



REGION 3 BEHAVIORAL HEALTH SERVICES **IMPACT REPORT** FISCAL YEAR 2023

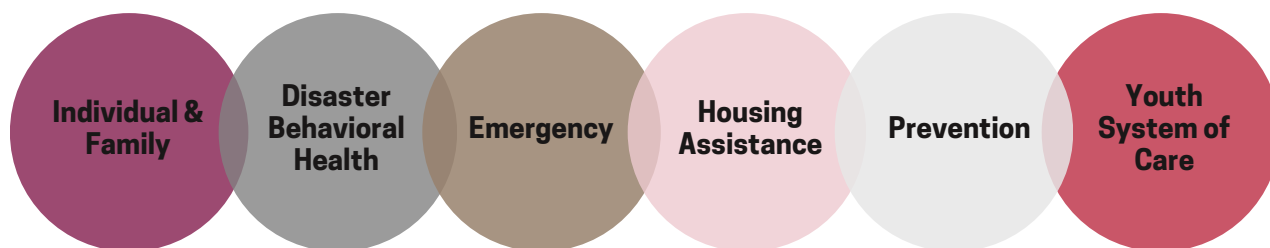


“The mission of Region 3 Behavioral Health Services is to foster recovery and resiliency for individuals and their families who experience a behavioral health challenge.”



WHO WE ARE

Region 3 Behavioral Health Services (Region 3), a nationally accredited Network, supports 15 community-based agencies that served a total of 7,520 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 of 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 - Anthony J. Gulizia
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 - Travis Heinz

** Denotes Executive Committee*

BEHAVIORAL HEALTH ADVISORY COMMITTEE

Elaine Anderson
Karla Bennetts
Helen Bockerman
Stephanie Branham
Patsy Burnett
Suanne Davis
Sharyl Giles
Jeremy Jones, Sgt.
Jackie Klein
*Grace Mims, Ph.D.
Sharon Price
Gary Quandt
Kam Rathjen

** Denotes Chairperson*

REGION 3'S PROGRAMS ACCREDITED BY CARF

- Professional Partner Program
- Emergency Community Support
- Network



DEAR COLLEAGUES AND FRIENDS,

“

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 year and their impact on improving resiliency, promoting recovery, and supporting healthy communities. 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.

Throughout FY23, the Regional Governing Board and the Behavioral Health Advisory Committee provided leadership for our efforts and we are grateful for their guidance and support. We appreciate the dedication of Region 3 Behavioral Health Services Network Providers who are committed to providing quality and effective services to address the behavioral health needs of the many individuals and families who rely on our system for treatment, support and well-being.

We appreciate and value the Community Coalitions for providing leadership in prevention and wellness activities designed to improve the overall health of communities. These Coalitions are dedicated to empowering their communities to build on community strengths and effectively address challenges through the implementation of promising practices and evidence-based strategies.

We also wish to thank our many system partners who shared their expertise and resources in being solution-focused that allowed the system of care to be responsive to the needs of the individuals we served. These important partnerships helped us to explore and implement strategies that effectively addressed the needs of youth and adults experiencing a mental health and/or substance use disorder and their families.

And finally, we want to express our gratitude to our employees who bring their enthusiastic and dauntless spirit to work each day. They are essential in accomplishing **our mission to foster recovery and resilience for individuals and their families who experience a behavioral health challenge.**

”

Sincerely,

Tammy Kleeb, 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.

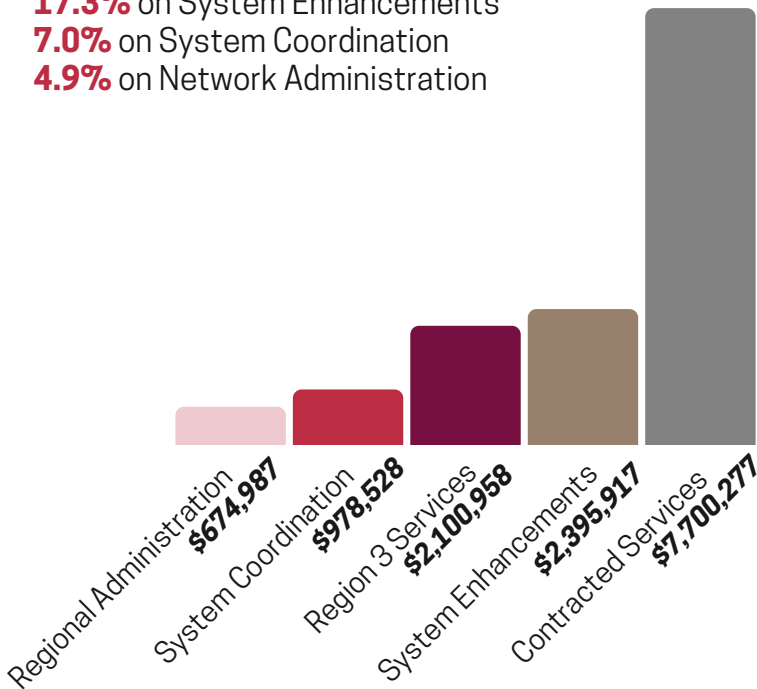
Accountability for Effective and Efficient Utilization of Public Resources

- 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

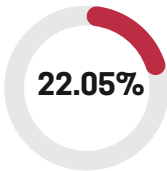
Fiscal Year 2023 in Review

A total of **\$13,850,666** was expended by Region 3 in the fiscal year ended June 30, 2023.

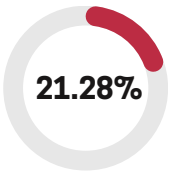
- 70.8%** on Direct Services
- 17.3%** on System Enhancements
- 7.0%** on System Coordination
- 4.9%** on Network Administration



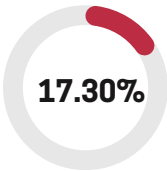
\$13,850,666
Expended by
Region 3 during
FY23



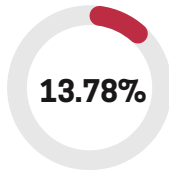
Emergency Services



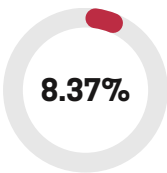
Non-Residential Adult Services



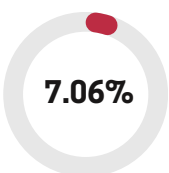
System Enhancements



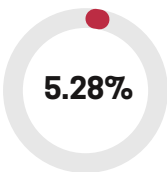
Children's Services



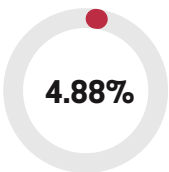
Residential Services



System Coordination



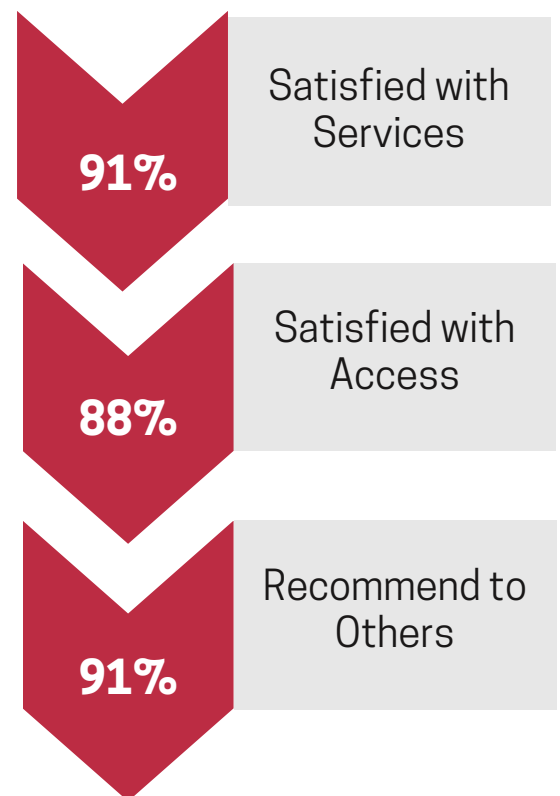
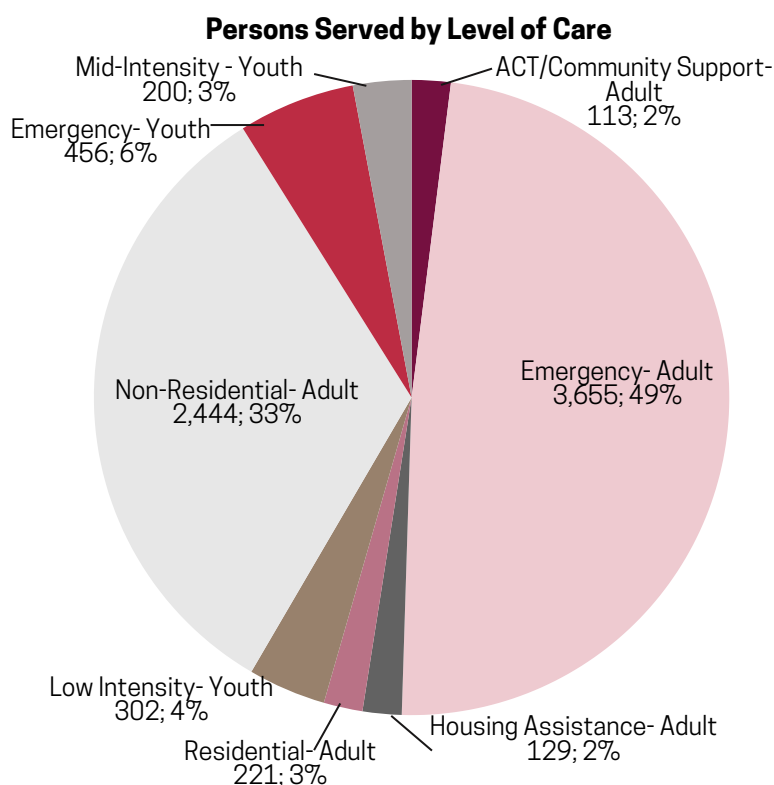
Prevention



Regional Administration

NETWORK MANAGEMENT AND SYSTEM COORDINATION

The Region 3 **Quality Improvement: Performance Measurement and Reporting** is a systematic and continuous process designed to improve and sustain satisfaction, access, and performance across all services provided through the service array. During FY23, 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.

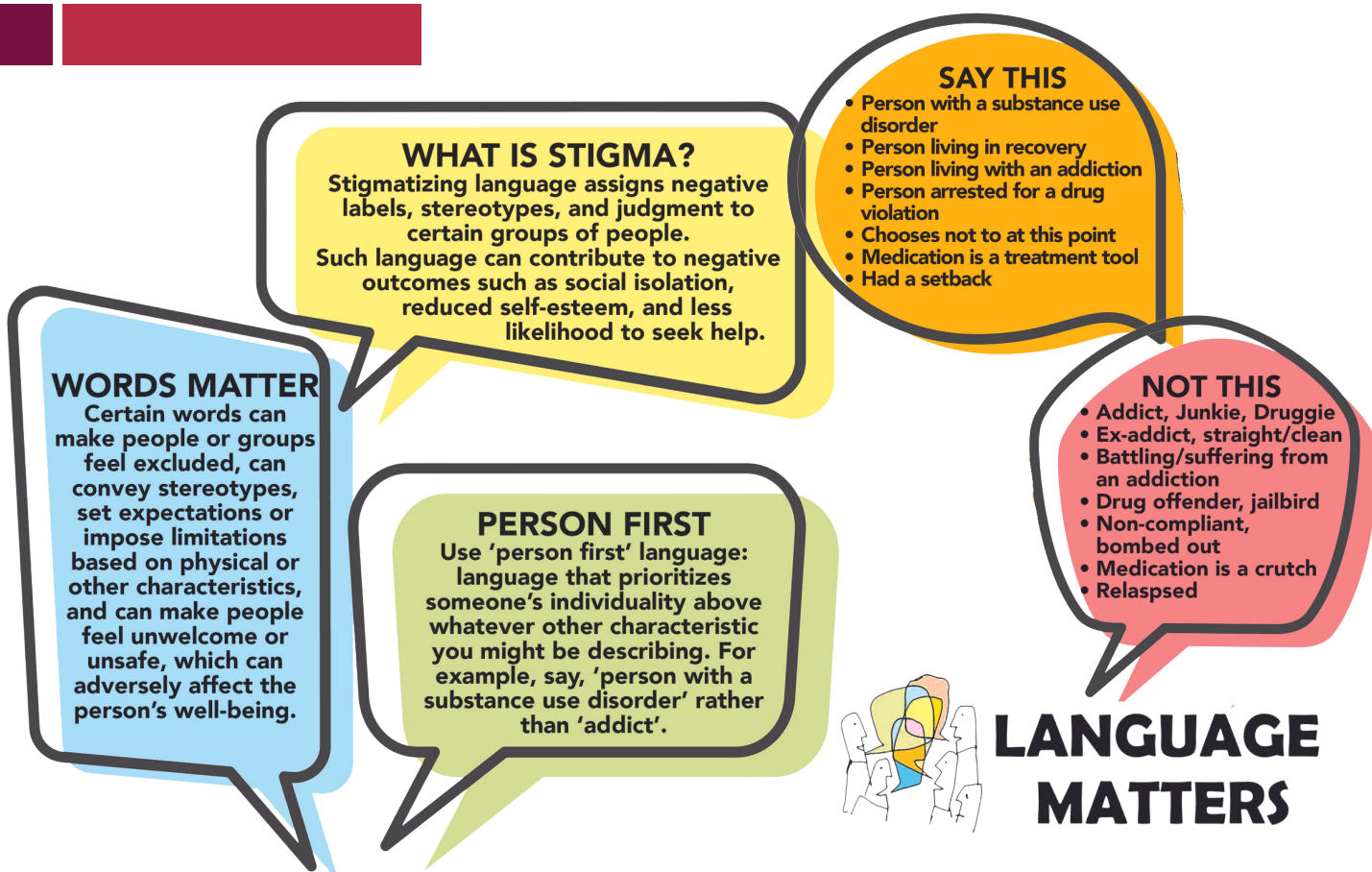


- **100%** of individuals discharged from psychiatric hospitalization were offered a medication management appointment within 21 days.
- **97%** of veterans participating in the Vets4Vets Program saw an increase in their overall functioning as measured by the DLA-20 Assessment.
- **93%** of individuals served by the Co-Responder Program reported an increase in ability to resolve future crisis.
- **92%** of individuals served by Supported Housing services were in stable living at time of discharge.
- **92%** of individuals served in Peer Support services achieved or partially achieved their goals.
- **84%** of individuals served through the Region 3 Provider Network were in stable living at discharge.
- **79%** of individuals meeting priority criteria were offered admission to Short-term Residential within 30 days of referral.
- **73%** of individuals served who were 19 or older were employed at discharge, excluding emergency and assessment services.
- **69%** of those served in Supported Employment were employed at discharge.
- The Crisis Stabilization Unit served **1,199** individuals with **99%** being diverted from an EPC and **85%** diverted from a voluntary hospitalization.

BEHAVIORAL HEALTH PARTICIPANT AND FAMILY COORDINATION

“

This year Region 3 has paid particular attention to the stigma individuals with behavioral health challenges experience. For instance, we have looked at the language we use to describe the people we serve. We have asked individuals within our coalition, Community Advocates Coalition, to weigh in on the terms used to describe themselves. *Consumer* is often a word used to describe someone who engages with behavioral health services, but not everyone with a behavioral health challenge utilizes a service. Our Coalition, comprised of individuals with lived experiences, agreed that they do not see themselves as someone or something that always “consumes”. Their preferred expression is to use; “individual”, “participant”, “person with a mental health disorder”, “person with a substance use disorder” or “a family member of a youth with a behavioral health disorder”. The emphasis is on the **individual**. The Coalition and Region 3 strive to use person-first language when we serve individuals. Over the course of FY23, we have been implementing this change across the Region’s system to show our sensitivity to language and the role it plays with stigma. Our policies reflect this change and Region 3 has been incorporating this into our organizational culture. Efforts included two posters that were designed and distributed to raise awareness about language. If we want to change the way people with behavior health challenges are viewed in our community, it all starts with language. As a provider, it is crucial that we lead in this movement to use more respectful terms that focus on people as **individuals** and not their disorders.



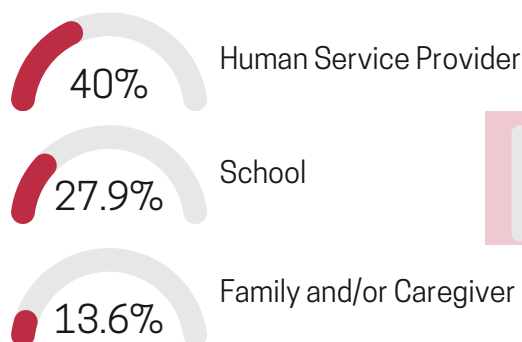
PROFESSIONAL PARTNER PROGRAM

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.

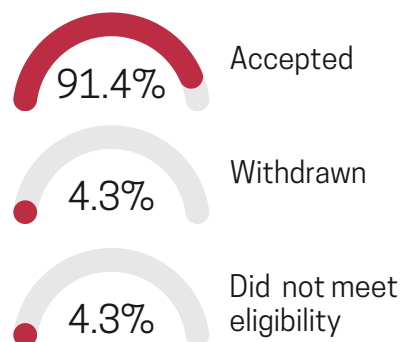
163 Youth and Young Adults served

Average Age 13.0 years old

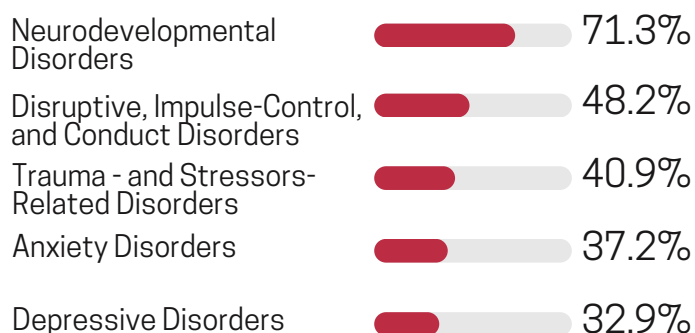
Top 3 Referral Sources FY23 (n=140)



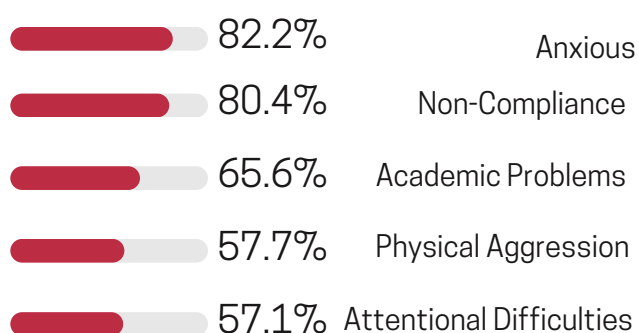
140 Referrals



Top 5 Diagnosis FY23 (n=163)



Top 5 Presenting Problems FY23 (n=163)



77 Discharged

Wraparound Fidelity

- **82.5%** Overall family satisfaction
- **77.9%** Caregivers (National Mean 72.0%)
- **74.4%** Team Members (National Mean 73.6%)
- **71.2%** 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.

116.9 Intake Average Total Score (n=67)
88.2 Discharge Average Total Score (n=67)

YOUTH SYSTEM OF CARE

Youth System of Care Activities

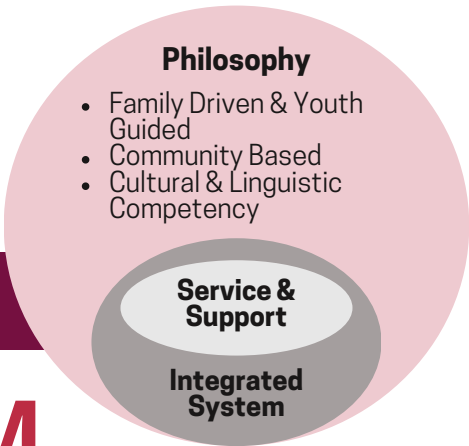
- Suicide Prevention, Means Safety, Screening and Safety Planning
- Buffalo, Hall, and Adams area community collaboratives and task force
- Cluster Based Planning
- Parent Connector Program
- Wraparound
- Children’s Mental Health Awareness Celebration
- First Episode Psychosis
- Hall County JDAI (Juvenile Detention, Alternatives and Interventions)
- NE Juvenile Justice Coalition Advisory Committee
- Collaboration with schools, Families CARE, behavioral health agencies, law enforcement, child welfare, probation, families, youth, young adults, and other community leaders

958 Youth served in FY23

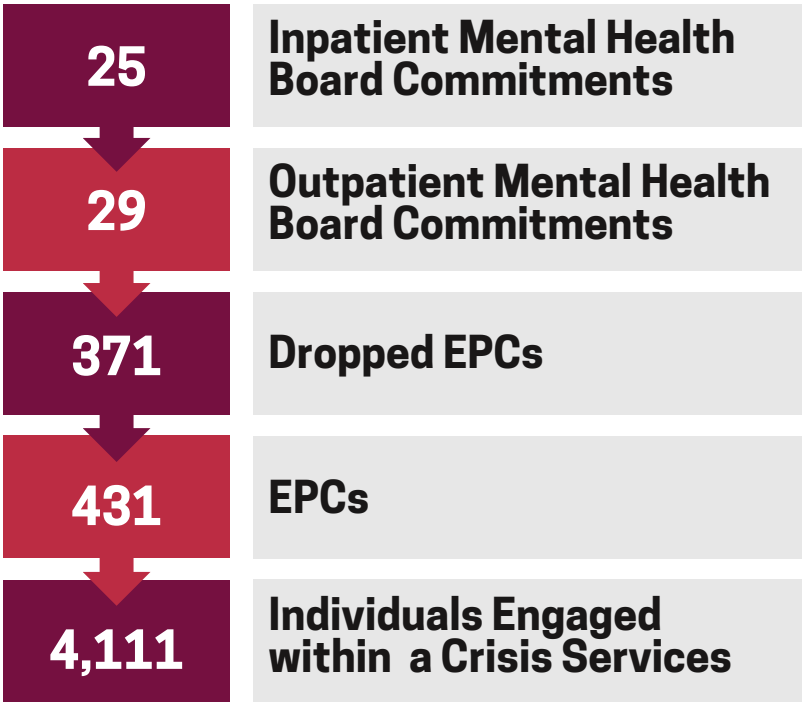
456 Crisis Services

302 Low intensity services

200 Middle intensity services



EMERGENCY SYSTEM COORDINATION



Services Available

- Acute Inpatient
- Co-Responder
- Crisis Response
- Crisis Stabilization
- Crisis Triage Center
- Emergency Community Support
- Emergency Psych System Coordination
- Medically Supported Detox & Social Detox
- Medication Management
- Emergency Protective Custody (EPC)
- Urgent Outpatient/Assessment
- 24-hour Crisis Phone Line

EMERGENCY COMMUNITY SUPPORT PROGRAM

The Emergency Community Support Program (ERCS) is as 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.

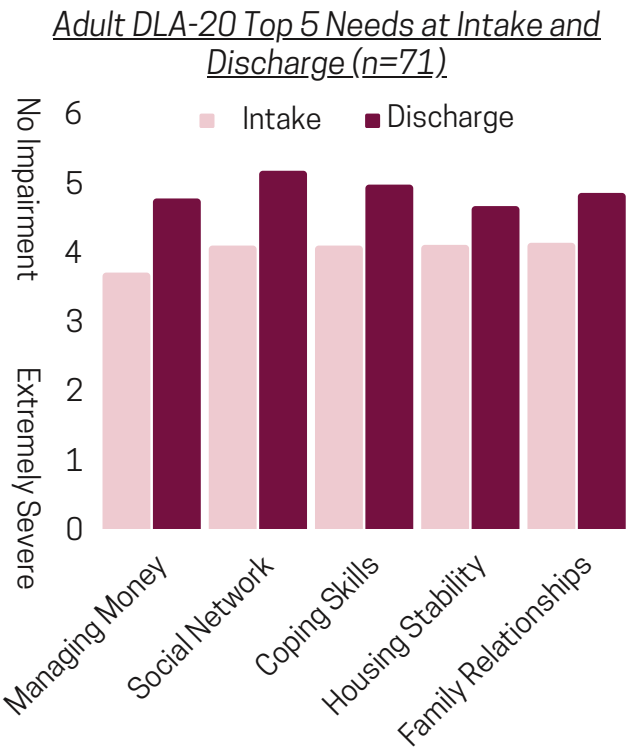
- 144** Individuals served
- 72** Average days of service
- 39.1** Average age
- 95.1%** Individuals reported they were satisfied with the services received

WHAT INDIVIDUALS SAY ABOUT THE EMERGENCY COMMUNITY SUPPORT PROGRAM:

"It was very personalized and helped me more than I can put into words."

"Great to work with. Helped me with what I needed. Would suggest to anyone."

- 88.3%** Individuals achieved or partially achieved their goals
- 85.5%** Intakes completed within 7 days of referral
- 43.8%** Prior substance use treatment



- Referral Source**
- Self – **43.1%**
 - MH/SUD Provider- **38.2%**
 - Community/Other – **9.0%**
 - Justice System – **9.7%**

82.8% Improvement on DLA-20 Assessment

HOUSING COORDINATION

129
INDIVIDUALS
RECEIVED
HOUSING
ASSISTANCE

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.

Region 3 Housing Assistance Program Provides Rental Assistance To:

- 102** Individuals with a Serious Mental Illness
- 12** Transitional Age Youth
- 11** Women with dependent children and pregnant women transitioning from a Therapeutic Community
- 4** Individuals with Substance Use Disorders

INCOME-EMPLOYMENT-DISABILITY

- 50** Individuals received SSI/SSDI
- 44** Individuals were potentially eligible for SSI/SSDI
- 40** Individuals were unemployed
- 29** Individuals were determined ineligible for SSI/SSDI
- 25** Individuals were employed part-time
- 11** Individuals were employed full-time

\$9,046
AVERAGE YEARLY
INCOME OF AN
INDIVIDUAL RECEIVING
HOUSING ASSISTANCE

In FY23, 75
Individuals Received
RSHA

- 74.7%** individuals experienced stimulant misuse in the past
- 26.7%** individuals experienced opioid misuse in the past

One-time assistance was available through Recovery Supported Housing Assistance (RSHA) for individuals who had completed treatment and were moving to recovery housing at Friendship House, Oxford House, or Revive Unity House. The assistance covered the first month's rent and/or deposit for those individuals transitioning back into the community with the goal that assistance would allow time for the individual to gain employment and become self-sufficient while also being connected to support services. The average amount requested was \$524.00, with a total of \$39,342.00 spent for RSHA.

PREVENTION SYSTEM COORDINATION

**7,330 PEOPLE DIRECTLY SERVED
THROUGH INDICATED,
SELECTIVE, AND UNIVERSAL
DIRECT PREVENTION STRATEGIES**

**1,194,005 PEOPLE REACHED
THROUGH IMPRESSIONS OF
*UNIVERSAL INDIRECT
PREVENTION STRATEGIES**

*Denotes duplicated numbers from media campaigns, PSA's, etc.

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.

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.

**1,365 PEOPLE
TRAINED IN BHECN
TRAININGS**

**2,468 PEOPLE
TRAINED IN TOTAL
REGION 3 TRAININGS**

**215 PEOPLE TRAINED
IN ADULT MHFA**

**103 PEOPLE TRAINED
IN YOUTH MHFA**

TARGET RESPONSE TO OPIOID

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, hosting *Safe Drug Disposal/Prescription Take Back* events.

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.

**1,910 SCHOOL-AGED CHILDREN WHO
RECEIVED EBP EDUCATION OVER
OPIOIDS**

**1,460 DRUG DISPOSAL PACKETS
DISTRIBUTED**

380 LOCK BOXES DISTRIBUTED

273 TAKE BACK POUNDS COLLECTED

SUICIDE PREVENTION

Region 3 hosted and offered suicide prevention trainings for the community. Evidence-based training Question, Persuade, Refer (QPR), Assessing and Managing Suicide Risk (AMSR), Collaborative Assessment and Management of Suicidality (CAMS), Signs of Suicide (SOS), and Suicide Postvention.

251 Students Trained in SOS

25 Professionals Trained in Suicide Postvention

132 Individuals Trained in QPR

22 Clinicians Trained in CAMS

21 Professionals Trained in AMSR



The *Zero Suicide* model operationalizes the core components necessary for health care systems to transform suicide care into seven elements.

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 our people we serve
- Participation in Veterans Administration Suicide Prevention Governor's Challenge and development of the Ask the Question campaign for healthcare and behavioral health settings
- Co-chair of the American Foundation Suicide Prevention (AFSP) Kearney Out of Darkness Walk
- Support to the Central Nebraska LOSS Team



REGION 3 BEHAVIORAL HEALTH SERVICES PROVIDER NETWORK

**4,060
INDIVIDUALS
SERVED**

During FY23 a total of 4,060 individuals (unduplicated count) were served by the Region 3 Behavioral Health Services Network. The duplicated count across the service array was 7,520 individuals including 6,562 (87.3%) adults and 958 (12.7%) youth who experienced behavioral health needs.

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

Dual Disorder Residential; Medically Managed Residential Withdrawal Management; Short Term Residential Treatment; Social Detoxification

Families CARE, Inc.
www.familiescare.org

Youth/Adult and Peer Support

Friendship House, Inc.
www.thefriendshiphouse.net

Halfway House; Outpatient therapy MH/SUD, Assessment MH/SUD

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

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

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

Assessment MH, Outpatient Therapy MH, Therapeutic Consultation; First Episode Psychosis Program - Team Lead, Outpatient

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

At Ease Outpatient MH; Military and Veteran Services - Vets4Vets, Co-Responder, Crisis Response, Assessment MH

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

Assessment MH; Outpatient Therapy MH; Medication Management; Multisystemic Therapy; First Episode Psychosis Program; Crisis Stabilization Unit; Social Setting Detox w/Medical Component; Crisis Response Youth

Region 3 Behavioral Health Services
www.region3.net

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

Mary Lanning Health Care
www.marylanning.org

Emergency Protective Custody Inpatient; Acute Inpatient; Subacute Inpatient; Post Commitment Inpatient; 24 Hour Crisis Line, Emergency Community Support

CHI Richard Young Behavioral Health
www.chihealth.com/en/services/behavioral-care

Emergency Protective Custody Inpatient; Acute Inpatient; Subacute Inpatient; Post Commitment Inpatient; Youth Crisis Inpatient; 24 Hour Crisis Line

REGION 3 BEHAVIORAL HEALTH SERVICES PROVIDER NETWORK

CHI Richard Young Outpatient Clinic
www.chihealth.com/en/services/behavioral-care/levels/outpatient/richard-young-outpatient

Assessment MH; Outpatient Therapy MH; Medication Management

CHI St. Francis Alcohol and Drug Treatment Center
www.chihealth.com/st-francis.htm

Short Term Residential Treatment; Intensive Outpatient Program; Assessment SUD; Outpatient Therapy SUD

South Central Behavioral Services
www.scbsne.com

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

The Bridge, Inc.
www.thehastingsbridge.com

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

The Bridge Behavioral Health
www.thebridgenebraska.org

Medically Managed Residential Withdrawal Management; Social Detoxification

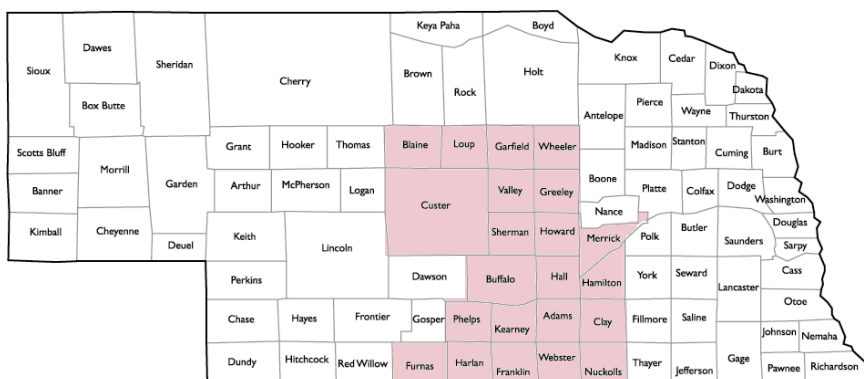
The Lanning Center
www.marylanning.org

Emergency Community Support; Medication Management; Assessment MH; Outpatient Therapy MH

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

Dual Disorder Residential

Community-Based Prevention Coalitions: Area Substance & Alcohol Abuse Prevention (ASAAP), Buffalo County Tobacco Free Coalition, Central Nebraska Council on Alcoholism and Addictions, Inc., County Organization for Prevention & Education (COPE) in Hamilton County, Garfield-Greeley-Loup-Wheeler (GLW) Children's Council, Prevention Project Coalition, Meth & Addictions Prevention Strategies (MAPS), Positive Pressure Community Coalition, Tobacco Free Hall County, and University of Nebraska Kearney (UNK) Substance Use Taskforce.



Our Service Area

We serve 22 counties in Central and South Central Nebraska covering approximately 15,000 square miles with a population of approximately 223,000 which is approximately 13% of the state's population.