

Region II Human Services Annual Report Based on program evaluations for the Fiscal Year 2023-2024

Our Mission

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

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

To assure organizational survival and growth.

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Overview

This management report is a summary of the information from all programs and will provide a road map for our journey through FY 2023-2024. The review indicates that the mission and values remain central to service delivery at all levels. This year we have seen growth in living our mission as evidenced by the program evaluations and the client surveys. All programs adapted their service provision to keep clients connected to services and to help clients remain in recovery. In FY 2023-2024, the Region II Behavioral Health Authority served over 6569 (duplicated count) people through direct service programs. Prevention activities touched over 40,000 people. The Region received \$5,872,393 from the state and federal contract to provide the services and system coordination. The Region had \$414,232 in County dollars. Specific Federal grants totaled \$827,828.

Our Region-wide Quality Improvement goals remain intact and were reviewed with all providers quarterly. Goals were appropriate and all were met. Program Quality Improvement, Compliance and Privacy reports were reviewed. No actions appeared necessary based on the review.

Contracted Services

The Region contracts with 10 agencies/coalitions for 21 different services. This includes Prevention Coalitions. During FY 2023-2024, we connected with each of these agencies/coalitions on a regular basis and created a consistent connection so that clients could be better served. Each of our contracted agencies commented on and appreciated this in their evaluations. Many of our needs are

being met by the contracted services and it is also clear that certain needs remain and that we need to address those needs. The demand for services is changing and we as an organization must be planning for those changing needs. All programs and our System of Care team discussed the need to work together to find resources for the complexity we are seeing. The challenge remains on how to create that flexibility while being tied to specific funding streams and specific service definitions.

We are still experiencing the impact that Medicaid expansion, which occurred in October of 2020, has had on many of our services—we still served an incredible number of persons but the payment source changed. Providers have not been able to draw down units.

Other gaps noted by providers include: access for consumers to transportation (less of an issue with telehealth), no show rates (less of an issue due to telehealth), clients leaving residential services without completing treatment, maintaining authorizations, complex needs, step down services, long waits for disability determinations, reduced flexibility due to state mandates, access to dental care, funding for necessities while in residential care, safe affordable housing, access to health care for clients, access to visitation with kids while in residential services, lack of available clinical social workers and other professional staff, higher levels of care, and decreased flexibility in meeting client needs. These same gaps were recognized last year and agencies did what they could to fill them but many were beyond the scope of what we could make work. Some of these gaps became less significant with the move to telehealth services.

The post-pandemic era has highlighted significant staffing shortages in the behavioral health field, as increased demand for mental health services coupled with burnout and workforce turnover has strained resources, making it challenging to operate at full capacity and provide support and services to those in need.

Great Plains Health accepted Emergency Protective Custody individuals from all counties and has continued to work closely with our Emergency Support Program. In 2024, Great Plains Health spend most of the year offering full capacity for patients. An issue each year is the number of times Emergency Protected Custody clients who have to be diverted due to the unit being full, acuity of patients, or staffing. This issue continued in FY 2023-2024. This problem is being addressed by the Region, the state, and the hospital. Our Region worked with other hospitals and made sure clients were cared for. A need state wide is access to and funding for higher levels of care.

CenterPointe had no referrals from Region II for the Dual Diagnosis Residential program this year. However, we were able to continue utilizing Medication Management services as needed via telehealth with CenterPointe this year.

Houses of Hope (Substance Use Halfway House for men) remains an important link in services and has created ways to include families if the clients wish to. Once again, utilization remained low as a result of Medicaid expansion.

Touchstone has continued to adapt over the year. Utilization remained consistent from the previous year. As of 3/3/25, Touchstone notified the Region partners that they are no longer accepting female referrals for services as they have transitioned to an all-male facility.

St. Monica's continues serving women from our Region and throughout the year, and we saw a slight increase in utilization from the past year. Region II connects in-person with clients at St. Monica's at least monthly. St. Monica's staff have continued an informed DBT track for all clients in services, which is proving very valuable to consumers as reported in their feedback surveys.

The Supported Employment Program (Goodwill) continued serving individuals this year in our communities. Goodwill and Region II have strong partnership problem-solving access barriers and continue to advocate for the individuals we serve. The Region II Goodwill service area continues to be deeply impacted following the changes made a couple of years ago by the Division of Behavioral Health requiring that all individuals served go through Nebraska Vocational Rehab for eligibility to Supported Employment services. 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. The SOAR (SSI/SSDI Outreach, Access, and Recovery) program continued to grow in referrals during the year and additional staff got trained in SOAR to assist individuals.

Lutheran Family Services served more individuals in the Region II area in FY 2023-2024. Intensive Outpatient services (Lutheran Family Services) continues struggling with staffing and access. Not being able to utilize telehealth services for Intensive Outpatient remains a barrier in rural areas. Lutheran Family Services also contracted for outpatient services, and emergency medication management. We need to continue to work with Lutheran to create easier and consistent access to all services.

In 2023, we transitioned to providing the Housing program through Region II Human Services due to West Central Housing Authority ending their contract due to time and work constraints. This transition has gone very smoothly with the addition of contracting with an individual who is extremely knowledgeable to assist with approval of applications, housing inspections, etc. We are able to assist consumers with maintaining their housing or providing assistance and resources to move into other housing locations that are safe and affordable.

Overall, programs on contract report satisfaction with working with the Region. Gaps include housing, transportation, connecting with kids while in treatment, detox issues, and creating flexibility while being tied to specific funding streams

and specific service definitions. Meetings with all providers are established to individualize client services. There will not be new dollars to establish new services so we will continue working to wrap services around individual clients and to be creative with services using the dollars available. Discharge planning will begin at admission and referral sources and support workers will be involved in the process to be sure each client has the best possible chance at recovery.

Prevention programming is greatly enhanced through our relationship with coalitions and communities. This program is stronger and more complete than ever.

Programs Provided Directly by the Region

Outpatient services continue to see a high demand for services. As noted in the program evaluation there were 4,919 (duplicated count) persons served this year. The complexity of need and the intensity of illnesses remain difficult. Only by utilizing all parts of our system can we manage clients in their recovery. Throughout FY 2023-2024, 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 63% 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. Telehealth continues in all clinics for Medication Management and therapy. Medication Management remains a crucial part of the outpatient program and the med support program is essential to its success and must be maintained. Without med support, clients would go without injections, without bubble packs, without samples and without access to pharmacy free med programs. 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. We continue to offer Client Assistance Programming (known by our staff and local stakeholders as Urgent Needs Assessments). Changes to the service definition provided by the state allowed us to expand access to this program to family members of those struggling with behavioral health conditions, a need we continue to see rise steadily. Changes to the service definition have also allowed us to offer care at this level for those who may be appropriate for short term, solution focused therapy without the extensive demand for diagnostic work and documentation required for longer-term outpatient services. This has been much appreciated by staff and clients.

Adult Support Services include Community Support Mental Health and Substance Use Disorder, Recovery Support Substance Use Disorder (ARM in ARM), Recovery Support Mental Health, Day Support, Emergency Community Support, Intensive Community Services and Member Bank. These services are invaluable in keeping clients stable and in the community. By combining these

services in one location, we have increased new access, interest and collaboration in all services. Recovery Support MH was a new service that we were able to implement at the very end of this fiscal year. It is a lower level of care than Community Support and promotes successful independent community living by assisting individuals in achieving behavioral health goals, supporting recovery, and connecting the individual to services aiding the goals. We are excited to utilize this service in the new fiscal year.

Youth Care has continued identifying individual needs and working with community agencies and the families to meet needs. Community teams remain a vital component in helping transition-age youth move toward adult services. Youth Care served 21 more families this year.

Prevention services continue across the Region. Every county was touched by some form of prevention message. Every effort will be made to continue this level of service.

The Mental Health First Aid (MHFA), State Targeted Opioid Response (SOR II) and the Supplemental and ARPA (American Rescue Plan Act) continue to be utilized for a variety of trainings and services.

Regional Coordination

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

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

Our Consumer Specialist continues participating in state meetings and in trainings on peer work. The 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.

Regional Administration continues coordinating community groups to enhance and coordinate services for those we serve.

Conclusions

FY 2023-2024 has been a hard year of challenges as the health care environment changes and the state tightens access to funding for new and innovative programming. The entire Region, agency and contracted programs, did an amazing job of staying connected to clients and families. Every resource was utilized in staying connected and caring. In addition,

the Region maintained care for staff and their families as well. We have experienced significant challenges as the Medicaid program continues evolving. In the midst of those changes staff and programs have stayed constant in their work for and with clients. We have improved our system of care, communication, quality of care, and increased the use of community based services. The complexity of client needs makes service delivery more challenging each year. Keeping adequate and creative support available to all staff is a priority. Keeping clear communication within all programs delivered and funded is also a priority. As we develop systems of care and systems of documentation, we must keep our mission and values in place. In the process, we remain fiscally responsible for each dollar spent. This is done through reports to the Advisory and Governing Boards and State.

The organizational changes continue as experience teaches us what will work best for client-centered care while we continually adjust to changes required by funding sources.

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

This management plan is considered part of the strategic plan for the Region. The Governing Board, Advisory Committee, consumers and all staff and providers review the program evaluation and this report. The program evaluations and the management report are used to help create the Regional Budget Plan. The Agency Director meets with persons served in the creation of goals and in the planning effort. These reports, client satisfaction surveys and other communication tools are added to our web site, www.r2hs.com. The web site is much improved.

No trends were noted of significance in incident reporting. A full analysis of incidents is completed annually. The cultural competency, inclusion and diversity plans were reviewed and enhanced. The programs did not receive any written complaints in 2024.

It is evident that this organization is living and working the mission established and will continue doing so over the coming year. All compliance and privacy requirements were met. All programs passed internal and external audits.

Review of Goals set last year:

- Work to continue meeting the needs of our communities with decreased funding amidst the budget reduction approved in Legislation this year.**

- The Regional Administrator worked with the Board and the state to develop new programs and to look at ways that we can creatively meet the needs of our communities and consumers.
- Participate in all state meetings and increase collaborative partnership with new Division of Behavioral Health leadership.
 - The Regional Administrator participated in all meetings and traveled to attend in-person to develop relationships. Systems Directors also participated actively in state meetings, offering important feedback. I feel as though relationships between the Regions and the Division of Behavioral Health are improving. It is important to continue this goal as there has been much turnover at the Division and a new Director appointed.
- Work to maintain the integrity of the Region.
 - The Regional Administrator and the Agency Director worked together on this by maintaining current and building new relationships with partners to meet needs. We focused on clarifying agency changes and what this looks like internally.
- Work on braiding our different sources of funding to maximize program and service opportunities in our communities.
 - We worked on utilizing all sources of funding in resourceful ways to meet the needs of consumers.

Goals for 2025

- Continue working with the state and community to fill gaps and needs.
- Continuing caring for staff and their needs.
- Work towards developing services and meeting requirements to become a CCBHC (Certified Community Behavioral Health Clinic).
- Participate in all state meetings and increase collaborative partnership with new Division of Behavioral Health leadership.