums, so regions/coalitions offering substance use prevention curriculums in the state are using the same pre/posttests. Results are reviewed to see how attitudes and knowledge have changed since the beginning of the program. School surveys such as the Risk and Protective Factors Student Surveys administered in many communities in Region II. Community assessments conducted in various communities in the Region II by community coalitions/local health departments. The results of the surveys and assessments help measure the outcomes of the programs and efforts made each in community.

In 2023, Region II provided four "Circle of Security" (COS) parenting classes. Region II contracts with trained parent educators. Region II offers the classes at no cost to the participants, so everyone can attend regardless of cost. Classes offered to parents, newly expecting parents, caregivers, foster parents, guardians, adoptive parents and daycare

providers. Classes offered once a week for 8 weeks. Region II Prevention System Director coordinated four classes in North Platte with 30 parents attending. The number of parents that attended in 2022 was 22. Region II provides funding to Rooted in Relationships-Dawson Co. to provide additional COS classes Dawson County (stats for Dawson Co. classes for 2023 can be seen at the end of this report). CASA in Ogallala, NE. coordinates/offers classes in Keith Co. and surrounding communities. Trying to collaborate with CASA in McCook to coordinate additional classes in the McCook area.

Outcomes for Circle of Security Series for 2023- At the end of each 8-week session, posttests reviewed.

Self-reported changes in behavior and attitude seen on participant surveys.

Participants reported a decrease level of stress about parenting and attending to their children's needs after attending the parenting series. 97% reported an increase in their confidence they can meet the needs of their children after attending the parenting series. Yearly reports published by the Nebraska Children's & Families Foundation. Dawson Co. data is under coalition reports.

Region II continues to provide the evidence-based alcohol and drug education class- Prime for Life throughout the region. Prime for Life is a risk reduction program. The main goal of the program is to help each participant in the program reduce risk for any type of alcohol or drug problem. In 2023, Region II provided twelve classes and served 108 youth and adults. All classes were held virtually and made it easier for youth and adults to attend and participate. Region II will continue to offer Prime for Life virtually.

Outcomes for Prime for Life classes for 2023- over the year pre/posttests reviewed after the completion of the classes (outcomes for January, February, March and May of 2023 = 36 participants. Computer/survey problems with April data). Self-reported changes in behavior and attitude seen on participant surveys- 95% of participants reported gaining new knowledge after taking the class. 100% of participants reported they would change and make low-risk behaviors vs. high-risk behaviors after taking the class. 95% of participants reported their attitudes have changed after taking the class.

Region II has an MOU with the Nebraska State Patrol for Alcohol Inspections in the region. The NSP conducted checks in the following counties: Chase, Dawson (5), Dundy, Frontier, Gosper, Hitchcock, Keith (2), and Lincoln (4) counties. 131 establishments were checked in total. The NSP has stated one barrier in completing alcohol compliance checks is finding dependable CI's (cooperative individuals) to assist in the checks.

The Prevention System Director will help facilitate community coalition development throughout the Region. Coalitions will participate in strategic planning and complete training at the state level. Coalitions will be provided training opportunities to address capacity building in their communities. Region II will keep record of and maintain a database on all Coalition activities funded by the Substance Use Prevention and Treatment Block Grant. The Prevention System Director will collect annual reports from community coalitions on goals/challenges (at end of report).

Total targeted by population in the region for 2023: Approx. – 1,146,485, including, but not limited to media/social norm campaigns and multiple alcohol compliance checks throughout the region.

Individual interventions (indicated, selective and universal direct) - Approx. 4,980 of the population served, including classes, coalition events, prevention activities in communities/schools. (Data collected from the Nebraska DBH NPIRS reporting system).

The Prevention Director continues to assist coordinate the implementation of evidence-based prevention programs to schools/communities in the region. Region II provides HALO (Healthy Alternatives for little ones) region wide as requested. HALO is an evidence-based, developmentally appropriate health education and prevention program. HALO is designed to provide information and help young children build healthy living skills. In 2023, classes held in Arthur, Paxton, Sutherland, South Platte, Perkins Co. elementary schools and Ogallala (Kids Oasis) afterschool program.

Region II provides the All-Stars curriculum to regional schools by request. All-Stars is an evidence-based intervention program taught to middle school students designed to reduce adolescents' engagement in substance use, violence and bullying. The curriculum consists of small group activities, debates, individual meetings and games. The curriculum is comprised of 12-13 lessons. Region II will keep in contact with schools and offer services region wide.

Region II provides offers in-person seeking safety training and courtroom etiquette at the Keith County jail in Ogallala. Keith County provides funding to the region to provide jail education.

Seeking Safety offered in-person in Ogallala on Wednesdays and weekly virtual classes also offered every Wednesday. Seeking Safety is a drop-in group to help people with PTSD, a history of trauma and /or a history of substance abuse/dependence attain safety. Seeking Safety is an evidence-based, present-focused curriculum. Safety is the overarching goal, with



emphasis on helping people achieve safety in their relationships, thinking, behavior and emotions. There are 25 different topics that can be attended in any order, as few or as many times as a person finds helpful. Dates/times and zoom link can be found on the Region II website under the Calendar tab. Past recordings of the virtual classes can be found on the website under the Resource tab.

Community members can view past classes under the resource tab on the website.

Educational materials produced/customized by Kidglov for Region II via various social media outlets. Additional resources can be found under the resource page on the website. Monthly analytical numbers are sent from Kidglov. January-Dec. 2023 range from 199,430- 774,739 impressions each month.

#### Region II Contracted Community Coalition-

Community Connections coalition located in North Platte, NE. serves youth and families in Lincoln Co.

- 2023 Report attached at end of report

Region II continues to offer substance use prevention Mini-grants to regional coalitions. Mini-grants are offered to build a coalitions capacity and prevent the onset and reduce the progression of substance abuse, including underage drinking and reduce substance abuse related problems in the communities.

In 2023, mini-grants awarded to the following coalitions:

#### Dawson County- Rooted in Relationships Mental Health Initiative

- 2023 Report attached at end of report

Ogallala Library Friends located in Ogallala, NE. serves youth in Ogallala.

- 2023 Report attached at end of report.

## Region II goals/activities for 2024:

- Increase the use of prevention curriculum programs at schools to target risk factors and maximize protective factors (All-Stars-Core and Character Counts, Halo and Second Step).
- Recruit new-trained facilitators to provide evidence-based prevention curriculums.
- Recruit new- trained facilitators to provide suicide prevention and Mental Health First Aid trainings in English and Spanish.
- Increase the perception of risk related to alcohol, marijuana, prescription drug use among all age groups.
- Continue the partnership with local colleges.
- Work with communities to establish new substance use prevention coalitions in communities.
- Increase awareness regarding the importance of school surveys such as the Nebraska Risk and Protective Factors Survey. Activities and Practices assessed based on survey results and evaluation of the programs will be based on future survey results. Surveys completed in the fall of 2021 and results available in the fall of 2022.
- Continue to offer parenting classes and increase parent participation in classes when offered throughout the region. Classes in Region II can be offered in both English and in Spanish in Dawson Co.
- Continue to provide and increase the number of participants who attend Prime for Life classes.
- Continue providing support, consultation, technical assistance and membership to all community coalitions.
- Provide education/trainings that focus on greater awareness of mental health issues, warning signs of suicide, effective interventions and treatment. Research has determined there are shared risk factors for Substance use and Suicide.

- Assist the local LOSS Team and Suicide Prevention coalition as needed.
- Keep updated information on Region II Human Services website page [www.r2hs.com](http://www.r2hs.com)

Challenges and unmet needs:

- It is continually challenging to get the schools to implement educational prevention programs in schools (due to lack of extra time in the school day). Second-Step curriculum continues to be put on hold at the Ogallala Middle school due to Administrative changes, but hopeful the curriculum will continue in the near future. Conversations and emails have taken place with school admin.
- It is continually challenging to get all schools to participate in the Nebraska Risk and Protective Factors Survey throughout the region/state. Surveys completed in the fall of 2023. The state is reporting lower number of schools participating in the surveys at this time. Survey results typically shared with regions in late summer or fall 2024.
- It is continually challenging to get parents within communities to participate and complete the 8-week parenting series. There is a great need for parenting classes for parents working with DHHS.
- Assist communities to recognize the need for early prevention and change community attitudes/norms/environmental strategies.
- Introduce and establish new substance use prevention coalitions into communities.
- Policy changes are still a challenge in many communities in Region II (alcohol density, alcohol and tobacco signage, END's and vape shops). Insuring that these policies and rules are appropriately promoting positive behaviors and discouraging negative behaviors are an important role for coalitions.



## Community Coalition reports-



### **Community Connections 2023 Annual Report**

**The following is a summary of the Community Connections substance abuse prevention services provided to North Platte and outer Lincoln County communities.**

#### **Capacity Building**

- The Substance Abuse Prevention System (SAPS) Coalition met for one hour monthly in 2023. Each meeting was held in person with the option to attend virtually via Zoom. The Coalition began 2023 with 21 members and increased to 25 members at the end of the year. The average number of persons to attend Coalition meetings in 2023 was nine. The SAPS Coordinator position was vacant from January through May 25th. When SAPS was without a Coordinator, the Community Connections Executive Director held monthly meetings. In May, a new full-time Coordinator, Meaghan Wade, was hired. Meaghan has immersed herself in learning substance abuse prevention. The SAPS Coordinator and Chairperson met outside of Coalition meetings each month to prepare for each meeting and plan for SAPS efforts. The SAPS Coordinator has participated in various webinars and viewed/listened to several videos/podcasts relevant to prevention in 2023. The webinars attended were presented by Nebraska DHHS, Prevention Plus Wellness, Providers Clinical Support System (PCSS), Alliance of Coalitions for Change (AC4C), US Alcohol Policy Alliance, National Council for Mental Wellbeing, and Rescue Agency. The videos and podcasts explored were from One Choice Prevention, Helping Everyone Learn Prevention (HELP), and the Mid-America Prevention Technology Transfer Center (Mid-America PTTC). The new SAPS Coordinator participated in approximately twenty-three hours of webinars and viewed/listened to approximately nine hours of videos and podcasts in 2023. The topics for these webinars, videos, and podcasts included, but were not limited to, community assessment and data collection, building successful overdose prevention and response programs, High in Plain Sight, and cannabis prevention messaging for today's teens.
- A part-time (three hours a month) Prescription Drug Collection Supervisor continues to be valuable to supplement the hours of substance abuse prevention efforts.
- A part-time (four hours a week) Substance Abuse Prevention Social Media Manager continued to be utilized to maintain social media efforts. This was valuable when the Coordinator position was vacant and continued to be valuable after Meaghan Wade was hired to supplement hours of substance abuse prevention efforts.
- The new SAPS Coordinator studied training materials from CADCA and SAMHSA at length to understand effective facilitation techniques for creating positive results through collaboration, self-awareness, engagement, and communication.
- Training/capacity-building information for Coalition members was provided at ten Coalition meetings.
- A strengthened partnership continued through 2023 with North Platte Community College, especially with the women's softball team. They attended training for the

Environmental Scans/Counter Tools Assessments and teamed up to complete 30 out of 77 assessments for us in Lincoln County.

- SAPS pursued a conversation with Smart Approaches to Marijuana to receive technical assistance on coalition marijuana prevention capacity building since Dr. Kuehn left his position with SAM and the CADCA trainer was not the right match for our coalition. SAPS is pursuing help in creating a marijuana prevention plan to start a marijuana committee.
- Community Connections Mentoring coordinator attended the National Mentoring Summit virtually in 2023. Other virtual trainings attended by staff included: Mentoring LGBTQIA+ Youth, The Impact of Trauma on Childhood and Teen Development, and Scaling Mental Health Services through Technology-enhanced Mentoring with Dr. Rhodes, Tall Cop on drug abuse prevention and attend the Collaborative Mentoring Webinar series on Empowering Youth.
- Community Connections Mentoring recruited one new member for the advisory council and 4 council meeting were held in person meeting during 2023. We held one meeting with a lunch to increase attendance and also to thank members for their time. Members had the options to attend all meeting by zoom if they were unable to be there in person.
- Community Connections Mentoring promoted mentoring during National Mentoring Month in January 2023 with Phone A Friend Mentor Recruitment lunch event. Social media and earned media coverage took place throughout the month of January. The lunch event was impacted by bad weather, but calls were made to recruitment mentors, and those helping were able to pick up lunch the next day.
- Two commercials were created to promote Community Connections Mentoring and were run on Knop stations during January and February. Mentor Nebraska had a billboard put up on 4<sup>th</sup> Street to promote Community Connections during January and it remained up for several months.
- The Community Connections Mentoring Coordinator gave presentations to four community groups during the year Guardian Light, Kiwanis, United Way, and Region II System of Care to promote Mentoring for Youth Mental Health training. The mentoring program also participated in tabling events including two for State of Nebraska employees, the International Bazaar to the public, and at the health fair for parents.
- Community Connections Mentoring remained a Tier One partner with Mentor Nebraska having demonstrated the necessary qualities to achieve this status including a commitment to following the Elements of Effective Practice for Mentoring standards. The mentoring coordinator continued on as a member of the Mentor Nebraska Program and Data Committee to supports MENTOR Nebraska's mission to fuel the quality and quantity of mentoring relationships using national best practices, emerging research and training resources, and data to highlight trends and gaps in Nebraska's mentoring sector. The committee helps elevate the work of MENTOR Nebraska and program members across the state by recommending policies, standards, and initiatives that raise the bar for mentoring practices and ensure access to quality mentoring.

- The Community Connections Mentoring Coordinator continues as the Lead Technical Assistance Consult with Mentor NE and provides consulting services for the National Mentoring Resource Center. The coordinator completed the Train the Trainer program for the Elements of Effective Practice in Mentoring.
- Community Connections Mentoring coordinator attended a train the trainer event in Omaha with MENTOR National to become a trainer for both Mentoring Mindset and Becoming A Better Mentor.
- Community Connections Mentoring continues to build a partnership with Hope Esperanza, with a mission of empowering Hispanic youth and families to enhance health, overcome hardship, and promote an overall sense of well-being as well as fostering and inspiring appreciation of the Hispanic culture. The MOU provides that Community Connections will offer mentoring services within the framework of the Elements of Effective Practice to families within Hope Esperanza, who will provide translation services, assist in recruitment in the Hispanic population of Lincoln County, and partner in group activities throughout the year that will support participation in mentoring program. We have partnered on 14 group activities in 2023 and 10 Positive Impact Workouts at Nebraska Athletic Club. These activities were open to any family with youth ages k-7<sup>th</sup> grade interested in mentoring or services of Hope Esperanza.

### **Media/Information Distribution**

- According to Squarespace Analytics, the Community Connections website had approximately 3,700 visits in 2023. From these visits, the SAPS pages were viewed approximately 252 times.
- Approximately 131 SAPS-relevant posts were shared on the Facebook page in 2023. According to Meta Insights, the Community Connections Facebook page reached 9,100 people.
- Approximately 64 SAPS-relevant posts were shared on the Instagram account in 2023. According to Meta Insights, the Community Connections Instagram account reached 401 individuals.
- SAPS continued its partnership with the North Platte Bulletin for the “Positive Prevention Points” column. The goal of the column is to assist parents in having difficult conversations with their children about substances. This column ran nearly every week in the North Platte Bulletin for all of 2023 for a total of 52 instances of earned media, reaching the Bulletin’s 12,000 weekly readers with each column. They published it on their website as well.
- SAPS had 22 other instances of earned media (print, radio, and television) in 2023. These instances occurred in the North Platte Telegraph (35,000 readers), the North Platte Bulletin (12,000 readers), on KNOP-TV, and on KODY radio. Examples of what was advertised in these instances are, but not limited to: Prescription Drug Collections, Environmental Scans, and the Doggy Dash 5K.

- Community Connections Mentoring had 16 media events to promote mentoring including 7 on air radio discussion about the importance of mentoring youth, 1 newspaper articles/photos, 5 television interviews on KNOP, and 2 newsletter articles for RSVP and 1 for Great Plains Health newsletter. Two commercials were developed using local mentors and mentees in the fall and run on KNOP stations during the month of January and February of 2023.
- Community Connections Mentoring provided 4 outreach presentations to promote and inform the community about the benefits of youth mentoring: 1) Guardian Light state wide staff meeting 2) Region II System of Care virtual meeting; 3) United Way board of directors; 4) Buffalo Bill Kiwanis. Community Connections Mentoring participated in additional recruitment activities throughout the year including the Health Fair at the North Platte High School, Youth Sign up Day at the NP Recreation Center, tabling at the Craft State building and also at the college during State of Nebraska employee recognition event, and a booth at the International Bazaar, as well as phone calls/emails to school counselors throughout of 2023.
- Community Connections Mentoring began working with TeamMates mentoring in December 2023 to plan an event to promote mentoring in the community.

### **Community-Wide Prevention Events**

- SAPS continued to host monthly Prescription Drug Collections at District 177 through July. The location was moved in August, and from now on, to Bomgaars due to the construction at the mall and ease of access. The location change advertised as earned media took place in the weekly “Area Happenings” email from Visit North Platte, the internal announcements email for Great Plains Health, the newsletters for Families 1st Partnership, Ready to Serve Volunteer Program, Bethel Church, the North Platte Senior Center, Eagle Radio, Husker Radio, and Facebook. Each month, on a rotational basis, a member of local law enforcement from either North Platte Police Department, Nebraska State Patrol, or Lincoln County Sheriff’s Office was present to not only assist with the collection of controlled substances but to transport all collected substances to the NSP Troop D Office for proper destruction. Also present at each month’s collection was a designated medical representative to determine controlled substances. The remaining individuals present for the collections were Community Connections employees, Coalition members, and/or volunteers from the Ready to Serve Volunteer Program. The total amount of medication collected in 2023 was 162 lbs. Approximately 21 medication lock boxes and 26 Deterra pouches were distributed to participants at collections and walk-ins to the office. The drug take back events remain a vital asset in our community. They ensure that people have a consistent option to dispose of their medications properly, limiting the potential for them to get into the hands of someone else or to pollute our water systems.
- SAPS participated in the February teen health fair, People’s Health Wild Night. There were approximately 125 people there.



- SAPS partnered with the women’s softball team at Mid Plains Community College to perform Sticker Shock in March. There were 20 volunteers and the stickers were placed at six different Kwik Stop locations around Lincoln County.
- In partnership with Hope Esperanza, SAPS hosted an informational table at the Community Health Fair on July 14<sup>th</sup> and 15<sup>th</sup>, 2023. The Health Fair was estimated to have reached 150 people.
- In partnership with the Platte River Fitness Series, Community Connections hosted the “Doggy Dash” 5K event on September 9<sup>th</sup>, 2023. SAPS was able to obtain sponsorship from fourteen local agencies. 113 individuals participated in the race, and over \$ 6,800 was raised. SAPS calls-to-action were provided at the race, to race participants, and with marketing before the race.
- The assessment committee started in 2022, for the strategic planning process that the Coalition undergoes roughly every two years, held five more one-hour meetings in January and February of 2023. Eight collation members and two concerned community members were a part of the committee.
- The logic models for underage drinking, opioid/OTC, prescription drug and marijuana were completed.

### **Education Presentations**

- SAPS presented to the Kiwanis group in August. The topic was on the awareness of drug abuse and the importance of keeping certain medications locked up and/or disposed of properly.
- Multiple trainings were held from July through November for the Environmental Scans and Counter Tools Assessments. About 25 people were trained, resulting in 10 volunteers completing 77 store assessments in Lincoln County.

### **Middle and High School Focused Prevention Efforts**

- Community Connections Mentoring provided monitoring and support calls routinely throughout the year to both mentors and parents. Background checks were completed on 11 potential new mentors along with references checks. Eight new mentors completed online training on how mentors can help building a growth mindset with their mentee.
- Community Connections Mentoring staff had 11 mentor interviews, 10 mentor trainings, 9 mentee intakes/trainings with 10 parent interviews, 5 match meetings, and 2 attempted closure meetings. Community Connections Mentoring sent monthly emails to mentors and mentee parents that included “mentoring tip of the week”, reminders to turn in mentoring hours, and opportunities to attend additional activities. Emails were sent out to mentors to attend a variety of trainings including Askable Adults Matter. Weekly reminders via text were sent to mentors and parents regarding upcoming activities and opportunities in the community. Five newsletters were created and distributed to youth

and mentors to provide information on activities as well as reinforce Impact SEL lessons. Newsletters were sent by mail to all youth and to mentors who requested a hardcopy.

- Eight mentors completed the Mindful Mentoring Course: Mentoring for Youth Mental Health with Dr. Wertz from the Center for Evidence based Mentoring. This course consists of 12 online sessions that are 90 minute long and provide tools to help mentees to have good mental health practices. This is a new offering for Community Connections Mentors.
- Community Connections Mentoring program provided 10 social emotional learning classes (called Impact Night). Mentors, mentees, and youth on the waiting list, as well as parents, were invited to attend these Impact Nights and dinner was provided. These classes covered topics such as having a growth mindset, making healthy snacks, making healthier fast food choices, manners, calming your anxious mind, and emotions. We also had a tour of the fish hatchery, participated in making a terrarium at a local flower shop and a guest speaker on substance abuse prevention. Impact Night facilitated discussions; games; and other activities to foster self-esteem, growth mindset, appreciation for diversity, critical thinking, communication, problem solving and drug prevention skills as well as opportunities to build connections in the community.
- Community Connections Mentoring provided 7 group and/or mentoring pair service opportunities including helping at the Golden Games, tree planting with the NP Park department, concessions during local playhouse performances, running a game at Lincoln School fun night, bell ringing for Salvation Army, writing cards and assembling care packages with Operation Christmas Card, and judging holiday lights for Keep North Platte Lincoln County Beautiful. 18 healthy group activities were provided including 10 Positive Impact workouts at a local gym. The program also facilitated attendance these additional events: four community concerts, tickets to Dancing with the Local Stars, Ranshir Horse RB4H POSSE day camp for WISEMINDS, and entrance into the North Platte PowWow.
- Community Mentoring added two new online trainings: Building Foundations for parents and Substance of Change for mentors. Invites will be sent to all ne mentee parents and all mentors to complete these to support the mentoring process.
- Community Connections Mentoring was integral to bringing the Askable Adults Matter training to North Platte for those who work with or volunteer with young people as part of the Child Abuse Prevention Council in 2023.
- Community Connections mentoring staff continued involvement in Interagency meetings, Child Abuse Prevention Council, Mentor Nebraska Program and Data committee, Citizen Alcohol Forum meetings, System of Care meetings, and build
- Community Connections Mentoring coordinator assisted in the planning and facilitation of two free public events in 2023: the Cinco De Mayo festival in May and the International Bazaar in August.
- In April 2023, Community Connections Mentoring administered a program survey to children with mentors.

- When asked what is the best thing about this program several responded having someone to do stuff with or getting out of the house. One mentee said “that she asks me how I am feeling.”
- 75% of the mentees rated the program as excellent/good. Three mentees replied that it is “good and bad”. When asked about what they would change about this program, most said nothing and the others gave idea on different activities – such as leaving Lincoln County and doing more archery.
- 100% of the mentees also reported that their mentors always ask them what they want to do and also agreed that their mentors think of fun and interesting things to do.
- All of the mentees agreed that they feel happy when they are with their mentors.

Additionally, mentor responses included:

- When asked what do you think your mentee has gained or learned through your relationship, “I think my mentee is more confident in leadership roles in school, and feel more capable to try new things.” And “New experiences, knowledge on how things may exist outside her home, knowledge that she is cared for by others outside of family unit.”
- 100% of mentors rated the program as excellent
- 100% of mentors reported enough interaction with the program coordinator and 25% would like more interaction with other mentors.
- 100% agreed that there has been enough ongoing support to help meet the challenges of mentoring and 100% said program has met or surpassed expectations

### **Changing Consequences**

- Approximately 19 medication lock boxes were distributed by SAPS to community members in 2023.
- Approximately 25 Detera Drug Deactivation pouches were distributed by SAPS to community members in 2023.
- We had discussions about ordering alcohol tamper strips to hand out to parents at various places, such as school events, alcohol stores, convenience stores, and other businesses around town. These will be ordered in 2024.
- We are discussing creating a new press release process for compliance check results. This will show repeat offenders and give kudos to the businesses that regularly pass.

### **Modifying or Changing Policies**

- As noted, SAPS pursued a further conversation with Smart Approaches to Marijuana on further training for marijuana prevention and starting a committee focused on this. Again, coalition members follow marijuana legislation at the local, state, and national levels.

- The Executive Director presented the juvenile community-based grant to the County Board, where substance use data were shared.
- Vape cartridge recycling research is being conducted. Conversations have been had between the SAPS coordinator and Keeping North Platte Lincoln County Beautiful, Terracycle (international), and ABC Recycling. So far, it hasn't proven easy to provide recycling due to several factors including all of the vape components, but we hope to find a reasonable solution soon.

### **Coalition Highlights**

- We have a great partnership with the women's softball team at Mid Plains Community College. They are eager and happy to help with many events for which we need volunteers.
- AC4C trained us in environmental scans and we used this to launch our collaborative counter tools/environmental scans. We then held training sessions to teach our coalition members as well so they could do the scans as effectively as possible. Being able to complete the Environmental Scans this year was eye-opening. It showed us what stores are marketing towards children, how and where products are placed, and who is selling Delta, other THC products, and amanita mushrooms.
- Efforts were put forth by a few coalition members to encourage schools in our county to administer the NE Risk and Protective Factor Student Survey. This resulted in six out of the eight schools administering the surveys.
- Community Connections and West Central District Health Department hosted two NE Pharmacists Association Narcan training on March 7<sup>th</sup> as part of their Minority Health Initiative class and Community Connections works closely with WCDHD to refer/suggest businesses that could benefit from the 15-minute Narcan training that they offer.
- Submitted and received a grant application from United Way for \$11,000 to support the SAPS.

### **Challenges/Barriers to Providing Strategies/Activities**

- Finding appropriate and dedicated volunteers for the SAPS Coalition continues to be challenging. The program model is effective only if local leaders volunteer their time and engage in ongoing prevention efforts. That said, with a science and health-first approach, taking the drug abuse prevention imperative forward is what we continue to do with the help of all the partners identified throughout this application. Our Coalition has recognized great power within our community, as have countless other coalitions across the state and country. We attract new prevention advocates and reach the desired outcomes by continuing our various key program activities.
- We worked with Project Extra Mile to advertise and engage law enforcement in the alcohol compliance checks, although it was cancelled due to the lack of law enforcement participation.

## Client Satisfaction

- Below is a chart of our 2023 monthly drug take-back event summaries. We served 109 people and properly disposed of 162 total pounds of medication. Many people commented that the move to Bomgaars has been much easier for them to access than District 177/Platte River Mall.

2023	# served	controlled	uncontrolled
January	13	0.50	6.90
February	10	0.00	10.80
March	6	0.60	9.90
April		0.10	4.50
May	11	0.40	10.70
June	4	1.20	15.90
July	2	0.00	3.50
August	15	0.40	17.60
September	16	1.10	28.70
October	14	0.60	17.90
November	13	0.80	13.80
December	5	0.00	16.00
<b>TOTALS</b>	109	5.70	156.20

## Dawson County Rooted in Relationships 2022 Annual Report



The goal of the Dawson County RiR Stakeholder committee is to collaborate so individuals in Dawson County will be able to identify and access early childhood social-emotional supports and services that will result in healthy and stable families.

The Dawson County Rooted in Relationship coalition has had many successes and that is no different for 2023. In the past we have had difficulties due to the Pandemic and each year these difficulties seem to be fewer. We are very fortunate to have many dedicated members in Dawson County along with partnerships that we share. Those dedicated individuals represent the Department of Health and Human Services, Schools Districts, SixPence, C4K Coordinators, Hospitals, Two Rivers Health Department, Region II Human Services, ESU 10 ECC, Mental Health Providers, Community Collaborative, City of Lexington, local libraries,

Dawson Rooted in Relationships is committed to serving the complete Dawson County and Eustis in Frontier County. Six communities were served; Cozad, Eustis, Gothenburg, Lexington, Overton, and Sumner. Parenting classes were held in the communities of Gothenburg and Lexington. The 2 Circle of Security classes and Pyramid parenting classes were held and continue to be a success for families in our communities. Our Facebook page along with the Facebook pages of our stakeholders help to keep communities aware of events and social and emotional information.

Dawson Rooted in Relationships focuses on supporting childcare and promoting Social Emotional Development for staff and children. Dawson County child care continues to struggle with staffing since the Pandemic for many reasons. We are currently coaching providers and directors. Dawson County Rooted in Relationships has collaborated with the Lexington C4K initiative for training and coaching Spanish speaking providers in the Pyramid. The 6 Spanish speaking providers attend the monthly collaboration meetings. Pyramid trainings were given.

<i>Date</i>	<i>Event Topic/Description</i>	<i># in Attendance</i>	<i>Audience</i>
3/16/2023-5/4/2023	Circle of Security Parenting - Spanish	8	Community Families
4/1/2023	Community Movie Events in Gothenburg	100+	Community Families
4/1/2023	Community Movie Event in Lexington	100+	Community Families
4/1/2023	Community Movie Event in Cozad	50+	Community Families
4/15/2023	Community Movie Event in Lexington - Spanish	100+	Community Families
5/11/2023	Provider Appreciation Open House	15	Local Childcare Providers
6/20/2023	End of year celebration	20	Stakeholders involved throughout the year
10/4/2023 11/15/2023	Circle of Security Parenting - Spanish	8	Community Families

Monthly - Dawson County RiR Stakeholder committee meets monthly in person with a zoom option available for those unable to attend in person. During 2023 no meetings were held in July, August, or September. The average attendance is 10. During these monthly meetings information is shared in regards to upcoming opportunities to share with families involved.

COS-P classes were held in Lexington in both Spanish and English. Surveys were completed and submitted. Childcare was an option when needed. Due to funding refreshments were available during the classes in the first ½ of the year however, not in the 2nd ½ of the year.

Family Engagement activities were supported by collaborating with C4K's schools, childcare centers and communities to celebrate Young Children and their Families. Orthman Community YMCA held a Healthy Kids Night in which stakeholders in Rooted in Relationship participated in. Many positive comments were received at this event by stakeholders. Communities in Dawson County held their own events during the Week of the Young child to celebrate children and families.

Dawson RiR List Serve consists of 40+ emails that receive information of upcoming opportunities to share with their families. Emails are sent out as the information is provided.

### **Kathleen Lute Public Library Mini-Grant**

Events/Classes at The Kathleen Lute Public Library: Stats 2023

Youth events/crafts:

Story Time hour every Tuesday morning. Each week we do some song and dance activities in the beginning to get the kids up and moving. Next, read a book to them and then follow up with a craft that coincides with that week's book.

Total number of attendees for 2023 was: 1,658 people.

A couple of Build-an-Animal events on January 31st and April 25th where the kids were able to make their own stuffed animals. We supply them with the animals and stuffing and then they get to create their own furry friend.

Total number of attendees: 323 people.

Summer Reading Program of the year- "All Together Now"

6 major programs for summer reading.

Magic Show – 185 attendees

Wild Cat Hills Nature Center Presentation – 185 attendees

Build-an-Animal Workshop – 164 attendees

Amazing Balloon Animals – 178 attendees

Real Reptiles Presentation– 180 attendees

Water Obstacle Course Finale – 125 attendees

Total: 1,017 attendees

Events:

October: Annual Halloween Party. Several games, a trick-or-treat bag decorating station, temporary tattoo station, and treats for the kids. – 145 attendees

December: Partnered with Keith County Community for Kids and ESU #16 for a collaborative Story Time event – 34 attendees

Adult events/crafts:

Adult Summer Reading Crafts: 10 craft classes the whole month of August. Some of the crafts we did were different string art crafts and canvas paintings. – 75 attendees

We also had a puzzle tournament held on August 26th- 15 attendees

Humanities Insight @ your library

Total for the year we have had 280 attendees



## **Regional Consumer Specialist 2023**

The Consumer Specialist represents their Region on the Office of Consumer Affairs People's Council to advocate for the consumers in their Region as well as take information back to the consumers. The work that is done by the council includes developing definitions and trainings for the Peer Specialist workforce, reviewing and advocating for change in policies and services, and also presents information to the Governor regarding the needs of the consumers.

The Region II Consumer Specialist is available the third Wednesday of every month at the Frontier House location to meet with consumers to share state news and hear feedback from participants in the Adult Services programs.

The Consumer Specialist plays a role in finding and promoting training opportunities for staff as well as the consumers in the Region. This is done with webinars and other training that is either free or very low cost. By providing the staff and consumers with needed resources, we ensure they have the tools needed to be successful. The Consumer Specialist participates in the group Trauma Champs, the Group meets quarterly to brainstorm and implement Trauma Informed activities and training for staff.

- **Challenges**
  - Consistency of meetings (often cancelled by hosts)
  - The Peer Support definition, makes it a challenge for providers to implement the service.
  
- **Goals**
  - Attend all meetings held by the Consumer Affairs People Council
  - Take advantage of all opportunities to share information about substance use and mental health challenges with the community.
  - Continue to meet with consumers as needed to hear feedback about services in Nebraska.



**Region II Youth Systems**  
**ANNUAL REGIONAL REPORT**  
**YEAR 2023**

*Highlights of the past year*

- Region II continues to coordinate Family Support and Mental Health Respite (more information below)
- Added an additional agency to implement Family Support services
- Attended NeSOC Regional Meetings and sustained the group and maintained the amount of regular team members
- Region II staff participated in Community Connections Mentoring Recruiting Day
- Region II staff are a part of two Advisory Boards, Nebraska Respite Network and Community Connections Mentoring
- North Platte Public Schools continue to develop programs that fit the needs of their students, including the new implementation of Circle of Security Parenting Classes, hiring a mental health advocate and expanding their Boys Town School Support Specialists
- Forum meetings are being held in North Platte, Ogallala and McCook
- Region II staff attend multiple community meetings which includes but not limited to 1184, Through the Eyes, CRT, Juvenile Services Community Planning Team for Lincoln Co. and Keith Co, TACY and Keith Co. Collaborative.
- Region II staff met with District wide school personnel at ESU 16 advocate for early intervention for applying for SSI & DD for students
- Meetings are held regularly with all Region Systems Directors and Regional Administrator
- Region II Directors meet regularly with DHHS and District 11 Probation Supervisors
- An additional Youth Shelter House has opened up in Maxwell
- Region II staff participated in the North Platte High School Mental Health Day

*DBH Funded Family Support and Mental Health Respite*

Region II has been approved by DBH to use funding to provide Family Support and Mental Health Crisis Respite services to families who are not involved in Probation or DHHS. These contracted providers include Boys Town, Family Skill Building and the Nebraska Youth Center. In 2023, there has been 7 families utilize the Mental Health respite. These families reside in Keith, Lincoln and Red Willow counties. In 2023, Family Support had served 34 families with a total of 41 referrals. The families who received this services reside in the following counties, Red Willow, Lincoln, Frontier, Dawson, Keith, Perkins and Gosper.

*Local System of Care and Transition Meetings*

All Regional Systems of Care meetings had a total of 48 Agencies with 63 members in attendance. This meeting continues to go over agency updates that relate to youth/families and behavioral health. This

group is a great place to learn about other agencies and what they have to offer but most importantly, we discuss the strengths in our communities and our opportunities to grow in behavioral health.

There was only one Transition meeting that took place in 2022 and it was located in Ogallala. The goal of this group is to keep track of transition age youth as they move into adult services and connect them with services that are needed. Youth Systems Coordinator will continue to work with each location on what would be most beneficial to their specific community.

#### *Probation/Region II Re-entry Meetings*

Youth Care Coordination Staff participated in 11 re-entry DHHS & Probation meetings with WICS, Nebraska Youth Center, Boys Town Home Program and youth placed in a foster home or their family home. This a huge increase since last year.

#### *Other Youth System Meetings*

Individual meetings were held between Region II staff and other agencies which include DHHS, District 11 Probation and North Platte Public Schools and ESU 16. The purpose of these meetings are to help improve communication, discuss any changes within the agency and always look at how to better serve clients and families.

#### *Challenges/Unmet needs*

Workforce continues to be a struggle with some agencies statewide. Region II has been able to use DBH funding to contract for services, including Family Support and Mental Health Respite. However, with the workforce issues, there are many families on the waitlist for Family Support but it has improved towards the end of 2023. Staff shortages has impacted the schools greatly and their involvement in System Meetings. It's been difficult to get Transition Meetings implemented due to this. However, most schools have many staff meeting where they have regular meetings with Probation, Reporting Center, etc. to discuss students they are concerned about.

Youth Systems Coordinators continues to work with agencies and our system partners to find creative ways to meet the needs of all youth and families and help maintain them in Region II area.

#### *2023 Service Goals Report*

*Goal 1 - Participate in Regional and Statewide Youth System Coordination meetings*

Goal Met – Statewide meetings that included Youth System Coordination were attended.

*Goal 2 - Collaborate with community-based partners at regional meetings such as 1184, Through the Eyes/Court Improvement, Systems of Care and community based meetings to address behavioral health needs of youth in Region II*

Goal Met – Youth Care Coordination staff attend multiple community meetings throughout Region II where youth's behavioral health needs are addressed. YCC staff encourage the team to refer to the appropriate services for the youth.

*Goal 3 - Coordinate community based Transition Teams in McCook, Ogallala, North Platte and Lexington*

Goal Not Met – It has been very difficult to meet with schools to have meetings due to staff shortages. Staff have been using community meetings, such as 1184 to encourage providers to refer the student to the appropriate service. Building professional relationships have been a focus for new YCC staff so communication remains open.

*Program Goals for 2024*

- 1) Participate in Regional and Statewide Youth System Coordination meetings to address behavioral health needs of youth in Region II*
- 2) Collaborate with community-based partners at regional meetings such as 1184, Through the Eyes/Court Improvement, Systems of Care and community based meetings to address behavioral health needs of youth in Region II*



**Behavioral Health Authority  
Contracted Programs**







## REGION II ANNUAL REPORT (CALENDAR YEAR 2023)

### Program Overview

Touchstone is a Short-Term Residential Substance Use Treatment Program, ASAM level 3.5. The program is a collaboration between Houses of Hope and CenterPointe; serving individuals ages 19 and older. Individuals in care are experiencing problems in their lives as a direct result of their use of substances and may have co-occurring mental health needs. These individuals need a short-term period of stabilization to successfully engage in a less restrictive mode of treatment.

Over the last year, Touchstone has continued to grow and adapt to the ever-changing needs of the individuals served.

#### Some of the highlights include:

- Commercial Insurance contracts with six main providers including UHC, Medica, Midlands Choice, BCBS, Bright Health and Cigna (Evernorth).
- Participation in the Motivational Interviewing Cohort 2 with Region V Systems.
- Contract development with Family Drug Court in Lancaster County.
- Approval for BHECN-ARPA funding to supervise and provide paid internship opportunities for Masters Level Interns in the State of Nebraska.
- Utilization of Contingency Management funding from Region V Systems.
- Credible services updates to include:
  - Tracking of Health & Safety Drills within Credible.
  - Updated Record Review Forms with Action Plans.
  - Updated Incident Reporting, Follow-up and Critical Incident reviews.
  - Implementation of Life Worth Living Procedures supported by the Zero Suicide Initiative.

### Referrals from Region II

Touchstone had a total of 25 individuals served this calendar year, from Region II, which was an increase from 13 the previous year. Of these individuals, Region II was the payer source for 12, while the other 13 were covered by Medicaid.

### Consumer Highlights

- 929 units of service were provided to those referred by the Region II, which is a significant increase from 426 in 2022.
- Of the 929, 690 units of service were Medicaid, and Region II paid the remaining 239 units.
- Touchstone serviced 5 females and 20 males, from Region II.
- The average length of stay for Region II referrals was 36.12 days.
- The average days on the waiting list for Region II referrals was 5.78 days.

### Treatment Episode Outcomes

Outcome of Treatment Episode	Number	Percentage
Left Against Professional Advice	3	12%
Terminated by Facility	2	8%
Treatment Complete	17	68%
Pending (still in treatment as of 1-1-2024)	3	12%

### 2023 Goals

1. Utilize Evidenced Base Practices including: EMDR, DBT, Motivational Interviewing, and Cognitive Behavioral Therapy; by participating in the Region supported initiatives and providing training opportunities to program staff.
2. Provide a therapeutic environment that is individualized to the person served by focusing on person centered, non-judgmental, strength-based approaches and meeting the individual where they are in their recovery journey.
3. Collaborate with external legal entities by partnering with Drug Court, Probation, Community Corrections and Family Drug Court; and ensuring all clinicians are trained and registered as a Preferred Provider.
4. Utilize data to support and adjust treatment programming by ensuring staff have access to compliance measures, outcomes, and reports within the EHR system.
5. Improve the quality of Credible forms and documentation in the EHR as we are no longer limited to forms.
6. Provide educational experience to Undergraduate and Master's level intern students in the State of Nebraska.

## Great Plains Health

### Region II Program Evaluation for 2023

In 2023 our staff started to improve. By September 2023 we were able to open back up to capacity. From July 2022 to July 2023 we had 65 EPCed patients from Region II. With the 65 patients, we had a total of 521 patients' days making the average length of stay around 8 days. Of those 65 patients, 13 of them were put on inpatient commitments, and 4 of them had lengths of stay longer than 30 days. From July 2023 to Dec. 2023 we had 25 EPCed patients, 4 of them were later committed inpatient. The total number of patients days were 140 days. We also had a patient go to LRC during 2023. We continue to see an increase in acuity in our patient population causing longer stays.

We offered Suboxone through the program with Region II in our outpatient clinic through Dr. Koduri. Also have worked closely with Emergency and Community Support in our outpatient clinic to get our patients the best care. Emergency support has been wonderful, they have been coming up to meet our patients prior to discharge and also communicate well with our outpatient clinic. Our team also continues to work with Robyn on the needs of the EPCed patients and placement.



## Goodwill Supported Employment

Region II Program Evaluation for 2023

### Number served in Employment and Career Services (January 1, 2022-December 31, 2023):

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
<b>North Platte</b>	93	100	104	84	117	112	94	103	92	80	113	114
<b>Lexington</b>	35	27	39	54	55	59	43	41	26	20	28	29
<b>McCook</b>	16	13	13	18	31	41	35	30	24	26	32	27
<b>Ogallala</b>	8	7	6	2	9	10	11	11	11	6	9	10
<b>Total</b>	152	147	162	158	212	222	182	185	153	132	182	180

### Units provided (VR/Region Braided Funding Model):

Milestones	2018	2019	2020	2021	2022	2023
Milestone 1 -Intake	104	95	90	66	102	68
Milestone 2 -Placement	67	54	58	58	68	54
Milestone 3 - Stabilization	63	55	46	48	69	46
Milestone 4 - Successful Closure	43	44	39	35	44	38
Milestone 5 - Hours Billed	218.34	397.91	403.75	436.25	438.50	562.25

### Units provided (New VR Funding Process):

Milestones	2023
Plan for Job Development	18
Job Coaching and Support	15 individuals; 3588.29 Job Support Hours
Job Search and Placement	8
Job Stability	9
Extended Services	26

### Accessibility:

99.5% 211/212 of individuals' surveys expressed that they had timely access to services.

### Quality of Life:

98.5% 207/210 of individuals' surveys expressed that they had an increase in their quality of life.

### **Highlights of 2023:**

Goodwill's Supported Employment services achieved some great highlights in 2023. The Western team served more people in North Platte, Ogallala, and Lexington. This was a huge feat to achieve with the access barriers the team had to overcome for half of the year with the changes in VR determining all eligibility for Supported Employment. Problem-solving these access barriers strengthened the partnership between Goodwill and Region II in advocating for individuals to have access to Supported Employment. The Program Manager for the Western team, Randa Musil, became certified to provide Bridges Out of Poverty training for our Goodwill and partner teams. This helps deepen the staff's understanding of individuals served.

Goodwill's SOAR (SSI/SSDI Outreach, Access, and Recovery) program continued to gain steam completing the first year of services helping individuals applying for SSI and SSDI benefits and access needed health insurance benefits. SOAR offers support and advocacy for individuals applying for SSI and SSDI benefits, with most of the referrals coming from Goodwill Supported Employment and Region community support teams. Referrals grew in SOAR allowing the teams to review capacity in the team to serve more people quickly in 2024.

Goodwill's Comprehensive Benefits Services provided 47.25 hours of support through Region II funding in 2024. The education, problem-solving, and advocacy help individuals achieve their career and goals. A frequent task that occurred was the Benefits Specialist helping individuals through the Medicaid unwinding and ensuring individuals maintain Medicaid benefits and access Medicaid Insurance for Worker's with Disabilities (MIWD). The Region's continued support of benefits counseling services for individuals helps lessen their fear about working.

### **Challenges to providing care/barriers:**

A few barriers for Goodwill's Supported Employment services were access to services and meeting basic financial needs. For the first half of the year, individuals were able to access Supported Employment through Region funding to quickly access employment and meet their career goals. In June, it was announced by the Division of Behavioral Health that all individuals were to go through Nebraska VR for eligibility for Supported Employment July forward. Following that change, the Region II Goodwill service area has been deeply impacted. All communities have lessened in caseload numbers served and faced significant wait times before referrals to VR were returned to Goodwill. Some staff had to shift to provide support in other communities and programs until numbers increase.

Additionally, Goodwill continues to face the challenge of meeting unmet basic financial needs for individuals. When individuals have a case open with Nebraska VR, VR often pays for many work-related needs. Due to few or no vendors for some needs, Goodwill uses Margaret Mullen funding to meet individuals' needs. Goodwill did have to add some additional measures to the Margaret Mullen process in 2023 due to more need than the funds can cover.

A unique challenge for benefits services was having the capacity to serve rural Nebraska adequately. At times, there was more need that staff could adequately serve. SOAR implemented a waitlist at the end of 2023. Comprehensive Benefits Program continued to grow capacity by adding a bilingual benefits specialist and sending two additional staff through the initial step of certification.

**Gaps and Needs Experienced/Ideas for Solutions:**

Goodwill would like Region II to assist us with the data integrity in the Centralized Database System. Specifically, we are requesting guidance on how to complete the employment tab following the change of Regions only providing funding for extended Supported Employment services.

The Division of Behavioral Health brought in an IPS consultant to visit providers in 2023 and providers felt hopefulness for achieving closer fidelity with the model following the consultation. Unfortunately, the process shifted further away from IPS, specifically in the areas of competitive employment, rapid job search, zero exclusion, and work preferences. Individuals receiving VR services can be put in On the Job Evaluations (OJE's) to explore their ability to work, strengths, and barriers. Individuals often do not have access to job search activities for a few months on average. Some individuals can be excluded from working if deemed not ready by VR. Work preferences have also been affected through the changes in paperwork and processes with VR's current funding model requiring employer completed feedback and documentation. This has added frustration for individuals, staff, and employers if either individual or employer does not wish to participate or is readily available. We had proposed a service definition to help individuals access and remain engaged with VR and problem-solve any barriers to work to achieve a VR plan to access Supported Employment or placement services, but this service definition was not approved.

Our benefits counseling services are a very important piece to our Supported Employment services and were proposed as a separate service definition. This will allow individuals to gain access to much needed benefits counseling when they're contemplating working or utilizing work incentives to be successful with their career goals. The CDS can be updated to allow benefits counseling for individuals with a mental health or substance use diagnosis. The CDS currently does not allow entry for SUD for benefits services.

**Other Important Information:**

We greatly appreciate the continued partnership with Region II and the support is felt throughout the team. Being in close proximity really allows for great collaboration and shared mission to serve.

For additional information regarding Employment and Career Services, please contact Megan Boss. Thank you for your continued partnership in serving individuals in Region II.





## **Houses of Hope**

### **Region II Program Evaluation 2023**

In the last year, Houses of Hope- Halfway House (HOH-HH) has experienced some significant staff changes. A new Clinical Director (Marv Chauza, M.A., LIMHP LADC) was hired effective Sept 1, 2023. The Clinical Director has been in the process of learning region requirements and necessary report writing. Last year saw an increase in clients served from Region II.

#### **2023 CONSUMER DATA**

- 2 units of service were provided to Region II consumers (*0 in 2022*)
- 2 Medicaid eligible consumers served (*0 in 2022*)
- 0 Region II consumers served during 2022 (*1 in 2021*)
- 1 Region II consumers were discharged during 2023 (*0 in 2022*)

As stated, there was an increase in utilization from Region II. HOH-HH continues to work with Region II and referral sources to promote transition to the halfway house.

#### **2023 CONSUMER SATISFACTION RESULTS**

- “Treatment at Houses of Hope impacts my life positively” 100% of our individuals strongly agree with this statement.
- “I have a collaborative, respectful working relationship with my counselor” 75% of respondents strongly agree with this statement.
- “If I had other choices, I would still get services from Houses of Hope” 75% of respondents agree with this statement.
- “I would recommend Houses of Hope to a friend or family member” 75% of respondents agree with this statement.

#### **2023 QUALITY IMPROVEMENT GOALS**

- MET- Coordinate with Region II and STR, other referral sources, to increase utilization of halfway house services (minimum of 1 client).
- MET- Continue to follow all health and safety standards and physical social distancing protocols (staff and clients).

#### **2023 WORK WITH REGION II ADMINISTRATION AND PERSONNEL**

Region II personnel have been supportive and informative to the new Clinical Director. Region II personnel have been responsive to questions and concerns from the Clinical Director. Region II has been a valuable resource via quarterly calls and other means of communication.

The Halfway House will continue to pursue efforts in transitioning clients from short-term residential services to the halfway house level of care, to continue to support Region II rural communities and utilization of services.

#### **2023 CHALLENGES/UNMET NEEDS**

There was an increase in utilization from Region II. Medicaid continues to be the primary payor of services for individuals in our services; although we anticipate an increase in draw down of region funds when the Medicaid unwind begins to affect individuals in our services in the coming year. COVID continues to be a concern, HOH-HH has done stellar performance in minimizing the spread of COVID with safety protocol in place.

We have seen interest from individuals seeking services “out-of-region”; however, HOH-HH will continue to give priority to Region II individuals who express interest in our services.

#### **2024 QUALITY IMPROVEMENT GOALS**

- Coordinate with Region II and STR, other referral sources, to maintain or increase utilization of halfway house services (minimum of 1 client).
- Continue to follow all health and safety standards and physical social distancing protocols (staff and clients).



## REGION II ANNUAL REPORT (CALENDAR YEAR 2023)

### Adult Residential Program Overview

Adult Residential is an 18-bed, coed, Long Term Residential Recovery Program that serves individuals with diagnosed substance use and co-occurring mental health disorders. The program is licensed by the Nebraska Department of Health and Human Services and is accredited by CARF, the Commission on Accreditation of Rehabilitation Facilities.

Adult Residential Program meets the standards for ASAM Level 3.5, Clinically Managed High-Intensity Residential Services. The typical length of stay in this program is 3-6 months and is always individualized with the needs of the specific individual. The mission of the program is to “help individuals get better, sooner, for longer.”

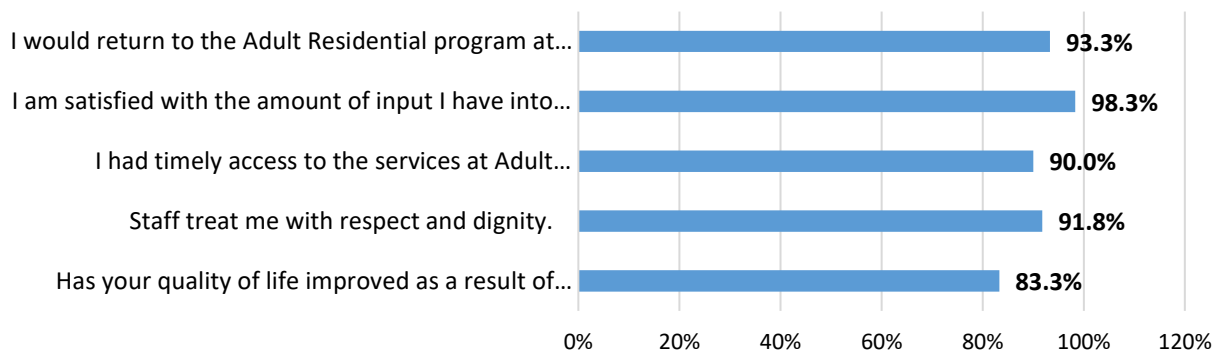
### Referrals from Region II

There were five total referrals to the Adult Residential program from Region 2 in 2023. One is still currently on the waitlist, two were not admitted because one was incarcerated and the other refused. The remaining two attended the program. One successfully acquired Medicaid, but the other did not and used a total of 126 units billed to Region 2. Both stayed 90+ days and successfully met their treatment goals and successfully graduated from the program.

### 2023 Goals

Most individuals had positive responses to perceptions of care survey questions, which are assessed quarterly across all individuals in the program:

#### Percent of Individuals with Positive Responses



Additionally, 82.5% of individuals discharged having completed at least half of their treatment goals, and 66.6% showed significant clinical improvements, as measured by the Daily Living Activities Functional

Assessment. Both measures' results are above our targets of 70% and 60%, respectively, indicating that most individuals see significant improvements in functioning as a result of the care provided at the Adult Residential program.

### **Program Highlights**

Calendar year 2023 saw many highlights supported by the data provided above. Despite staffing shortages in many other agency programs, there was no turnover among licensed staff last year, including the program directors, therapists, and nursing, which provides the best route to continuing to improve on existing best practices among the clinical team. The admissions and care manager team also remained consistent throughout the year, which ensured the waitlist was managed effectively, beds were full, and individuals were getting connected to the resources they need to transition back into the community upon discharge. Additionally, several staff at the Adult Residential program completed formal Motivational Interviewing (MI) training and began implementing MI in more evidence-based ways in groups and in individual therapy sessions. We are still in the infancy of collecting specific data for that endeavor, but the process remains a key highlight for the program.

### **Needs, Gaps, Challenges, & Barriers**

For the most part, there were no major needs, gaps, challenges, or barriers for the Adult Residential program in 2023. The program was managed effectively, and any issues were localized to individual circumstances (e.g., coordinating transportation from Region 2). Given the consistency of that team, those instances were learned from and helped the team be better prepared for any future situations.

### **Medication Management Program Overview**

The Medication Management program at CenterPointe provides psychiatric evaluations and ongoing medication checks to individuals throughout Nebraska, including both in-person at our Outpatient office at 2202 S 11th St., Lincoln, NE 68502, as well as via telehealth. The program is licensed by the Nebraska Department of Health and Human Services and is accredited by CARF, the Commission on Accreditation of Rehabilitation Facilities. There is no typical length of stay for this program, as ongoing medication might be prescribed throughout one's lifetime. The mission of the program is to "help individuals get better, sooner, for longer."

### **Referrals and Services**

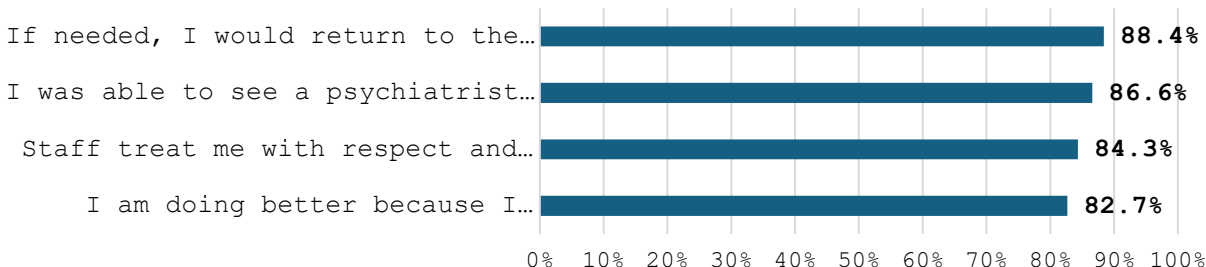
There were four Region 2 individuals seen in 2023 by the Medication Management program who were seen for a total of 20 units (which included four Initial Psychiatric Evaluations and seven Medication Checks), all of which occurred via telehealth. These individuals were seen by our psychiatric provider as a result of being admitted to Touchstone, a Short-Term Residential Program that utilizes CenterPointe's medication management services when individuals request it. There were no referrals directly to Medication Management services from Region 2 in 2023.

### **2023 Performance**

Overall, perceptions of care were lower across all questions asked in CY 2023, though this is primarily attributed to a lack of access to outpatient psychiatric services from only having 1.5 FTE psychiatric

providers until July. We brought on two new psychiatric APRNs (2.0 total FTEs) in July and August, which drastically increased access and likely resulted in the large improvements we observed on scores in the last quarter of the year. Nevertheless, CY 2023 scores are below:

### Percent of Individuals with Positive Responses



That said, despite the staff shortages, we continued to dedicate the same amount of provider time to those in Touchstone, so all Region 2 individuals may have had a different experience than those who utilized psychiatric services on an outpatient basis (of which the majority of survey respondents consist of).

### Program Highlights

As our largest program, ensuring adequate staffing for the amount of individuals seeking medication management services was our top priority for much of CY 2023. As of August, that priority was met and by December, we had surpassed pre-COVID levels of individuals being seen across our now fully-staff program. Our two newest psychiatric APRNs also have specialties in family medicine, which helps them not only account for those needs when prescribing, but coordinate very effectively with our on-site primary care provider. Additionally, while we utilize the DLA-20 to assess improvements in functioning in most other agency programs, we had not successfully implemented an appropriate assessment for psychiatric services in the past. However, in the latter half of CY 2023, we are not collecting and tracking both PHQ-9s and GAD-7s to all individuals to better understand and assess how we are treating individuals with depression- and anxiety-related issues.

### Needs, Gaps, Challenges, & Barriers

As stated, staffing shortages were an extreme challenge for much of 2023. To best manage the number of individuals needing this service, we attempted several different types of scheduling practices, from same-day assessment only days, to pausing new intakes to ensure existing individuals could get seen, to just-in-time scheduling (only scheduling 1-3 days in the future). We also utilized our primary care provider to help manage those individuals whose psychiatric needs were minimal but triaging that brought a new set of challenges. Regardless, although each brought some benefits, nothing improved satisfaction and utilization like having the right amount of providers to meet the needs of individuals needing this service. Once that happened, we've been able to implement walk-in hours and continue utilizing just-in-time scheduling, which is helping the program run smoother than ever. Otherwise, there are no noticeable needs, gaps, challenges, or barriers to accessing or utilizing our medication management services.



## St. Monica's

### Region II Program Evaluation 2023

#### 2023 Data

- St. Monica's served 22 clients with 209 units from Region II from January 1, 2023, through December 31, 2023.
- Of the 22 clients served, with 28 episodes of care:
  - 21 were served in Short-Term Residential programs (primary) for 51 units.
  - 5 were served in Therapeutic Community programs (PMC/TC/WAS – secondary) for 158 units.
  - 2 were served in Affirming Women's Empowerment (AWE – halfway house) for 0 units.
- The average length of stay in the Short-Term Residential programs (primary) was 42 days.
- The average length of stay in the Therapeutic Community (secondary) was 76 days.
- The average length of stay in Affirming Women's Employment (halfway house) was 75 days.
- Of the 21 client receiving services in the Short-Term Residential programs (primary):
  - 16 discharged successfully, 1 client still in services.
- Of the 5 client receiving services in the Therapeutic Community program (secondary):
  - 2 discharged successfully, 2 clients still in services.
- Of the 2 client receiving services in the Affirming Women's Empowerment (halfway house):
  - 0 discharged successfully, 1 client still in services.

#### Success

- In the past year St. Monica's has had 111 graduates from all our residential programs.
- Clinical staff have continued an informed DBT track for all clients in services at St. Monica's. Client feedback surveys state DBT is the most valuable therapeutic group offered at St. Monica's.
- We were able to send two leadership staff to the National Conference in 2023.
- Last summer we onboarded three new counselors and have had several interns from local universities and colleges.
- We opened AWE (Affirming Women's Empowerment) Lincoln's first women's halfway house level of care in Lincoln, NE on September 5, 2023.
- Behavioral Health Stabilization one time grant funds have allowed St. Monica's to send more staff to train for Circle of Security, Gambling Addiction, Motherhood is Sacred, First Aide/ CPR instructor training. St. Monica's was able to offer merit bonuses to all staff in July and December 2023.

#### Barriers

- This past year we have experienced a lack of direct care staff and mental health counselors.
- There continues to be some work force shortages.

#### Gaps and needs that you have experienced this year and ideas for creating solutions.

- Training for direct care staff to learn how to provide trauma informed care. Solutions-offer more training on-site and find training opportunities in the community, as needed.

- Training on how to document in the EHR. Solution- we are starting a weekly documentation group that staff can attend and get help with questions they may have.
- Needing more direct care staff including on-call staff. Solution- we are attending more events that could lead to hiring staff and reviewing our pay and benefits packages.

Other information

- The annual fundraiser the Amazing Chase XVII was a great success in September 2023.
- St. Monica's will be celebrating their 60-year Anniversary with a luncheon on October 17, 2024.

Mid Year July 1, 2023 – December 31, 2023

<b>PERCEPTION OF CARE:</b> Source: Client feedback survey	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
<b>1.</b> The St. Monica's program I was admitted to was easy to access (#3)	2%	2%	56%	40%
<b>2.</b> Overall, I am satisfied with the services I received (#26)	0%	3%	39%	58%



## Lutheran Family Services

### Region II Program Evaluation 2023

#### **Client Data**

In CY2023, Lutheran Family Services (LFS) served 115 unique Region II clients:

- 7 clients served in Intensive Outpatient Program (IOP) for Substance Use; 5 were Region II funded.
- 51 clients served in Outpatient (OP) Substance Use; 35 were Region II funded.
- 98 client received Substance Use Evaluations; 49 were Region II funded.
- 5 clients received both IOP and OP services; 4 were Region II funded.

One way LFS Quality Improvement measures service quality is through Client Satisfaction Surveys. In the Region II area, 31 surveys were collected during CY2023, 13 of which were from IOP and Substance Use Evaluation clients. These include Region II clients as well as clients with other payers.

#### **All Client Satisfaction Surveys for the Region II area:**

- 96.7% (29/30) - Report timely access to services
- 96.7% (29/30) - State they would return to LFS for help in the future
- 96.4% (27/28) - State they would recommend LFS to others
- 93.1% (27/29) - Report quality of life has improved because of their involvement with LFS

#### **Client Satisfaction Surveys Only for IOP & Substance Use Evaluation Services in the Region II area:**

- 92.3% (12/13) - Report timely access to services
- 92.3% (12/13) - State they would return to LFS for help in the future
- 90.9% (10/11) - State they would recommend LFS to others
- 100.0% (12/12) - Report quality of life has improved because of their involvement with LFS

A second strategy for assessing service success is through case record reviews. In CY2023, 10 Region II files were audited with high compliance rates. The goal is at least 80%, and LFS averaged 94.1%.

The data shows LFS clients are receiving quality care. Outcomes continue to be very positive from case record reviews and client satisfaction surveys.

#### **Staffing**

LFS hired additional therapists in North Platte and Lexington, including a new bilingual (English/Spanish) therapist, who offers in-person and telehealth services in Lexington. One part-time Client Engagement team member was also hired. Unfortunately, two long-time North Platte therapists -- Janet Fear and Cathy Baker -- retired.

After being fully staffed toward the end of 2023, LFS is now recruiting for a few North Platte positions:

- One part-time client engagement staff member,
- One full-time therapist, and

- One part-time peer support specialist. This position may transition to a recovery support position, allowing greater flexibility in providing services.

### **Program**

Lutheran Family Services provides services in-person, by telehealth, and by telephonic, decreasing barriers to care. In-person services are available at the LFS North Platte office and the Lincoln County Jail.

### **Highlights include:**

- We continue providing individual sessions that focus on mental health and substance use concerns.
- We continue offering substance use assessments, both in-person and via telehealth for the community.
- LFS signed a contract to provide services for the City of North Platte employees.

We are also excited to provide Fatherhood Initiative Program services for fathers re-entering the community from incarceration and for community-based fathers. The Fatherhood Initiative helps fathers reconnect with their children, develops essential parenting skills, and positions fathers to establish and maintain healthy relationships with their children, partners, and co-parents. This program also provides case management, advocacy, support, education, and career planning and guidance. For the North Platte, NE area in CY2023:

- Fatherhood staff served 25 individual fathers.
- 6 Nurturing Father classes were held.
- 32 fathers participated in the classes.
- 12 fathers graduated from the classes.

LFS has a good, beneficial working relationship with the Lincoln County Jail. Some inmates could benefit from a higher level of care, but lack of resources makes this challenging and LFS cannot always meet client needs. For criminal justice system clients, there appears to be continued barriers and limited transitional services to assist clients transitioning from jail into the community. Advocacy by the State would help remove barriers.

### **Conclusion**

LFS is grateful for its continued partnership with Region II. Positive relationships with other providers and community organizations also enable LFS to promote and provide quality care. We hope to continue these partnerships well into the future, and we look forward to working together to grow and serve those in need.

## Behavioral Health Authority

### Region II All Provider Quality Improvement Team 2023

The Region II Human Services Quality Improvement Team met quarterly via Zoom and consists of representation from Region II programs and each of the providers we contract with. This includes: Administration, Compliance, Youth Care Coordination, Outpatient, Day Rehabilitation & Day Support, Community Support, Emergency Support, Peer Support, Prevention, DHHS – Division of Behavioral Health, Great Plains Health, Houses of Hope & Touchstone, St. Monica's, Goodwill Industries, CenterPointe, and Lutheran Family Services.

The Quality Improvement Team meetings provided outreach and support to all contracted providers and programs. Areas of focus for meetings included:

- Funding
- Access
- service delivery
- barriers
- needs of providers
- Opioid grants
- Information dissemination
- Program reviews & updates
- Continuity of Operations Plan (COOP)
- Review Regional QI Plan
- Review Regional Budget Plan
- Training on 42 CFR
- No refusal tracking & follow up
- Ineligible Client & Sentinel Event
  - Forms
  - Process
- CDS data entry
  - Admit Date Changes
  - Reactivating Inactive Users
  - New required fields
  - CDS Enhancements
- Outcome Measures (data reported from RDO slides, February, 2024)
  - Stable Living at Discharge (any service)
    - State Target =85%
    - Region II = 94.5%
  - Stable Living at Discharge (Residential Services)
    - State Target = 80%
    - Region II = 80.8%
  - Stable Living at Discharge (Supported Housing)
    - State Target = 88%
    - Region II = 95.3%
  - Employment at Discharge (any service MH or SUD)
    - State Target = 65%
    - Region II = 72.4%
  - Repeat EPC's



# Grants



## Grants

### Mental Health First Aid Grant-

Region II contracts with two certified trained facilitators to provide Adult Mental Health First Aid (AMHFA) and Youth Mental Health First Aid (YMHFA). One of the facilitators has additional training in the Veterans, rural communities and public safety tracks of MHFA training. In 2022, seven in-person MHFA trainings and 111 community members attended. Tentative trainings scheduled for the spring of 2023.

Mental Health First Aid- is an adult public education program designed to improve participants' knowledge and modify their attitudes and perceptions about mental health and related issues, including how to respond to individuals who are experiencing one or more acute mental health crises (i.e., suicidal thoughts and/or behavior, acute stress reaction, panic attacks, and/or acute psychotic behavior) or are in the early stages of one or more chronic mental health problems (i.e., depressive, anxiety, and/or psychotic disorders, which may occur with substance abuse).

Youth Mental Health First Aid- is a designed to teach parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers, and other caring citizens how to help an adolescent (age 12-18) who is experiencing a mental health or addictions challenge or is in crisis. Youth Mental Health First Aid is primarily designed for adults who regularly interact with young people.

### Mental Health First Aid: Military Members, Veterans, and their Families-

While military service often fosters resilience in individuals and families, some service members may experience mental health or substance use challenges. Thirty percent of active duty and reserve military personnel deployed in Iraq and Afghanistan have a mental health condition requiring treatment – approximately 730,000 men and women, with many experiencing post-traumatic stress disorder and major depression. Sadly, less than 50 percent of returning veterans in need receive any mental health treatment. The Veterans Administration reports that approximately 22 veterans die by suicide every day.

Mental Health First Aid for Public Safety-The course is taught to police, first responders, corrections officers, and other public safety audiences around the country. Mental Health First Aid for Public Safety provides officers with more response options to help them deescalate incidents and better understand mental illnesses so they can respond to mental health related calls appropriately without compromising safety.

Rural Mental Health First Aid- Nearly twenty percent of people in the United States live in a rural area. The challenges faced by residents in rural areas are significantly different from those in urban areas. Rural populations are often underserved and possess health and behavioral health disparities. Rural communities have a chronic shortage of behavioral health providers and limited access to services.

### SOR II (Opioid Grant)-

The Prevention piece of this grant is with Community Connections Coalition in North Platte, NE.

The distribution number was smaller this year due to longer shelf-life of Narcan boxes. Region II has nine pharmacies in six communities participating in the Narcan project.

On Oct. 1, 2022, the Nebraska Department of Health and Human Services Division of Behavioral Health partnered with STOPODNE.com which now makes it possible for all first responders to order free Narcan nasal spray kits directly from [stopodne.com](http://stopodne.com).

The SOR III Grant provides medication management, medication, outpatient therapy to clients that meet financial eligibility and do not have another payor source. The grant provided services for 72 people in 2023, 145 medication management appointments, and an average of 50 prescriptions per month.

Region II contracts with U-Save Pharmacy in North Platte, U-Save Pharmacy in Lexington, and RX Express in North Platte to provide medications. Region II also contracts with Platte Valley Women's Health, Precise Family Care and Psychiatric Hope in North Platte as well as Lexington Regional Health in Lexington for medication management services.



# **Compliance and Privacy Reports**



## Compliance Notes – FY2023

### Billing

- No incidents reported

### Medication Inventory Audits

- 7/27 /22 - Email received with the Medication Inventory Audits for the 3rd Quarter. These were all satisfactory, filed and any activities noted.
- 11/3/22 - Email received from Megan Courter noting completed 4th Quarter audits. Reports indicate that all locations were satisfactory completed, filed and any activities noted in the notes.
- 2/1/23 - Received Medication Inventory Audits that were conducted for 1st Quarter by Megan Courter. These were all satisfactory and filed and activities noted.
- 5/22/23 - Email received with the Medication Inventory Audits for the 2nd Quarter. These were all satisfactory, filed and any activities noted.

### Billing Audits

- October 10/10/22 - October Billing Audit of OP Programs (All locations covered with 10 records examined)
  - Financial Eligibility Worksheet
    - 10 of 10 were completed. All records were accurate.
  - Clinical Contracts
    - All charts were accurate
  - Pay Source
    - All charts were within compliance
  - Guarantor / Policy Holder
    - 1 chart needed a guarantor added
  - Fee Schedule
    - All charts were within compliance
  - SPMI/SED Hardship – 1 chart was missing Admission Data Form. No action taken as client was still in referral state.
  - Diagnosis Info
    - 1 chart, two of the same diagnosis was listed. Issue from old record system. Corrected.
  - CDS Program Registration – All records complied
  - Accounts Receivable
    - Fees posted and billed were accurate on 8 of the 10 outpatient charts.
  - Billing Services w/ No charge report – Report utilized to verify all services billed
- 12/21/22 - December Billing Audit of OP Programs (All locations covered with 10 records examined)
  - Financial Eligibility Worksheet
    - 10 of 10 were completed, if applicable on all charts.
  - Clinical Contracts
    - All charts were in compliance
  - Pay Source
    - All charts were within compliance
  - Guarantor / Policy Holder
    - 2 charts needed address added. Updated at the time of the audit
  - Fee Schedule
    - All charts were in compliance
  - SPMI/SED Hardship

- All charts were in compliance
  - Diagnosis Info
    - All charts in compliance
  - CDS Program Registration
    - If applicable, client was registered
  - Accounts Receivable
    - Fees posted and billed were accurate on outpatient fees in 10 of the 10 accounts
      - One account had a denied claim. Client hadn't paid. Sarah will continue to send bill to client.
  - Billing Services w/ No charge report – Report utilized to verify all services billed
- 3/29/23 – April Billing Audit of OP Programs (All locations covered with 18 records examined)
  - Financial Eligibility Worksheet
    - One Community Support didn't have the 'For Agency Use' section completed. This was completed and fixed at the time of the audit.
    - Another Community Support chart had chart marked that client was covered by insurance. The chart reflects that they didn't have insurance. After looking client up, they were actually covered by Medicaid.
    - One chart didn't have the Financial Eligibility Form completed. Director notified and will be completed at the client's next appointment.
  - Clinical Contracts
    - All charts were complete
  - Pay Source
    - All charts were within compliance
  - Guarantor / Policy Holder
    - Three of the charts did not have the correct address under indicated under the policy holder tab. These were corrected at the time of the audit. Director was informed about this inaccurate information and will be addressed.
  - Self-Pay Fee Schedule
    - One chart didn't have the co-pay amount entered under the Self-Pay. This was corrected at the time of the audit.
  - SPMI/SED Hardship
    - 1 Community Support file didn't have the Admission Data form completed. Director was informed and form was completed on 7/2/23.
  - Diagnosis Info
    - All charts in compliance
  - CDS Program Registration – All records complied
  - Accounts Receivable
    - Fees posted and billed were accurate and consistent with the Outpatient Fees.
    - 1 chart showed that service hasn't been paid for. Upon further research, determined that claim had been sent out and payer is in process of paying.
  - Billing Services w/ No charge report – Report utilized to verify all services billed
    - Report utilized to verify all services billed. No errors found.
- 6/29/23 – July Billing Audit of OP Programs (All locations covered with 18 records examined)
  - Financial Eligibility Worksheet
    - All but 1 Community Support chart were completed as required. The CS didn't have the 'For Agency Use' section completed. This was completed and fixed at the time of the audit.
  - Clinical Contracts

- All charts were complete
- Pay Source
  - All charts were within compliance
- Guarantor / Policy Holder
  - 3 of the charts did not have the correct address under indicated under the policy holder tab. These were corrected at the time of the audit. Director was informed about this inaccurate information and will be addressed.
- Fee Schedule
  - All charts were in compliance
- SPMI/SED Hardship
  - 1 Community Support file didn't have the Admission Data form completed. Director was informed and form was completed on 7/2/23.
- Diagnosis Info
  - All charts in compliance
- CDS Program Registration – All records complied
- Accounts Receivable
  - Fees posted and billed were accurate on outpatient fees in 8 of 10 charts.
  - Few charts are still showing pending, however, the billing was just sent out last week.
- Billing Services w/ No charge report
  - Report utilized to verify all services billed

### **Contracted Services Audit**

- **Service Purchased**

- CenterPointe - Conducted January 19-20, 2023.
  - Audit of Services Purchased consisted of, ACT, MH Assessments, CS-MH, CS-SUD, DR, Dual Disorder, Med Management, OP-MH, OP-SUD, Peer Support and Psych Res Rehab.
    - All services but Psych res Rehab completed 100% verification of all units purchased.
    - On Psych Res Rehab, in file, 8 units were billed in August. Person had become eligible for Medicaid on 8/31 so on the last day of the month was billed in error. Compliance of 87.5% was attained. Corrective action was initiated and CenterPointe repaid for one day of services.
- Great Plains Regional Medical Center - Conducted June 2023
  - Region 2 conducted audits for Acute and EPC utilizing records for the months of July, August, September and October 2022 and February 2023.
  - All units for both serviced were verified. Passed with 100% compliance.
- Houses of Hope - Conducted May 1, 2023
  - Region V conducted the audit and 100% unit verification was attained.
- Lutheran Family Services - Conducted June 2023.
  - Region 2 conducted audits on the months of August, September, October and December 2023 and February, March and April 2023 for the following services: Assessment MH, Assessment SUD, Outpatient Therapy MH & SUD, Intensive OP- SUD and Peer Support
  - All units for all services were verified as billed. Passed with 100% compliance.
- Touchstone - Conducted March 1, 2023
  - Region V conducted audits for the months of December 2022 and February 2023.
  - 5 Files reviewed and passed with 100% compliance

- St. Monica's - Conducted February 2022
  - Region V conducted the audits for months of November 2021 and January 2022.
  - 5 files were reviewed for STR and TC both passed and 100% in compliance
  - 2 files were review on the OP-SUD and passed 100% in compliance
- **Program Fidelity**
  - No program fidelity audits were required this year.
- **FY22 Services Purchased Expense Reimbursement Verification for Region II BHA**
  - On March 22, 2022, the Division of Behavioral Health conducted a Service Purchased audit.
  - Overall findings were minimal resulting in a pay back of \$170.01.
    - One observation was due to a mileage overbill for \$5.01
    - The other observation was a result of an incorrect funding source billed as prevention suicide and is not an approved activity under the SUPTRBG. To correct this, Region 2 had to pay back \$165.
- **Referral Activities Auditing**
  - October 30th - Jordan ran a report on the referral activities for the services of ARM, YC, CS and ES. No referrals were completed for Day Support. These reports are reviewed and ensure that the referral services are not accidentally billed. Sample report in auditing folder.
- **Additional Notes**
  - None Noted

## **Privacy Officer Annual Report 2023**

### **Policies and Procedures**

Each employee has access to the HIPAA Manual which is located on each desktop. This was explained and reviewed with every new employee by the Operations and Human Resources Director during the new-hire orientation. The Policy and Procedure Manual is also on each desktop for easy reference. All updates to all manuals are put on the desktop as well.

### **Training on the Protection of PHI**

The HIPAA course is part of staff annual essential learning. It contains the most up-to-date information pertaining to the evolving privacy laws.

### **Monitoring the Protection of PHI**

Increased awareness of protected health information and confidentiality has enabled self-monitoring as well as peer, supervisory and administrative monitoring. Privacy Checklists are submitted to the Privacy Officer by the building coordinators twice a year. No privacy violations have occurred.

The procedures for when a client requests access to his/her PHI have been followed. Client requests have been received and reviewed. Copies were then given to the client when deemed appropriate by the Clinical Director. Notation of this is in each client chart.

Clients' rights to revoke previously signed authorizations to release confidential information have been respected and procedures were followed to ensure awareness of the revocation.

### **Complaints**

No privacy complaints have been received. One breach of protected health information occurred in 2023. A substance use disorder evaluation was faxed to two treatment facilities. The client didn't have releases signed for the facilities. The client was immediately informed and stated it was fine the evaluation was sent to these facilities because she wanted to be on the waitlist for all treatment centers. Releases to the two treatment facilities were signed and added to the client record. The information that was released didn't jeopardize the client in any way.

### **Implementation of Safeguards**

Electronic notification for annual requirements continues to be an ongoing process. All outpatient clients were given the Notice of Privacy Practices throughout the month of February to make sure clients receive this notice annually. Clients in case management services are given the Notice of Privacy Practices at the annual date of intake. The Notice of Privacy Practices can also be found at [www.r2hs.com](http://www.r2hs.com).

Two passwords are required before login to the software containing client records can be achieved. The "Restrict Access" function to the software program provides additional privacy to records.

Name badges for all employees of Region II Human Services are provided. Non-Region II Staff or consultants who have not entered into a business associate agreement with Region II Human Services are not allowed in protected areas.

Expired client records (ten years old) were destroyed monthly by the use of a professional shredding company. Health records for youth are retained until three years after the client reaches the age of majority.

## **Security**

The Data Security Team met regularly in 2023 and continued to develop an annual Security Work Plan based on recommendations contained within Security Risk Assessment of October 2015. The purpose of the plan is to review security risks and plan methods of corrections. Any medium-to-high risk vulnerabilities were the focus of the work plan.

Email encryption continued by use of Vircom ModusCloud Email Security. Any message containing PHI is encrypted. Directors are allowed to receive Region II email messages on their mobile device with Vircom ModusCloud Email Security in place. Due to employees working remotely on occasion, all employees are given the option to receive Region II email messages on their mobile device with Vircom ModusCloud Email Security in place. If sending a secure message from a cell phone, the subject line must include r2hsencrypt. There are a few requirements to having Region II email on cell phones in order to protect all work and client information. One is to keep phones locked and have a passcode or facial recognition enabled. Another requirement is to not have the TikTok app downloaded on work or personal cell phones if there is access to the Region II email on the cell phone. This particular app has caused security issues for our system.

A secure digital phone message log is in place for our physician.

Security is in place for all copiers and fax machines. The fax machines in all locations have a 4-digit fax release code to prevent untimely printing of faxes with HIPPA information at night and on weekends.

There is ongoing monitoring of staff access and permissions to the client data system to maintain oversight and awareness.

## **Goals Accomplished**

- Continue to educate staff on the importance of cyber security.
  - Cybersecurity is reviewed with every new employee by the Operations & Human Resource Director during new-hire orientation. In addition, communication with employees takes place throughout the year as a reminder to be extra vigilant and cautious in the area of cyber security to keep our computer network safe.
- Train staff on renaming scanned documents to ensure the correct document is sent to entities requesting client records.
  - Communication was sent out to All Staff that included screenshots of scanning folders. When employees scanned documents into the folder, the name of the scanned document wasn't being changed before attaching the document to an email. This potentially could have led to the wrong document being sent. By changing the name of the document, it helps to ensure the correct document is attached and protects PHI of the client. Regular communication about the importance of privacy procedures continue with staff. Staff also continue to complete annual training on HIPAA.

## **Goals for 2023**

- Continue to consult with legal counsel about new HIPAA regulations after final rule is issued.
- Continue conversations about best privacy practices with new Electronic Health Record system that will be implemented in 2024.