

IMPACT REPORT

FISCAL YEAR 2024

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Who We Are

Region 3 Behavioral Health Services (Region 3), a nationally accredited Network, supports 15 community-based agencies that served a total of 7.546 individuals (duplicated count) across the comprehensive mental health and substance use disorder service array and our community coalitions. Network Management provided the framework for effective system coordination that was accomplished through a strengths-based, recovery-focused process empowering individuals and communities to achieve positive results. Region 3 coordinates the following systems to ensure service continuity and integration across systems due to the complexities experienced by individuals served through the Network.













Regional Governing Board Members

Adams County - Lee Hogan Blaine County - Craig Thompson Buffalo County - *Bill Maendele Clay County - Ivan Fintel Custer County - Tammy Kleeb Franklin County - Joshua L. Johnson Furnas County - Dennis Tegtman Garfield County - Jerome Zulkoski Greeley County - Jordan Foltz Hall County - Gary Quandt Hamilton County - *Richard Nelson Harlan County - Chris Schluntz Howard County - Jessie Urbanski Kearney County - Larry Landstrom Loup County - Donna Steckel Merrick County - Carolyn Kucera Nuckolls County - Jerry Grove Phelps County - *Theresa Puls Sherman County - Kenneth Kaslon Valley County - Helen Cullers Webster County - Trevor Karr Wheeler County - Roy Plugge

* Denotes Executive Committee

Behavioral Health Advisory Committee

Elaine Anderson Karla Bennetts Helen Bockerman Stephanie Branham Patsy Burnett Jennifer Dolence Sharyl Giles Hayley Jelinek Jeremy Jones, Sat. Jackie Klein *Grace Mims, Ph.D. Gary Quandt Kam Rathjen

* Denotes Chairperson

Region 3's Programs Accredited by CARF

- Professional Partner Program
- Emergency Community Support
- Network Management



Mission Statement

"The mission of Region 3 Behavioral Health Services is to foster recovery and resiliency for individuals and their families who experience a behavioral health challenge."

Dear Colleagues,

Region 3 Behavioral Health Services celebrated its 50th anniversary in 2024. In 1974, LB302 established the Regions' governance structure, county matching funds, and duties/responsibilities for the delivery of publicly funded mental health services and local control and input. In 1977, LB2104 extended public policy to include substance use services. In 2004, LB1083 reconfirmed and replaced the previous legislative bills with a transition from institutional care to community-based care and advocacy for the individuals served.

We are pleased to present the Region 3 Behavioral Health Services' (Region 3) Annual Impact Report highlighting several of the priorities we focused on throughout the fiscal year and their impact on improving resiliency, promoting recovery, and supporting healthy communities. After 50 years, we continue to operate on the premise that behavioral health is essential to overall health, prevention works, treatment is effective, and people do recover.

The need for behavioral health services and supports has continued to grow throughout central Nebraska. As we worked to ensure as many youth, families, and adults as possible had access to the right services and supports at the right time, we advocated for system flexibility that allows us to meet the changing needs of individuals and communities in an effective and timely manner. Through our unique partnership with county, state and federal governments, county residents, and community organizations, Region 3 Behavioral Health Services was able to provide behavioral health services to over 4,000 individuals across our 22 counties.

Region 3 Behavioral Health Services' network of dedicated community behavioral health providers offers mental health and substance use prevention, treatment and rehabilitation services focusing on wellness, recovery, resiliency, and quality of life. One system priority continues to be the implementation of the best practices crisis continuum, someone to call, someone to respond, and somewhere to go, as well as other crisis services such as the expansion of the Crisis Stabilization Unit (CSU). During Fiscal Year 2024, the CSU served 1,103 individuals with 99% being diverted from Emergency Protective Custody (EPC) and 87% being diverted from a voluntary hospitalization.

Having a robust continuum of youth services is essential in improving outcomes for children and youth with behavioral health challenges and their families. The Professional Partner Program (PPP) utilizes the Wraparound Approach to coordinate services and supports for youth and young adults between the ages of 3 and 26 with behavioral health needs. The PPP served 163 youth/young adults and their families during Fiscal Year 2024. Youth are assessed at intake and discharge using the Child and Adolescent Functional Assessment Scale (CAFAS), which assesses a youth's day-to-day functioning and determines whether a youth's functioning improves over time. The average score at intake was 116.4 and at discharge, the average score was 80.1. The decrease in score demonstrates the improvement in day-to-day functioning of participants.

Region 3 continued to collaborate with our community prevention coalitions and system partners in providing solutions to the opioid abuse problem in our state through the State Opioid Response (SOR) grant. Prevention efforts focused on opioid education in schools and communities along with promotion of safe medication disposal and storage. Additionally, the SOR grant supports Medication Assisted Treatment (MAT), an evidence-based treatment approach for individuals with an opioid use disorder.

We are excited to continue the work of providing leadership through collaborative efforts with the Regional Governing Board, Behavioral Health Advisory Committee, Network Providers, Prevention Coalitions, system stakeholders, Region 3 staff members and those whom we serve with lived experience. Thank you to all who support our mission to *foster recovery and resiliency for individuals and their families who experience a behavioral health challenge.*

Sincerely, Richard Nelson Chairperson, Region 3 Governing Board

Tiffany Gressley Regional Administrator



Financial Management

Region 3 is committed to fiscal transparency, accountability, and the effective use of financial resources. Funding is received from a variety of sources including the Nebraska Department of Health and Human Services, Division of Behavioral Health, state and federal grants, and local county match from each of the 22 counties that make up Region 3's geographical area. Comprehensive annual budget plans, including service development needs, are created in collaboration with the Regional Governing Board, the Behavioral Health Advisory Committee, the Region 3 Behavioral Health Services Provider Network, and other stakeholders.

\$12,742,954 Expended by Region 3 during FY24

| Regional Administration 4.72% | System Coordination 7.20% | System Enhancements 8.08% | Prevention 6.74% |
|--------------------------------|--|----------------------------|----------------------------|
| Children's Services | Non-Residential Adult Services 24.05% | Residential Services 7.65% | Emergency Services 26.20% |

Ensuring Accountability for Effective and Efficient Utilization of Public Resources By:

- System planning, resource assessment, and budgeting
- Contract development and monitoring
- Tracking and reporting of billing and utilization data to make informed financial decisions
- Tracking access and performance metrics and standards
- Fiscal and programmatic reviews of network providers
- Internal controls
- Risk management
- Annual independent audits

Fiscal Year 2024 in Review

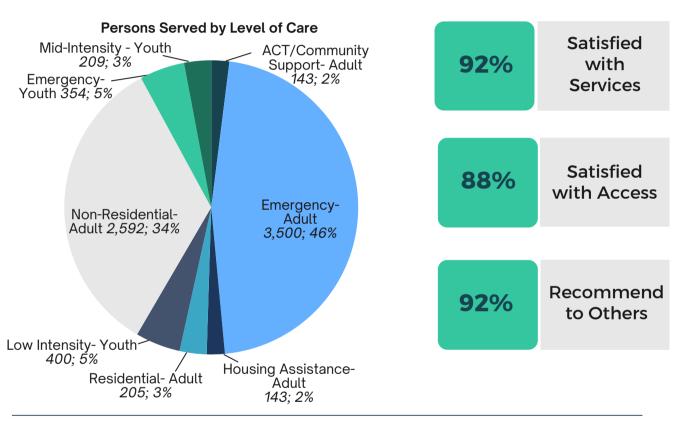
A total of **\$12,742,954** was expended by Region 3 in Fiscal Year 2024, which ended June 30, 2024.



onal Administration 256 Region 3 Services 763 Contracted Services 763

Network Management and System Coordination

The *Region 3 Quality Improvement: Performance Measurement and Reporting Plan* is a systematic and continuous process designed to improve and sustain satisfaction, access and performance across all services provided through the service array. During FY24, satisfaction was reported for all services, excluding emergency and assessment services. Access measures were tracked and reported for selected services including Housing Assistance, Supported Employment, Short-Term Residential and Medication Management. Performance measures were tracked and reported for all services within the Network.



- 94% of individuals served by Supported Housing services were in stable living at time of discharge.
- 90% of individuals served by the Co-Responder Program were diverted from EPC or jail.
- 88% of individuals meeting priority criteria were offered admission to Short-Term Residential within 30 days of referral.
- 92% of individuals discharged from psychiatric hospitalization were offered a Medication Management appointment within 21 days.
- 87% of individuals served through the Region 3 Provider Network were in stable living at discharge.
- 74% of individuals served who were 19 or older were employed at discharge, excluding emergency and assessment services.
- 84% of those served in Supported Employment were employed at discharge.
- The Crisis Stabilization Unit served 1,103 individuals with 99% being diverted from an EPC and 87% diverted from a voluntary hospitalization.
- 82% of individuals served in Peer Support services achieved or partially achieved their goals.
- 88% of veterans participating in the Vets4Vets Program saw an increase in their overall functioning as measured by the DLA-20 Assessment.

Behavioral Health Consumer and Family Coordination

Consumer involvement and advocacy has been paramount as part of the Behavioral Health Services Act (LB 1083). The Act identified the following priorities for persons served:

- · Ensure services are persons-served focused
- Create services that emphasize beneficial outcomes based on recovery principles
- Ensure persons served involvement in all aspects of service planning and delivery

Since 2007, a Consumer Specialist position has been funded in each Region to support and promote persons served and family involvement and provide opportunities for persons served to develop leadership and advocacy skills.

In FY24, Region 3 hosted a Consumer Conference in May where consumers, family members, and Network Providers could attend. **46 individuals** attended and **11 speakers** offered workshops on topics that covered programs and skills to help support their recovery.

46 Individuals attended Conference

11 Speakers & Workshops

Several trainings were offered throughout FY24. Trainings include; Wellness Recovery Action Planning (WRAP): Wellness Recovery Action Planning (WRAP) Facilitator Training; and LGTBQ + Concerns. WRAP is a process that supports a personalized plan that individuals use to identify the tools that keep them well and helps create action plans to put them into practice in their everyday lives. 11 participants were trained through a four-day training. WRAP Facilitator Training offers WRAP participants to become a WRAP Facilitator. The training includes participants engaging in interactive learning activities, learn how to facilitate the structure of WRAP, illustrating their personal experience with WRAP, and show an understanding of WRAP ethics and values. 12 participants were trained through a five-day training to become certified facilitators. 24 participants were trained in a LGBTQ + Concerns training which offered an organizational perspective on how to best serve the community and ensure organizations are using best practices to be welcoming and inclusive.





24

Professional Partner Program

The Professional Partner Program utilizes the Wraparound Approach to coordinate services and supports for youth and young adults between the ages of 3 and 26 with behavioral health needs. Individuals and their families have a voice, ownership, and access to a comprehensive, individualized support plan that is strengths-based and family/person centered. The program is culturally responsive and tailored to the unique values and needs of each individual and family.

163 Youth and **Young Adults** served

Average Age 13.2 years old

171 Referrals

Top 3 Referral Sources FY24 (n=171)







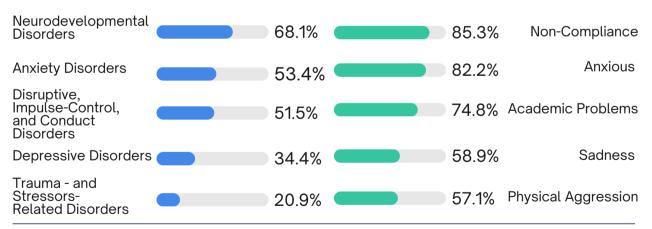
3.5%

Admission Approvals FY24



Top 5 Diagnosis FY24 (n=163)

Top 5 Presenting Problems FY24 (n=163)



Wraparound Fidelity

- 78.5% Overall family satisfaction
- 78.8% Caregivers (National Mean 72.0%)
- 77.7% Team Members (National Mean 73.6%)
- 73.6% Youth (National Mean 69.3%)

The Child and Adolescent Functional Assessment Scale (CAFAS) assesses a youth's day-to-day functioning across critical life subscales and determines whether a youth's function improves over time. The greater the decrease, the more improvement achieved.

116.4 Intake Average Total Score (n=70) 80.1 Discharge Average Total Score

Youth System of Care

Youth System of Care Activities

- Suicide Prevention, Means Safety, Screening and Safety Planning
- Buffalo and Adams area community collaboratives, subgroups, and task force
- · Cluster Based Planning
- Wraparound
- Children's Mental Health Awareness Celebration
- Hall County JDAI (Juvenile Detention, Alternatives and Interventions)
- Grand Island HELP Initiative
- Nebraska State Suicide Prevention Coalition
- NE Juvenile Justice Coalition Advisory Committee
- Youth Crisis Services Planning
- Collaboration with schools, Families CARE, behavioral health agencies, law enforcement, child welfare, probation, families, youth, young adults, and other community leaders

963 Youth served in FY24354 Crisis services400 Low intensity services209 Middle intensityservices

Emergency System Coordination



Services Available

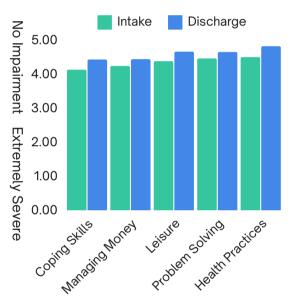
- Acute Inpatient
- Co-Responder
- Crisis Response
- Crisis Stabilization Unit
- Emergency Community Support
- Emergency System Coordination
- Medically Monitored Inpatient Withdrawal Management
- Clinically Managed
 Residential Withdrawal
 Management/Social Detox
- Medication Management
- Emergency Protective Custody (EPC)
- 24-hour Crisis Phone Line

Emergency Community Support Program

The Emergency Community Support Program (ERCS) is a voluntary case management program for adults and transition age youth who have experienced a behavioral health crisis. This short-term program provides outreaching case management services to individuals and his/her family. The ERCS Coordinator supports the individual in identifying needs, goals, and finding the appropriate resources within their community.

Region 3 ERCS continues to support individuals who experience a behavioral health disorder and are incarcerated at the Buffalo County or Phelps County jail as they transition from incarceration to the community. This program prevents the revolving door of individuals entering jail primarily due to their behavioral health challenges.

Adult DLA-20 Top 5 Needs at Intake and Discharge (n=57)



Referral Source:

Self – **60.7%** MH/SUD Provider -- **39.3%**

WHAT INDIVIDUALS SAY ABOUT THE EMERGENCY COMMUNITY SUPPORT PROGRAM:

"I went from hopeless to hopeful as I was encouraged and supported while making steps towards self independence."

"Thank you for all you did to improve my life and encourage me all the way."

84.2% Improvement on DLA-20 Assessment

Individuals Served

113

Average Days of Service

93

Average Age

40.8

Individuals reported they were satisfied with the services received

100%

Individuals achieved or partially achieved their goals

84.5%

Intakes completed within 7 days of referral

83.3%

Prior substance use treatment

39.8%

Prevention System Coordination

Prevention is an important component of the continuum of care in behavioral health. Prevention professionals assess risk and protective factors, relevant data, and capacity needed prior to implementing prevention efforts. Prevention Systems Coordination provides ongoing technical assistance and training for Community Coalitions and system partners on substance use prevention, mental health promotion, and suicide prevention.

142

Region 3 Trainings Held

4,612

People Trained in Region 3 Trainings

Restorative Trauma Informed Care:

Region 3 and the Behavioral Health Education Center of Nebraska (BHECN) have a collaborative working relationship with the goal of creating healthy and restorative trauma informed care environments for the behavioral health workforce and those served. Training topics included Trauma 101 & Recovery, Compassion Fatigue, Mindfulness, Calmer Classrooms, Helping Adults Cope with Grief, Trauma & Children, Toxic Relationships: Raising Healthy Kids in an Unhealthy World, Rewiring the Anxious Brain, A New Perspective into Mental Health: Including Anxiety, Depression, and Anger.

74

BHECN Trainings

1,571

People Trained in BHECN Trainings

Mental Health First Aid:

Mental Health First Aid is a skills-based training course that teaches participants about mental health and substance use issues in adults and young people.

165

People Trained in Adult Mental Health First Aid 85

People Trained in Youth Mental Health First Aid

Target Response to Opioids:

Region 3 partnered with Community Coalitions to implement strategies to prevent the illicit use of opioids. Strategies include providing educational opportunities to raise awareness about the risk of opioid misuse and overdose and hosting Safe Drug Disposal/Prescription Take Back events.

275

School-aged children who received Evidence-Based Practice (EBP) Education for Opioids

2,012

Drug Disposal Packets

419

Lock Boxes Distributed

1,293

Take-Back Pounds Collected

Suicide Prevention

Region 3 hosted and offered the following suicide prevention trainings for the community: Question, Persuade, Refer (QPR), Counseling Access to Lethal Means (CALM), Collaborative Assessment and Management of Suicidality (CAMS), Signs of Suicide (SOS), Survivor Voices, and distributed means safety securing devices.

571 Students Trained in SOS

44 Professionals Trained in CALM

5 Survivors Trained in Survivor Voices

450 Individuals Trained in QPR

6 Clinicians Trained in CAMS

Additional Activities

- · Collaboration with schools, behavioral health, community collaborations, religious communities, health care, veterans, and others to promote best practices within suicide prevention
- Promotion of Zero Suicide framework, in our workplace and for the people we serve
- Participation in Veterans Administration Suicide Prevention Governor's Challenge
- Started work on a safe storage map for Region 3
- Support to the Central Nebraska LOSS team
- Started development of Region 3 Suicide Prevention
- Implemented Columbia-Suicide Severity Rating Scale Assessment (CSSR) in PPP and ERCS
- Coordination of Every Brilliant Thing, a theatrical play
- Participation in the State Suicide Mortality Review
- Trained CALM trainers
- Participation in State Suicide Prevention Coalition
- Trained elementary aged kids in Gizmo Pawesome Guide to Mental Health
- Distributed 103 lock boxes and gun locks

Housing Coordination

The Region 3 Housing Assistance Program provides rental assistance for safe, secure, and affordable housing, which is combined with support services to allow individuals to work towards recovery. All individuals receiving Region 3 housing assistance have a serious mental illness and/or substance use disorder.

Income Employment Disability

- 49 Individuals received SSI/SSDI
- Individuals were potentially eligible for SSI/SSDI
- Individuals were unemployed
- Individuals were determined ineligible for SSI/SSDI
- Individuals were employed part-time
- Individuals were employed full-time

Region 3 Housing Assistance Program Provided Rental Assistance To:

- Individuals with a serious mental 103 illness
- 11 Transitional age youth
- Women with dependent children and pregnant women transitioning from a therapeutic community
- Individuals with substance use disorders
- Recovery Supported Housing Assistance at Oxford House
- **Recovery Supported Housing** Assistance at Friendship House

137 Individuals Received **Housing Assistance**

\$8,145 Average Yearly Income of an Individual Receiving Housing **Assistance**

Region 3 Behavioral Health Services Provider Network

During FY24 a total of 4,067 individuals (unduplicated count) were served by the Region 3 Behavioral Health Services Network. The duplicated count across the service array was 7,546 individuals including 6,583 (87.2%) adults and 963 (12.8%) youth who experienced behavioral health needs.

4,067 Individuals Served

Behavioral Health Specialists, Inc. www.4bhs.org

Clinically Managed Residential Withdrawal Management-Social Detox; Short-Term Residential Treatment

Families CARE, Inc. www.familiescare.org

Peer Support Adult/Youth

Friendship House www.thefriendshiphouse.net

Assessment MH/SUD; Halfway House; Outpatient Therapy MH/SUD

Goodwill Industries of Greater Nebraska, Inc.
www.goodwillne.org

Community Support MH/SUD; Day Rehabilitation; Day Support; Emergency Community Support; First Episode Psychosis Program - Supported Employment and Education, Supported Employment; SSI/SSDI Outreach, Access, and Recovery (SOAR) Transition Age Coordinated Employment

Live Well Counseling Center, PC www.livewell-counseling.org

Assessment MH; Outpatient Therapy MH; Therapeutic Consultation

Lutheran Family Services of Nebraska, Inc.
www.onelfs.org

Assessment MH; Co-Responder; Crisis Response; Outpatient Therapy MH; Vets4Vets

Mary Lanning Health Care www.marylanning.org

Acute Inpatient; Emergency Community Support; Emergency Protective Custody Inpatient; Medication Management; Outpatient Therapy; MH Post Commitment Inpatient; Subacute Inpatient; 24 Hour Crisis Line

Mid-Plains Center for Behavioral Healthcare Services, Inc. www.midplainscenter.org

Assessment MH; Clinically Managed Residential Withdrawal Management Social Detox; Crisis Response-Youth; Crisis Stabilization Unit; First Episode Psychosis Program; Medically Monitored Inpatient Withdrawal Management; Medication Management; Multi-Systemic Therapy; Outpatient Therapy MH

Region 3 Behavioral Health Services www.region3.net

Network Management & System Coordination: Consumer; Disaster Behavioral Health; Emergency Community Support (ERCS); Emergency System; Housing Assistance Program; Prevention System; Provider Network; Professional Partner Program (PPP); Targeted Response to Opioids; Training and Technical Assistance; Youth System Of Care

Region 3 Behavioral Health Services Provider Network

Richard Young Behavioral Health www.chihealth.com/en/services/behavioral-care Acute Inpatient; Assessment MH, Emergency Protective Custody Inpatient; Medication Management; Outpatient Therapy MH; Post Commitment Inpatient; Subacute Inpatient; Youth Crisis Inpatient; 24 Hour Crisis Line

St. Francis Alcohol and Drug Treatment Center www.chihealth.com/st-francis.htm Assessment SUD; Intensive Outpatient Program; Outpatient Therapy SUD; Short-Term Residential Treatment

South Central Behavioral Services www.scbsne.com

Assertive Community Treatment; Assessment MH/SUD; Community Support MH/SUD; Crisis Response – Adult/Youth; Day Rehabilitation; Day Support; Emergency Community Support; Intensive Outpatient Program; Mental Health Respite; Outpatient Therapy MH/SUD; Peer Support; Psychiatric Residential Rehabilitation; Buffalo County Jail Outreach Program

The Bridge, Inc. www.thehastingsbridge.com

Assessment SUD; Outpatient Therapy MH/SUD; Recovery Support; Therapeutic Community

The Bridge Behavioral Health www.thebridgenebraska.org

Clinically Managed Residential Withdrawal Management-Social Detox; Medically Monitored Residential Withdrawal Management

Women's Empowering Life Line, Inc www.womenslifeline.net

Dual Disorder Residential

Community-Based Prevention Coalitions: Area Substance & Alcohol Abuse Prevention (ASAAP), Buffalo County Community Partners (BCCP) - Positive Pressure Coalition, Buffalo County Tobacco Free Coalition, Central Nebraska Council on Alcoholism and Addictions, Inc. (CNCAA) - Prevention Project Coalition, Garfield-Greeley-Loup-Wheeler (GLW) Children's Council, and University of Nebraska Kearney (UNK) Substance Use Taskforce.

