

Region 6 Behavioral Healthcare

Annual Report

FY 2020



Working Together for a Healthy Nebraska

Mission

To organize and provide an effective and efficient system of quality behavioral health services for the people of Cass, Dodge, Douglas, Sarpy, and Washington Counties.

Vision

To provide leadership through collaborative efforts with stakeholders for a united and comprehensive behavioral health system responsive to community needs and preferences.

Values

Region 6 values the planning, development, and provision of accessible, community strength-based services.

Region6 embraces the focus on wellness and recovery through quality preventive, treatment and rehabilitative systems of care.

Region 6 promotes the active involvement of individuals, families, and communities while striving for continuous quality improvement.



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FROM THE BOARD PRESIDENT

Region 6 Behavioral Healthcare (Region 6) is the largest of Nebraska's six regional Behavioral Health Authorities, and is comprised of Cass, Dodge, Douglas, Sarpy, and Washington counties, located in eastern Nebraska. Region 6 receives county, state, and federal funds and operates through a contract with the Department of Health and Human Services System's Division of Behavioral Health (DBH). This structure allows for a unique partnership between county, state, and federal governments, county residents, and community organizations and as a result, over 20,000 service encounters were provided to individuals in need of behavioral health services in Fiscal Year (FY) 2020.

In November 2019, Region 6 Behavioral Healthcare awarded Nebraska Medicine a letter of intent following a Request for Proposal (RFP) for a Psychiatric Emergency Services (PES) program with an anticipated opening date in the fall of 2020. The PES was designed as an effort to reduce the number of individuals seeking acute mental health care in hospital emergency departments and will provide mental health emergency care in a trauma informed, short term environment.

During FY 2020, the counties in Region 6 experienced record level flooding that devastated the individuals and families impacted. Region 6's quick response to accessing federal funds allowed community agencies to secure the funds needed to establish the Nebraska Strong Crisis Counseling program. This program provided individual and family crisis counseling, public education, in-person educational supports, and distribution of goods and materials to those impacted by the flooding.

The end of FY 2020 saw the emergence of world-wide COVID-19 pandemic. In order to ensure that individuals in our communities would be able quickly access and receive behavioral health services, Region 6 submitted application and was awarded a Substance Abuse and Mental Health Services Administration (SAMHSA) Emergency grant. In partnership with DBH and service providers, Region 6 was able to ensure that behavioral health providers were able to smoothly and safely transition from the delivery of in-person services to telehealth services beginning in March 2020 as the virus spread began to impact service delivery.

Despite the unprecedented challenges experienced in FY 20, Region 6 was able to meet the behavioral health needs of the residents of Cass, Dodge, Douglas, Sarpy, and Washington Counties through innovative and creative responses. This could not have been done without the strong partnerships with our provider network and the commitment from our community stakeholders. We appreciate the dedicated efforts of the Regional Governing Board, the Behavioral Health Advisory Committee, the Consumer Advisory Team, our communities, providers and coalitions, and our valued employees for their support and commitment to building a healthy Nebraska by delivering an effective public behavioral health system.

Respectfully,

Douglas County Commissioner

Mary Ann Borgeson, Board Chair

Region 6 Counties

Region 6 Behavioral Healthcare serves the residents of Cass, Dodge, Douglas, Sarpy and Washington Counties in Eastern Nebraska.



Regional Governing Boards

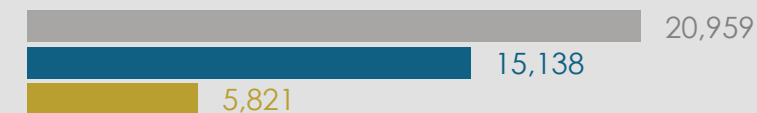
	Cass	Dodge	Douglas	Washington	Sarpy
Calendar Year 2020	Janet McCartney <i>Vice-Chair</i>	David Saalfeld	Mary Ann Borgeson <i>Chair</i>	Lisa Kramer <i>Secretary</i>	Angi Burmeister
Calendar Year 2019	Janet McCartney <i>Secretary</i>	David Saalfeld	Mary Ann Borgeson <i>Chair</i>	Lisa Kramer <i>Vice-Chair</i>	Jim Warren



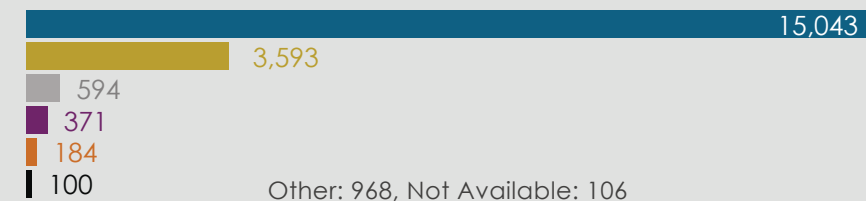
Who We Serve

Region 6 serves consumers through a network of service providers and direct services in all five counties. Below is a snapshot of consumers served in FY 20.

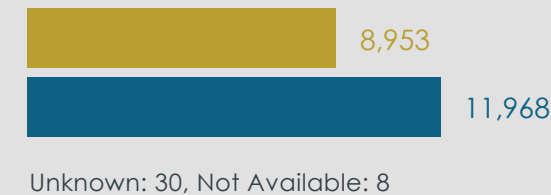
Consumers Served: Total Encounters, MH Service Encounters, SUD Service Encounters



Race: White, Black, Amer. Indian, Two +, Asian, Nat. Hawaiian



Gender: Female, Male, Unknown or N/A



Age: 0-12Y, 13-19Y, 20+Y



What our Stakeholders said about Region 6

"Their commitment to quality is evident in their administration through network providers."

"Dedicated employees care about consumers and contribute good ideas to modifying the system to be more effective."

"Region 6 is well integrated into the community; staff collaborate to create a seamless behavioral health system."

Region 6 is "very inclusive, open to helping all, data driven, organized, and open to new ideas."

FY 20 Stakeholder Survey Respondents

ARCH
 Capstone Behavioral Health
 Charles Drew
 CHI Health
 Community Alliance
 CenterPointe
 Douglas County Community MH Center
 East Central District Health Department
 Heartland Family Services
 Lutheran Family Services
 Methodist Fremont Health
 Nebraska Medicine
 Nebraska Urban Indian Health Coalition
 One World Community Health
 Salvation Army
 Santa Monica
 Telecare

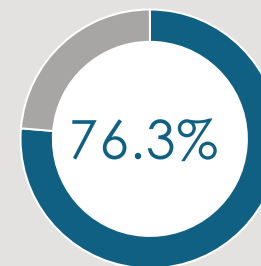
NETWORK SERVICES

Region 6 provides comprehensive and systemic planning, organizing, and monitoring of services provided to consumers through the public behavioral health system managing a network of service providers. Services provided directly to

the consumers include community based services, rehabilitative services, residential substance abuse services, and psychiatric services. Region 6 also serves as an advocate for consumers and the behavioral health system as a whole.

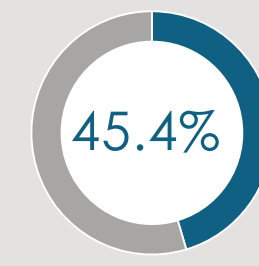
Key Service Outcomes

The outcomes highlighted below are reported quarterly and are focused on service outcomes for consumers. Each outcome is monitored for the achievement of the outcome with stakeholders on a quarterly basis.



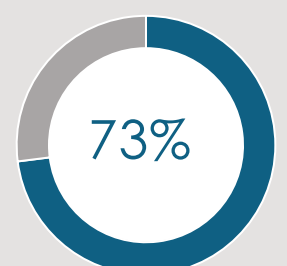
Timely Access to Services

29 of 38 Levels of Care met their established target for time from contact to admission.



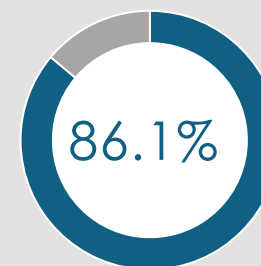
Improvement in Functioning: All Discharges

Improvement for all discharged consumers, no matter the type of discharge.



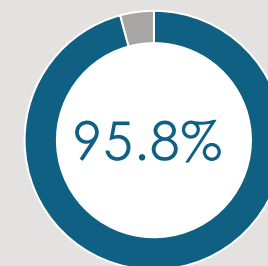
Improvement in Functioning: Pre/Post Assessment

Improvement for all consumers with a pre and post discharge assessment.



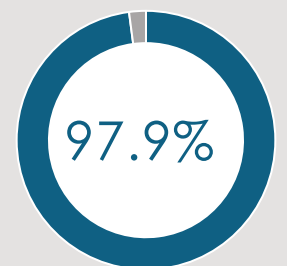
Reduction or No Increases in Substance Use: All Discharges

Percentage with a reduction or no increase in substance use for all discharged.



Reduction or No Increases in Substance Use: Pre/Post Assessment

Percentage with a reduction or no increase in substance use for all with a pre and post assessment



Reduced Hospitalizations

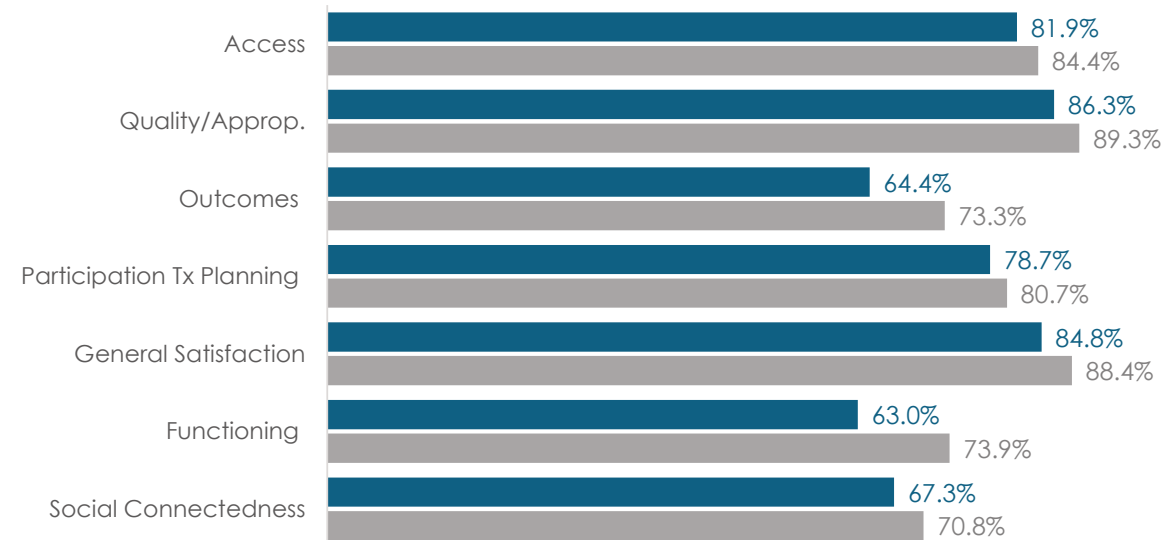
Percentage of consumers with no more than 1 psychiatric hospitalization in a quarter.

CONSUMER PERSPECTIVES

During the first, second and third quarters of 2020, the Department of Health and Human Services' Division of Behavioral Health (DBH) conducted the annual Behavioral Health Consumer Survey. This survey solicited input from adult and youth consumers (via caregivers) receiving mental health and/or substance use disorder services from the DBH-funded, community-based behavioral health system in Nebraska.

Below is a comparison of positive responses between Region 6 consumers and all consumers surveyed statewide, organized by survey domains.

2020 DBH Consumer Survey Domain Comparison:
Region 6 & Statewide



Domain Items with Highest Positive Responses for Region 6 Consumers

Access: Services were available at times that were good for me: 89.4%

Quality/Appropriate: Staff respected my wishes about who and who is not to be given information about my treatment: 91.8%

Outcomes: I am better able to control my life: 71.8%

Participation in Treatment Planning: I felt comfortable asking questions about my treatment and medication: 89.6%

General Satisfaction: I like the services that I received there: 88.2%

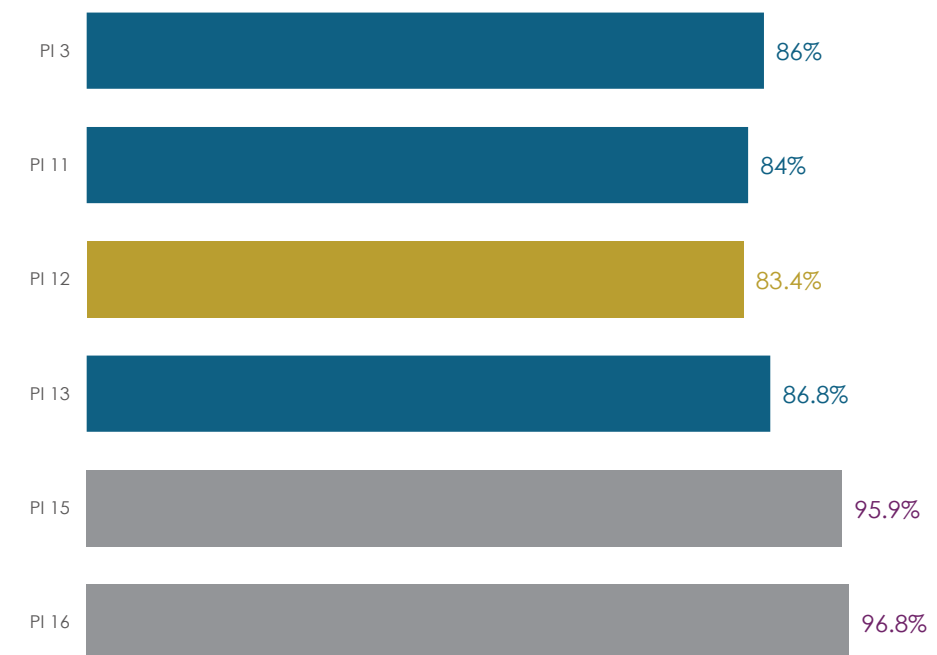
Functioning: I am better able to take care of my needs: 67.6%

Social Connectedness: In a crisis, I would have the support I need from family or friends: 78.1%

CONSUMER OUTCOMES

Consumer-reported performance indicators are measured through consumer surveys using a 5-point Likert scale questions at time of discharge, except item 3. The items below indicate the percentage of consumers who reported positive responses of "Strongly Agree" or "Agree" to the indicated item.

- Indicators 3, 11, & 13 are asked of all consumers
 - PI 3: Timely Accesses to Care
 - PI 11: Improvement in Functioning
 - PI 13: Satisfaction with Services
- Indicator 12: Improvement in Dealing with Crisis
 - PI 12 is asked of the following levels of care:
 - Acute, Detox-Voluntary, Emergency Community Support, Hospital Diversion, Mental Health Respite, Mobile Crisis Response, Outpatient-MH Youth (Juvenile Justice), Peer Support, Subacute, Urgent OP
- Indicators 15 & 16 are asked of Peer Support consumers only
 - PI 15: Support Working Towards Goals
 - PI 16: Feeling More Hopeful



177 CONSUMERS
Participated in Peer Support or
Provider & System Development



The Nebraska Strong Crisis Counseling program's federal grant was effective May 2019 - May 2020. Teams visited individuals and communities impacted by the flooding in all five Region 6 counties. Referrals were directed through the Nebraska Rural Response Hotline.

Nebraska Strong Crisis Counseling Program Impact

- Individual/Family Crisis Counseling: 1,604 encounters
- Public Education / Group Counseling: 1,660 encounters
- In Person Brief Educational Supports: 17,575 contacts
- Networking / Coalition: 13,001 contacts
- Materials Distributed: 26,291 materials

 A graphic with a white ribbon symbol on a light gray background. The text "Prevention Coalitions and Outcomes" is written in a large, bold, yellow font.

Prevention Coalitions and Outcomes

Region 6 coordinates a collaborative system of substance abuse prevention coalitions and promotes mental health awareness and suicide prevention.

Mental Health First Aid

354 individuals from all Region 6 counties participated in 22 Adult and 4 Youth Mental Health First Aid courses

Opioid Overdose Prevention

614 medication lockboxes and the provision of Detera Medication Deactivation Pouches allowed for the safe storage and disposal of medications through the State Opioid Response (SOR) grant

Project Extra Mile

496 alcohol compliance checks were conducted, exceeding the goal of 300 establishments by 65%

Coalition Rx

32 students completed the program material in an adjusted virtual platform. Strengthening Families Program served 8 families through the 12-week course.

Coalition Development

The Sarpy/Cass Health Department and Three Rivers Health Department have been working through the Communities that Care planning process to develop substance abuse prevention coalitions in Cass and Dodge Counties.

**System
Priorities**

**Substance
Abuse
Prevention**

**Mental
Health
Promotion**

**Suicide
Prevention**

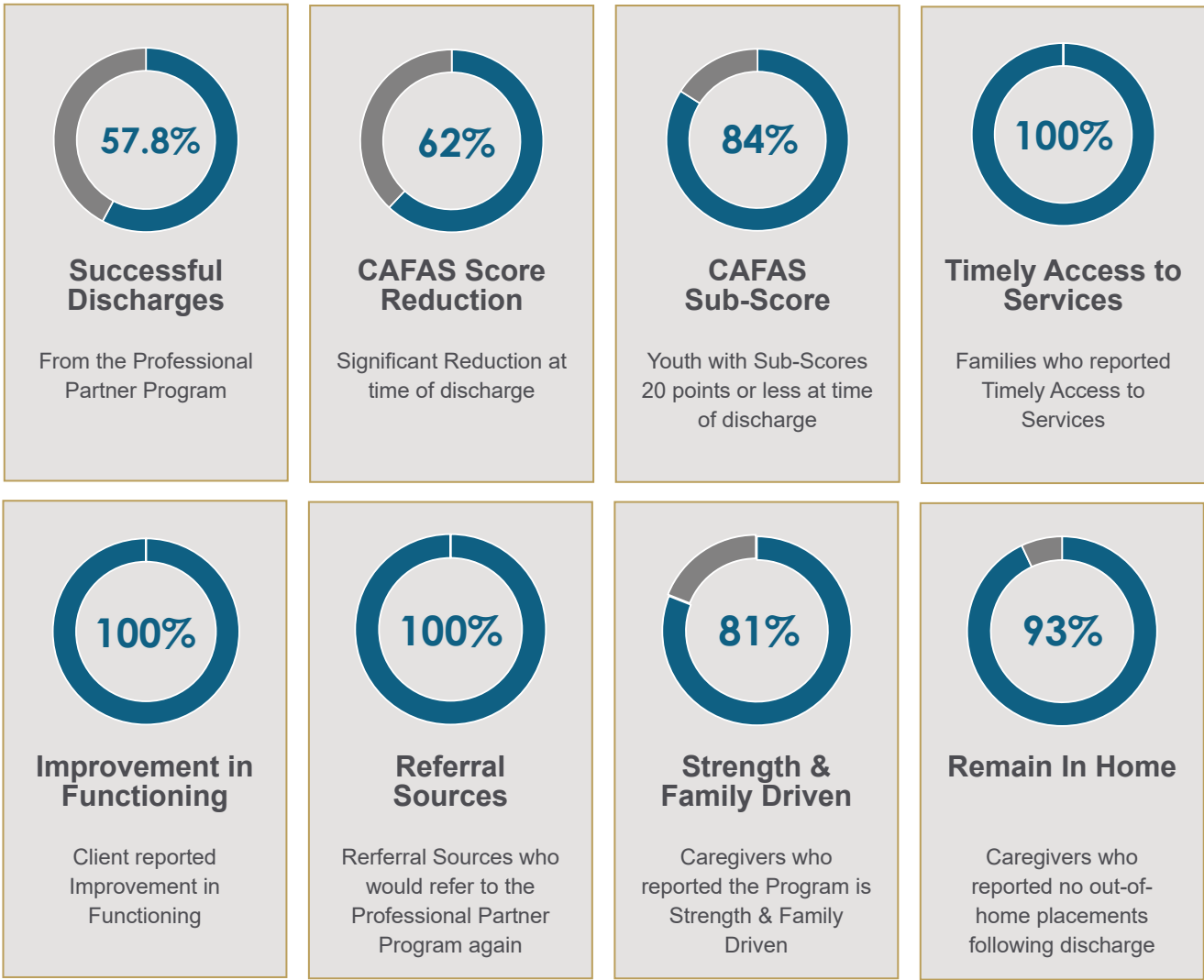


The Professional Partner Program provides strength and family driven behavioral health coordination, based on the wraparound model for children, young adults, and their families.

The program is designed to help families achieve stability, improve functioning, and get families in touch with community based resources and services to improve family outcomes.

Program Outcomes

Outcomes of the Professional Partner Program are designed to help families meet their mental health needs, develop lasting and effective support networks, while providing satisfactory behavioral health coordination services utilizing the wraparound model.



THE STEPPINGUP INITIATIVE

**A National Initiative to
Reduce the Number of People
with Mental Illnesses in Jails**

CRIMINAL JUSTICE & BEHAVIORAL HEALTH

Stepping Up is a data-driven initiative designed to create systems-level change to reduce the number of individuals with serious mental illness in jails. The initiative urges

county leaders to review current practices and to adopt policies, programs and practices that impact the following 4 key measures.

Stepping Up: 4 Key Goals



Reduce the
Number of People
with a Serious
Mental Illness in
Jail



Shorten the
Average Length
of Stay for people
with a Serious
Mental Illness in
Jail



Increase the
Percentage of
Connections to
Care for People
with a Serious
Mental Illness in
Jail



Lower the Rates
of Recidivism for
individuals with a
Serious Mental
Illness in Jail

2020 Accomplishments/Initiatives

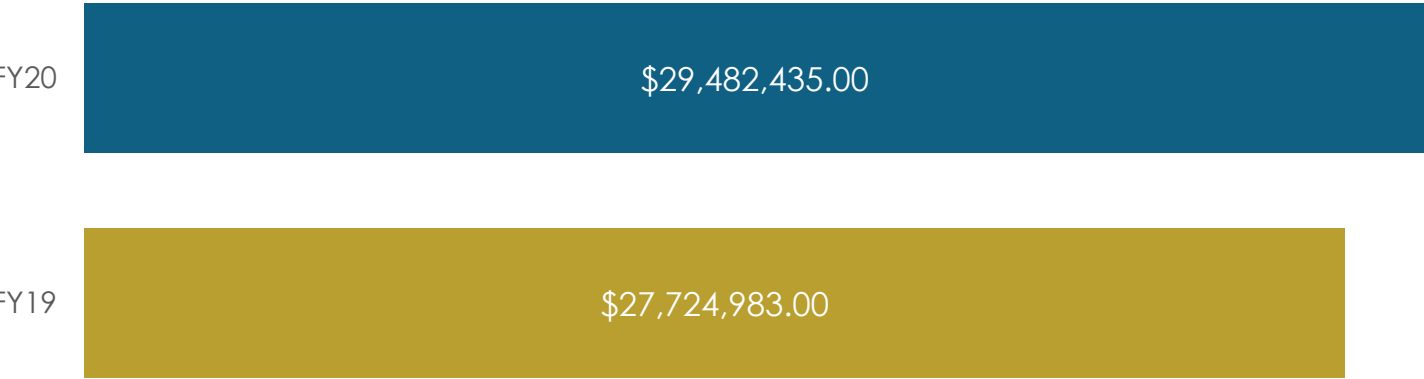
Cass, Douglas, Sarpy and Washington Counties all passed proclamations showing their support and commitment to the Stepping Up initiative. Douglas and Sarpy Counties both received the “Innovator County” designation for their work with gathering accurate and accessible data on the prevalence of people in their jails who have a serious mental illness. “Innovator Counties” have demonstrated their ability to use data to understand the scale of the problem and to better connect these individuals with the services and supports they need. Other 2020 accomplishments include:

- Continued participation with the SAMHSA Gain’s Center Learning Collaborative which provides technical assistance on best practices to improve the system’s response with delivering competency evaluations and restorative treatment.
- Mental Health First Aid training is delivered by in-house trained trainers (law enforcement and correctional officers).
- Implemented a pilot program to deliver specialized transition planning to individuals with complex behavioral health needs who have a history of incarceration; providing case management prior to and after release from jail.
- Participation in the national “Set, Measure, Achieve” campaign; established reduction targets for each of the Stepping Up 4 Key Measures.
- Utilized technology to convene both monthly and quarterly Stepping Up team meetings to review data in order to evaluate system-level progress on identified goals.
- Forward progress with streamlining data collection and reporting through the use of automated reports.
- Utilizing Master of Social Work (MSW) & Master of Science in Criminology and Criminal Justice (MSCRCJ) dual degree student to provide re-entry planning to high needs individuals in the Sarpy County Jail.



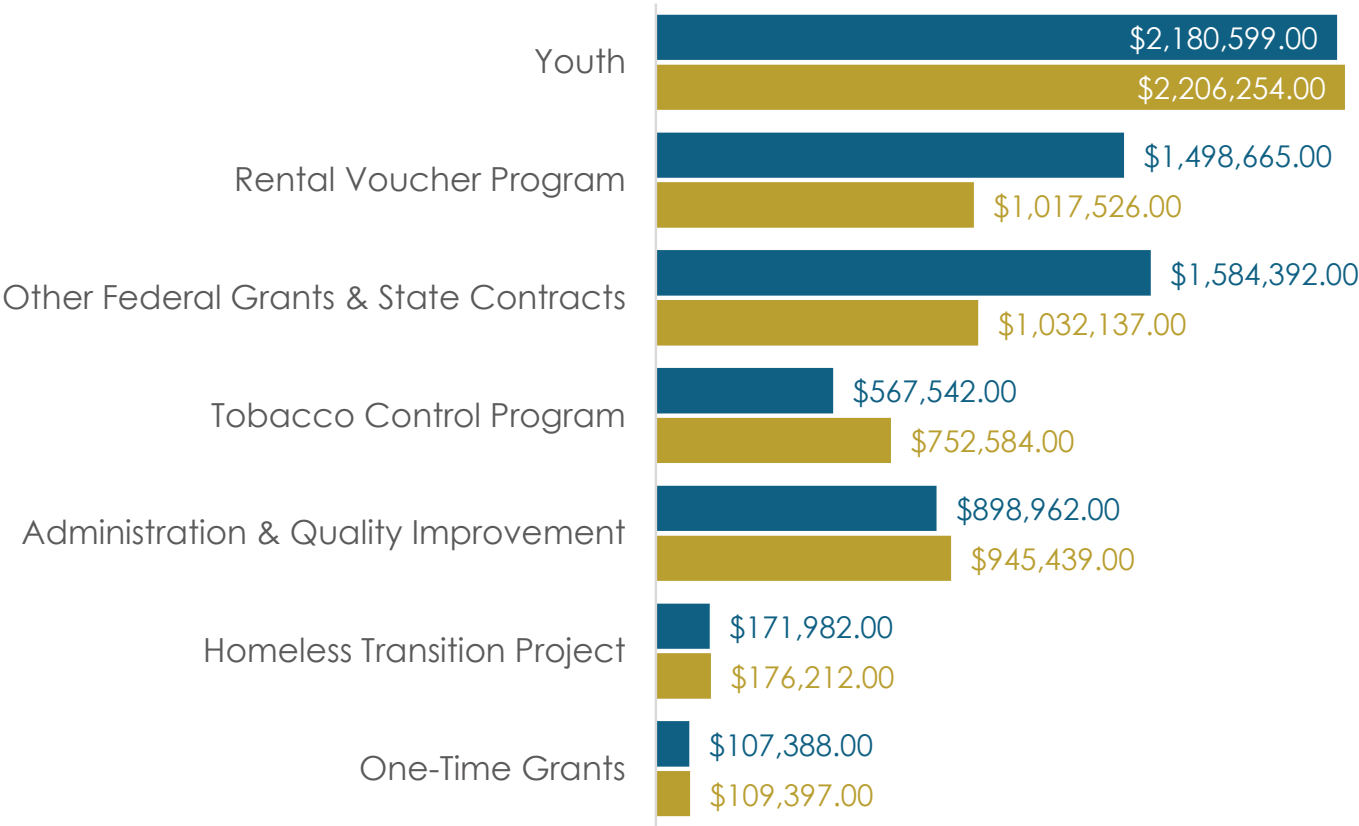
Community-Based Network Service Expenditures

FY20 compared to FY19



Annual Expenditures

FY20 compared to FY19



Region 6 Behavioral Healthcare

4715 S. 132nd Street | Omaha, NE 68137
www.regionsix.com

Working Together for a Healthy Nebraska

Cass - Dodge - Douglas - Sarpy - Washington