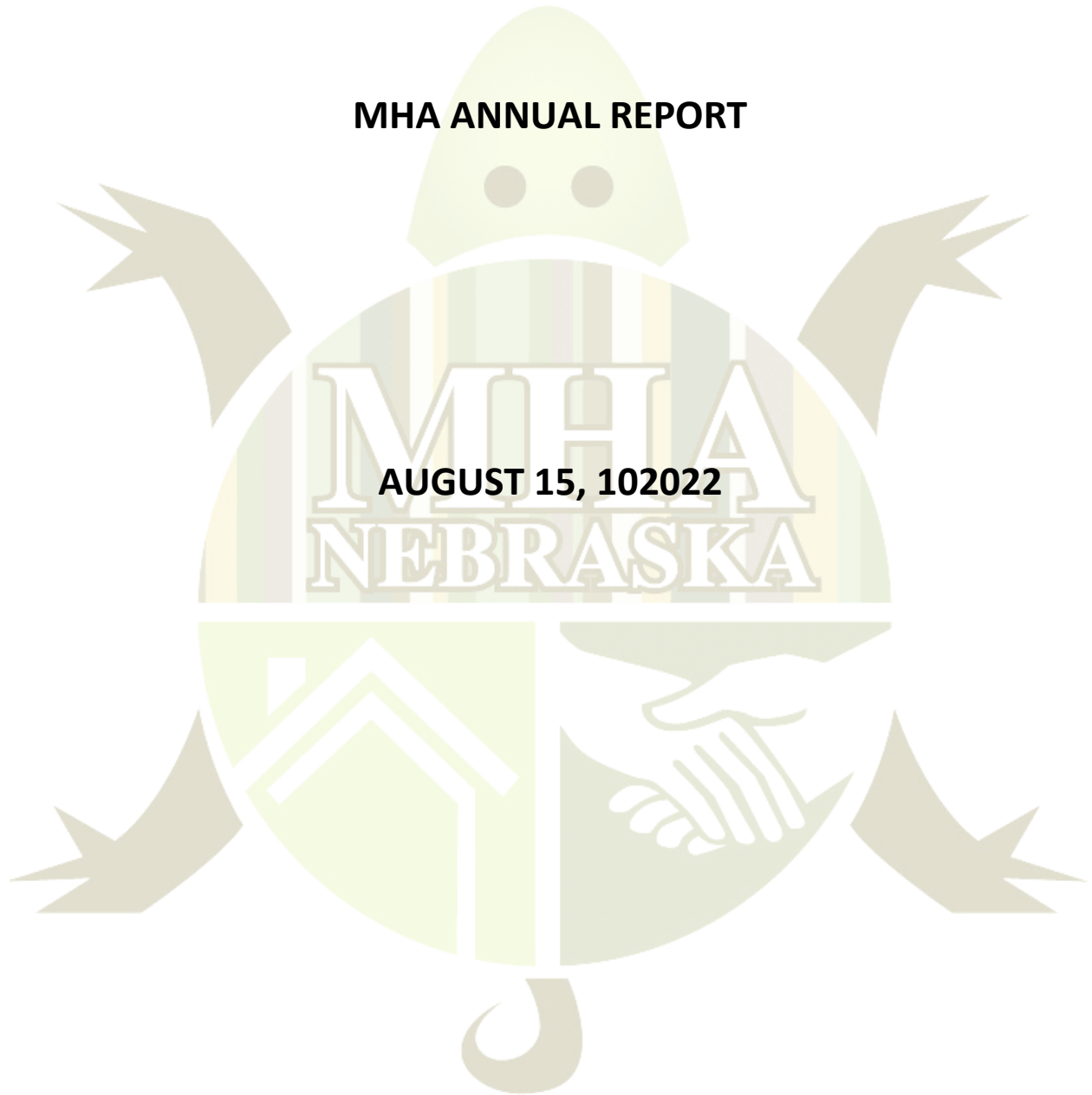


MHA ANNUAL REPORT



MHA Annual Report

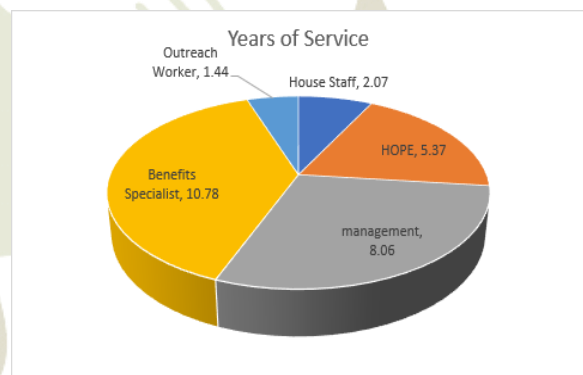
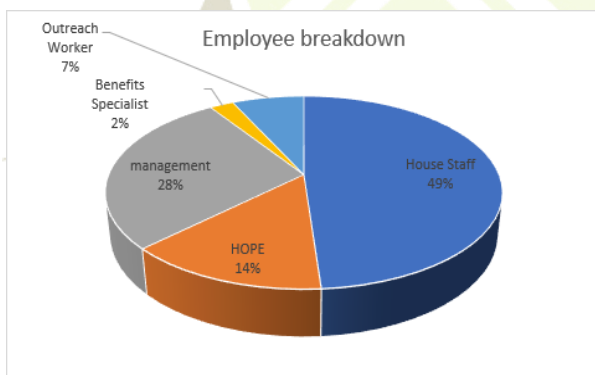
July 2021 to June 2022

Overview

The Mental Health Association of Nebraska (MHA) is a 501(c)(3) not-for-profit, nationally accredited through The Commission on Accreditation of Rehabilitation Facilities (CARF) and governed by a 12-member Board of Directors. MHA is a peer-run, peer-driven organization employing over 45 Peer Specialists and the largest of its kind in the Midwest. We have a 15-year history of providing excellent services, demonstrated by our strong outcomes, excellent community support, and the continued growth and demand of our programs. All individuals employed with MHA have a substantial history of mental illness, substance use, trauma and/or incarceration, with a strong passion to serve those who are struggling to move forward. Part of our recovery is giving back what was once given to us. Peer Specialists use their own life experience to support and walk along with participants through life's challenges. We offer a variety of services to assist individuals in finding wellness and hope. All our services are voluntary, and all participants can expect to be treated with dignity and respect.

MHA Personnel Information

As of June 2022, MHA had forty-seven employees on payroll. Approximately 70% of our staff are FT employees and have an average of 5.54 years of service. We have twenty-four employees with less than 5 years of service, seven with 5-10 years of service, and seven with more than 10 years of service. The two charts below reference the breakdown of staff by positions and then their average years of service within the programs.



Health and Safety Information

Since beginning of health and safety drills earlier this year, we have completed ninety-six drills using a combination of both in-person and over the phone drills. Drills have been conducted on all three shifts and have covered 85% of staff and management, as well as 100% of all staff who cover shifts in the houses. Drills have been conducted on Fire, Medical Emergency, Tornado, Power Outrages, Bomb Threats, and Workplace Threats and Violence. Over the five months of conducting drills, we have seen significant improvement in staff confidence and their ability to do drills. In the beginning, approximately 50% of the drills needed coaching and/or guidance through them, now we are seeing that most are done without questions if staff are conducting them correctly. Due to this growth, we have been able to expand from basic level drills to challenging staff with additional difficulty to test their knowledge base. Several items have been identified from doing these drills that we have modified or corrected because of them. Examples include things such as getting fire ladders for the houses, making sure the processes are working as they are supposed to be, and ensuring the emergency kits are easily accessible and stocked appropriately. We are currently in the process of implementing follow up emails to the participants with key take aways and answering any questions they may have had that we were not able to answer at the time of the drill. This also allows us the opportunity to provide additional education or training to MHA staff in the category in which the drill was conducted.

Building Safety Inspections

Building inspections were completed in both Honu Home and Keya House on all three shifts since January of this year. Overall, the houses are in good condition. MHA received enough funding to repair the foundation at Keya House in June and funding to update the heating and air systems, weatherization, and flooring. We are currently working towards getting the roof repaired due to a storm resulting in an insurance claim. In the past few months, we have been identifying and addressing issues that have been recognized in the inspection or from staff working in the houses. Updated fire exit signs and cameras were installed at the front door to ensure staff and guest safety.

Maintenance tracking has also improved the efficiency in getting identified issues addressed. Since December, we have had eighty-five maintenance concerns, with sixty being at Honu Home and twenty-five being at Keya House. Currently, we have thirty-six open maintenance concerns, with the majority coming from the most recent inspections of both houses. We also participated in the Region building safety audit in March.

Risk Management Plan

In 2021, MHA staff identified twenty risk factors to be monitored. These risks to the organization included loss of accreditation, breach of confidentiality, and loss of revenue, only to name a few. In reviewing the Risk Management Plan, all actions steps identified to reduce risk to the organization were completed.

MHA's strategic plan has been monitored and reviewed at least quarterly. Staff trainings, performance evaluations, and new employee orientation processes have all been updated, improved, or developed. All health and safety, HIPAA, and CARF required trainings have also been updated and provided at a minimum annually.

This year MHA administrative staff have identified four additional potential risk factors, such as change in elected and/or appointed officials, unethical conduct by MHA staff (especially inside a state or county institution), and with regards to the opioid epidemic, the risk of overdose by MHA staff and/or participants. However, we are still concerned with the limited access to Narcan and overdose preventative measures.

Quality Improvement Plan

The Quality Improvement Plan was reviewed and updated. Many standards to be monitored and improved were identified during our last survey and action steps have been identified to come into or remain in compliance. All MHA policies and procedures were revised and updated.

A staff member was designated as the Compliance Officer. They will monitor all matters pertaining to the organization's compliance with MHA's policies, procedures, and contractual agreements. MHA's Plans, such as those listed in this document, will be reviewed, and analyzed annually and the outcomes will be reported at the August MHA Board of Directors meeting. A Compliance Officer email was created and distributed to staff both via email and can be located on MHA's website for anyone to report a concern.

In looking at CARF standards, a comprehensive Quality Improvement Plan was developed to ensure MHA is meeting and/or exceeding the standards.

Diversity and Inclusion Plan

The 2021 Diversity and Inclusion Plan included developing an interview process that allows MHA to identify and hire people who bring diverse and inclusive backgrounds to our team. This task has been completed by adding questions regarding diversity to MHA's interview process and diversifying the MHA Management Team and their involvement in the hiring process.

A questionnaire was created on survey monkey that we have asked staff to anonymously complete, which includes asking them about their racial and ethnic backgrounds, but also lived experience with trauma, hearing voices, histories of incarceration and/or substance use, if they identify with the LGBTQ+ community, etc. The goal of MHA is to have peers who represent participants across all programs.

Accessibility/Special Accommodations

This past year, special accommodations were made for staff and participants. A staff member with underlying health issues was excused from mandatory staff meetings and two staff members lost daycare (due to COVID and other circumstances). Accommodations were made to allow to work with their schedules.

MHA has allowed program participants/house guests to switch rooms when they have had medical reasons for needing their own bathroom. One guest said they were being triggered at night by being next to the stairs, as this reminded him of past trauma. Staff provided additional options. A female guest

had issues sharing a bathroom with a male guest due to past trauma as well. She was also accommodated in finding another option.

Multiple staff have been allowed to participate in meetings via zoom during increasing COVID case numbers due to health concerns.

An accommodation was made for a Honu Home guest who broke his leg and was provided the accessible room at Keya House.

A formal process is being developed and implemented to receive input from staff, participants, and community partners on barriers, accessibility, and reasonable accommodations that MHA can begin to address.

Program Data

R.E.A.L. Program

The R.E.A.L. Program is a nationally recognized program and is unique because it is not being done anywhere else in the county to the best of our knowledge.

How it works: An officer responds to a call for service. When they arrive, they learn that the individual could use additional support. They may suspect mental health issues and/or substance use, or the individual just got into an argument with their significant other or is struggling financially. There are no limitations to who can be referred.

Total number of Referrals = 499

Number of referrals peers were unable to locate = 138

Number of referrals peers were able to locate = 361

Number of those located who accepted services = 256 (71%)

The number of those who have accepted services has been higher in previous years. Like many others, MHA has had staffing issues and struggles competing in the workforce with higher wages being offered at other businesses throughout the area. There has been a fair amount of turnover, not only in the R.E.A.L. program, but in other programs throughout MHA, as well. This means we have less experienced peers learning to make those connections.

Number of unique officers referring = this year 120 unique officers referred to the R.E.A.L. Program.

R.E.A.L. Peers had forty-one in-person contacts in the Lancaster County Jail.

The Living Room

The project is still going on, but we feel it is highly underutilized and LPD has stated that as well. We have developed a plan to get the word out. Due to the competitive job market and shortage of staff we have had to increase wages and add extra benefits, because of this we have had to utilize Honu Home and R.E.A.L. Program staff to support the Living Room for the last three months. MHA typically has one

staff for every 25 participants, and The Living Room is currently supporting 22 people. We feel this is a good number as some need more support than others.

From October 2021 to May 2022, The Living Room had three new participants introduced by the Lincoln Police Department and six referrals have been made by other organizations for a total of nine new individuals being served. Thirteen participants continue to meet with MHA staff regularly at the Living Room. Currently the Living Room supports 22 ongoing participants with their recovery. Since October of 2021, 704 follow up calls have been made to these participants. We have had less new participant referrals to the Living Room but more ongoing support to those who have been introduced and continue to seek strategies for their recovery.

The hours remain the same 10 AM-9PM on weekdays however because Honu staff operates the Living Room phone, hours are flexible by current availability from MHA/Honu staff. MHA also now provides transportation to and from The Living Room when necessary.

Living Room staff in the last several months have facilitated six separate WRAP groups, provided training for new local law enforcement at two different recruit trainings including role playing mental health scenarios, and participated in one BETA training for law enforcement. Living Room staff are also involved in Nebraska's Zero Suicide Project and the Opioid Prevention Coalition.

The Living Room staff have made a total of 704 follow up calls to program participants.

H.O.P.E Program

The H.O.P.E. Program is MHA's supported employment (SE) program and was MHA's first provided service in 2007. Employment Specialist are taught the fidelity of the evidence-based practice of supported employment and expected to adhere to the fidelity of the model. The practice principles of supported employment are the following:

Based on the participants choice, SE services are integrated with comprehensive treatment teams of the participants choice, competitive employment, personalized benefits counseling. The job search starts soon after the participant expresses an interest in work and job seeking is based on the participants choice. MHA adheres to the place and train model, not the train and place model.

Number of referrals = 326

Number of Department of Corrections referrals = 301

Number of people obtaining employment = 228

Number of people still in progress = 74

Keya House

Keya House (4 bedrooms) opened in 2008. Fourteen years later, as of June 2022, we have served 1025 unduplicated people in our community. However, many individuals utilize the Keya House on a regular basis.

Over the past fiscal year (July '21 to June '22), we had 171 stays with 147 of those being official stays. That means, despite the difficulty some of these unofficial stays had caused, we had provided tangible hope for an individual trapped within a correctional facility because there was no outside support, a sober environment to get to treatment after the open bed was accidentally filled by someone else, a safe haven for someone stranded by a questionable companion far from home, or a secure transition after one's home and belongings had burned up; among a few examples.

During this same timeframe (July '21 to June '22), the phone was answered over 17,000 times. Of those calls, 6,697 were warmlines calls, meaning individuals who found someone willing to listen to them, process with them, and hopefully avert higher levels of care.

Keya House Satisfaction Survey Results

If I had other options, I would still get services from Keya House.

Total surveyed: 104 Total who answered yes: 103 (99%)

Would you recommend Keya House to a friend or family member?

Total Surveyed: 105 Total who answered yes: 104 (99%)

Staff were sensitive to my cultural background (race, religion, language, etc.).

Total Surveyed: 106 Total who answered yes: 104 (98%)

Services were available at times that were good for me.

Total Surveyed: 106 Total who answered yes: 105 (99%)

I, not staff, decided on my treatment goals.

Total Surveyed: 106 Total who answered yes: 104 (98%)

I am better able to handle things when they go wrong.

Total Surveyed: 105 Total who answered yes: 99 (94%)

I deal more effectively with daily problems.

Total Surveyed: 104 Total who answered yes: 94 (90%)

I am better to deal with crisis.

Total Surveyed: 103 Total who answered yes: 95 (92%)

In a crisis I would have the support I need from family and friends.

Total Surveyed: 102 Total who answered yes: 87 (85%)

Staff treated me with respect and dignity.

Total Surveyed: 100 Total who answered yes: 100 (100%)

The program was sensitive to any experienced or witnessed trauma in my life.

Total Surveyed: 98 Total who answered yes: 97 (99%)

Kame Benefits Program

MHA's belief is that people do not have to become a permanent fixture in our criminal justice system, behavioral health system, or our public welfare system. While some individuals may always need support, simply telling one not to work because it will affect their benefits is a disservice to people and our community. Therefore, we have competent staff who themselves have used the work incentives to return to work and who can support people in feeling safe in trying work also.

Number of referrals from the Nebraska Department of Correctional Services = 4

Number of referrals from Nebraska Vocational Rehabilitation = 14

Number of referrals from MHA H.O.P.E. Program = 6
There was one self-referral.

Honu Home

Honu Home is MHA's transitional living home, which has twenty individual bedrooms and fourteen bathrooms. This fiscal year, Honu Home had 101 individual guests and seventy-two of those individuals successfully transitioned back into the community. Eight people continued to reside there. The goal is for individuals to obtain safe, affordable housing and maintain that housing.

Activities that take place or have taken place at Honu Home include W.R.A.P., RentWise, Peer Support, Supported Employment, A.A., trauma support work, Circle of Security Parenting, and engaging in community activities. Our neighbors at the Lexington Assisted Living Facility have been gracious in donating items such as bedding and furniture that our guests can take with them when finding a place of their own. Bridges to Hope is also a strong partner that provides individuals with clothing and household items when needed.

Honu Home partners with the Nebraska Department of Correctional Services, Nebraska Adult Parole, and Nebraska Adult Probation in working with people and assisting with their reentry plans. Honu Home has assigned parole officers and a probation officer that meet with our team weekly. Thanks to our partnership with the Sherwood Foundation, individuals who need longer stays in order not to transition to homelessness are allowed the time they need until they are ready for permanent housing.

In the past year, MHA staff advocated for and spoke at city council meetings, housing task force meetings, and with policy makers to ensure for-profit companies were not coming into Lincoln, opening houses for reentering citizens, and not ensuring their safety. MHA supports safe, affordable housing options for people. This means we support agencies going through the proper zoning process and obtaining occupancy permits and fire inspections. MHA, along with many partners, were able to bring this to the attention of policy makers and it continues to be part of a meaningful and ongoing discussion today.

Many people have toured Honu Home this year, including Senators, City Council Members, other transitional living providers, consultants, Parole Board members, Probation Officers, and a variety of other funders.

Honu Home Quality of Life Outcomes

Upon checking into Honu Home, guests are asked to complete a Quality-of-Life Attainment Scale. This scale identifies how satisfied guests are on a scale of 1 – 5 with areas of their life such as employment, self-worth, and knowledge of resources.

The average entrance score was thirty-nine, the average interim score was forty-five, and the average exit score was forty-nine. Overall, people seemed to improve steadily while residing at the Honu Home.

Wellness Recovery Action Plan[®] (W.R.A.P.)

Many of us at MHA have had plans created for us: treatment plans, crisis plans, relapse prevention plans, discharge plans, vocational plans, the list goes on. W.R.A.P.[®] is a plan we create for ourselves. A plan that looks at how we feel when we are well and not just focusing on when we are not well. W.R.A.P.[®] is an evidence-based practice that has not only the research that we read about, but the many peers whose lives have changed when they are given the permission to not only be responsible for but be the driver of their own healthcare.

Within the Nebraska Department of Correctional Services, 217 people have participated in a W.R.A.P.[®] Of those who participated, 188 people completed W.R.A.P.[®] Unsuccessful completions are reported for several reasons, including self-withdrawal and a facility transfer being the most common.

According to the Nebraska Center for Justice Research: Vocational and Life Skills Evaluation Annual Report July 1, 2019-June 2020 on average, W.R.A.P.[®] participants had three misconduct reports on average and the general population had an average of 5.5.

Intentional Peer Support

Intentional Peer Support (IPS) is an evidence-based international model founded by Sherry Mead and directed by Chris Hansen. Currently, MHA has three staff who have completed the train-the-trainer and are able to facilitate IPS Trainings. All the individuals who are trained by MHA Facilitators are certified through IPS Central.

MHA has a contract with the Nebraska Department of Correctional Services to implement a peer support program within the walls of Nebraska's correctional facilities. In total, seventy-nine people have been trained in six different facilities. This includes the Nebraska State Penitentiary (NSP), the Tecumseh State Correctional Institution (TSCI), the Nebraska Correctional Center for Women (NCCW), the Nebraska Correctional Youth Facility (NCYF), the Omaha Correctional Center (OCC), and the Reception and Treatment Center (RTC), formally known as the Lincoln Correctional Center (LCC). This year, nineteen new individuals were certified in IPS, and six refresher trainings were provided.

Many of the people who are certified in IPS have long prison sentences and some have life sentences. For some of them, IPS gives them purpose. The priority was to support those who were residing in restricted housing in hopes to foster relationships that would support them living in general population. Having Peer Support Specialists inside facilities gives the population the opportunity to learn and grow, with the hopes to create an environment conducive to recovery and "moving towards," instead of "moving away" or "quitting".

Several IPS trainings are scheduled to take place this fall. This includes TSCI, LCC, and for MHA staff members.

Organizational Successes:

Expansion of the R.E.A.L. Program outside of Lincoln and into five rural counties in Region V.

The increase in MHA's overall budget and increase in service area capacity.

Continued national recognition through presentations at nationwide conferences, as well as training, technical assistance, and online seminar presentations to national audiences.

The award for Keya House renovations and improvements to Honu Home.

Extended contracts with all current funders and an additional contract to provide W.R.A.P. at the Lancaster County Jail.

MHA Peers served 212 individuals in our peer prevention program at the Community Corrections Center-Lincoln.

MHA Peer Outreach Workers served 110 individuals the Community Corrections Center-Lincoln

Overall total served in MHA's Reentry services = 754 persons (this number excludes W.R.A.P. participants and people trained in IPS who are currently incarcerated).

Overall nonduplicated individuals served throughout all MHA services = 1,706 people

Total number of Keya House warmline calls = 6,697

Total number of Honu Home warmline calls = 7,898

Total number of warmline calls between both locations = 14,595

Webinars/Presentations

MHA has spoken several times at the local (Nebraska), regional (Iowa), and national (Pittsburgh, West Palm Beach, Las Vegas, Phoenix, Denver, etc.) levels.

Nationally, MHA participated in the following:

As a Subject Matter Expert (in collaboration with the Lincoln Police Department) with the Substance Abuse and Mental Health Services Administration (SAMHSA) GAINS Center for Behavioral Health and Justice Transformation Learning Collaborative Series, which consisted of several presentations and one conversation specifically with representatives from the State of New Jersey.

On March 15th, 2022, MHA, in collaboration with the Lincoln Police Department, presented the Crisis Intervention Team (CIT) Echo online seminar with representatives from the state of New Mexico.

A conversation with the Missouri State Department of Corrections and Colorado State Department of Corrections initiated by Nebraska Department of Correctional Service staff.

A conversation with representatives from the criminal justice system in Canada, initiated by Dawn Renee, Deputy Director of the Nebraska Department of Corrections.

A workshop presentation at the CIT International Conference, which took place in Phoenix, Arizona in collaboration with the Lincoln Police Department in August of 2021.

Sioux Falls, SD Mission: Possible Conference which took place August 19th, 2021.

National Association of Case Management Conference, which took place in Las Vegas, Nevada in collaboration with the Lincoln Police Department on September 30th -October 2nd, 2021.

MHA staff were invited to present and participate in a discussion with fellows of the National Conference of State Legislatures (NCSL) in Denver, Colorado on June 4th, 2022.



A Recovery Story

A resident in a small southeastern Nebraska town has been struggling much of her life with mental health issues (we will call her Cindy). Over the last five years, she has reported that her property has been vandalized and fuel has been repeatedly stolen from her vehicle. Local police and sheriff's deputies from her county have not been able to assist her. Both law enforcement officers and Cindy have become frustrated. Conversations have turned into law enforcement officers being yelled at repeatedly for not being able to assist her over what she feels should be an easy crime to solve. Cindy had developed a reputation for yelling at the community and burning bridges with most services, including the local grocery store, two different mechanics, and the town post office. In return, Cindy feels like the entire community has betrayed and let her down.

A referral was sent, and a connection made between her and the MHA peers. After the second visit and the beginning of her trusting us, she brought out two photos and handed them to the peer. One was of her mother who had passed in the last two years, the other was of her son who had been taken by the river and died as a young adult almost ten years ago. The month of June was the anniversary of both losses, and the grief continues to overwhelm her. When MHA met her, she had no phone service, no food, and was positive her brake lines had been cut but some local delinquent.

Currently, we are meeting with her in her hometown weekly. Cindy has a telephone, food, resources for her daily needs, and has talked about the purpose she has felt from employment and relationships that were valued in the past from working. She has never yelled at the peers. We have also received correspondence from a deputy saying that her demeanor has shifted. Cindy spoke to him instead of yelling and threatening him for the first time that he can remember. This deputy also said that what the R.E.A.L. Program peers are doing is not only evident Cindy had recently treated him, but the interaction has allowed him to view Cindy in a different lens. He has hope that she can become a part of her town again, wants to support her, and has been somehow inspired by simply not being yelled at.

We will continue to support her with high hopes that Cindy will create the recovery she is seeking and continue to heal from such an impossible hurt. She is not alone anymore and has called staff the angels she has been hoping and praying for.

**Thank you to all the MHA Funders who make this possible.
We would not be able to do this without your continued support.**

Community Health Endowment

Sherwood Foundation

City of Lincoln

Nebraska Department of Correctional Services

Region V Systems

Lancaster County

Nebraska Investment Finance Authority

Woods Charitable Fund

Nebraska Adult Parole

Nebraska Adult Probation

MHA staff have learned from individuals on the inside of correctional facilities that despite their circumstances, the following is applicable:

“There is an African concept of the human family being one community. *Ubuntu*: “I am, because we are and since we are therefore, I am,” was said by J. S. Mbiti. *Ubuntu*: “a quality that includes essential human virtues; compassion and humanity” which fits our philosophy very well. Often, we build something and think *look what I have done*. We see success in someone else's life whom we are working with and think *look what I have done*. All along it is the individual that provided those personal successes, and it is *you* that provides the communal success for us all. Peer Support seems such a simple concept yet has such an enormous impact within many lives. That is because each of you contribute to the us and to the community, that we all want to thrive in”
- J. Witmer

May we continue to grow together here at MHA and wherever we are within the community at large.

Asante sana (which I recently learned means, thank you very much),

Kasey

Kasey Parker

Executive Director

Mental Health Association of Nebraska

