

2020-2022

**CASS, DOUGLAS, SARPY &
POTTAWATTAMIE COUNTY**



Metro Region Community Health Improvement Plan



2020-2022 Metro Region Community Health Improvement Plan

In 2018, Douglas, Sarpy/Cass, and Pottawattamie County Health Departments, Metropolitan Area Planning Agency, University of Nebraska Medical Center College of Public Health, United Way of the Midlands, area health systems, federally qualified health centers, and The Wellbeing Partners joined forces to advance a new community health improvement process. Together, more than 500 organizations, faith communities, and 3,500 individuals helped bring a region-wide focus on mental health and wellbeing. The result is a Community Health Improvement Plan (CHIP), a strategic plan that is formed by the community to meet the identified health needs of a geographic area and maintain reporting accountability.

This strategic CHIP utilized the National Association of City and County Health Official's (NACCHO) Mobilizing Action through Planning and Partnerships (MAPP) framework with a Steering Committee of partners and community members in a series of community surveys, conversations, and focus groups. A review of findings from the 2018 CHNA pointed to a common and elevated health issue across the four counties and two states – mental health.

Three key themes emerged to frame a response to address mental health:

- Common experience of stigma related to mental health
- Feeling of social isolation related to mental health
- Difficulty connecting to resources in the community

While evidence-based MAPP processes were followed, the development of this plan was led and shaped by the in-person and online community-led conversations that utilized the “Strategic Doing” framework to harness the community assets, personal assets of volunteers, and leverage those strengths in the areas of greatest energy. This process helped to amplify more voices throughout the process and ensure a responsive and iterative plan to meet the needs of the region.

The Metro Region Community Health Improvement Plan is available online at: tinyurl.com/uv86npvc

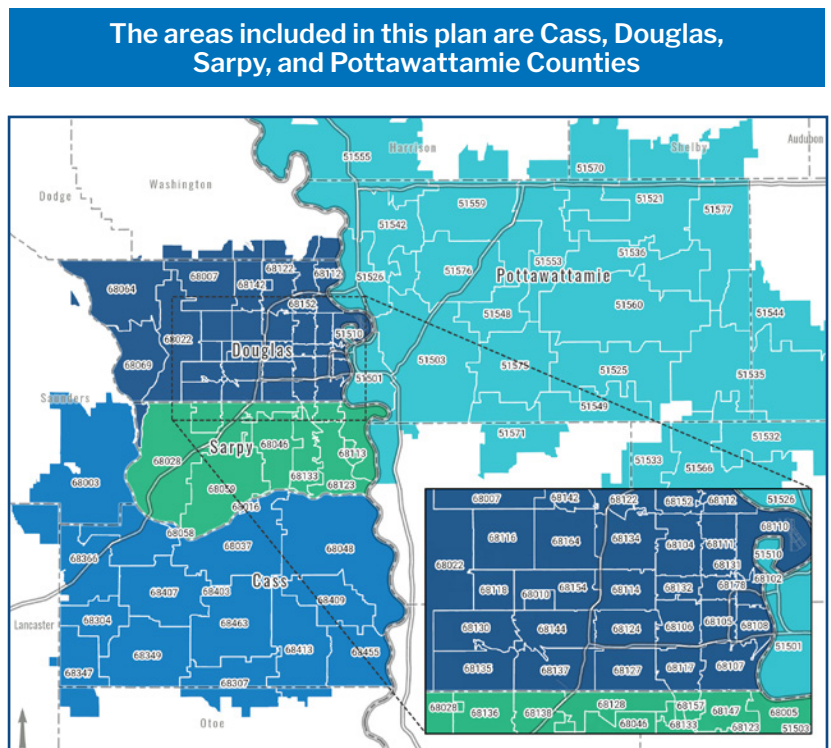


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Picture a world... where everyone thrives in a state of wellbeing in which every individual realizes their potential, can cope with normal life stresses, can work productively and fruitfully, and is able to make a contribution to the community.

World Health Organization

This is mental health.

Join us to explore this vision and identify key work that we can do together to support

ONE MILLION RESIDENTS

across Cass, Douglas, Pottawattamie and Sarpy Counties

How can you help?

➤ Recruit Residents

Resident expertise and voice are at the center of this effort. Help us connect with more local residents across Cass, Douglas, Pottawattamie and Sarpy counties to help guide this plan, key strategies and implementation.

➤ Participate or Lead a Work Group

Following the October session, work will begin in each county and in regionally-held work groups. Consider committing your organization or your personal time to support one of these groups to help drive implementation.

➤ Connect Time or Treasure

Please connect additional colleagues to this effort with subject matter expertise or special skills like data mapping, communication, etc. Connect the Cass, Douglas, Pottawattamie and Sarpy counties to local funders in your community or sector.

Join this movement today! Go to www.thewellbeingpartners.org/change to get more information.

Letter from Health Directors and The Wellbeing Partners

Since 2008, area health departments, health systems, federally qualified health systems, and nonprofit partners across the Greater Omaha and Council Bluffs area (Cass, Douglas, Pottawattamie, and Sarpy Counties) have conducted one adult Community Health Needs Assessment (CHA) together. Although the region assessed the community health needs together, each county developed and implemented their own Community Health Improvement Plan (CHIP), with each challenged to make impactful change in their community.

These partners made meaningful improvements, such as increasing access to health insurance, increasing access to fresh fruits and vegetables, decreasing teen pregnancy rates, and continued efforts at decreasing infant mortality rates. Despite significant progress, there is still more to be done.

For the first time in the region's history, three local health departments (Douglas County Health Department, Pottawattamie County Health Department, and the Sarpy/Cass Health Department), along with the convener, The Wellbeing Partners, have adopted a regional approach to addressing one health priority, as prioritized and identified by the Community Health Assessment data and feedback from community members: Mental Health.

Recognizing that people work, live, and play across Cass, Douglas, Sarpy, and Pottawattamie counties, the region's public health partners have joined together to make a bigger impact. We have a renewed commitment to working with our neighbors and community members on mental health and have increased community engagement more than ever before.

Over 235 community members were involved in the collection and analysis of data, selection of the priority area, and shaping of the CHIP's goals and strategies. While the goals and strategies were developed through a rigorous process, the plan is responsive to the needs of the communities that we serve and so the CHIP will be updated as new data, community partners, and supported community plans are identified. While COVID-19 delayed the completion of this document, the ongoing work of the CHIP has continued.

Sincerely,

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About the Plan

This plan follows the Public Health Accreditation Board's requirements for Community Health Improvement Plans. For a complete listing of participating organizations and partners, please see **Addendum 1.0 Acknowledgments and Community Participation**.

The Metro Region CHIP does not replace any other current action planning document produced by Douglas County Health Department (DCHD), Pottawattamie County Health Department, Sarpy/Cass Health Department, or The Wellbeing Partners. It also does not supersede any other planning document produced by any of our community partners and is in alignment with regional plans from organizations like the United Way of the Midlands, Project Harmony, Region 6 Behavioral Healthcare, the State of Nebraska, and the State of Iowa. This plan also aligns with the 2018 Pediatric and Adolescent Community Health Needs Assessment with an ongoing partnership to integrate work across the age continuum.

Grounding the Plan in the Region's Values

This CHIP is based on health equity, which we define as the highest level of health for all people. Both Douglas County Health Department and Pottawattamie County Health Departments Boards of Health passed racial equity resolutions in 2020 to align their organizations with the plan's values (See Action 7). The CHIP is also based on the World Health Organization's definition of mental health:

Mental health is defined as a state of well-being in which every individual realizes their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to their community.

The values articulated during the CHIP process:

- 1. Health Equity:** as a lens, a learning community, and a way of practice in every interaction and among the macro-interventions
- 2. Communication:** continuous feedback loops and data sharing back to the communities who generously gave their time to contribute their insights
- 3. Collaboration:** the entire region made a commitment to working to strengthen each other and mental wellbeing partners, employers, and community members have committed to collaborating to advance mental wellbeing for all
- 4. Impact:** focus on one issue and alignment across the region were identified as areas for improvement because each partner is committed to measurable outcomes that demonstrate clear impact on the health status of those living in the region

Alignment to Statewide Plans

This regional plan aligns with applicable statewide health improvement (SHIP) plans.

Nebraska SHIP (2017-2021)

Nebraska's comprehensive CHIP includes a focus area of "depression and suicide". Several members of the Regional Health Council participated in the planning process.

The specific plan objectives related to mental health include:

- Nebraska will have a coordinated system of care to address depression and suicide.
- Nebraskans will experience health equity and decreased health disparities.

[Click to access the Nebraska plan.](#)

Specifically, the Nebraska SHIP identified the following as action items within the plan to "improve interface between the health system and behavioral health system to address depression, suicide and stigma through primary prevention, education, and integration. Supporting the public health workforce, increasing protective factors among youth, and collaborating between service delivery systems may strengthen our response toward desired outcomes." Actions to consider included, "universal screening practices; training for public health and primary care workforce; environmental scan of the continuum of care and advocacy for preventive approaches."

Iowa SHIP (2017-2021)

Iowa's SHIP includes a focus area of "mental health, illness, and suicide", which includes the following indicators:

- Decrease the percentage of adults who reported their mental health was not good 14 or more days in the past 30 days.
- Increase the number of mental health providers (per 100,000 population).
- Increase the percentage of children ages 3-17 with a mental/behavioral condition who have received treatment or counseling

The action areas of this plan include a significant emphasis on the prevention of suicide deaths including a special focus on the Iowa Army National Guard, increasing behavioral health access across the continuum and educating pharmacists to be a part of the mental health referral process. Also notable are goals to reduce the use of prisons in Iowa to house individuals with chronic mental health issues and to increase the number of Iowans receiving gambling treatment counseling.

[Click here to access the Iowa plan.](#)

Alignment to National Plans

Healthy People 2030

Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first four decades. Current priorities focus on the prevention, screening, assessment, and treatment of mental disorders and behavioral conditions.

[Click here to access the Healthy People 2030 plan.](#)

Release of this Plan and Updates

This report was delayed in publication due to COVID-19 and may encounter additional delays in achieving strategic priorities as counties continue to address the virus. This report was released in April 2021 via web links, social media promotion, and press releases in each of the four counties. Printed copies of the plan are also available at the Douglas County Health Department, Sarpy/Cass Health Department, Pottawattamie County, and The Wellbeing Partners. The plan can also be found at tinyurl.com/uv86npvc.

This report will be updated with evaluation results in October 2021, May 2022, and December 2022, and shared publicly online with the ability for communities to provide comments and additional data. Copies of the report will be available at The Wellbeing Partners and health department locations. Further, an electronic copy will be emailed to all of the community members and organizations that participated in the CHIP process.

The Process

Data Collection and Stakeholder Input

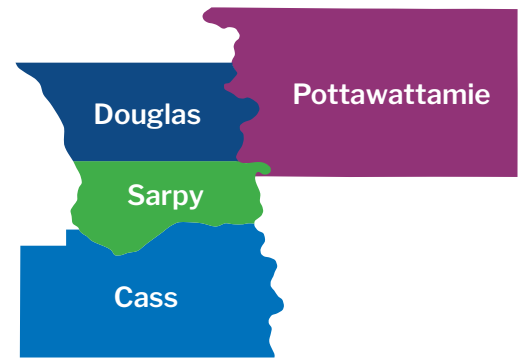
This CHIP is based upon the 2018-2019 Community Health Needs Assessment conducted by the Douglas, Sarpy/Cass, and Pottawattamie County Health Departments in partnership with Live Well Omaha (now The Wellbeing Partners). The CHIP was shaped by an evidence-based process led by the voices of more than 3,500 individuals and more than 500 professionals and community leaders.

The timeline for this planning included:

August 2018	Professional Research Consultants conducted the Community Health Needs Assessment in the field. For the full Community Health Needs Assessment Report click here .
October 2018	Changemaker Health Summit publicly launched the results of the survey and engaged attendees in a round one of voting on the top five health priorities
November 2018	Douglas County Health Department Narrative Survey on top five health needs
December 2018	Regional release of Think Tank qualitative survey across the four counties and two states; Formation of Regional Health Council
January 2019	Planning for resident-engagement strategy and launch of promotion to recruit attendees at a series of listening sessions across the four counties
Feb. - April 2019	Hosted seven sessions; with 75 residents across four counties and two states
May 2019	Data shared back with attendees personally via email
September 2019	Hosted professional/organizational listening session at Midlands Hospital with 135 attendees
October 2019	Launched Community Health Implementation Plan through the Ignite Changemaker Session

Counties in Action: Working Together Across Communities

The regional partners work across Cass, Douglas, Sarpy, and Pottawattamie counties to implement the CHIP. Each respective health department is responsible for leading place-based processes while the Regional Health Council, facilitated by The Wellbeing Partners, works to support place-based work and to amplify shared goals across the geography. It is the intent of each health department, in collaboration with community residents and community organizations, to ensure that the CHIP complements and supports other action planning efforts to address mental health concerns in each county and what is needed by individuals across the region. This is the inaugural four county, two state CHIP plan that was convened by the area health departments and The Wellbeing Partners. The Douglas County Health Department has generously invested expertise, time, and resources to help build area public health infrastructure through their leadership on the Regional Health Council.

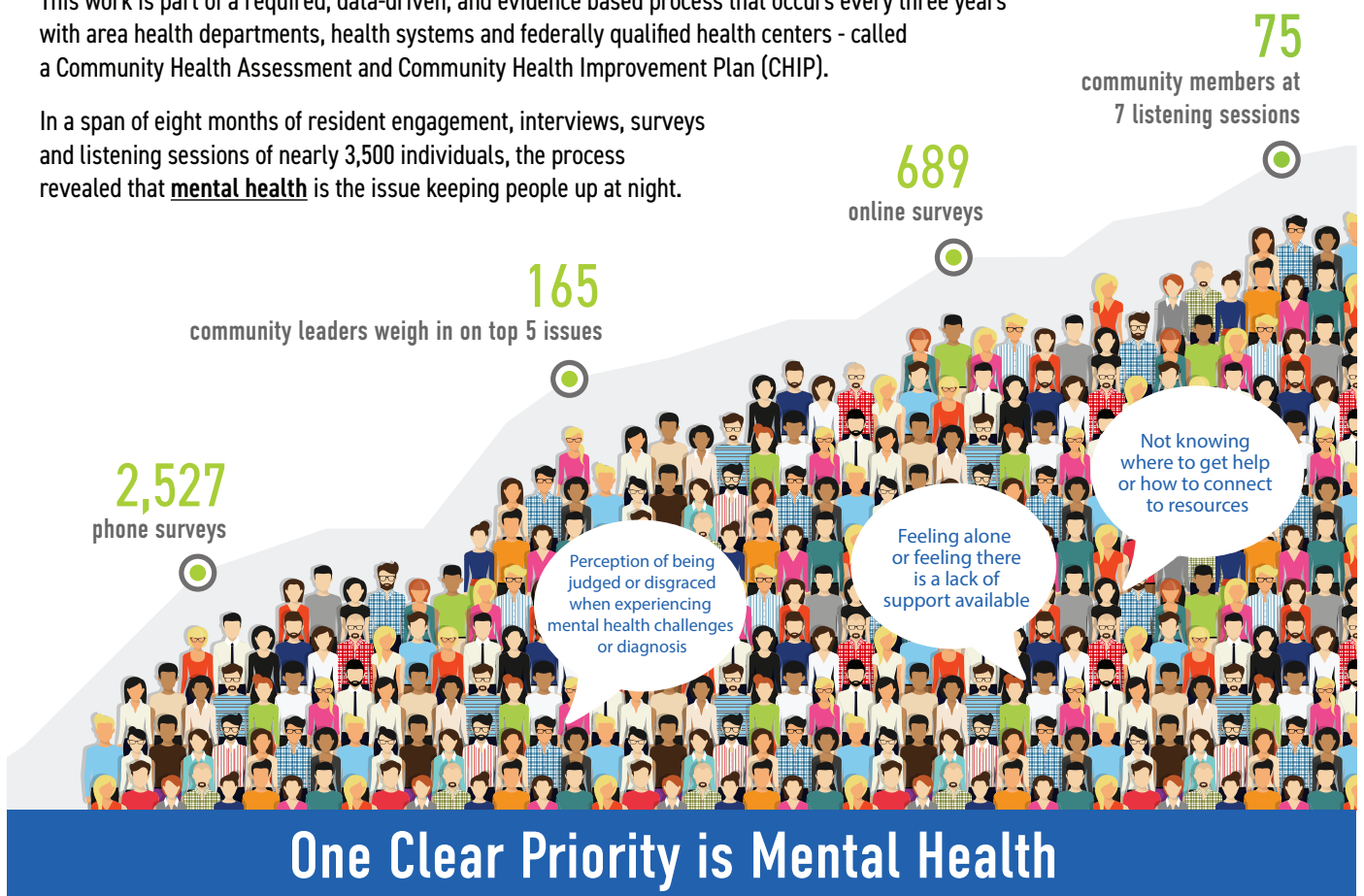


Efforts to connect and integrate the Metro Region CHIP strategies with other community organizations are ongoing and fluid as partners and action planning efforts continue to be identified.

HOW DID WE GET HERE?

This work is part of a required, data-driven, and evidence based process that occurs every three years with area health departments, health systems and federally qualified health centers - called a Community Health Assessment and Community Health Improvement Plan (CHIP).

In a span of eight months of resident engagement, interviews, surveys and listening sessions of nearly 3,500 individuals, the process revealed that mental health is the issue keeping people up at night.

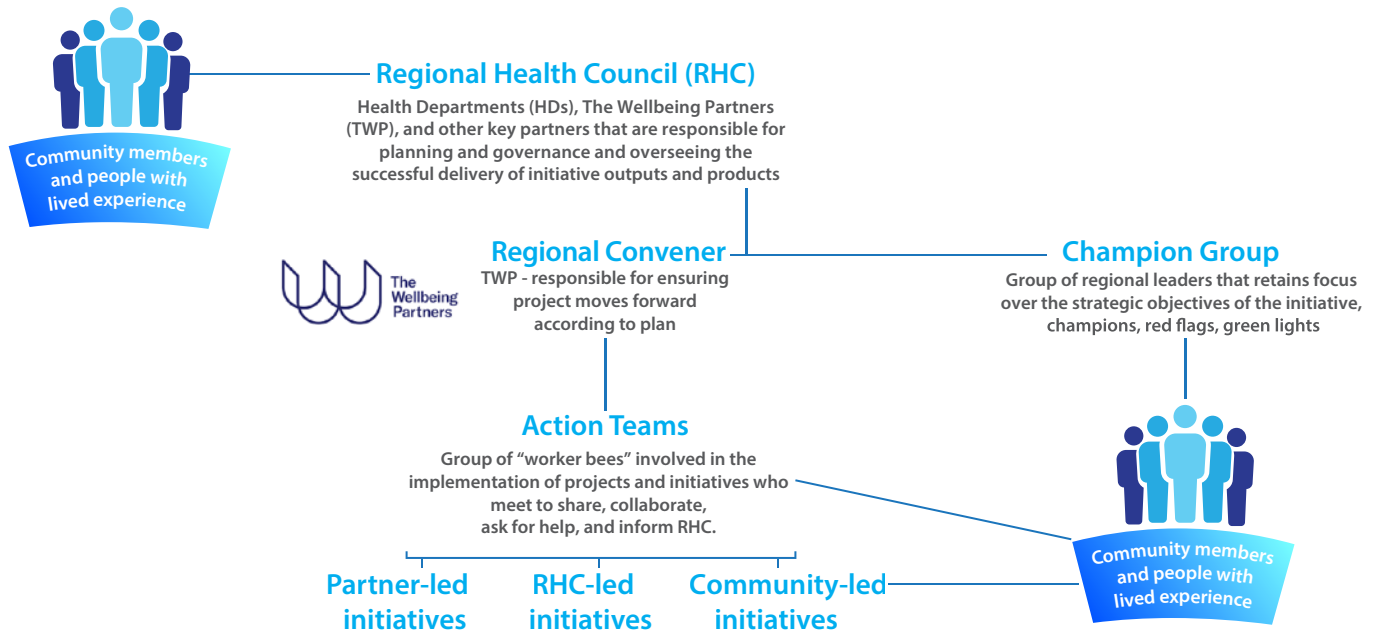


Leadership and Committee Structure

The Regional Health Council began in June 2018 and is comprised of local Health Departments, Metropolitan Area Planning Agency, University of Nebraska Medical Center, and The Wellbeing Partners. These partners came together to achieve greater impact among the health status of individuals within Cass, Douglas, Sarpy, and Pottawattamie counties. As of December 2018, this collaborative had signed commitment forms and created a four-county commitment to tackling one, key health issue together - mental health. Since the formation of the Regional Health Council, Region 6 Behavioral Healthcare has joined the leadership team and continues to connect the work into Nebraska's continuum of care.

Throughout the Community Health Needs Assessment process, it was vital that the Regional Health Council designed feedback loops and ongoing engagement of both professionally associated individuals and those with lived experiences to guide the process.

Mental Health Regional Community Health Improvement Plan (CHIP) Organization Chart



Mental Health and Known Inequities of Specific Populations

Individual characteristics, such as race and ethnicity, play a critical role in shaping understandings of mental health and stigma. For community campaigns to be successful at reducing stigma and increasing mental health knowledge and resource utilization, it is crucial that these characteristics be taken into account to ensure that the target audience identifies with the message. This is a best practice in behavior change communications and will be the foundation for campaign content creation. (Public Good Projects, Mental Wellbeing Campaign National Partner)

Latinos

Latinos tend to show lower levels of mental health literacy, and often define mental health condition (MHC) by culturally-understood problems instead of diagnoses. For example, it is common for Latinos to believe that symptoms of depression are simply “nervios” (nervousness, a nerve problem, general psychosis), a problem which has no treatment or medical solution.^{1,2,3} Similarly, some studies have shown that as much as 15% of the Latino population – particularly those of Puerto Rican descent - have suffered an “ataque de nervios” (panic attack/attack of nerves), the symptoms of which may be related to panic disorders, according to the Diagnostic and Statistical Manual of Mental Disorders.^{4,5} Individuals who consider symptoms of MHC to be these periodic disturbances, unconnected from clinical definitions of MHC, are less likely to seek formal treatment.

Latino communities tend to value privacy and refrain from discussing mental health challenges, both publicly as well as among family and friends. One reason for this may be that, compared to Whites, Latinos are more likely to hold stigmatizing views toward MHC.^{6,7} Latinos place high value on the manner they are perceived by friends, family, and their wider community. For example, particularly among men, the deeply held belief of “machismo” encourages individuals to hide emotions, reject help, and present an image of a strong, independent man.⁸ Latinos are also more likely to believe that mental health problems are stigmatizing for both the individual and the family. One study of females showed that Latinas were significantly more likely than Blacks and Whites to believe that mental health problems should not be discussed outside the family.⁹ This group was also the least likely to seek out mental health services.

Within Latino communities, mental health services are significantly underutilized. While Whites and Latinos show relatively similar rates of MHC, Latinos are less likely to seek help for a MHC, are more likely to terminate treatment early, and are less adherent to medications because of perceived stigma.^{10,11} There are a variety of potential reasons to explain this population’s low rates of treatment utilization. Language barriers and immigration experiences, even among legal immigrants, add a layer of potential traumas and heightened fears of interacting with health care professionals (such as counselors or therapists) that is not as commonly seen among other races or ethnicities.^{12,13} Other commonly cited reasons for treatment avoidance among Latinos include mistrust of the government, religious beliefs that may encourage people to turn to religion instead of treatment, and lack of health insurance or access to services.^{14,15}

Blacks

Compared to the general population, Blacks are 20% more likely to experience a severe MHC in their lifetime.⁶⁵ Blacks are more likely to have experienced specific traumatic circumstances that contribute to these high rates of MHC, including homelessness, poverty, and being the victim of a violent crime. Despite the high prevalence of MHC and increased likelihood of experiences that can trigger or worsen mental health stability, Blacks show lower levels of treatment compared to Whites.^{66,67} It has been estimated that only 25% seek some sort of treatment, compared to 40% of Whites.⁶⁸

There are many factors that lead to low rates of utilization. Faith and spirituality are a preferred coping mechanism for both female and male Blacks living with MHC, but a reliance on religion may impede seeking help from healthcare professionals.^{69,70} Compared to Whites, Blacks are more likely to believe that MHC can resolve on their own, which may result in individuals turning to religion as a way to cope with symptoms of MHC. This population may also consider symptoms of depression to be “the blues,” a feeling that someone should simply overcome or get over.^{71,72} Drawing from generational experiences of discrimination and oppression throughout society – including in the healthcare system – Blacks also show a distrust in health care professionals, which prevents many from seeking formal treatment.⁷³ Part of this negative view toward mental health services may be due to the fact that psychiatrists or counselors are predominantly White.^{74,75}

Mental health stigma is also a main reason why many Blacks avoid treatment. As a community, Blacks place a high value on privacy, resiliency, and prevailing through struggles.^{76,77,78,79} Cultural understandings of male masculinity also interact with these values, as Black men often emphasize an image of strength by hiding emotions as a mechanism to cope with stressful situations independently.⁸⁰ Many feel that seeking treatment for MHC shows personal weakness or a lack of pride in oneself, and fear being labeled by others as “mentally ill.”⁸¹ Blacks are also more likely than Whites to believe that those with MHC are violent.⁸² Some anecdotal evidence has claimed that both within the Black community and among health professionals, there is a stereotype that Blacks do not experience MHC because the community has endured so much throughout its history in the United States.⁸³ One quote from a Black professor exemplifies this line of thought: “In the midst of a depressive episode, I had a friend say to me: We are the descendants of those who survived the Middle Passage and slavery. Whatever you’re going through cannot be that bad.”⁸⁴ This type of stigma, whether implicitly or explicitly understood, is a common thread in the Black community.

Due to these views, Blacks living with MHC are significantly more likely to experience self-stigma, compared to Whites.⁸⁵ Blacks may also experience “double stigma,” due to discrimination against both their race and MHC.⁸⁶ Blacks have historically been labeled as dangerous and violent because of their race – stereotypes held toward those with MHC as well.^{87,88,89} These complicated layers of stereotypes and discrimination contribute to high rates of self-stigma and low mental health service utilization.

Collaborative and Community Driven Action Planning

Following the conclusion of a quantitative and qualitative community health needs survey, focus groups, and neighborhood-based conversations, the Regional Health Council sought additional community input and commitment.

Action #1: Policy: Boards of Health Resolution

The Douglas, Sarpy/Cass, and Pottawattamie County Boards of Health backed the Community Health Needs Assessment priority – mental health with resolution power to ensure adequate resources, focus, and alignment within each health department and between the Regional Health Council for ongoing collaboration for maximum impact. Live Well Omaha (now The Wellbeing Partners) also passed an identical resolution as the identified regional facilitator of the Regional Health Council and implementation collaborative.

Each local Board of Health has publicly committed to prioritizing and working in collaboration with the Regional Health Council to advance mental health as the one shared CHIP priority. This policy to the form of an adopted resolution on following dates: Douglas: June 19, 2019; Pottawattamie: July 12, 2019; Sarpy/Cass: July 22, 2019; and Live Well Omaha: August 2019. This policy again advances the reduction of mental health stigma and commits ongoing Health Department resources to the collaborative.

Action #2: Community Coalition Building

Around 3,500 individuals engaged to identify and frame the issue of mental health. The next step for a successful implementation plan was to build a broad-based, regional coalition of stakeholders to identify where this work could focus for maximum impact. Live Well Omaha (now The Wellbeing Partners) and the area health departments created an Ignite Changemaker Series of community-wide events as an extension of the Changemaker Summit, which released the 2018 community health survey data the prior year with 157 individuals attending.

Using the evidence-based “Strategic Doing” framework, from the Purdue Agile Strategy Lab, the Regional Health Council facilitated a series of strategic action events to identify readily available assets and match them to the energy to solve mental health stigma.

Action #3: Ignite Changemaker Session – Part One

The first Ignite Changemaker session occurred on October 19, 2019 at Creighton University. At this community planning session desired strategies for implementation were identified. Using an ABCD (Asset Based Community Development) process, 65 community members explored and prioritized ideas for action.

Eight ideas emerged: Employee Resource Guide, Mental Health Advanced Directives, Intergenerational Project (seniors and teens), Trauma Matters Omaha Workplace Training, Neighborhood Dinners, Social Stigma Campaign, UNO Greek Life Training, and Open Mic Night: Share Your Experiences/ What’s Your Story.

Action #4: Ignite Changemaker Session – Part Two

On December 2, 2019, a total of 43 community members attended the second Ignite Changemaker event. The focus of each of the eight areas were further discussed and community members narrowed the list to a top five: Mental Health stigma reduction Campaign, Mental Health Advanced Directives, Creative Expression, Neighborhood Dinners, Expanding Trauma Matters Omaha.

Everyone was then invited to join their area of choice, and in each designated group, began to map out initial planning steps.

Action #5: Ignite Changemaker Session – Part Three

On January 16, 2020, a total of 33 community members attended the third Ignite Changemaker event. All work groups reconvened except for the Trauma Matters Omaha (TMO) action learning team. This was due to TMO already having plans to convene a group of stakeholders for a similar purpose. The group felt it was unnecessary to duplicate efforts. TMO continues to be a part of this project and The Wellbeing Partners is connecting anyone specifically interested in TMO to their main contact.

Community members broke out into the four community-led action learning projects and each group had time to plan out their next steps of implementation. These projects remain open and inclusive, allowing new community members to join along the way.

The four ongoing community-led action learning projects emerged: Mental Health Stigma Reduction Campaign, Mental Health Advanced Directives, Creative Expression, and Neighborhood Dinners.

Action #6: Call to Action Report on Mental Health and Adverse Childhood Experiences

According to the Community Health Needs Assessment and evidence-based data, Adverse Childhood Experiences (ACE) are linked to mental illness diagnosis later in life. To underscore the connection between ACE and mental health, the coalition launched the region's first collection of data and lived experiences in a report in March 2020. This report can be found online, and printed copies are available at each participating health department. The report connects mental health to adverse childhood experiences and called the community to action to support ongoing advocacy, local programs, and the mental health stigma reduction work to make an impact. [Click here to download a copy of this report.](#)

Action #7: Community-Led Action Project Progress

The Wellbeing Partners raised funding from local philanthropy based on the strength of the Regional Health Council and all the individual residents participating to launch the Mental Health Stigma Reduction Campaign. Initial grant funding was awarded in February 2020. Overall funding has been provided by Sherwood Foundation, Region 6 Behavioral Healthcare, CHI Health, and Mutual of Omaha Foundation.

The following action project areas then folded into this larger campaign: Creative Expressions and Neighborhood Dinners.

The Mental Health Advanced Directives group intended to help people complete legal documents that allow them to spell out their decisions about mental health care ahead of time but paused due to COVID-19.

Ongoing community involvement is being provided via four work groups connected to the mental health stigma reduction campaign. Each group meets monthly to receive updates and participants provide input on the strategy of the campaign. Meetings are led by The Wellbeing Partners. The work groups that were established are:

- Community Partner Organizations (community-serving organizations)
- Mental Health Advisory (direct service professionals in mental/behavioral health)
- Workplaces (open to employers, HR professionals, and managers)
- Community Members (individual community members)

Participants are listed in **Addendum 2.0 Work Group Rosters**

Action #8: County-Specific Work to Reduce Trauma and ACEs

Each health department is serving a part of the solution in their specific, place-based work:

Douglas County Health Department: leads significant work around racial healing and amplifying the lived experiences of marginalized populations to heal the injustices. In addition, this health department implemented a Resolution in August 2020 that named several areas of the internal department and external relations that are changing to address racism as a public health issue.

Sarpy/Cass County Health Department: leads significant work in partnership with Nebraska Health and Human Services to address mental health and co-occurring substance use issues in the populations they serve. This work involves expansion of public health education, access to testing and counseling to promote recovery.

Pottawattamie County Health Department: lead significant work to advance health equity within the local funding decisions of key donors within the Southwest Iowa area to maximize investment impact related to health outcomes. In addition, the blended leadership of public health and planning equip this team to apply public health design and best practice to city planning matters ensuring greater connection across the county for residents.

CHIP Measurement, Evaluation & Framework

Collectively, Actions 1–8 from above led to the creation of this CHIP to prioritize and improve mental health in the Metro Region.

The following strategic priority areas were identified by participants in the Actions 1-8 and were voted upon by the coalition of individuals, professionals, and partner organizations:

Strategic Priorities

- 1.0 Reduce Mental Health Stigma
- 1.1 Reduce Substance Use Disorder Stigma
- 2.0 Increase Connections to Mental Health and Preventive Resources
- 3.0 Connect People to Increased Social Supports
- 4.0 Reduce Trauma

The CHIP is created and implemented collectively by the community members and leaders, the business community, and the health and wellbeing community of Cass, Douglas, Sarpy, and Pottawattamie Counties in partnership with local health departments, health systems, and local colleges of public health.

This is the first CHIP in the history of the region that is being implemented with alignment to one, priority health issue – mental health. In addition, there are important region-wide strategies that are being implemented to support mental health.

Strategic Priority 1.0: Reduce Mental Health Stigma

Goal 10% reduction across the four-county region (Douglas, Cass, Sarpy, and Pottawattamie Counties)

INDICATOR	METHOD	TIMELINE
Administered Public Good Projects (PGP) Baseline Survey Target goal: 400 participants 466 people took the baseline survey	Electronic survey (baseline and post-assessment) Addendum 3.0 Baseline Report on Mental Health Stigma	May 2020: Baseline taken May 2021: Post comparison data collected July 2021: Results available

Supporting Tactics:

Tactic #1 WhatMakesUs Campaign

WhatMakesUs is a contact-based campaign to reduce mental health stigma by fostering interactions and exposure between those with mental health conditions and those without. The campaign collects and shares stories from local people living with mental health conditions and their allies.

OUTPUT	STATUS
Achieve 1,600 campaign followers across Facebook/Instagram/Twitter	900 as of 11/30/20
Deliver 1,000 key messages delivered by campaign to followers	1,614 as of 2/10/21
Collect 100 photo/written or video story submissions	105 as of 3/29/21
Engage with 250 partners to endorse campaign (add on logo, share campaign content)	134 as of 10/01/20
Earn 300 subscribers to the campaign email list	270 as of 2/11/21
Deliver 100 campaign assets to community partners	76 as of 2/10/21
Facilitation 4 monthly work groups (workplace, mental health advisory, community partner organizations, and community members) for expanded input	4 work groups meeting monthly as of 2/10/21
Secure an average of 10 participants per campaign work group meeting	Average is 11 participants/meeting as of 1/31/21

Tactic #2 Spokesimals Campaign

This is an education-based campaign to build awareness and understanding of mental health through fact-based messages uniquely delivered via engaging, disarming, adorable local pets.

OUTPUT	STATUS
Secure 1,200 campaign followers across Facebook/Instagram	1,311 followers in total (IG: 370 FB: 941) as of 2/10/21
Receive 250 pet photo/video submissions	219 as of 2/10/21

Tactic #3 Pulse Panel Surveys

These are short surveys to gain insight from the local community about specific topics related to mental health and wellbeing, e.g. life during COVID; mental health stigma and access to services; food insecurity; and more.

OUTPUT	STATUS
Conduct 10 pulse panel surveys during the campaign, with at least 100 respondents per survey	<p>Six out of 10 pulse panel surveys have been completed as of 3/01/2021. The remaining four surveys are to be determined.</p> <ol style="list-style-type: none"> 1. July 2020: community needs related to COVID-19, including testing barriers, with 379 respondents 2. August 2020: mental health stigma, self-care, access to resources and social supports, with 379 respondents 3. September 2020: COVID-19 and changes in the workplace and school/learning, and overall perception of loneliness, with 142 respondents 4. October 2020: perceptions of mental health and substance use disorders in the workplace, with 436 respondents 5. January 2021: BIPOC (Black, Indigenous and people of color) community members and mental health stigma, with 87 respondents 6. February 2021: substance use disorder and stigma, with 285 respondents

Tactic #3 TWP Mental Health Resource Portal

A digital content library of mental health stigma reduction campaign assets, informed by partner needs and provided in English and Spanish.

OUTPUT	STATUS
Achieve 300 unique views on the stigma-fighting resources page	209 as of 2/11/21

Strategic Priority 1.1: Reduce substance use disorder stigma

Goal: 10% reduction across the four-county region (Douglas, Cass, Sarpy, and Pottawattamie Counties)

INDICATOR	METHOD	TIMELINE
Administered PGP Baseline Survey Target goal: 400 participants 466 people took the baseline survey	Electronic survey (baseline and post-assessment) Addendum 3.0 Baseline Report on Mental Health Stigma	May 2020: Baseline taken May 2021: Post comparison data collected July 2021: Results available

Supportive Tactics:

#1 WhatMakesUs Campaign

This is a contact-based campaign to reduce mental health stigma by fostering interactions and exposure between those with mental health conditions and those without. The campaign collects and shares stories from local people living with mental health conditions and their allies.

OUTPUT	STATUS
Secure 10 stories about/or including substance use disorder	2 as of 2/10/21
Deliver 4 campaign assets about/or including substance use disorder	3 as of 2/10/21

Aligned Efforts within Region:

The following are ongoing efforts that we will continue to monitor.

EFFORT	LEAD	PARTICIPATING COUNTIES
Anti-stigma of Substance Use and Misuse	Sarpy/Cass Health Department	Cass, Sarpy
Implementation of SBIRT screening in all primary care clinics within all Douglas county health systems	Douglas County Health Department	Douglas
Make It OK Ambassador training	Iowa Healthiest State	Pottawattamie

Strategic Priority 2.0: Increase Connections to Mental Health and Preventive Resources

Goal: 5% increase across the four-county region (Douglas, Cass, Sarpy and Pottawattamie Counties)

INDICATOR	METHOD	TIMELINE
<p>Administered 2018 Community Health Needs Assessment</p> <p>Identify percentage of metro area residents who lacked access to mental health resources</p> <p>“I couldn’t access mental health resources when I needed to” (2018, CHNA)</p> <p>Target goal: 2,500 participants 2,527 people participated</p>	<p>Phone survey and online focus groups</p> <p>For a full Community Health Needs Assessment Report click here.</p>	<p>Baseline: Regional data from 2018 CHNA = 27% of metro, compared to 6.8% of US</p> <p>Mid-point data: compare to 2021 CHNA data, available fall 2021</p> <p>Compare to 2024 CHNA data, available fall 2024</p>

Supportive Tactics:

#1 TWP Mental Health Resource Portal

A digital content library of mental health stigma reduction campaign assets, informed by partner needs and provided in English and Spanish.

OUTPUT	STATUS
Achieve 1,000 unique views of main page	Page launched in August 2020; 525 as of 12/31/20
Achieve 500 unique views of campaign resources subpage	Page launched in August 2020; 236 as of 12/31/20
Achieve 100 unique views of Spanish resources subpage	Page launched in September 2020; 25 as of 12/31/20

#2 Mental Health Resource Curation

This is a tool that aims to advance resource connections for area residents. This tool curates the best of currently held resources, which are hosted on other partner websites including NebraskaMentalHealth.org and area health systems as well as Federally Qualified Health Centers.

OUTPUT	STATUS
Tool is Created and Operational	May 2021
Achieve 1,000 unique views	July 2021
Tool Launches Place-Based Search Tool to Optimize Provider Search by Specialty and Zip Code	December 2021

Aligned Policy Changes within Region:

Medicaid Expansion

In November 2018, Nebraska Initiative 427 – Medicaid expansion – passed with 53% of the vote. There was then nearly a two-year delay between when voters approved Medicaid expansion and when coverage took effect (in October 2020). Under the newly expanded eligibility rules, adults with income up to 138 percent of the poverty level (about \$17,000 a year for a single person) are eligible for Medicaid in Nebraska.

The state initially expected roughly 90,000 people to become newly eligible for Medicaid coverage in Nebraska under the expanded eligibility guidelines, but a recent Families USA analysis indicates that an additional 33,000 people could be eligible due to the job losses caused by the COVID-19 pandemic.

Aligned Efforts within Region:

The following are ongoing efforts that we will continue to monitor.

EFFORT	LEAD	PARTICIPATING COUNTIES
Environmental Scan: Access to Care and Mental Health	TBD	Cass, Douglas, Sarpy, Pottawattamie
Integrated Care of Behavioral Health in Clinics	ThriveVentures and Children’s Hospital for Pediatric and Adolescent; CHI Health, Nebraska Methodist Health Systems, and Nebraska Medicine for Adult populations	Cass, Douglas, Sarpy, Pottawattamie
Metro Area Suicide Prevention Coalition	The Kim Foundation	Cass, Douglas, Sarpy
Suicide Prevention Training on QPR	Sarpy/Cass Health Department	Cass, Sarpy
Suicide Coalition	Iowa Department of Veterans Affairs	Pottawattamie
WIC Mental Health Depression Screening Pilot	Douglas and Sarpy/Cass Health Departments	Cass, Douglas, Sarpy
Connecting people to the mental health supports they need	Lift Up Sarpy County	Sarpy

Strategic Priority 3.0: Connect People to Increased Social Supports

Goal: 5% increase across the four-county region (Douglas, Cass, Sarpy and Pottawattamie Counties)

INDICATOR	METHOD	TIMELINE
<p>Identify the percentage of metro area residents who had someone to turn to when they needed or wanted help within the past month.</p> <p>“In the past month, how often have you had someone you could turn to if you needed or wanted help?” (CHNA, 2018 question)</p> <p>Target goal: 2,500 participants 2,527 people participated</p>	<p>Phone survey and online focus groups</p> <p>For the full Community Health Needs Assessment Report click here.</p>	<p>Baseline: Regional data from 2018 CHNA: 86.1%</p> <p>Mid-point data: compare to 2021 CHNA data, available fall 2021</p> <p>Compare to 2024 CHNA data, available fall 2024</p>

Supportive Tactics:

#1 WhatMakesUs Campaign

This is a contact-based campaign to reduce mental health stigma by fostering interactions and exposure between those with mental health conditions and those without. The campaign collects and shares stories from local people living with mental health conditions and their allies

OUTPUT	STATUS
Deliver 200 key messages around increasing access to social support	460 as of 2/10/21
Hire three Mental Health Campaign Community Organizers to promote campaign to region	3 hired as of 1/5/21
Campaign Coordinator and Community Organizers engage with 100 people each to garner support	TBD

#2 Spokesimals Campaign

This is an education-based campaign to build awareness and understanding of mental health through fact-based messages uniquely delivered via engaging, disarming, adorable local pets.

OUTPUT	STATUS
Deliver 500 key messages around increasing access to social support	481 as of 2/10/21, averaging 80 messages/month

Aligned Efforts within Region:

EFFORT	LEAD	PARTICIPATING COUNTIES
Mental Health First Aid	Region 6 Behavioral Healthcare	Douglas
Mental Health First Aid	CHI Health	Pottawattamie
Build Health Challenge	Heartland Family Services	Douglas
Caring for Our Communities in Southwest Iowa	Methodist Health System	Pottawattamie
Workplace Playbook for Mental Health Workplace Supports	The Wellbeing Partners, Blue Cross and Blue Shield of Nebraska, Mutual of Omaha, FNBO, and Methodist Best Care	Douglas, Cass, Sarpy, Pottawattamie

Strategic Priority 4.0: Reduce Trauma

Goal: 5% reduction across the four-county region (Douglas, Cass, Sarpy and Pottawattamie Counties)

INDICATOR	METHOD	TIMELINE
Administered survey to assess trauma levels Target goal: 2,500 participants 2,527 people participated	Phone survey and online focus groups For the full Community Health Needs Assessment Report click here.	Baseline: Regional data from 2018 CHNA: 86.1% Mid-point data: compare to 2021 CHNA data, available fall 2021 Compare to 2024 CHNA data, available fall 2024

Supportive Tactic:

Regional ACEs Report

The report outlines local and regional public health data and community input to shine light on areas of opportunity to reduce Adverse Childhood Experiences (ACEs) and trauma development across the region.

OUTPUT	STATUS
Host press conference to launch report	Completed in March 2020
Secure five pieces of Earned Media (TV News, Newspapers, Radio)	Completed in March 2020
Send electronic and physical copy of ACES Report to 20+ elected officials across Iowa and Nebraska to encourage mental health advocacy	Completed in October 2020
Accrue 500 unique views on ACEs webpage	333 views as of 2/11/21
Formation of an ACEs Call-to-Action team	Not yet started

Aligned Efforts within Region:

The following are ongoing efforts that we will continue to monitor.

EFFORT	LEAD	PARTICIPATING COUNTIES
Trauma Informed Care	Project Harmony/Trauma Matters Omaha	Cass, Douglas, Sarpy

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Addendums

Addendum 1.0 Acknowledgments and Community Participation

The Metro Region CHIP is developed and implemented based on committee and community partnerships. These partners provided extensive hours in planning, providing expertise and feedback as we approached the 2020-2022 CHIP through an innovative lens. We would like to thank the following agencies and community members:

Organizations (A-Z)

Alzheimer's Association	Hope Valentine Consulting
Angels Care Home Health	Intercultural Senior Center
Autism Action Coalition	Iowa Dept. of Veterans Affairs
Bellevue Public Schools	Latino Center of the Midlands
BG Counseling	League of Women Voters of Greater Omaha
Blue Cross and Blue Shield of Nebraska	Legal Aid Iowa
Boys Town	Legal Aid of Nebraska
Boys Town National Hospital	Life Dimensions by Ilona
CareMATRIX	Lift Up Sarpy County
Center for Holistic Development	LiveWise Coalition
Centro Latino of Iowa	Lutheran Family Services of Nebraska
Charles Drew Health Center	Methodist Health Systems
Charles Posey	Metro Omaha Tobacco Action Coalition
CHI Health	Metropolitan Agency Planning Association
Child Saving Institute	Millard Public Schools
Children's Hospital & Medical Center	Mode Shift
City of Omaha – Mayor Stothert's Office	Municipal Housing Agency of Council Bluffs
City of Omaha Planning	Mutual of Omaha
Coalition Rx	NAMI Iowa
Community Alliance	NAMI Nebraska
Connections Area Agency on Aging	Nebraska Appleseed
Creighton University	Nebraska Children's Home Society
Douglas County Community Mental Health Center	Nebraska Department of Health and Human Services
Eastern Nebraska Community Action Partnership	Nebraska Early Childhood Collaborative
Eastern Nebraska Office on Aging	Nebraska Medicine
Enlivant: Senior Assisted Living Facilities and Communities	Nebraska Urban Indian Health Coalition
FAMILY, Inc.	New Visions
Fox Creek Fundraising	North Omaha Neighborhood Alliance
Girls Inc. of Omaha	NOVA Treatment Center
Goodwill Industries, Inc.	Omaha Community Foundation
Gretna Public Schools	Omaha Fire Department
Grief's Journey	Omaha Home for Boys
Heart Ministry Center	Omaha Public Schools
Heartland Family Services	Omaha Together One Community
Heartland Workers Center	OneWorld Community Health Centers
Home Instead Senior Care	Open Door Mission
	Outlook Nebraska

Pottawattamie County Board of Supervisors
Pottawattamie County Community – Foundation
Project Extra Mile
Project Harmony
Region 6 Behavioral Healthcare
Sarpy County Attorney’s Office
Sarpy County Sheriff’s Office
Sarpy Mental Diversion
Sarpy/Cass Health Department
Senator Carol Blood’s Office
Senator Rick Kolowski’s Office
SHARE Omaha
Sienna Francis House
South Omaha Neighborhood Association
Southwest Iowa Mental Health and Disability Services
The 712 Initiative

The Kim Foundation
The Salvation Army
The Sherwood Foundation
ThriveVenture
Together Inc.
Trauma Matters Omaha
TS Prosperity Group
Two Rivers Public Health Department
United Way of the Midlands
UNMC
Visiting Nurse Association
WellCare of Nebraska
Women’s Center for Advancement
Women’s Fund of Omaha
Young Chiropractic & Rehabilitation Center LLC
Youth Emergency Services

Community members (A-Z)

Alex Burton
Amy Brown
Carol Russell
Carol Waters
Chrys Smith
Dorothy Texidor
Elci Warnell
Elsie Siebert
Elvira Basilio
Eric Burgin
Esther Mijares
Gerald Hunt
Graciela Pacheco
Jen Cantwell
Jonathan Chapman
Judith Obodougo
K. Gilo
Kelly Rupp
Kristina Key

Kyle Graves
Kyle McGlade
La Sonya Stafford-Luther
Lauren Robins
Lee Myers
Madeline Schlichting
Margarita Rodriguez
Maria Castañeda
Martha Wells
Nicola Grispos
Priscilla Rogers
Rodio Perez
Ronald Rivera
Ryan Brown
Ryan Griffin
Sabrine Chengane
Shandelynn Shea
Vickey Parks

Addendum 2.0 Work Group Rosters

Community Partner Organizations (any community group)

Organization	Name
712 Initiative	Sheryl Garst
All Care Health Center	Kristen Hendershot
All Care Health Center	Bill Wypyski
All Care Health Center	Angela Magrum
American Heart Association	Ryan Lally
Cass County Head Start	Melinda Zimmerer
Cass County Sheriff	William C Brueggemann
Center for Holistic Development	Doris Moore
Center for Holistic Development	Julie Parker
Charles Drew Health Center	Larry Duncan
Charles Drew Health Center	Angeline Larson
Charles Drew Health Center	Kenny McMorris
CHI Health	Sarah Stanislav
CHI Psychiatric Associates	Scott Halverson
Center for the Child & Community (Children's):	Whitney Koehn
Community Alliance	Carole Boye
Community Alliance	Aileen Brady
Connections	Sherrie McDonald
Creighton University MACA	Andre Tan
Creighton University MACA	Dr. Kosoko-Lasaki
Crossroads (Iowa)	Hannah Smith
Douglas County Health Dept.	Emily Ortner
Empowerment Network	Willie Barney
Empowerment Network	Vicki Quaites-Ferris
Empowerment Network	Moniki Cannon
Empowerment Network	Aisha Conner
Fred LeRoy Health Center	
Collective for Hope (formerly Grief's Journey)	Rebecca Turner
Collective for Hope (formerly Grief's Journey)	Alex Jurgens
Collective for Hope (formerly Grief's Journey)	Gabrielle Doue
Habitat for Humanity of Omaha	Amanda Brewer
Health Center Association of Nebraska	Jenna Thompson
Heartland Family Services	Nicky Clark
Heartland Family Services	Mindy Blair
Heartland Family Services	Mary O'Neill

Addendum 2.0 Work Group Rosters

Organization	Name
Heartland Family Services	Jenny Stewart
Heartland Family Services	Heather Bird
Heartland Family Services	Octavia Dunkin
Heartland Family Services	Kelly Baulisch
Heartland Family Services	Brittany Dailey
Heartland Workers Center	Sergio Sosa
Heartland Workers Center	Penelope Leon
Human Services Advisory Council	Diana Reinsch
Intercultural Senior Center	Carolina Padilla
Iowa Primary Care Association	Chelsea Miller
Latino Center of the Midlands	Albert Varas
Latino Center of the Midlands	Maria Valadez
Latino Center of the Midlands	Viri Almanza
LiftUp Sarpy	Gayle Christensen
LiftUp Sarpy	Mario Hatcher
MAPA	Karna
NAMI Nebraska	Carrin Meadows
NAMI Nebraska	Aimee Forker
Nebraska Action Coalition – Future of Nursing	Victoria Vinton
Nebraska Medicine	Noelle Blood
Nebraska Urban Indian Health Coalition	Donna Polk
North Omaha Community Care Council	Rev. Portia Cavitt
Offutt Public Health	Capt Christina Ritchie
Omaha Police Dept	Deputy Chief Gonzalez
Omaha Police Dept	Scott Gray
OneWorld Community Health Centers	Eric Stec
OPS	Dr. Cheryl Logan
OPS	Lori Bouda
OPS	Stephanie Hoelsing
Plattsmouth Chamber of Commerce	Cindy Cruse
Pottawattamie County Health	Jayde Stansel
Pottawattamie County Sheriff	Jeff Danker
Promise Partners	Patricia Russman
Refugee Empowerment Center	Amanda Kohler
Region 6	Patti Jurjevich
Region 6	Taren Petersen
Region 6	Micki Noah

Addendum 2.0 Work Group Rosters

Organization	Name
Region 6	Jona Beck
Region 6	Crystal Fuller
Region 6	Dominique Saldana
Release Inc.	Dave
Sarpy County Head Start	Audra Oestreich
Sarpy County Mental Health Diversion	Dean Loftus
Sarpy County Sheriff	Sgt. Rob Hillabrand
Office of Senator Carol Blood	Dee Austin
SHARE Omaha	Marjorie Maas
South Omaha Community Care Council	Alberto Cervantes
Southwest IA Mental Health	Suzanne Watson
Southwest IA Mental Health	Mary Beth Roskens
UNMC Center for Reducing Health Disparities	Keyonna King
Urban League of Nebraska	Wayne Brown
The Wellbeing Partners	Sheena Helgenberger
The Wellbeing Partners	Meka Tate
The Wellbeing Partners Contractor	Kate Esterling
The Wellbeing Partners Contractor	Angela Magrum
The Wellbeing Partners Contractor	Heather Irvin
UNO	Gabrielle Chatman
PGP	Madeline Morales
PGP	Kaitlyn Krazanic

Mental Health Advisory (direct service professionals in the field of mental and behavioral health)

Organization	Name
211/United Way of the Midlands	Pamela Schwalb
All Care Health Center	Kristen Hendershot
All Care Health Center	Angela Magrum
All Care Health Center	Bill Wypyski
All Care Health Center	Monica Lewis
Behavioral Health Trust	Christine Johnson
Blue Cross	Martin Wetzel
CDHD	Larry Duncan
Center for Holistic Development	Doris Moore
Charles Drew Health Center	Kenny McMorris
CHI Health	Rhonda Matney

Addendum 2.0 Work Group Rosters

Organization	Name
CHI Health	Robin Conyers
CHI Health	Debra Saldi
Community Alliance	Carole Boye
Community Alliance	Aileen Brady
Douglas County Community Mental Health Center	Sherry Glasnapp
EAP Methodist	Robyn Burnett
Jewish Family Service	Karen Gustafson
Kim Foundation	Katie Zimmerman
NAMI	Linda Jensen
NEHII	Melanie Surber
Omaha Integrative Care	Julie Luzarraga
OneWorld Community Health Centers, Inc.	Sarah Miller
PGP	Maddie Morales
Project Harmony	Jude Connelly
Project Harmony	Deb Anderson
Region 6	Crystal Fuller
Sherwood Foundation	Tess Larson
SWIA MHDS Region	Suzanne Watson
Trauma Matters Omaha	Jessica Kroeker
TWP	Sarah Sjolie
Unite Us	Mariel Harding
Women's Center for Advancement	Sara E.
Women's Center for Advancement	Mary Beth S.
Independent Consultant/TWP Board Member	Freddie Gray
Private Practice	Monica Lewis
The Wellbeing Partners	Meka Tate
The Wellbeing Partners Contractor	Kate Esterling
The Wellbeing Partners Contractor	Angela Magrum
The Wellbeing Partners Contractor	Heather Irvin
UNO	Gabrielle Chatman
PGP	Madeline Morales
PGP	Kaitlyn Krazanic

Addendum 2.0 Work Group Rosters

Workplaces (open to employers, HR professionals, managers)

Blue Cross and Blue Shield of Nebraska
CHI Health
First National of Nebraska
Fusion Medical
Methodist College
Mutual of Omaha

Community Members (individual community members)

Reshawn Hurt
Julie Parker
Robert Ramalay
Jayde Stansel
Hope Valentine
Tomeka Walker

Addendum 3.0 Baseline Report on Mental Health Stigma

Methods

Using an online survey instrument, The Public Good Projects (PGP) evaluates changes in various stigma-related measures. The survey is conducted through Qualtrics, a research software firm that draws from panelists who have previously agreed to be contacted to participate in surveys. Qualtrics panels are invite-only and participants are recruited via email to take part in surveys. Panelists provide basic demographic information when they sign up for a panel, to allow for survey targeting. However, no personally identifiable information is collected from respondents or transferred to researchers, and each participant is assigned a unique identification number for analysis. Participants are allowed to opt out of any survey, or quit a survey at any time if they are not interested in continuing. Two cross-sectional surveys will be conducted. The first occurred pre-campaign implementation to establish a baseline of knowledge, attitudes and beliefs among individuals across the Omaha metropolitan area. The second will occur at the end of the campaign period and data will be analyzed and compared to examine trends and changes from the baseline survey.

The data presented below provide a quick overview of information collected at the baseline survey and is intended to provide a high-level look at important findings from the data.

Demographic Information

Category	Type	Frequency
Gender	Female	58.2%
	Male	41.0%
	Other	0.4%
Age	18-24 yrs	20.4%
	25-34 yrs	22.3%
	35-44 yrs	22.7%
	45-54 yrs	17.2%
	55-99 yrs	17.4%
Race	Hispanic/Latinx	9.7%
	White	82.8%
	Black	8.8%
	Asian	4.5%
	American Indian/Alaska Native	2.8%
	Native Hawaiian/Other Pacific Islander	0.4%
	Other	3.0%

Addendum 3.0 Baseline Report on Mental Health Stigma

Demographic Information

Are you currently, or have you ever, served in the military?	
Yes – currently serving	0.4%
Yes – previously served	9.4%
No	89.7%
Prefer not to say	0.4%

What is your current employment status?	
Employed full time	53.9%
Employed part time	13.1%
Unemployed	17.0%
Retired	7.7%
Student	8.2%
Don't know	0.6%
Prefer not to say	1.7%

What is the highest degree or level of education you have completed?	
Less than high school	1.3%
High school graduate or GED	17.0%
Some college, no degree	21.7%
Associate's degree	12.0%
Bachelor's degree	36.7%
Ph.D., graduate or professional degree	10.9%
Don't know/Prefer not to say	0.4%

Is the area where you live predominantly rural, suburban or urban?	
Rural	13.5%
Suburban	51.9%
Urban	31.1%
Prefer not to say	3.4%

What state and county do you live in?		
State	County	Total
Nebraska	Cass	1.5%
	Douglas	32.0%
	Saunders	1.1%
	Sarpy	9.4%
	Washington	1.9%
Iowa	Harrison	1.1%
	Mills	0.6%
	Pottawattamie	5.2%