

# Region II Human Services Program Evaluations

2018

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

- Outpatient—Heartland Clinics, North Platte, Ogallala, McCook, Lexington
- Youth Care Coordination (region wide wrap-around service for Youth))
- Day Rehabilitation/Day Support—Frontier/Pioneer House (North Platte and McCook)
- Community Support (region wide)
- ARM in ARM (Aiding Recovering Moms) region wide
- Emergency Support Program (region wide)
- Quality Improvement Report (for the above programs)
- Trauma Champ report

## **Behavioral Health Authority**

### **Systems Coordination**

- Housing Coordination
- Prevention System Coordination
- Disaster Coordination
- Youth System Coordination
- Emergency System Coordination (contained in the Emergency Support Program report)
- 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)
- Community Connections (prevention)

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

### **Grants**

- System of Care
- Opioid Grant
- Mental Health First Aid
- Suicide Prevention
- Partnership for Success

### **Compliance and Privacy Reports**

## **HEARTLAND COUNSELING CLINICS *Outpatient Program Evaluation***

**YEAR 2018**

### **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.
- Continued collaboration 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 58%.
- Positive results in annual consumer satisfaction survey, with a 98% return rate within the outpatient programs.
- As a result of peer reviews and most up to date research evidence base, made changes to medication policies as related to prescription of stimulant medications and benzodiazepines. Updated medication procedures to enforce refill policies and discourage no-shows.
- Started Open Access availability for Substance Abuse Evaluations in three of the four Heartland Clinics significantly improving timely access to evaluations.
- Enforced scheduling procedures in each location to decrease no-shows and fill unconfirmed appointment times, increasing access to services.
- Started building the foundation for a Medication Assisted Treatment Team. Several staff attended a training on Med Assisted Treatment with Hazelden Treatment Programs and team members were identified.

**Progress towards service goals:**

**Goal 1** In client satisfaction surveys, **98%** 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. **98%** 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 **2,887** outpatient admissions during the year 2018. (574 in Lexington Office, 528 in McCook, 1,301 in North Platte and 484 in Ogallala). **5,290** different people were served throughout the various outpatient programs and services. These appointments were scheduled in a prompt and efficient manner. **90%** 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 overall functioning and quality of life as measured by the standardized outcome measure, the

WHOQOL-BREF. In the break-out of domains measured by this instrument, 94% indicated maintenance or improvement in physical functioning, 95% in psychological functioning, 95% in social relations, and 95% in environmental circumstances. 90% 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:**

- Access to transportation has posed a significant challenge, particularly for those clients served in the southwest portion of our service delivery area. There are few transportation providers in that area, and very few who have been willing to contract with IntelliRide, the Medicaid transportation company. We have engaged in a number of conversations with the state and helped consumers advocate for themselves regarding these needs.
- No-show rates present an ongoing challenge for making sure clinicians are able to maximize their face to face time and trying to insure timely access to services. We continue to explore and implement options for walk-in service delivery to combat this, as well as working with support staff to insure that our scheduling practices are as efficient as they can be.

**Report on Accomplishment on 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 completed 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.  
*The new electronic health record system went live to staff on Feb. 22, 2018. As would be expected, there have been challenges related to transitioning systems, but billing is now able to be completed in a manner both timely and accurately. 95% of providers have demonstrated consistent ability to maintain timely documentation and overall provider compliance with documentation timeliness is substantially increased.*

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.

*Overall productivity for the year was 58%, falling just shy of the 60% benchmark. It is noted that several clinicians made personal goals of increasing their personal productivity percentage and analysis of the data from the final six months of the calendar year reflects some substantial individual growth. Open access times have been added to combat no-shows for evaluations. This is an ongoing area of concern and will be prioritized in the coming 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. *The CARF review was delayed until spring of 2019. The outpatient program plan has been updated to reflect the most recent CARF policies and updates to the Initial Diagnostic Interview and Interpretive Summary were implemented.*
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. *The WHOQOL-BREF is a well recognized standardized outcome measure and was implemented as the outcome measure utilized by the Heartland Clinics with the implementation of the new EHR.*

#### **GOALS FOR 2019:**

1. Maintain CARF accreditation through review coming in Spring of 2019.
2. Our overall goal of face to face time for clinicians continues to be 60%, but several clinicians individually struggle to consistently meet this benchmark. In 2019, clinicians will be provided their average productivity quarterly and any clinician falling below 55% will be asked to submit a personalized improvement plan to be reviewed with the clinical director.
3. Continue exploring and implementing options for Open Access, Walk-In and Drop-In services to allow more immediate access for those in need of services and their families.
4. Implement a Medication Assisted Treatment team approach for those struggling with opioid addiction.

# Youth Care Coordination Program

## REGIONAL REPORT

YEAR 2018

### Youth served by county:

- 130 Level A Clients served
  - Dawson- 37
  - Dundy- 1
  - Frontier-3
  - Grant- 1
  - Hitchcock- 6
  - Keith- 11
  - Lincoln- 55
  - Perkins- 3
  - Red Willow- 13
  
- 11 Level B Clients Served
  - Dawson- 1
  - Lincoln- 2
  - Keith- 2
  - Red Willow- 4
  - Chase- 1
  - Frontier- 1
  
- 18 YCC Special Population Clients Served
  - Lincoln- 9
  - Dawson- 3
  - Dundy - 1
  - Frontier - 1
  - Grant- 1

Keith-1

Red Willow- 1

Chase - 1

- 4 Probation Voucher  
Lincoln- 2  
Dawson- 2

**Total served: 163**

- The average length of stay in Youth Care Coordination is 9 months.

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

- Youth Care Coordination staff in all offices
- YCC staff 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 is facilitating Women's Group at the Dawson County Jail and at Heartland Counseling in Lexington weekly.
- YCC staff attended the Heartland Juvenile Justice Association and Nebraska Juvenile Justice Association training
- Staff are offering 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
- Continue to serve youth through the Probation Justice Wraparound Voucher
- Attended re-entry meetings for youth at Boys town, YRTC Kearney and Geneva
- Drug Court groups for young adults were held weekly in the North Platte and Lexington offices
- Serving youth through funding of the Systems of Care grant
- YCC staff is coordinating and collaborating mental health services in the schools in the Region II area.
- YCC staff is participating on the Juvenile Assessment Team in Lincoln County
- Participated in the approval of the updated Professional Partner Manual.

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

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

- 2018 data shows an average decrease of 53 points of impairment in youth successfully discharged from the YCC Level A program. This decrease in score exceeds the State requirement of 20 by 33 points
- Maximum CAFAS score during 2018 at admission was 170, minimum score at discharge was 10.

### ***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

97% 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= 95%

### ***2018 Service Goals Report:***

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

Goal not met - Total average score: 78.6% (up 1.7 % from 2017)

Youth Care Coordination Director will add this item to the monthly staffing agenda to continue to develop a process to get a higher completion rate on surveys for the 2019 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 unknown - With the current set up of the Region II database of the referrals and the program enrollments, it is impossible to link the two together to show the dates between the two. There will be updates made to a current form that will collect all the needed data all on one form. This will solve the issue for this goal.

***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- 89% of youth successfully discharged from services had a 20 point decrease in impairment from admission to discharge. The average decrease was 53 points.

**Goal 4-** Youth Care Coordination staff will be trained and using the Region II ECHO tracking system

**Goal Met-** All Youth Care Coordination staff are trained and entering all required client data into the Region II ECHO tracking system

### ***Challenges/Unmet needs:***

A challenge that has been identified is working with two tracking systems on pulling reports and data. The new system has its challenges as we are not able to pull the correct data for some of the current goals. A solution will be to continue to work with Region II staff on necessary reports that are needed for the future and correcting any forms to make this process easier.

### ***Program Goals for 2019:***

- 1) The total amount of WFI - EZ assessments completed will increase
- 2) Youth Care Coordination referral dispositions will be completed within 30 days of the date that the referral was received 90% of the time.
- 3) 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) 90% of families served have received a Client Resource List

## Annual Program Report for 2018 – Day Rehab/Day Support

### Highlights for the year 2018 include:

- Peer Recovery Facilitators continued offering WRAP support groups throughout the week and facilitating a Pathways to Recovery class once a month. A Formal WRAP class was also offered to all the members at Frontier House.
- A Self-Esteem class continues to be provided weekly by Peer Recovery Facilitators.
- A Grounding Box continues to be available for everyday use by members at each clubhouse. A 24 hour Grounding Line continues to be utilized by members at both facilities. 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 facilitate a coping skills group on a weekly basis. A new curriculum called 'Your Life is a Story' has been established for this group. This class teaches coping skills through interactive journaling. A group for this also offered on Mondays at 1 pm at the Frontier House as well that any member within Region II can attend.
- Frontier House and Pioneer House continue to offer a number of elective groups, classes and activities, including Women's Group, Men's Group, Rec Center, Library, Crafts, Karaoke, Meditation, WRAP, Your Life is a Story, Stop Smoking, Diabetic Support Group, Coping Skills Training, and Pound Plunge.
- Staff from both facilities attended trainings throughout the year with Teresa Ward, LIMHP. These trainings were on a variety of short behavioral health topics.
- Weekend planning, holiday networking, and natural support topics continued to be addressed to assist members in creating a support system outside of the clubhouses.
- Members and staff from both facilities enjoyed an end of the summer bash held at the Frontier House complete with games and a barbeque.
- Members from the Frontier House continue to attend the Senior Center for lunch Mondays thru Thursdays. This continues to help 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 adjustment of Frontier House Day Support Program hours was received well by members and the new allotted time periods continue to help better serve the members involved in the program.
- Nancy Rippen, Peer Support Specialist, has continued to increase her involvement and participation at the Pioneer House Day Support Program.
- Frontier House hosted a Friends and Family Day in order to increase outreach and information to significant others of members.
- 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.
- An instructor continues to offer Jazzercise classes to Frontier House members at the clubhouse. She comes to the Frontier House twice a month. A Zumba dance class also continues to be offered in order to help members stay physically active.
- Pioneer House continues to provide a member-led cooking class.
- Jan Badsky, Community Support Care Coordinator, teaches a class to the members once a week at Pioneer House. These classes are on various mental health topics.
- Both facilities have established interactive classes for members to enjoy hands-on experiences. These include crafts, making grounding tools, line dancing, basic sign language, and musical activities.
- Both facilities are utilizing more outside resources and community members for classes as well as helping members with their needs.

- There has been more interaction between the clubhouses this year. Pioneer House has joined Frontier House in a few activities and this has helped to build comradery between all of the members.
- A CPR class for lay persons was presented to members of both facilities.
- Both staff and members have acclimated to the new EHR system that was established toward the beginning of the year.
- Frontier House established a positivity jar where members can write down comments that are going well for them in order to aid them in their recovery.
- Frontier House established a Medication Card activity that takes place every month. This class helps members update cards that they keep with them at all times in order to have all of their current medications listed and up to date.
- Frontier House has provided more weekend activities throughout the year in order to help members get through long weekends and also to help fight the stigma of mental illness by getting out in the community.

## **Report on Service Goals for 2018:**

### **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 safety 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 2018:**

**1. Staff will think of ways to help members explore more options for structuring their times outside of programming hours.**

Staff have utilized outside community resources such as RSVP and the programming opportunities at the North Platte Senior Center in order to help members fill their time outside of programming hours. Staff have taken members to meet with the RSVP director in order to make the members feel more comfortable branching out and doing something new.

**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.**

A positivity jar has been established and is being well utilized by staff and members. Quotes/positive thoughts are shared monthly at the Member Meeting and it helps to start off the meeting on a positive note.

**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.**

Staff members created an information letter explaining what the program is and some of the opportunities that are offered to members by being part of the program. This letter was mailed to area mental health/substance abuse therapists. As a result of this letter, several referrals have been received from therapists in the community.

**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.**

Staff has done a good job of asking for breakfast and lunch suggestions from members on a monthly basis at the unit meetings. The members have also had the opportunity

throughout the year to go shopping with staff for what is needed in order to prepare the meal. This has helped members learn the importance of menu-planning and budgeting.

### **Established Measures in Efficiency and Effectiveness:**

- 49 different individuals were served in Day Rehab
- 52 different individuals were served in Day Support
- There were 25 new admissions to Day Rehab.
- There were 28 new admissions to Day Support.
- 80% of members reported the same or an increase in the Quality of Life Measure
- 100% of members reported that life has improved as a result of participation in Day Rehab
- 95% of referrals were contacted within 7 days of the initial referral.

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

An ongoing 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 payers, 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 ongoing 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.

Pioneer House continues to struggle with meeting transportation needs for members. There are few local providers in the southwest service area willing to work with IntelliRide services. Also, there are limited local transportation services in general in the area and this has been very challenging. Staff at both facilities have endured long hold times while trying to schedule transportation through IntelliRide's phone number. This has also been a burden to members trying to schedule his/her own transportation.

### **Goals for 2019:**

1. Staff will establish more member-led classes in order to help members take an active role in their recovery.
2. Staff will work with members to participate in a few service projects throughout the year in order to build self-gratification and community unity.
3. Staff will work on creating a 'positivity station' where uplifting comments are left for members once a month. This will help members feel important to the program as well as help them on their journey to wellness.

# Region II Human Services

## Community Support Mental Health & Substance Use Disorder

### Annual Program Report: 2018

#### HIGHLIGHTS:

- Increased referrals & admissions in Ogallala area
- Staff attended trainings and workshops to meet staff goals for education including but not limited to monthly trainings with Teresa Ward, LIMHP that were on various behavioral health topics.
- Peer Recovery Facilitators available for connection with clients as needed to provide additional support.
- 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 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
- Regularly scheduled meetings with probation officers held
- Regularly scheduled meetings with DHHS
- Regularly scheduled meetings with Goodwill Supported Employment and Vocational Rehabilitation
- Staff and clients have adjusted well to the new electronic health record
- Intelli-Ride accessed for qualifying consumers to meet their transportation needs independently
- Living Sober meetings held weekly in North Platte and Lexington
- Legal payee service provided to 32 consumers
  - Lincoln County =30
  - Perkins County=1
  - Red Willow County=1
- Community Support staff participate in Trauma Champs
- Community Support staff attend & provide support to consumers in court settings; this includes DHHS cases and other courts
- Successful discharges from Community Support program
- Community Support staff are CPR and First Aide Certified
- Reports and data more useful with new electronic record

#### 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 Living Sober, 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.
- 95% 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:**

- ✓ Obtain CARF Accreditation for program
  - The date was pushed back so this is a goal for 2019
  
- ✓ Staff will work on learning new electronic record that will be implemented in 2018
  - Both staff and clients have adjusted to the new EHR system that was implemented in February 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
  - This was explored to see if the managed care portals would be of value to utilize for authorizations and re-authorizations and the format was not the same so had little value to the worker.
  
- ✓ Assist staff with streamlining the admission and authorization process to decrease time from referral to admission.

- This was completed by director staffing referrals with assigned workers to identify where the referral was at in the intake process. Overall barrier included inability to contact/locate client at all.

**ESTABLISHED MEASURES OF EFFICIENCY AND EFFECTIVENESS:**

- 247 referrals were received for CS/MH
- 96 % of referrals for CS/MH were contacted within 7 days of referral
  
- 81 referrals were received for CS/SA
- 95% of referrals were contacted within 7 days of referral
  
- 3 referrals were received for CS/SPECIAL
- 100% of referrals were contacted within 7 days of referral

**CHALLENGES AND UNMET NEEDS:**

Ability to meet transportation needs in rural communities for non-Medicaid and Medicaid clients as there are fewer providers, especially in southwest area.

- 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 or the re-authorization is denied.
- Length of time for social security disability applicants to qualify for benefits
- DBHS policy change on use of Flex Funds policy has prevented some assistance to not be as flexible for client needs
- Communication with clients that only have text availability on cell phones

**GOALS FOR 2019:**

- Obtain CARF Accreditation for program
  
- Explore possibility of cell phones for care coordinators to improve access with clients and providers
  
- Send out fact sheet/letter to possible referral sources to ensure that agencies are aware of and understand the program to aid in potential increase of referrals.

**CLIENT SATISFACTION SURVEYS:**

Community Support Mental Health: 101 given out, 101 returned for 100%

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

- 78 out of 101 responded with the highest rating of 5 (very much)
- 21 out of 101 responded with the rating of 4
- 3 out of 101 responded with the rating of

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

- 75 out of 101 responded with the highest rating of 5 (very much)
- 22 out of 101 responded with the rating of 4
- 4 out of 101 responded with the rating of 3

Community Support Substance Abuse: 14 given out, 14 returned for 100%

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

- 11 out of 14 responded with the highest rating of 5 (very much)
- 3 out of 14 responded with the rating of 4

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

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

#### **QUALITY OF LIFE STATISTICS:**

- ❖ 82% Community Support Mental Health participants showed quality of life improved/same
- ❖ 92% Community Support Substance Abuse participants showed quality of life improved/same
- ❖ 100% Community Support Special Population participants showed quality of life improved/same

#### **PERSONS REFERRED/SERVED BY COUNTY IN COMMUNITY SUPPORT SERVICES: 331**

##### ***Community Support/Mental Health***

- \* Arthur: 1
- \* Dawson:15
- \* Dundy: 4
- \* Frontier: 1
- \* Furnas: 1
- \* Hitchcock: 1
- \* Keith: 28
- \* Lincoln: 146
- \* Other: 9
- \* Perkins: 7
- \* Red Willow: 34
- Total: 247**

*Community Support/Substance Use Disorder*

- \* Dawson: 12
- \* Gosper: 1
- \* Hitchcock: 2
- \* Keith: 11
- \* Lincoln: 51
- \* Other: 3
- \* Red Willow: 1
- Total: 81**

*Community Support/Special Populations*

- \* Lincoln: 3
- Total: 3**

## **Region II Human Services**

### **A.R.M. IN ARM**

### **Aiding Recovering Moms**

### **Annual Program Report 2018**

## **HIGHLIGHTS:**

- ◆ Assistance 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
- ◆ Care-coordinators coordinated and/or participated in team meetings as needed for consumers
- ◆ No “waitlist” to be admitted to A.R.M. in ARM program
- ◆ Client satisfaction sheets distributed and satisfactory response; 100% return rate
- ◆ Living Sober meetings held weekly in North Platte and Lexington
  - Seeking Safety Curriculum utilized
  - Other programming implemented as requested by women to meet their needs
- ◆ 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
- ◆ Supported women with court attendance that included but not limited to DHHS involvement, other legal issues, etc.
- ◆ Successful discharges from A.R.M. in ARM program
- ◆ Regularly scheduled meetings with DHHS
- ◆ Regularly scheduled meetings with probation
- ◆ 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.
  - 96% 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:**

- ✓ Increase number of women served in A.R.M. in ARM program
  - Increase number of referrals/women served from 16 in 2017 to 26 in 2018
- ✓ Complete the update of A.R.M. in ARM pamphlet which is in progress
  - The pamphlet has been updated and distributed to all Heartland locations and will be distributed at community meetings as well as mailed out per goal below.

**ESTABLISHED MEASURES OF EFFICIENCY AND EFFECTIVENESS:**

- 26 referrals were received for A.R.M in ARM
- 96% 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
- Dental Care that accepts Medicaid

**GOALS FOR 2019:**

- Send out A.R.M. in ARM brochures to possible referral sources to ensure that agencies are aware of and understand the program
- Increase number of women served in the A.R.M. in ARM program
- 85% of admissions will be within 14 days of referral

**CLIENT SATISFACTION SURVEYS:**

A.R.M. in ARM: 9 given out, 9 returned for 100 %

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

- 8 out of 9 responded with the highest rating of 5 (very much)
- 1 out of 9 responded with the rating of 4

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

- 8 out of 9 responded with the highest rating of 5 (very much)
- 1 out of 9 responded with the rating of 4

**QUALITY OF LIFE STATISTICS:**

- ❖ 93% A.R.M. in ARM participants showed quality of life improved/same

**PERSONS REFERRED/SERVED BY COUNTY IN COMMUNITY SUPPORT SERVICES: 25**

***A.R.M. in ARM***

- \* Dawson: 5
  - \* Frontier: 1
  - \* Keith: 3
  - \* Lincoln: 15
  - \* Other: 1
- Total: 25**

## **EMERGENCY SUPPORT PROGRAM 2018**

### **Crisis Response, Emergency Community Support, Emergency System Coordination**

#### **HIGHLIGHTS**

##### **Data for 2018**

**EPC's:** 155 (177 in 2017)

Perkins: 4 (3 in 2017)	Red Willow: 14 (13 in 2017)	Thomas: 0 (1 in 2017)
Lincoln: 74 (103 in 2017)	Chase: 4 (13 in 2016)	Dundy: 0 (0 in 2017)
Dawson: 36 (31 in 2017)	Gosper: 0 (0 in 2017)	McPherson: 1 (0 in 2017)
Keith: 18 (9 in 2017)	Grant: 1 (0 in 2017)	Hooker: 0 (0 in 2017)
Logan: 0 (0 in 2017)	Frontier: 2 (2 in 2017)	Arthur: 0 (0 in 2017)
Hitchcock: 1 (2 in 2017)	Hayes: 0 (0 in 2017)	

##### **Mental Health Board Commitments:**

Inpatient: 36 (46 in 2017)

Outpatient: 5 (9 in 2017)

Dropped: 114 (118 in 2017)

Continuance: 0 (2 in 2017)

**Crisis Response Assessments:** 72 (55 in 2017)

##### **Adult:**

Dawson: 18 Keith: 6 Red Willow: 4 Lincoln: 3 Frontier: 3 Chase: 1

Perkins: 2 Hitchcock: 1

##### **Youth:**

Keith: 6 Dawson: 11 Red Willow: 10 Frontier: 2 Perkins: 1 Lincoln: 4

**Crisis Response Assessments that ended in EPC:** 2 (4 in 2017)

**Diverted EPC's:** 70 (51 in 2017)

**Repeat EPC's: 20 (21 in 2017)**

**Referrals for Emergency Community Support: 207 (268 in 2017)**

Lincoln: 145	Red Willow: 9	Logan: 1
Dawson: 27	Arthur: 1	
Keith: 20	Chase: 1	
Gosper: 1	Frontier: 2	

**Referrals for Emergency Assistance 1111 (1307 in 2017)**

Arthur: 5	Logan: 2	Perkins: 4
Chase: 6	Hitchcock: 8	Red Willow: 84
Dawson: 176	Keith: 135	
Dundy: 2	Lincoln: 600	Out of Region: 82
Frontier: 11		

**Assistance with Medication: 461 (499 in 2017)**

**Assistance with Transportation: 208 (149 in 2017)**

**Assistance with Medical/Counseling: 125 (175 in 2017)**

**Assistance with Other (rent, food, etc): 370 (562 in 2017)**

**Emergency Community Support and Emergency Assistance referral: 1318 total for both programs (1575 in 2017)**

**Consumers at LRC for 2018:** Started the year with 5 and ended the year with 2 consumers at LRC

## **Challenges and unmet needs**

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

As a system, we are working with LRC on discharges to help improve the quality of discharges and the timeliness of discharges. It is difficult to get people in to the Regional Center due to the increase in numbers of court orders that are on the list.

## **EMERGENCY COMMUNITY SUPPORT**

Highlights for 2018

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. Nancy and Kelly are in frequent contact with discharge planners to assist in making arrangements for persons who are leaving the hospital.

We provide crisis line (24/7) coverage for the Region 2 consumers.

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 1111 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 72 assessments for youth and adults in 2018. 2 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. New this year was the addition of the Systems of Care Crisis Response service. Law Enforcement, DHHS, schools and Probation were informed of the availability of assessment and triage for youth who are experiencing a behavioral health emergency.

## **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.

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

We distributed Narcan to local law enforcement and discussed Emergency Support services and Crisis Response.

## **Progress on 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).

- Nancy and Kelly have been making daily calls to the hospital to inquire about any new EPC's and to ask for team meetings prior to discharge for any person who has had a repeat EPC. We have noticed that we are down 1 repeat from last year. Most of the repeat EPC's that we had, were the same few people. We staffed with hospital personnel to create better plans for discharge on these individuals.

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

- Nancy and Kelly have attended 90% of the mental health boards that are held in our Region. They have a good working relationship with the board members. They send in routine reports to the board outlining progress and plans.

### **EMERGENCY ASSISTANCE**

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

- The state has asked us now to keep track of dollars spent for these individuals who receive emergency assistance and they have given us guidelines for how the money is to be spent. We updated the ECHO system so that as we input the information we are able to meet their criteria and give them the information they need.

### **EMERGENCY COORDINATION**

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

- Trainings were held in: Lexington in February, Ogallala in March, McCook in May, and North Platte in June.

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

- Completed and moved this program from SOC to Emergency Support.

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.

- This goal has stalled at the hospital level.

Continued participation in community meetings.

### **CRISIS REPNSE**

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

- 36 assessments in 2017 42 assessments in 2018

To continue to attend Sytems 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.

- Attended the Ogallala meeting in February.

## **GOALS FOR 2019**

### **Emergency Community Support**

To continue working with GP Health on discharge planning. To continue to meet with team at hospital prior to discharge of consumers who have more than 1 EPC in a 12 month period.

### **Emergency Assistance**

To continue to provide 24/7 assistance to persons who are experiencing a behavioral health or substance abuse emergency.

### **Emergency Coordination**

To work with Region 3 on bringing CIT training for law enforcement to the area so that our law enforcement can be trained. Region 6 has a grant that will enable them to help get this going.

To be a part of the MAT for Region 2 to assist with anyone needing substance abuse treatment to help in making arrangements or provide any support as needed.

To provide 24/7 assistance to law enforcement, hospitals, physicians, schools, and corrections for any person experiencing a mental health or substance abuse emergency.

### **Crisis Response**

To continue to provide 24/7 coverage for calls from law enforcement for crisis assessments to help determine the need for an EPC. To increase the number of crisis assessments by 10%

To continue to provide crisis assessments for youth to assist families, law enforcement, DHHS, schools and probation.

## Quality Improvement Outpatient Annual Report

2018

Outpatient Quality Improvement Meetings were held quarterly on February 2, 2018, April 27, 2018, August 10, 2018 and November 2, 2018. Peer review of one or more case files from each SA and MH clinician were conducted. Additional peer case consults were conducted by random selection by supervisory staff and/or by clinician request.

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

- Clinical Records- In process of completing transition to Echo, all electronic, on-line, in real time records. Increasing staff efficiency and compliance resulting in more comprehensive documentation and treatment, productivity and billing. The possibility of more Grant monies and program funding to become available through Expanded Medicaid in Nebraska and national focus on Opioid Crisis. A fidelity audit was completed last Spring.
- Client Services- Assisting clients in utilizing State funding from Probation/ Parole voucher system; DHHS Family Systems of Care; client Systems of Care; Opioid Crisis Grant money; and Nebraska Expanded Medicaid. Clients have increasing need for help for case- management and advocacy services such as Wrap around Services, Medication Management and Emergency Services. The new Echo system does prompt and support coordinating PCP's, Emergency Contacts and Safety Plans to better protect and serve Clients.
- Staff improvement- Tow recent hires of Clinicians Laura Lee PLMHP and Kyle Brandyberry LIMHP and LADC. The transition to Echo is a learning curve for staff but promotes efficiency and compliance in the treatment process. Which is necessary to be a provider in current therapy business market. Region II is continues to provide staff with good benefits and competitive salaries. The Heartland Offices are continuing to be upgraded to provide for staff and client needs. The Region again sponsored an Activities Day/ Stress Reduction Day and promotes healthy Self-care by all staff.
- Education and training- All Region II staff are encouraged to obtain continuing education and training through attending conferences; online courses; in house workshops and brief education/ training presented by clinicians at QI following their attendance to CEU's. Areas of study this year continue to be the new Brain Based programs addressing Trauma and Addiction. Dr. Johnson Continues to provide education on new medications and trends in MEDICATION TREATMENT, SUCH AS Functional Medicine Movement and Nutrition needs in clients. Dr. Janet Barnard is Local Primary Care Physician who is directing Opioid Medication Treatment in the Region. Nebraska First Responders are now trained in and carry NARCAN to use in crisis on victims of drug overdose.

Staff will continue to look for ways to improve quality of service in all areas; mastering Echo on line records system, changes Heritage health programs, possible reduction and changes in state funding, and Medicaid Expansion.



**Quality Improvement**  
**Community Support, Emergency Support,**  
**Day Rehabilitation and Youth Care Coordination**

**2018 YEAR END REPORT**

QI meetings were held quarterly, on January 19, April 20, August 10, and October 12. 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, either prior to the meeting or at the meeting itself. File review format varied this year, from meeting to meeting, as we found new and different approaches to help us get the most out of our time together (see report for each of the meeting dates for description of the review process utilized).

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. Specifically, much time was dedicated to teaching staff to properly use the new ECHO computer system. Meetings also provided an opportunity to disseminate important educational and training information to all staff, as well as information on community resources.

Please refer to quarterly QI Reports for additional information on agenda items for each meeting as well as list of attendees and presenters. Case review 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 2019. Meeting format, as of now, will look similar to our last meeting of the year, with file reviews being performed prior to QI meeting, and then each of the selected staff people will staff one client with the whole group. Format will be adjusted as needed, to maximize the time and make it as useful as possible.

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.

## **Trauma Champions 2018**

The Region II Human Services Trauma Champions includes representation from Community Support, Emergency Support, Youth Care Coordination, Day Rehab & Day Support, Peer Support, outpatient and every location.

The Trauma Champions met quarterly to discuss ways 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. Environmental awareness was emphasized throughout the year. Changes made due to this awareness included: fixing the parking lot at 110 North Bailey, new music for all the waiting rooms, reduction of noise in hallways, air purifiers added in North Platte,

The Trauma Champions plan for staff and community trainings to promote and share the Trauma-Informed approach. Region II staff did a training with all district probation staff. Grounding tools are in all offices and well used. A Meditation Group continued at the Frontier House. Mindfulness group continued 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 is at least one therapist trained in EMDR in each location. 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 distributed to consumers at all offices; these have been very well-received by consumers.

Seeking Safety is offered at specific 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 were reviewed and will continue being considered.

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

# **System Coordination**

# Region II Human Services

## Systems Coordination: Housing

### Annual Program Report 2018

#### HIGHLIGHTS:

- ◆ No wait list for program
- ◆ Successful housing of Priority 1 and 2 clients with program
  - 34 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.
- ◆ One-Time housing funds available and utilized
- ◆ Increase in number of groups and attendance for Rent Wise
  - 10 groups of Rent Wise Training provided and facilitated by Region II Peer Recovery Facilitator
  - 22 clients completed Rent Wise
- ◆ Rent Wise training provided by Peer Specialist who is flexible with date, time and place of training to assist in participants completing curriculum
- ◆ 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
  - 12 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
- ◆ 100% of Supported Housing Voucher State Quality Improvement Access Measures met
- ◆ Case Managers were provided training on State Housing Voucher and application and Section 8.
- ◆ Collaboration increased amongst Regional Housing Coordinators

#### 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:**

- ✓ Meet Access Measures as required by the State
  - This goal is tracked and has been met monthly.
- ✓ Availability of Rent Wise Training available to all State Housing Voucher utilizers
  - Rent Wise was provided throughout the region by our Peer Specialist. Our Peer Specialist was flexible with groups, times and places of providing group training and/or 1:1 to assist each individual with every opportunity to complete the training. Total # of classes increased as well as number of persons completing the class.
- ✓ Increase number of persons served in program
  - Total number of clients served increased from 31 in 2017 to 34 in 2018.

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

In 2018 the Rental Assistance Program provided rental assistance to 34 clients.

Of those 34 assisted, 14 were receiving services on 12-31-2018. Voucher holder payments totaled \$64,664.00.

In addition to those families assisted with monthly rental assistance, 42 clients were assisted with one-time payments. 17 went on to receive monthly rental assistance payments in 2018. One-time payments totaled \$77,173.01.

Rental Assistance paid to property owners in 2018 totaled \$138,282.00.

(\$3555.00 was for security deposits; \$6536.17 was for utility payments;

\$5696.04 was for miscellaneous charges; \$18,067.95 was for substance abuse, \$0.00 transitional, \$43,317.82 rental assistance one-time, \$64,664.00 monthly voucher.)

Of the 34 households that received monthly rental assistance in 2018:

14 were still receiving assistance 12-31-2018

14 new in 2018

In 2018: 12 clients transitioned to Section 8

8 clients left for other reasons

34 new applications were received in 2018

1 new applicant was Priority 1

33 new applicants were Priority 2

We do not have a wait list. There were 4 applicants waiting to be housed on 12-31-2018.

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

- Shortage of rentals that meet consumer needs
- Limited available housing for consumers with felonies and low credit scores
- Cost of rent verses income
- Length of time that Section 8 Vouchers are available

#### **GOALS FOR 2019:**

- Meet Access Measures as required by the State
- Continue to offer Rent Wise classes throughout the region and present the material so that each client can gain the knowledge necessary to become a successful tenant.
- Increase public awareness of housing program by creating a fact sheet and/or brochure about the program that will provide information for both agencies, public, potential tenants and landlords.

#### **CLIENT SATISFACTION SURVEYS:**

Housing Related Assistance: 8 given out, 8 returned for 100%

*Question 4) The quality of my life and wellness is improving with the use of the housing voucher..*

- 8 out of 8 responded with the highest rating of 5 (very much)

*Question 7) The housing voucher has helped me avoid homelessness..*

- 8 out of 8 responded with the highest rating of 5 (very much)

*Question 8) The housing voucher has helped me live more independently..*

- 8 out of 8 responded with the highest rating of 5 (very much)

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

- 6 out of 8 responded with the highest rating of 5 (very much)
- 2 out of 8 responded with a rating of 4

**Region II Human Services**  
**Prevention System Coordination**  
**Annual Program Report**  
**January 1, 2018-December 31, 2018**

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 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> 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 major risk factors for suicide.

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.

Programs offered by Region II administer a pre and/or a post survey recommended by the program. Results are reviewed to see how attitudes and knowledge have changed since the beginning of the program. School surveys such as the Risk and Protective Factors Student Surveys are administered in many communities in Region II. Community assessments are conducted in various communities in Region II by community coalitions. The results of these surveys and assessments help measure the outcome of the programs and efforts being made each community.

Outcomes for Circle of Security Series for 2018- During the year posttests were reviewed after the completion of the 8 week sessions (1 class each quarter = 25 parents). Self-reported changes in behavior and attitude can be seen on participant surveys.

80% reported a decrease level of stress about parenting after attending the parenting series. 84% reported an increase in their confidence they can meet the needs of their children after attending the parenting series.

Outcomes for Prime for Life classes for 2018- During the year pre/posttests were reviewed after the completion of the 8 hour class (1 class each quarter = 27 participants). 26 out of 27 participants reported gaining new knowledge after taking the class. 23 out of 27 reported they will change and make low-risk behaviors vs. high-risk behaviors before the class. 25 out of 27 participants reported their attitudes have changed after taking the class (1 unknown).

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 20%.

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 2018- Approx. – 6,200 in addition to multiple radio ads, TV ads, media campaigns (Substance abuse, mental health and suicide prevention) and multiple alcohol inspections throughout the region.

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 2018, mini-grants were awarded to the following coalitions:

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

- 2018 Report attached at end of report

### Keith County Rooted in Relationships Mental Health Initiative

- 2018 Report attached at end of report

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

- 2018 Report attached at end of report.
- The Prevention Director will continue to assist with the community coalition and continue the coordination with the schools in Ogallala to implement evidence-based prevention programs to the schools. In 2018, the afterschool program held at Kids Oasis, included HALO (Healthy Alternatives for little ones). Region II provided the facilitator to teach the curriculum this school year.

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 2018, classes were held in Paxton, Ogallala's (Kids Oasis) afterschool program, Perkins Co. Elementary in Grant, NE., Big Springs Elementary and Sutherland Elementary Nebraska.

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 12-13 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. and the Middle School in Lexington, NE. in the fall of 2018.

In 2018 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. Region II Director coordinated 7 different classes that were offered throughout the region (not including classes provided by Rooted in Relationships-Dawson Co. or Keith Co.) and 45 parents attended parenting classes this year. Region II sponsored classes in North Platte, McCook, and Imperial during the year. Region II provided funding to Rooted in Relationships-Dawson Co. and Keith County to provide additional COS classes in the region.

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, behavior and emotions. There are a total of 25 different topics that can be attended in any order, as few or as many times as a person finds helpful. Dates/times can be seen on the website under the Bulletin Board.

Region II provides an alcohol and drug education class throughout the region. Prime for Life classes were offered in North Platte, Ogallala and McCook, NE. Prime for Life is an evidence-based program. Prime for Life is a risk reduction program. The main goal of the program is to help each participant in the program reduce risk for any type of alcohol or drug problem. In 2018, Region II was able to provide 15 classes and served 110 youth and adults. The Prevention Director worked with the County Attorney from Red Willow and set up monthly Prime for Life classes in McCook on a monthly basis beginning in Oct. of 2018 and will continue in 2019.

Informational brochures/education materials are produced and distributed to communities via email, Heartland Offices and community meetings. Mental Health and Suicide Prevention materials have been produced and distributed via community trainings, meetings and are available at Heartland Offices.

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 focused on "Must- B-21" media campaign.

Region II goals/activities for 2019:

- Increase the perception of risk related to alcohol use among all age groups.
- Increase the number of parenting classes 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. In 2018 a total of 110 participants attended the classes. The numbers for this class should increase due to adding an additional class on a monthly basis in McCook, NE.

- Increase the use of programs at schools to target risk factors and maximize protective factors (All-Stars and Halo). Additional schools are calling and requesting these programs.
- 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.
- 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](http://www.r2hs.com)
- Assist members of the LOSS Team as needed. The LOSS team went “live” on Dec. 1, 2018 which was a great accomplishment. Region II will work/assist with local group in forming Suicide Prevention coalition in the North Platte area in 2019.

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 was being able to implement 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 grant ended Sept. 30, 2018.

**2018 Report Dawson County Rooted in Relationships**

1/11/18-3/1/18	<b>Circle of Security- Parenting</b> 96% attendance	3	3 Parents and 6 children
2/10/18-4/20/18	<b>Circle of Security- Parenting</b> 96% attendance	3	3 parents and 9 children
2/12/18-4/30/18	<b>Circle of Security- Parenting</b> 73% attendance	5	5 parents and 11 children
2/20/18-4/10/18	<b>Circle of Security- Parenting</b> 53% attendance	4	4 parents and 5 children
4/2/18-5/21/18	<b>Circle of Security- Parenting</b> 78% attendance	5	5 parents and 7 children
4/16/18-5/31/18	<b>Circle of Security- Parenting</b> 98% attendance	5	5 parents and 8 children
9-27-18-1-15-18	<b>Circle of Security- Parenting</b> 95% attendance	7	7 Parents and 10 children
9-27-18-1-15-18	<b>Circle of Security- Parenting</b> 95 % attendance	8	8 Parents and 12 children

8 Circle of Security Parenting Classes were held in 3 communities in Dawson County. All were held in community space that was given as In-Kind.

3 of the 8 classes were given in Spanish so the diversity of the population needs could be met. The classes are not translated into Somali so that population is still not served.

4 of the 8 classes had 100% completion of the class. (If a participant missed a class they made up the work to continue with the class) The other classes had 80% or lower completion rate. The class with the lowest attendance was given to High School students.

The class, starting April 16-May 31<sup>st</sup> was given to DHHS employees over their lunch break. Each of the 2 hour classes were broke into 2 one hour classes. A box lunch was provided vs. a snack at the other classes. The objective of this class was to encourage professionals providing referrals to their clients towards these future classes. The participants raved over the class content and how the classes can benefit their clients. DHHS has recently notified us that when they refer clients DHHS can help pay for childcare.

The total average cost per participant who completed these classes was \$488 per participant. The average cost per participant who attended the classes was \$312.33.

Three of the eight classes had the Facilitator fees completely funded by Region II Health Services and a fourth-class Facilitator fee was partially funded with these same funds.

<b>Objective 1: Collaborate and Coordinate Training and Parent Engagement Opportunities</b>
<b>Accomplishments</b>
Flyers for classes were sent out through emails on our list serve to over 900 recipients. COS-P Flyers were uploaded to our Face Book page and reached 1,350 people. Twenty-two \$50 gift certificates to a local grocery store were given to participants who had perfect attendance.
<b>Challenges</b>
80% overall average of attendance was below our expectation. Inevitably there has been one person who comes to the first class and doesn't return because the class wasn't what they thought it was or they did not realize the class has 8 classes. Lack of Childcare has also been noted as a challenge to participants. So for the last two classes, we offered childcare and attendance was much higher.  Having enough people enroll has been a challenge in Gothenburg and Cozad. A minimum of 4 attendees has been a requirement set by the RiR stakeholder committee.
<b>Next Steps</b>
We will continue to offer on-sight childcare for classes in the future by partnering with Pyramid Childcare centers in 2 of the 3 possible communities. To increase enrollees, we will require facilitators to set the dates and times for the classes prior to the classes so more time can be spent advertising. The stakeholder group has discussed charging for the classes but offering scholarships for participants to request.

## **2018 Annual Report Goodall City Library (mini-grant)**

Every Tuesday morning we have a toddler preschool aged Story time this is where we sing and dance, and learn something each week then after reading a story we have a craft.

Total participants for 2018 was: 1,551 people.

Every Friday afternoon we showed a movie and the attendance was: 371

We had various Screenings from NET Nebraska PBS kids and this helped to introduce kids to different shows.

We held craft classes every Thursday during the school year

In January- April total attendees were: 157

In September-December total attendees were: 124

We held multiple new programs this year, which caused our Thursday craft attendance down as well as the School began a Thursday class.

Our Summer Reading was Music themed "Libraries Rock".

We had 2 different class times for our Summer Reading curriculum during June and July.

Newborn-1st grade; 2nd-6th grade

We had guests come in to see the kids:

Bob Joser-music instruments

Read into Nutrition w/ Meagan

The total number of people that attended during the months of June and July were: 632

May 31<sup>st</sup>, there was a Dance walk-a-thon at the HS Track to kickoff Summer Reading Program, the number of people that attended was: 16

We also joined with ORAC to have Jeanie Bl and the String beans for a concert in the square and the attendance for that was: 200

264 kids signed up for reading books, with a total of 4941 books read.

We did a reading bingo and there were 121 cards turned in

I turned in 115 names for the NEST scholarship in conjunction with SRP with our library

Total attendees for SRP: 848

Our 4th annual Harry Potter Book Night was held in February 2018 and we had 73 people attend

We anticipate more in 2019.

Yearlong Homeschool Group: 85 attendees

4 Friends of the Library Fridays- 25 attendees

February- 2018-Pinkalicious: 58

March- Dairy Queen Storytime: 45 attendees

April- Earth Day Speaker: 26

July-Curious George: 120

May- Star Wars: 23

August-Fairy Tale party: 34 attendees.

September-Daniel Tiger: 12

October-Halloween: 125

October- Slime making: 83

November-Winter Tea Party: 26

December- Pajama Party: 64

Adult events/crafts:

February-Scrubbies Craft: 5

March- Sugar Scrub: 13 attendees

March- Bingo! 11 attendees

October- Halloween Wreaths: 13

November- Winter themed Wreaths: 19 attendees

December- DIY Dot mugs: 36 mugs.

Crochet Classes-26 with 96 attendees

Starting in August we began a canvas paint class monthly: 39 attendees

Adult Summer Reading:

July-Bingo! At the Fair: 41

August- Orphan Train: 30

Humanities Insight @ your library

We have a roughly 25 attendees each week between the two days.

Total for the year we have had 848 attendees.

We did a reading bingo in July and August and there were 126 cards turned in

**2018 Keith County Rooted in Relationships Annual Program Report (Region II Mini Grant)**

Date(s)	Training Topic/Description	# in attendance	Audience (Parent, Professional, etc.)
1/15/18 – 3/5/18	Circle of Security Parenting Series	3	Parents
1 / 2 3 / 1 8 -3/13/18	Circle of Security Parenting Series	13	Parents
3/18/18 – 5/5/18	Circle of Security Parenting Series	8	Parents
4/3/18 – 5/29/18	Circle of Security Parenting Series	5	Parents
1/30/18	Understanding the Culture of Poverty	37	Professionals
3/15/18	Pyramid Training Module 3 (part 1)	20	Professionals
3/20/18	Pyramid Training Module 3 (part 2)	20	Professionals
4/9/18	An Evening with Julia Cook	90	Professionals, Community
6/9/18	Pyramid Training Module 4	16	Professionals
7 / 1 8 / 1 8 – 8/26/18	Circle of Security Parenting	5	Parents
10/29/18– 12/17/18	Circle of Security Parenting	9	Parents
9/11/18 – 10/16/18	Positive Behavior Support for Parents	27	Parents, Children
11/6/18 – 12/11/18	Positive Behavior Support for Parents	28	Parents, Children
8/8/18	Foster Grandparents Association Training (Brain Architecture Game)	15	Community, Professional
9/8/18	Nature Explore Training (Provider participation sponsored by Rooted in Relationships)	35	Professional

10/22/18	Developmental Screening Training	17	Professional
10/27/18	Pyramid Model Training (Module 1 & 2 Booster)	18	Professional
<b>Date(s)</b>	<b>Event Topic/Description</b>	<b># in attendance</b>	<b>Audience (Parent, Professional, etc.)</b>
2/3/18	Focus Groups (3)	16	Parents
2/13/18	Focus Groups (5)	27	Professionals
2/26/18	Keith County Foundation Presentation	28	Community
2/19/18	Ogallala Public Schools School Board Presentation	12	Community, Professionals
7/23/18	Rooted in Relationships Provider/Parent Picnic	88	Parents and Children
8/14/18	City Council Presentation	9 participants	Community/Professional
8/15/18	County Commissioner Presentation	8 participants	Community/Professional
8/24/18	Optimists Presentation	1 3 participants	Community/Professional
9/11/18	St. Paul's Lutheran School Presentation	7 participants	Community/Professional
11/20/18	Dundy County Leadership Team Presentation	1 1 participants	Community/Professional
12/21/18	Optimists Presentation	1 0 participants	Community/Professional
7/1/18 – 12/31/18	Public Facebook Page sharing information and events.	41 followers	Community, Professional, and Families

**Circle of Security Parenting Classes:** 6 Classes were held in Ogallala. Each class has 8 sessions. All of the classes have completed their 8 sessions.

Attendance is taken at each meeting to help measure success. Participant surveys were completed at the first session and upon the completion of classes. This allow for evaluation of how the participants measure the change that occurred within themselves because of the class. Monroe Meyer completes a complete evaluation for Keith County Rooted in Relationship Circle of Security Classes and this information will be submitted when it is completed.

## CHALLENGES:

One challenge is increasing participation in each series. We would like to recruit additional participants for each series. Another challenge is to provide the Circle of Security classes when they are needed within the county. We had several inquiries of the class after they had started. We have attempted to address this by planning an entire year of classes and publicizing this list to the community and to agencies that support families. We would also like to offer classes in Grant and Paxton. We attempted a series in Paxton, but, unfortunately, we weren't able to get enough participants registered.

We do try to vary when we offer classes throughout the year – weekday events, weekday lunch, and weekends. We also have a consistent registration method and contact to try to encourage registration.

**Region II Human Services**  
**Disaster Behavioral Health**  
**Annual Program Report**  
**January 1, 2018- December 31, 2018**

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 to first responders/communities/agencies/schools.

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

Continue to work with the Emergency Manager in Lincoln County and the current MRC coordinator as needed. The 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 employees have credentialing badges. Continue to offer Psychological First Aid training and sign up new volunteers with MRC.

Region II is involved with the Local Emergency Planning Committee (LEPC), the Nebraska Plains Healthcare Coalition, the Southwest Planning Exercise and Training Region (PET) and the Southwest LEPC.

The Disaster Behavioral Health Coordinator is involved in the following, but not limited to:

- Quarterly Regional Disaster BH Response Coordinators calls.
- Center for Preparedness Education Courses and stay up to date.
- MRC steering committee meetings when scheduled.
- Provides brochures and educational materials to communities in regards to 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/ licensed mental health Therapists are current and up to date.
- Disaster Assistance Kits (grounding tools) are available at each office location.

2018 activities/events in the region:

- Active Shooter Training on July 11, 2018- Nebraska Department of Labor, 600 E. Francis, Suite 9, North Platte, NE. The training provided the audience an understanding of the behavior indicators and signs to detect individuals that may be on the path towards violence. The training will educate on organization and the public on best practices to effectively plan, mitigate, respond and recover to an active shooter incident.
- CRAKE- (CIVILIAN RESPONSE TO ACTIVE KILLER EVENTS) on June 11, July 9, or August 13, 2018 at Mid-Plains Community College, Ogallala Campus. This was a 2-hour, instructional course that focused on how to stay safe in the event of an active shooter situation. Trainings are for civilians/business employees to provide information, raise awareness and train on steps that can be taken to increase their safety.
- MERRTT Training Class- (Modular Emergency Response Radiological Transportation Training) in North Platte, NE. Saturday August 11, 2018.

Goals:

- Updating The Region II Behavioral Health All-Hazards Disaster Response and Recovery Plan in 2019 and as needed.
- 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.

2019 Upcoming events:

- Region II will host and provide a facilitator to assist the Nebraska Public Policy Center with Psychological First Aid training (PFA) and a Training of the Trainer (TOT) on May 30-31, 2019 in North Platte, NE.
- Tentative plans set up for Hazmat drills/exercises in North Platte, NE.
- Tentative plans discussed on having a Foreign Animal Disease (FAD) Exercise and the transportation/decontamination of livestock.
- The North Platte Airport's 3-year required exercise will be held on August 24, 2019. The Airport will also have the fire simulator back Aug. 20-24th for North Platte Fire Dept. and volunteer mutual aid to work with.
- Tentative plans for the airport to have an exercise dealing with a pandemic- dealing with a plane landing in North Platte due to illness. The local Health Department (WCDHD) has guidelines and would like to work on this as well.
- Tentative plans discussed for the airport to have an active shooter exercise later in the year.
- Great Plains Disaster Behavioral Health Conference in Omaha, NE. in the summer of 2019.
- Participate in quarterly Regional Disaster BH Response Coordinators calls.

# Region II Youth Systems Coordination

YEAR 2018

## *Highlights of the past year:*

- Participated 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 and Lexington
- Participated in all Professional Partner meetings
- YCC staff are trained in and provide Trauma Informed care
- Adolescent Seeking Safety groups were offered in Ogallala, McCook, Lexington and North Platte
- Participating in Through the Eyes of the Child meetings in North Platte, Ogallala, McCook and Lexington
- Participate in all local Systems of Care meetings in Ogallala, McCook, Lexington and North Platte
- Youth Care Coordination staff attend youth related community meeting throughout Region II

## *Transition Team Meetings*

Meetings were held in Lexington, Ogallala, McCook and North Platte with the goal of tracking transition age youth as they move into adult services. Agencies involved in staffing- Region II, PALS, District 11 Probation, DHHS, Vocational Rehabilitation, Bridges to Independence, local school

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

Youth Care Coordination staff participated in re-entry meetings with Boys Town, YRTC Kearney, YRTC Geneva and Substance Abuse Treatment Facilities occurred throughout the Region. Transition planning occurred for youth returning to their community.

## *Challenges/Unmet needs:*

Communication when staffing transition age youth with substance abuse continues to be a challenge. We encourage all agencies involved in Transition Age staffing to have the correct release of information signed.

## *FY 2019 Youth System Coordination Goals*

- 1) *Participate in Regional and Statewide Youth System Coordination meetings*
- 2) *Collaborate with community-based partners at regional meetings such as 1184, Through the Eyes/Court Improvement, Systems of Care and community based meetings to address behavioral health needs of youth in Region II*
- 3) *Work with community-based partners and providers on co-occurring capacity services for youth*
- 4) *Coordinate community based Transition Teams in McCook, Ogallala, North Platte and Lexington*

**2018 Regional Consumer Specialist Annual Report** Nancy Rippen & Corey Brockway

Regional Consumer Specialists provide Consumer Initiative Services in Mental Health, Substance Use Disorder, and/or Dual Diagnosis for consumers, family members, and various support groups.

Education and awareness, in the areas of wellness and recovery, continued to be our focus in 2018. Regional Consumer Specialists utilize the Intentional Peer Support Model, (IPS) by Sheri Mead.

Wellness Recovery Action Plan (WRAP) is an evidence-based program utilized by Regional Consumer Specialists. WRAP encourages a self-directed approach to wellness. WRAP is facilitated throughout Region II.

2018 marks the 12<sup>th</sup> year of Consumer Initiative Services in Region II, with Nancy Rippen and Corey Brockway.

Regional Consumer Specialists are members of the transition teams which meet with consumers at the Substance Use Disorder, Mental Health, and/or Dual Diagnosis treatment centers locally and state wide. These are opportunities to connect with and educate consumers about community resources and supports that are available in Region II and statewide.

Local safe sober living environments were a need for many years. In 2018, there continued to be 3 men's sober living homes and 1 women's home in Region II.

We will continue 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 consumers and state representatives to reestablish mental health support groups like NAMI and MHA.

Corey Brockway facilitates men's groups that are available in North Platte, McCook, Lexington, and Ogallala.

Nancy Rippen continues weekly wellness support groups at Great Plains Regional Medical Center's Behavioral Health Unit.

Regional Consumer Specialists presented information, about our services, to the Region II Governing Board and Region II Advisory Committee. Regional Consumer Specialists attend quarterly Region II Advisory Committee meetings.

Nancy Rippen continues to act as the Region II consumers' 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.

Nancy Rippen and Corey Brockway are attending quarterly Regional Consumer Specialists meetings hosted by the Department of Behavioral Health, Office of Consumer Affairs.

Region II continues a commitment to a Trauma Informed Care Culture. The Trauma Informed Care Culture is kept at the forefront by the Trauma Champions team which Regional Consumer Specialists are members.

The Seeking Safety philosophy and support groups have continued. When physical and emotional safety is present better recovery outcomes are possible.

An ongoing challenge and goal, of the Regional Consumer Specialists, is to look for opportunities to offer consumers a worldview that is hope based instead of fear based, for those that choose.

Nancy continues to facilitate Rent Wise classes. Rent Wise Classes help consumers become better tenants and decrease the incidence of eviction.

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

#### **Goals for Regional Consumer Specialists in 2019**

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

Continue to improve our active listening skills, while practicing reflection, will support consumers 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 consumers or state representatives that would be interested in reestablishing a mental health support group such as NAMI or MHA.

With holistic health being vital to recovery, Regional Consumer Specialists will look for opportunities to promote a holistic recovery.

# Contracted Programs

## REGION II ANNUAL REPORT (CALENDAR YEAR 2018)

### Touchstone

#### Short Term Residential Substance Abuse Treatment Center

#### Lincoln NE

#### Program Overview

Touchstone is a 20-bed, coed, Short Term Residential Recovery Program that serves individuals with diagnosed substance use and co-occurring mental health disorders. The program is licensed by the Nebraska Department of Health and Human Services and is accredited by CARF, the Commission on Accreditation of Rehabilitation Facilities. Touchstone is a collaborative venture run jointly by two agencies, Houses of Hope, the primary fiduciary, and CenterPointe.

The Touchstone facility is located on the first floor of CenterPointe's Administrative building, at 2633 P Street, in Lincoln, Nebraska. The Touchstone staff consist of a Program Director, three Therapists, a Registered Nurse, an Admissions Coordinator, a Care Manager, a Technician Supervisor and 14 total Behavioral Health Technicians. We are staffed 24 hours a day seven days a week, and abide by a 1:8 staff ratio during waking hours.

The Touchstone Recovery Program meets the standards for ASAM Level 3.5, Clinically Managed High-Intensity Residential Services. The typical length of stay in this program is 35-42 days, and is always individualized with the needs of the specific individual taken into account. The mission of the program is to "to create a lasting, positive, recovery-initiating experience for each individual served."

#### Referrals from Region II

Touchstone had a total of 79 individuals referred for treatment services this calendar year from Region II. This was an increase from 67 individuals referred during the 2017 calendar year, an increase of nearly 18%.

Outcome of Referral	Number	Percentage
Admitted to Program	33	41.8%
Approved - Declined Services/No Contact	27	34.2%
Ineligibles	6	7.6%
Approved but Found other services	4	5.1%
Court denied release from jail	4	5.1%
Denials	4	5.1%
Approved Scheduled and No Show	1	1.3%
Totals	79	100%

In the above chart, the outcome of the 79 individuals referred to treatment from Region II are broken down. The largest percentage of individuals served from Region II were admitted into the program (41.8%). Despite the 18% increase in referrals from Region II this year, less individuals were admitted overall, 33 compared to 46 in 2017. The reason for this decrease is not immediately apparent. However, more can be done in order to maximize the number of individuals admitted who are referred, primarily through efforts to maintain more consistent contact with those individuals. There were a total of four denials, two for legal history, one for not being psychiatrically stable, and one for recent aggression. Going forward, effort should be made to minimize denials, so that they are less than 5% of annualized referrals.

### Characteristics of Individuals Served

There were 33 individuals served from Region II in calendar year 2018. Those individuals spent an average of 22.9 days on the waitlist prior to their admission.

Characteristics of Individuals	Number	Percentage
Gender: Female	12	36.4%
Gender: Male	21	63.6%
Race: White (Non-Hispanic)	26	78.8%
Race: White (Hispanic)	6	18.2%
Race: American Indian/Alaska Native	1	1.1%
Age: 19-25	4	12.1%
Age: 26-45	23	69.7%
Age: 46-65	6	18.2%
Age: 65+	0	0%
Education: Less than 12 Years/GED	8	24.2%
Education: 12 Years/GED/HS Diploma	19	57.6%
Education: At least Some College	6	18.2%
Employment: Employed Full-time (35+ hours)	3	9.1%
Employment: Unemployed and Looking	20	60.6%

Employment: Unemployed and Not Looking	10	30.3%
Priority Status: Intravenous Drug User	10	30.3%
Priority Status: Mental Health Board	4	12.1%
Priority Status: None	19	57.6%
Funding: Region II	29	87.9
Funding: Medicaid	3	9.1%
Funding: Probation Voucher	1	3.0%

The Touchstone Recovery Program has the ability to serve both men and women and alter the number of individual men and women served at any given time. Traditionally, the program has operated with 14 men and 6 women in the program at any time, but there is the possibility of changing this ratio to 11:9, which can be done depending on the characteristics of individuals referred to the program. The population served from Region 2 was almost exclusively white, with the majority being non-Hispanic. The average age of an individual served from Region 2 was 35.1 years. The vast majority of individuals have no college experience, but most do have at least a high school equivalency. Few of the individuals served were employed while in residential treatment. The majority, however, were actively seeking employment. There was a significant number of those admitted into the program that were IV drug users, and four mental health board commitments from Region II in calendar year 2018. Funding for the majority of individuals served from Region II came from State Behavioral Health funds, although efforts could be made to expand acceptance of other alternative payers.

### Treatment Episode Outcomes

The Touchstone Recovery Program had 33 unique treatment episodes for individuals from Region II in the calendar year 2018.

Outcome of Treatment Episode	Number	Percentage
Left Against Professional Advice	7	21.2%
Terminated by Facility	2	6.1%
Transferred to Another SUD/MH Program	5	15.2%
Completed Successfully	18	54.5%
Incomplete (Still in Service on this Date)	1	3.0%
Totals	33	100%

Overall 18 individuals or 54.5% of individuals from Region II successfully completed treatment in 2018. Although this number is comparable to the percentage from 2017, it is lower than previously.

In addition, it is seen as being lower than it should be. Efforts should be made into the next year in order to increase the percentage of those who begin treatment episodes who complete those programs successfully.

### Individual in Service Perceptions of Care

17 individuals served from Region II completed a Perceptions of Care Survey in 2018. Throughout 2018, the survey was given to individuals as they leave the program, and available to them on computers to be completed at any time.

Question	Agree (%)	Disagree (%)	No Answer (%)
Satisfied with Touchstone Overall	15 (88.2%)	1 (5.9%)	1 (5.9%)
Would Return to Touchstone if Needed	16 (94.2%)	1 (5.9%)	0
Would Recommend Touchstone to Family/Friend	16 (94.2%)	1 (5.9%)	0

Overall, Touchstone had an 88.2% satisfaction rating of their treatment stay amongst individuals from Region II. Patterns noticed within the Perceptions of Care Survey indicated that of the 17 individuals who completed the survey, almost every question was answered positively by every individual, except for one, who consistently answered negatively across the majority of the domains. Overall, Touchstone is changing how individuals in service Perceptions of Care are measured going into the next calendar year. A monthly snapshot of Perceptions of Care will be taken with every individual in service on the second Tuesday of each month. This information will be utilized by our newly created Continuous Quality Improvement team in order to make more timely adjustments to our program based upon the feedback from this survey.

**Post-Treatment Follow-Up Questions** Touchstone completes follow up surveys with individuals served and/or their family members between 30 and 90 days post discharge. This follow up survey is done by the Care Manager and analyzes several outcomes. During the calendar year 2018, there were a total of eight follow-up surveys that were completed, all between the months of July and December. Starting in July, this information began being tracked in our electronic health record, instead of on paper. It is unclear what was done with the prior paper copies that were done of surveys completed prior to July, 2018.

Question	Yes (%)	No (%)	No Answer (%)
Have you used substances in the last 30 days?	1 (12.5%)	7 (87.5%)	0
Have you been homeless in the last 30 days?	1 (12.5%)	7 (87.5%)	0
Have you been in jail in the last 30 days?	0	8 (100%)	0
Have you been hospitalized in the last 30 days?	0	8 (100%)	0
Have you attended AA/NE since your discharge?	7 (87.5%)	1 (12.5%)	0
Have you attended counseling since your discharge?	6 (75%)	2 (25%)	0
Have you felt like your life has improved?	8 (100%)	0	0

There are several limitations to the above data. The first is the limited size of the sample, being only eight individuals. In addition, there is an implicit self-selection bias that occurs when doing follow-up surveys, in that those that are doing well are more likely to participate. Going forward, it would benefit the program to track more extensive information than just Yes/No questions, and to have a better system for tracking discharges post-treatment.

### **Utilization**

The Touchstone Residential Recovery Program billed Region II a total of 964 units during the calendar 2018 year. This is beneath our contracted number of units, which for FY2018 are 1385. Over the course of the next year, we will attempt to increase our utilization of those contracted units.

### **Analysis**

At the end of the Calendar year 2018, Touchstone underwent a change in leadership, welcoming in a new Program Director. As a result of this change in leadership, it is difficult to provide substantial narrative from the 2018 calendar year. There is, however, much that can be gleaned from simply analyzing the data that was gathered for this report.

### **Challenges**

The biggest challenge for the Touchstone Residential Recovery Program in 2019 is likely going to be reviewing its processes and procedures. With a change in leadership, the program is looking to improve in many facets of its overall functioning. Some of the specific plans for Quality Improvement include:

1. Increasing overall bed utilization for the Touchstone Residential Recovery program from 80% to 92%.
2. Increasing the completion rate of individuals in service from 55% to 80%.
  - a. Increasing the number of Perception of Care Surveys completed to a minimum of 20 per month. Maintaining a minimum of 90% Satisfaction with services on this survey.
3. Increasing the number of Follow-Up Surveys completed to a minimum of 15 per month.

### **Conclusions**

The Touchstone Short-Term Residential Recovery Program is revitalizing how it cares for the individuals in its service. The program is beginning a six-month project which will revamp the lived treatment experience for individuals, to include providing more evidence-based groups, increasing the individualized nature of clinical decision making, and increasing the programmatic autonomy of individuals in service to make relevant choices about their treatment and recovery. One of the challenges in overhauling the program in this way is tracking the outcomes of the change. As such, the Touchstone program has established a Continuous Quality Improvement committee that will be tracking monthly progress along the above stated goals, along with tracking the measurement tools that are being utilized, honing them in order to gather more relevant data for us to use in this endeavor. It is the expectation that the 2019 report will have significantly more data, as well as more encouraging data.

## **Region II Program Evaluation For 2018**

### **Great Plains Health**

#### **Behavioral Health Unit**

In 2018 Great Plains Health Behavioral Health worked with Region II on better communication with the Behavioral Health unit and the Emergency and Community support program. We needed to improve communicating so that we could ensure that patients that already had the services with Region II were getting what they needed and also that patients that needed the services were getting referred. The communication has greatly improved and workers are even able to meet with patients before the patients leave the unit which helps with continuity of care.

Our Psychiatrist has also worked with Region II on the Suboxone program and it has been very successful.

We continue to work with Region II on the EPC process and the number of EPC patients we are getting to make that as smooth as possible and things seem to be going well in that area. We had 183 EPCed patients in 2018 and of those 183, 40 were placed on an inpatient commitment.

Our biggest struggle with our patient population is lack of higher level of care placement, whether that is residential placement or the State Hospital. This seems to be an ongoing issue and is a problem not only across the state of Nebraska but in other states as well.

In 2018, Goodwill Industries of Greater Nebraska celebrated our 50<sup>th</sup> anniversary. Employment and Career Services (E&CS) faced a major challenge this year with Nebraska VR implementing an order of selection process. However, through a strong partnership with Region II, we were able to continue to help many individuals in Supported Employment services to obtain and maintain employment.

**Number served in Employment and Career Services (January 1, 2018-December 31, 2018):**

	2011	2012	2013	2014	2015	2016	2017	2018
North Platte	53	93	100	104	84	117	112	94
Lexington	40	35	27	39	54	55	59	43
McCook	9	16	13	13	18	31	41	35
Ogallala	3	8	7	6	2	9	10	11
<b>Total</b>	105	152	147	162	158	212	222	182

**Goals met in Employment and Career Services:**

- Increased the number of individuals in Region II who received benefits planning services.
- Acquired funding for benefits planning services through the Division of Behavioral Health for individuals who do not qualify for Nebraska VR.
- Established reliable and secure video conferencing capabilities.
- Developed a new training system for new hire and ongoing training.
- Acquired new space in McCook and North Platte to provide a more welcoming and confidential environment.
- Although we served 40 less individuals, we increased our number of placements by 15 from 2017 to 2018 and maintained a strong number of Successful Outcomes. (See below-measured by the federal fiscal year of October - September).

**Successful Outcomes:**

	7/8	8/9	9/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17	17/18
North Platte	17	8	11	16	21	23	22	20	22	23	18
Lexington	10	5	1	12	13	8	5	8	12	9	11
McCook		0	1	4	4	8	3	1	2	7	8
Ogallala*								2	0	5	1

Total	27	13	13	32	38	39	30	31	36	44	38
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\*Counted with McCook until 14/15.

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

- Staff meetings and manager meetings continue to be strong and appreciated in Region II.
  - Enhanced abilities to meet with remote sites through video conferencing.
- Access and responsiveness of Community Support workers has remained strong in 2018, which improves client care.
- Trainings offered by the Region are beneficial to staff development.
- 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. With the onset of Nebraska VR’s Order of Selection process that began in April, 2018, this ability to continue to serve has allowed us to support 115 individuals in 2018 who otherwise would not have been eligible for Supported Employment (see chart below).

	2011	2012	2013	2014	2015	2016	2017	2018
Numbers Served	8	20	19	19	54	87	69	115
Numbers Placed	3	16	16	11	17*	33*	17*	39*

*\*These are the numbers of individuals we received placement payments on. This does not account for individuals served who entered services already employed. Please note 47 of the 115 entered services in the last 6 months.*

**Satisfaction Survey results:**

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

2011	2012	2013	2014	2015	2016	2017	2018	
NA	NA	NA	NA	NA	NA	88%	94%	believed they had timely access to services.
93%	99%	98%	99%	99%	95%	91%	94%	believed they were an active part in developing their employment plan.
99%	99%	99%	99%	100%	100%	99%	99%	believed they were treated with dignity and respect.
96%	98%	97%	98%	98%	98%	95%	96%	believed the goals on their employment plan were meaningful to them.

83%	85%	85%	85%	91%	93%	95%	92%	believed there has been progress in reaching their employment goals.
97%	99%	99%	99%	98%	99%	97%	97%	believed their Employment Specialist was available to help meet needs.
NA	NA	88%	89%	93%	96%	90%	92%	believed their quality of life has improved since starting E&CS.
NA	NA	NA	NA	NA	NA	97%	96%	would recommend this service to a friend.
96%	99%	99%	99%	92%	99%	97%	96%	are satisfied with the Behavioral Health Employment Program.
58%	64%	78%	62%	56%	40%	26%	42%	Percentage of participants whom completed the Participant Satisfaction Survey.

### **Unmet needs and possible solutions:**

- Continued need to fund necessities for individuals served (clothing, phone cards, doctor visits, medication, car insurance, housing, utilities, ID's, birth certificates, etc.) to enhance abilities to be successful in employment.
  - Continue to collaborate with community agencies, Nebraska VR and Region staff to meet the financial needs of individuals served.
  - Continue to analyze ability of and utilize work incentives (Plan to Achieve Self Support, Impairment Related Work Expenses, etc.) for individuals who receive Social Security benefits.
- 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.
- We had an increased number of individuals who did not engage in services or disengaged early from services. We believe this was due to several factors including, but not limited to inappropriate referrals; duplicative, lengthy intake paperwork; and generational factors.
  - Continue to work with referral sources to educate on appropriate referrals.
  - Screen referrals prior to intake to ensure appropriateness.
  - Work with the Region to collect as much intake information as possible so as not to repeat questions.
  - Provide training on engagement and working with various generations of individuals served.
- The administrative workload has increased greatly due to enhancements to the Employment Tab in the Centralized Database System. Information requested is duplicative and does not flow well.
  - We will continue to provide feedback to the Division of Behavioral Health regarding the CDS.

### **How Region II can help with unmet needs:**

- Continue to problem solve and work collaboratively with Goodwill.
- Advocate with the Division of Behavioral Health to streamline information in the employment tab and to enhance the Centralized Database System to allow

information sharing so individuals in multiple services do not have to repeat information to multiple provider agencies.

**What we need from Region II to better serve participants:**

- Would be beneficial to individual’s served for community support workers to regularly attend presentations of benefits analysis.
- Continued advocacy and support from Region II to ensure access to Supported Employment services due to Nebraska VR’s order of selection process.

**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	2018	Responses:
72%	80%	94%	81%	73%	80%	86%	80%	Yes
20%	10%	0%	2%	10%	0%	0%	0%	No
8%	10%	6%	17%	17%	20%	14%	20%	Some
40%	35%	29%	40%	42%	42%	26%	11%	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.



## 2018 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.

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### 2018 CONSUMER DATA

- 361 units of service were provided to Region II consumers (*983 in 2016*)
- 0 Medicaid eligible consumers served
- 3 Region II consumers served during 2018 (*10 in 2017*)
- 2 Region II consumers were discharged during 2018 (*9 in 2017*)
- 1 of those admitted in 2017 is still receiving services in 2018
- 104 days for average length of stay for 2018 (*177 days in 2017*)

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### 2018 CONSUMER DEMOGRAPHICS

- All consumers were male
- Average age of persons served: 40 years old
- Ages served ranged from: 26-55 years old
- Race
  - 100% White
  - 0% Native American
  - 0% African American
- Ethnicity
  - 0% Hispanic
  - 100% Non-Hispanic
- Marital Status
  - 0% Divorced
  - 100% Never married
  - 0% widowed
  - 0% married
  - 0% separated
- Primary/Drug of Choice
  - 67% Alcohol
  - 33% Methamphetamine
  - 0% Marijuana/Hashish
  - 0% Opiates
  - 0% Other
- Secondary/Drug of Choice
  - 67% Marijuana/Hashish

- 0% Methamphetamine
- 0% Opiates/Synthetics
- 0% Alcohol
- 0% Other
- 0% N/A
- 33% had a history of IV drug use
- 100% had a secondary mental health diagnosis
- 67% of consumers served had histories of trauma

**2018 HALFWAY HOUSE PROGRAM SERVICE GOALS AND OUTCOMES** (based on the 2 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"> <li>▪ 100% improvement               <ul style="list-style-type: none"> <li>○ 50% discharged with significant improvement</li> <li>○ 0% discharged with moderate improvement</li> <li>○ 50% discharged with slight improvement</li> <li>○ 0% discharged with no change</li> </ul> </li> </ul>
75% of consumers will obtain employment.	<ul style="list-style-type: none"> <li>▪ 50% of consumers were employed at discharge</li> </ul>
75% of consumers will have an improved housing option at discharge	<ul style="list-style-type: none"> <li>▪ 100% had housing at discharge</li> </ul>
75% of consumers will be discharged sober.	<ul style="list-style-type: none"> <li>▪ 100% of clients were sober at discharge</li> </ul>

**2018 EFFECTIVENESS** (info specific to Region II consumers discharged during 2018)

- 17.75 point average increase in consumers DLA scores (up from 17.5 in 2017)
- 2 consumers were discharged treatment complete (8 last year)
- 0 consumers left prematurely, or against staff advise
- 0 consumer was administratively terminated
- 1 consumers were employed at discharge
- 2 consumers were discharged to stable housing

For the 2 discharges in 2018: Both clients maintained sobriety during their entire treatment episode. Due to the physical restrictions related to one of the clients, he was unable to maintain employment throughout his treatment and ended up transitioning back home, with his family. We had contact with family members of each of the persons served. One individual is still and services and is on track to graduate. He has made significant improvement and is in the process of transition planning to a ¾-way house for ongoing care.

**2018 CONSUMER SATISFACTION** (satisfaction survey info specific to Region II consumers)

N=4	Strongly					Collapsed responses		
	Agree .....		Neutral .....	Disagree.....		Agree	Neutral	Disagree
	Agree	Agree	Neutral	Disagree	Disagree			
1. If I were in need of help again, I would return to Houses of Hope	100%	0%	0%	0%	0%	<b>100%</b>	0%	0%
2. I would recommend Houses of Hope to a friend or family member	100%	0%	0%	0%	0%	<b>100%</b>	0%	0%
3. My counselor is respectful and helpful	100%	0%	0%	0%	0%	<b>100%</b>	0%	0%

Although we have served 4 clients during the 2018 FY, the Consumer Satisfaction Survey is given out quarterly, which is why there are 4 responses. Overall, all responses continue to improve and have been a positive reflection that Region II clients have been quite satisfied with their services at Houses of Hope. Due to the small number of responses, the following data allows you to see the overall statistics for all clients at Houses of Hope: “If I were in need of help again, I would return to Houses of Hope”=97%, “I would recommend Houses of Hope to a friend or family member”=95%, and “My counselor is respectful and helpful”= 98%.

The positive feedback from clients include “I am thankful for this program”, “great experience, I have many resources here that I can utilize”, “I’ve never felt better.”

**2018 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. Region II is open to feedback from providers and it is appreciated.

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 an area we could continue to improve on.

**2018 CHALLENGES/UNMET NEEDS**

There has been a decrease in utilization over the last year (983 in FY2017 to 361 in FY2018). We have received a decrease in referrals, transitioning from short-term residential treatment to Houses of Hope's Halfway House. Although we are aware there has been an increase in sober living houses that have become available in Region II, it is disappointing our referrals have decreased. Below is the overall stats of how Region II clients have benefited from the Halfway House services over the last four years, as well as the progress our agency has made in supporting individuals in recovery. If there is anything we can do on our end to provide ongoing support to individuals in their recovery, please let us know.

	2018	2017	2016	2015
Total # of clients during FY	2	9	8	6
DLA-20	17.75	17.5	5.125	-
Treatment Complete	100%	89%	63%	67%

Over the last year, Houses of Hope hired a new counselor. The transition from former counselor to the current counselor can be difficult. The counselor was able to gain rapport with clients quickly and continue their treatment as they move forward in their recovery.

All clients who were served during the 2018 FY had a mental health diagnosis. Co-occurring diagnoses, coupled with transitioning to a newer community can be difficult. Our case manager has been diligent in working with clients on medication management. Counselors have been proactive in aiding stabilization and coping, through utilization of evidence-based practices (e.g., DBT, CBT, Motivational Interviewing).

One of the biggest challenges we commonly see with client's who are from a smaller community, is the adjustment to the bigger city. Of our clients who do not have transportation, the bus system can be very intimidating, thus reducing job opportunities that require commute. We strive to meet each individual where they are at, during their transition into recovery.

If a client does not have transportation and has court or other therapeutic absence requests in the Region II area, coordinating transportation can be difficult. Clients have been able to problem-solve this. At times, HOH has had to rely on the train system, which increases time away from services.

Houses of Hope continues to improve contact with family and friends of individuals who are receiving services, to coordinate care (via phone). We will strive for more face to face contacts with family when possible.

## 2018 QUALITY IMPROVEMENT GOALS

- *CARF- In June 2018, HOH had a CARF audit and received a 3-year-accreditation. There were no recommendations—which is rare. Although there were no recommendations, HOH continues to evaluate how services can be improved to best serve our clients.*
- *Use of Electronic Medical Record (EMR) – HOH continues to adjust to Credible. Through the EMR, we have been able to gather data and build a baseline to evaluate data for further goal-setting. HOH has been working with H4 Technology to create a more fluid experience of automation of data from the Credible to the Centralized Data System (CDS).*
- *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. This year, HOH will re-evaluate the COMPASS EZ/ TIC Assessment, assess the outcomes and formulate future goals.*
- *Improve inclusion/utilization of TIC domains - Met this goal – HOH created a formal safety-committee which is meeting several times a quarter to evaluate needs of the Halfway House program. HOH implemented the PCL to determine PTSD symptoms at admission versus discharge. Staff will need to improve gathering the outcomes at discharge. HOH will 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 Outcomes, 2018 at CenterPointe's Long term Co-Occuring Residential Program**

During the calendar year of 2018, a total of 5 clients were in treatment at our program. We billed for 302 units this calendar year. One was a Medicaid client, male who had extensive medical issues that kept him from completing treatment. He was hospitalized for 7 days of his 26 day stay. He was discharged with the hope that his medical issues would be stabilized and he would return to the program. He was unable to return to us, but would be prioritized if he is stable and wishes to return to our program.

One female completed the program with her stay starting in 2017 and graduating on April 26<sup>th</sup> with a length of stay of 300 days total, 116 in 2018. This young woman had great difficulty finding housing and Region II helped her with deposit and first month's rent to facilitate the process. She worked part time and continued to work, participate in outpatient counseling, case management and medication management until the end of November, 2018. Her case was closed when she decided to move to a small town to be closer to family.

Another male's stay was 92 days when he left the program due to a relationship with a female peer. He did not return to Region II, but traveled around the country at last report.

Currently, we have two male clients that started their treatment in the fall and early winter who continue in the program. Both are doing well and are expected to graduate. One will return to Region II and live with a family member and the other plans to relocate to Lincoln.

### **CQI**

The program continues to strengthen our Dialectical Behavioral Therapy focus. Staff have continued to participate in training that was provided to our staff through Region VI in order to train staff at our Campus for Hope campus. We have had 3 skills group per week for the last 3 years and this year added a homework group which adds a more hands on experience for the clients.

During this year we implemented a more clinically focused training protocol for Behavioral Health Technicians (BHT). New staff meet with clinical team members so they understand the meat of the program. In addition, they attend DBT skill building groups and sit in on team reviews of clients and lunch with the clinical staff. This has improved the relationship between the clinical team and the the BHTs.

Late in the year we were able to hire a peer support specialist. His name is Chris Preston and he started with us in December of 2018. Part of his duties will include managing the waiting list, doing outreach, keeping potential consumers engaged while on the list and doing follow up and support after clients discharge.

### **Satisfaction**

We are unable to pull out specific survey results to Region II consumers in our Satisfaction Survey. The overall group responded to the question: “I am handling day to day life better than I did before admission to the Adult Residential program at CenterPointe” at 90% either strongly agree or agree. We use a 5 point Likert Scale and the weighted average was 4.39.

### **Case management with Region II staff**

Earlier this year we worked with both Robin and Kathy in discharge planning for the female client that completed the program. She was struggling with securing the security deposit and first month’s rent for an apartment. Region II was able to provide her with the funding to successfully transition to the community.

We feel that Region II is very responsive to any requests for assistance. We were happy to hear that there is now a half-way house in the Region II area.

## St. Monica's 2018 Year End Region II Report

### Shortterm Substance Use Disorder Residential Treatment and Therapeutic Community

#### Lincoln NE

#### 2018 Data

- St. Monica's served 19 clients (3 of these clients were served in more than 1 program during the calendar year) for a total of 1,135 units from Region II from January 1, 2018 through December 31, 2018 (Note: not all of these units were paid by Region II – this includes 67 units billed to Medicaid. Region II total units billed was 1,068.)
  
- Of the 19 clients served:
  - 18 were served in Short-Term Residential programs (primary)
  - 4 were served in Therapeutic Community programs (PMC/TC - secondary)
    - 3 of those 4 were served in Short-Term Residential prior to transitioning to Therapeutic Community
    - 1 admitted directly into the Therapeutic Community Program (PMC)
  
- The average length of stay in the Short-Term Residential programs (primary) was 46 days and Therapeutic Community programs (secondary) average stay was 165 days.
  
- Of the 18 clients receiving services in the Short-Term Residential programs (primary):
  - 13 discharged successfully
  - 3 left treatment incomplete
  - 2 remained in the program on December 31, 2018
  
- Of the 4 clients that received services in Therapeutic Community programs (secondary):
  - 1 discharged successfully
  - 1 was discharged incomplete by the program for non-compliance
  - 2 remained in the program on December 31, 2018

#### How Service Goals were met

We are training DBT skills to Residential Managers and Counselors during supervision group. We are also planning to train managers and clinical staff on Circle of Security as well as offer an adult mental health first aid course to staff this year to enhance skills. We continue to offer EMDR and enhance our skills and are working to offer Heart Math, an additional trauma specific skill, to our clients.

Our peer support specialists have completed WRAP training this summer, and are developing WRAP groups with our clients that choose to participate. This will allow our clients to have individual WRAP plan.

### **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.

Mark Hunt 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:

- The program was sensitive to any experienced or witnessed trauma in my life
- I deal more effectively with daily problems
- I am better able to deal with crisis
- I, not staff, decided my treatment goals
- Staff treated me with dignity and respect

Discharge Evaluation surveys are completed as clients are discharged from the programs. 14 discharge evaluations were completed by Region II clients that discharged in 2018. Their responses to questions relating to quality of life include:

- 100% - This program has helped me improve the quality of my life

- 93% - The program has helped me to feel better about myself
- 93% - If I had other choices, I would still get services from St. Monica's
- 93% - I would recommend St. Monica's to a friend or family member

Additionally, the Region II clients reported:

- 100% - Improved self esteem or how you feel about yourself
- 79% - Improvement in ability to maintain self-sufficiency in the community such as scheduling time, maintaining a job, going to school, etc.
- 100% - Improved ability to remain free of chemicals
- 93% - Improved ability to problem solve
- 86% - Improved mental health or psychological issues

### **Unmet Needs and possible solutions**

No significant unmet needs to address at this time.

## Intensive Outpatient and Substance Use Evaluations

Lutheran Family Services (LFS) served 88 unique clients funded by Region II in 2018 (28 of those clients in two programs totaling 116 clients funded). Our Intensive Outpatient Program (IOP) for Substance Use served 71 clients and 67 clients completed a Substance Use Evaluation with our providers (6 of those clients had 2 evaluations, totaling 73 evaluations). These services totaled 4316 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, 153 client satisfaction surveys were collected. For IOP and Substance Evaluation services only, 67 client satisfaction surveys were collected. These numbers include 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:

### All Region II Client Satisfaction Surveys

- 91.50% (140/153) - Report timely access to services
- 94.12% (144/153) - State they would return to LFS for help in the future
- 96.73% (148/153) - State they would recommend LFS to others
- 84.97% (130/153) - Report quality of life has improved because of their involvement with LFS

### Only IOP and Substance Evaluation Services - Client Satisfaction Surveys

- 88.06% (59/67) - Report timely access to services
- 94.03% (63/67) - State they would return to LFS for help in the future
- 95.52% (64/67) - State they would recommend LFS to others
- 86.57% (58/67) - Report 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 2018, data is available for 121 closed cases (all payers): 116 or 95.87% 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 continue to expand our services by utilizing Telehealth where appropriate in order 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 into 2019 and beyond.

# **Community Connections (Prevention)**

## **2018 Annual Report**

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

### **Coalition Capacity**

- The Substance Abuse Prevention System Leadership Council (SAPS LC) met 12 times in 2018 with an average of 12 members in attendance.
- Two new members joined the Coalition in 2018 and one new Coordinator was hired and continues to be trained on the Strategic Prevention Framework.
- Seven marijuana coalition committee meetings were held and facilitated.
- SAPS LC provided 12 information pieces to coalition members at meetings and via email.

### **Media/Information Distribution**

- SAPS produced radio ads and print media ads that focused on youth substance use.
- SAPS distributed approximately 6,500 prescription drug collection schedule magnets, stress balls, cleaning cloths, chap sticks, and gel packs across Lincoln County.
- Youth Leaders program produced three public service announcements providing substance abuse prevention education. The PSAs were aired on local radio with the voice of Lincoln County Youth Leaders.
- SAPS provided a discussion on substance abuse prevention and Community Connections on the Husker Radio Morning Show two times.
- Youth Leaders Coordinator provided a discussion on substance abuse prevention, specific to youth development, on the Husker Radio Morning Show two times.
- Youth Leaders program hosted a booth with the Lincoln County Youth Leaders and Substance Abuse Prevention Coordinator at the North Platte High School Backyard BBQ. “Be the wall” stamps, lanyards, and other media were distributed

along with patrons receiving information about the campaign through discussions with the Coordinators.

- SAPS provided four media press releases informing the community about Coalition's work: two of the releases were regarding general substance abuse prevention information for the Doggy Dash, one regarding the Not My Kid campaign, and one regarding Narcan efforts.
- SAPS appeared on KNOPTV ten times to discuss varying issues. Some topics that were discussed included the "Not My Kid" campaign, the prescription drug collection, community supported prevention through the Doggy Dash, Red Ribbon Week, and Juuling.
- SAPS kicked off the "Not My Kid" campaign by displaying a message on the NebraskaLand National Bank digital message boards, distributed nearly 250 of 1000 resource guides and provided drug testing kits for two local pharmacies.
- SAPS provided prevention tips to schools prior to area proms.
- SAPS, Youth Leaders, and Community Connections Mentoring provided prevention focused social media throughout the year.

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

- SAPS 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.
- SAPS continued to host monthly prescription drug collections. Each month law enforcement (North Platte Police Department, Nebraska State Patrol and Lincoln County Sheriff's office rotated staffing the event) medical personnel, and coalition representation were present. Throughout the 12-month period, 328.7 pounds of medications, 19.2 pounds of controlled substances and 309.5 pounds of uncontrolled substances were collected.
- The SAPS LC n met with Senator Mike Groene to provide substance abuse prevention educational resources and materials.
- The SAPS LC participated in the St. Patrick's church health fair, distributing resources and materials focusing on prescription drug abuse prevention.
- SAPS LC provided Must Be 21 materials including cards, posters, clings and letters to all Lincoln County alcohol outlets.
- SAPS LC contacted all Lincoln County schools and encouraged schools to participate in the Nebraska Risk and Protective Factor Survey.

- SAPS LC worked with North Platte Public Schools to ensure the 6<sup>th</sup> grade Nebraska Risk and Protective Factor Survey was updated, finalized and administered.
- SAPS LC, Youth Leaders, Community Connections Mentoring and Assets Teams provided an open house for the new Community Connections offices with a dinner, cake, tours, resource books, and other prevention advocacy and educational items giving additional awareness and support to individuals wanting to partner for positive change.

### **Education Presentations**

- SAPS helped facilitate an all-high school presentation for 1200 students, teachers, and community leaders on the challenges of substance abuse and the effectiveness of preventative efforts.
- Youth Leaders program retained Dover Y2Y group for another successful and well attended three-day summer camp that trained 45 Lincoln County Youth Leaders. During camp a sticker shock campaign was completed by partnering with all the Kwik Stops in North Platte. A live rally was hosted on the corner of Philip and Dewey proclaiming researched based anti-underage drinking messages to the public.
- Youth Leaders program provided periodic (48) educational sessions in classrooms and meetings within the North Platte Public School system. Modules focuses were on underage drinking, tobacco use, electronic cigarette use, and opioid use and abuse. Youth Leaders program facilitated three public outdoor displays of the refrigerator campaign materials (underage drinking prevention campaign) at Adams Middle School, North Platte Recreation Center, and the North Platte Police Department.
- Youth Leaders program created and installed 16 handmade substance abuse prevention factoid posters and displayed them around the running route for the 2018 Doggy Dash and facilitated a substance abuse prevention trivia wheel game that was offered to all race participants. The race was emceed by the Mayor and Coordinators.

### **Elementary Focused Prevention Efforts**

- Red Ribbon Week materials and stickers were provided for elementary school students in Lincoln County. Substance abuse prevention education, awareness, and advocacy were provided.

- Youth Leaders program provided 14 electronic cigarette education modules about the risks and dangers associated with electronic cigarette use. The average attendance for these modules was 6-7 students.
- Youth Leaders program provided two summer events designed to encourage team building and bonding across different age groups within the Lincoln County Youth Leaders program.

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

- Youth Leaders program presented 34 substance abuse prevention modules to middle and high school Lincoln County Youth Leaders Teams. Substances covered included underage drinking, tobacco, electronic cigarettes, and opioid use and abuse with an average attendance was 20 students per module.
- Youth Leaders program provided two summer events designed to encourage team building and bonding across different age groups within the Lincoln County Youth Leaders Program.
- Youth Leader program provided 3 group volunteering opportunities in which the students acted as event facilitators, greeters, and setup/tear down.
- Community Connections Mentoring program provided 32 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 provided 9 community service opportunities, 20 healthy group activities, and facilitated attendance at 5 concerts events for all participants in the program.
- In March/April of 2018, 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:
  - “That I can tell if I’m being a good role model for others.”
  - “How to handle things better.”
  - “I have learned to talk to people better. I have learned more stuff about soccer.”
  - “That adults don’t have to be just family. They can be friends and help you out.”
  - “I can express myself better.”
  - “I’m more confident. I used to think I didn’t deserve a spot in the world, but now I do.”
  - “I’ve learned how to golf, kinds of trees, different restaurants. I’ve learned to compare books I’ve read to movies that I see with my mentor.”
  - “Being nicer, being happier, be more responsible.”

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

- “I get to do stuff with a guy.”
  - “They help you with stuff that bugs you.”
  - “You go lots of places and have more fun so you are not always in your house and watching TV.”
  - “I get to hang out with new people and explore new things.”
  - “It makes me happy. I have fun.”
  - “Someone is always there for you.”
  - Additionally:
- 95% of the children rated the program good or excellent.
  - 91% said they had more interests or hobbies.
  - 64% said they are better able to resist using alcohol and other drugs.
  - 86% said they get along better with others (like friends, teachers) as well as family.
  - 73% said that they have higher expectations of themselves.
- Community Connections Assets Teams held classes each week for a total of six different groups in 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> grades at two public middle schools through the end of the spring semester 2018. During this time, a total of 52 students from the two schools participated in Assets. A total of 15 Adams Assets students and Youth Leaders volunteered at a community event for approximately 425 - 5<sup>th</sup> graders in May 2018 and provided positive messages about resisting negative peer pressure by conducting fun activities including a tug of war and obstacle course. The North Platte Police Department invited the Assets Teams back in May 2019, requesting the same activity. A total of 15 Madison Assets students volunteered at the Senior Center in early May 2018 and planted flowers and helped with other yard work to beautify their grounds. In late May 2018, five Madison Assets students and their parents helped with yard work and improved the area around the historical markers at the Lincoln County Historical Museum. In the fall semester of 2018, Assets Teams at Madison Middle School met three times each week and the Assets Teams at Adams Middle School met two times each week, with a total of 39 students participating. In October 2018, a total of 21 Adams Assets students volunteered at a Red Cross Blood drive and 10 students volunteered at the Cody Park Concession stand in November and December during the Christmas light display.

### **Changing Consequences**

- Provided “Not My Kid” PSA message on the radio and through county wide material distribution.
- Youth Leaders recognized young leaders as change agents within the community.

## **Modifying or Changing Policies**

- Coalition members met with Senator Mike Groene and provided substance abuse prevention educational materials and resources.
- Coalition members met with Senator Matt Williams and provided marijuana educational materials and resources.
- Youth Leaders provided information and alternatives for enhanced family policies on alcohol use and storage within the home.
- SAPS purchased and provided 190 units (380 nasal dispensers) to law enforcement and Emergency Medical Services squads in Lincoln County and 16 other counties.

## Region II All Provider Quality Improvement Team 2018

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.

We continued to work on the following goals:

1. Priority: Results-Based Accountability Indicator:

Decrease in Nebraskans needing involuntary Emergency Inpatient Care:

Goal: Lower the number of EPC's.

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

*During the year, we updated this goal to:*

*Increase the number of crisis assessments requested by law enforcement before a person is placed into protective custody.*

*Goal: Inform all law enforcement agencies of the availability of mental health therapists to do assessments by phone or in person. Divert from an EPC clients whenever safe and possible.*

*Strategy: Visit with all Sheriffs and police departments. Send mailing with card and number to call. Redo and distribute EPC fact sheet.*

*Performance Indicator: Baseline in 2017 – 55 assessments, Goal – increase by 10*

**Outcome: 72 assessments completed in 2018.**

2. 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.

Performance Indicator: Consumer Survey Results.

**Outcome: Not all programs assessed this. Of the ones that did 89% had positive result.**

Priority: Results-Based Accountability Performance Measure:

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

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

Performance Indicator: Consumer Survey Results.

**Outcome: 91% reported an improved quality of life.**

3. 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.

Performance Indicator: Consumer Survey Results.

4. 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.

Performance Indicator: Providers will show improvement.

**Outcome: Not all programs measured this of the ones that did 96% reported they had timely access.**

5. 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.

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

*During the year, we updated this goal to:*

*Improve the delivery of effective prevention and treatment recovery-oriented systems of care for persons with Co-Occurring Disorders. And, increase Trauma Informed Care at all programs.*

*Strategy: All programs will self-administer the trauma informed care survey and assess results. And, the Quality Improvement team will look at the goals each provider identified after the re-assessment of the Compass EZ.*

*Performance Indicator: Providers will maintain or show improvement.*

**Outcome: Measure will be administered in 2019.**

6. 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.

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

**Outcome: Bulletin Board was updated regularly and revamped to make it easier to navigate.**

Results of the continuous quality improvement statewide goals were reviewed and Region II met or exceeded all goals. At our in person meeting, the Quality Improvement team reviewed our Continuity of Operations Plan (COOP), Critical Incident Standard Review, Match Requirements, 42 CFR, the process for no-denial for clients in Medication Assisted Treatment and the State Dashboard for 2019. Throughout the year, the team reviewed Interim Services, Waitlist criteria and statewide data results from client data entry into state systems.

## **GRANTS**

**System of Care  
Opioid Grant  
Mental Health First Aid  
Suicide Prevention  
Partnership for Success**

# Region II Nebraska Systems of Care

## ANNUAL REGIONAL REPORT

YEAR 2018

### *Highlights of the past year:*

- Presented NeSOC information and updates at 1184 meetings
- Facilitated Nebraska Help-line staff presentations at 1184 and Court Improvement meetings in Region II
- Facilitated local Systems of Care meetings in North Platte, McCook, Lexington and Ogallala
- Presented Region II Systems of Care updates to all QI teams
- Helped schools increase capacity for mental health services in rural schools in Dawson county, ESU #16 area, Ogallala and North Platte
- Region systems partners were trained on how to access Crisis Response
- Assisted with bringing Family Center Treatment in home services to Region II
- Youth Care staff are Juvenile Justice cross systems trained
- Continue to build Systems of Care infrastructure
- Attended all State NeSOC Implementation and Cross Systems meetings
- Implemented and facilitated Region II NeSOC Regional meetings
- Developed a local fact sheet on how to access Behavioral Health services
- Fact sheet was distributed to educators and all other systems partners

### *Systems of Care Professional Partner Program*

21 youth served in 2018

Dawson- 3

Dundy-1

Grant-1

Keith-2

Lincoln-13

Red Willow-1

### *Youth Crisis Response*

26 calls in 2018

## ***Mental Health Services in Schools***

58 youth served in 2018

## ***Local Systems of Care Meetings***

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

23 different agencies attended the meetings in 2018

63 members attended meeting

## ***Region II Nebraska Systems of Care Regional Meetings***

23 different agencies attended the meetings in 2018

30 members attended meetings

## ***NeSOC Focus Group***

Systems Partners met with staff from the Public Policy Center and discussions were held about current behavioral health strengths and needs in Region II. Our biggest strength is the ability for all systems to communicate and work together. If Systems see a need we do not wait for someone else to fix it, we work together to find a solution. There continues to be a need for in home services and better access to high end services not available in Region II.

## ***Challenges/Unmet needs:***

The challenge continues to be the need for more trained providers and workers who are face to face, in the home with families. To meet with need our Regional NeSOC Team has developed the first in a series of local cross system training opportunities for workers. Our need will be to continue to review and provide good training options.

## ***Report on FY 2018 Goals***

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

Goal met- Systems of Care Cross Systems and Implementation Team meetings were attended in 2018

*Goal 2) Provide DBH with all requested Data*

Goal Met- All required data for the NeSOC grant is being gathered

*Goal 3) Coordinate activities and collaborate with community based partners by facilitating local Systems of Care meetings in all areas*

Goal met- Communication and collaboration continues to improve with community based partners. Local Systems of Care meetings are held regularly in North Platte, McCook, Lexington and Ogallala.

### ***FY 2019 Region II Nebraska Systems of Care goals***

*Goal 1) Collaborate with DBH and all systems partners in further planning and development of a System of Care infrastructure for families living in Region II who experience youth behavioral health needs*

*Goal 2) Participate in Statewide Systems of Care Implementation and Cross System Team meetings*

*Goal 3) Gather and report required NeSOC data*

*Goal 4) Coordinate local and Regional Systems of Care meetings*

## Opioid Grant

Number served: Average 30 persons per month.

Dollars spent: \$253,913

Training: Statewide training was done in November in North Platte. Over 30 people attended a 3 day training. Region II/Heartland created a team to work with opioid clients. Lexington Rural Health Clinic will also have a team dedicated to helping those who have an opioid addiction.

## Mental Health First Aid Grant

Region II has three certified trained facilitators to provide Adult Mental Health First Aid (AMHFA) and two certified trained facilitators to provide Youth Mental Health First Aid (YMHFA) trainings throughout the region. One facilitator is waiting to be certified in Youth MHFA. Two of the facilitators have additional training in the Veterans, rural communities and public safety tracks of MHFA training. In 2018, 6 AMHFA trainings were held and 47 community members attended. 3 of the trainings were specifically for Law Enforcement. The Youth Suicide Grant allowed for 6 YMHFA trainings throughout the region and 159 community members attended.

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.

### **Suicide Prevention Grant**

Region II receives funding through the Suicide Prevention grant effective Oct. 1, 2014-Sept. 30, 2019. 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 and radio regarding Mental Health First Aid, Suicide Prevention Awareness, Nebraska HelpLine information and Means Restrictions. Educational materials, Rx lock boxes and trigger locks are available at all Heartland Clinic offices.

Region II has six trained facilitators in QPR (Question, Persuade and Refer). QPR trainings have been requested by law enforcement, community agencies, church groups, parents, mentors and schools/colleges this year and will continue to be offered. In 2018 there were 17 QPR trainings and approximately 733 adult and youth participants attended the trainings in the region.

Region II Human Services has been 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 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.

The team completed training with Dr. Belau from Lincoln and background checks completed. The LOSS team became active on December 1, 2018.

### **Partnership for Success Grant (Dawson County)**

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 ended 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 was build 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 2018 include:

- “All-Stars” curriculum- All-Stars is provided at Lexington Middle School (after-school program) throughout the year. All-Stars was offered January-March and October-December. The curriculum is comprised of 12- 13 lessons.
- Two coalition/community members are certified to train 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 February and May 2018 with a 13.5 % 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.

# Compliance Report

## 2018

### **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 2018. 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 2, 2018, 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
- SABG
- Priority Populations
  - No refusal statement reviewed
  - Charitable Choice reviewed
  - LB403
- Updated legal fees - Pg 40
- Wait List
- Financial Eligibility

- Interim Services
- Women’s Set Aside
- Business Associate Agreement

**In-Service Training**— March 2, 2018, Compliance Training regarding business associates was also provided to all contract providers by Kathy Seacrest, RA.

## **External Audits**

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

- **CenterPointe**—conducted on February 14-16, 2018—in compliance
- **Goodwill Industries**—conducted on February 12-15, 2018—in compliance
- **Great Plains Health**—March 23, 2018 –in compliance
- **Lutheran Family Services**—March 22, 2018—in compliance
- **St. Monica’s**—March 7, 2018—in compliance
- **Touchstone/Houses of Hope**— Dec 14, 2017
- **West Central Nebraska Joint Housing Authority** - July 16, 2018 - in compliance
- **Region II Behavioral Health Authority— Program Unit** conducted by DHHS on June 25 - 29, 2018—Report has not yet been received for this year and prior year.

**Network Compliance Fidelity review for FY17** was completed in December 2017 to DHHS. This review covers compliance with contract expectations as outlined in the *DHHS FY17 Regional Budget Plan Guidelines and Contract*. Region 2 was notified on January 19, 2018 that they were in compliance with the requirements for FY17.

**Financial Audits** are required annually. The following independent audits were conducted by RJ Meyer, CPA and all were satisfactory. The draft audits were approved by the Governing Board on September 26, 2018. Final audit letters were received from RJ Meyer, CPA on November 8, 2018 after the Single audit was finished.

- **Region II Human Services Financial Audit** completed August 23-24, 2018—in compliance; no recommendations for change.
- **Governing Board Financial Audit** completed August 23-24, 2018—incompliance; no recommendations for change.
- **Management of Consumer Funds Audit/Member Banking Review** completed September 17, 2018—in compliance; no recommendations for change.

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

- Tamara Johnson, MD completed by Dr. Janet Bernard on January 3, 2019. Recommendations were reviewed and implemented.

- Kathryn Batson, APRN completed by Dr. Tamara Johnson on December 27, 2018. 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.

### **Quarterly Improvement Team Meetings**

- **September 25, 2017**
  - 42 CFR
  - Review regional QI Plan
  - Review State QI Plan
  - CDS and EBS
  - Compass EZ and TIC Assessments
- **January 8, 2018**
  - Priority Populations
  - Capacity Waitlist
  - R2 - QI Plan
  - CDS/EBS
- **March 2, 2018**
  - Topics discussed above in state and Federal mandates
- **June 18, 2018**
  - Employment and Housing are key National Outcome Measures

- CDS use of “unknown” only as last resort
- Waitlist reviewed

### **Annual Policy Reviews**

- July 26, 2018 Board of Directors reviewed and approved the entire Policy Manual. No changes implemented.

### **Privacy**

Please refer to *Privacy Report of 2018*.

### **Security**

The security officer report is included in the *2018 Privacy Report*.

### **Goals Accomplished**

- Completed migration to the new ECHO system with Visual Health Record / Clinician’s Desktop.

### **Goals for 2019**

- Continue implementation of ECHO Group system consisting of Visual Health Record (VHR) / Clinician’s Desktop. Migration has happened just continue developing system.
- Participate in CARF survey
- Prepare for attorney visit/consultation with all staff on legal compliance issues

Thomas D Carpenter

*Compliance Officer*

## Privacy Officer Annual Report

2018

### 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. All updates to all manuals will be put on desktops in 2019.

### 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.

New 42-CFR regulations were reviewed with all staff and all contracted programs. Clinical Director attended specialized training and shared with all staff.

### 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 process. All clients are given the notice each January/February to be sure they receive them annually.

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 the youth reaches the age of 25.

### **Security**

The Data Security Team met five times during 2018 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.

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

### **Goals Accomplished**

- Implement a new client data system that has a meaningful use certification
  - New data system in place. New company is in process of meaningful use certification.
- Continue updating servers
  - Completed
- Continue data recovery plan
  - Data recovery plan in place.

### **Goals for 2019**

- Continue data security team meetings
- Continue process for client withdrawal of release
- CARF accreditation

Kathy Seacrest

