

Region II Behavioral Health Authority Program Evaluations

2017

Programs Provided by Region II Human Services

- Outpatient—Heartland Clinics
- Youth Care Coordination
- Day Rehabilitation/Day Support—Frontier/Pioneer House
- Community Support
- ARM in ARM (Aiding Recovering Moms)
- Emergency Support Program (emergency community support/crisis response/emergency assistance/emergency system coordination)
- Quality Improvement Report (for the above programs)

Systems Coordination

- Housing Coordination
- Prevention System Coordination
- Disaster Coordination
- Youth System Coordination
- Peer Recovery Facilitation

Contracted Programs

- Touchstone (Substance Abuse Short Term Residential)
- Great Plains Health Behavioral Health Unit (hospitalization)
- Goodwill (Supported Employment)
- West Central Joint Housing Authority (combined with housing system report)
- 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)

Compliance and Privacy Reports

Region II All Provider Quality Improvement Report

Trauma Champion's Team Report

HEARTLAND COUNSELING CLINICS
Outpatient Program Evaluation

YEAR 2017

Highlights:

- APRN and MD available in each location to provide medication management services.
- Telehealth services actively utilized in each office, both for medication management and counseling services.
- Ongoing location improvements as needed in consideration to trauma informed care, confidentiality, ease of access, safety, and best utilization of space.
- Drug Court continues to operate in Dawson and Lincoln counties.
- Worked with local DHHS offices to increase collateral information available at Urgent Outpatient appointment to insure clients are being matched with best services for their needs. Worked with DHHS supervisors to insure communication protocols are followed and allow for best chances of connection between team members.
- Providing Probation and DHHS with monthly periodic summaries reports to insure consistent and accurate information relayed regarding progress and participation.
- Seeking Safety drop-in groups are available in each location, offering another avenue of support for clients in services or waiting to be admitted to services.
- Outpatient staff participating in Trauma Champions committee, ensuring continued implementation of Trauma Informed Care throughout all levels of care and aspects of the organization..
- Clinicians continue to participate in various trainings in evidence based practices, including EMDR, DBT and CBT treatment modalities
- Each location has at least one EMDR trained therapist.
- Clinicians are actively providing clinical supervision to other Region II programs, including community support, emergency support, day rehab, and youth care services.
- Overall productivity percentage was 60.4%.
- Positive results in annual consumer satisfaction survey, with a 98% return rate within the outpatient programs.
- Participated in a peer review of medication management services with Dr. Kathleen Grant and compiled extensive data regarding medication management trends.
- Implemented medication management procedural changes in response to peer review, as well as in efforts to increase availability to those most in need of the service, including people diagnosed with severe and persistent mental illness and those without insurance or other financial means.
- Started Open Access availability for Substance Abuse Evaluations in the North Platte clinic location, significantly improving timely access to evaluations.

- Updated scheduling procedures in each location to decrease no-shows and fill unconfirmed appointment times, increasing access to services.

Progress towards service goals:

Goal 1 In client satisfaction surveys, **99%** of clients reported that they were scheduled in a friendly and competent manner and found staff friendly and helpful at their first contact with the organization. **99%** of clients reported that they were greeted and made to feel welcome and their first contact with the organization.

Goal 2 Clients were scheduled in a timely manner based on need. There were a total of **3,016** outpatient admissions during the year 2017. (658 in Lexington Office, 565 in McCook, 1,334 in North Platte and 459 in Ogallala). **4,028** different people were served throughout the various outpatient programs and services. These appointments were scheduled in a prompt and efficient manner. **86%** of individuals requesting initial services were seen in the Urgent Outpatient program within 48 hours. A 24-hour crisis line was available through the Emergency Support Program.

Goal 3 **94%** of clients demonstrated maintenance or improvement in symptom severity during the course of treatment as measured by their Global Assessment of Functioning score. **73%** of clients reported maintenance or improvement in their Quality of Life in outcome measures. **91%** of clients reported that their lives were improved as a result of being in services as measured in client satisfaction surveys.

Goal 4 Services provided were responsive and appropriate to each person's age, gender, social supports, cultural orientation, psychological characteristics, sexual orientation, physical situation and spiritual beliefs. This was measured through the use of the Client Satisfaction Surveys.

Challenges and Unmet needs:

- The primary challenge for all outpatient programming continues to be meeting the demands for services. Adjustments to scheduling practices have been made and we have encouraged those with access to health insurance to consider external referrals, but we have also found that private providers are limiting their numbers of Medicaid clients.
- Continuing to insure that we are providing timely access to services for as many clients as possible while meeting ever-increasing demands for documentation, clinical supervision for other programs and collaboration of care with other providers. Many of those demands for clinician time are required but non-reimbursable.

Goals for 2017:

- 1. Explore ways of managing the ever-increasing demand for outpatient services with recognition that budget challenges do not allow for the addition of staff. This will include reviews of scheduling practices and policies regarding no-shows.**

Scheduling practices and procedures were reviewed and adjusted in each location. These changes include limiting spans in appointments, no longer allowing spans in appointments for clients with no-shows, and filling intake spots if appointments are not confirmed. Clients with access to health care through insurance have been provided referral information to access local private providers. Medication management services have been streamlined to focus on adult clients with severe and persistent mental illness. We have also added Open Access times for substance abuse evaluations in the North Platte office, which has significantly increased timely access.

- 2. Explore options for utilization of crisis outpatient services allowed by Medicaid.**

Two of the three Heritage Health plans had options for crisis services at the Jan. 1 implementation date, but one of those quickly discontinued the option. At this time, helping clinicians think of ways to shorten their intake process to allow for quick admittance to outpatient services has proven to be more efficient than pursuing crisis sessions. Should crisis sessions again become an option throughout the Heritage Health plans, we will re-examine this.

- 3. Continue improving Therapist Productivity time with an ultimate goal of 70% of clinicians maintaining an overall productivity rate of 60%. Both support staff and clinicians express frustration with no-show rates. We will explore possibilities for changes to policy on no-shows and scheduling practices to decrease no-show rates. Clinicians will be provided with individual rates for no-shows and cancellations at least every 6 months to insure that they are able to address concerns in a timely manner.**

The overall productivity rate for outpatient services was 60.4%, the first time we have reached that benchmark for overall programming. Procedural changes to scheduling were implemented to decrease no-shows. Clinicians were provided with their individual productivity rates monthly and clinicians with higher than average no-show or cancellation rates received individualized feedback and problem solving strategies.

- 4. Work with changes to Medicaid managed care companies to insure that we are able to bill as effectively and efficiently as possible and insure that client access to services experiences the least disruptions possible. We will continue to review regulations to insure that our documentation meets all requirements as indicated in service definitions and provider agreements.**

The first few months of 2017 presented great challenges in terms of billing and payment processes with the new companies. Billers worked diligently to address concerns and insure that payments were received and processed in as timely a manner as possible. We have made adjustments to documentation as needed to continue to insure we are meeting requirements.

5. **With recognition to the significant changes to the Medicaid managed care companies, we will continue to address the need for increased compliance for timeliness with documentation demands. This presents an area of significant concern and we will work both programmatically and individually to insure that timelines are met consistently.**

Documentation compliance reports were monitored with greater frequency and clinicians who fell behind were given feedback and required to develop plans for addressing concerns. It is noted that the vast majority of clinicians are able to successfully maintain compliance with documentation timelines.

GOALS FOR 2018:

1. **Our transition to a new electronic health record system is scheduled to go-live Feb. 1, 2018. A primary goal will be to provide support and training to staff to insure as smooth a transition as possible and continue to maintain the quality of documentation that we have currently. Billing will no longer be able to be complemented until documentation is completed, and timelines for documentation will be adjusted accordingly. Each clinician will need an individualized plan that allows them to consistently meet requirements. A goal and expectation will be that 100% of clinicians are compliant with documentation timelines to allow the billing process to proceed unimpeded.**
2. **Our goal for productivity for each clinician will continue to be that 60% of time is face to face with clients. While we reached that goal overall this year, it is recognized that this is because many clinicians surpass the 60% benchmark. Our goal for 2018 will be that overall productivity is 60% and that 80% of clinicians average 60% productivity over the year.**
3. **We will be approaching the CARF accreditation review in late 2018 or early 2019. We will insure that programming is well within CARF standards and make any needed adjustments to program plans, procedures, etc. to accommodate any 2018 changes to the standards.**
4. **A new outcome measurement tool will be put in place in the new EHR to allow for consistent and valid measurement of outcome data in terms of quality of life and level of functioning.**

Youth Care Coordination Program

REGIONAL REPORT

YEAR 2017

Youth served by county:

- **162 Level A Clients served**
 - Lincoln- 62**
 - Red Willow- 22**
 - Keith- 16**
 - Dawson- 44**
 - Hitchcock- 7**
 - Perkins- 1**
 - Dundy- 4**
 - Frontier-1**
 - Thomas-1**
 - Gosper- 2**
 - Grant- 2**

- **12 Level B Clients Served**
 - Dawson- 2**
 - Lincoln- 5**
 - Keith- 2**
 - Red Willow- 1**
 - Chase- 1**
 - Frontier- 1**

- **26 YCC Special Population Clients Served**
 - Lincoln- 12**
 - Dawson- 5**
 - Keith-1**
 - Red Willow- 3**
 - Chase- 1**

Grant- 1

Logan- 1

Perkins- 1

Hitchcock- 1

- **7 DHHS Pilot Project**
Dawson- 1

Lincoln- 3

Perkins- 1

Hitchcock- 1

Red Willow- 1

- **2 Probation Voucher**
Lincoln- 1

Dawson- 1

Total served: 209 (up from 201 in 2016)

- **The average length of stay in Youth Care Coordination is 14 months.**

Highlights of the past year:

- **Youth Care Coordination staff in all offices**
- **Added 1 staff position with Systems of Care dollars**
- **Coordinated the Region II Systems of Care/Transition Teams in all Heartland offices in the Region**
- **Participated in all PPP Supervisor calls**
- **Providing YCC wraparound services for young adults in Drug Court**
- **YCC staff attended the Heartland Juvenile Justice Association training**
- **Staff facilitated Seeking Safety Groups in all offices**
- **All staff in the Youth Care Coordination Program are registered as a Provider for the Juvenile Service Delivery Program**
- **Began serving youth through the Probation Justice Wraparound Voucher**
- **Provided Wraparound Services to CFS families**
- **Attended re-entry meetings for youth at Boys town, YRTC Kearney and Geneva**
- **Groups are held weekly in North Platte and Lexington for young adults in Drug Court**

- Serving youth through funding of the Systems of Care grant

CAFAS Highlights- Level of Impairment

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

- 2017 data shows an average decrease of 51 points of impairment in youth successfully discharged from the YCC Level A program. This decrease in score exceeds the State requirement of 20 by 31 points
- Maximum CAFAS score during 2017 at admission was 190, minimum score at discharge was 0

Client Satisfaction Highlights

100% return rate of satisfaction surveys this year

94% of youth/young adults showed that general life quality improved due to being part of the Youth Care Coordination Program

96% of youth/young adults felt they had timely access to Youth Care Coordination

Efficiency, Effectiveness and Accessibility Highlights

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

Goal met: Total for all YCC programs= 99%

- Special Populations- 100%
- YCC Level B- 100%
- YCC LB 603- 100%
- YCC Level A- 97%
- YCC/DHHS Pilot Project- 100%

2017 Service Goals Report:

Goal 1- Score 80% fidelity or above in the Wraparound Fidelity Index- EZ

Goal not met-Total average score: 76.9% (up 5.2 % from 2016)

- **Wraparound Facilitator= 81.9%**

- Caregiver= 73.6%
- Youth= 74%
- Team Member= 74.8 %

Youth Care Coordination staff will develop a process to get a higher return rate on surveys for the 2018 calendar year to see if percentages improve.

Goal 2- YCC referral disposition will be completed within 30 days of the eligibility date 90% of the time.

Goal met- Youth were admitted into the program within 30 days of their eligibility date 96% of the time. If referrals were not eligible, alternative resources were provided.

Goal 3- 75% of youth who successfully completed the Youth Care Coordination Program will show a 20 point decrease in impairment as evidenced by the admission and discharge CAFAS scores

Goal met- 88% of youth successfully discharged from services had a 20 point decrease in impairment from admission to discharge. The average decrease was 51 points.

Goal 4- Youth Care Coordination staff will collect and enter required data into the State Data Base- CDS for all youth enrolled in the Youth Care Coordination program

Goal Met- All Youth Care coordination staff are trained and entering all required data into the statewide Central Data System (CDS)

Challenges/Unmet needs:

A challenge for Youth Care Coordination staff has been getting the completed WFI-EZ Fidelity survey returned by team members, caregiver and youth. Because of this we are not meeting the program goal of 80% fidelity. We will develop a process with the goal of higher return rates in 2018 to see if percentages improve.

Program Goals for 2018:

- 1) Score 80% fidelity or above in the Wraparound Fidelity Index- EZ
- 2) Youth Care Coordination referral dispositions will be completed within 30 days of the date of the referral 90% of the time.
- 3) 75% of youth who successfully complete the Youth Care Coordination Program will show a 20 point decrease in impairment as evidenced by the admission and discharge CAFAS scores
- 4) Youth Care Coordination staff will be trained and using the Region II ECHO tracking system

Frontier House

Annual Program Report for 2017 – Day Rehab

Highlights for the year 2017 include:

- Peer Specialists continued offering WRAP support groups and facilitating a Pathways to Recovery class. An Adverse Childhood Experience class and Self-Esteem class has also been added weekly.
- Both locations continue to incorporate Grounding in to everyday activities and classes. A Grounding Box is available for everyday use by members at each clubhouse. A 24 hour Grounding Line has been established for members to use.
- Both facilities continue to have a Grounding hotline available. Cards have been distributed to members that include the Grounding Line phone number.
- Frontier House and Pioneer House continue to access IntelliRide for qualifying members.
- Staff at Frontier House and Pioneer House continue to facilitate Seeking Safety Groups on a weekly basis. A group continues to be offered on Mondays at 1 pm at the Frontier House as well. Any member within Region II can attend this class.
- Frontier House and Pioneer House continue to offer a number of elective groups, classes and activities, including Yoots, Women's Group, Men's Group, Rec Center, Library, Crafts, Meditation, WRAP, Seeking Safety, Stop Smoking, Diabetic Support Group, Dialectical Behavior Therapy, and Pound Plunge.
- Staff from Frontier House attended a training on managing emotions under pressure.
- Weekend planning, holiday networking, and natural support topics continued to be addressed to assist members in creating a support system outside of the clubhouses.
- Staff from Frontier House transports members to the Salvation Army every Friday. The Salvation Army gives out free produce on these days and this really helps the members. In addition, it helps the members learn new resources and meet new people.
- Members and staff from Frontier House enjoyed an end of the summer bash complete with games and a barbeque.
- Members and staff from the Frontier House have started to attend the Senior Center for lunch Mondays thru Thursdays. This has helped the members get out in the community, meet new people, and see all the activities the Senior Center has to offer outside of Day Rehab hours.
- The Frontier House Day Support Program changed programming hours this year. This has been an adjustment, but it has helped to better serve the members in both programs.
- Both clubhouses added in more substance abuse classes throughout the year. In addition, both clubhouses have been incorporating more member-led skills classes.
- Nancy Rippen, Peer Support Specialist, has continued to increase her attendance and participation at the Pioneer House Day Support Program.
- Pioneer House hosted a Friends and Family Day in order to increase outreach and information to significant others of members.
- Frontier House and Pioneer House continued to have increased attendance at the unit meetings.
- Frontier House staff continue to transport members who do not qualify for Medicaid, rather than using community transportation, in order to save on cost and create more reliability.
- Frontier House continues to coordinate with the North Platte Community College Nursing Program in order for student nurses to observe the Day Rehab program.
- Lisa Troshynski continues to offer Jazzercise classes to Frontier House members twice a week at the clubhouse. A Zumba dance class was also incorporated on a biweekly basis in order to help members stay physically active.
- Dr. Striebel, Psy.D., continues to offer monthly classes on mental health and how to manage mental illness.

- Both clubhouses passed the site visit from United Healthcare.
- WellCare came to visit the Frontier House to see the facility and program. This was beneficial for staff.
- Pioneer House continues to utilize the Wellness Self Management workbook series. Frontier House continues to use it for Women's Group. This allows availability for support persons to join members after sessions, in support of their recovery.
- Pioneer House continues completing a self-esteem project once a week.
- Pioneer House continues the use of monthly themes from a workbook. They incorporate activities every week around the chosen theme. This enables members to stay more involved in clubhouse activities.
- Pioneer House established a member-led cooking class.
- Sarah Vrbas, Support Staff, coordinated several craft classes throughout the year with Pioneer House members.
- Frontier House members have been continue to be able to check out movies from the Frontier House in order to help them with depression and to stay busy during weekends.

Service Goals for 2017:

1. Increase the work skills of individual members.

Frontier House and Pioneer House offer work units that members can participate in to gain confidence in their skills, as well as encourage active participation in the Day Rehab Program. All members of Day Rehab are encouraged to be an active member of at least one of the work units, learning a variety of skills related to activities of daily living and a variety of vocational skills. Staff also works in connection with Voc Rehab and Goodwill Industries to assist interested members in obtaining and succeeding in supported employment.

2. Improve the socialization skills of members.

Members of Frontier House and Pioneer House actively participate in planning and carrying out social and community activities. 100% of members in attendance participate in some social activity, either inside or outside of the clubhouse on each day they attend. Many of the skills classes offered at both locations focus on social skills and relationship skills. Both programs have members who participate in planning and providing classes on a variety of subjects.

3. Increase member's involvement in the community.

Pioneer House and Frontier House have bulletin boards designated for Community Event postings, upcoming events and resources. Daily community meetings provide a forum for staff and members to share information about upcoming events, and members are encouraged to share experiences after attending events. At Frontier House, evening and weekend hours are planned to allow for participation in community based events and activities. Staff provides or assists in arranging transportation to events for interested members. Both calendars reflect several activities offered each week that take members into the community.

4. Decrease frequency and duration of hospitalization among members.

100% of Day Rehab participants have completed crisis intervention plans and have copies for their reference. Day Rehab programming offers relapse prevention groups, stress management groups, and groups to enhance coping skills to reduce hospitalization. WRAP training has been available for members at both locations, and WRAP groups have been an integral part of ongoing programming. Close team work between Region II Emergency Support and Community Support,

as well as with individual clinicians, helps to ensure that treatment team members know early when a consumer is struggling and allow us to wrap services around the individual early to help prevent the need for higher levels of care.

5. Offer educational and support classes and groups to members.

Frontier House and Pioneer House offer a minimum of three large educational groups per week, mandatory for all those in attendance. 90-95% of programming days offer at least one elective skills-based class, educational class or support group. Individual goals are tied to attendance and participation in these classes/groups. Members actively participate in calendar planning each month, ensuring that interests of members are reflected in the planned classes.

Progress on Program Goals from 2017:

1. Staff will work on learning new Medicaid providers' protocol for authorizations and re-authorizations in order to best serve consumers.

Staff have been trained on the proper protocol for submitting authorizations and re-authorizations for the new Medicaid Managed Care Organizations. Staff members have also been in great communication with care managers from each company in order to provide the best care to consumers.

2. Explore ways to incorporate more outside guest speakers and community resources into the daily schedule on the monthly calendar in order to connect clients to community resources.

Each month, a variety of guest speakers are scheduled to present a class to consumers. The guest speakers teach about a vast array of subjects which are suggested by the consumer's at the monthly member meetings. In addition, community resources are included on the monthly newsletter and staff members assist clients in reaching out to the community resources if needed. During program hours and days the clubhouse stays open later, staff members transport consumers to community events throughout the year in order to better integrate consumers into the community and fight the stigma of mental illness. This also helps the consumers prevent isolation and increase their social network outside of Day Rehab hours.

3. Staff will work on including discharge readiness as well as showing what progress clients have made in the progress notes that are created for consumers throughout the month.

Discharge readiness and a plan for discharge is now included on each individual consumer's Comprehensive Treatment Plan. This is updated every three months or more often if needed. Staff have also included each individual consumer's perception of progress on summary progress notes in addition to other progress notes completed during the month that document the consumer's progress. Staff members connect with the consumer throughout the month to help them work on moving toward discharge and encourage them to make progress toward their recovery.

Established Measures in Efficiency and Effectiveness:

- 77 different individuals were served in Day Rehab
- 80 different individuals were served in Day Support
- There were 29 new admissions to Day Rehab.
- There were 14 new admissions to Day Support.
- 77% of members reported the same or an increase in the Quality of Life Measure
- 80% of members demonstrated an increase in GAF
- 100% of members reported that life has improved as a result of participation in Day Rehab
- 100% of referrals were contacted within 7 days of the initial referral.

Challenges and Unmet Needs:

One challenge facing day rehab is to be able to maintain or increase numbers of those in attendance. It becomes increasingly difficult to maintain authorizations through third party payors, despite evidence that it significantly decreases the need for higher levels of care. The reality is that many people in the population we serve need ongoing assistance with functional deficits and the opportunity to socialize in settings that feel safe and structured.

Another challenge is the increasing complexity of the lives and conditions of those in attendance. While day rehab is intended to help teach skills that can be learned in a group setting, it is often the case that individual life circumstances and challenges impact consumers' ability to participate effectively in group activities. It is often necessary to help people one on one in an effort to manage individual circumstances well enough to allow each person to fully benefit from group activities.

Goals for 2018:

1. Staff will think of ways to help members explore more options for structuring their times outside of programming hours.
2. Staff will work on creating a positivity jar where consumers can write down comments that are going well for them in order to aid them in their recovery.
3. Staff will work on reaching out to possible referral sources to insure that they know about and understand the program. This will also potentially increase referrals.
4. Staff members prepare meals for consumers at both clubhouses. Staff will work on including the consumers with shopping for planned meals in order to improve their independent living skills.

Region II Human Services
Community Support Mental Health & Substance Abuse
Annual Program Report: 2017

HIGHLIGHTS:

- Several Community Support staff attended trainings and workshops to meet staff goals for education
- Signature pads and hotspots continue to be utilized for remote work
- Community Support staff involved in consumers identified for Early Intervention Program
- Successful Social Security Disability benefits awarded with assistance from attorney's
- Continued utilization of "Trauma Informed Care"
- Continued utilization of "Seeking Safety" curriculum
- Access to "grounding lines & grounding tool boxes" at all office locations
- Flexibility of Community Support staff to provide access to services in all 17 counties
- No "wait list" to be admitted into Community Support services
- Client satisfaction sheets distributed and positive results with a 100% return rate
- Wrap Around money available and utilized to assist consumers with basic living needs
- Regularly scheduled meetings with probation officers held
- Regularly scheduled meetings with DHHS
- Regularly scheduled meetings with Goodwill Supported Employment and Vocational Rehabilitation
- Living Sober meetings held weekly in North Platte and Lexington
- Implemented MEMBER BANKING ONLY service
- Legal payee service provided to 40 consumers
- Community Support staff participate in Trauma Champs
- Community Support staff attend & provide support to consumers in court settings; this includes DHHS, Drug Court and other courts
- Successful discharges from Community Support program
- Community Support staff are CPR and First Aide Certified
- Community Support staff received training on authorization processes with Heritage Health Plans

PROGRESS TOWARD SERVICE GOALS:

Mental Health Goal #1: Help Severe and Persistent Mentally Ill consumers live as independently as possible.

- ✓ Goal Met
 - Consumers are assigned a care coordinator to assist with identifying needs, strengths, abilities/interests and preferences. A treatment plan is identified with the consumer that is the guiding tool of assistance provided with the focus on stability and ability to

- live in the community of each consumer's choice and maintain individual independence and reduce hospitalizations.
- Community resources have been utilized to support the needs of the consumer in his/her efforts to live as independent as possible.
- Financial assistance provided based upon need to assist with basic living needs
- 96% of persons referred to Community Support Mental Health were contacted by their assigned Care Coordinator within 7 days of referral
- 100% of Community Support consumers have a Comprehensive Treatment Plan and a copy is provided to the client
- 100% of consumers have Safety Plans to identify triggers, thoughts and behaviors that indicate relapse and a copy is provided to the client.
- 100% of Community Support consumers/staff meetings were arranged based on client need.

Mental Health Goal #2: Reduce the duration and frequency of hospitalization by providing or accessing appropriate level of support specific to the individual service plan.

✓ Goal Met

- Team work amongst Region II Emergency Support, clinicians, Day Rehabilitation staff, Peer Facilitators and other treatment team members assist with wrapping services around the individual when that individual is decompensating
- Clinical Supervision and input from Director available to assist with coordination of care
- Trigger identification and action plans were developed for 100% of consumers receiving Community Support services and Safety Plans are in the client record and copies given to each individual client.
- Community Support staff referred and collaborated with outside agencies (ER's, hospitals) to coordinate services as needed
- Community Support staff made referrals to outpatient therapy, day rehabilitation and day support services as needed to assist clients with maintaining stability in the community.
- Clients that were hospitalized received on-going support during their hospitalization stay and were available for discharge planning as needed.
- 100% of consumers have access to Emergency Support and Grounding phone lines.

Substance Abuse (Recovery Care) Goal #1: Each person in the community support substance abuse program will have the support needed to remain in recovery through individualized support.

✓ Goal Met

- Clients are assigned a care coordinator to assist with identifying needs, strengths, abilities/interests and preferences. A treatment plan is identified with the consumer that is the guiding tool of assistance provided with the focus on recovery and relapse prevention.
- Clients are linked to Seeking Safety, WRAP groups to support recovery and stability.
- Consumers are connected with Peer Specialists to increase support network
- Trigger identification and action plans were developed for 100% of consumers receiving Community Support services and Safety Plans are in the files and copies given to each individual consumer.

- Community Support staff communicate with employers, family, physicians, CPS, probation officers, Drug Court team members and parole as applicable
- Community Support staff work with clients to assist with empowering and motivating recovering persons to live as independently as possible and live in recovery.
- 96% of persons referred to Community Support Substance Abuse were contacted by their assigned Care Coordinator within 7 days of referral
- 100% of Community Support consumers have a Comprehensive Treatment Plan and a copy is provided to the client.
- 100% of Community Support consumers/staff meetings were arranged based on client need.
- 100% of consumers have access to Emergency Support and Grounding phone line

Substance Abuse (Recovery Care) Goal #2: The goals created with the client will develop competencies, access transportation, enhance daily living skills and create a stable life environment that helps in the recovery process.

✓ Goal Met

- Each client served has a Comprehensive Treatment Plan developed to address the consumer's individual needs, preferences, strengths and abilities. Educational information, recovery based and social support group information was also provided to each consumer as needed on an individual basis.
- Community Support staff provided assistance with transportation needs or utilized public transportation services to assist with attending recovery based groups/meetings.
- Financial assistance provided based upon need to assist with basic living needs.
- Consumers who went to substance abuse treatment facilities received continued support
- There were established meetings for integrated treatment and ongoing communication with substance abuse counselors to assist as needed.
- Assistance provided to find affordable and safe housing

GOALS IDENTIFIED AND ACHIEVED:

- ✓ Train staff member in Member Bank that includes all aspects of Member Banking responsibilities; deposits, reconciliation, Social Security yearly reports, etc.
 - One care coordinator received training on managing Quick Books, reconciliation, end of month, deposits and documentation

- ✓ Implement Living Sober group at Lexington
 - Initiated in January 2017 and held weekly

- ✓ Utilize internal electronic record audit
 - An audit was created in the Region II tracking system; however, this will need to be revisited as Region II transitions to a new electronic record

- ✓ Staff will participate in trainings to enhance their skills in their work with consumers
 - Staff attended various trainings that included:

- Bridges Out of Poverty
- Trauma Informed Care
- Making the Switch
- Mental Health Topics on Relias Education
- Co-occurring trainings

ESTABLISHED MEASURES OF EFFICIENCY AND EFFECTIVENESS:

- 311 referrals were received for CS/MH
 - 96 % of referrals for CS/MH were contacted within 7 days of referral

- 138 referrals were received for CS/SA
 - 96% of referrals were contacted within 7 days of referral

- 17 referrals were received for CS/MEMBER BANKING ONLY
 - 100% of referrals were contacted within 7 days of referral

- 1 referral was received for CS/SPECIAL
 - 100% of referrals were contacted within 7 days of referral

CHALLENGES AND UNMET NEEDS:

Lack of transportation in rural communities for non-Medicaid clients

Step down services for consumers that are transitioning out of Community Support services that would provide some on-going support but not meet the level of authorized program

Length of time for social security disability applicants to qualify for benefits

GOALS FOR 2018:

- Obtain CARF Accreditation for program

- Staff will work on learning new electronic record that will be implemented in 2018

- Work with Medicaid managed care companies to explore availability of electronic portals to complete authorizations and re-authorizations that will assist with efficiency for Community Support staff meeting deadlines and effective billing

- Assist staff with streamlining the admission and authorization process to decrease time from referral to admission

- Update Community Support program plan

CLIENT SATISFACTION SURVEYS:

Community Support Mental Health: 105 given out, 105 returned for 100%

Question 11) Do you think you had timely access to this service?

- 84 out of 105 responded with the highest rating of 5 (very much)
- 13 out of 105 responded with the rating of 4
- 6 out of 105 responded with the rating of 3
- 1 out of 105 responded with the rating of 2
- 1 out of 105 responded with the rating of 1

Question 12) My life has improved as a result of being in this service.

- 77 out 105 responded with the highest rating of 5 (very much)
- 14 out of 105 responded with the rating of 4
- 9 out of 105 responded with the rating of 3
- 3 out of 105 responded with the rating of 2
- 2 out of 105 responded with the rating of 1

Community Support Substance Abuse: 21 given out, 21 returned for 100%

Question 11) Do you think you had timely access this service?

- 16 out of 21 responded with the highest rating of 5 (very much)
- 5 out of 21 responded with the rating of 4

Question 12) My life has improved as a result of being in this service.

- 16 out 21 responded with the highest rating of 5 (very much)
- 4 out of 21 responded with the rating of 4
- 1 of 21 did not answer this question

QUALITY OF LIFE STATISTICS:

- ❖ 87% Community Support Mental Health participants showed quality of life improved/same

- ❖ 95% Community Support Substance Abuse participants showed quality of life improved/same

PERSONS REFERRED/SERVED BY COUNTY IN COMMUNITY SUPPORT SERVICES: 466

Community Support/Mental Health

- * Chase: 3
- * Dawson:19
- * Frontier: 1
- * Furnas: 1
- * Gosper: 1
- * Hitchcock: 6
- * Keith: 25
- * Lincoln: 216
- * Perkins: 8
- * Red Willow: 31
- Total: 311**

Community Support/Substance Abuse

- * Chase: 1
- * Dawson: 31
- * Gosper: 1
- * Frontier: 1
- * Hitchcock: 1
- * Keith: 7
- * Lincoln: 88
- * Red Willow: 8
- Total: 138**

Community Support/Special Populations

- * Red Willow: 1
- Total: 1**

A.R.M. in ARM

- * Dawson: 1
- * Lincoln: 15
- Total: 16**

Member Banking Only

- * Lincoln: 15
 - * Perkins: 1
 - * Red Willow: 1
- Total: 17**

YearlyProgramEvaluation.2017.CS/MH.CS/SA

Region II Human Services

A.R.M. IN ARM

Annual Program Report 2017

- ◆ provided to women to assist them with their specific needs for them and their children (*transportation, medical & dental needs, women/children services, child care, substance abuse education, pre-natal care, therapeutic interventions for child(ren)*),
- ◆ Reunification of mothers with their children
- ◆ Housing stabilization for mothers and children
- ◆ Contracted facilitator to provide Living Sober in North Platte
- ◆ Care-coordinators coordinated and/or participated in team meetings as needed for consumers
- ◆ Client satisfaction sheets distributed and satisfactory response; 100% return rate
- ◆ Living Sober meetings held weekly in North Platte
- ◆ Living Sober meetings held weekly in Lexington
- ◆ A.R.M. in ARM funding utilized to assist women and their children as needed
- ◆ Provided women with resources in the community
- ◆ Coordination of inpatient care with treatment facilities
- ◆ Coordinated aftercare with treatment facilities
- ◆ Provided educational material on recovery, relapse and healthy lifestyles

PROGRESS TOWARD SERVICE GOALS:

Goal #1: *Provide support to enhance a woman's ability to stay in recovery.*

- ✓ Goal Met
 - Clients are provided with a care coordinator to provide assistance to each woman and her children/families. Financial assistance is accessed based upon need and recovery progress. Care coordinators collaborate with other providers such as courts, probation officers, domestic violence agencies, drug court, counselors, treatment facilities, DHHS, Res Care, Goodwill Supportive Employment, Vocational Rehabilitation, Women's Resource Center and identify resources and advocacy in reaching the consumers' goals and maintaining sobriety.
 - 100% of persons referred to A.R.M. in ARM were contacted by their assigned Care Coordinator within 7 days of referral
 - 100% of consumers in A.R.M. in ARM have a Comprehensive Treatment Plan and client is provided a copy.
 - 100% of consumers in A.R.M. in ARM have a Safety Plan to identify triggers, thoughts and behaviors that indicate relapse and client is provided a copy.

PROGRAM GOALS IDENTIFIED AND ACHIEVED:

- ✓ Access to Living Sober group in Lexington

- ✓ Update A.R.M. in ARM pamphlet
 - In process and will be identified as goal to complete for 2018

ESTABLISHED MEASURES OF EFFICIENCY AND EFFECTIVENESS:

- 16 referrals were received for A.R.M in ARM

- 100% of referrals to A.R.M. in ARM program were contacted within 7 days of the initial referral

CHALLENGES AND UNMET NEEDS:

- Finding affordable and safe housing to meet the needs of women and their families

GOALS FOR 2018:

- Update A.R.M. in ARM program plan

- Increase number of women served in A.R.M. in ARM program

- Complete the update of A.R.M. in ARM pamphlet which is in progress

CLIENT SATISFACTION SURVEYS:

A.R.M. in ARM: 10 given out, 10 returned for 100 %

Question 11) Do you think you had timely access to this service?

- 6 out of 10 responded with the highest rating of 5 (very much)
- 4 out of 10 responded with the rating of 4

Question 12) My life has improved as a result of being in this service

- 6 out of 10 responded with the highest rating of 5 (very much)
- 4 out of 10 responded with the rating of 4

QUALITY OF LIFE STATISTICS:

- ❖ 100% A.R.M. in ARM participants showed quality of life improved/same

YearlyProgramEvaluation.2017.ARM

YEARLY REPORT FOR EMERGENCY SUPPORT PROGRAM 2017

HIGHLIGHTS

Data for 2017

EPC's: 177 (185 in 2016)

Perkins: 3 (7 in 2016)	Red Willow: 13 (18 in 2016)	Thomas: 1 (1 in 2016)
Lincoln: 103 (108 in 2016)	Chase: 13 (2 in 2016)	Dundy: 0 (0 in 2016)
Dawson: 31 (24 in 2016)	Gosper: 0 (1 in 2016)	McPherson: 0 (0 in 2016)
Keith: 9 (17 in 2016)	Grant: 0 (0 in 2016)	Hooker: 0 (0 in 2016)
Logan: 0 (0 in 2016)	Frontier: 2 (4 in 2016)	Arthur: 0 (0 in 2016)
Hitchcock: 2 (0 in 2016)	Hayes: 0 (2 in 2016)	

Mental Health Board Commitments:

Inpatient: 46 (47 in 2016)

Outpatient: 9 (7 in 2016)

Dropped: 118 (129 in 2015)

Continuance: 2 (2 in 2016)

Crisis Response Assessments: 55 (55 in 2016)

Adult:

Keith: 6 Perkins: 3

Dawson: 19 Lincoln: 2

Red Willow: 6

Youth:

Keith: 12 Frontier: 2

Hitchcock: 1 Gosper: 1
Dundy: 1 Perkins: 1
Dawson: 1

Crisis Response Assessments that ended in EPC: 4

Diverted EPC's: 51

Repeat EPC's: 21 (24 in 2016)

Referrals for Emergency Community Support: 268

Lincoln: 179 Red Willow: 14 Thomas: 1
Dawson: 39 Arthur: 1 Out of Region: 3
Keith: 26 Chase: 3
Gosper: 1 Frontier: 1

Referrals for Emergency Assistance 1307

Arthur: 1 Hayes: 3 Perkins: 13
Chase: 43 Hitchcock: 6 Red Willow: 90
Dawson: 215 Keith: 96 Thomas: 2
Dundy: 4 Lincoln: 783 Out of Region: 22
Frontier: 9 Logan: 1
Gosper: 3 McPherson: 1

Assistance with Medication: 499 (451 in 2016)

Assistance with Transportation: 149 (140 in 2016)

Assistance with Medical/Counseling: 175 (125 in 2016)

Assistance with Other (rent, food, etc): 562 (591 in 2016)

Emergency Community Support and Emergency Assistance referral: 1575 total for both programs (1388 in 2016)

Crisis Line: 160 calls (168 in 2016)

Consumers at LRC for 2017: 4 for most of the year, as of January 1, 5.

Challenges and unmet needs

We need to continue to have flexibility in order to assist persons in our area.

We continue to have some issues with timely discharge planning for persons coming out of corrections.

We have had an increase in our Repeat EPC's. We have some work to do with GP Health on these and be more creative with discharge planning.

EMERGENCY COMMUNITY SUPPORT

Average monthly census is 21 for 2016

Highlights for 2017

We continue to work closely with the Mental Health Boards in Region 2.

Nancy and Kelly attended the hearings in person.

We monitor the OP commitments and make routine reports to the Boards on progress for Region 2 consumers.

We are continuing to work on better communication with discharge planners in the inpatient psychiatric facilities to better assist our consumers on their discharge plans.

We provide crisis line coverage for the Region 2 consumers. We answered 160 calls for 2017.

We have been more involved with cases being referred by HHS and are working closely with HHS on referrals for substance abuse treatment . Robyn visits the treatment centers monthly, and when able, will conference call in the HHS worker to the meeting.

EMERGENCY ASSISTANCE

We assisted 1307 people with immediate needs this year. We provide 24/7 assistance to those who experience a mental health or substance abuse emergency.

CRISIS RESPONSE

We provided 55 assessments for youth and adults in 2017. 4 of those ended with an EPC. Having one number for law enforcement and other agencies to call is of great benefit. Law Enforcement seems to appreciate knowing who is going to be on the other end of the phone.

EMERGENCY COORDINATION

We visit our contracted treatment centers monthly to staff with counselors and discharge planners and to meet with consumers.

24/7 coverage for mental health and substance abuse emergency calls. Began providing support services to Systems of Care in May.

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

Systems of Care meetings throughout Region

PROGRESS ON GOALS FOR 2017.

To work more closely with GP Health on discharge planning for high utilizers (those with more than 2 EPC's in a 12 month period).

- Nancy and Kelly make daily contact with Alicia at GP Health to ask about admits and referrals. We have had some difficulty in getting cooperation on this, we will continue to work on it for 2018.

To continue to provide 24 hour crisis response services to youth in the Systems of Care.

- Robyn has been answering calls for SOC and has been utilizing therapists that have agreed to assist with assessments. Calls have been received from law enforcement, schools, HHS, and Probation for assistance.

To work with LRC on discharge planning for the 4 consumers we have there.

- Robyn handed this task off to Kelly this year. She is in frequent contact with Social Workers at LRC re: consumers. She attended meeting with Robyn to meet Social Workers and discuss discharge planning issues.

GOALS FOR 2018

EMERGENCY COMMUNITY SUPPORT

To continue working with GP Health on discharge planning of all consumers. To focus especially on high utilizers (2 or more EPC's in a 12 month period).

To attend 90% of Mental Health Board hearings for consumers.

EMERGENCY ASSISTANCE

To continue to provide 24/7 coverage for persons experiencing a mental health or substance abuse emergency.

EMERGENCY COORDINATION

To assist Shannon Sell in Prevention, in providing Mental Health First Aid training to Law Enforcement in Region 2.

To continue providing 24/7 coverage for the Systems of Care youth crisis line.

To continue providing 24/7 coverage for the Behavioral Health crisis line,

To work with GP Health on bringing OP detox protocols to critical access hospitals in the Region.

Continued participation in community meetings.

CRISIS REPOSE

To increase utilization of the crisis response assessment by 10% for adults.

To continue to attend Systems of Care meetings in the Region to discuss crisis response services for youth and to encourage use. To attend LB1184 meetings in the Region to discuss youth crisis response.

QUALITY IMPROVEMENT COMMITTEE MEETING

Community Support, Emergency Support,

Day Rehabilitation and Youth Care Coordination

2017 YEAR END REPORT

QI meetings were held quarterly, on 1/13/17, 4/21/17, 7/8/16, and 10/20/17. Case presentations were made at each of these meetings by Community Support, Emergency Support, Day Rehabilitation, and Youth Care Coordination workers.

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

QI meetings provided a platform for educating staff on programmatic, procedural, and documentation changes specific to each program. Meetings also provided an opportunity to disseminate important educational and training information to all staff. 2017 meetings included the following informational/training/educational topics:

- EMDR simulation, provided by Jennifer Spencer, LMHP, with a volunteer “client” (an employee)
- Transactional Analysis overview, provided by Kathy Seacrest, Regional Administrator
- Psychotropic medication update/review, provided by Dr. Tamara Johnson, Region II Medical Director
- Families CARE came to share information about a program called “family peer support / family navigator

Please refer to quarterly QI Reports for additional information on agenda items for each meeting as well as list of attendees and presenters. Case review sheets identify which files were reviewed and list exact omissions / errors / oversights and note if and when these were corrected.

Quarterly meetings are scheduled again for 2018. Meeting format will remain the same with randomly-selected clients being reviewed, and having the large group split into two smaller groups for review, to stimulate more natural discussion and exchanges.

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

Carrie M. Roberts, LIMHP

Quality Improvement
Outpatient Annual Report
2017

Outpatient Quality Improvement Meetings were held quarterly on January 27, 2017, May 5, 2017, August 18, 2017 and November 3, 2017. Peer review of one or more case files from each SA and MH clinician were conducted. Additional peer case consults were conducted at clinician request.

Heartland Staff continues to work diligently to improved the quality of service including the following:

- Clinical Records- Decision and Transition to new Echo Group Program for online records; meets all requirements for full use of online records; customized to Region II; operates in real time; requires completed documentation before billing and tracks authorizations, releases-thus increasing staff efficiency and productivity. New Release of information forms and procedures to meet federal requirements and focus on protection of clients.

- Client Services- Some new grant money for Youth Crises Teams, addressing the opioid crisis, better assessing Probation/ Parole Voucher system especially for convicted felons; increased advocacy and information to clients to m***** Heritage Health with Total Care, Wellcare, United Health Care having different qualities and CAPS; increased focus on coordination with clients Primary Care Providers; additional efforts to identify conditions resources and services needed to prevent repeated EPC's for clients- prevent hospitalization and stabilization in the community.

- Staff improvement- Improved therapist productivity levels; hiring additional medication management providers to meet client demand; transitioning to using new Echo Group Program which will provide for continued increase in efficiency and productivity for therapists in treatment of clients; Region II continuing to provide comprehensive health care to staff despite 4% increase in cost of coverage- a great employee benefit, especially in the current Health Care climate; Region II sponsored FUN Day stress reduction, relaxation and recreation- promoting self-care for staff.

- Education and training- All staff participating in continuing education seminars and classes- reporting new information and methods reporting new information and methods back to QI meetings as encouraged and funded by the Region. Increased education funded by the Region such as the CAMS Suicidality training; continued in house education and training by staff such as Dr. Johnson's presentations during QI on psychotropic medication; Crayton's presentation on effective treatment in the telehealth format; Regions continued focus on Wellness and Self-Care.

Staff will continue to look for ways to improve quality of service in all areas; prepare and adapt to new Echo Group on line records system, changes Heritage health programs, possible reduced state funding, and non-funding of the Affordable Care Act

Shona Heim, LIMHP

System Coordination

Region II Human Services

Systems Coordination: Housing

Program Report West Central Housing Authority

Annual Program Report 2017

HIGHLIGHTS:

- ◆ No wait list for program
- ◆ Successful housing of Priority 1 and 2 clients with program
 - 31 clients received rental assistance
- ◆ Ability to assist consumers with maintaining their housing or providing assistance and resources to move into other housing locations that are safe and affordable.
- ◆ Transitional-age funds available and utilized
- ◆ Substance abuse funds available and utilized
- ◆ One-Time housing funds available and utilized
- ◆ 8 groups of Rent Wise Training provided and facilitated by Region II Peer Recovery Facilitator
 - 10 clients completed Rent Wise
- ◆ 100% consumers utilizing State Housing Voucher have a care coordinator
- ◆ Housing surveys completed with positive results
 - 100% return rate
- ◆ Successful transitions from State Housing Voucher
 - 3 consumers transitioned to Section 8
- ◆ Ability to provide timely access to consumers with housing process
- ◆ Monthly meetings established with West Central Joint Housing Authority and Regional Housing Coordinator
- ◆ Good working rapport between Community Support staff and Housing Authority
- ◆ Housing Application updated and reflects CDS fields and flow for CDS data entry
- ◆ Completed State Housing Fidelity Assessment
 - Results have not been received yet from the State
- ◆ Action Steps completed and on-going for State Housing Access Measures
 - Oversight and Monitoring & Training
- ◆ 100% of Supported Housing Voucher State Quality Improvement Access Measures met
- ◆ Care Coordinators trained on updated Housing Voucher application and new internal processes
- ◆ 1-Care Coordinator trained on CDS data entry for all housing applications

PROGRESS TOWARD SERVICE GOALS:

Goal #1: Provide safe and affordable housing to consumers with severe and persistent mental illness in Region II and assist consumers to become more self sufficient

✓ Goal Met

- Consumers surveyed identified the State Housing program has assisted with their ability to improve quality of life, avoid homelessness and live more independently.
- Consumers are assisted in finding affordable and safe housing per their preference
- All consumers receiving housing assistance have an assigned Care Coordinator (either from 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:

- ✓ Rent Wise curriculum to be available to all State House Voucher utilizers
 - 8 groups provided
 - 10 clients completed Rent Wise

- ✓ Successful transitions to Section 8
 - 3 transitions to Section 8

- ✓ Update State Housing Application to coincide with CDS

- ✓ Meet access measures as required by the State
 - 100% met on all measures

ESTABLISHED MEASURES OF EFFICIENCY AND EFFECTIVENESS:

In 2017 the Rental Assistance Program provided rental assistance to 31 clients.

Of those 31 assisted, 19 were receiving services on 12-31-2017. Voucher holder payments totaled \$92,236.89.

In addition to those families assisted with monthly rental assistance, 48 clients were assisted with one-time payments. Nine went on to receive monthly rental assistance payments in 2017. One-time payments totaled \$27,759.57.

Two (2) clients were assisted with short-term payments. One went on to receive monthly rental assistance payments. Short-Term Payments Totaled \$2066.00.

Rental Assistance paid to property owners in 2017 totaled \$124,860.50.

(\$2788.00 was for security deposits; \$4850.86 was for utility payments;

\$5243.71 was for miscellaneous charges; \$2348.00 was for substance abuse, \$450.00 transitional, \$2066.00 short-term, \$14,877.00 rental assistance one-time, \$92,236.89 monthly voucher.)

Of the 31 households that received monthly rental assistance in 2017:

19 were still receiving assistance 12-31-2017

Of these 19, 1 carried over from 2014, 1 from 2015,
7 from 2016, 10 were new in 2017.

Region II Human Services
Prevention System Coordination
Annual Program Report
January 1, 2017-December 31, 2017

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

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. Surveys were conducted in the fall 2016 to students in the 8th, 10th and 12th grade.

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

Substance abuse 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 abuse is also a major risk factors for suicide.

Region II has three facilitators to provide Adult Mental Health First Aid (AMHFA) and Youth Mental Health First Aid (YMHFA) trainings throughout the region. Two of the facilitators have additional training in the Veterans, rural communities and public safety tracks of MHFA training. In 2017, 5 AMHFA trainings were held and 77 community members attended. Funding from the Youth Suicide Grant allowed for 5 YMHFA

trainings throughout the region and 43 community members attended. 1 AMHFA- Vets track class was held this year and 8 community members attended. Adult, Youth, Veterans, rural and Public Safety MHFA trainings are already scheduled to take place in 2018.

Mental Health First Aid USA is listed in the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices. 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 an 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 than 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.

Region II received funding through the Suicide Prevention grant effective Oct. 1, 2014. The region will 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 Abuse and Suicide.

The region will work with community members and support clinicians to attend required training throughout the grant cycle. This year, multiple media campaigns ran in newspapers regarding Mental Health/Suicide Prevention Awareness. The 2017 campaigns focused on Means Restrictions. Medications lock boxes and trigger locks were the focus on community education/media campaigns this year. Educational materials, Rx lock boxes and trigger locks were available at all Heartland Clinic offices. Educational materials, medications lock boxes and trigger locks were available to the community. Future media campaigns, educational materials, trainings for professionals and community members are planned throughout the region in 2018.

Region II has trained facilitators able to offer QPR (Question, Persuade and Refer). QPR trainings are offered to communities, law enforcement, community agencies, church groups, parents, mentors and schools/colleges. In 2017 there were 22 QPR trainings and approximately 1,898 adult and youth participants attended the trainings this year.

Region II Human Services is working with local community members, law enforcement, licensed Mental Health Therapists and suicide survivors to develop a LOSS team (Local Outreach to Suicide Survivors). A LOSS team can bring immediate help to survivors and provide long-term support during the grieving process. A LOSS team is comprised of trained suicide loss survivors and licensed mental health clinicians. The team is currently in the process of reaching out to communities and recruiting members for the Advisory Committee and LOSS team. The LOSS team will consist of two or three members at the beginning and hopefully grows in time. The intent of a LOSS team is to promote the messages that there is help and hope for survivors and that they can move forward following a loss to suicide. AMSR (Assessing and Managing Suicide Risks) training for those who work in the behavioral health field took place this year in North Platte, NE.

The Prevention System Director will collaborate 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.

Region II provided funding for additional Alcohol Inspections in the region. 9 different inspections took place in Region II (not including Dawson County, these are completed with PFS grant funds). The Nebraska State Patrol checked the alcohol establishments. The State Patrol's goal is <10% non-compliance rate. Average non-compliance rate for all checks was 15%.

The Nebraska Department of Health and Human Services, Division of Behavioral Health received funding in 2013 for a new grant; Partnerships for Success (PFS). The funding was available to 11 counties in Nebraska. In Region II, Dawson County was chosen to receive additional funding for the Partnership for Success Grant. The grant will be used to identify prevention programs that address underage drinking among persons aged 12 to 20 years of age in Dawson County. The name of the coalition is Dawson County Communities Aimed at Underage Substance Abuse & Education (DC CAUSE).

Region II Prevention System director is the lead for the coalition. Meetings are held in person and via email when needed. The PFS grant will end on Sept. 30, 2018. We have assessed each community and implemented programs based on their unique issues and needs that have proven to be effective in preventing and reducing alcohol use among youth. We strive to increase participation of community members, businesses and schools. The goal of the coalition is for collaboration among all sectors and organizations of the communities in hope for a long-term commitment to reducing alcohol use among youth. The biggest barrier for this coalition is the lack of a lead person from Dawson County to assist with the coalition.

PFS grant activities during 2017 include:

- "All-Stars" curriculum- All-Stars is provided at Lexington Middle School (after-school program) throughout the year. Region II Prevention System Director is worked for months with the After-school Director in Lexington to find a new trained facilitator for All-Stars. A new facilitator was found and training took place in Jan. 2017. All-Stars was offered in the Spring and Fall in Lexington. Additional classes will be offered again in 2018. The curriculum is comprised of 12- 13 lessons.
- All but one qualifying school in Dawson County agreed to complete the SHARP surveys. The coalition will work with Evaluation and Development Social and Behavioral Sciences Research Consortium and provide this information to the schools and share the information with communities.

- Responsible Beverage Server Training took place in January 2017 in English. A Spanish class was offered, but no one registered for the Spanish class offered. 8 attended the TIPS class and all 8 participants passed the training.
- Two coalition members are trained in TIPS (Responsible Beverage Server training). One of the trainers will be able to teach the class in Spanish.
- Officer Belgium sends letters to all licensed alcohol establishments in Dawson County (in English and Spanish) inviting them to the TIPS trainings. Letters sent to each establishment that passed or didn't pass.
- Alcohol Inspections took place in Dawson Co. (with funding from the PFS grant) in April and Aug. 2017 with a 13% non-compliant rate. The State Patrol's goal is <10% non-compliance rate.
- "Congratulation" media ad in newspapers in Dawson Co. to those alcohol establishments who did not sell alcohol to minors.
- On-going media campaign in Dawson Co. newspapers to promote community-wide messages.

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 Abuse Prevention and Treatment Block Grant. The Prevention System Director will collect annual reports from community coalitions on goals/challenges. Total served by prevention services for 2017- Approx. – 5,000 in addition to multiple media campaigns and alcohol inspections throughout the region.

Region II Community Coalitions-

Citizens' Alcohol & Drug Forum Lincoln County in North Platte, NE.

Keith County Behavioral Health Forum in Ogallala, NE.

Both of these coalitions recognize the need to identify alcohol, drug and mental health related problems and work to address them. Both coalitions have interested community members, law enforcement, community agencies, city and county officials, schools, churches, public health and counseling agencies as members. The coalitions work to implement community wide strategies to change the environment as well as serving individuals and groups of individuals.

Region II Contracted Community Coalition-

Community Connections coalition is located in North Platte, NE. serves youth and families in Lincoln Co. Report attached at end of report

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

In 2017, mini-grants were awarded to the following coalitions:

Dawson County- Rooted in Relationships Mental Health Initiative

- Report attached at end of report. Nebraska Children and Families Foundation will send an evaluation report for 2017 to the Region once completed.

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

Activities in 2017:

- Report attached at end of report.
- The Prevention Director will continue to assist with the community coalition (Ogallala Youth Committee) when needed and continue the coordination with the schools in Ogallala to implement evidence-based prevention programs to the schools. In 2017, the afterschool program at Kids Oasis included HALO (Healthy Alternatives for little ones). Region II provided the facilitator to teach the curriculum this school year.

Paxton High School

- After prom activities to provide alcohol/tobacco free activities for over 100 students from Keith, Perkins and Lincoln counties.

Keith County- Rooted in Relationships Mental Health Initiative

- Grant received in the end of Sept. 2017. Funding will be used early in 2018. Report will be made available in 2018.

Another goal is to increase participation from schools in Region II. The objective of this goal is to help the community recognize the need for early prevention and change community attitudes. 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 2017, classes were held in Paxton, Ogallala's (Kids Oasis) afterschool program, Grant, NE., and Big Springs. HALO was provided to 89 students this year. Region II has received more requests from schools in the region to provide the program in 2017.

Region II provides the All-Stars program to regional schools by request. All-Stars is an evidence-based intervention program taught to middle school students designed to reduce adolescents' engagement in substance use, violence and bullying. The curriculum consists of small group activities, debates, individual meetings and games. The curriculum is comprised of 13 lessons. Region II will keep in contact with schools and offer services region wide. All-Stars was provided to Perkins Co. Middle School in Grant, NE. Aug.-Dec. 2017 and will take place again in 2018.

In 2017 Region II provides "Circle of Security" (COS) parenting sessions throughout the region. Region II contacts with trained parent educators. Region II offers the classes at no cost, so all parents can attend regardless of cost. Classes are offered to parents, newly expecting parents, caregivers, foster parents, guardians, adoptive parents and daycare providers. Classes are offered once a week for 8 weeks. A "professionals" only class was held in McCook in 2017. Region II Director coordinated 9 different classes were offered throughout the region (not including classes provided by Rooted in Relationships- Dawson Co.) and 84 parents attended parenting classes this year. Region II is able to offer classes in North Platte, McCook, Imperial, Gothenburg, Cozad and Lexington at this time. Region II will provide funding to Rooted in Relationships- Keith County to provide additional COS classes in 2018.

Region II provides substance abuse education, parenting classes, seeking safety training and courtroom etiquette at the Keith County jail in Ogallala, Nebraska on a weekly basis. Keith County provides funding to the region to provide jail education. Education is also provided on a weekly basis in the Dawson Co. jail in Lexington.

Seeking Safety offered in North Platte, Lexington, McCook and Ogallala for youth and adults. 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

Media campaigns continue to run throughout the region. Regional coalitions have been given statewide media campaign materials. “Take Time-Out to discuss underage drinking”. Another media campaign used “Free Ride if you Provide” was aimed at sending a strong message during prom and graduation season about preventing underage drinking and youth access to alcohol. The campaigns are designed to focus on adults who may host an underage party or provide or sell alcohol to a minor. (Source: Project Extra Mile). Mental Health and Suicide prevention ads also ran this year. In 2018, Region II and Community Connections in North Platte will focus on “Must-B-21” media campaign.

Region II goals/activities for 2017:

- Increase the perception of risk related to alcohol use among all age groups.
- Increase the number of parenting classes and different curriculums offered.
- Increase the number of participants who attend Prime for Life classes. In 2015 the total number of participants was 77 and in 2016 the numbers increased to 102 participants. In 2017 a total of 111 participants attended the classes.
- Increase the use of programs at schools to target risk factors and maximize protective factors (All-Stars and Halo).
- Continue looking for facilitators to provide evidence-base prevention programs throughout the region.
- Continue providing support, consultation, technical assistance and membership to all community coalition groups.
- Increase awareness regarding the importance of school surveys such as the Nebraska Risk and Protective Factors Survey. Activities and Practices will be assessed based on survey results and evaluation of the programs will be based on future survey results.
- Increase the partnership with colleges.

- Increase parent participation in parenting classes.
- Work with communities to establish new substance abuse coalitions.
- Continue working with community coalition in Dawson County to present evidence-based prevention programs to address underage drinking under the PFS grant. PFS grant ends Sept. 30, 2017.
- Successful media and radio campaigns throughout the region.
- 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 Abuse and Suicide.
- Keep updated information on Region II Human Services website page www.r2hs.com
- Advisory Council members for The LOSS Team have been identified and working on LOSS Team coordination and “active” date for 2018.

Challenges and unmet needs:

- It is continually challenging to get the schools to implement educational prevention programs in schools (due to lack of extra time in the school day).
- Policy changes are still a challenge in many communities in Region II (alcohol density, alcohol signage, and code of conduct at the schools). Insuring that these policies and rules are appropriately promoting positive behaviors and discouraging negative behaviors are an important role for coalitions.
- The continuation of the Nebraska Risk and Protective Factors Survey throughout the state of Nebraska.

- It is continually challenging to get parents with in communities to participate in parenting classes.
- Assist communities to recognize the need for early prevention and change community attitudes.
- In regards to the PFS grant in Dawson County, the biggest barrier is implementing all of the ideas/programs the communities would like to do without a lead person(s) to assist and take the lead on certain projects.
- The LOSS Team “Go Active” date has been delayed and plans are to be up and running by the end of 2018.

2017 Annual Report Community Connections Substance Abuse Prevention

Community Connections provided substance abuse prevention services to North Platte and Lincoln County.

Coalition Capacity

- Provided 24 educational pieces, at least one time each month to Coalition members.
- The Substance Abuse Prevention Leadership Council (SAPS LC) met 12 times in 2017 with an average of 12 members in attendance.
- Trained 3 coalition members at CADCA and 12 Coalition members regarding substance abuse prevention.
- Four new members jointed the Coalition in 2017.

Media/Information Dissemination

- Provided 800 television, 3000 radio, 60 print media ads, focused on priority areas of: underage drinking, binge drinking, prescription drug abuse, and marijuana education.
- Disseminated 2000 prescription drug collection schedule postcards across Lincoln County.
- Palm Cards (bright printed index cards) were designed and 500 were given to Lincoln County residents to provide substance abuse education.

- Eight public service announcements providing substance abuse prevention education were aired on local radio by the voice of Lincoln County Youth Leaders.
- Provided six prevention letters to the editor from staff and coalition members.
- The “Be the Wall” materials were provided to all seven schools in Lincoln County. Table tents, printed sticky notes, flyers and hand stamps were provided with a letter that offers other prevention resources through Community Connections.
- Provided prevention Facebook postings 10 times over the past year.
- Provided print media four times annually related to nationally relevant events i.e. National Medicine Abuse Awareness Month, National Substance Abuse Awareness Month, etc... with more than 40,000 exposures/handouts.
- Provided a discussion on substance abuse prevention and Community Connections four times on Husker Radio/Morning Show.

Community-Wide Prevention Events

- Contacted all Lincoln County schools and provided Nebraska Risk & Protective Factor Survey information and shared the importance of prevention data. Participation for Lincoln County was at 82.7% for 8th grade, 88% for 10th grade and 74.6 for 12th grade.
- Worked with the North Platte Police Department to continue providing, improving and evaluating Responsible Alcohol and Tobacco Sales Training for individuals serving and selling alcohol each month. Twelve trainings took place over the past year in Lincoln County.
- Provided the multi-agency coordination of a monthly prescription drug collection 12 times in 12 months. Each month law enforcement (North Platte Police Department, Nebraska State Patrol and Lincoln County Sheriff’s office took turns) medical personnel, and coalition representation were present.
- Hosted 4 Methamphetamine Assessment meetings and 6 Marijuana meetings followed by 6 combination meetings with community and coalition members.
- The coalition met with Senator Williams, and the Attorney General to provide substance abuse prevention resources and more specifically marijuana educational resources.

Education Presentations

- Retained Dover Y2Y group for another successful and well attended three-day summer camp to train almost 50 Lincoln County Youth Leaders. A presentation to the local hospital was held during the summer camp with Community Connections staff and Dover Y2Y noting successful prevention efforts.
- Provided periodic (32) educational sessions in classrooms and meetings across Lincoln County.

Elementary Focused Prevention Efforts

- Red Ribbon Week materials and ribbons provided for all elementary and middle school students in Lincoln County. Substance abuse prevention education, awareness, and knowledge were provided.
- A skit titled “Samantha Skunk” was performed twelve times by the Lincoln County Youth Leaders for area youth. The skit provides a message about the dangers of taking someone else’s prescription drugs.
- Trivia questions on various substances of abuse were provided to elementary and middle school students in Lincoln County for Red Ribbon Week.

Middle and High School Focused Prevention Efforts

- Provided 17 Life Skill classes and community service projects aimed at affecting critical life and social skills amongst mentees (teaching assertive communication skills, social skills, and critical life skills including decision making).
- Community Connections Mentoring also provided 12 community service opportunities, 17 healthy group activities, and 7 concerts event opportunities to all participants in the program youth.
- In March/April of 2017, in cooperation with the elementary schools, a survey was administered to children with mentors. Responses to the question, “What have you gained or learned through your relationship with your mentor?” included:
 - “I have learned to be nice. I like being able to do things with her that I cannot with my mom.”
 - “I have learned kindness and respect towards others.”
 - “I have learned that it is ok to need someone.”
 - “Sometimes it is ok to get mad, but it is not ok to hurt someone.”
 - “I have gained confidence, I am more positive, and I am forming new hobbies.”

Additionally:

- 93% of the children rated the program good or excellent.
- 81% said they have higher expectations of themselves.
- 42% said they are better able to resist using alcohol and other drugs.
- 73% said they get along better with others (like friends, teachers) as well as family.
- 80% said that they have a more positive view of their future.

When asked “what is the best thing about having a mentor?” youth responded:

- “Getting to do things with a male. Having someone to talk to and understand.”
- “You can take part in things that you might not be able to.”
- “Not being bored and stuck in the house all day.”
- “You have a buddy to hand out with who is open minded to things.”
- “Just being together.”
- “I love my mentor. This program is awesome. It is the best thing that has happened to me.”

- Prom and graduation letters were sent to parents, restaurants and hotels and messages were given to schools providing awareness and knowledge of the nature and extent of alcohol and drug use, and its effect on individuals, families and the community. A radio PSA titled “Create Memories Not Regrets, Celebrate Sober” was recorded with the voices of Youth Leaders and local law enforcement. An estimated 22,000 people heard the message.
- The “Be the Wall” prevention materials and message were shared with all schools in Lincoln County. Table tents, hand stamps, educational materials and posters were provided to increase the awareness and impact the all individuals play in being the wall between a young person and alcohol
- Community Connections Assets Teams held classes each week for a total of six different groups in 6th, 7th and 8th grades at two public middle schools. The Asset Teams at Madison Middle School met three times each week year during the school year and the Asset Teams at Adams Middle School met three times each week during the school year through April 2017.

Changing Consequences

- Curtailed illegal alcohol use through citizen surveillance during prom and graduation by sending letters to area restaurants and hotels.
- Provided “Be the Wall” message as a PSA on the radio and through material dissemination.

Modifying or Changing Policies

- Two different educational pieces were mailed to Senators and other elected officials by coalition members to provide education on current marijuana trends in Nebraska and in Lincoln County.
- Coalition members met with Senator Matt Williams and provided Marijuana educational materials and resources.

2017 Report Dawson County Rooted in Relationships

Rooted in Relationships efforts were directed at social and emotional education for the population of Dawson County to provide awareness and prevention.

Dawson County Rooted in Relationships 2017 Activities

Training and Activities related to Social and Emotional
Development

Date(s)	Training Topic/Description	# in attendance	Audience (Parent, Professional, etc)
1-14-17 to 3-10-17	Circle of Security-Parent class in Cozad	6	Parents and Professionals
2-2-17 to 3-23-17	Circle of Security-Parent classes in Lexington at the High School	4	High School student teen parents
3-4-17	Pyramid Training Cohort 2 Module 2A	16 providers and guest	Indirect 121 Families 164 enrolled Children 70 Siblings

Region II Human Services
Disaster Behavioral Health
Annual Program Report
January 1, 2017- December 31, 2017

Region II Human Services is the coordinating body for Public Behavioral Health Services in West Central/Central Nebraska. Region II covers 17 counties in Nebraska. 15 counties are included in the West Central Medical Reserve Corps. The remaining two counties (Dawson, Gosper) are under the Central Nebraska Reserve Corps-Tri-Cities Medical Response System in Hastings, NE.

The Medical Reserve Corps (MRC) program provides the structure necessary to deploy medical and public health personnel in response to an emergency, as it identifies specific, trained, credentialed personnel available and ready to respond to emergencies. Region II has trained professionals registered with the MRC that are able to respond in an emergency if called upon. Region II is able to provide Psychological First Aid training. The region will continue to develop an on-going provision of volunteer education and training as well as recruitment of volunteers.

Psychological First Aid (PFA) trainings offered throughout the year to community members.

Continue to work with the Emergency Manager in Lincoln County and assist with finding a new MRC coordinator for the region. In November 2017, a new MRC coordinator was hired. The new coordinator has begun the task of getting the program back up and running and working towards getting the MRC a 501(c3) designation.

Continue to keep Region II MRC volunteers and Licensed Mental Health Practitioners credentialing badges up to date. Many of the Behavioral Health Therapists from Region II Human Services have a credentialing badge. Continue to offer Psychological First Aid training and sign up new volunteers with MRC. All Region II volunteers have up to date badges.

Region II is involved with the Local Emergency Planning Committee.

2017 activities/events:

- Participate in quarterly Regional Disaster BH Response Coordinators calls.
- Stay up to date on the Center for Preparedness Education Courses throughout the year.
- Quarterly MRC steering committee meetings when scheduled.
- Participated in multiple phone calls/meetings/emails in regards to the new MRC coordinator position.
- The Ne. Public Policy Center offered Psychological First Aid (PFA) training/TOT for all regions in Scottsbluff, NE. (Region 1) on Feb. 23- 24, 2017. Region II sent two new facilitators to be certified in PFA.
- Participated with The SW Nebraska Public Health Department, Chase County School in Imperial, NE., The Imperial Police Department and Chase County Sheriff's Office in a tabletop exercise on March 3, 2017. The exercise was held to test existing response plans to an active shooter situation in the local school and community.
- Attended the 2017 Great Plains Disaster Behavioral Health Conference in Omaha, NE. on July 27-28, 2017. The conference focus was on Psychological Recovery.
- Information distributed regarding 2017 Solar Eclipse: Medical Dangers Involved – Solar retinopathy. Emergency Managers will be on hand at various locations around the region. High number of visitors from all over the world traveled to the Western part of the state to view the Eclipse.
- 15 community members were trained in Psychological First Aid in North Platte, NE.
- Brochures and educational materials are available regarding Suicide prevention after a disaster, “Nebraska Strong”, flood recovery project and hotline, Disaster

Distress Helpline brochures, Suicide Hotline wallet cards. Most materials are also available in Spanish.

- Working with Emergency Manager to maintain all badges for Region II employees are current and up to date.
- MRC volunteers were asked for assistance and on stand-by for many community activities throughout the region.
- Disaster Assistance Kits (grounding tools) assembled and available at each office location.

The Region II Behavioral Health All-Hazards Disaster Response and Recovery Plan revised and approved by the Region II Governing Board on September 27, 2012.

Goals:

- A goal from the Disaster Behavioral Health Recovery plan is to enhance existing local planning efforts for resources, expertise, communication and personnel with the goal of increasing regional capabilities to provide assistance with mental health services for survivors and their families.
- Stay up-to-date with all of the required courses for all Regional Disaster Behavioral Health Coordinators.
- West Central Medical Reserve Corps and Region II will continue working with area hospitals, public health departments, county emergency managers, and city government officials dedicated to creating and maintaining a system for responding to public health emergencies.
- Continue to train and sign up new MRC volunteers.
- Updating The Region II Behavioral Health All-Hazards Disaster Response and Recovery Plan as needed.

2018 Upcoming events:

- Plans for a Full-Scale HazMat exercise in North Platte for 2018.

- ESU Threat Assessment training throughout the State in Feb. 2018.
- 2018 Great Plains Disaster Behavioral Health Conference in Omaha, NE. in July of 2018.
- Participate in quarterly Regional Disaster BH Response Coordinators calls.

Region II Youth Systems

ANNUAL REGIONAL REPORT

YEAR 2017

Highlights of the past year:

- Participate in 1184 meetings throughout the Region
- Meet regularly with all Region Systems Directors and Regional Administrator
- Regular meetings with DHHS Supervisors and DHHS/Region II staff
- Regular staffing with Probation staff in North Platte, Lexington and Ogallala
- Participated in all Professional Partner meetings
- YCC staff are trained in and provide Trauma Informed care
- Adolescent Seeking Safety groups are offered in Ogallala, McCook, Lexington and North Platte
- Seeking Safety is being provided at the Dawson County Jail
- YCC staff attended training for Juvenile Justice
- Participating in Through the Eyes of the Child meetings in North Platte, Ogallala, McCook and Lexington
- Attended all State Behavioral Health and Probation meetings
- Implemented and facilitated Region II NeSOC Regional meetings

System of Care Local and Regional Meetings

36 different agencies attended the meetings in 2017

- Meetings were held in Lexington, Ogallala, McCook and North Platte

Probation/Region II Re-entry Meetings

- 34 Re-entry meetings with Boys Town, YRTC and Substance Abuse Treatment Facilities. Transition planning occurred for youth returning to their community.

NeSOC Focus Groups

- 28 agencies, 15 parents, 10 youth 8 young adults attended

Discussions were held about current behavioral health services provided in their communities and what if any services would the families and youth like to have. The need for Family/Peer Support groups was voiced in all areas.

Challenges/Unmet needs:

There is a need for Family/Peer support groups throughout Region II. We are working with the family organization Families CARE to provide these services. Region II will provide support for families, youth and young adults to attend when groups are available.

FY 2017 Goal Report:

Goal 1) Participate in Systems of Care Cross Systems Team Meetings

- Goal met- Participated in meetings and Region II is actively involved in Cross Systems Team

Goal 2) Participate in all State Professional Partner meetings

- Goal met- All meetings were attended in 2017

Goal 3) Provide DBH with all requested Data

- Goal met- all required data is completed in the CDS and Suicide data is entered into the required data base and sent to the State quarterly

Goal 4) Coordinate activities and collaborate with community based partners by facilitating SOC/ Transition Meetings, Probation and DHHS staffing in all Region II offices

- Goal met- Meetings are held regularly throughout Region II

FY 2018 Youth Systems Coordination Goals

- 1) ***Participate in Systems of Care Cross Systems Team Meetings***
- 2) ***Participate in all State Professional Partner meetings***
- 3) ***Provide DBH with all requested Data***
- 4) ***Coordinate activities and collaborate with community based partners by facilitating SOC/ Transition Meetings, Probation and DHHS staffing in all Region II offices***

2017 Peer Recovery Facilitator Annual Report Nancy Rippen & Corey Brockway

Peer Recovery Facilitators provide Peer Support Services in Mental Health and/or Substance Use Disorder for peers, consumers, family members, and various support groups.

Education, awareness, and connecting with peers, in the areas of wellness and recovery, continued to be our focus in 2017. Peer Recovery Facilitators utilize the Intentional Peer Support Model, (IPS) by Sheri Mead, as evidence based best practices foundation for Peer Support Services.

In 2017, over 850 contact opportunities provided over 3,000 personal interactions either in a group or individual setting. Peer Recovery Facilitators are privileged to witness the intentional actions of peers empowering themselves, and their team, to move towards their personal goals. 2017 marks the 11th year of formal Peer Support Services in Region II, with Nancy Rippen and Corey Brockway in place since inception.

Peer Recovery Facilitators are members of the transition teams which meet with peers at the Substance Use Disorder and Mental Health treatment centers locally and state wide. These are opportunities to connect with and educate peers, which are in treatment, on community resources and supports that are available in Region II and statewide

Local safe sober living environments were a need for many years. New for 2017, 1 more men's sober living home and the first women's home opened, in North Platte. There are now 3 men's sober living homes and 1 women's home in Region II.

We will continue to strive to establish positive and healthy relationships with coalition and support groups throughout the region. The support groups that we collaborate with include AA, NA, Celebrate Recovery and Faith based groups. We are also encouraging peers to reestablish mental health support groups like NAMI and MHA.

The peer run Hope Warm Line ceased operating, in 2017. The many years of service were quite an accomplishment for a dedicated member and leader of the Region II recovery community that ran this resource for years. There is a statewide warm line that we are utilizing in place of the Hope Warm Line.

Peer Recovery Facilitators helped in planning the statewide Behavioral Health Conference. Transportation and financial assistance were arranged by the region. Peers were very grateful for the opportunity to attend this conference. It has proven to be a very valuable experience for peers in the social and educational realms. Peers that attended the conference presented information, they learned during the conference workshops they attended, to peer groups upon returning home.

Corey Brockway has continued to develop ongoing relationships with probation and correction agencies while embracing opportunities to share our lived experience. Men's peer support groups are available in North Platte, McCook, Lexington, and Ogallala, lending opportunity for Lincoln and Dawson County Drug Court participants to have Men's groups to attend.

Nancy Rippen continues weekly wellness support groups at Great Plains Regional Medical Center. 252 peers attended Nancy's peer support groups in 42 visits during 2017.

Peer Recovery Facilitators presented information, about our services, to the Region II Governing Board and Region II Advisory Committee. Started in 2017, and continuing into the future, Peer Recovery Facilitators will be regular attending staff of the Region II Advisory Committee to satisfy a Consumer Initiative requirement for a Consumer Advisory Council.

Wellness Recovery Action Plan, WRAP, is another foundational program which we base much of our platform for promoting peer recovery. WRAP encourages an individually designed and implemented holistic approach to wellness. Viewing recovery from more of a holistic perspective was a goal for 2016 that was met, but will be ongoing. WRAP is available in all 4 Heartland Clinics in group settings or one on one when geography or individual needs dictate we go to them. Ongoing peer support groups or individual support are available after the formal training is completed.

Nancy Rippen continues to act as the Region 2 peers' voice on the Office of Consumer Affairs People's Council and the Governor's Mental Health Advisory Committee associated with the Department of Behavioral Health.

Region II commitment to a Trauma Informed Care Culture is contributing to better outcomes for peers. Trauma Informed Care encourages staff to be more aware of trauma histories and their consequential effects on the consumers' sense of safety, consequential behavior, and possible unsafe coping strategies. A Trauma Informed Care culture offers a safe understanding place to understand the impact of past adverse experiences, if they choose. The Trauma Informed Culture is kept at the forefront, while progressing through ongoing education and awareness, by the Trauma Champions team which Corey Brockway and Nancy Rippen are members. An Attachment Trauma focus is being considered by the team in 2017.

The Seeking Safety philosophy and support groups have continued. It offers additional information to communicate to peers so that they can recognize unsafe coping strategies. They can then work toward identifying safer coping skills while lessening fear and anxiety on their path of recovery. When physical and emotional safety is present there is a better potential for forward movement in the peer's recovery. An ongoing challenge and goal, of the Peer Recovery Facilitators, is to look for opportunities to offer peers a worldview that is hope based instead of fear based. Mutually safe connection amongst peers that is hope based is the goal of Peer Recovery Facilitators.

Nancy continues to facilitate Rent Wise classes. Rent Wise Classes help peers become better tenants. With over 60 participants attending Rent Wise classes, in 2017, the value it adds to the success of the Housing Program is evident.

Touching the less populated rural areas to let struggling people know they are not alone will be an ongoing challenge.

Goals for Peer Recovery Facilitators in 2017

Our overarching goal will be to continue what has been working in carrying the message of hope and recovery.

Creating mutual connection through sharing of mutual lived experiences, with proper boundaries, is an ever developing skill that will always be a goal to improve upon.

Continue to improve our active listening skills, while practicing reflection, will help peers in self-identifying their own barriers and solutions.

We will continue to attend trainings and focus on self-care so we can represent recovery in an authentic positive light.

Collaborate with any local peers that would be interested in reestablishing a mental health support group such as NAMI.

Holistic health being vital to recovery, Peer Recovery Facilitators will look for chances to promote a holistic perspective.

Invite opportunities to share our experiences in treatment and recovery, with administration, as they relate to evidenced based trauma informed and attachment focused treatments being developed in the Region.

Within the newly developed young adult track for Drug Court, Youth Care Coordination will collaborate with Peer Recovery Facilitators for peer support, education and awareness.

Region II Human Services
Consumer Coordination Activity Report
Annual Totals 2017

Nancy Rippen
Corey Brockway

	<u># of Groups or Meetings</u>	<u># of People Attending</u>
Peer Support Groups & One on One Visits		
North Platte	286	1339
McCook	320	805
Lexington	1	1
Ogallala	3	3

Men's Peer Support Groups for Probation & Drug Court

North Platte	22	113
McCook	24	47
Lexington	18	52
Ogallala	22	22

Formal Wellness Recovery Action Plan Classes (WRAP)

North Platte	17	59
McCook	64	167
Lexington	0	0
Ogallala	3	3

Rent Wise Training

North Platte	22	60
McCook	8	15
Lexington	0	0
Ogallala	0	0

Treatment Center, Hospital or Facility Peer Support Visits

Great Plains Regional Medical Center	42	252
Touchstone	14	65
Center Pointe	0	0
Lincoln Regional Center	0	0
Houses of Hope	1	1
St. Monica's	0	0
Summit Wellness	0	0
County Jails	1	1
Area Hospital	0	0
Richard Young	0	0
Fiscal Year to Date Totals	865	3004

Contracted Programs



Region II Annual Report 2017

Program Overview

Touchstone is a Short Term Residential Treatment Center for Substance Use Disorders. Our staffing allows us to meet the states service definition for Level 3.5 Co-Occurring Capable. Touchstone offers a 45 day residential stay for both men and women. We are collaboration between CenterPointe and Houses of Hope nonprofit agencies in Lincoln, NE. Touchstone's emphasis is to provide individualized and high quality treatment services to those individuals that live in the Region II area.

We are located at 2633 P Street, Lincoln, Ne. in CenterPointe's Administrative Office Building occupying the first floor of this building. Our staff consist of a Program Director three full-time Therapists, a full time Program Nurse, a full time Admissions Coordinator, a full time Case Manager, a full time Technician Supervisor and 14 full and part time technicians. We are staffed 24 hours a day seven days a week.

REFERRALS

Touchstone had a total of 67 individuals referred for treatment services this year. 47 individuals were admitted for treatment services. The following is the breakdown of what happened to those individuals that did not enter into our facility.

- 10 were incarcerated
- 4 were unable to make contact with
- 1 declined the bed
- 4 went to treatment elsewhere

Characteristics of Persons Served

Out of the 46 clients admitted these are their reported ethnicity. The finding in this area have remained static for the last four years. The majority of referrals are Caucasian.

Ethnicity

Caucasian	44/46	90%
Hispanic	1/46	7%
Black	2/46	0%
Other	1/46	2%

AGE

Our average age of our overall population significantly decreased this year. For the last three years Region II's average age was 37. In 2017, this number decreased to the age of 28. This could reflect a positive outcome in that individuals are seeking treatment earlier and interventions are working earlier for the consumers being served possibly.

18-29	20
30-39	11
40-49	14
50-59	2
60+	0

GENDER

Fourteen out of the twenty beds at Touchstone are dedicated for males. Although we have the ability to adjust beds based on capacity, we generally serve more men than women. In the 2017 year, we served 30 men and 17 women from Region II which was a higher number of females than in 2016 when we had 12 females. We assume this is due to a long waiting list with other gender specific programs and limited beds for females.

PRIORITY POPULATIONS

We also served a higher number of priorities this year overall. Out of the 47 admissions 20 individuals (almost half) of the admissions were priority individuals. Three individuals were pregnant, three were IV users and pregnant, 11 were IV users and four were mental health boards. Currently the state is examining the priority populations and have determined that Mental Health Board Commitments are no longer considered a priority in their standards. This would have significant impact on the hospitals, Crisis Center and Mental Health Boards across the state in committing individuals to Touchstone. We will continue to treat mental health boards as a priority but this will not be reflected in the Central Data System.

TREATMENT OUTCOMES

Overall 30 individuals or 57% of Region II consumers successfully completed treatment at Touchstone. Five individuals were asked to leave the program due to physical aggression after being placed on an areas of concern and continuing those behaviors, 12 individuals walked out of treatment and two we could not get Medicaid approval for in order to stay in treatment. Both of those individuals had several weeks of sobriety prior to admitting and Medicaid is not approving any individuals whom have not used in the last seven days. Historically when this happened Region II would be able to cover their stay by paying for their treatment. Due to the changes in State Agreements this is no longer possible. We also are learning what each MCO is requiring in order to secure an admission to better ensure the individual is meeting their medical necessity. We also are pre-authorizing individuals with Medicaid to better serve the client.

CLIENT SATISFACTION

21 consumers for Region II or 41% completed a Satisfaction Survey. Overall, Touchstone had a 96.88% satisfaction rating of their treatment stay. Areas that were above 90% satisfaction were that individuals felt they were making good progress in treatment, that they felt treated with dignity and respect and that they felt they were handling their daily problems better. Clients also reported that they felt they had timely access to services and that staff were supportive and helpful with their treatment planning. The areas under 70% satisfaction rates are areas that we need to improve

upon. These were identified as nursing and psychiatric care, timeliness to psychiatric services and medication management. We believe this was due in part to changes we had as an agency in not having a psychiatric prescriber for a short period of time and our coordination of care with the prescribers in the Region II area. This has been challenging as consumers admit with no mediations, no doctor orders or reporting they have left them at home. This slows the process of individuals getting access to medications and at times prescribers will no longer give them refill due to not seeing them for lengthy periods of time or not having insurance coverage. This is an area we have made performance Improvement plans around for the 2018 year. We also failed to meet our 80% or higher satisfaction rate with recommending Touchstone to a family or friend which ended up being 79.8% would recommend our program so we feel that we almost were able to meet that goal.

PROGRAM EFFECTIVENESS

Touchstone completes thirty day follow ups with clients or their family members. This data looks at several substance uses in the past month, following aftercare recommendations, medication compliance and recent hospitalization.

- 52% report no use of substances in the past four weeks.
- 72% report following aftercare recommendations
- 78% Report medication compliance
- One past client reported re-hospitalization but there were no EPC re-commitments.

Action Plan

- Maintain the 50% goal for longer periods of abstinence at 90 days discharge.
- Meet the 80% recommendation of the program to family or friends.
- Increase overall satisfaction with our nursing and psychiatric care to 85% from its current 60% by increasing our contacts with prescribers and utilizing our own prescriber to cover issues at admission.

ACCESS

The program is committed to serving a disadvantaged population of consumers. The target population is people who are part of a “minority” which encompasses ethnicity; sexual orientation, poverty levels and homelessness. Access to services is critical for these consumers to improve their outcome.

Waiting times for Region II consumers were an average of 18 days. This increased from last year's slightly (16 days). We have had less referrals from Region II this year and the majority of referrals came from individuals who were incarcerated. We have more females seeking treatment from Region II (25) and based on bed capacity this lengthens their wait times.

Action Plan

*Continue our work with Region II Emergency Support in prioritizing wait list clients.

* Find ways to improve communication with waiting list individuals and prescribers.

UTILIZATION

Total Region II Units 2010

We billed 1305 units to Region II last year for individuals coming into treatment. We billed 116 units to Region II consumers who have Medicaid. We had one consumer with private insurance which we billed 30 units to and 15 units to his probation voucher for the remainder of his stay. We had four days we could not bill for those Region II consumers whom we could not get Medicaid to pay for their treatment stays and they returned home the next day. This was for a total of 1467 Units overall.

*Audits from Region V and II have shown that we are in 100% compliance.

Successful Highlights for the program for the 2017 program year:

Working with emergency support services continues to be imperative in providing quality care. This allows us to plan and prioritize admissions, set transportations, communicate with providers and provide individuals with the connection home. We have had great success in returning consumers to the Region II area to the new halfway and $\frac{3}{4}$ way houses that have opened up. 14 of the consumers that graduated were referred for transitional living. This has also provided clients with a sense of relief overall as they communicate frequently how great it is to have a sober living close to their homes and support systems. Robin, Corey and Kelly are pivotal in the success the Region II consumers have here at Touchstone. They also provide them with a layer of support that they may not have had when they complete. They have gone above and beyond to be accommodating to Region II clients and the staff here at Touchstone.

OUTCOMES

Objective	Indicator	Target Goal	Actual
Clients will report overall satisfaction with services	% of clients indicating satisfaction with services	90%	92%
Referral sources will report overall satisfaction with services	% of referrals sources indicating satisfaction with services	80%	92%
Funding sources will find program is meeting consumer needs and is fiscally responsible	% overall compliance as demonstrated in Region II program audits	95%	100%

Analysis

Touchstone continues to strive to meet the needs of the Region II consumers and referring agencies in many ways. Our client satisfaction and referral source satisfaction continue to support our efforts.

Challenges/ Needs:

The biggest challenge for Touchstone this year has been addressing our walk out rate of consumers walking out of treatment. Overall this year we have had a higher number of walkouts across the board. This was not just with Region II consumers but with our overall admissions. We have worked very hard as a team to problem solve this issue. We have adjusted programming, overall expectations and continue to meet the client where they are currently at in wanting to make changes. Eight out of the 12 individuals indicated that they were leaving treatment due to overall “unhappiness with their mediations”, not seeing a prescriber, not having a continuing prescription for medications they were taking prior to treatment, etc. Working with the individuals on the wait list with their prescribers and clarifying and communicating what needs to happen prior to their admission with hopefully help. We will also be working closely with our prescriber on having more timely access to medications once they are admitted. I am hopeful that we will be able to resolve the majority of these issues and also use the Sate’s funding to address prescriber and medication expense issue to resolve this in the future.

2017 Program Evaluation with Region II: Great Plains Health Behavioral Health Unit

In 2017 Great Plains Health serviced 177 patients in Emergency Protective Custody that were within Region II.

Great Plains Health has had a very successful relationship with Region II in the past year. It seems that the communication between our providers has improved. Our case manager has been able to set up services for our patients with Heartland in a timely manner and has been able to be in contact with Emergency Support to make referrals. There has also been open communication between Emergency Support and our staff to meet the needs of patients currently in the Emergency Support and Community Support Programs. The programs were also successful in reducing the number of ECPs during the year of 2017 by getting patients help before EPC was necessary.

In the future Great Plains Health will be working with Region II to provide some education to other hospitals on detox and withdraw so that that population can be better managed in smaller communities and that patients will not have to wait for the care that they require. Great Plains Health will also continue to move towards improved communication with Region II to help patients get what they need from the community to help prevent readmissions into the hospital.

Goodwill Industries of Greater Nebraska, Inc. Supported Employment

In 2017, Goodwill’s Employment and Career Services (E&CS) increased numbers served, increased our number of individuals successfully closed with Nebraska VR, and changed our local leadership. Randa Musil was promoted to Program Manager in April, 2017 and has worked diligently to increase communication and coordinate services for individuals in our Region II area.

Number served in Employment and Career Services (January 1, 2017-December 31, 2017):

	2011	2012	2013	2014	2015	2016	2017
North Platte	53	93	100	104	84	117	112
Lexington	40	35	27	39	54	55	59
McCook	9	16	13	13	18	31	41
Ogallala	3	8	7	6	2	9	10
Total	105	152	147	162	158	212	222

Goals met in Employment and Career Services:

- Increased numbers served in all communities by 10 individuals.
- Obtained a funding source for our Comprehensive Benefits Planning services for eligible individuals through funding from Nebraska VR.
- Increased scores in both the Compass EZ and TIC Assessments.
- Exceeded our number of Successful Outcomes from last year (measured by the federal fiscal year of October – September).

Department 340 – BHEP II

	7/8	8/9	9/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17
North Platte	17	8	11	16	21	23	22	20	22	23
Lexington	10	5	1	12	13	8	5	8	12	9
McCook		0	1	4	4	8	3	1	2	7
Ogallala*								2	0	5
Total	27	13	13	32	38	39	30	31	36	44

Highlights in working with Region II administration, counselors and clients:

- Regular staff meetings and manager meetings continue to be strong and appreciated in Region II.
- Access and responsiveness of Community Support workers has greatly increased this last year which has improved client care.
- Collaboration with Region II on a more efficient, effective referral process has produced a quicker response to referrals and has led to greater client satisfaction and better follow up.
- Katie McCarthy has been a great help to us with the implementation of the EBS.
- Kathy Seacrest’s ongoing advocacy for and support of Goodwill’s Supported Employment Service and Comprehensive Benefits Service is greatly appreciated.
- Goodwill’s Supported Employment continues to serve individuals through Region only funding due to individuals being in Drug Court and/or individuals not eligible for VR. This has allowed us to support sixty-nine individuals in 2017 who otherwise would not have been eligible for Supported Employment (see chart below).

	2011	2012	2013	2014	2015	2016	2017
Numbers Served	8	20	19	19	54	87	69
Numbers Placed	3	16	16	11	17*	33*	17

**These are the numbers of individuals we received placement payments on. Several individuals entered services with employment already in place that were helped with maintaining employment. .*

Satisfaction Survey results:

- Participant satisfaction is measured via Goodwill’s Participant Satisfaction Survey. Respondents results are as follows:

2011	2012	2013	2014	2015	2016	2017	
NA	NA	NA	NA	NA	NA	88%	believed they had timely access to services.
93%	99%	98%	99%	99%	95%	91%	believed they were an active part in developing their employment plan.
99%	99%	99%	99%	100%	100%	99%	believed they were treated with dignity and respect.
96%	98%	97%	98%	98%	98%	95%	believed the goals on their employment plan were meaningful to them.
83%	85%	85%	85%	91%	93%	95%	believed there has been progress in reaching their employment goals.

97 %	99%	99%	99%	98%	99%	97 %	believed their Employment Specialist was available to help meet needs.
NA	NA	88%	89%	93%	96%	90 %	believed their quality of life has improved since starting E&CS.
NA	NA	NA	NA	NA	NA	97 %	would recommend this service to a friend.
96 %	99%	99%	99%	92%	99%	97 %	are satisfied with the Behavioral Health Employment Program.
58 %	64%	78%	62%	56%	40%	26 %	Percentage of participants whom completed the Participant Satisfaction Survey.

Unmet needs and possible solutions:

- Transportation access, especially in the rural communities. Transportation is often a great barrier for employment.
 - Continue to collaborate with Nebraska VR and Region II on transportation funding, plans, and supports.
 - Continue to provide transportation as available, work with individuals on developing natural supports to assist, and do good job matching to decrease the transportation barrier.
- Funding for Benefits Planning Services for individuals who experience behavioral health concerns, but do not need Nebraska VR services or meet VR requirements for services.
 - Goodwill is dedicated to assisting individuals with social security benefits and continues to serve these individuals without funding while Goodwill advocates for additional funding options.

How Region II can help with unmet needs:

- Continue to problem solve and work collaboratively with Goodwill around transportation solutions.
- Advocate and explore options for additional funding for individuals who receive social security benefits to help them maximize their financial position through the use of work incentives.

What we need from Region II to better serve participants:

- Continued advocacy and support from Region II to ensure access to Supported Employment services should the demands of WIOA reduce referrals from Nebraska VR.
- Strengthen services for individuals in Drug Court.
- Provide additional staff training on crisis response and trauma-informed strategies.

Improvements in Quality of Life due to involvement with Goodwill’s Employment and Career Services:

Participants discharged from Employment and Career Services complete Goodwill’s Participant Input Discharge Survey. The following question was asked:

- My quality of life has improved since I started services. . .

2011	2012	2013	2014	2015	2016	2017	Responses:
72%	80%	94%	81%	73%	80%	86%	Yes
20%	10%	0%	2%	10%	0%	0%	No
8%	10%	6%	17%	17%	20%	14%	Some
40%	35%	29%	40%	42%	42%	26%	Percentage of discharged participants who completed the Survey

See above Satisfaction Survey results for additional responses to Quality of Life improvement.

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

Respectfully submitted,

Tamara Snider, M.S.

Director of Employment & Career Services

Goodwill Industries

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Cell: 308.455.7571

Email: tsnider@goodwillne.org



2017 HALFWAY HOUSE PROGRAM REPORT

MISSION STATEMENT - *Houses of Hope provides affordable residential treatment and support services for individuals in recovery from substance use and related mental health issues.*

Houses of Hope's transitional residential halfway house program serves adult males seeking to reintegrate into their communities following primary or short-term residential substance use treatment. Engagement in the halfway house program includes individual, group and family counseling, relapse intervention and prevention planning, psycho-educational presentations, access to medical and psychopharmacology services. Clients benefit from peer support and self-help support groups in a trauma informed environment. Clients engage in structured daily activities, reintegrate into the workforce and transition into stable housing upon discharge.

2017 CONSUMER DATA

- 983 units of service were provided to Region II consumers (*1,238 in 2016*)
- 0 Medicaid eligible consumers served
- 10 Region II consumers served during 2017 (*12 in 2016*)
- 9 Region II consumers were discharged during 2017 (*8 in 2016*)
- 1 of those admitted in 2017 is still receiving services in 2018 (*4 in 2017*)
- 177 days for average length of stay for 2017 (*128 days in 2016*)

2017 CONSUMER DEMOGRAPHICS

- All consumers were male
- Average age of persons served: 38 years old
- Ages served ranged from: 19 to 51
- 80% of consumers served had histories of trauma
- Race
 - 90% White
 - 10% Native American
 - 0% African American
- Ethnicity
 - 10% Hispanic
 - 90% Non-Hispanic
- Marital Status
 - 30% Divorced
 - 70% Never married
 - 0% widowed
 - 0% married

- 0% separated
- Primary/Drug of Choice
 - 30% Alcohol
 - 60% Methamphetamine
 - 0% Marijuana/Hashish
 - 10% Opiates
 - 0% Other
- Secondary/Drug of Choice
 - 30% Marijuana/Hashish
 - 10% Methamphetamine
 - 0% Opiates/Synthetics
 - 10% Alcohol
 - 10% Other
 - 40% N/A
- 50% had a history of IV drug use
- 50% had a secondary mental health diagnosis
- 89% had a history of trauma

2017 HALFWAY HOUSE PROGRAM SERVICE GOALS AND OUTCOMES (based on the 9 Region II consumers discharged during 2017)

Service Goal	Outcome
75% of consumers will be discharged in an improved condition	<ul style="list-style-type: none"> ▪ 89% improvement <ul style="list-style-type: none"> ○ 56% discharged with significant improvement ○ 33% discharged with moderate improvement ○ 0% discharged with slight improvement ○ 11% discharged with no change
75% of consumers will obtain employment.	▪ 78% of consumers were employed at discharge
75% of consumers will have an improved housing option at discharge	▪ 78% had housing at discharge
75% of consumers will be discharged sober.	▪ 100% of clients were sober at discharge

2017 EFFECTIVENESS (info specific to Region II consumers discharged during 2017)

- 17.5 point average increase in consumers DLA scores (up from 5.125 in 2016)
- 8 consumers were discharged treatment complete (5 last year)
- 0 consumers left prematurely, or against staff advise
- 1 consumer was administratively terminated
- 7 consumers were employed at discharge
- 7 consumers were discharged to stable housing

For the 9 discharges in 2017: Eight of the clients maintained their sobriety during their entire treatment episode. Clients did a very good job obtaining employment while in the program. We had contact with family members of each of the persons served. One client was terminated by the facility due lack of treatment engagement (e.g., obtaining employment and following his behavior contract).

2017 CONSUMER SATISFACTION (satisfaction survey info specific to Region II consumers)

N=15	Strongly Agree Agree Neutral Disagree Strongly Disagree					Collapsed responses		
	Agree	Agree	Neutral	Disagree	Disagree	Agree	Neutral	Disagree
1. If I were in need of help again, I would return to Houses of Hope	60%	33%	7%	0%	0%	93%	7%	0%
2. I would recommend Houses of Hope to a friend or family member	60%	40%	0%	0%	0%	100%	0%	0%
3. My counselor is respectful and helpful	67%	33%	0%	0%	0%	100%	0%	0%

Although we have served 10 clients during the 2017 FY, the Consumer Satisfaction Survey is given out quarterly, which is why there are 15 responses. Overall, all responses were positive. There was about a 30% increase in the strongly agree response, in reference to returning to HOH or recommending it to a friend or family member. The overall score for a helpful and respectful counselor was 100%. The decrease in strongly agree, from last year to this year could be attributed to the change in counseling staff and client adjustment to this. The transition is always trying for clients who have formed relationships with one clinician and then have to transition to another.

Region II consumer responses to the two questions above “I would recommend Houses of Hope ...” and “...I would return to Houses of Hope” averaged **4.56** on a 5 point scale (up from 4.33 in 2016). Responses to a third question “My counselor is respectful and helpful” scored a 4.67 on the 5 point scale. The responses appear to indicate Region II consumers have been quite satisfied with the services they experienced in the halfway house program. The positive feedback from clients include “This is an amazing place and the help is too, thank you very much” “I’m very happy to be here” and “This place is awesome.”

2017 WORK WITH REGION II ADMINISTRATION AND PERSONNEL

Region II personnel - administrative, clinical, case management and peer support – are strong advocates for their clients. The RPA and administrative staff are professional and responsive. There is good communication with providers directly, during monthly QI calls and at annual provider meetings which offer opportunities to dialog about issues with consumers and within our system.

Houses of Hope staff strive to communicate with Region II providers at admission, during treatment, and transition of consumers in efforts to better coordinate care.

This is my first year as the Clinical Director at Houses of Hope and I have been impressed with the overall communication between Region II and its providers. The monthly QI calls have provided a great opportunity to discuss challenges, goals, and how to achieve them to best meet the needs of our clients. I look forward to continue working with Region II and their dedication to helping clients.

2017 CHALLENGES/UNMET NEEDS

There has been a decrease in utilization over the last year (1,238 in FY2016 to 983 in FY2017). It is believed this is attributed to the number of new housing resources in Region II that have become available for clients in the last fiscal year. Of the clients HOH served, there was an overall increase in treatment completion rates, average length of stay, and a significant increase in functioning from admission to discharge.

One of our clients struggled with opiate addiction and utilized Medication Assisted Treatment (MAT meds) to address this. Due to the lack of MAT providers in Lincoln, the client commuted to Region II regularly, to maintain his medication needs. Between the cost of MAT meds and the commute, the cost played a role in budgeting and transition planning.

Another individual had court throughout his treatment. Due to lack of transportation and family support, he would often rely on the train to transit from Lincoln to North Platte—which was costly and increased his time away from programming, in order to meet the train schedule.

There are challenges to obtain medical treatment for clients without Medicaid or health insurance coverage. We did not serve any Medicaid clients in 2017. We will continue to utilize community resources for medical care when needed. It is very helpful that Region II can cover the cost of psychiatric medications, when needed.

There was an improvement in contact with consumer's families/significant others during their course of treatment. Most of these contacts were via phone. We will strive for more face to face contacts with family when possible.

Clients who struggled with co-occurring issues provided a challenge with medication compliance and overall mental health needs. We implemented evidence-based groups to address to better meet the needs of our clients. We will continue to individualize services to meet the needs of clients.

2017 QUALITY IMPROVEMENT GOALS

- Maintain CARF accreditation - *Met this goal - Obtained 3-year CARF accreditation in June of 2015 and have received annual conformance to quality seals. In June 2016, HOH participated in a mock CARF survey in preparation of our scheduled May/ June 2018 survey.*
- Use of Electronic Medical Record (EMR) - *HOH went live with Credible in May, 2016. Over the last year, HOH strove to determine efficient workflows to best meet the needs of our staff, along with maintaining a therapeutic environment in session. Designated staff will continue to identify ways to gather data needed for reporting, how to interpret the data, and implement positive change.*
- All new hires complete trauma informed care training within the first three months of hire - *Met goal as documented in Relias Learning training logs.*
- All employees complete annual trauma informed care trainings - *Met goal as documented by the agency*
- Update Compass EZ/TIC Assessments and address identified needs to enhance dual capabilities in the halfway house program - *Made progress on or completed goals set for the year. Documentation maintained by the agency.*
- Improve inclusion/utilization of TIC domains - *Met this goal - formalized the safety committee, implemented the PCL to determine PTSD symptoms at admission versus discharge, review of consumer satisfaction/ exit surveys quarterly and develop a plan for action based on results.)*
- 80% consumer satisfaction with improvement as a result of treatment - *Met this goal - 100% agreed or strongly agreed on exit surveys.*



Region II Annual Report: January 2017 - December 2017

Number of Region II Clients Served: 2 (1 Region II Funded)

Total Units: 1360

Total Billable Units: 193

Average Daily Living Activities Functional Assessment Scores – Admit: 2.60

Average Daily Living Activities Functional Assessment Scores – Most Recent/Discharge: 3.13

Perceptions of Care:

Percent Agreeing to Timely Access to Care: 100%

Percent Agreeing to Handling Day to Day Like Better than Before Admission: 100%

Narrative Summary:

This year we only had two clients from Region II. One is still in the program and will graduate in the next several weeks. She is relocating to Lincoln, so we have not needed Region II assistance with housing. Robyn stopped in and visited with the client and her therapist one time. Additionally, this consumer has not had significant issues, we have had limited contact with Robyn. The other client was a referral from Touchstone, a female IV drug user stayed with this for only one week. We had contact with Robyn throughout her time with us and the following weeks attempting to have the client return to our program. In the past, Robyn has visited our program and Region II consumers on a monthly basis. We are curious as to why our referrals have been down from Region II.

Mary Jane Gruba

Adult Residential Program Director

mgruba@centerpointe.org

Isaac French

Data Analyst

St. Monica's 2017 Year End Region II Report

2017 Data

- St. Monica's served 24 clients (4 of these clients were served in more than 1 program during the calendar year) for a total of 1,407 units from Region II from January 1, 2017 through December 31, 2017 (Note: not all of these units were paid by Region II – this includes 453 units billed to vouchers, Federal Pretrial and Medicaid. Region II total units billed was 954.)

- Of the 24 clients served:
 - 23 were served in Short-Term Residential programs (primary) Note: 1 client was admitted and completed this program twice in 2017)
 - 4 were served in Therapeutic Community programs (PMC/TC - secondary) and 3 of those 4 were served in Short-Term Residential prior to transitioning to Therapeutic Community.

- The average length of stay in the Short-Term Residential programs (primary) was 43 days and Therapeutic Community programs (secondary) average stay was 138 days.

- Of the 23 clients receiving services in the Short-Term Residential programs (primary):
 - 16 discharged successfully (1 client successfully completed this program twice in 2017)
 - 6 left treatment incomplete
 - 1 remained in the program on December 31, 2017

- Of the 4 clients that received services in Therapeutic Community programs (secondary):
 - 3 discharged successfully
 - 1 remained in the program on December 31, 2017

How Service Goals were met

We have had all of our mental health clinicians trained in EMDR (Eye Movement Desensitization and Reprocessing) to enhance our trauma specific system that may alleviate some of the symptoms that lead to, and are influenced by, substance use. We have added an Advanced DBT (Dialectical Behavior Therapy) group for those who need additional skills and are working on developing more “body” work to help with trauma symptoms. In addition, we added a new Living in Balance and a Criminal and Addictive Thinking group that are evidence based curriculum.

We promoted Jennifer Somers, one of our counselors, to Clinical Manager. This new position was created to help us continue our efforts to improve our mentor training and support. She will also work to help develop our group curriculums and support clinical staff when needed. She has been working closely with mentors and the residential managers to improve quality of care and services.

Successful highlights in working with Region II administration, counselors, and clients

Robyn Schulteiss, additional emergency support staff continue to be helpful as contact persons for all Region II clients. They have been able to obtain releases to the jail, contact individuals we have had a difficult time getting in touch with, and provides thorough background information regarding referrals. Region II emergency support staff are is easy to access and very helpful in working with our counseling staff in meeting the individual needs of each client. The ease and flexibility in which she accommodates our questions and client concerns is remarkable. They brainstorm and often finds a solution rather than just saying “no” when there may be no easy answer. Additionally, Robin continues to come once a month to meet with Region II clients that are active in services. She meets with the client and our case manager. This continues to be beneficial and valuable to our staff as well as the ladies we serve.

It has been a wonderful advancement to have more aftercare housing options with the opening of the women Oxford House in North Platte. Robyn and the team at Region II have helped us successfully transition women there to be closer to their families and children. We hope more Oxford houses open up in other Region II communities.

Jenee Hill, Sonia Kounovsky, and Mary Tidyman have also been extremely helpful with referrals this past year by providing additional information when needed and coordinating contact when a client couldn't be located.

Region II seems to have a very efficient networking system which assists clients with gaining access to resources in a more expedient way.

Client satisfaction surveys

St. Monica's continues to ask clients for feedback through Client Feedback Sessions/Town Hall meetings and feedback surveys throughout their treatment experience. These surveys are anonymous; therefore the responses are not specific to Region II clients. The statements rated on the feedback survey include:

- This program has helped me improve the quality of my life
- The program has helped me to feel better about myself

- If I were to have problems, I would return to this program
- I would recommend this program to other people who need help
- The program has helped with developing my life skills
- This program has helped/is helping to strengthen my family

Discharge Evaluation surveys are completed as clients are discharged from the programs. 19 discharge evaluations were completed by Region II clients that discharged in 2017. Their responses to questions relating to quality of life include:

- 100% - This program has helped me improve the quality of my life
- 100% - The program has helped me to feel better about myself
- 95% - If I were to need help again, I would return to this program
- 100% - I would recommend St. Monica's to a friend or family member

Additionally, the Region II clients reported:

- 94% - Improved self esteem or how you feel about yourself
- 89% - Improvement in ability to maintain self-sufficiency in the community such as scheduling time, maintaining a job, going to school, etc.
- 94% - Improved ability to remain free of chemicals
- 94% - Improved ability to problem solve
- 94% - Improved mental health or psychological issues

Unmet Needs and possible solutions

No significant unmet needs to address at this time.

Lutheran Family Service Annual Report: 1/1/2017-12/31/2017

Lutheran Family Services (LFS) served 117 clients funded by Region II in 2016. Our Intensive Outpatient Program (IOP) for Substance Use served 76 clients and 41 clients completed a Substance Use Evaluation with our providers. These services totaled 3982.25 units.

One way LFS measures the quality of service delivery is through gathering feedback from our clients about the care they receive in all our programs across the state. Our current methods for tracking Client Satisfaction surveys do not allow us to differentiate by payer source. In the Region II service area, client satisfaction surveys were collected for IOP and Substance Evaluation services. This number includes Region II clients as well as clients in those services with other payers. This information is tracked by the Quality Assurance Department. Results are as follows:

97.20% Report timely access to services.

97.92% State they would return to LFS for help in the future.

96.55% State they would recommend LFS to others.

85.52% Report their quality of life has improved because of their involvement with LFS.

A second strategy for assessing the success of IOP services is the client's reduced use of, or maintained abstinence from substance use. Internally, LFS tracks this outcome and reports it on a quarterly basis. For 2017, data is available for 85 closed cases (all payers): 83 or 97.65% of those discharged clients were able to maintain abstinence or reduce their use of substances. Our internal benchmark for this outcome is 75%, so it is clear we are meeting and exceeding our internal goal.

We are pleased to have data to support our belief that LFS is doing quality work with our clients. These positive outcomes from discharge summaries and client satisfaction surveys continue to be quite positive. Each client we serve has a unique story and we are honored to be a part of a team that provides quality services in Region II. Our positive relationships with other providers and organizations in the community continue to enable us to promote quality care for the community we serve. We hope to continue these partnerships well into the future.

Regarding unmet needs, delivering needed services in a timely manner can be a challenge at times as resources may be limited. We hope to expand our services in the future by utilizing Telehealth, where appropriate, to access remote clients or provide more timely services.

Finding qualified professionals to serve our clients in rural Nebraska can pose a challenge. Recruiting, retaining, and educating clinicians should remain a priority for the State.

In our work with clients in the criminal justice system, there appears to be barriers and minimal transitional services to assist clients in transitioning from jail into the community. Advocacy by the State would help to remove barriers that impede clients from transitioning successfully based on their criminal history.

We are grateful for our continued partnership with Region II and look forward to working together to serve clients together into 2017 and beyond.

Erin Dittman

Quality Assurance Manager
Privacy Officer Annual Report

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 staff member by the Operations and Human Resources Director during the new-hire orientation. The Policy and Procedure Manual is also on each desk top for easy reference.

Training on the Protection of PHI

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

Monitoring the Protection of PHI

Privacy Checklists, by digital documentation and electronic method of submission, are sent to the Privacy Officer by the program directors and/or building coordinators every 30 days. No privacy violations have occurred. Increased awareness of protected health information and confidentiality has enabled self-monitoring as well as peer, supervisory and administrative monitoring.

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 lead therapist. Notation of this is in each client chart.

Client's right 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. No breaches of protected health information have occurred.

Implementation of Safeguards

Electronic notification for annual requirements is an ongoing function of the scheduler. This continues to promote efficient and timely delivery of the Notice of Privacy Practices to clients.

Two passwords are required before login to the software containing client records can be achieved. "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 are not allowed in protected areas.

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

Security

The Data Security Team met five times during 2017 and developed an annual Security Work Plan based on recommendations contained within Security Risk Assessment of October 2015. The purpose of the

plan was to review security risks and plan methods of correction. Any medium-to-high risk vulnerabilities were the focus of the work plan.

Email encryption continues by use of ZixCorp. Directors are allowed to receive Region II email messages on their mobile device with ZixOne in place. This requires a passcode to retrieve email messages. Any message containing PHI is encrypted

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

Security is in place for all copiers. Since all copiers are installed with internal hard drives, the updated procedure for when a trade / update / exchange of copiers occurs is as follows:

Staff have been mindful of the process for fax machine security. On Fridays or the last workday of the week, the fax machine is set so it will not allow incoming facsimiles to be printed over the weekend.

A secure messaging center is contained within the tracking system. The Messaging Center is a secure method of communicating between outpatient offices information regarding clients, staff or their PHI.

There is ongoing monitoring of staff access and permissions to the Tracking System to maintain oversight and awareness.

The Community Support Director added a Laptop Security Audit for Community Support staff.

Kathy Seacrest was appointed Security Officer by the Governing Board.

Goals Accomplished

- Disaster Recovery Plan is established.
- Creation of a Security Policy has been an agenda item in 2017. Discussion how to create has been initiated. Ongoing goal for 2018.

Goals for 2018

- Implement a new client data system that has a meaningful use certification
- Continue updating servers
- Continue data recovery plan

Compliance Report

2017

Standards of Conduct

Employees have been encouraged to report immediately any act that is in violation of the code of ethics or client rights. No reports of violation have been received.

Allegations, Investigations and/or Complaints

No allegations, investigations or complaints in conjunction with the compliance program have been processed during 2017. No corrective actions were taken.

Education and Training

All current and new employees have received training on all Region II Human Services Policies and HIPAA Policies. Annual staff training is also required for the following courses: Incident Reporting, Environmental Safety, Fire Safety, Emergency Preparedness, Infection Control, Cultural Diversity, Client Rights, HIPAA for Healthcare Professionals, Workplace Violence, Therapeutic Boundaries, Person and Family Centered Services and Overview of Medications for Paraprofessionals. These are reviewed on a regular basis to make sure that they are completed and current. Suicide Screening and Risk Factors course is also part of the required curriculum.

All new staff are required to have Trauma-Informed Care training.

Federal and state mandates—on March 30, 2017, Kathy Seacrest, Administrator of Region II, provided information regarding annual trainings to all providers of Goodwill, LFS, Houses of Hope, Center Pointe GPRMC and St Monica's as follows:

- 42CFR
- Access and Outcome Measures in CDS
- CQI-1 and CQI-2
- Charitable Choice
- SABG
- Religious affiliation
- Priority Populations

- Wait List
- Lime Book—Service Definitions
- Voter Registration
- Financial Eligibility
- Interim Services
- Women’s Set Aside
- Business Associate Agreement

In-Service Training— March 30, 2017, Compliance Training regarding business associates was also provided to all contract providers by Mary Wagner, Compliance Director.

External Audits

Service Purchased Audits are required annually by the Regional Budget Plan. The following service audits were conducted:

- **CenterPointe**—conducted on February 15-17, 2017—in compliance
- **Goodwill Industries**—conducted on March 14-17, 2017—in compliance
- **Great Plains Health**—February 10, 2017—in compliance
- **Lutheran Family Services**—February 9, 2017—in compliance
- **St. Monica’s**—March 8-10, 2017—in compliance
- **Touchstone/Houses of Hope**— Dec 14, 2017—in compliance
- **Region II Behavioral Health Authority— Program Unit** conducted by DHHS on March 20, 2017— Not yet received report

Network Compliance Fidelity review for FY16 was submitted on November 1, 2017 to DHHS. This review covers compliance with contract expectations as outlined in the *DHHS FY16 Regional Budget Plan Guidelines and Contract*. Region 2 was notified on January 19, 2018 that they were in compliance with the requirements for FY16.

Financial Audits are required annually. The following independent audits were conducted by RJ Meyer, CPA and all were satisfactory. The audits were approved by the Governing Board on September 29, 2017.

- **Region II Human Services Financial Audit** completed July 24-26, 2017—in compliance; no recommendations for change.
- **Governing Board Financial Audit** completed July 24-26, 2017—in compliance; no recommendations for change.
- **Management of Consumer Funds Audit/Member Banking Review** completed July 26, 2017—in compliance; no recommendations for change.

Physician Peer Review for Medication Management Program for year 2017 as follows:

- Tamara Johnson, MD completed by Dr. Kathleen Grant on August 25, 2017. Recommendations were reviewed and implemented.
- Kathryn Batson, APRN completed by Dr. Tamara Johnson on November 3, 2017. Recommendations were reviewed and implemented..

Internal Monitoring and Audits

- Coding, Billing and Payment Audits-- sliding fees are administered appropriately.
- Clinical Records maintenance Audit—dynamic monitoring of clinical records documentation for outpatient program.
- Review of identifying and refunding overpayments-- Client refunds are handled in a timely manner.
- Quality Improvement Reviews--Client billing and transaction histories are reviewed and compared to clinical services by the Quality Improvement. Committee at least quarterly. No incongruence was identified or reported to the corporate compliance officer.
- Regular site visits were conducted by program directors.
- Business Associate Agreements are in place and are current.

Annual Policy Reviews

- August 24, 2017 Board of Directors reviewed and approved the entire Policy Manual

Privacy

Please refer to *Privacy Report of 2017*.

Security

The security officer report is included in the *2017 Privacy Report*.

Goals Accomplished

- Monthly privacy audit of Community Support
- YCC is utilizing the same privacy audit controls as Community Support utilizes.
- Progress towards implementation of a new system with The ECHO Group that will include a Visual Health Record (VHR) / Clinician's Desktop serving as an Electronic Health Record for behavioral health agencies.

Goals for 2018

- Implementation of ECHO Group system consisting of Visual Health Record (VHR) / Clinician's Desktop.
- Prepare for CARF survey

Thomas D Carpenter

Date

Compliance Officer

Region II All Provider Quality Improvement Team 2017

The Region II Human Services Quality Improvement Team met quarterly 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. Each year we meet for an in-person meeting to look at the following year's budget and discuss opportunities for improved client care and collaboration amongst providers and programs.

Region II Network and QI Work Plan and Goals

2017 – 2018

Priority: Results-Based Accountability Indicator:

Decrease in Nebraskans needing involuntary Emergency Inpatient Care:

Goal: Lower the number of EPC's.

Strategy: Region II will work to lower EPC's by working with the hospital in North Platte, Great Plains Health to get an assessment in the ER by a clinical person to perhaps divert the EPC. Another initiative will be to involve the Behavioral Health Unit in training law enforcement on what to look for and how to decide on an EPC.

Performance Indicator: Number of EPC's and number of diverted EPC's.

- Reduced from 185 to 177

Priority: Results-Based Accountability Performance Measures:

How well do we do it? - % Positive response to general satisfaction with services received and % Positive response to staff sensitive to trauma

Is anyone better off? - #/% Positive response to improvement in symptoms.

Goal: All programs will distribute Consumer Surveys annually.

Strategy: The Quality Improvement team will review the results of the consumer surveys and discuss what improvements can be made to improve consumer care.

Performance Indicator: Consumer Survey Results.

- Results being collected and are in each program evaluation

Priority: Results-Based Accountability Performance Measure:

Is anyone better off? #/% Positive response to improved Quality of Life.

Goal: No program will fall below an 80% of consumers' responding that their quality of life has improved as a result of services.

Strategy: The Quality Improvement team will review the results of the consumer surveys and discuss what improvements can be made to improve consumer care.

Performance Indicator: Consumer Survey Results.

- Only one program fell below 80% (very small sample size)

Priority: Results-Based Accountability Performance Measure: How well do we do it?

Goal: All programs will add the question 'Do you think you had timely access to this service?' to the Consumer Survey that is distributed annually.

Strategy: The Quality Improvement team will review the results of the consumer surveys and discuss what improvements can be made to improve consumer care.

Performance Indicator: Consumer Survey Results.

- Consumers reported timely access to services

Priority: Improve the delivery of effective prevention and treatment recovery-oriented systems of care for persons with Co-Occurring Disorders

Goal: Providers will demonstrate measureable progress in Co-Occurring capability.

Strategy: The Quality Improvement team will look at the goals each provider identified after the re-assessment of the Compass EZ and Trauma-Informed Care Assessment.

Performance Indicator: Providers will show improvement.

- Results were reviewed and all providers showed improvement

Priority: Trauma Training for all staff in all programs.

Goal: All new staff who work with clients of the Region II system will have an hour of initial training on trauma informed care as part of their initial orientation, within 6 months of hire. If programs need a trainer, Region II will provide a trainer. All Direct Support Staff will receive 3 hours of training involving trauma specific techniques within a 3 year period.

Strategy: The Quality Improvement team will look at the number of new staff, date of employment and date of training to ensure that this goal is being met. The team will also look at how this goal was met, and if there is a better way to meet this.

Performance Indicator: Number of new staff, date of employment, date of training.

- All new staff were trained except at one location. Region will provide that training this Spring.

Priority: Have information readily available to network providers on what groups are being held where.

Goal: Maintain the Bulletin Board on the Region II website that communicates to all providers the classes and ongoing groups and add classes and groups from our providers to the website.

Strategy: Network providers will discuss whether they are contributing to the list, and if they are utilizing the Region II website to access the information.

Performance Indicator: Network providers will know where to get the information and will contribute to the list.

- Provider Bulletin Board is maintained on the Region website.

Results of the continuous quality improvement statewide goals were reviewed and Region II met or exceeded all goals.

Trauma Champions 2017

The Region II Human Services Trauma Champions includes representation from Community Support, Emergency Support, Youth Care Coordination, Day Rehab & Day Support, Peer Support, Administration and Support Staff. All locations are also represented.

The Trauma Champions met quarterly to discuss way Region II can improve upon and continue to be Trauma Informed. Each quarter we focused on one of the six key principles of a Trauma-Informed Approach. These six principles are 1. Safety 2. Trustworthiness and Transparency 3. Peer Support 4. Collaboration and Mutuality 5. Empowerment, Voice and Choice 6. Cultural, Historical and Gender Issues. Resiliency and environment were emphasized this year.

The Trauma Champions plan for staff and community trainings to promote and share the Trauma-Informed approach. A Meditation Group was started at the Frontier House. Mindfulness group was started at Heartland in NP. The Grounding Line continues to be accessed. Renovations were made at several of our locations to improve the consumer experience starting with first entering the office and the waiting area. There are several therapists trained in EMDR now, and one is trained in the Beyond Trauma Curriculum. The trauma champions shared several articles on Trauma Informed Care with all Region II staff. Cards with quotes relating to the topic of resilience were created and distributed to consumers at all offices; these have been very well-received by consumers.

Seeking Safety is offered at each of our locations.

The team examined the results of the Trauma Informed care Study done by all programs.

A work group was formed to look at enhancing our work. Those recommendations will be reviewed in 2018.

Trauma Champions also planned a staff event to promote self-care.

The Adverse Childhood Experience questionnaire will be built into the new client data system and the trauma champs will review data as it becomes available.

