

# Region II Human Services Program Evaluations

FY 2023-2024

## **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**

- Consumer Coordination
- Emergency System Coordination and Crisis Response
- Housing Coordination
- Prevention System Coordination
- Disaster Coordination
- Youth System Coordination

### **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
- CDC Comprehensive Suicide Prevention (CSP) Grant
- ARPA Grant

### **Compliance and Privacy Reports**



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



## OUTPATIENT PROGRAM REPORT – FY 2023-2024

Throughout FY 2023-2024, all of our Heartland clinics have continued with hybrid scheduling. The data continues to show that this has been significant 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. 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. It has allowed outpatient staff, as well as staff from our other agency programs, to work with and learn about clinicians in each location and have a better sense of different specializations we have amongst our outpatient clinicians. That knowledge helps staff in matching clients and clinicians, as well as giving greater opportunity for our clinicians to share their expertise and experience with all staff, rather than just those with whom they share office space. 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 and allows us to better serve clients who stand to benefit most by quick access to brief, solution-focused care. This fiscal year, 1,156 people were seen in urgent outpatient programming and 77% of those people were seen within 48 hours of reaching out for services. Unfortunately, this falls just short of our goal of seeing 80% of Urgent Outpatient referrals within 48 hours. Of note, the percentage of those seen within 48 hours rose dramatically in the new electronic health record, to an average of 86%. It is possible that improved scheduling efficiency within the new system has corrected any scheduling challenges that were occurring. As an outpatient team, we will be using both QI meetings and building meetings to problem solve how we best meet the timeline with the ever-increasing demand for services. We continue to believe 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. Having access to Client Assistance Programming for family members has been of great benefit, allowing us the opportunity to provide resources and suggestions to family members who are often feeling desperate for solutions. In addition, we added a staff role, Family/System Navigator, to our outpatient and system programming utilizing opioid settlement funds. This person is able to connect with clients and family members struggling with substance abuse, provide emotional support, link to resources quickly and help in navigating what can be a confusing experience, transitioning to and accessing appropriate levels of care. They also provide support group options, available to consumers and family members within the region. We will continue to explore best ways of getting the word out about this new position, including promoting referrals among stakeholders.

An ongoing challenge for outpatient services and the behavioral health system on a local, state and national level is a shortage of licensed clinicians. In addition to the provider shortage, many providers across the state have had great difficulties obtaining reimbursement from the current Medicaid companies, leading some to retire earlier than expected and others to relocate or stop accepting Medicaid

clients. We see the overflow from this increasing demand daily, with increased demand for our services as private providers face long waiting lists. We remain committed to insuring that consumers in our Region are able to access the care they need in a timely manner, but recognize that our scheduling practices may need to adjust based on the increasing demands. We have added outpatient group treatment options to our scheduling and hope to add more in the coming year. We continue to emphasize collaborative care, not just within the outpatient programs, but with any and all area resources in hopes of helping everyone we work with have a solid plan for managing their recovery, even when they have completed their outpatient work. 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 implemented a new Electronic Health Record. While these transitions are often stressful times for staff and impact productivity during the time period of implementation and training, staff have had largely positive feedback and adjusted quickly. As we familiarize ourselves with the program and learn about additional capabilities, we hope to continue to find ways to utilize the program's capabilities to create more efficiency for staff, allowing more time to be available for direct client care. In June 2024, a long-time APRN with the Region announced her planned retirement in October of 2024. The agency director and regional administrator will be assessing community needs and exploring the best options for meeting the need for access to psychotropic medication management for those without insurance in the Region. Options to consider include recruiting a provider, utilizing locum tenens, or contracting with current providers to make best use of community-wide resources currently available.

**DATA FOR FY 2023-2024**

TOTAL ADMISSIONS TO OUTPATIENT PROGRAMS: 1,854

ADMISSIONS BY LOCATION:

LEXINGTON: 318

McCOOK: 378

NORTH PLATTE: 913

OGALLALA: 245

TOTAL PERSONS SERVED IN OUTPATIENT PROGRAMS: 4,919

PERSONS SERVED BY LOCATION:

LEXINGTON: 839

McCOOK: 1,118

NORTH PLATTE: 2,290

OGALLALA: 672

TOTAL PERSONS SERVED THROUGH URGENT OUTPATIENT SERVICES – 1,156

77% of those calling for Urgent OP services were seen within 48 hours

OUTCOME MEASURES (BASED ON WHOQOL-BREF INSTRUMENT)

Overall Quality of Life improvement – 91%

Physical domain improvement – 91%

Psychological domain improvement – 91%

Social Relations domain improvement – 91%

Environmental domain improvement – 90%

**CLIENT SATISFACTION SURVEY RESULTS:**

97% responded that they had timely access to services

97% responded that they would return to Heartland in the future if needed

90% responded that their quality of life was better as a result of being in the service provided

## Youth Care Coordination Program

### REGIONAL REPORT

FY 2023-2024

#### Youth served by county:

- 142 Level A Clients served
  - Chase – 3
  - Dawson – 44
  - Frontier – 4
  - Gosper - 2
  - Hitchcock - 3
  - Keith - 13
  - Lincoln - 51
  - Perkins - 4
  - Red Willow - 18
- 3 Level B Clients Served
  - Dawson – 1
  - Logan - 2
- 10 YCC Special Population Clients Served
  - Chase – 1
  - Dawson – 1
  - Frontier – 1
  - Keith – 1
  - Lincoln – 3
  - Perkins – 1
  - Red Willow – 2
- 5 Probation Voucher
  - Dawson – 5

**Total served: 160**

- The average length of stay is:
  - Youth Care Coordination – 342 days (11.24 months)
  - Level B – 708 days (23.27 months)
  - Probation – 64 days (2.1 months)
  - Special Populations – 109 days (3.58 months)
  - Total Average – 306 days (10.05 months)

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

- YCC staff are eager to learn about new services that are offered in their communities to help increase supports for families they work with.
- YCC Director implemented staffing with care coordinators monthly, in addition to monthly Clinical Supervision, to help identify youth who are ready to transition to discharge, staff referrals to determine eligibility in a timelier manner and any other needs staff may have.
- Youth Care staff met with NPPS staff to discuss cases and how to the flow and what's the best flow of communication.
- 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 and increased the numbers from 2023
- 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 one new mentor to serve youth around Dawson County area
- Staff assisted in transitioning to the new client Electronic Health Record and assisted in created forms for the YCC Program
- Region II staff attended the Red Willow Upstream Event
- YCC staff attended the NJJA Conference in Kearney
- All YCC staff attended the Bridges out of Poverty Training
- Staff attended a training with Parent Training Information (PTI) to learn more about rights that students and families have with their special education.
- Staff attended the National Wraparound webinar

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

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

- FY 2023-2024 data shows an average decrease of 54.86 points of impairment in youth successfully discharged from the YCC Level A program.
- There an average decrease of impairment of youth both successfully and unsuccessfully discharged of 46.94 points. This is a 12 point increase from 2023.
- Maximum CAFAS score during 2024 at admission was 190, minimum score at discharge was 0.

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

100% return rate of satisfaction surveys this year

93% of youth/young adults showed that general life quality improved due to being part of the Youth Care Coordination Program.

93% of youth/young adults felt they had timely access to Youth Care Coordination. This is a 4% increase from 2022

98% 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 = 92%

### ***FY 2023-2024 Service Goals Report***

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

*Goal met:*

- Total average score: 79%
  - Wraparound Facilitator – 82%
  - Caregiver – 79%
  - Youth – 76%
  - Team Member – 80%
- All four of these have increased since 2023*

*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:*

- 89% of youth's eligibility disposition was completed within 30 days after referral was received. This was an increase from 2023.

*Goal 3–* All staff will be trained and maintaining their own caseload in the new client Electronic Health Record.

*Goal not met:*

- *All Youth Care staff have been trained and maintained their own caseload in the new EHR. There were 4 Youth Care Staff who volunteered to be EHR Super Users during the implementation/training process.*

### ***Challenges/Unmet Needs***

A challenge that YCC faced this year was switching to a new EHR system. This was a big learning curve for some but staff had great attitude and willingness to learn and help other staff out was very much appreciated!

A challenge that YCC faced this year was being able to admit families in a timely manner after they have been determined eligible. This is occurring for many reasons, including families not following through with referral or having enough communication to continue our efforts which prolongs admission or referral closure. Finally, not getting the documentation in a timely manner from providers to ensure the eligibility criteria is gathered (current mental health diagnosis) is also another barrier. To help ensure this process moves in a timely manner, YCC Director is going to implement a Pilot to see how follow through improves with Intake taking place at first contact.

### ***Program Goals for FY 2024-2025***

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. Initiate a Pilot within YCC to make the intake process quicker for staff & families.

## **REGION II HUMAN SERVICES**

### **ADULT SUPPORT SERVICES**

#### **Program Report FY 2023-2024**

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.

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

- ✓ 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
- ✓ 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

#### **Highlights:**

- ❖ Access to dental care for clients in Adult Support Services
  - 18 clients transported several hours away to a dentist who accepts Medicaid
  - 2 clients transported to Gothenburg for dental care
  - 1 client assisted with expenses to see dentist at Creighton University
- ❖ InSync implemented as new electronic health record
- ❖ Skills class provided weekly at Day Support
- ❖ Weekly combined meetings with Case Managers, Adult Support Program Director and Agency Clinical Director
- ❖ Care Coordinators participated in Team Meetings as needed; these meetings include but not limited to: DHHS, probation, Goodwill Supported Employment, Vocational Rehabilitation, Medical providers, behavioral health providers
- ❖ 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
- ❖ Member Banking available to clients
  - 28 total Member Bankers
    - 26 in Lincoln County
    - 1 in Red Willow County
    - 1 in Keith County
- ❖ Client Satisfaction Surveys distributed
- ❖ Housing Assistance Program funding utilized for on-going and housing cost needs
- ❖ Successful transitions from Housing Assistance Program to Section 8
- ❖ Regularly scheduled Probation meetings with supervisors
- ❖ Regularly scheduled DHHS meetings with supervisors
- ❖ Flex Funds utilized to assist clients with basic needs
- ❖ 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
- ❖ Seeking Safety Class started in McCook
- ❖ Recovery Support Mental Health available as additional service

**Challenges and Unmet Need:**

Ongoing challenges and unmet needs continue to be unreliable Medicaid transportation and access to dentist that accept Medicaid in our local communities. 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 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. Finding available housing rentals continue to be limited due in part to availability, affordability and safe housing.

**Adult Support Services Goals for FY 2025:**

- Continued education for Case Management staff to include, but not limited to: DBT skills, Motivational Interviewing, Poverty Simulation, Substance Use Disorders, Trauma Informed Care
- Implement training topics for Case Managers related to SPMI diagnoses, medications, substance use, personality disorders, etc.
- Invitations to community agencies/resources to meet with Case Managers to inform of their programs and events that may benefit clients we serve

- Disseminate information regarding Adult Support Services to raise awareness of services available
- Distribute Client Satisfaction Surveys
- Replace/update Day Support computer used for clients activities
- Restructure Living Sober group
- Implement monthly audits for all programs for Quality Assurance of records
- Implement “grounding room” at Frontier House for clients to have a space designed to promote relaxation and well-being to help clients feel calm, centered and connected
- 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
- Meet/exceed standards for CARF Accreditation

**DATA FOR Community Support MH & SUD**

255 referrals received for CSMH

156 admitted to CSMH

98% referrals CSMH contacted within 7 days of initial referral

60 referrals received for CSSUD

24 admissions to CSSUD

96% referrals CSSUD contacted within 7 days of initial referral

**DATA FOR Emergency Community Support**

284 referrals received for ECS

106 admissions to ECS

100% referrals ECS contacted within 7 days of initial referral

**DATA FOR Recovery Support MH & SUD (ARM in ARM)**

70 referrals received for RSSUD (ARM)

42 admissions admitted to RSSUD (ARM)

100% referrals contacted within 7 days of initial referral

24 referrals received for RSMH

21 admissions admitted to RSMH

100% referrals contacted within 7 days of initial referral

**DATA FOR Day Support**

38 referrals received for Day Support

21 admissions to Day Support

93% referrals for Day Support contacted within 7 days of initial referral

**DATA FOR Intensive Community Services**

3 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 2024**

**HIGHLIGHTS**

**Data for 2024**

**EPC's:** 102 (100 in 2023)

Arthur: 0 (0 in 2023)

Gosper: 1 (1 in 2023)

Logan: 0 (0 in 2023)

Chase: 4 (1 in 2023)

Hayes: 0 (0 in 2023)

McPherson: 0 (0 in 2023)

Dawson: 27 (29 in 2023)

Hitchcock: 1 (0 in 2023)

Perkins: 0 (1 in 2023)

Dundy: 1 (1 in 2023)

Hooker: 0 (0 in 2023)

Red Willow: 6 (12 in 2023)

Frontier: 4 (2 in 2023)

Keith: 13 (12 in 2023)

Thomas: 0 (0 in 2023)

Grant: 0 (0 in 2023)

Lincoln: 45 (41 in 2023)

Hospital diversions from Great Plains Health:

17 diverted to Richard Young

1 diverted to Mary Lanning Memorial Hospital

5 diverted to Faith Regional

3 diverted to Regional West Medical Center

**Mental Health Board Commitments:**

Inpatient: 11 (11 in 2023)

Outpatient: 1 (2 in 2023)

Dropped: 90 (89 in 2023)

Continuance: 1 (1 in 2023)

## **QUALITY IMPROVEMENT COMMITTEE MEETING**

Community Support, Emergency Support,  
Day Support and Youth Care Coordination

### **2024 YEAR END REPORT**

**Meeting Overview** Quality Improvement (QI) Meetings for Community Support, Emergency Support, Day Support, and Youth Care Coordination were held throughout 2024 on January 19, April 19, July 19, and October 4. Staff across all service areas collaborated to review client files, discuss best practices, and identify opportunities for programmatic improvement. Meetings were held both in-person and via Zoom to ensure accessibility and participation.

### **Highlights and Key Initiatives**

#### **1. Client File Reviews and Presentations**

- Staff continued presenting client cases during meetings, highlighting successes and sharing strategies for navigating challenges.
- Random file audits were conducted prior to meetings, with no major trends or concerns identified during reviews.
- Workers consistently demonstrated strong knowledge of their clients and a commitment to helping them achieve meaningful goals.

#### **2. Policy and Documentation Updates**

- Early 2024 discussions emphasized timely reporting of work-related injuries and improving discharge treatment plan clarity.
- New Level I and Level II job descriptions and expectations were rolled out for Adult and Youth Care Coordinators, reflecting changes to U.S. labor laws.
- Discussions around treatment planning reinforced the distinction between planned and unplanned discharges.

#### **3. Quality Improvement Process Evolution**

- Beginning in 2025, monthly random audits will replace scheduled QI presenters, allowing emerging trends to shape ongoing training and discussions.
- Staff will also be encouraged to bring challenging cases to future meetings for collaborative problem-solving and support.

#### **4. Technology and Systems Reviews**

- Staff reviewed IT policies, EHR processes, and agency-wide hardware and software needs.
- InSync training timelines and data migration procedures were discussed to support the transition to new systems.

#### **5. Training and Professional Development**

- Staff participated in a follow-up discussion on Enneagram team dynamics and client engagement.
- A Transactional Analysis training session, led by Kathy Seacrest, offered techniques for improving communication and supporting client growth.

**Observations and Opportunities** File reviews indicated that documentation remains timely, thorough, and aligned with agency standards. Minor discrepancies identified during audits were corrected promptly. Staff utilized case presentations to not only share successes but also to openly seek feedback on challenging situations, fostering a culture of continuous learning and collaboration.

QI meetings also served as a platform to distribute educational materials, discuss agency updates, reinforce procedural changes, and support professional growth.

**Looking ahead to 2025** Quarterly QI meetings will continue in 2025, with added emphasis on:

- Monthly random audits guiding targeted staff trainings.
- Continuing to use meetings for staffing complex cases and sharing group discussions.
- Flexibility in meeting formats to balance in-person connection with remote accessibility as needed.

Training needs will be identified throughout the year using both audit findings and staff feedback. Clinical supervision and regular peer collaboration will continue to provide valuable opportunities for professional development.

# Quality Improvement Outpatient Annual Report

FY 2024

**Meeting Overview** Outpatient Quality Improvement (QI) Meetings were held throughout 2024 on February 2, May 3, August 2, and November 1. Our teams worked proactively to strengthen processes, embrace new technologies, and continue adapting to client and community needs.

## Highlights and Key Initiatives

### 1. Electronic Health Record Enhancements

- Staff continued to improve proficiency in the ECHO system and began training for a transition to InSync, with full implementation in February 2024.
- Emphasis was placed on keeping Client Data System (CDS) information updated, supporting accurate state reporting and funding continuity.

### 2. Client Services and Accessibility

- Telehealth remained an important option alongside in-person services, offering flexibility and supporting broader access.
- Region II staff promoted the new Patient Portal to simplify client form signatures and streamline onboarding processes across the agency.

### 3. Policy and Procedure Updates

- Transitioned to the ASQ (Ask Suicide-Screening Questions) protocol, improving early identification and documentation of client risk factors.
- Clarified processes for Emotional Support Animal (ESA) letter requests, ensuring alignment with best practices and maintaining provider discretion.
- Updated medication management policies, reinforcing the no early refill policy and prioritizing services for clients with Severe and Persistent Mental Illnesses.

### 4. Support Staff Contributions

- Support staff played a critical role in tracking releases of information, assisting with eligibility worksheets, updating insurance records, and educating clients on the importance of understanding their own privacy rights.
- Staff showed exceptional attention to detail during transitions to new platforms and processes, helping to ensure a seamless experience for clients and clinicians alike.

### 5. Technology and Security

- Transitioned local computer access to Echo Server use for Microsoft Office products.

- Staff were reminded of important cybersecurity practices: no personal use of work computers, no password auto saves, and maintaining system updates.

## **6. Training and Development**

- Staff were encouraged to continue professional development through training sessions, QI meetings, and one-on-one supervision.
- Open enrollment for benefits included mandatory informational sessions to ensure all employees stayed informed on available resources.

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**Challenges and Opportunities Ahead** Heartland and Region II staff have continued to adapt to a rapidly changing environment, including evolving funding structures, technology upgrades, and shifts in client needs. Budget considerations at the federal, state, and organizational levels may present challenges in the coming year.

However, the successful adoption of telehealth, EHR transitions, and patient portal use demonstrate the team's resilience and commitment to client-centered care. We anticipate further growth in integrating technology with personal, compassionate service delivery.

# **Behavioral Health Authority Systems Coordination**



## **Regional Consumer Specialist FY 2023-2024**

The Consumer Specialist represents Region II on the Office of Consumer Affairs People's Council, advocating for the needs of consumers across the Region and bringing important state-level updates back to local participants.

Work within the Council includes developing training standards for the Peer Specialist workforce, reviewing and promoting changes to service delivery policies, and sharing consumer concerns with the Governor's Office and Nebraska Behavioral Health System leadership.

### **Regional Activities**

- The Region II Consumer Specialist remained available the third Wednesday of each month at the Frontier House to meet with consumers, provide updates, and gather feedback from individuals participating in Adult Services programs.
- Continued efforts to identify and promote training opportunities for both staff and consumers, focusing on accessible webinars and low-cost resources to support education and recovery efforts.
- Participated in Trauma Champs, collaborating quarterly to brainstorm and implement Trauma-Informed Care strategies and training opportunities for agency staff.
- Provided support for ongoing integration of consumer feedback into service planning and quality improvement discussions.

### **Challenges**

- Inconsistent meeting schedules at the state level, which occasionally limited opportunities for formal input or information-sharing.
- The ongoing complexity surrounding the Peer Support definition continued to present challenges for broader implementation across providers.

### **Goals for 2025**

- Attend all scheduled meetings of the Consumer Affairs People's Council and actively represent Region II consumer interests.
- Continue providing information and training resources to both staff and consumers to promote empowerment and recovery.
- Remain available for consumer feedback sessions and strengthen the connection between participants and state-level advocacy efforts.
- Support Trauma-Informed Care initiatives and promote a consumer-centered culture within Region II Human Services.

**Systems Coordination: Housing**  
Annual Program Report FY 2023-2024

**Crisis Response Assessments:** 42 (35 in 2023)

**Adult:** 37 (30 in 2023)

Dawson: 16    Frontier: 3    Hitchcock: 1    Keith: 2

Lincoln: 10    Perkins: 2    Red Willow: 3

**Youth:** 5 (5 in 2023)

Dawson: 1    Keith: 2    Lincoln: 1    Red Willow: 1

**Crisis Response Assessments that ended in EPC:** 1 (0 in 2023)

**Diverted EPC's due to Crisis Response:** 41 (35 in 2023)

**Repeat EPC's:** 10 (7 in 2023)

**Referrals for Emergency Assistance:** 266 (327 in 2023)

Chase: 0 (3 in 2023)

Dawson: 71 (80 in 2023)

Dundy: 1 (7 in 2023)

Frontier: 5 (5 in 2023)

Gosper: 4 (6 in 2023)

Hayes: 0 (1 in 2023)

Hitchcock: 1 (4 in 2023)

Keith: 10 (19 in 2023)

Lincoln: 115 (144 in 2023)

McPherson: 1 (1 in 2023)

Perkins: 0 (1 in 2023)

Red Willow: 34 (37 in 2023)

Out of Region: 24 (19 in 2023)

**Assistance with Medication:** 88 (96 in 2023)

**Assistance with Transportation:** 38 (47 in 2023)

**Assistance with Other (rent, food, etc.):** 145 (179 in 2023)

Received 43 calls from family re: assistance with family members with mental health needs.

Received 59 calls from family members re: detox and/or treatment for family members

Received 46 calls from hospitals re: patients with mental health needs

Received 129 calls from law enforcement re: mental health contacts and requesting information or assistance (Chase: 4, Dawson: 54, Dundy: 1, Frontier: 4, Hitchcock: 2, Keith: 14, Lincoln: 37, Red Willow: 12, Thomas: 1)

Received 34 calls from individuals requesting information or assistance with detox and/or treatment.

Received 107 calls from individual requesting assistance with housing (rent, utilities)

Received 47 calls from individuals requesting assistance with transportation/gas

Received 16 calls from hospitals re: someone requesting drug/alcohol treatment

Received 112 calls from individuals requesting assistance with mental health needs

**Consumers at LRC for 2024:** Two males who started as court commitments and were switched to a Mental Health Board commitment.

### **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.

Housing continues to be an issue for consumers. Not just availability but affordability.

## **EMERGENCY ASSISTANCE**

We have seen a decline in emergency assistance numbers with Medicaid expansion. We still receive a lot of calls for housing assistance. The state has some strict guidelines for flex funds and this limits our ability to be flexible at times. We have our 24/7 line for persons to call for assistance and if we are unable to assist, we refer to community resources.

## **CRISIS RESPONSE**

Our crisis response numbers are good. We will now have a counselor who is available to offer assessments over zoom. 988 transfers calls when needed to Robyn for assistance.

## **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 role 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 2024**

### **Goals for 2024**

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

- We have monthly meetings with LRC social work staff to address current patients at LRC and to discuss discharge needs.

To Work on getting iPads for Crisis Response counselors so we are able to provide telehealth assessments.

- We have an iPad for Brenda Ruf who will be the primary crisis response counselor and she will begin using it for zoom assessments in February 2025

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

- Robyn continues to be available

To work on increasing attendance at the McCook Forum meetings.

- We have discussed at meetings with those who attend how to increase attendance. We have looked at different day, time etc.

To work on recruiting new therapists for Crisis Response

- We added one new therapist, Makayla Crawford, to our list of therapists.

### **Goals for 2025**

- To continue attending trainings at Law Enforcement training center to meet new recruits.
- To continue to work with LRC on admissions and discharges
- To be a part of the MCR work group that is devising the training curriculum for MCR counselors
- To increase Crisis Response numbers with addition of zoom assessment option

**Systems Coordination: Housing**  
Annual Program Report FY 2023-2024

**HIGHLIGHTS:**

- Housing assistance 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
- Region II was able 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, Region II Housing Contractor, took on additional responsibilities for the Housing Program beginning October 2024.
- Housing Contractor participated in monthly meetings with Regional Housing Coordinators
- Housing Contractor participated in meetings as scheduled with the Division of Behavioral Health
- 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

**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 FY 2023-2024:**

- Meet Access Measures as identified by the Division of Behavioral Health
- Restructure Housing Program that will enable increased access of housing assistance
- Region II Housing Contractor provide training to Care Coordinators to orientate to changes in process
- Meet with Regional Housing Coordinators to provide support with delivery of housing service and scenarios encountered
- Update current housing forms and implement new forms in electronic record to ease process
- Region II Housing Contractor began online INSPIRE housing inspection training
- Region II Housing Contractor was trained and can access documents on InSync

**ESTABLISHED MEASURES OF EFFICIENCY AND EFFECTIVENESS:**

This information is provided to Region II for FY 2023-2024 by Suzanne Davis, Region II Housing Contractor:

- The Region II Housing Program served 29 new individuals in the Housing Assistance Program during FY 2023-2024
  - There were 25 individuals discharged from the Housing Assistance Program during FY24:
    - 13 individuals were discharged from One-Time Housing Cost
    - 6 individuals were discharged and transitioned to Section 8
    - 4 individuals were discharged for non-compliance
    - 1 individual was discharged as a result of achieving self-sufficiency
    - 1 individual was discharged because they chose to move into housing that did not meet the Housing Quality Standards

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 Division of Behavioral Health when Regions are expected to receive training/certification on NSPIRE as the new standardized tool for housing inspections.

**GOALS FOR FY25:**

- Increase number of client's served in FY25
- Complete the NSPIRE training for housing standards and work with West Central Nebraska Joint Housing Authority to implement NSPIRE training when implementation date is set
- Meet/exceed Access Measures as identified by NBHS
- Transitions to Section 8 or other housing authority
- Update the Region II Housing Assistance Program Process
- Update the Region II Housing Assistance Program Manual

**Region II Human Services  
Prevention System Coordination  
Annual Program Report  
July 1, 2023- June 30, 2024 (FY 2023-2024)**

Substance Use 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, law enforcement, 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, Behavioral Risk Factor Surveillance System (BRFSS), the Nebraska Young Adult Alcohol Opinion Survey and The National Survey on Drug Use and Health (NSDUH).

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 use, marijuana use and suicidal ideation in communities. Build coalition capacity to continue addressing these problems by targeting risk factors and maximizing protective factors. 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 one certified trained facilitator to provide Adult Mental Health First Aid (AMHFA), Youth Mental Health First Aid (YMHFA), Veterans, Rural communities and Public safety trainings throughout the region. From July 1, 2023-June 30, 2024, Region II offered six in-person MHFA trainings with 62 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 Southwest Nebraska LOSS (local outreach to suicide survivors) team in the region.

Region II contracts with trained facilitators in QPR (Question, Persuade and Refer). Region II offers multiple times during the year. Law enforcement, community agencies, church groups, parents, mentors and schools/colleges can request QPR trainings. Region II offered five QPR trainings to 102 participants. Region II has two new-trained facilitators that are able 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 June 30, 2024, there are over 737 registered users of the app.

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.

This fiscal year, Region II provided five "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 and one class in Imperial, NE. with 25 parents

attending. Region II provides funding to Rooted in Relationships-Dawson Co. Partners to provide additional COS classes in Dawson County (stats for Dawson Co. classes for FY24 can be seen at the end of this report). The classes in Dawson Co. are offered in both English and Spanish. CASA in Ogallala, NE. coordinates/offers classes in Keith Co. and surrounding communities. CASA in McCook also coordinates/offers classes.

Outcomes for Circle of Security Series for FY24- At the end of each 8-week session, posttests reviewed. A new survey produced from Methodology and Evaluation Research Core Facility (MERC) with UNL. Circle of Security implemented with 40 parent participants between the ages of 21 to 64 years old in Chase, Dawson, and Lincoln counties. Evaluation data for this report collected from participants of classes implemented from January to May 2024.

Perceived Program Impacts from parents after taking Circle of Security classes. Parents reported this class helped strengthen their relationships with their children. Provided opportunities for parental reflection, especially important for participants struggling with alcohol and drug addictions (“reflect on how these struggles have affected their relationship with their children and abandonment it causes them”). Increased participant receptiveness to changes in relationships with their children.

Yearly reports are published by the Nebraska Children’s & Families Foundation. Dawson Co. class data can be found under coalition reports at the end of this report.

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. From July 1, 2023-June 30, 2024, Region II provided twelve classes and served 100 youth and adults. All classes held virtually, to make it easier for youth and adults to attend and participate. Region II will continue to offer Prime for Life virtually on a monthly basis. Outcomes for Prime for Life classes over the year pre/posttests reviewed after the completion of each class. Evaluation data for this report collected from participants of classes implemented from December 2023 to June 2024. A new survey produced from Methodology and Evaluation Research Core Facility with UNL. Implementation began Dec. 2023. Number of survey participants: 53 during this period. Participants were significantly more likely to think using alcohol, electronic vapor products, cigarettes, and marijuana were very harmful after the program. Overall, participants found the class very informative and enjoyed learning the presented information. They especially liked learning about the effects of substances on people’s lives. Several participants also indicated that the presenter for their class was very knowledgeable and presented class content effectively. Participants mentioned liking the videos

shown in class and hearing about real life examples. A handful of participants said that attending Prime for Life allowed them to reflect on their current lifestyle, “[Instructor] gave a very informative program (and) made me think about the lifestyle I’m living.”

Region II has an MOU with the Nebraska State Patrol for Alcohol Inspections in the region. The NSP conducted checks in the following counties this FY: Chase, Dawson (2), Dundy, Hitchcock, Keith (2), Lincoln (3), Perkins and Red Willow counties. 120 establishments were checked throughout the region during the fiscal year. 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 FY24: Approx. – 945,362 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. 7,577 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 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 the fall of 2023 and spring of 2024, classes were held in Arthur, Paxton, Sutherland, South Platte, Perkins Co. elementary schools and Ogallala (Kids Oasis) afterschool program.

Region II provides All-Stars curriculum to regional schools by request. Region II has one certified facilitator to provide All-Stars. 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 in-person weekly educational sessions at the Keith County Jail in Ogallala, NE. Some topics include, but not limited to; seeking safety curriculum, courtroom etiquette and substance use prevention recorded DVD's. Keith County provides the funding to the region for jail education.

Seeking Safety educational classes offered in-person in Ogallala on Wednesdays and a weekly virtual class is 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 for July 1, 2023-June 30, 2024. The analytical numbers range from 64,497- 889,220 impressions each month.

#### Region II Contracted Community Coalition-

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

- FY 2023-2024 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 coalition capacity and prevent the onset and reduce the progression of substance use, including underage drinking, binge drinking, marijuana use and prescription drug use in communities.

FY 2024, mini-grants awarded to the following coalitions:

Dawson County- Rooted in Relationships Mental Health Initiative

- FY 2023-2024 Report attached at end of report

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

- FY 2023-2024 Report attached at end of report.

**Region II goals/activities for FY 2024-2025:**

- Increase the perception of risk related to alcohol, marijuana, prescription drugs use, vaping and tobacco among all age groups.
- Increase the use of prevention curriculums at regional schools to target risk factors and maximize protective factors.
- Recruit new and trained facilitators to provide suicide prevention and Mental Health First Aid trainings in English and Spanish.
- Continue the partnership with local colleges.
- Work with communities to try to establish new prevention coalitions.
- 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 2023 and results available in the fall of 2024. All future administrations take place during the fall of odd calendar years as well (i.e., every two years).
- Continue to offer parenting classes and increase parent participation in classes when offered in the region. Spanish classes 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 and technical assistance to regional community coalitions.
- Support the development and delivery of community-based substance use prevention services that strengthen protective factors, reduce risk factors, build resilience, and promote well-being.
- 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 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 schools to implement educational prevention programs (due to lack of extra time in the school day).
- 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. All future administrations will take place during the fall of odd calendar years (i.e., every two years). The 2023 participation rate for the state as a whole remains lower than the 60.0 percent level recommended for representing students statewide, so the state-level results should be interpreted with some caution.
- 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.
- Assist with the establishment of new prevention coalitions into communities.
- Policy changes are still a challenge in many communities in Region II. For example, alcohol density, alcohol, tobacco, electronic nicotine devices (END's) and vape shops signage. An important role for coalitions is to insure policies; rules/regulations are appropriately promoting positive behaviors, and discouraging negative behaviors.

## Community Coalition reports-



### **Community Connections FY 2023-2024 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 the 2023/2024 fiscal year. Each meeting was held in person with the option of attending virtually via Zoom. The Coalition began July 2023 with 23 members and increased to 24 members at June of 2024. The average number of people attending Coalition meetings was nine. 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 2023/2024. The webinars/podcasts attended/listened to 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).
- A part-time (three hours a month) Prescription Drug Collection Supervisor continues to be valuable to supplement the hours of substance abuse prevention efforts. The 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.
- 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. Community Connections Mentoring Coordinator attended the National Mentoring Summit in Washington, DC in January of 2024. Training sessions included social emotional learning, supporting LGBTQ+ youth, empowering mentors to be emotion coaches, mentoring black & brown girls, tailored and responsive mentoring to youth needs, restorative practices, and cultivating a culture of care and well-being.
- Virtual trainings attended by staff include: the Collaborative Mentoring Webinar series, Becoming A Better Mentor, State of Developmental Assets, Logic Models, Resilience and Wellness in Mentoring, and Evaluation and the Measurement Guidance Toolkit for mentoring. During this period, Community Connections Mentoring held two advisory council meetings. The council includes past and current mentors, school counselors, a mental health counselor, partner program representatives, a local media member, and a community pastor. The group is updated

on program activities, helps recruit mentors, supports events, and provides accountability, ideas, and assistance as needed.

- Community Connections Mentoring promoted mentoring during National Mentoring Month in January 2024 on social media and with an article in the local newspaper. In February, Community Connections Mentoring organized a recruitment event at the Craft State building. We invited TeamMates mentoring to participate so that state workers could learn about the two approved options for mentoring through the Governors program to encourage employees to mentor for 1 work hour a week each week.
- At the end of February, Community Connections Mentoring partnered with TeamMates Mentoring to host a special recruitment event for Nebraska Mentoring Month at Venue 304 downtown. Invitations were sent out to honor mentors in Lincoln County, while the public was invited to learn more about the powerful impact mentoring has on everyone involved. As part of the event, a heartfelt video was created featuring mentors and mentees sharing their inspiring stories about our programs.
- The Community Connections Mentoring Coordinator gave presentations to two community groups: United Way and Hope Esperanza. The mentoring program also participated in tabling events including three for State of Nebraska employees, Kid Sign up day at the Rec Center. The Mentoring program helped with planning for Kids on the Bricks, and was one of three host organizations for the Cinco de Mayo event downtown.
- 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 support 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 Mentoring Coordinator participated in a focus group for Mentor Nebraska on data/survey collection that was held in Grand Island with other mentoring programs in central Nebraska in April of 2024.
- The Mentoring Coordinator gave a webinar presentation with Melissa Mayo, Executive Director of Mentor Nebraska, on the Becoming a Better Mentor guidebook that was released by MENTOR National in the spring of 2024. The Community Connections Mentoring Coordinator continues to work with Mentor Nebraska as a technical assistance provider and performs consulting services for the National Mentoring Resource Center.
- Community Connections Mentoring Coordinator met with Deborah's Legacy Executive Director to begin partnership in providing mentoring to children of women in their program. They will provide assistance in recruiting mentors. The Coordinator also had several meetings with local churches to look at partnership opportunities for providing youth mentors. In February of 2024, mentoring staff kicked off the READ program to 2 local elementary schools to help find mentors for youth needing help to build literacy skills. These mentees will spend a portion of mentoring time reading with mentors or playing reading games together, and will set reading goals.

- Community Connections Mentoring continues 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 matched 4 youth referred from Hope Esperanza with a mentor. We partnered on 6 activities in January through end of June 2024 and 4 Positive Impact Workouts at Nebraska Athletic Club. These activities were open to any family with youth ages K-7th 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 between July 1<sup>st</sup>, 2023 and June 30<sup>th</sup>, 2024, including 3,300 unique visitors. From these visits, the SAPS pages were viewed approximately 271 times.
- According to Meta Insights, the Community Connections Facebook page's reach was 8171 with 1012 content interactions, 67 link clicks, 1721 visits, and 57 follows.
- According to Meta Insights, the Community Connections Instagram account's reach was 245 with 103 page visits and 4 follows.
- 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 weekly in the North Platte Bulletin for all of 2023/2024 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 approximately 18 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: Drug-Take Back events, Environmental Scans, and the Doggy Dash 5K.
- Community Connections Mentoring had 9 media events to promote mentoring including 4 on air radio discussions about the importance of mentoring youth, 2 newspaper articles/photos, 3 television interviews on KNOP, and as well as several newsletter articles for RSVP.
- Community Connections Mentoring provided 2 outreach presentations to promote and inform the community about the benefits of youth mentoring: 1) Hope Esperanza participants on the READ program for mentoring, 2) United Way board of directors. Community Connections Mentoring participated in additional recruitment activities throughout the beginning of 2024 including the Youth Sign-up Day at the NP Recreation Center, tabling at the Craft State building twice and also at the college during the State of Nebraska employee recognition event, and a

booth at Kids on the Bricks as well as the Cinco De Mayo celebration downtown. Many additional phone calls/emails to school counselors throughout the spring of 2024.

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

- SAPS continued to host monthly Drug Take-Back events at District 177 through July. The location moved in August to Bomgaars due to the construction at the previous location 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 2023/2024 was 187.90 lbs. Approximately 25 medication lock boxes and 27 Deterra pouches 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.
- In partnership with Hope Esperanza, SAPS hosted an informational table at the Community Health Fair on July 14th and 15th, 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 9th, 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 logic models for underage drinking, opioid/OTC, prescription drug and marijuana were completed.
- In March of 2024, SAPS tabled at ‘Wild Night’ an event hosted at the bowling alley.
- In April of 2024, SAPS tabled at “Kids on the Bricks” reaching roughly 400 individuals.
- In April 2024, SAPS tabled at proms at St. Pats, Maxwell, and North Platte high schools.

### **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.
- In February of 2024, SAPS partnered with TFLC to present findings from the environmental scans to the Rotary club. 25 individuals were present.
- In March of 2024, Boy Scout Troop 81 attended a presentation on Deterra and the importance of properly disposing of drugs. 7 individuals were present.
- In April of 2024, SAPS partnered with TFLC to present finding from the environmental scans to the Kiwanis. 30 individuals were present.
- In June 2024, SAPS partnered with TFLC to present finding from the environmental scans to the Christian Women's Club. 60 individuals were present.

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

- Community Connections Mentoring provided monitoring and support calls routinely throughout the reporting period to both mentors and parents. Background checks were completed on 4 potential new mentors along with references checks. Three new mentors completed online training on how mentors can help build a growth mindset with their mentee.
- Community Connections Mentoring staff had 4 mentor interviews, 3 mentor trainings, 6 mentee applications with 5 completed intakes/trainings, 5 parent interviews, 4 match meetings, and 1 match closure. 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. Weekly reminders via text were sent to mentors and parents regarding upcoming activities and opportunities in the community. Three newsletters were created and distributed by email to all youth and mentors to provide information on activities as well as reinforce Impact SEL lessons. The newsletters were sent by mail to all youth and to mentors who requested a hardcopy.
- Mentors were invited to attend two trainings in April: Mandatory Reporting training given by Bridge of Hope and Becoming A Better Mentor webinar with Mentor Nebraska.
- The Mindful Mentoring Course: Mentoring for Youth Mental Health with Dr. Werntz from the Center for Evidence-based Mentoring was offered in June of 2024. This course consists of 12 online live sessions that are 90 minute long and provide tools to help mentees to have good mental health practices. The group of 6 was scheduled to complete the course in July 2024.
- Community Connections mentoring program provided 6 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 emotions and the feelings wheel, communication skills, reading labels and cooking with healthy alternatives, a presentation from Brian Injury Alliance on healthy brains development, and service to community. Impact Night facilitated discussions; games; and other activities to foster self-esteem, growth mindset, and 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 4 group and/or mentoring pair service opportunities including helping at the Golden Games, flower planting at the NP Senior Center, painting at Hope Esperanza building, and helping to run games at Lincoln School Fun Night. 10 healthy group activities were provided including 4 Positive Impact workouts at a local gym. The program also facilitated attendance these additional events: two community concerts, short courses on cake decorating and macramé at the Extension Education building, class on container gardening at a local flower shop, and 3 skate night opportunities at Camp Maranatha.
- Community Mentoring continued to offer online trainings: Building Foundations for parents and Substance of Change for mentors. Invites will be sent to all new mentee parents and all mentors to complete these to support the mentoring process. In June, the mentoring coordinator met with Dr. Stetler, a Research Scientist with Innovation Research and Training/Mentoring Central, regarding the Substance of Change course and future applications to train mentors in supporting mentees who are impacted by substance use themselves, in their family, and/or in their community.
- 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 had several meetings with Bridge of Hope in regards to SART teams.
- Community Connections Mentoring Coordinator assisted in the planning and facilitation of the free public event for Cinco De Mayo festival in May.
- In May 2024, the annual surveys were sent out to all mentors and mentees that had been matched for at least 3 months. When mentees were asked about what they would change about this program, most said nothing – one mentee said “my mentor is pretty awesome”. All of the mentees agreed that they feel happy when they are with their mentors.
  - 100% of mentees reported that the relationship with their mentors helps them feel like there are people who will “help me out if I need it.”
  - 100% of mentees reported having higher expectations of themselves and 86% said they had more options for the future and indicated that they are more confident
  - 71% said they are better able to express their feelings.
  - When ask what is the best thing about having a mentor, responses included “I get to explore things and have opportunities I would not normally have” and “they can talk to you and don't lie.”
- Additionally, mentor responses included:

- 100% of the mentors reported that the program has met or surpassed expectations
- 75% of mentors rated the program as excellent and 25% rated it good
- 100% of mentors reported receiving enough ongoing support to help meet the challenges of mentoring
- 100% said the amount of interactions with the program coordinator was just right, 33% would like more interaction with teachers, 9% would like more with other mentors
- 83% reported that their mentees were better able to express their feelings and they indicated that their mentee has a higher expectation of themselves and 67% reported that their mentees have a better attitude towards school
- 67% of mentors answered yes to my mentee is better able to resist drugs and alcohol (with 17% saying they don't know and 17% saying it did not need changing)
- When asked what do you think your mentee has gained or learned through your relationship, answers included "to be more kind towards others", "the importance of talking things out", "willingness to experience new things" and that the "community cares about him"

### **Changing Consequences**

- Approximately 25 medication lock boxes were distributed by SAPS to community members in 2023/2024.
- Approximately 27 Deterra Drug Deactivation pouches were distributed by SAPS to community members in 2023/2024.
- 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. Distribution began in late 2024.

### **Modifying or Changing Policies**

- The Coalition participated in advocacy on the dangers associated with the passing of marijuana legalization. Staff presented environmental scan data that quantified some of the drugs and drug paraphernalia that are being sold in your community. Unfortunately, after the 23-24 fiscal year ended, marijuana legalization was passed via a ballot initiative in our state without any significant or coordinated opposition to the billions of dollars spent by Big Tobacco and Big Marijuana to support legalization. Coalition members and staff continue to follow marijuana legislation at the local, state, and national levels.

- The Executive Director, with the Community Planning Team, developed a five-year comprehensive juvenile service plan and presented it along with the juvenile community-based grant to the County Board. Substance use continues to threaten the safety of juveniles as noted in the plan.

### **Coalition Highlights**

- We had a great partnership with the women's softball and basketball teams at Mid Plains Community College. They were 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 sells 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.
- Submitted a \$16,620 grant application to the United Way for support SAPS. A \$15,500 grant was awarded.
- Submitted a \$11,030 grant application to the United Way for support Mentoring. A \$11,000 grant was awarded.

### **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.

### **Client Satisfaction**

- Below is a chart of our 2023/2024 monthly drug take-back event summaries along with the distribution of medication lock boxes and Detera. We served 128 people and properly disposed of 187.90 total pounds of medication.

		# Served @ Collection	# Served in Office	Lockboxes	Deterra	Controlled	Uncontrolled	Total
2023	July	2	N/A	2	0	0.00	3.50	3.50
	August	15	N/A	4	4	0.40	17.60	18.00
	September	16	N/A	2	2	1.10	28.70	29.80
	October	14	N/A	1	1	0.60	17.90	18.50
	November	13	N/A	2	6	0.80	13.80	14.60
	December	5	N/A	0	0	0.00	16.00	16.00
2024	January	5	0	1	0	0	7.4	7.4
	February	11	2	7	7	0.6	20.3	20.9
	March	10	3	3	7	0.1	10	10.1
	April	10	1	1	0	0.1	14.2	14.3
	May	12	1	1	0	0.3	8.6	8.9
	June	8	0	1	0	0.3	25.6	25.9
Totals		121	7	25	27	4.30	183.60	187.90
			128					

## Dawson County Rooted in Relationships FY 2023-2024 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 over our many years in existence. 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 with many agencies. Those dedicated individuals represent the Department of Health and Human Services, Schools Districts, SixPence, C4K Coordinators, Hospitals, Molina HealthCare, ESU 9 Migrant, Two Rivers Health Department, Region II Human Services, ESU 10 ECC, Mental Health Providers, Community Collaborative, City of Lexington, Child Care Professionals, HeadStart, CASA, local libraries, and local media outlets.

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. A newly added community includes Elwood in Gosper County. Parenting classes were held in Lexington in both English and Spanish. The Circle of Security 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 had 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>
10/4/2023-11/28/2023	Circle of Security Parenting - Spanish	8	Community Families
1/22/24 - 6/3/204	Provider Education Sessions (Monthly)	8	Local Childcare Providers
1/4/2024 - 2/29/2024	Circle of Security Parenting	4	Community Families
4/3/2024 - 5/22/2024	Spanish Circle of Security	6	Community Families

Monthly - Dawson County RiR Stakeholder committee meets monthly in person with a zoom option available for those unable to attend in person. 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.

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 50+ 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 stats for the Kathleen Lute Public Library: July 1st, 2023 - June 30th, 2024**

#### Youth events/crafts:

We have Story Time hour every Tuesday morning. Each week we do some singing and dancing with rhythm instruments in the beginning to get the kids up and moving. Next, I read a book to them and then follow up with a craft that coincides with that week's book.

Total number of attendees: **1,701 people.**

#### Summer Reading Events July 2023:

We had two events in July of 2023 for the Summer Reading Program. Our theme was "All Together Now".

Real Reptiles Presentation – **180 attendees**

Water Obstacle Course Finale – **125 attendees**

#### Summer Reading Events May & June 2024:

We had six events in May and June of 2024 for the Summer Reading Program. Our theme was "Adventure Begins at Your Library".

Magic Show: 169 attendees

Talon Talk - 171 attendees

Balloon Animal Show - 169 attendees

Danger Circus Spectacular - 178 attendees

Nebraska Mural Project and Storytime - 68 Attendees

Ventriloquism Show - 149 Attendees

Total: **1,209 attendees**

#### Events:

October 2023: We had our annual Halloween Party. We had several games and activities, a trick-or-treat bag decorating station, and a temporary tattoo station. – **145 attendees**

December 2023: We partnered with Keith County Community for Kids and ESU #16 for a collaborative Story Time event. – **34 attendees**

April 2024: We also had a Build-An-Animal Workshop on April 30th 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. The library staff then reads a story to them that goes along with the animal that they just created. – **105 attendees**

May 2024: All of the Ogallala Public schools Kindergarten classes came to the library for a field trip. Library staff first gave them a tour of the library and explained each library position. We then did some singing and dancing activities and they were able to take a craft home. – **69 attendees**

### Adult Events

August 2023

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

A puzzle tournament held on August 26th – **15 attendees**

Adult Painting Class/Humanities Insight @ your library

Total for July 1st, 2023 - June 30th, 2024: **383 attendees**

**Region II Youth Systems  
ANNUAL REGIONAL REPORT  
FY 2023-2024**

*Highlights of the past year*

- Region II continues to coordinate Family Support and Mental Health Respite (more information below)
- Region II staff are a part of two Advisory Boards, Nebraska Respite Network and Community Connections Mentoring
- Forum meetings are being held in North Platte, Ogallala and McCook
- Region II staff attend multiple community meetings which includes but not limited to Interagency, 1184, Through the Eyes of the Child, CRT, Rooted in Relationships and Families 1st Collaborative Meeting
- Region II attends the Juvenile Assessment Team as a regular team member
- Region II staff met with a member from a local Church to discuss needs in the community they both serve
- Region II Staff attend the Region II Provider Quality Improvement Meetings
- Region II attended many meetings as a member of the Community Planning Team
- Attended the Nebraska Connecting Families Summit
- Meetings are held regularly with all Region Systems Directors and Regional Administrator
- An additional mental health Resource List was developed and distributed to the community members to help meet the need of the high demand of therapists, psychiatrists and psychologists
- Agencies often reach out to Region II staff to get ideas on resources that would be helpful for the individuals and/or families they are working with
- Region II staff attended the open LB1173 forum for community partners to help improve the state's child welfare system
- Region II staff participated in the North Platte High School Mental Health Day
- Staff presented at the ESU 16 Agency Day and attended Red Willow Upstream Event

*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. FY2024, there were 8 families who utilized Mental Health Respite. These families reside in Keith, Lincoln and Red Willow counties. FY2024, Family Support had served 45 families with a total of 45 referrals. The families who received this services reside in the following counties Red Willow, Lincoln, Frontier, Dawson, Keith, Gosper and Perkins. Due to funding changes within the NPPS system, the school has been referring families for Family Support services as they no longer have the funding to provide this service.

*Regional System of Care*

All Regional Systems of Care meetings had a total of 41 Agencies with 48 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.

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

Youth Care Coordination Staff participated in 20 re-entry DHHS & Probation meetings with Boys Town Home Program, WICS and youth placed in a foster home or their family home. This is a big increase from last year.

### *Other Youth System Meetings*

Individual meetings were held between Region II staff and other agencies which include DHHS, District 11 Probation and Independence Rising. 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, especially in the McCook area. Staff shortages has impacted the schools greatly and their involvement in System Meetings. 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.

### ***FY24 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 or inform the groups of new resources that are in the area.

### ***Program Goals for FY 2024-2025***

- 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 FY 2023-2024

### 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 receiving services are experiencing problems in their lives as a direct result of their use of substances and may have co-occurring mental health needs. Individuals admitted to this program require a short-term stabilization period to effectively transition into a less restrictive substance use treatment service.

As of 3/3/25, Touchstone is no longer accepting female referrals for service as we have transitioned to an all-male facility.

### FY 2023-2024 Organizational Activities

- On-going partnership with Problem Solving Courts in Region II
- Leverage BHECN funding to oversee and offer paid internship opportunities for Master's Level Interns throughout the State of Nebraska.
- 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.
  - Life Worth Living Procedures were supported by the Zero Suicide Initiative.

### Referrals from Region II

- A total of 18 Region II individuals were served:
  - 11 individuals received funding from Region II
  - 7 individuals were covered by Medicaid
  - 3 individuals were females
  - 15 individuals were male
- The average length of stay for Region II referrals was 37.72 days.
- The average days on the waiting list for Region II referrals was 5.56 days.

### Treatment Episode Outcomes

Outcome of Treatment Episode	Number	Percentage
Treatment Complete	13	72%
Terminated by Facility	1	0.5%
Left Against Professional Advice	3	17%
Transferred to a Higher Level of Care	1	0.5%

### Consumer Satisfaction Survey

Quality of Life	Strongly Agree	Agree	Disagree	Strongly Disagree	Weighted Average
Staff encouraged me to take responsibility for how I live my life.	69%	29%	2%	0%	4.69
The Touchstone program empowered me to make decisions about my recovery.	57%	30%	4%	0%	4.49
The Touchstone program empowered me to make decisions about my recovery.	61%	37%	3%	0%	4.55
The program was sensitive to any experienced or witnessed trauma in my life.	61%	36%	2%	1%	4.55
In a crisis, I would have the support I need from family or friends.	58%	37%	4%	1%	4.47
Staff treated me with respect and dignity.	66%	32%	1%	0%	4.64

Access to Services	Strongly Agree	Agree	Disagree	Strongly Disagree	Weighted Average
Services were available at times that were good for me	57%	40%	3%	0%	4.50%
I was able to get all the services I thought I needed	59%	37%	4%	0%	4.50%
The Touchstone program empowered me to make decisions about my recovery	64%	35%	1%	0%	4.61%

### Challenges and Barriers

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.

As such, House of Hope will participate in the recently announced BHECN workforce collaborative, bringing key stakeholders together to identify and address workforce challenges and opportunities in the regions.

### FY 2024-2025 Goals

1. Establish fidelity review of Evidenced Base Practices including: DBT, Motivational Interviewing, and Cognitive Behavioral Therapy.
2. Ensure Continuing Education opportunities are available by promoting participation in State and Region supported initiatives and national best practice educational programs.
3. Provide a therapeutic environment that is individualized to the person served by focusing on person-centered, non-judgmental, strength-based approaches and supporting growth in each individual's recovery journey.
4. Educate families about the impact of stigma on addiction, mental health, and well-being by providing educational workshops that promote understanding, empathy, and strategies for combating stigma in their families and communities.
5. Offer educational opportunities for Undergraduate and master's level intern students in the State of Nebraska.

## **Great Plains Health**

### Region II Program Evaluation for FY 2023-2024

In 2024 we spent most of the year offering full capacity for patients. From July 2023 to June 2024 we had 73 EPCed patients from Region II which is up by 8 from last fiscal year. Of those 73 patients, 12 of them were put on inpatient commitments, which leave 61 of the EPCs being dropped. We also had a patient go to LRC during 2024. We continue to see an increase in acuity in our patient and an increase in the use of our services in our area.

We 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 2024

### Number served in Employment and Career Services – Behavioral Health Employment Program:

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Jan - June, 2024
<b>North Platte</b>	93	100	104	84	117	112	94	103	92	80	113	114	65
<b>Lexington</b>	35	27	39	54	55	59	43	41	26	20	28	29	16
<b>McCook</b>	16	13	13	18	31	41	35	30	24	26	32	27	20
<b>Ogallala</b>	8	7	6	2	9	10	11	11	11	6	9	10	5
<b>Total</b>	152	147	162	158	212	222	182	185	153	132	182	180	106

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

Milestones	2018	2019	2020	2021	2022	2023	Jan - June, 2024
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	1
Milestone 5 - Hours Billed	218.34	397.91	403.75	436.25	438.50	562.25	107.25

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

Milestones	2023	Jan-June, 2024
Plan for Job Development	18	24
Job Search and Placement	8	12
Job Coaching and Support	15 served	25 served
Job Stability	9	16
Extended Services	26 served	25 served; 240.75 hours provided

**Accessibility:**

97.5% 77/79 individuals' surveys expressed that they had timely access to services.

**Quality of Life:**

81% 64/79 individuals' surveys expressed that they had an increase in their quality of life.

**Highlights:**

Goodwill's Supported Employment services had a variety of highlights between January-June, 2024. At the end of the first quarter of 2024, the Western ECS team had 79% of individuals employed, which is excellent. Of the 79 surveys completed during this timeframe, 100% stated they would recommend the service to a friend. The Program Manager for the Western team, Randa Musil, completed Bridges Out of Poverty training for our Goodwill Mission teams. This helps deepened the staff's understanding of individuals served and diversity.

Goodwill's benefits services also had a few highlights between January-June, 2024 for SOAR and benefits counseling. SOAR (SSI/SSDI Outreach, Access, and Recovery) program continued to grow in referrals with 13 additional referrals received during the first half of 2024. Six individuals completed the full application process during this time frame. We also trained an additional staff to assist with SOAR due to individuals waiting to access the service. SOAR has a small caseload to be thorough in the SOAR model and request for reconsideration process. Goodwill's Benefits Counseling services provided 16.75 hours of support through Region II funding January-June, 2024 for those that have SSI and/or Social Security disability benefits and need support in accessing work incentives or problem-solving benefits or healthcare issues that arise.

**Challenges to providing care/barriers:**

A few barriers for Goodwill's Supported Employment services were continued concern about access to services and meeting basic financial needs. All Region 2 Supported Employment communities continued to decrease in active cases with the shift to having VR determine eligibility during this time frame. Goodwill continued to track and staff referrals with Nebraska VR to help address any questions or concerns.

Additionally, Goodwill continued 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. This concern was discussed with VR to encourage additional vendors be acquired for Nebraska VR.

A continued challenge for benefits services was having the capacity to serve rural Nebraska adequately. At times, there was more need than staff could adequately serve. SOAR continued to pull people from the waitlist as staff capacity was available to serve them. Benefits Counseling continued to evaluate and takes steps toward increasing capacity with additional benefits counselors.

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

For individuals to access Supported Employment services, they do need to have eligibility and planning completed with Nebraska VR prior to SE referral. This can delay job search for individuals for months and individuals may disengage with this process for various reasons. There appears to be a gap in helping individuals access services to begin their job search quickly. Goodwill SE had 33 referrals received these two quarters. Of the individuals referred to Nebraska VR, 25 were denied the first half of 2024. Of those denied, several found employment during VR processing and many others did not follow-through or stay engaged with the VR process. We had previously 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 previously proposed as a separate service definition. This was not approved for Behavioral Health but the Division of Developmental Disability Services were looking at adding separate benefits counseling service definitions. This allows individuals to access the ongoing benefits services in extended services.

**Other Important Information:**

We greatly appreciate the continued partnership with Region II and the support is felt throughout the team. Continuing to be in close proximity really allows for great collaboration and achievement of a shared mission.

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



Region II Program Evaluation FY 2023-2024

Houses of Hope has experienced some changes in leadership this year. New hires include a Clinical Director, Business Manager, Executive Director, and Behavioral Health Tech Supervisor. Houses of Hope is currently contracting with Soarin Group for Human Resources and the HR/Payroll position remains open.

Implementing evidence-based practices continues to be a high priority at Houses of Hope. We adopted the Zero Suicide Initiative to identify potential client suicidality and implement a safety plan. The agency also added a new Motivational Interviewing Champion that has been fully trained in the practice. An additional therapist was trained in Eye Movement Desensitization and Reprocessing (EMDR) to help clients with history of trauma.

The Halfway House continues to adapt to current needs, exceed licensure standards, utilize best practices, and provide high quality services for our clients. Despite some recent turnover, we have many employees with long tenure who are committed to the agency’s mission. The We Appreciate You (WAY) committee was formed to show appreciation to staff. We were also fortunate to receive a Workforce Stabilization Grant from the Division of Behavioral Health which allowed us to provide retention and hiring bonuses, as well as fund some fun events, such as family night at Adventure Golf.

**FY 2023-2024 CONSUMER DATA**

- 23 units of service were provided to Region II consumers (2 in 2023)
- 0 Medicaid eligible consumers served (2 in 2023)
- 1 Region II consumers served during FY24 (0 in 2023)
- 1 Region II consumers were discharged during FY24 (1 in 2023)

HOH-HH continues to work with Region II and referral sources to promote transition to the halfway house.

**FY 2023-2024 CONSUMER SATISFACTION RESULTS**

- If I had other choices, I would still get services from Houses of Hope – **93%**
- I would recommend Houses of Hope to a friend or family member – **98%**
- Services are available at times that are good for me – **89%**

<b>GOAL: Support health and well-being of clients in a trauma-informed care environment</b>	<b>Status</b>
Provide 110 clients with a chemically-free living environment annually	MET
Provide three nutritious, well-balanced meals daily	MET
85% of clients discharged will have a Primary Care Physician.	NOT MET

100% of clients will participate in individual and group utilizing evidence-based therapeutic approaches to address substance and mental health needs	MET
24/7 coverage will be provided by HOH staff who have been trained in trauma-informed care, first aid, and CPR	MET
Improve Daily Living Activities-20 scores by 10 points, from admission to discharge.	MET
<b>GOAL: Assist in integration into the recovery community</b>	
Development of initial relapse prevention plan within the first two weeks of treatment and utilization of relapse prevention skills throughout treatment	MET
Educate clients about how to utilize family and/or other sober supports to assist in maintaining abstinence through weekly individual and group therapy; family therapy as scheduled, and participation in monthly family education group.	MET
Involve all clients in 12-step support groups, or alternative recovery approaches a minimum of four times a week.	MET
<b>GOAL: Support integration of clients served into the community</b>	
Develop collaborative and individualized treatment plans monthly with clients that focus on stabilization and transition into the community	MET
Educate and encourage clients, through groups, case management and weekly individual counseling to regain and/maintain stable employment Meet with Case Manager upon transition and prior to discharge, to identify a budget and financial skills needed to sustain independent living.	MET
Reduce homelessness from admission to discharge, by 60%.	MET
<b>GOAL: Ensure clients are satisfied with their treatment at Houses of Hope through various forms of client feedback.</b>	
Utilize methods to obtain individual feedback to determine effectiveness in hallway house programming.	MET
Review information quarterly and make necessary changes, based on client feedback to ensure clients are receiving quality services, quarterly.	MET
Maintain an overall average rating of 90% or higher in all areas assessed on the client satisfaction and exit surveys.	PARTIALLY MET



## REGION II ANNUAL REPORT FY 2023-2024

### 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.”

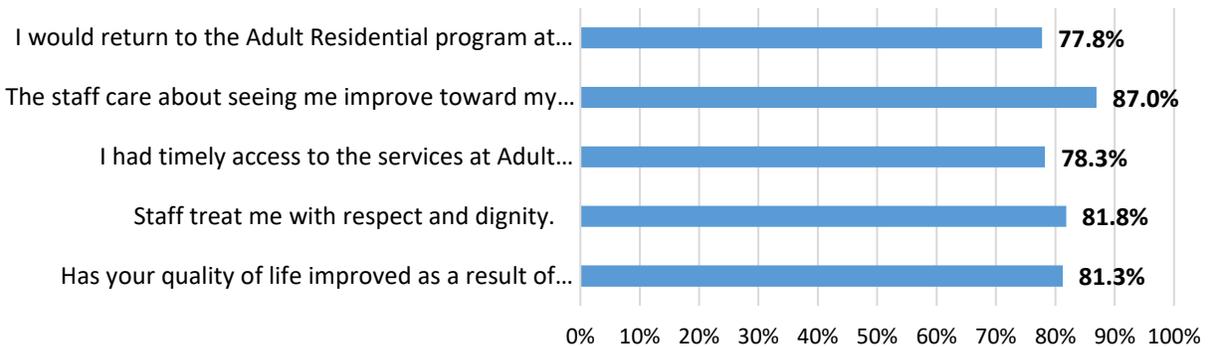
### Referrals from Region II

There were no referrals to the Adult Residential program from Region II in FY 23-24.

### FY 23-24 Performance

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, 77.8% of individuals showed significant clinical improvements throughout their participation in the program, as measured by the Daily Living Activities Functional Assessment at admission, throughout the program, and at discharge.

### **Program Highlights**

The Adult Residential program is now fully staffed with Clinicians, and the admissions coordinator has remained consistent. The program continues to utilize evidence-based practices, training all staff in MI, DBT skills, and some clinicians in EMDR. For most of the year, we were able to admit individuals well within our 14-day target from referral to admission.

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

Staffing among Wellbeing Navigator positions (formerly Behavioral Health Technicians) has been and continues to be a challenge. Although we've been staff enough to ensure all beds can be filled, frequent turnover has made ensuring there are medication aides always available sometimes a challenge, and it becomes harder to develop a resilient, capable, and engaged team-oriented culture among frontline staff. We have adjusted our pay structure to remain competitive and developed a Wellbeing Specialist position, which can be earned by completing several trainings and proving competencies in many areas, that comes with a sizeable pay increase, which we hope will help bring and retain talented staff.

### **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 three Region 2 individuals seen in 2023 by the Medication Management program who were seen for a total of 5 units, all of which occurred via telehealth.

## St. Monica's

### Region II Program Evaluation FY 2023-2024

#### **FY 2023-2024 Data**

- St. Monica's served 29 clients with 0 units from Region II from July 1, 2023, through June 30, 2024.
- Of the 29 clients served, with 28 episodes of care:
  - 20 were served in Short-Term Residential programs (STR)
  - 4 were served in Therapeutic Community programs (TC, PMC, and WAS)
  - 5 were served in Affirming Women's Empowerment (AWE – Halfway House)
- The average length of stay in the Short-Term Residential programs was 33 days
- The average length of stay in the Therapeutic Community programs was 100 days
- The average length of stay in Affirming Women's Employment (halfway house) was 63 days
- Of the 20 clients receiving services in the Short-Term Residential Programs, 7 were discharged successfully.
- Of the 4 clients receiving services in the Therapeutic Community Programs, 0 were discharged successfully.
- Of the 5 clients receiving services in the Affirming Women's Empowerment Program, 2 were discharged successfully.

#### **Success**

- In the past year St. Monica's has had 96 graduates from all the 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 5 leadership staff to the National Conference in 2024.
- We have had several peer interns and PLADC interns as well as a doctorate and master's intern who have onboard with us.
- One of our clinicians received her Gambling License this year.

#### **Barriers**

- We have experienced a lack of direct care staff and mental health counselors.
- There continue to be work force shortages.

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

- Numerous organizational changes- Solution is we're evaluated job descriptions to ensure fair workload.
- Advancement opportunities- Solution- internal hiring and pay scale changes.
- Increasing staff productivity- solution is to rearrange schedule to balance caseload and groups for counselors.
- Training for direct care staff to learn how to provide TIC to clients- Solution is to offer more trainings on site and more TIC training at onboarding.

<b>PERCEPTION OF CARE:</b> Source: Client feedback survey	<b>Good or Excellent</b>
1. How would you rate the quality of service you receive at St. Monica's? (N=22)	81%

<b>PERCEPTION OF CARE:</b> Source: Client feedback survey	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
2. The program I was admitted to was easy to access.	0%	7%	67%	26%

Other Information

- The annual fundraiser for Amazing Chase XVII was a great success.
- We are planning the 60<sup>th</sup> anniversary luncheon.



## Region II Program Evaluation FY 2023-2024

### **Client Data**

In CY2024, Lutheran Family Services (LFS) served 153 unique Adult Behavioral Health clients in the Region II area, 73 which were Region II funded:

- 13 clients served in Intensive Outpatient Program (IOP) for Substance Use; 2 were Region II funded.
- 69 clients served in Outpatient (OP) Substance Use; 40 were Region II funded.
- 104 clients received Substance Use Evaluations; 60 were Region II funded.
- 9 clients received both IOP and OP services; 3 were Region II funded.
- 20 clients received Mental Health Evaluations; 6 were Region II funded.
- 23 clients received Mental Health Outpatient (OP); 6 were Region II funded.

One way LFS Quality Improvement measures service quality is through Client Satisfaction Surveys. In the Region II area, 10 surveys were collected from Adult Behavioral Health clients during CY2024. These included Region clients as well as clients with other payers.

- 88.9% (8/9) - Report timely access to services
- 77.8% (7/9) - State they would return to LFS for help in the future
- 88.9% (8/9) - State they would recommend LFS to others
- 75.0% (6/8) - 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 CY2024, 15 Region II files were audited with high compliance rates. The goal is at least 80%, and LFS averaged 98.5%.

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 has a therapist opening in North Platte and the job has been posted for a few months. We did extend an offer but due to length of time in obtaining reciprocity, the candidate declined the position. We continue to employ a bilingual (English/Spanish) therapist in Lexington, who offers in-person and telehealth services. We hired a client engagement staff member in March 2024.

After being fully staffed toward the end of 2023, LFS is now recruiting for a North Platte therapist into 2025:

- One full-time therapist
- Regional Vice President-Western Region

## **Program**

Lutheran Family Services provides services in-person and by telehealth decreasing barriers to care. In-person services are available at the LFS North Platte office, Lexington 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.
- We offer Intensive Outpatient in-person and Outpatient group via in-person and telehealth
- LFS signed a contract to provide services for the City of North Platte employees. (from Jessie-I think this was set to expire in Nov 2024; please let me know if you want me to reach out about renewal)
- 

## **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 FY 2023-2024

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, 2025)
  - Stable Living at Discharge (any service)
    - State Target =85%
    - Region II = 93.9%
  - Stable Living at Discharge (Residential Services)
    - State Target = 80%
    - Region II = 86.4%
  - Stable Living at Discharge (Supported Housing)
    - State Target = 88%
    - Region II = 96.3%
  - Employment at Discharge (any service MH or SUD)
    - State Target = 65%

- Repeat EPC's
  - Region II = 73.4%

# Grants



## Grants

### **Mental Health First Aid Grant-**

Region II contracts with one certified trained facilitator to provide Mental Health First Aid trainings. The different course trainings include; Adult, Youth, Public Safety, rural communities and Veterans training. In 2023/2024, six in-person MHFA trainings offered throughout the region and 62 community members/school staff attended. On-going coordination of additional trainings scheduled for the fall of 2024.

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 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. As part of the Treatment part of the grant, Region II is able to pay for individual medication management appointments and prescriptions for individuals not covered by other payers. The Nebraska Department of Health and Human Services Division of Behavioral Health collaborated with STOPODNE.com which now makes it possible for all first responders to order free Narcan nasal spray kits directly from stopodne.com.

Anyone who is a Nebraska resident can obtain Narcan free at a participating pharmacy without a prescription. Currently there are nine pharmacies participating in the region.

### **2023-2027 CDC COMPREHENSIVE SUICIDE PREVENTION (CSP) GRANT**

Region II Human Services received the 2023-2027 CDC Comprehensive Suicide Prevention (CSP) Grant. The year 2 of the grant started on Sept. 15, 2024-Sept. 14, 2025. The CSP Grant Program aims at reducing the morbidity and mortality of suicide of Nebraska men, ages 25-64 years old.

Region II will focus on the following strategies for this grant: provider education, safe storage initiatives and Local Outreach to Suicide Survivors (LOSS) Teams.

### **Region II Supplemental and ARPA (American Rescue Plan Act) Block Grant**

Approved activities include:

- Purchase mobile translation devices for providers with the goal of increasing access to immediate interpretation needs to increase consumers' ability to access services: Region II, Goodwill Industries and Lutheran Family Services all utilized funds to purchase translation devices for their different locations.
- Establish/Expand Hope Squads or SOS Curriculum: Shannon Sell with Prevention continues to talk with schools to implement the Hope Squad Program. The Hope Squad Program is a peer-to-peer suicide prevention program.
- Contingency Management (CM): This is a type of behavioral therapy in which individuals are 'reinforced' or rewarded for evidence of positive behavioral change. Clients are given gift cards to Walmart, Amazon, Starbucks and many more places to help motivate them to achieve their treatment goals. Staff continues to report more engagement in treatment.
- Medication-Assisted Treatment for Alcohol Use Disorder: Medication Assisted Treatment for Alcohol Use Disorder, Region II is able to pay for individual medication management appointments and prescriptions for individuals not covered by other payers.

## **Compliance and Privacy Reports**



## Compliance Notes – FY 2023-2024

### Billing

- It was discovered that units in Echo were not calculating correctly on the NBHS Tads reports. The units for the entire FY24 were reviewed and all corrections were made and entered in the state billing system, the CDS and billed in August, 2024.
- Region II transitioned to a new EHR, InSync by Qualifacts with a start date of February 26, 2024. This should streamline the billing process.

### Medication Inventory Audits

- 5/22/23 - Email received with the Medication Inventory Audits for the 2nd Quarter. These were all satisfactory, filed and any activities noted.
- 11/3/23 – Email received with the Medication Inventory Audits for the 3<sup>rd</sup> and 4<sup>th</sup> Quarter. These audits were all satisfactory, filed and any activities noted.
- 1/18/24 – Email received with the Medication Inventory Audits for the 1<sup>st</sup> Quarter. These audits were all satisfactory, filed and any activities noted.
- 4/26/24 – Email received with the Medication Inventory Audits for the 2<sup>nd</sup> Quarter. These audits were all satisfactory, filed and any activities noted.

### September 2023 Billing Audit of OP Programs

*(All locations covered; 18 records examined)*

- **Financial Eligibility Worksheet**
  - 18 of 18 completed; all records accurate.
- **Clinical Contracts**
  - All charts accurate.
- **Pay Source**
  - All charts in compliance.
- **Guarantor / Policy Holder**
  - 2 charts needed insurance cards uploaded. Completed by Sarah Vrbas on 10/11/23.
- **Fee Schedule**
  - All charts in compliance.
- **SPMI/SED Hardship**
  - 1 chart missing Admission Data Form. No action taken, as client was still in referral stage.
- **Diagnosis Info**
  - All records compliant
- **CDS Program Registration**
  - All records compliant.
- **Accounts Receivable**
  - Fees posted and billed were accurate on all 18 outpatient charts.
- **Billing Services w/ No Charge Report**
  - Report utilized to verify all services billed.

## December 2023 Billing Audit of OP Programs

*(All locations covered; 19 records examined)*

- **Financial Eligibility Worksheet**
  - 19 of 19 completed, if applicable.
- **Clinical Contracts**
  - All charts in compliance.
- **Pay Source**
  - All charts in compliance.
- **Guarantor / Policy Holder**
  - All charts in compliance.
- **Fee Schedule**
  - All charts in compliance.
- **SPMI/SED Hardship**
  - All charts in compliance.
- **Diagnosis Info**
  - All charts in compliance.
- **CDS Program Registration**
  - Clients registered if applicable.
- **Accounts Receivable**
  - Fees posted and billed accurately on all 19 outpatient charts.
  - Report utilized to verify all services billed

## April 2024 Billing Audit of OP Programs

*(Files reviewed between January 1, 2024, and March 30, 2024; all locations covered; 21 records examined)*

- **Financial Eligibility Worksheet**
  - Completed, if applicable, and accurate on all charts.
- **Pay Source**
  - All charts in compliance.
- **Guarantor / Policy Holder**
  - All information complete and accurate.
- **Self-Pay Fee Schedule**
  - All applicable self-pay charts complete and accurate.
- **SPMI/SED Hardship**
  - Information entered correctly.
- **Diagnosis Info**
  - All charts in compliance.
- **CDS Program Registration**
  - All records compliant.
- **Billing (Change as of March 2024: InSync Electronic Health Record implementation)**
  - All charts billed correctly. Most payments posted; some payments pending due to system transition.

## July 2024 Billing Audit of OP Programs

(Files reviewed monthly between April 1, 2024, and June 30, 2024; all locations covered; 21 records examined)

- **Financial Eligibility Worksheet**
  - All forms filled out correctly. 1 chart was missing a new Eligibility Worksheet attestation; form attached after notification to support staff.
- **Pay Source**
  - All charts in compliance.
- **Guarantor / Policy Holder**
  - All information complete and accurate.
- **Fee Schedule**
  - All charts in compliance.
- **SPMI/SED Hardship**
  - All charts in compliance.
- **Diagnosis Info**
  - All charts in compliance.
- **CDS Program Registration**
  - All records compliant.
- **Accounts Receivable**
- **Billing (Change as of March 2024: InSync Electronic Health Record implementation)**
  - All charts billed correctly.

## Contracted Services Audit

- **Service Purchased**
  - CenterPointe - Conducted March 21-22, 2024, Follow up conducted July 17-18, 2024
    - Audit of Services Purchased consisted of, ACT, MH Assessments, SUD Assessment, CS-MH, CS- SUD, DR, Dual Disorder, Med Management, OP-MH, OP-SUD, Peer Support and Psych Res Rehab.
      - All services but Assessment MH and Outpatient SUD completed about 95% verification of all units purchased.
      - On Assessment MH two files were that were psych IDI were billed as Mental Health Assessments. CenterPointe repaid 2 units.
      - Outpatient SUD – two encounters were billed incorrectly with a total payback due of .75 units. CenterPointe completed Corrective Action Plans for both services and repaid units.
  - Great Plains Regional Medical Center - Conducted June 2024.
    - Region II conducted audits for Acute and EPC utilizing records for the months of July, October, November and December 2023, as well as February and March 2024.
      - All units for both serviced were verified. Passed with 100% compliance.
  - Houses of Hope – Conducted July 8-12<sup>th</sup>, 2024
    - Region V conducted the audit and 100% unit verification was attained.
      - All files met criteria for FY24 Fidelity Audit.
  - Lutheran Family Services - Conducted June 2024.

- Region II conducted audits on the months of July, August, November, and December 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 97.26% compliance.
    - All files met criteria for FY24 Fidelity Audit.
  - Touchstone - Conducted July 8-12<sup>th</sup> 2024
    - Region V conducted audits for the months of February and April, 2024
    - 5 Files reviewed and 5 files with 70% rate. A corrective action was submitted and TADS were corrected.
  - St. Monica's - Conducted June 27, 2024
    - 9 files were reviewed for STR and TC both passed and 100% in compliance
    - 5 files were review on the OP-SUD and passed 100% in compliance
    - 5 Files were reviewed for Halfway House and passed 100% in compliance
- **Program Fidelity**
  - Lutheran Family Services- All criteria met for FY24 Fidelity Audit.
  - Houses of Hope – All criteria met for FY24 Fidelity Audit.
- **FY24 Services Purchased Expense Reimbursement Verification for Region II BHA**
  - On April 24, 2024, the Division of Behavioral Health began conducting an Expense Verification audit.
  - Overall findings were minimal resulting in a pay back of \$118.59
    - One observation was due to telephone expenses for services had employee reimbursement that did not have documentation as a backup for the expense. The “stipend” amount was not consistent from employee to employee and there is nothing in the telephone policy section to describe otherwise. Region will need to revise their policy and submit to DBH regarding telephone reimbursement and required documentation. Region II had to pay back \$104.85.
    - The other observation was a result of DBH indicating that Yellow Pages is a listing directory which is not a valid Operating expense and is considered general agency advertising. Region II had to pay back \$13.74.
- **Additional Notes**
  - None Noted

## **Privacy Officer Annual Report 2024**

### **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 online essential learning and is completed by staff on an annual basis. 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 in 2024.

Three breaches of protected health information occurred in 2024.

- A release of information for a client was sent to another client by mistake. Both clients were informed and the release of information was destroyed immediately.
- Paperwork for a client was emailed to the incorrect facility. The email was encrypted and the individual who received the email was informed immediately that the paperwork was sent in error. The email was permanently deleted before being opened.
- A substance use disorder evaluation was faxed to an external treatment center. However, the evaluation was for the incorrect client. The substance use disorder was shredded right away and the client was informed that their evaluation was sent in error.

The information that was released in each of these violations did not jeopardize the clients in any way. Additional training occurred with each staff member that was involved in the HIPAA violations.

### **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 March 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 2024 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 consult with legal counsel about new HIPAA regulations after final rule is issued.
  - The Privacy Officer continues to have contact with legal counsel in regards to new HIPAA regulations. We are still waiting on finalization of the proposed rules for the CARES Act before updating the current HIPAA Policies and Procedures.
- Continue conversations about best privacy practices with new Electronic Health Record system that will be implemented in 2024.
  - Privacy settings were put in place during the transition to the new Electronic Health Record system. For example, access to psychotherapy notes have been blocked for case managers. If case managers need to access these notes for any reason, they will need to obtain a release of information from the client in order to receive copies of the psychotherapy notes.

### **Goals for 2025**

- Due to a higher number of HIPAA violations in 2024 compared to previous years, staff will continue to be trained on the importance of checking over documentation/paperwork before sending out, both internally and externally, to protect the privacy of people served by Region II Human Service.
- With help from legal counsel, complete revisions to the current HIPAA Policies and Procedures.