

Region II Human Services Annual Report Based on program evaluations for the year 2018

Our Mission

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

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

To assure organizational survival and growth.

Prepared by: Kathy Seacrest in partnership with consumers, staff, directors, providers, partners, advisory committee, and governing board.

Overview

This management report is a summary of the information from all programs and will provide a road map for our journey through 2019. The review indicates that the mission and values remain central to service delivery at all levels. Of special note was the number of times the words in our mission were used in the responses from providers and consumers in the satisfaction surveys. In 2018, the Region II Behavioral Health Authority served over 8,207 (duplicated count) people in 2018 through direct service programs. Prevention provided evidence based practices classes to over 5,000 individuals and the media campaigns reached thousands. Peer Recovery Facilitators met with over 915 groups and 3098 individuals. The Region received \$5,458,945 from the state and federal contract to provide the services and system coordination. The Region had \$343,641 in County dollars. Specific Federal grants totaled \$526,252.

Our Region-wide Quality Improvement goals were included in the program report. Goals were appropriate and all were met. Program Quality Improvement, compliance and privacy reports were reviewed. No actions appeared necessary based on the review.

Contracted Services

The Region contracts with 10 agencies/coalitions for 12 different services. This includes Prevention Coalitions. During 2018, we connected with each of these agencies/coalitions on a regular basis and created a consistent connection so that clients could be better served. Each of our contracted agencies commented on and appreciated this in their evaluations. Many of our needs are being met by the contracted services and it is also clear that certain needs remain and that we need to address those needs. The demand for services is changing and we as

an organization must be planning for those changing needs. We continue seeing an increased need for services for persons with complex needs and this trend indicates a need for ongoing work together to create responsiveness to this trend. All programs discussed the need to work together to find resources for the complexity we are seeing. The challenge remains on how to create that flexibility while being tied to specific funding streams.

Other gaps noted by providers include: transportation, no show rates, pulling reports, maintaining authorizations, complex needs, step down services, long waits for disability determinations, reduced flexibility due to state mandates, access to dental care, funding for necessities while in residential care, housing, access to health care for clients, access to visitation with kids while in residential services, lack of available clinical social workers and other professional staff, higher levels of care, and decreased flexibility in meeting client needs.

It is recommended that these issues be central to the provider meeting in April 2019.

Great Plains Health accepted Emergency Protective Custody individuals from all counties and has continued to work closely with our Emergency Support Program. An issue each year is the number of times Emergency Protected Custody clients who have to be diverted due to the unit being full or understaffed. This problem is being addressed by the Region and the hospital. Great Plains has been able to work with those committed clients and take care of them here in the Region. A need state wide is access to and funding for higher levels of care.

CenterPointe (dual diagnosis residential) has had fewer Medicaid clients this year and thus more need for Region II funding.

Houses of Hope (substance abuse halfway house for men) remains an important link in services and has created ways to include families if the clients wish to. Affordable housing for clients at discharge remains a challenge. We now have 5 recovery houses in NP so this has reduced the need for halfway house services. One of the houses is designed to be for women and children, the others are men's recovery houses.

Touchstone continues to improve communication with the Regional staff involved in client care. Wait time to get into this service has decreased and this is very beneficial to the region. Outcome data that has been initiated will be shared to analyze next steps in connecting clients, agencies, and families.

St. Monica's continues serving women from our Region and throughout the year we worked with them on improving communication. Region II connects in person with clients at St. Monica's at least monthly so the communication has improved. Work was done to help clients in the Children and Family Division of DHHS access residential care as early as possible. Keeping the families connected remains an issue.

The Supported Employment Program (Goodwill) is experiencing difficulty with the continued changes that Vocational Rehabilitation is experiencing. These changes have created funding issues and we will continue working with the Division of Behavioral Health to increase funding to meet the needs. We strongly recommend keeping this program in place, continuing to move toward evidence based practice and adding more benefits planning.

Intensive Outpatient services (Lutheran Family Services) continues building their program. The program is serving clients in Lexington and North Platte. We have fulfilled our goal by decreasing the need for residential by creating this level of care. Immediate access is a challenge with this program.

The housing voucher program through West Central Housing Authority is working well and we initiated additional coordination with the program so that we can improve the transition from this program to other housing. Meeting regularly has helped determine how to transition more clients over to other housing programs. The addition of the Rent Wise program taught by a peer is valuable.

Overall, programs on contract report satisfaction with working with the Region. Gaps include housing, transportation, client engagement in residential and IOP, connecting with kids while in treatment, detox issues. Meetings with all providers are established to individualize client services. There will not be new dollars to establish new services so we will continue working to wrap services around individual clients. Discharge planning will begin at admission and referral sources and support workers will be involved in the process to be sure each client has the best possible chance at recovery.

Prevention programming is greatly enhanced through our relationship with coalitions and communities. This program is stronger and more complete than ever. Over 6,200 people were served through prevention programming throughout the region. Many more were touched by media and bill board prevention messages.

Programs Provided Directly by the Region

Outpatient services continue to see a high demand for services. As noted in the program evaluation there were 5,290 persons served this year. The complexity of need and the intensity of illnesses remain difficult. Only by utilizing all parts of our system can we manage clients in their recovery. Urgent Outpatient continues helping meet immediate need but the demand for ongoing care is still strong. Clinicians have worked hard to improve percent of face to face time. Telehealth continues in all clinics for Medication Management and in North Platte, Lexington, McCook and Ogallala for therapy. Opioid Addiction has been identified as an issue. Through the grant, the Region will establish a medication assisted treatment program in 2019.

Community Support continues improving this service as it is invaluable in keeping clients stable and in the community. Management will work on the identified needs.

The demand for Youth Care continues to grow. Staff rose to the challenge and created ways to help more participants. The addition of the System of Care dollars has helped meet the need. Community teams remain a vital component in helping transition-age youth move toward adult services.

The Day Rehab programs continue serving all Severe and Persistent Mentally Ill clients who are referred and who meet criteria. Programming improved per goals set last year. Moving the McCook location to day support only has increased flexibility. Getting clients authorized for care through the managed care companies remains an issue.

The Emergency Support Coordination Program has continued its excellent response to emergency behavioral health needs. Management will work with the program and the state to maintain the flexibility that make this program a strong resource. Goals this year include working on every EPC and commitment discharge with the hospital so that ongoing care can continue. Crisis response for youth was initiated through the systems of care grant.

Prevention services continue across the Region. Every county was touched by some form of prevention message. Every effort will be made to continue this level of service. Challenges remain when there is not paid staff in coalitions.

The outcome data reveals an overall increase in quality of life and functional improvements. Client Surveys from every program indicate an excellent level of satisfaction. Client satisfaction surveys are our main report card. The surveys are given to every client for two weeks each year. This measure remains a crucial tool in our evaluation program. We had a 98% return rate with a very high rate of satisfaction. 91.15% of clients reported that their quality of life is better due to the services they received.

Regional Coordination

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

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

Our Peer Recovery Care Facilitators continue providing the administration with priorities based on client needs as they discover those needs in conversations and in peer support groups.

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

Conclusions

All programs collected information from clients on the improvement in their quality of life, positive response to services and on access to services. 91% report that the quality of their life has improved as a result of their participation in the programs. 96% felt they had timely access to services, and 95% were satisfied with the services they received. This is an excellent report card/outcome for our system.

2018 has been a good year of challenges as the health care environment changes. We have experienced significant challenges as the Medicaid program continues evolving. In the midst of those changes staff and programs have stayed constant in their work for and with clients. We have improved our system of care, communication, quality of care, and increased the use of community based services. The complexity of client needs makes service delivery more challenging each year. Keeping adequate and creative support available to all staff is a priority. Keeping clear communication within all programs delivered and funded is also a priority. As we develop systems of care and systems of documentation, we must keep our mission and values in place. In the process, we remain fiscally responsible for each dollar spent. This is done through reports to the Advisory and Governing Boards and State.

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

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

This management plan is considered part of the strategic plan for the Region. The Governing Board, Advisory Committee, consumers and all staff and providers review the program evaluation and this report. The program evaluations and the management report are used to help create the Regional Budget Plan. The Regional Administrator meets with persons served in the creation of goals and in the planning effort. Our Peer Recovery Facilitators meet with consumers across the region on a regular basis and bring concerns, needs and ideas forward to the Regional

Administrator monthly. Our goal to add these reports, client satisfaction surveys and other communication tools to the web site will continue.

No trends were noted of significance in incident reporting. A full analysis of incidents is completed annually. The cultural competency and diversity plans were reviewed and enhanced. No grievances or written complaints were received.

It is evident that this organization is living and working the mission established and will continue doing so over the coming year.

All compliance and privacy requirements were met.

All programs passed internal and external audits

Review of Goals for 2018

Review of action taken on Goals for 2018

- **Implement the Echo tracking system for client records.**
The system is in place and all staff are trained
- **Implement a partnership with physicians who can use medication assisted treatment for opioid addiction.**
Complete. The Region worked with 2 providers and has the program in place in Lexington and North Platte.
- **Enhance education of all staff on new treatment ideas.**
8 Staff attended Medication assisted treatment
2 staff were trained in Trauma informed evidence based practice
- **Maintain connections with all contracted providers.**
Regional Administrator visited each program and/or met with staff and leadership of each program.
- **Continue community meetings with partners such as probation, Child Protection Services, law enforcement, mental health boards, hospitals, etc.**
Meetings continued on a quarterly or monthly basis.
- **Work with the hospital on outpatient detox protocol.**
Hospital did not follow through on this.

Goals for 2019

- **Continue cross training in all essential jobs duties**
- **Participate in all state meetings and maintain collaborative partnership**
- **Wrap services around complex clients with the help of all programs**
- **Continue community partnerships**
- **Review data and consider changes based on data**