

Annual Report FY 23-24



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ANNUAL LETTER TO STAKEHOLDERS

Dear Colleagues,

Region V Systems celebrates its 50th anniversary in 2024. In 1974, LB302 established the Regions' governance structure, county matching funds, and duties/responsibilities for the delivery of publicly funded mental health services and local input. In 1977, LB2104 extended public policy to include substance use services. In 2004, LB1083 reconfirmed and replaced the previous legislative bills with a transition from institutional care to community-based care, and advocacy for the person served. In celebrating our 50th anniversary, we made changes to our mission to include **"support the wellness and recovery of people through the ongoing development and coordination of the behavioral health system of care."** Our vision is people experiencing, affected by, or at risk of, mental health or substance use challenges receive care and enhanced personal well-being. We prioritize and value well-being, collaboration, and inclusion, access, innovation and flexibility, data and quality driven, and a multidimensional culture of learning. Ultimately, we strive to support people's recovery and wellness. The following are a few highlights from the fiscal year.

Legislation

From the beginning of the 108th (2024) short, 60-day legislative session, Speaker John Arch worked to keep debate focused 'on the issues at hand,' prioritizing largely non-controversial bills to keep the agenda moving forward. There were over 600 bills ambitiously introduced by senators. During this session, Senator Vargas introduced LB1355; as approved, it will allocate \$3 million dollars annually to the Regional Behavioral Health Authorities for opioid abatement strategies. Over the next 18 years, Nebraska is positioned to receive approximately \$179 million in Opioid Remediation Settlement Funds from the national lawsuits (2021 settlements were reached) initiated with the Sackler Family, manufacturers, and pharmacies. According to the settlement, there are nine opioid abatement strategies outlined to broaden access to naloxone, increase use of medications to treat opioid-use disorder, provide treatment and supports during pregnancy and the postpartum period, expand services for neonatal opioid withdrawal syndrome, fund warm hand-off programs and recovery services, improve treatment in jails and prisons, enrich prevention strategies, expand harm-reduction programs, support data collection, and research.

Active efforts occurred during the legislative session to preserve the balance in the Behavioral Health Aid budget by providing information to senators of the \$15 million that was allocated to the Regional Behavioral Health Authorities' FY 23-24 budget by the Division of Behavioral Health. Unfortunately, Governor Pillen and the Unicameral senators did not support maintaining the \$15 million and transferred it to the Lincoln Regional Center. The Regional Behavioral Health Authorities' FY 24-25 budget was also reduced by \$15 million, and Region V Systems' portion is a loss of \$3 million, thereby, decreasing service capacity as we continue to observe barriers to accessing needed behavioral health services for Nebraskans who are some of the most vulnerable (people with severe persistent mental illness and significant substance use). This

is occurring during a time when the trajectory of data indicates an increased demand for mental health and substance use treatment in our communities, Nebraska, and nationwide.

United States Department of Justice (DOJ)-Civil Rights Division

On May 14, 2024, Nebraska Health & Human Services (NHHS) was informed by the United States Department of Justice findings of the investigation on Nebraska's administration of its behavioral health service system, including employment services, for adults with serious mental illness. The DOJ assessed the state's compliance with Title II of the Americans with Disabilities Act of 1990 (ADA), 42 U.S.C. §12131-§12134, as interpreted by the Supreme Court in *Olmstead v. L.C.*, 527 U.S. 581 (1999). It was determined by the DOJ that, "Nebraska is violating Title II of the ADA by unnecessarily segregating people with serious mental illness in assisted living facilities and day program facilities." Nebraska Department of Health & Human Services negotiated with the DOJ to come to a memorandum of agreement on what approach will be taken to conform with the ADA. Region V Systems looks to collaborate with NHHS to support people's recovery and wellness. The full report may be found on our [website](#).

State of Emergency Ends & Medicaid Unwind Continues

Due to the COVID-19 Pandemic, the federal government declared a "state of emergency" and required all states NOT to end Medicaid insurance for people during the identified term of the emergency. The emergency ended on March 1, 2023. Nebraska Medicaid began reviewing people's eligibility for Medicaid. As of June 2024, the eligibility of 355,901 Medicaid members has been reviewed with 22,973 renewals remaining. Of the reviews completed, 32% were disenrolled (114,610) and 67% coverage renewed (236,186). Of the disenrolled members, 48% were terminated for procedural reasons, and 51% were determined ineligible. For people who are in need, no longer on Medicaid, and financially/clinically qualify for our services, we continue to provide a full array of behavioral health services to act as the safety net for the public behavioral health system.

Strategic Planning Sessions

Four strategic planning sessions were held across our service area in Geneva (January 23, 2024), Seward (January 24, 2024), Lincoln (January 24, 2024) and Nebraska City (January 30, 2024). Participants attending the planning sessions represented the following areas in our community: behavioral health providers, aging/elder services, basic needs, county commissioners/supervisors, law enforcement, case managers, community navigators, probation, county attorney, corrections, justice, crisis response, cultural centers, Nebraska Department of Health & Human Services representatives, Nebraska Department of Education, diversion, faith community, peer support (people with lived experience), health districts, health equity, homeless outreach, hospitals, job centers, justice in action, parents, prevention, tribal representatives, and veteran affairs. Constituents shared the ongoing need for behavioral health services and continued to identify gaps/needs in our community in the areas of housing, basic needs, specialized care for people with complex needs, substance use

treatment and harm-reduction services, intersection with the criminal justice system, crisis services, efforts to reduce stigma, education/resources on navigating the behavioral health system to locate services when in need, culturally appropriate care, access/transportation to services, more workforce, peer support, school-based services, and resiliency/prosocial/coping skills. As we continue to support the behavioral health needs in our community, we will use the data collected from the planning sessions to inform our direction.

Crisis Continuum

We continue to move the crisis continuum in alignment with National Guidelines for Crisis Care, essential elements within a no-wrong-door integrated crisis system. Continued efforts to provide education and awareness of “someone to talk to” (988), “someone to respond” (crisis response), and “a safe place to go” (adult and youth crisis centers). Momentum continued to occur on the two projects Region V Systems is collaborating with Lancaster County. September 11, 2023, the Regional Governing Board awarded the first adult Voluntary Crisis Response Center (VCRC) (crisis stabilization/mental health respite) contract to Integrated Behavioral Health Inc. The goal of VCRC is to provide support to several entities that regularly encounter people who need mental health support, and currently do not fall within the current service array. The VCRC is projected to start serving people in the fall of 2024. November 13, 2024, the Regional Governing Board awarded the family crisis center (“SquareOne”) to CenterPointe. SquareOne will serve as a place where families can receive support (crisis response, crisis psychotherapy, emergency community support, and respite) when in crisis and, if necessary, provide a period of respite to stabilize youth experiencing a behavioral health crisis. Both the adult and youth projects enhance our crisis continuum throughout our 16-county catchment area of offering “somewhere to go” to people/youth during a crisis. These projects were realized through local input and strong partnerships with advocates, providers, Lancaster County, City of Lincoln, law enforcement, and other system partners.

Expansion of Evidence-Based Practices

We continue to collaborate with the Division of Behavioral Health and behavioral health providers to expand and offer evidence-based practices throughout the recovery-oriented system of care. The Zero Suicide transformational framework is designed for behavioral health recovery-oriented systems for safer care of those at risk for suicide. The ultimate purpose of Zero Suicide is to help the people we serve reach the best possible outcome within their recovery, “building a life worth living,” and zero deaths by suicide. We continue to build the confidence and competence of the behavioral health workforce by continuing to implement Dialectical Behavior Therapy and Motivational Interviewing, and Cognitive Behavioral Therapy. These are proven evidence-based approaches that demonstrate interventions/approaches and critical support to persons served, while ensuring fidelity to the model. We continue working with network providers to sustain ongoing capacity of these high-quality, evidence-based practices by creating a cadre of trainers within the network provider organizations. Other evidence-based practice trainings we offered this year can be found on pages 15-16.

Opioid Remediation Settlement Funds

Region V Systems (RVS) received its first installment of funds the end of June 2023 and worked closely with the Opioid Response Network (ORN) through Substance Abuse and Mental Health Services Administration to create a methodical approach to disbursing the funds. Under one year’s time, RVS established a steering committee with over 60 stakeholders from our catchment area. The committee’s purpose is to ensure that the resources from RVS’ opioid settlement funds are allocated effectively and efficiently with fiscal transparency. Local input was gathered by steering committee members through a two-day educational and planning summit held March 19-20, 2024, with over 100 people representing our 16-county catchment area. During the summit, information was gathered on prioritizing areas of prevention, harm reduction, treatment, and recovery. RVS released our first opioid grant cycle, and the Regional Governing Board awarded \$612,307.37 of funding aimed at priority opioid abatement strategies. Additionally, RVS initiated a contract with a new provider, BAART, in Lincoln, NE, to aid in the recovery of opioid treatment, supporting people’s recovery and wellness.

Stepping Up Initiative

Region V Systems collaborated with Lancaster County and the Division of Behavioral Health to fund the Stepping Up Initiative, a national effort to reduce the over-incarceration of people living with mental illness. Rooted in a data-driven framework, this initiative provides counties with a comprehensive approach, leveraging training, resources, and tailored support to address local needs effectively. In recognizing the needs of this population, it is made possible with the courage, progressive mindset, partnerships of city and county officials, law enforcement, corrections, judicial system, people served, concerned citizens, and providers. We aim to achieve four key measures: 1) reduce the number of people with mental illnesses booked into jail; 2) increase connections to treatment; 3) reduce the length of time people with mental illnesses spend in jail; and 4) reduce recidivism. Lancaster, Otoe, and Saunders Counties are providing leadership by executing signed resolutions to prioritize this initiative.

Thank you again to all system partners who make our work possible; *we are better together*. We look forward to maintaining and developing new partnerships to support recovery and wellness for both children and adults in southeast Nebraska.



Gale Pohlmann
Gale Pohlmann,
Regional Governing
Board Chair



Patrick Kreifels
Patrick Kreifels,
Regional
Administrator

Who We Are

1974 LB302 established the governance structure, county matching funds, and duties/responsibilities for the delivery of publicly funded mental health services.

1977 LB204 extended policy to include substance use services

2000 Name change from “Region V Mental Health, Alcoholism, and Drug Abuse Program” to “Region V Systems”

- Statutory Responsibilities:**
- 1. Administration and management of the Regional Behavioral Health Authority
 - 2. Conducting audits of publicly funded behavioral health services
 - 3. Evaluation and quality management
 - 4. Initiation and oversight of contracts for the provision of publicly funded behavioral health services
 - 5. Advocacy and involvement of persons served in all aspects of service planning and delivery within the Region
 - 6. Fiscal management and accountability, including preparation of an annual budget and plan for the funding and administration of services
 - 7. Comprehensive planning, development, integration, and coordination of an array of publicly funded community-based behavioral health treatment and rehabilitation services for children and adults



Region V covers approximately 9,308 square miles. According to *U.S. Census 2020*, Region V has a population of 482,715, constituting approximately 25 percent of the state’s population.

2004 LB1083 reconfirmed and replaced previous legislative bills with a transition to community-based care

2024 New Mission Statement approved: “To support the wellness and recovery of people in southeast Nebraska through the ongoing development and coordination of a behavioral health system of care.”

Regional Governing Board (RGB)

Each Behavioral Health Authority is governed by a Regional Governing Board (RGB), comprised of an appointed county commissioner from each of the counties it serves. **Membership as of publication includes:**

Butler County	Ryan Svoboda	Pawnee County.....	Jan Lang (<i>Treasurer</i>)*
Fillmore County.....	Kenny Harre	Polk County.....	Jerry Westring
Gage County.....	Emily Haxby	Richardson County	John Caverzagie (<i>Vice Chair</i>)*
Jefferson County	Gale Pohlmann (<i>Chair, BHAC Rep</i>)*	Saline County.....	Janet Henning
Johnson County.....	Les Agena	Saunders County.....	Bill Reece
Lancaster County	Christa Yoakum (<i>Secretary</i>)*	Seward County	Ken Schmieding
Nemaha County	Michael Weiss	Thayer County	Dean Krueger
Otoe County.....	Dan Crownover	York County	LeRoy Ott

* Executive Committee members

Behavioral Health Advisory Committee (BHAC)

The Regional Governing Board (RGB) is required to appoint a Behavioral Health Advisory Committee, responsible for advising the RGB on behavioral health issues and funding allocations. Consideration for membership is given to geographic residence, direct and indirect consumers, cultural diversification, and the community at large. **Current membership includes:**

- Renee Duffek

Greg Janak (Vice Chair)

Corrie Kielty

Sarah Krenke

Jill Kuzelka (Chair)

Rebecca Meinders

Rachel Mulcahy
- Laura Osborne

Gale Pohlmann (RGB Representative)

Melissa Ripley

Kimberly Schroeder (Member at Large)

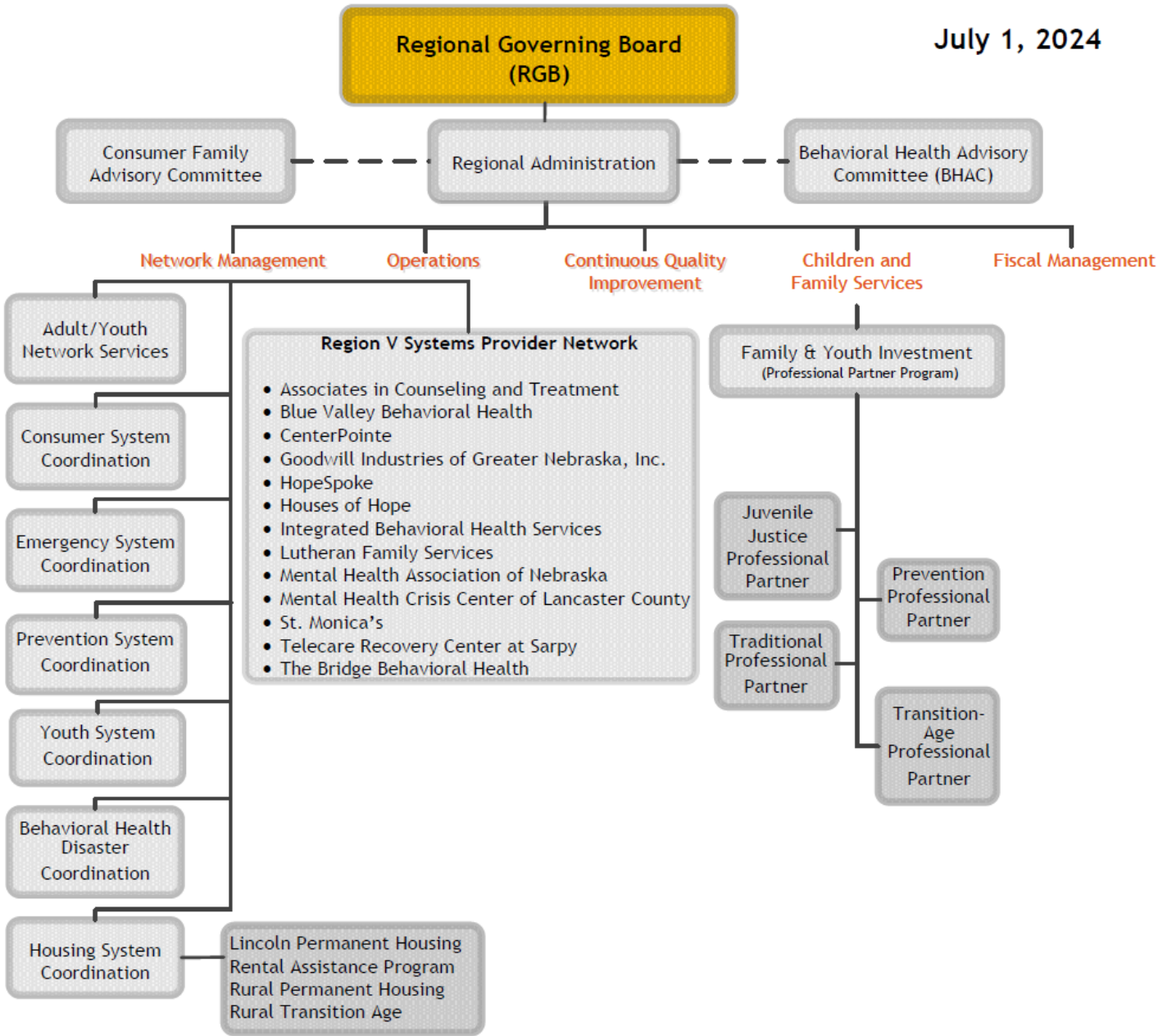
Kelsey Schwab

Michele Vana

Evette Watts

Thanks to the past members of the FY 23-24 BHAC & RGB for your dedication and support toward the Regional System of Care:

- Stephanie Knight (BHAC)
- In memoriam of Stan Boehr, who passed away in April 2024. We thank Stan for his service on the RGB, representing York County from January 2023—April 2024.



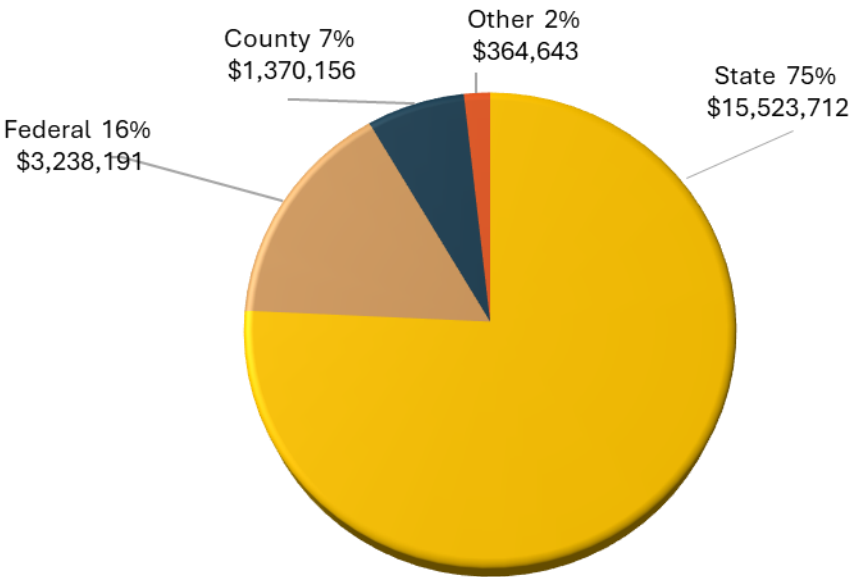
Fiscal Transparency

Fiscal management ensures the effective use of financial resources, transparency, and accountability. Funding is received from a variety of resources, including state and federal dollars through Nebraska’s Department of Health and Human Services’ Division of Behavioral Health and the Division of Children and Family Services, local and federal grants, and a county match from each of the 16 counties that make up Region V Systems’ geographical area.

Region V Systems then distributes funding through contracts with local providers and works with system partners that offer many levels of treatment and a broad array of services. To ensure contractual and financial compliance, Region V Systems’ employees conduct contract performance reviews and fiscal audits.

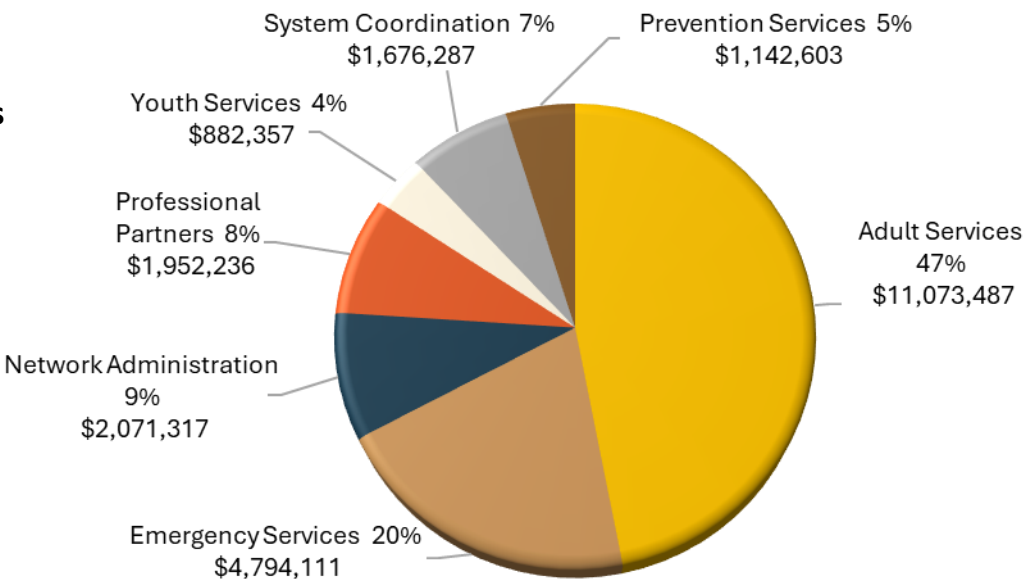
FY 23-24 Funding

\$20,496,703



FY 23-24 Expenditures

\$23,592,398



This **publicly funded system** is only one part of the overall behavioral healthcare system in Nebraska. It is considered the *safety net* for those who **meet financial eligibility requirements, are uninsured, underinsured, or have no other means to pay for behavioral healthcare**. Other funding sources such as Medicaid, insurance companies, private businesses, and individuals themselves also influence the way behavioral health services are provided in the state.

Network Administration

Region V Systems partners with state agencies, community partners, persons served, families, and other community primary care and behavioral health entities to support a system of care that is integrated and supports the Quadruple Aim of:

- Enhancing an individual’s experience of care (availability, accessibility, quality, and reliability);
- Improving the health outcomes of individuals;
- Promoting services that are efficient, effective, and in the right amount; and
- Fostering provider satisfaction.

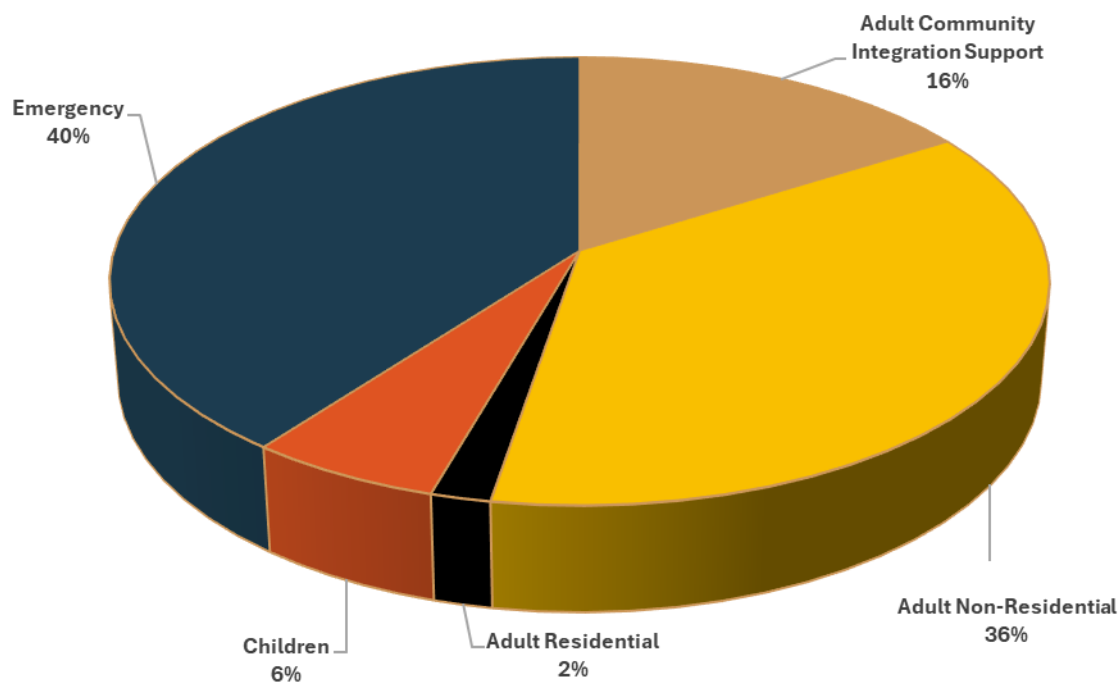
Region V Systems has contractual relationships with a network of behavioral health providers that have met the minimum standards, including national accreditation, to be a part of the Region V Systems’ Provider Network and provide publicly funded behavioral health services to the uninsured and underinsured.

In FY 23-24, 13 agencies were in Region V Systems’ Provider Network, providing access to an array of quality behavioral health services that promote wellness and recovery. Services are categorized by level of care, including inpatient, residential, non-residential, community

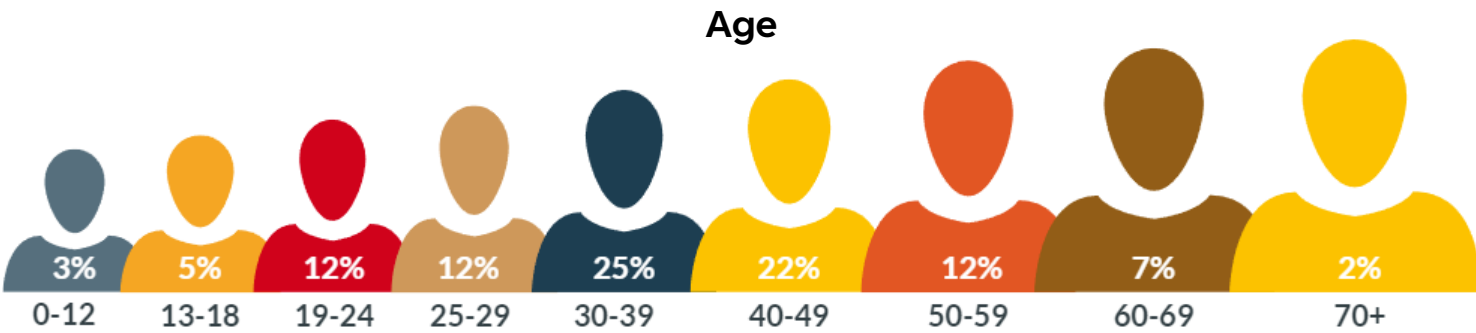
integration/support, children’s, and emergency, based on the intensity of treatment and supports needed. These services are designed to assist youth, adults, and families to reach the goal of recovery to live, work, and participate in their communities.

New this year was a pilot of the Recovery Wellness Support service provided by Wellbeing Initiative, Inc. Beginning in Lincoln and expanding to the rural communities of Fairbury, Geneva, Nebraska City, and Falls City, the Wellness & Education Centers (WEC) help individuals and families enter and navigate care systems, remove obstacles to recovery from mental health and/or substance use problems, stay engaged in the recovery process, and lead fulfilling lives in their chosen communities. The centers are open all day and welcome people in all stages of change, including those in pre-contemplative and contemplative using a low barrier, non-clinical approach. Recovery and wellness support services can be provided before, during, or after clinical treatment, and may also be available to individuals who are not currently receiving treatment but seek support services. Groups, classes, and one-on-one coaching on recovery, life skills, and wellness are offered to provide support and hope to people pursuing wellness and recovery.

Persons Served by Level of Care



Behavioral Health Data for Region V Systems-Funded Services



	Mental Health	Substance Use Disorder	Total*
Unique Persons Served	4,639	1,987	6,078

County of Residence	County Residents Served	New Admissions FY 23-24**
Butler	65	80
Fillmore	34	36
Gage	301	365
Jefferson	79	91
Johnson	46	59
Lancaster	3,956	5,936
Nemaha	63	63
Otoe	182	214
Pawnee	15	15
Polk	20	26
Richardson	99	117
Saline	133	152
Saunders	114	118
Seward	152	144
Thayer	19	15
York	233	264
All Other including "Not Available"	540	917
Region Total	6,051	8,612**

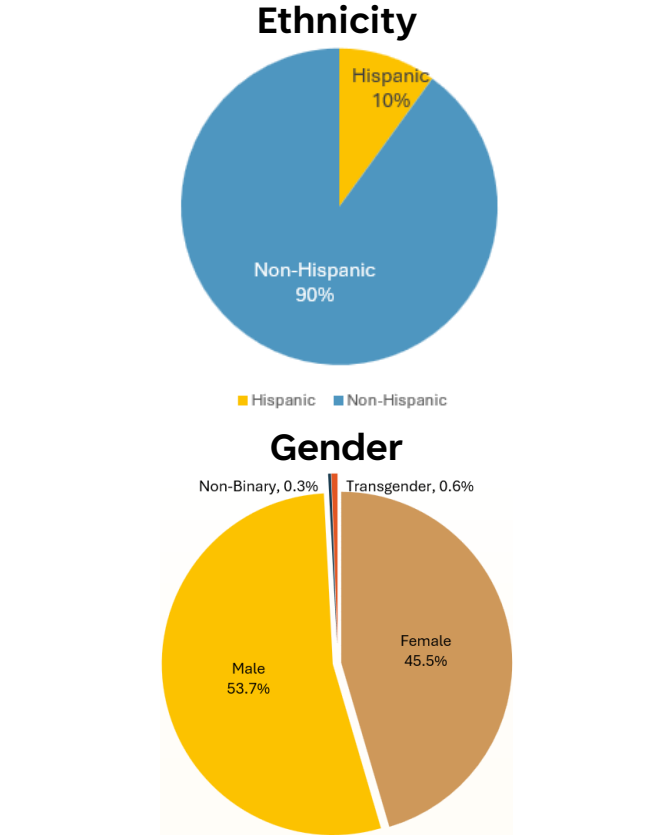
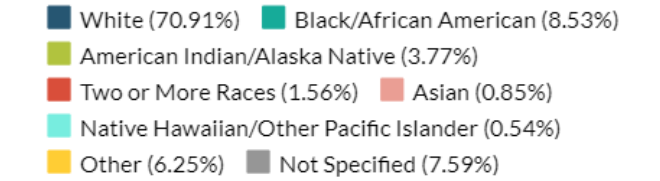
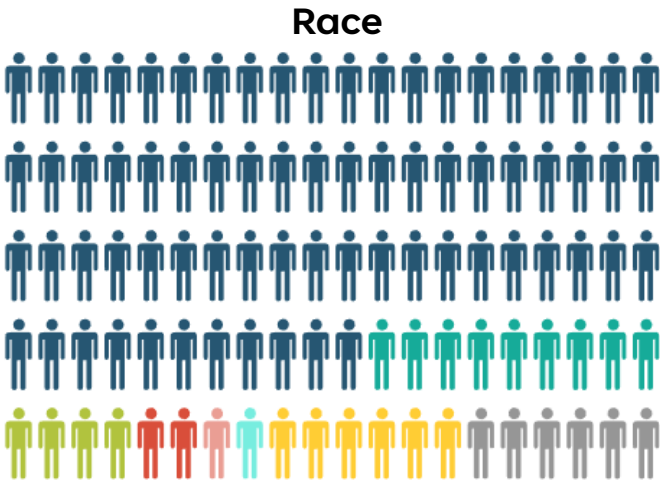
* Total Unique Persons Served is lower than the sum of the unique persons served in each Mental Health (MH) and Substance Use Disorder (SUD) services as some persons were served in both MH and SUD services.

** New Admission: counts only admissions that occurred in FY 23-24 and not admissions in previous years. Some individuals may have been admitted into more than one service.

*** Some individuals may have lived in more than one county in FY 23-24

† There are services where County of Residence is not a required field at the time of admission and other services where it is not required at all.

Data source: Nebraska Department of Health & Human Services, Division of Behavioral Health, Centralized Data System



Region V Systems' Service Array

(as of publication date)



Adult Community
Integration Support



Adult Non-Residential



Adult Residential



Emergency



Youth Non-Residential

Associates in Counseling and Treatment

5600 P Street Lincoln, NE 68505

Phone: 402-261-6667

www.actnebraska.org



Assessments/Addendums – MH & SUD; Outpatient Therapy-MH & SUD; Intensive Outpatient-SUD

Blue Valley Behavioral Health

1123 North 9th Street Beatrice, NE 68310

Phone: 402-228-3386

www.bvbh.net



24-Hour Crisis Line; Community Support - MH; Intensive Outpatient - SUD; Medication Management; Outpatient Therapy - MH & SUD; Assessments/Addendums- MH & SUD , Client Assistance Program-MH & SUD

Additional offices in Auburn, Crete, David City, Fairbury, Falls City, Geneva, Nebraska City, Pawnee City, Seward, Wahoo, York, Lincoln

Assessment/Addendum-MH & SUD, Community Support - MH & SUD; Day Rehabilitation (MidPointe); Outpatient Therapy - MH & SUD; Medication Management; Dual Disorder Residential; Assertive Community Treatment (PIER); Recovery Support-MH & SUD; Projects in Assistance to Transition from Homelessness (PATH); 24 Hour Crisis Line; Psychiatric Residential Rehabilitation (Community Transitions); Peer Support-MH & SUD; SSI/SSDI Outreach Access and Recovery (SOAR); Crisis Psychotherapy-MH; Emergency Community Support-MH & SUD for Youth; Crisis Response-MH & SUD

CenterPointe

2202 South 11th Street Lincoln, NE 68502

Phone: 402-475-8717

www.centerpointe.org



Assessment/Addendum-MH & SUD, Community Support - MH & SUD; Day Rehabilitation (MidPointe); Outpatient Therapy - MH & SUD; Medication Management; Dual Disorder Residential; Assertive Community Treatment (PIER); Recovery Support-MH & SUD; Projects in Assistance to Transition from Homelessness (PATH); 24 Hour Crisis Line; Psychiatric Residential Rehabilitation (Community Transitions); Peer Support-MH & SUD; SSI/SSDI Outreach Access and Recovery (SOAR); Crisis Psychotherapy-MH; Emergency Community Support-MH & SUD for Youth; Crisis Response-MH & SUD

Goodwill Industries of Greater Nebraska, Inc.

1804 South Eddy Street, PO Box 1863 Grand Island, NE 68801

Phone: 308-384-7896

www.goodwillne.org



Supported Employment - MH & SUD

HopeSpoke

2444 'O' Street Lincoln, NE 68510

Phone: 402-475-7666

www.hopespoke.org



Assessments - MH & SUD; Outpatient Therapy - MH & SUD; Therapeutic Consultation – MH; Medication Management;

Houses of Hope

1124 North Cotner Boulevard Lincoln, NE 68505

Phone: 402-435-3165

<https://www.housesofhope.com/>



Halfway House; Targeted Adult Service Coordination (TASC); Intensive Community Services - MH; Emergency Community Support - MH & SUD; Crisis Response Team; Recovery Support – MH & SUD; Short-Term Residential (Touchstone); Youth Mobile Crisis Response (TASC)

Integrated Behavioral Health Services

1430 South St. Lincoln, NE 68502

Phone: 531-500-4429

www.ibhealthservices.com



Secure Residential; Psychiatric Residential Rehabilitation; Community Support-MH, Day Rehabilitation; Outpatient Therapy-MH; MH Respite; Crisis Stabilization-MH

Lutheran Family Services

2301 'O' Street Lincoln, NE 68510

Phone: 402-435-2910

<https://www.onelfs.org/behavioral-health/>



Intensive Outpatient-SUD; Outpatient Therapy-MH & SUD; Community Support -MH; Medication Management; Assessments/Addendums – MH & SUD; Peer Support-MH & SUD

Mental Health Association of Nebraska

1645 'N' Street Lincoln, NE 68508

Phone: 402-441-4371

www.mha-ne.org



Supported Employment (HOPE) MH & SUD; Hospital Diversion (Keya House); Navigator (REAL) MH & SUD

Mental Health Crisis Center of Lancaster County

825 'J' Street Lincoln, NE 68508

Phone: 402-441-8276

www.lancaster.ne.gov/368/Mental-Health-Crisis-Center



Crisis Stabilization; Emergency Crisis Assessment - SUD; Post-Commitment Days

Region V Systems

1645 'N' Street Lincoln, NE 68508

Phone: 402-441-4343

www.region5systems.net



Housing Coordination; Emergency System Coordination; Prevention System Coordination; Consumer Services Coordination; Adult System Coordination; Youth System Coordination; Professional Partner Programs: Traditional, Prevention, Transition Age, Juvenile Justice

St. Monica's

120 Wedgewood Drive Lincoln, NE 68510

Phone: 402-441-3768

www.stmonicas.com



Outpatient Therapy-SUD; Short-Term Residential-SUD; Therapeutic Community-SUD; Halfway House-SUD; Recovery Support-SUD

TeleCare

2231 Lincoln Road Bellevue, NE 68005

Phone: 402-291-1203

www.telecarecorp.com



Secure Residential

The Bridge Behavioral Health

721 'K' Street Lincoln, NE 68508

Phone: 402-477-3951

<https://thebridgenebraska.org/>



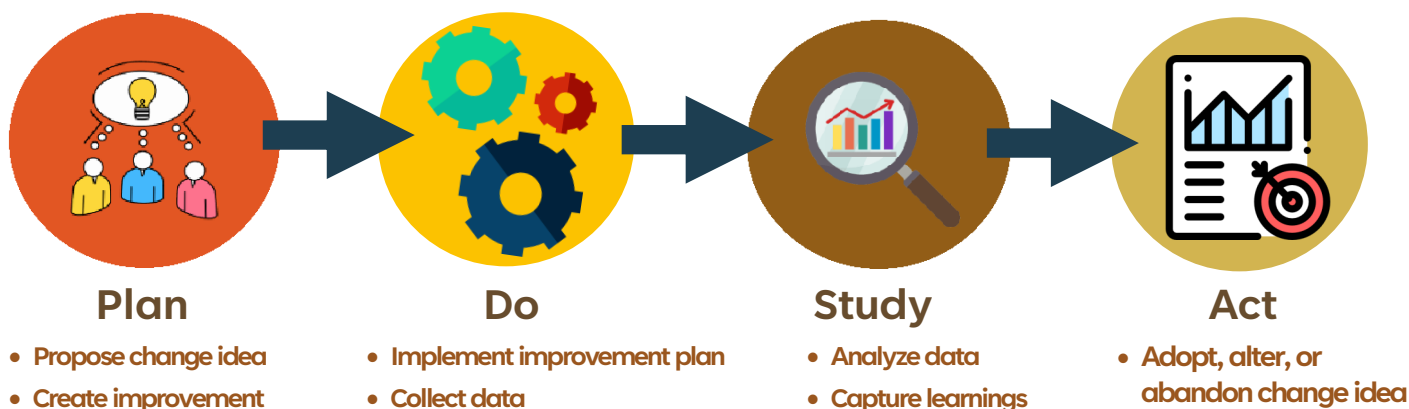
Short-Term Residential - SUD; Intermediate Residential - SUD; Short-Term Respite; Passages Extended Respite; Social Detoxification; Medically Monitored Withdrawal Management – SUD; Assessment/Addendum-SUD; Outpatient Therapy-MH & SUD

MH: Mental Health

SUD: Substance Use Disorder

View online: <https://region5systems.net/who-we-are/provider-network/>

Region V Systems continually strives to improve the quality of care for persons served by better identifying *who the consumers of services are, what types of services are needed, and what can best be offered to meet their needs.*



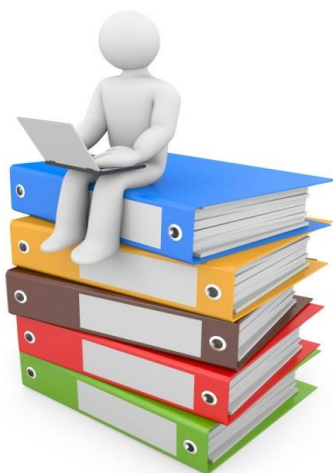
Regional Quality Improvement

The Regional Quality Improvement Team (RQIT) establishes network accountability for continuous quality improvement by using data to plan, identify, analyze, implement, and report ongoing improvements and celebrates progress, change, and success. RQIT oversees data participation, reporting, quality, and analysis, and provides recommendations or reports to Region V Systems and Network Providers. RQIT also interfaces with the Division of Behavioral Health (DBH). Through continuous quality improvement (CQI) coordination, Region V Systems ensures:

- a continuous learning environment exists as a network culture with leadership that sets clear direction and expectations for systems goals and outcomes;
- active participation by all network participants in monitoring/reporting and sharing information;
- persons served and families participate in all processes of the CQI program, and their views and perspectives are valued;
- all participants are afforded opportunities for involvement in decision making and performance improvement as topics proceed through Region V Systems' CQI communication process;
- awareness and understanding that quality is an essential element in

service provision and management;

- data is accurate and reliable, and there is confidence in information before reports are released;
- improved adult/youth outcomes as they work towards recovery;
- services that promote recovery, wellness and choice;
- services provided incorporate best practice, evidence-based practice, and effective practices;
- services are of high quality and provided in the most cost-effective manner.



Each year a Network Performance Improvement Plan (PIP) is developed, outlining measures of access, efficiency, effectiveness, and satisfaction. On pages 10-12, satisfaction and a couple indicators of effectiveness are displayed.

In monitoring access, the waitlist is a major component. In FY 23-24, the services with the longest average wait times were Dual Disorder Residential (62 days) and Professional Partner (56 days). The highest number of people (n=300) waited for Short Term Residential for an average of 20 days. Other data evaluated for access include capacity, ineligibles, denials, and emergency system flow.

Some examples of data used to assess efficiency in the Network are critical incidents, quality file reviews, time to complete substance use assessments and discharge non-compliance.

Each service enhancement in the Network has established outcomes and performance targets. The same categories are used. For instance:

- Medication support is offered by two providers with the goal to increase access to Medication Management.
- Outpatient Therapy special populations
 - ⇒ Rural communities- increase access
 - ⇒ Youth and families case management- improve effectiveness.
- Crisis stabilization clinician added to improve effectiveness through recovery supports (group, individual and family therapeutic sessions).

Measuring Recovery of Persons Served

Each Network Provider identifies and implements an outcome evaluation tool to measure functioning of persons served receiving services funded by Region V Systems. Individual scores are reported and tools utilized are:

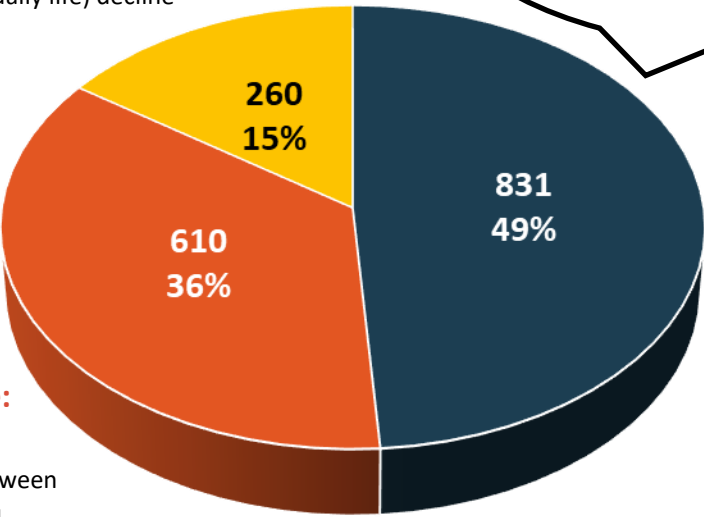
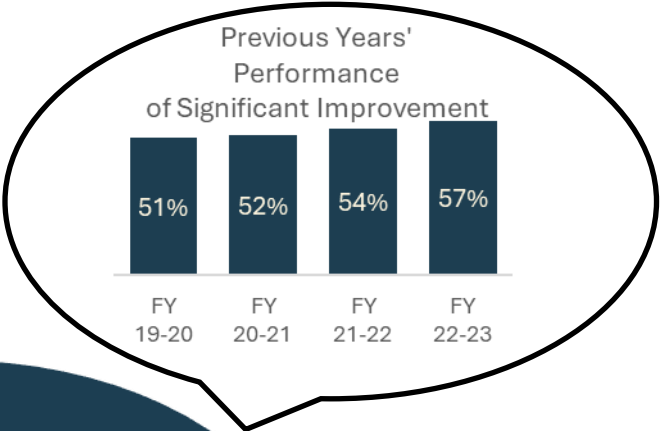
- Daily Living Activities-20 (DLA-20);
- Basis-24;
- Brief Addiction Monitor-Revised (BAM-R);
- Brief Assessment of Recovery Capital (BARC-10);
- Child Adolescent Functioning Scale (CAFAS);
- Quality of Life Attainment Scale (QLA); and
- Outcome Questionnaire (OQ-45.2, Y-OQ 30.2 PR/SR, S-OQ 2.0).

Functioning tools monitor and measure outcomes for persons served by comparing enrollment scores to ongoing/discharge scores and showing progress or improvement in the person’s served road to recovery.

Recovery Outcomes of Persons Served
When Comparing Admission to Discharge/Most Recent Scores
FY 23-24

Significant Decline:

statistically (not likely to have happened by chance) and/or clinically significant (real effect on daily life) decline



No Change:

no significant difference between admission and discharge/most recent scores

Significant Improvement:

statistically (not likely to have happened by chance) and/or clinically significant (real effect on daily life) improvement

National Outcome Measures (NOMS)

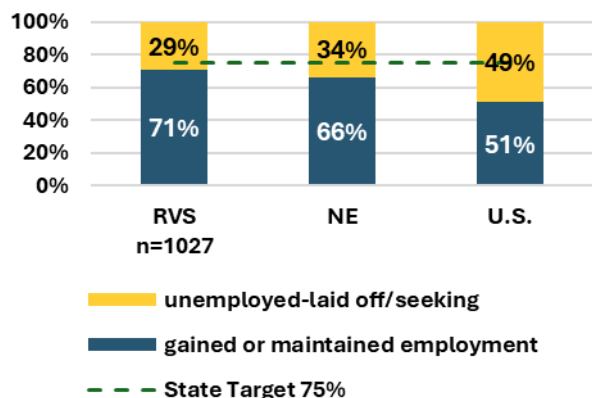
National Outcome Measures developed by Substance Abuse and Mental Health Services Administration (SAMHSA), in collaboration with the states, have identified domains as our National Outcome Measures, or NOMs. The domains embody meaningful, real life outcomes for people who are striving to attain and sustain recovery, build resilience, and work, learn, live, and participate fully in their communities.

The NOMs domains focus on persons served achieving/ sustaining employment enrollment in school (Employment/

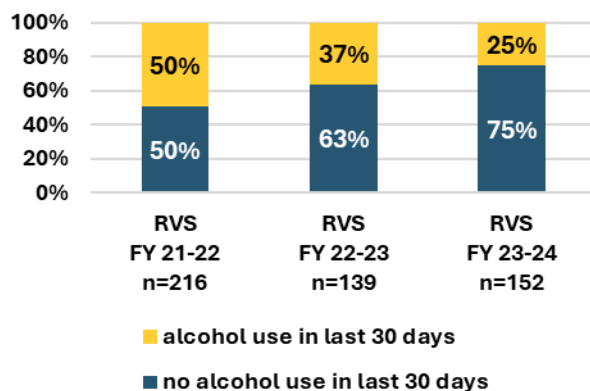
Education), reduce arrests (Crime and Criminal Justice), increase stability in housing (Stability in Housing), and abstinence or reduction from drug/alcohol use (Reduced Morbidity).

NOMs are calculated by comparing a person's status at enrollment vs. discharge. The following charts indicate a snapshot of Region V Systems' aggregate performance of the NOMs.* When available, the state of Nebraska and U.S. rates are shown as a comparison.

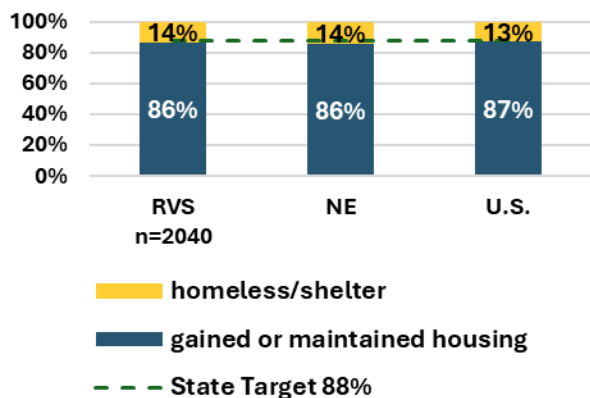
Employment



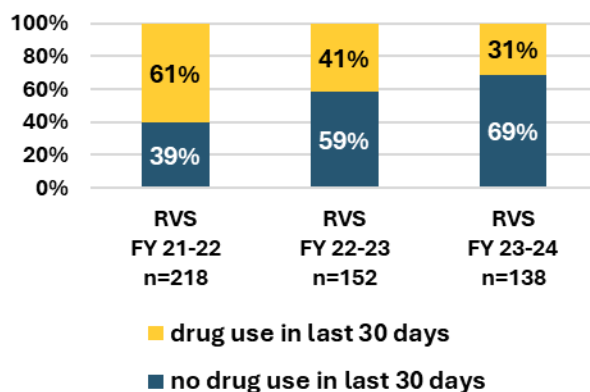
Alcohol Abstinence



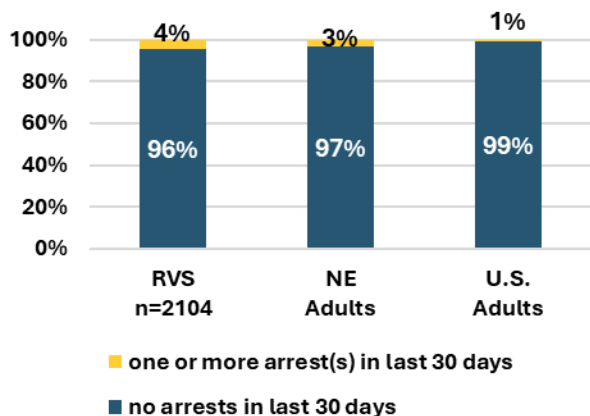
Stable Housing



Drug Abstinence



Criminal Justice



*There is exclusion criteria for each of the National Outcomes Measures. For example, persons not in the labor force (i.e. disabled, retired, unemployed-not seeking, etc.) are excluded from the Employment NOM calculation.

RVS: Region V Systems' Network performance in FY 23-24

NE: Nebraska Division of Behavioral Health performance for Mental Health & Dual Diagnosis services, as reported to SAMHSA for 2022

U.S.: Aggregate performance of states reporting to SAMHSA for 2022

Perception of Care and Mental Health Statistics Improvement Program (MHSIP) Consumer Satisfaction Survey

In an effort to assess persons served point of view as to the quality and effectiveness of services they received, Region V Systems’ Provider Network asks the following questions on surveys of persons served collected by each agency at various points of service and at discharge. The graph below illustrates an aggregate of responses from persons served by all providers in the network.

The Department of Health and Human Services’ Division of Behavioral Health administers a behavioral health consumer survey to solicit input from persons receiving mental health and/or substance use services on the quality and impact of

services received. Survey areas include access, quality, outcomes, participation in treatment planning, general satisfaction, functioning, and social connectedness. For a complete viewing of the report, visit [2023 Behavioral Health Consumer Survey](#).

Below are several outcomes comparing aggregate data of the Region V Systems’ Provider Network, The Division of Behavioral Health’s Consumer Survey, and national performance of all states reporting to the Substance Abuse and Mental Health Services Administration (SAMHSA):



		Region V Systems’ Provider Network Perception of Care Adults and Youth FY 23-24	State of Nebraska Consumer Survey Adults 2023	All States Reporting to SAMHSA Adults 2022
General Satisfaction	If I had other choices, I would still get services from this agency	92%	82%	85%
	I would recommend this agency to a friend or family member	93%	86%	
Quality and Appropriateness	Staff were sensitive to my cultural background (race, religion, language, etc.)	91%	86%	88%
Access	Services were available at times that were good for me	92%	89%	84%
Participation in Treatment Plan	I, not staff, decided my treatment goals	87%	81%	82%
Outcomes	I deal more effectively with daily problems	87%	77%	71%
Social Connectedness	In a crisis, I would have the support I need from family or friends	84%	74%	69%
Other	Staff treated me with respect and dignity	96%	92%	N/A
	The program was sensitive to any experienced or witnessed trauma in my life	91%	85%	

Quality Initiatives

Along with an array of mental health and substance use disorder programs, Region V Systems engages in initiatives that augment existing community-based services. **Following are initiatives currently underway** with the intent to bolster the existing public Behavioral Health System:

Zero Suicide: Let's Talk – System of Excellence

Region V Systems completed Year 5 of a Garrett Lee Smith subcontract in partnership with the UNL Public Policy Center. This year, an evidence-based Zero Suicide training was facilitated through the Education Development Center (EDC).

The training allowed 11 participating organizations within Region V Systems and four Child and Family Service-contracted providers be trained in the Zero Suicide framework. These newly trained providers joined the six providers previously trained, leading to 21 members within

the Zero Suicide System of Excellence. The providers participating in the Zero Suicide System of Excellence planning have developed action plans for implementation, report quarterly on their progress, and on identified variables identified by the EDC. In FY 23-24, a priority for the System of Excellence was identifying gaps of care for those with suicide risk, and agencies assisting one another in developing suicide care management plans called the Life Worth Living Pathway. This pathway consists of policies to better monitor, treat, and close the gaps in care for those most at risk for suicide.

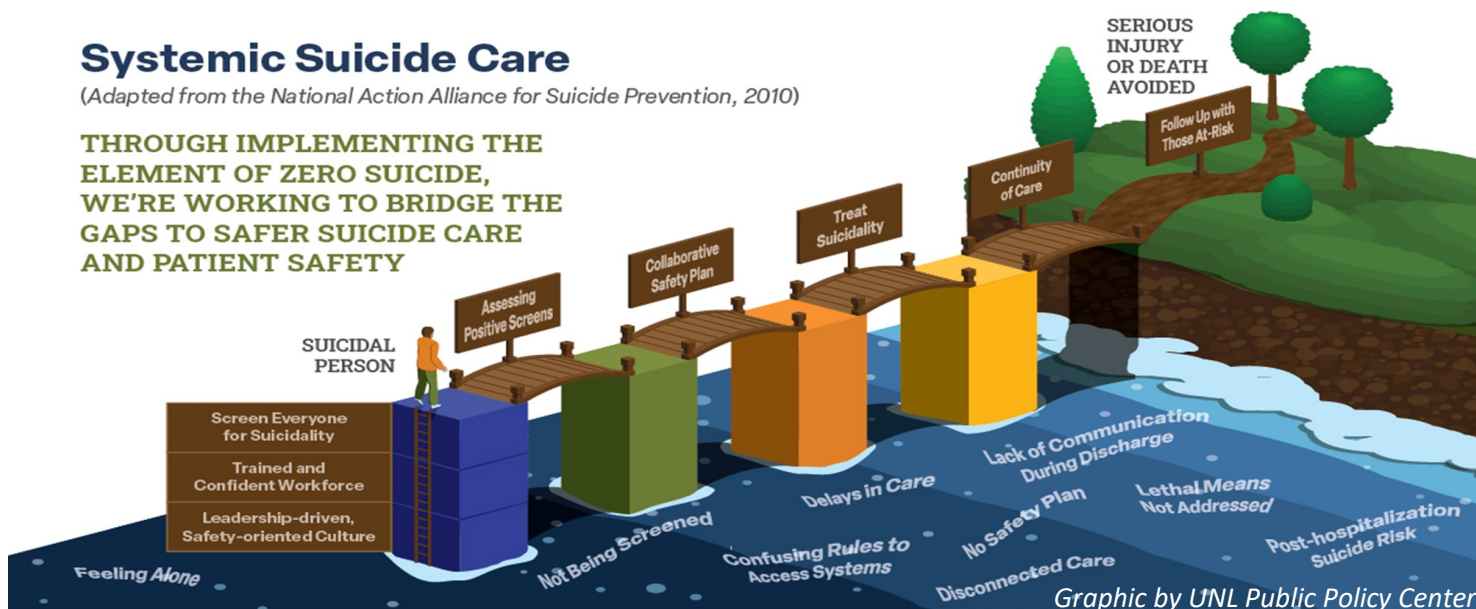
FY 23-24 Providers

Zero Suicide Status	Organization/Program		Zero Suicide Status	Organization/Program	
<i>new provider in RVS Network</i>	1	Associates in Counseling and Treatment	<i>new provider from Child and Family Services</i>	12	Better Living
	2	Blue Valley Behavioral Health		13	CEDARS
	3	Goodwill Industries		14	Christian Heritage
	4	HopeSpoke		15	Jenda Family Services
	5	Houses of Hope		16	NDHHS Children and Family Services Division - Southeast Service
	6	St. Monica's	<i>existing provider</i>	17	CenterPointe
	7	Targeted Adult Service Coordination (TASC)		18	Integrated Behavioral Health
	8	Telecare		19	Lutheran Family Services
	9	The Bridge Behavioral Health		20	Mental Health Association of Nebraska
	10	Touchstone		21	Mental Health Crisis Center
	11	Wellbeing Initiative, Inc.		22	Region V Systems

Systemic Suicide Care

(Adapted from the National Action Alliance for Suicide Prevention, 2010)

THROUGH IMPLEMENTING THE ELEMENT OF ZERO SUICIDE, WE'RE WORKING TO BRIDGE THE GAPS TO SAFER SUICIDE CARE AND PATIENT SAFETY



Opioid Abatement Strategies

State Opioid Response

Region V Systems (RVS) partners with the Nebraska Department of Health and Human Services, Division of Behavioral Health (DHHS-DBH) in implementing the State Opioid Response (SOR) grants, funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) and Center for Substance Abuse Prevention (CSAP). These grant funds **aim to address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose-related deaths through the provision of prevention, treatment, and recovery activities** for opioid use disorders (OUD) (including prescription opioids as well as illicit drugs such as heroin). In RVS, funds support the following activities:

- Implementation of evidence-based primary and secondary prevention methods defined by SAMHSA or Centers for Disease Control and Prevention (CDC), proven to reduce the number of persons with OUDs and OUD-associated deaths.
- Expanded access to the clinically appropriate, evidence-based practices (EBP) of Medications for Opioid Use Disorder (MOUD). Individuals were supported on their path to recovery with funding for MOUD including medication management provided by certified prescribers, medically necessary labs, and FDA-approved medication.

For more information on the prevention activities funded under the Opioid Response Grant, please see page 21.

Opioid Settlement Funds History

Nationwide settlements were reached in 2021 to resolve opioid litigation brought by states and local political subdivisions against the three largest pharmaceutical distributors, McKesson, Cardinal Health, and AmerisourceBergen (“Distributors”) and against the manufacturer Janssen Pharmaceuticals, Inc. and its parent company Johnson & Johnson (“J&J”) and finalized in 2022.

Nebraska is positioned to receive \$179,720,353 over 18 years. Funds coming into the state will go into the Nebraska Opioid Recovery Trust Fund and either be transferred into the Opioid Prevention and Treatment Cash Fund or the Opioid Treatment Infrastructure Cash Fund.

LB1355 passed in 2024 and obligated \$3 million per year to the Regional Behavioral Health Authorities beginning in July 2024. RVS will receive 25.7%, equaling \$772,263.

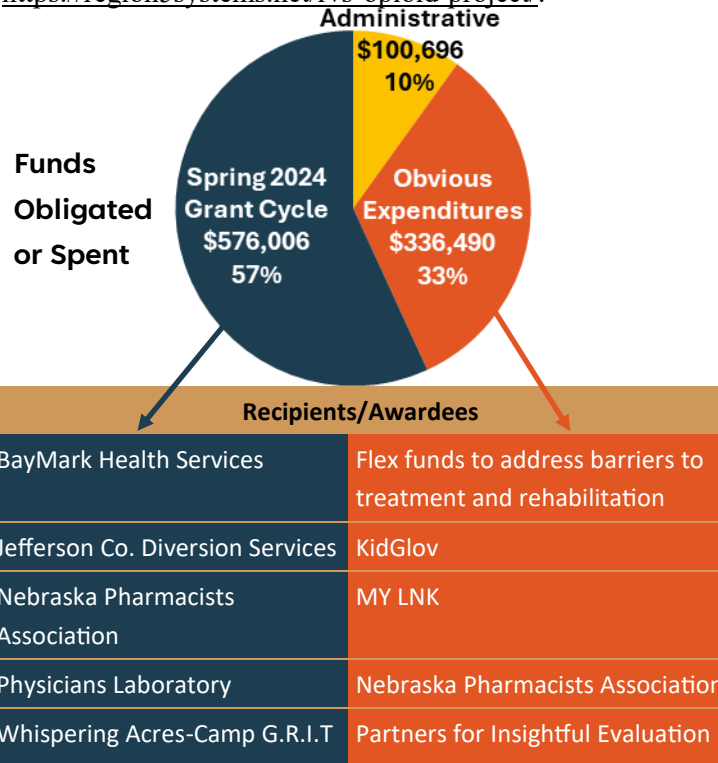
Framework for Spending Funds

RVS received its first disbursement of settlement funds from DHHS-DBH in June of 2023 and immediately began working with the Opioid Response Network (ORN) to plan the RVS Opioid Response Summit. During the summit held in March 2024, local stakeholders received education on the opioid epidemic, shared their community gaps and needs, and prioritized spending areas. While planning for the Opioid Response Summit, the RVS Opioid Steering Committee* identified several obvious expenditures to address the opioid epidemic. These projects were recommended for funding and approved by RVS’ Regional Governing Board. Concurrently, RVS began gathering information regarding other opioid funding and projects within its catchment area to ensure maximization of settlement funding and enhancement, not duplication, of current opioid efforts.

As a result of the work done by the Opioid Steering Committee and at the summit, RVS released its first grant opportunity in April of 2024, which focused on the priority abatement strategies as identified by stakeholders. As of June 30, 2024, \$945,544 is allocated for future grant cycles.

***RVS’ Opioid Steering Committee** was established in October of 2023 with over 60 stakeholders and constituents from the RVS catchment area. The steering committee’s purpose is to ensure that the resources from opioid settlement funds are allocated effectively and efficiently.

For an in-depth description of the grants and obvious expenditures funded, please refer to the RVS website, <https://region5systems.net/rvs-opioid-project/>.



Evidence-Based Practices – Full Fidelity Implementation

Motivational Interviewing (MI)

Region V Systems (RVS) continues to offer Motivational Interviewing (MI) training, consultation, full fidelity implementation, and train-the-trainer opportunities to Network Providers and state partners in collaboration with industry expert Brenda Jennings of Motivate 2 Communicate. MI is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion. (Miller & Rollnick, 2013)

As of June 2024, RVS has approved five agencies in full fidelity implementation of MI, trained an additional two agencies in implementation of MI as an evidence-informed practice, and supported numerous community trainings in MI. The five agencies implementing full fidelity MI include a total

of 65 employees implementing MI and 14 MI Champions. These individuals adhere to RVS MI Fidelity Outcome Monitoring Plan to ensure application of the model to fidelity standards and avoid drift. Using the reliability and valid MI Competency Assessment (MICA), each practitioner has an audio sample of their interaction with a service participant coded each year. In 2024, the overall average for the Network was 3.79 in Strategy and 3.89 in Intention, showing person-centered competency. The highest averages were in expressing empathy and supporting autonomy and activation.

- 166 individuals were trained in MI Phase I and II; 92 of those were trained by local community trainers.
- RVS transitioned over the training of MI Phase I and MI Phase II to locally trained trainers in February 2024.

Dialectical Behavior Therapy (DBT)

In partnership with expert Josh Smith of the DBT Institute of Michigan, Region V Systems has continued to offer Dialectical Behavior Therapy (DBT) training, consultation, train-the-trainer, and comprehensive DBT (C-DBT) implementation to Network Providers and state partners. DBT was developed by Marsha Linehan, PhD, in 1961 as a standard cognitive behavioral treatment for adults with chronic suicide ideation. It is known as a “third wave treatment” where it balances change strategies found in traditional behavior therapy approaches with acceptance-based and mindfulness strategies. The goal is to “build a life worth living.” Six agencies have participated in C-DBT to date with five agencies continuing C-DBT implementation and one agency moving to DBT-informed implementation.

In an effort to sustain DBT within Region V Systems, approved Network Provider DBT trainers finished their co-training with Josh Smith in the fall of 2023 and provided a full series of DBT training, a total of 17 days, in the spring of 2024. The five approved DBT teams continue to participate in fidelity monitoring and report on outcomes for persons served.

Inpatient Psychiatric Hospitalizations

Decreased from the average of 24 days in the prior year of DBT treatment to less than 1 day on average in the last 3 months.

Borderline personality disorder symptoms decreased

DBT healthy coping skills increased

Dysfunctional coping skills decreased

American Society of Addiction Medicine (ASAM) Criteria Foundations Course

In partnership with American Society of Addiction Medicine (ASAM), Region V Systems coordinated and funded vouchers to Network Providers to complete the ASAM Criteria Foundations Course in both the Third or Fourth addition. This training is based on information found in The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, and incorporates an opportunity to

practice applying the information through case-based activities.

As of June 30, 2024:

- 36 clinicians completed ASAM criteria foundations course (Note: this number represents those who completed in FY 22-23 and FY 23-24).
- 9 Network Providers represented.

Eye Movement Desensitization and Reprocessing (EMDR)

Region V Systems partnered with Dr. Gary Scarborough from the Eye Movement Desensitization and Reprocessing (EMDR) Support Network to offer EMDR Reprocessing training to Network Providers. EMDR is a psychotherapy that enables healing from the symptoms and emotional distress that are the result of traumatic life experiences.

As of June 30, 2024 (includes both FY 22-23 and FY 23-24 numbers):

- 33 clinicians completed Basic Training and 10 hours of Consultation..
- 7 clinicians completed Basic Training as a refresher and opted not to participate in Consultation.
- 6 clinicians completed Basic Training and completed 9 or less hours of Consultation.
- 10 clinicians began Basic Training (Training will be finished and Consultation will be offered in FY 24-25).
- 7 Network Providers represented.

Evidence-Based Practices – Training

Parent-Child Interactive Therapy (PCIT)

Parent-Child Interaction Therapy (PCIT) is a specialized behavior management program for young children experiencing emotional or behavioral challenges. PCIT is implemented in two phases: (1) the Child-Directed Interaction Phase where parents develop child-centered interaction skills to enhance the parent-child relationship; and (2) the Parent-Directed Interaction Phase where caregivers learn additional behavior management skills. PCIT gives equal attention to the enhancement of the parent-child relationship and the development of caregivers' behavior management skills. The typical age range for PCIT is 2-7 years of age. However, PCIT has been adapted for toddlers ages 12-24 months and for children ages 7-10.

The financial support provided by Region V Systems allowed the NRPVYC to provide training in CPP and PCIT at a reduced cost for mental health professionals, increasing the overall capacity of these services and the competence of the behavioral health professionals across systems.

- 40 hours of foundational skills in the PCIT protocol.
- 2 separate learning sessions.
- Twice monthly consultation calls over a 12-month period of time.
- 13 behavioral health professionals completed.
- Training participants must demonstrate competence in the core areas of the PCIT protocol and implementation.

Child Parent Psychotherapy (CPP)

Region V Systems partnered with the Nebraska Resource Project for Vulnerable Young Children (NRPVYC) at the University of Nebraska and provided financial support for behavioral health professionals to receive clinical training in Infant and Early Childhood Mental Health Services.

The NRPVYC seeks to improve the well-being of maltreated young children in Nebraska through supporting and strengthening mental health professionals serving them across systems. As part of its work, NRPVYC manages clinician training programs for Child-Parent Psychotherapy (CPP) and Parent-Child Interaction Therapy (PCIT), which are evidence-based practices for young children and their caregivers.

Child-Parent Psychotherapy (CPP) is provided to children aged birth to five who are experiencing behavior, attachment, and/or mental health challenges due to trauma. CPP focuses on enhancing the quality of the parent child interaction, promoting secure attachment.

Upon completion of all training requirements, the behavioral health professionals are rostered with NRPVYC and the University of California, San Francisco.

- 18-month intensive training program
- Three separate learning sessions
- Weekly supervision, and twice-monthly consultation
- 14 behavioral health professionals completed.

Critical Time Intervention (CTI)

Region V Systems sponsored training in Critical Time Intervention (CTI) and made the CTI Basic Training available at no cost for over 50 individuals in June 2024. Training participants included individuals across multiple systems in Nebraska, including behavioral health, child welfare, community action, corrections, and veteran services.

CTI is a time-limited, evidence-based practice that mobilizes support for society's most vulnerable individuals during periods of transition, designed to prevent people with severe mental illness from becoming unhoused following discharge from hospitals, shelters, correctional settings, and other institutions. Research suggests that CTI is also effective for individuals with severe mental illness during their transition from being unhoused into community living.

CTI utilizes an intensive nine-month model designed to

assist adults with severe mental illnesses and functional impairments which preclude them from managing their transitional needs adequately. It combines several treatment models, including CBT, illness management, supported housing, and motivational enhancement.

The CTI Basic Training included content on the principles, tasks, implementation, delivery, supervision, and evaluation of Critical Time Intervention.

- 49 individuals completed at least one day of training with 38 individuals completing all three days.
- Participants included:
 - Behavioral Health
 - Child welfare
 - Community Action
 - Corrections
 - Veteran services

System Coordination

In addition to initiatives, service enhancements, and network management, Region V Systems also provides **overall system coordination** in partnership with providers, persons served, community hospitals, local coalitions, housing providers, landlords, local schools, vocational/employment agencies, advocacy organizations, criminal justice, county services, the Department of Health and Human Services, probation, law enforcement, community youth-serving agencies, and other stakeholders. System Coordination brings individuals/agencies together to plan, strategize, prioritize, reach solutions, and monitor to ensure services are accessible, available, and that duplication of

efforts are minimized. The six areas of System Coordination provided are:

- Behavioral Health Disaster System Coordination (See information below)
- [Consumer Coordination](#)
- Emergency System Coordination (See information below)
- [Housing Coordination](#)
- [Prevention System Coordination](#)
- [Youth System Coordination](#)

Behavioral Health Disaster System Coordination

As part of Behavioral Health Disaster Coordination, Region V Systems has developed the capacity to respond to behavioral health needs of individuals as a result of experiencing a disaster. Coordination in this area includes working with public health departments, emergency managers, hospital emergency response coordinators, and many other community organizations who are active after a disaster. Region V Systems has a pool of trained volunteers who can respond during times of disaster, as well as a written plan that outlines how disaster-generated psychosocial needs of individuals affected by disaster will be addressed within Region V Systems' catchment area.



Emergency System Coordination

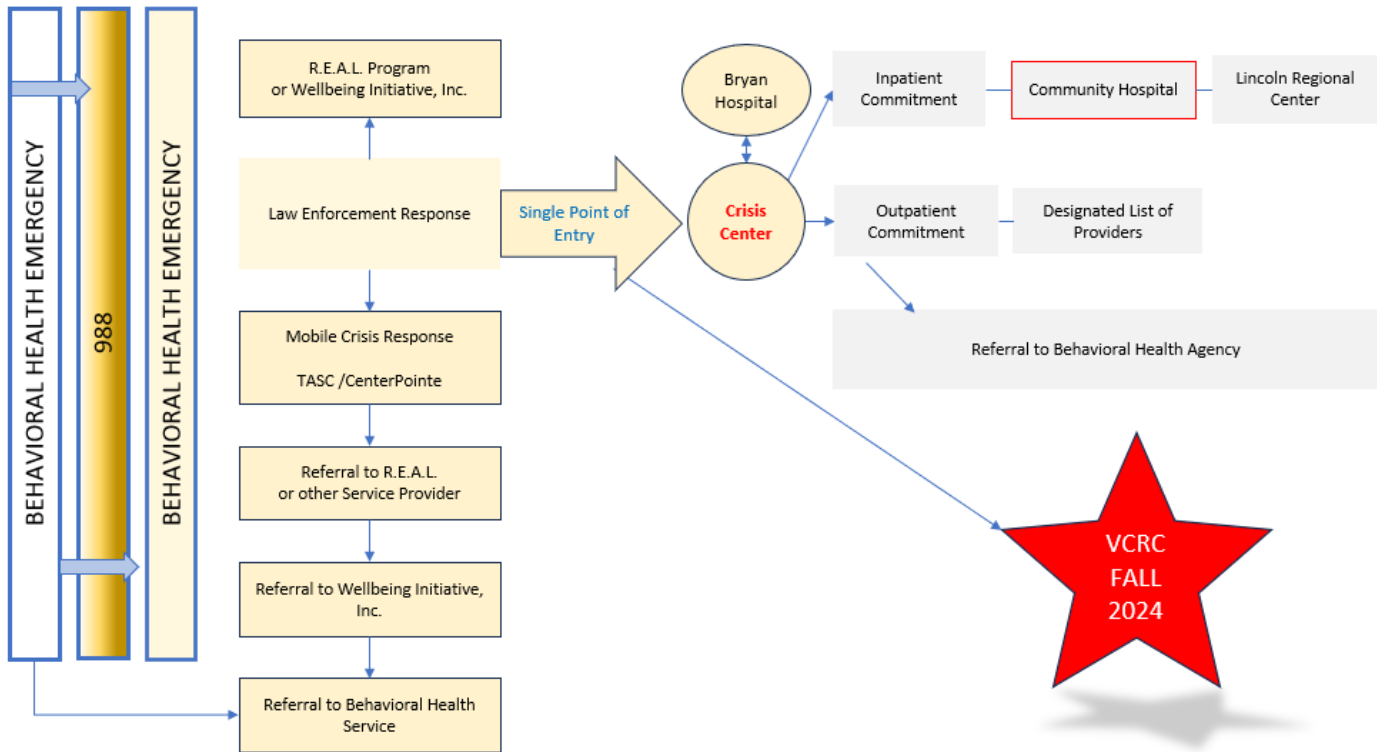
The Emergency System Coordination, a comprehensive system dedicated to assisting individuals facing behavioral health crises, is designed to consider the individual and their surroundings. This approach is crucial for delivering crisis services that effectively minimize mental health emergencies, reassuring stakeholders about the system's impact on the individual's well-being. The system collaborates with stakeholders, including law enforcement, hospitals, behavioral health professionals, Mental Health Boards, the Mental Health Crisis Center, county attorneys, and others to ensure swift crisis response .

The High Utilizer Review Team (HURT Team) was formed to enhance communication among system providers. The team meets weekly for 60 minutes to identify and assist individuals in crisis or at risk of crisis. The primary goal of the HURT Team is to act quickly and help the individual return to their pre-crisis level of functioning. The team comprises members from the Lincoln Police Department, Targeted Adult Service Coordination (TASC), CenterPointe, The Bridge Behavioral Health, Bryan Hospital, and the Mental Health Association.

Region V Systems' Adult Crisis Continuum

Someone to talk to ↔ Someone to respond ↔ A safe place to go

Region V Systems Adult Crisis Continuum



FY 23-24 Highlights

TASC (Targeted Adult Service Coordination):
94% diversion rate for 281 adult mobile crisis response calls. TASC responds to law enforcement-initiated calls in rural southeast Nebraska.

CenterPointe:

71 adult mobile crisis response calls with a 97.5% diversion rate, 3 iPad/Telehealth calls via LPD, 613 adult walk-in crisis contacts, and 4,659 crisis calls.

REAL (Respond Empower Advocate Listen):

Emergency peer support through the Mental Health Association expanded to rural southeast Nebraska to cover all 16 Region V service area counties. Response numbers are 267 for Navigator-MH and 3 for Navigator-SUD.

988 | SUICIDE & CRISIS LIFELINE

The introduction of the new 988 Suicide & Crisis Lifeline on July 16, 2022, has provided a crucial direct connection to compassionate and trained care for individuals facing mental health-related distress or suicidal thoughts. Unlike 911, which mainly dispatches emergency services, 988 links people who call, text, or chat to the Lifeline network and other crisis

Refer to [page 30](#) for the Youth Crisis Continuum

Lancaster County Mental Health Crisis Center:

440 people were served and 68 days were at capacity.

Wellbeing Initiative, Inc. (WBI):

WBI has extended its Peer Support program by providing Recovery Community Navigators (RCNs) who collaborate with first responders, hospitals, treatment centers, and other recovery networks to assist individuals facing substance use issues. The RCNs aim to diminish the negative perception surrounding substance use, address service gaps, and prevent relapse.

The Bridge Behavioral Health:

616 people were served in Mental Health Respite and 82 in Social Detoxification.

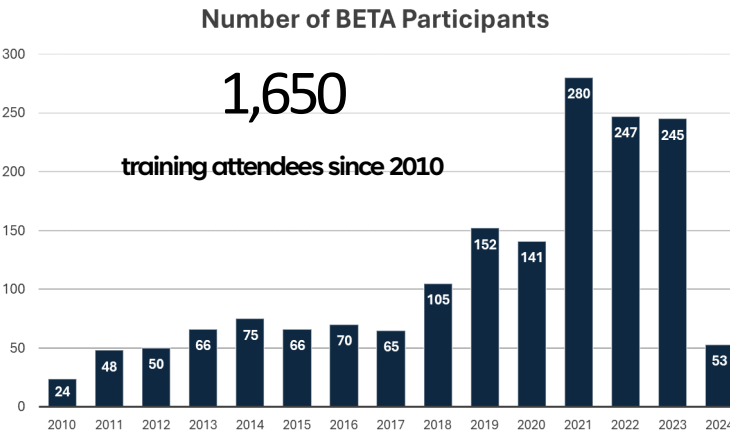
resources. Upon dialing 988, callers encounter automated prompts before being connected to a counselor, facilitated using Vibrant Emotional Health Lifeline technology at Lifeline centers. In FY 23-24, there was an average of 61 calls received per day, a 22% increase over FY 22-23. Furthermore, access to the Mobile Crisis Response Teams has been expanded, and they have been mobilized 326 times by 988.

Emergency System Trainings

Region V Systems is committed to providing comprehensive education to law enforcement and community partners on best practices for assisting individuals in emergencies. One of our flagship training courses is the Behavioral Health Threat Assessment Training (BETA), which offers advanced education on programs and practices that aid individuals with behavioral health needs. For 15 years, Region V Systems has proudly sponsored BETA, a program designed to help Nebraska law enforcement officers and their partners improve outcomes when dealing with incidents involving individuals displaying mental illness and dangerous behavior. The primary goal of BETA is to establish an integrated and coordinated process for identifying and responding to individuals who may pose a risk of harm to themselves or others. It emphasizes the importance of law enforcement officers and others in identifying, evaluating, and managing the risk of future behavior rather than solely focusing on apprehending and prosecuting offenders after a crime has been committed. The practical benefits of this program are evident in the improved outcomes and the enhanced safety of the community.

In collaboration with the Lincoln Police Department, Lancaster County, and UNL, a BETA analysis tool was created to measure the success of the training. Participants in the program and in the comparison group of 39 officers, who did not participate, completed identical quantitative pre- and post-tests developed by the CIT group to assess attitudes toward serving residents with mental illness symptoms and a survey developed by the evaluation team to test knowledge of best practices.

The impact of the BETA program on its participants' knowledge and attitudes is not just significant, it's inspiring. Those who attended the program showed a substantial increase in their understanding of individuals with mental illness and best practices compared to the comparison group. Most importantly, a mediation analysis using Hays's (2021) Process Model demonstrated that the effect of training on increasing knowledge of best practices mediated the increase in positive attitudes toward serving those with mental illness that resulted from training. This means that the improvement in trainees' attitudes was directly linked to increased knowledge and skills, compared to the comparison group without training. This inspiring result should motivate us all to continue our efforts in this crucial area.



The Voluntary Crisis Response Center (VCRC)

The Voluntary Crisis Response Center (VCRC) was established to address the strain on the law enforcement and health care systems in Region V Systems' service area. Due to the lack of facilities tailored to behavioral health crises, law enforcement often transports individuals in crisis to hospital emergency departments or jail. The primary objective of the VCRC is to offer a secure, easily accessible, and nurturing environment to support the recovery and well-being of those experiencing a behavioral health crisis.

The Crisis Stabilization program, housed within the VCRC, delivers treatment and support throughout the crisis, conducts crisis assessments and interventions, connects individuals to necessary behavioral health services, and facilitates their transition back to their regular living arrangements. Meanwhile, the Mental Health Respite program is designed to offer a safe, supported residential environment for individuals with serious mental illnesses who would benefit from ongoing support for a smooth transition into the community.

Integrated Behavioral Health Services (IBHS) was awarded the VCRC contract on September 11, 2023. Subsequently, IBHS moved swiftly, and Region V Systems collaborated with them to form a steering committee. The committee comprises members from law enforcement, Community Corrections, Lancaster County, behavioral health providers, and Region V Systems. The VCRC will be located at 3220 N 14th Street in Lincoln, NE, and will serve people in Region V Systems' service area. Construction is set to commence in July 2024, with the goal of opening in December 2024.

The Crisis Stabilization program is for individuals who:

- Are 19 years old and above and live in the service area.
- Have symptoms matching a current DSM diagnosis that requires and can be addressed by intensive, structured intervention.
- Show a significant disturbance in mood/thought interfering with daily activities, requiring immediate stabilization.
- Are at risk of danger to themselves or others and lack continuous monitoring support.
- Need 24-hour observation and supervision but not constant observation in an inpatient psychiatric setting.
- Can benefit from short-term crisis intervention services and then return to a less-intensive level of care quickly.
- Have tried less-intensive care or show signs of a life-threatening psychiatric condition, but the right level of care is unclear.

The Mental Health Respite program is for individuals who:

- Are 19 years old and above and live in the service area.
- Have a current diagnosis of a serious mental illness.
- Are at risk of needing a higher level of care if they do not receive support.

Stepping Up

Stepping Up is a national initiative to reduce the over-incarceration of people living with mental illness. Rooted in a data-driven framework, this initiative provides counties with a comprehensive approach, leveraging training, resources, and tailored support to address local needs effectively. The Stepping Up Initiative was only possible with the courage and progressive mindset of city and county officials, law enforcement, corrections, judicial system, consumers, concerned citizens, and providers in recognizing the needs of this population. Stepping Up focuses on four key measures:

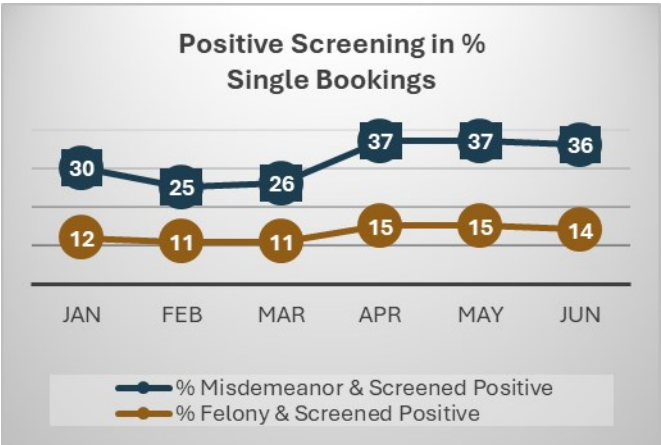


Figure 1 Individuals booked into Lancaster County Jail that screened positive on the Jail Brief Mental Health Screening, indicating possible mental health needs.

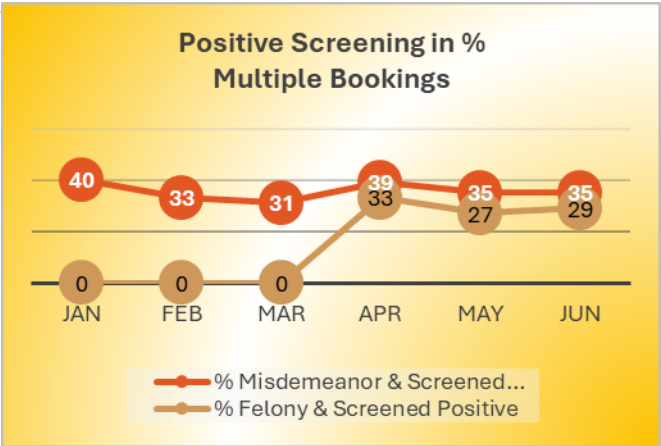
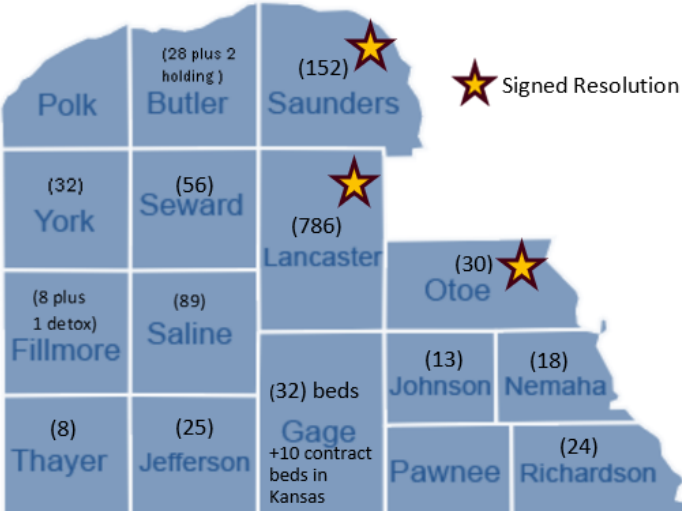


Figure 2 Individuals booked into Lancaster County Jail more than one time and screened using the Brief Jail Mental Health Inventory indicating possible mental health needs.

In November 2023, Lancaster County Commissioners and Region V Systems joined to implement Stepping Up. The Region V Systems Stepping Up Coordinator started in January 2024.

- In May 2024, an initial steering committee meeting was held with the justice entities in Saunders County, focusing on obtaining data that provides the most complete assessment of the needs in Saunders County.
- The steering committee for Otoe County is being formed.
- Region V Systems’ Stepping Up Steering Committee for Lancaster County was established in March 2024. The Lancaster County Steering Committee recommended completing a new Sequential Intercept Mapping (held in August 2024) since the initial one was completed in 2018. During this implementation phase, efforts have concentrated on data collection to identify gaps, barriers, and opportunities. Utilizing the collected data, initial goals were identified in each of the four key measures through collaborative work with justice entities, service providers, and community organizations.

Region V Service Area with Jail Capacity |



Prevention System Coordination

Region V Systems' Prevention System Coordination is a collaborative partnership among community coalitions, SCIP (School and Community Prevention and Intervention), the Youth Action Board, and various community stakeholders to address substance use priorities and mental health promotion. The federal Strategic Prevention Framework Model is used to drive strategies in each community, which include: assessment, capacity development, planning, implementation, and evaluation. Prevention System Coordination provides ongoing technical assistance and trainings for all coalitions and stakeholders in southeast Nebraska as well as with statewide partnerships.

Prevention efforts are strength-based and encourage wellness among youth and adults. Evidence-based programming within all 16 counties addresses risk factors that may lead to substance use and/or addiction.

Prevention System Coordination manages funding from five sources: Garrett Lee Smith Suicide Prevention Grant, Mental Health First Aid Grant, SAMHSA Federal Block Grant, SAMHSA Partnership for Success Grant, and SAMHSA State Targeted Response to Opioid Crisis Grant. Highlights of wellness strategies utilized in FY 23-24 are included below.

SAMHSA State Targeted Response to Opioid Crisis

Tall Cop Webinars

Jermain Galloway's nationally known "Tall Cop" webinars provided tools, resources, and training to combat substance use. Jermaine has trained fellow officers, judges, educators, community leaders, and many others in issues relating to drug and alcohol use.

Webinars included the following topics:

- Fentanyl Overview
- Social Media and Internet Safety for Parents and Professionals
- Vaping and Delta
- Vape Shops/Cannabinoids/Dabbing
- Marijuana, Delta, and Other Cannabis Trends
- Vaping Trends Including Nicotine and Cannabis
- Popular Legal and Trending Substances



279 individuals attended the webinars

Alpha Media (Opioid Ad)

1567 radio ads ran

5 Marcus Theatres with

5 Premium Pre-Trailers

510,224 viewings of opioid ad (estimated attendance)

Deterra Drug Disposal Pouch

Safe, easy way to dispose of prescription medications

2,248

distributed



STOPODNE

Anyone who is a **NEBRASKA resident** can obtain **NARCAN** for **FREE** at a participating pharmacy without a prescription. Learn more [@stopodne.com](https://stopodne.com) or scan the QR code.

20

participating pharmacies within Region V Systems



Med Safe

11/16 Counties with Med Safes for the safe collection and proper destruction of prescription and over-the-counter medications

577.5 Unused opioids and other medications pounds safely collected and destroyed

www.TalkHeart2Heart.org

TalkHeart2Heart.org is a resource developed by the Lancaster Prevention Leadership Team.

Content centers around parenting styles, drugs and alcohol, mental health, and risky behaviors.



This year, pages were added specifically to address opioid use and suicide prevention. Additionally, in partnership with Region 6, a new content area was added for educators. The site is utilized throughout Region V Systems' coverage area, and this year the Regions around the state are partnering to develop new content.

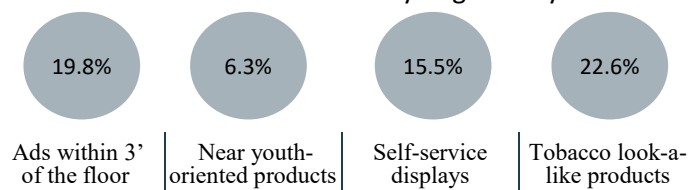
SAMHSA Federal Block Grant

* evidence-based

Region V Youth Appeal by Retailers

The tobacco industry relies on recruiting youth to replace the 480,000 in the US who die each year due to the use of their products. These products are designed and marketed in ways that are appealing to kids such as sweet, candy-like flavors.

465 retailers were assessed by Region V Systems



3rd Millenium Classrooms

Courses assigned through schools and various community programs such as diversion.

281 Courses taken by students due to the use of various substances including the underage use of alcohol and nicotine products and any use of THC or other illicit drugs.

Youth Action Board (YAB)

Committed to the prevention of substance use and other high-risk behaviors, creating a better future through leadership development.

25 members (11/16 counties represented)
107 participants at June Jam 2024

School Community Intervention and Prevention (SCIP)

Provider of consultation to school teams, educational materials, newsletters, and trainings.

Lincoln Schools (Grades K-12)	Rural Schools (Grades K-12)
562 referrals from SCIP teams	413 referrals from SCIP teams
* 488 alcohol, tobacco or other drug use/concerns	* 36 alcohol, tobacco, or other drug use/concerns
* 106 mental health concerns	* 154 mental health concerns
564 students referred	413 students referred
408 interventions	280 interventions
83 assessments	182 assessments
270 services/resources	379 services/resources

Culturally and Linguistically Appropriate Services (CLAS) Mini-Grants

Prioritize and fund culturally responsive community services

School Community Intervention and Prevention (SCIP)
Printing costs for substance use prevention-related brochures/handouts (*About Vaping* and *What You Need to Know About Marijuana*) **Awarded \$575.56**

Second Step*

Social emotional learning curriculum

100% of counties have schools engaged.

100% of PreK-8th grade schools in Lincoln Public Schools engaged.

Compliance Checks*

Random checks of alcohol-licensed establishments to ensure IDs are checked and alcohol is not sold to minors.

# of Checks	Passed
131	96%

Wellness Recovery Action Plan (WRAP) *

Helps individuals feel better, manage challenges, improve quality of life, decrease and prevent troubling feelings and behaviors, and plan and achieve life goals.

Within Lancaster, Gage, York and Jefferson counties:

103 People went through WRAP * **45** Youth * **58** Adults

Mini-Grants

Seed funding to help communities start projects that can be sustained.

Agency	Purpose	Award
Beatrice Public Schools	Youth Frontiers	\$3,000
Four Corners Health Department	Hope Champion Community and Parent Education and Support	\$2,150
Jefferson County Diversion & Pretrial Services	Peer Support Training	\$1,753
Karen Society of Nebraska	Resource translation, prevention videos, educational campaign	\$2,860
Polk County PSAC	NaloxBoxes	\$1,800
Saunders County ACT/Youth Services	Sticker Shock Campaign and Community Response Resource Cards, Just Look Up Book	\$1,320
Southeast Nebraska CASA	Just Look Up Book Club	\$3,000
Seward County Attorney/Prevention Coalition	Contest, SafeRX locking pill bottles, movie event with sticker shock and speaker	\$3,000
Public Health Solutions	Radio PSA for Thayer and Jefferson on Underage Drinking	\$1,000

Disrupting Traffick

Personal care kits for women who are survivors of sex trafficking or experiencing circumstances that make them vulnerable to exploitative tactics or traffickers. **Awarded \$797.63**

Mental Health First Aid (MHFA)

* evidence-based

FY 23-24

Type	Trainings	Participants
Youth	5	67
Adult	10	138
Total	15	205



Trainings

Two options offered:

- 8-hour in-person training OR
- 2-hour self-study and 6-hour training, either in-person or virtually

8 trainers in the Region V Systems cadre, offering MHFA in southeast Nebraska

Garrett Lee Smith Suicide Prevention Grant

Question, Persuade, Refer (QPR) Trainings*

Suicide prevention trainings

50 trainings

2,202 people trained

Trainings are being held both in person and virtually. Lincoln Public Schools' (LPS) social workers continue to train their employees on an annual basis.

Local Outreach to Suicide Survivors (LOSS) Team

Reduce suicide bereavement distress of those immediately impacted by providing compassion, support, and providing information about available resources

Blue River LOSS Team (Gage and Jefferson)
Four Corners LOSS Team (Butler, Polk, Seward, York)
Lincoln/Lancaster County LOSS Team
Saline County LOSS Team

Hope Squads

Reduce youth suicide through education, training, and peer intervention



29 schools with active Hope Squads in

8 counties (Gage, Johnson, Lancaster, Otoe, Polk, Richardson, Seward, York)

Assessing and Managing Suicide Risk (AMSR)

Training on best practices recommended by the nation's leading experts in the research and delivery of suicide care

1 training session

(capped at 25 for virtual and 40 for in-person training)

11 people trained

(less than capacity due to cancellations and no-shows)

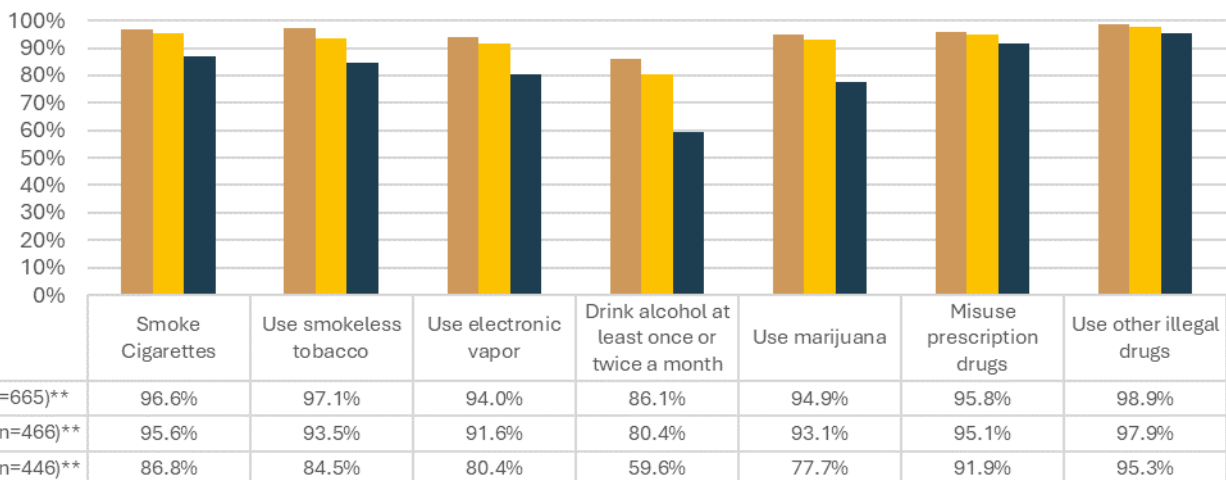
Lock Boxes

Used to store firearms and medication to keep out of the hands of those struggling with suicidal ideation

362 distributed to hospital and law enforcement

Nebraska Risk and Protective Factor Survey 2023

Percentage Reporting Wrong or Very Wrong to Substance Use Behavior*, 2023

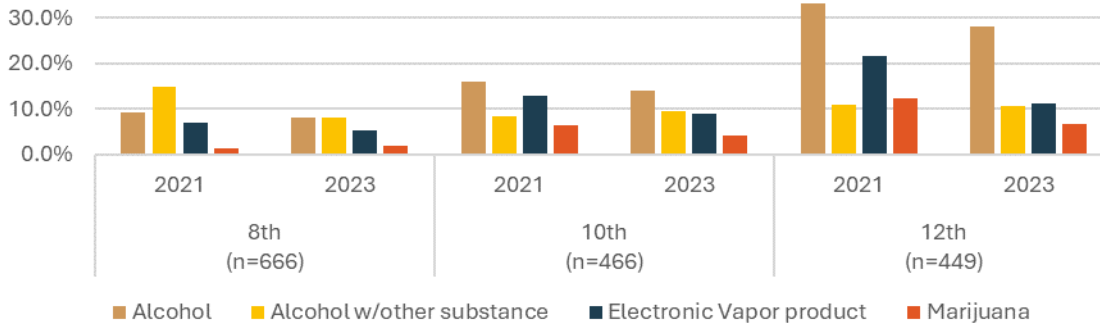


*Percentage who reported how wrong they think different substance behaviors are based on the following scale: Very wrong, Wrong, A little bit wrong, Not wrong at all.

**The n-size displayed is the largest n-size across these questions. Because each question is asked individually, the n-size may vary.

Here are some of the findings from the 2023 Nebraska Risk and Protective Factor Student Survey (NRPFSS). The NRPFSS targets Nebraska students in grades 8, 10, and 12, with a goal of providing schools and communities with local-level data. As a result, the survey is implemented as a census survey; meaning, that every public and non-public school with an eligible grade can choose to participate. This data is not to be considered a representative statewide sample. The survey is designed to assess adolescent substance use, delinquent behavior, and many of the risk and protective factors that predict adolescent problem behaviors.

Region V Past 30-Day Substance Use Trend 2021-2023
Alcohol and Substance Use



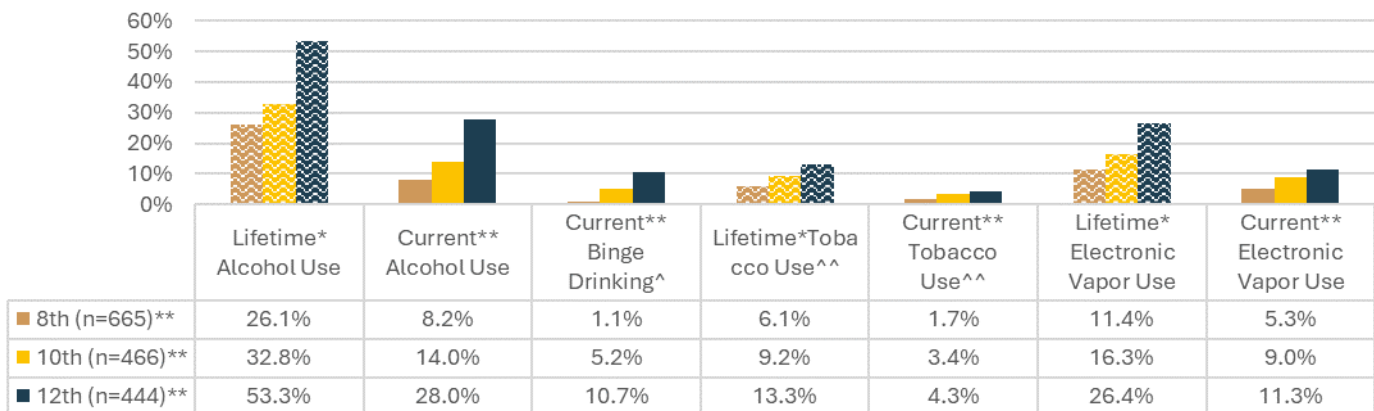
Region V Systems

8th Grade showed a greater decline in use than the State in **4** out of 8 substances assessed.

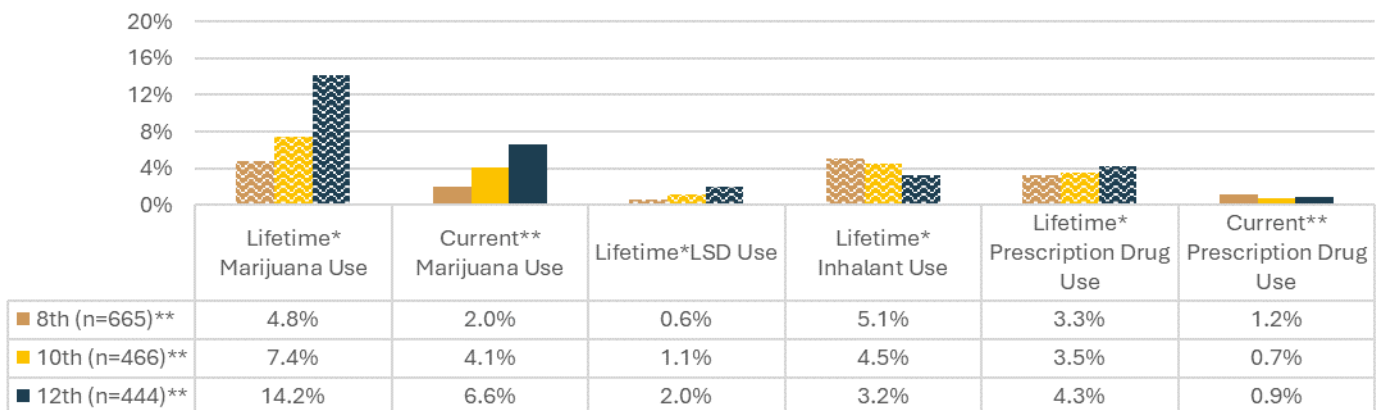
10th Grade showed a greater decline in use than the State in **2** out of 8 substances assessed

12th Grade showed a greater decline in use than the State in **7** out of 8 substances assessed

Substance Use: Alcohol and Tobacco, 2023



Substance Use: Other Drugs, 2023



Lifetime Cocaine Use, Lifetime Meth Use, Lifetime Heroin Use and Lifetime Synthetic Drug Use are all 1.1% or less


Notes. *Percentage who reported using the named substance one or more times in his or her lifetime. **Percentage who reported using the named substance one or more times during the past 30 days. ^^Tobacco use includes cigarettes and smokeless tobacco. ***The n-size displayed is the largest n-size across these questions. Because each question is asked individually, the n-size may vary.

Promoting Comprehensive Partnerships in Behavioral Health Through Regional Prevention Coordination

Multi-county evidence-based strategies utilized by all coalitions:

- Environmental Scans
- Communities Mobilizing for Change (including Compliance Checks and www.TalkHeart2Heart.org website)
- Responsible Beverage Training
- Second Step
- Devereux Student Strengths Assessment (DESSA)

Directory and listing of **additional** Evidence Based Practices (EBP) utilized by each county coalition:

County Coalition		Current Lead	Evidence Based Practices utilized by County Coalition, in addition to multi-county strategies listed above
Butler County Believes in Youth and Community (BBYC) David City High School 750 D Street David City, NE 68632		Amy Sander 402-367-8028 sanderma785@gmail.com	D.A.R.E.
Fillmore County Coalition Public Health Solutions 830 E 1st Street, Suite 300 Crete, NE 68333		Jill Kuzelka 402-826-3880 jkuzelka@phsneb.org	Circle of Security
Four-County Collaborative 1520 22nd Street Auburn, NE 68305		Laura Osborne 402-414-2460 fourcountycollaborative@gmail.com	Utilizing multi-county strategies listed above
Gage County MAPS Coalition 320 N 5th Street Beatrice, NE 68310		Jill Kuzelka 402-826-3880 jkuzelka@phsneb.org	3rd Millennium, WRAP
Jefferson County Prevention Coalition Public Health Solutions 830 E 1st Street, Suite 300 Crete, NE 68333		Jill Kuzelka 402-826-3880 jkuzelka@phsneb.org	WRAP, Circle of Security, D.A.R.E.
Lancaster Prevention Coalition 1645 N Street Lincoln, NE 68508		Teri Effle 402-441-4367 teffle@region5systems.net	3rd Millennium, Creating Lasting Family Connections, WRAP
Polk County Substance Abuse Coalition 330 N State Street, PO Box 316 Osceola, NE 68651		Evette Watts 402-747-2211 ewatts.pch@gmail.com	Information Dissemination
Saline County (CURB) Prevention Coalition Public Health Solutions 830 E 1st Street, Suite 300 Crete, NE 68333		Jill Kuzelka 402-826-3880 jkuzelka@phsneb.org	Circle of Security
Saunders County Prevention Coalition 387 N Chestnut Street, Suite 1 Wahoo, NE 68066		Amber Pelan 402-443-8107 apelan@saunderscounty.ne.gov	D.A.R.E., 3rd Millennium
Seward County Prevention Coalition 616 Bradford Street Seward, NE 68434		Lori Sherman 402-643-3695 bridgessewardcounty@gmail.com	3rd Millennium, BIST
Thayer County Healthy Communities Coalition Public Health Solutions 830 E 1st Street, Suite 300 Crete, NE 68333		Jill Kuzelka 402-826-3880 jkuzelka@phsneb.org	Circle of Security
York County Prevention Network 816 E 8th Street York, NE 68467		Barbra Ivey 402-363-8128 iveybarbra@gmail.com	Information Dissemination, 3rd Millennium

Housing Coordination

Region V Systems receives funding from the state of Nebraska, Department of Health and Human Services, Division of Behavioral Health, and federal funding from Housing and Urban Development (HUD) to provide safe, secure, affordable housing to homeless individuals and families – together with supportive services – so that persons served can begin to work toward recovery. Together with the state and local Continuums of Care for the Homeless, Region V Systems works to house vulnerable adults who have mental health and substance use issues and their children as well as provide housing support to transition age youth (ages 18-25).



**ALL DOORS
LEAD HOME**

children, transition-age youth, and transition-age youth with children were housed with this funding. Housing participants are identified through the statewide coordinated entry system. Persons identified have experienced: chronic homelessness, literal homelessness, or fleeing domestic violence, *and* must have a disabling condition to be eligible. Transition-aged youth experiencing “couch surfing” are also eligible for housing services. Region V Systems enters a master lease with property owners/managers and subleases units to the eligible, identified participants.

As a recipient of HUD funding, Region V Systems is required to be an active member of both the Balance of State Continuum of Care (CoC) and the Lincoln CoC, also known as the Lincoln Homeless Coalition. The CoCs provide a strategic, focused approach to reducing and ending homelessness in Nebraska. Our housing programs have contributed to the CoCs’ collaborative efforts to address homelessness in Lincoln and the Balance of State through leadership in planning initiatives and participation in the Coordinated Entry System. Affordable and available housing options continue to be a national and local concern being addressed by policy makers.

The Division of Behavioral Health state funding allows Region V Systems to provide housing choice vouchers to individuals who live with severe and persistent mental illness and/or substance abuse disorders. The housing choice voucher is used and available in all 16 counties of Region V Systems. Utilizing the voice and choice model, the participant is free to choose housing type and location. The goal of this program is to support participants in their recovery journey and bridge them to a permanent housing voucher with the local public housing authority or self-sufficiency.

The HUD funding provides for a total of 52 housing units in both the city of Lincoln (12 housing units) and rural southeast Nebraska (40 housing units). This year, a total of 115 persons that included individual adults, adults with



Housing Programs



Rental Assistance Program (RAP)

implemented September 2005

FY 23-24 funding: \$1,247,334

RAP, through funding from the Department of Health and Human Services (DHHS), provides safe, secure, affordable housing – together with support services – so that persons served can begin to work toward recovery. There are four tracks in the RAP Housing program: 1) RAP-MH is intended for persons with serious and persistent mental illness, who are indigent or have extremely low income, with priority given to those who are discharging from an inpatient Mental Health Board Commitment, or those who are at risk of an inpatient commitment; 2) RAP-SD is a specialized track for persons with a substance dependence disorder; 3) RAP-TAY is a specialized track for homeless transition-age youth with serious and persistent mental illness working with the Transition Age Professional Partner Program, and 4) RAP-SD TC is a specialized housing track tailored to provide housing opportunities for women with children discharging from the Therapeutic Community level of care.

330

**(296 MH, 24 SUD)
households received RAP
benefits (rent, utilities, and
one-time housing costs)
in FY 23-24**





Rural Permanent Housing Program (RPHP) implemented November 2012

FY 23-24 funding: \$286,159

Region V Systems receives funding from Housing and Urban Development (HUD) to provide permanent supportive housing in our geographical area of 16 counties in southeast Nebraska (not inclusive of the city of Lincoln) as well as the counties of Adams, Clay, Nuckolls, and Webster.

RPHP receives referrals for assistance through the Nebraska Balance of State Coordinated Entry System called the Most Vulnerable Review Team (MVRT). RPHP provides permanent supportive housing to single adults and families identified as the most vulnerable, while adhering to a “housing-first” philosophy which offers persons served choice in receiving services and immediate housing.

42

households were provided
housing in the 20-county area
in FY 23-24

Leasing unit capacity : 32



Lincoln Permanent Housing Program (LPHP) implemented February 2021

FY 23-24 funding: \$191,725

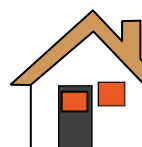
Region V Systems expanded Permanent Housing into Lincoln in January 2021, housing the first participant in April 2021. The Lincoln program mimics the Rural Permanent Housing Program in that the program also receives referrals through the State Coordinated Entry System and serves vulnerable adults and families.

Funding supports programming in the city of Lincoln, Nebraska.

17

households were provided
housing in FY 23-24

Leasing unit capacity : 12



Rural Transition-age Permanent Housing Program (RTPH) implemented October 2022

FY 23-24 funding: \$130,751

Region V Systems implemented the Rural Transition-age Housing Program (RTPH) in January 2022. RTPH provides 8 scattered, site-leased housing units across 22 counties in Nebraska inclusive of the 16 counties of the Region V geographical area and the counties of Adams, Cass, Clay, Hall, Nuckolls, and Webster. The target population for this project is transition-age youth ages 18-24 years who are experiencing homelessness. The transition-age youth must meet the criteria of HUD Homelessness Definition of literal homelessness, fleeing domestic violence, or couch surfing. Most of the transition-age youth enrolled in the program entered as single individuals; however, pregnant and parenting youth were also served. Upon acceptance of RTPH, a Housing Specialist (case manager) offers each individual assistance with developing an individualized plan of care that includes housing stability goals. Housing Specialists also serve as service coordinators and provide advocacy on behalf of the transition-age youth to ensure that the elements of the participant’s plan of care are planned for and provided.

11

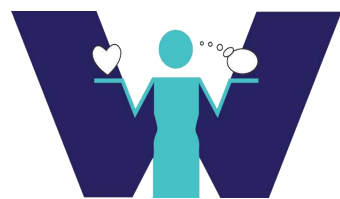
households were provided
housing in FY 23-24

Leasing unit capacity : 8



Consumer Coordination

Consumer involvement and advocacy has been paramount as part of the Behavioral Health Services Act (LB1083). The Act identified the following priorities for persons served:



WELLBEING
INITIATIVE, INC.

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

Region V Systems continues to contract with Wellbeing Initiative, Inc. a peer-operated agency, to carry out activities to meet the intention of the funding that began in 2007. This contract also included the identification of a designated individual who represents Region V Systems’ consumer interest at all designated meetings. Some of the activities and accomplishments include support groups being offered weekly (Wellness Response Action Plans (WRAP), Self-Management and Recovery Training (SMART), Harm Reduction, and others) to people in our

16-county territory and at the Lancaster County Mental Health Crisis Center. During the year, peer support groups reached up to 1,091 people.



Consumer Family Advisory Committee (CFAC)

Since its establishment in 2004, CFAC has been involved in projects that benefit people with mental health and/or addiction problems and their families. These projects include Wellness Recovery Action Plan (WRAP®), self-advocacy, and community outreach. An annual CFAC behavioral health conference, “Many Pathways to Recovery” was held July 11, 2024, at City Impact, 1025 North 33rd Street, Lincoln, NE. 130 people attended the

conference. The event supported networking among the peer community. There were 8 breakout sessions covering a gamut of topics such as child abuse, mental health directives, Peer Support-Global Portal, resources in the rural, Nar-Anon Family Groups, Question Persuade & Refer, and Reentry. Inspirational presenters shared their lived experience. CFAC also awards grants to support local projects; funded activities are outlined below.

Grantee / Project	Award	Grantee / Project	Award
Behavioral Health Conference 2024	\$5,990	MidPointe Garden Serenity Room Garden materials	\$456
Consumer Family Advisory Committee Meeting Expenses and Zoom Account	\$483	PSS Training Peer Support Training	\$1,050
Helping Men/Women Recover	\$8,051	Rural Behavioral Health Conference in Nebraska City	\$2,000
Indian Center Dinner and Bingo Promote Native American Community Wellness	\$3,000	Wellbriety Sacred Voices Meeting room and training expenses	\$2,911
Mental Health Association (MHA) Star Tran bus passes for MHA participants	\$3,200	WRAP Groups Wrap books, training, Spanish Wrap Materials	\$6,252
		Total:	\$33,393

Children and Family Services

Children and Family Services' primary responsibility is the oversight of Youth System Coordination functions in the Region V geographical area and the administration of Family & Youth Investment (FYI).



Youth System Coordination

Youth System Coordination is collaborative partnerships that facilitate the planning for and development of the Youth System of Care that focuses on building a system that meets the needs of youth/young adults experiencing behavioral health challenges and their families. Representatives include community providers, comprising of family advocacy organizations and youth-serving agencies, inclusive of the Division of Children and Family Services and the Administrative Office of Probation.

Activities include:

- **Development of the Youth and Family Resource Center (SquareOne) (more information on [page 30](#))**
- **Active participation on the state statute-driven 1184 Treatment and Non-Court Review Teams**
- **Community Response Strategic Planning Coalition**
- **Crisis Response Steering Committee and Coalition**

- **Early Childhood Behavioral Health Coalition Team**
- **Juvenile Services Committee (JSC) Access to Services Committee (Juvenile Justice)**
- **Juvenile Justice System Enhancement—Nebraska (JJSEN) Probation System Review Team (Youth)**
- **Juvenile Detention Alternatives Initiative Committee (JDAI)**
- **Lancaster County Reducing Racial and Ethnic Disparities (RED) Committee**
- **Partnerships with the Crisis Center and Region V Systems' Rental Assistance Program**
- **Through the Eyes of a Child (Juvenile Justice)**
- **Transition-age Youth Review Teams**

Nebraska Youth System of Care

The Nebraska Children's System of Care provides for a spectrum of effective, community-based services and support for children and youth with or at risk for behavioral health challenges and their families. The System of Care is organized into a coordinated network that builds on the youth and family's strengths, values, voice and choice, addresses cultural and linguistic needs, and establishes meaningful partnerships with families and youth to assist with increased or enhanced functioning at home, in school, in the community, and throughout life.



Youth Crisis Continuum

Someone to talk to



Someone to respond



A safe place to go

The Youth Crisis Continuum is designed to use supports and resources to build upon a youth and family's strengths to help resolve an immediate behavioral health crisis in the least restrictive environment by assisting the youth and/or family to develop a plan to resolve the crisis. The Region V Youth Crisis Continuum aligns with the principle that crisis services are available for anyone, anywhere, and anytime. This principle encompasses the notion that a crisis continuum should provide for “someone to talk to,” “someone to respond,” and “somewhere to go.”

The **Youth Crisis Continuum** includes:

- **988 Suicide and Crisis Lifeline** (Boys Town)
- **Crisis Phone-Line** (CenterPointe)
- **Crisis Walk-in Support** (CenterPointe)
- **Youth Mobile Crisis Response** (provided by CenterPointe and Blue Valley Behavioral Health {BVBH} - Targeted Adult Service Coordination - TASC)
- **Crisis Response Telehealth** (CenterPointe and Blue Valley Behavioral Health {BVBH} -Targeted Adult Service Coordination - TASC)

Families Inspiring Families (FIF), a parent-led organization, continues to provide family peer advocacy and support and crisis stabilization to families in crisis through intentional peer support provided by parents with lived experience. Intentional peer support is the unrelenting focus on the primary parent/primary caregiver(s) with the goal to empower and support.

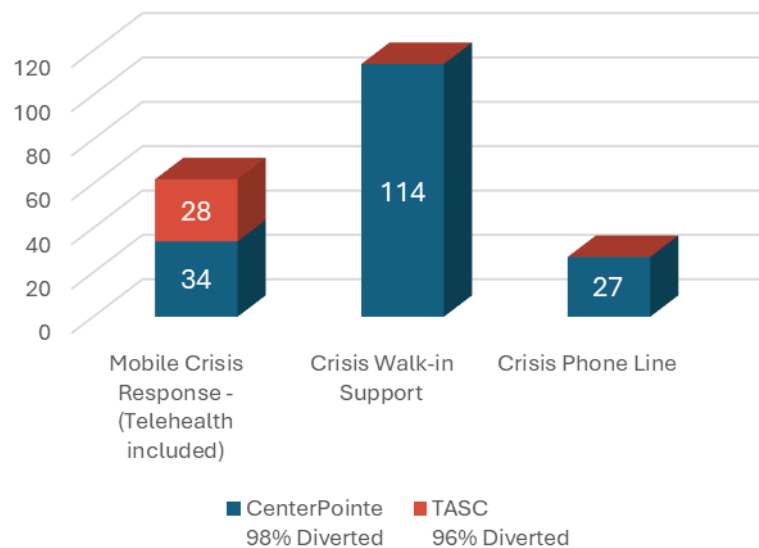
The ***Youth and Family Crisis Response Center (SquareOne)** is being implemented through a collaborative funding partnership between Region V Systems (Medicaid Expansion Reinvestment Funds), Lancaster County, and the city of Lincoln (American Rescue Plan Act Funds—ARPA). The purpose of SquareOne is to provide youth in crisis with a place to go to receive assistance that is an alternative to hospitalization or to prevent hospitalization. SquareOne will focus on assisting youth by providing crisis de-escalation, limited crisis psychotherapy, identifying/scheduling needed

- ***Youth and Family Crisis Response Center — SquareOne** (CenterPointe)

The Youth Crisis Continuum can be accessed by families in need of crisis support and interventions, referrals from law enforcement, and linkages from the Boys Town Family Helpline. The Continuum is provided by licensed behavioral health professionals and trained problem solvers who complete brief mental health status screenings, assess risks, provide crisis intervention, crisis stabilization, referral linkages, and consultation to hospital emergency room personnel, when necessary. The goal of the service is to maintain youth in their homes and communities and to avoid inpatient psychiatric hospitalization. Licensed behavioral health professionals are available to meet with the youth and family on site, by telehealth (videoconference), or by teleconference.



**Number of Youth Crisis Response Contacts
FY 23-24**



services and supports, and providing short-term (up to 90-days) community support services for these families and individuals. SquareOne employees will also work with the family in crisis to review other areas in life that may be contributing to the escalation of crises beyond the mental health crisis that is the catalyst to accessing SquareOne. In the fall of 2025, SquareOne will also offer short-term mental health respite (up to five days) for youth that need additional time for the purpose of planning and preparation for the youth's return home and the community.

Family & Youth Investment



The Professional Partner Program, known as Family & Youth Investment (FYI), utilizes the **Wraparound approach**, relying on the natural support systems of the family in its community. The approach begins with the principle of ensuring “**voice and choice**,” which stipulates that the perspectives of the family—including the youth/young adult—must be given primary importance during planning and other activities. Participants are provided a Professional Partner who coordinates services.

Through a **family-centered team effort**, Professional Partners coordinate and facilitate formal and informal services and supports necessary to assist the youth/young adult and their families in meeting their established goals. Wraparound further requires that the planning process itself, as well as the services and supports provided, are **individualized, family driven, culturally competent, and community based**.

FYI’s primary areas of focus are to:

- Avert youth from becoming state wards, preventing expensive out-of-home placements or involvement in

emergency services; **99% of youth/young adults were living in their home in FY 23-24** (assessed on a monthly basis).

- Reduce juvenile crime or contact with adult criminal justice systems.
- Increase school performance.
- Facilitate a seamless transition from the youth to the adult behavioral health system of care.

FYI administers four Professional Partner tracks as described below.

TRACK	AVERAGE LENGTH OF STAY	NUMBER OF YOUTH SERVED†
Traditional	13.2 months	170
Transition-Age	18.6 months	57
Prevention	6.4 months	40
Juvenile Justice	11.2 months	2

YOUTH
253
INDIVIDUALS

Traditional* serves children/youth ages 3 through 20 who have a serious emotional disturbance. Anyone can refer an eligible youth to be a part of Wraparound, including families self-referring to FYI. In addition to a mental health diagnosis, the youth must meet criteria for functional problems across life domains, and the family must meet financial eligibility.

Transition-Age* serves young adults ages 17 through 25 who have a serious mental illness and who are transitioning from the youth to the adult behavioral health system. Anyone can refer a youth to be a part of Wraparound, including a young adult self-referring. Priority enrollment is given to referrals coming from the mental health emergency system, including the Crisis Center, psychiatric hospitalization, and the Lincoln Regional Center. The young adult must meet financial eligibility.

Prevention* serves children ages 3 through 18, and their families, who are at risk of formal juvenile justice and child welfare involvement and need intensive (90 days) case management and service coordination. To be eligible, the youth must have a serious emotional disturbance or a serious mental illness, and the family must meet financial eligibility.

Juvenile Justice (funded through the Nebraska State Probation Administration) serves youth ages 12 through 18 who are involved with the probation system. Youth identified will be struggling to meet their probation requirements, are at risk of being placed out of home/out of state or are preparing to return from an out of home/state placement. Clinical criteria, which have been present for 6 months prior to referral/enrollment, includes the presence or suspicion of a mental, behavioral, emotional, and/or substance use diagnosis/concern, which is creating functional limitations.

†An individual may have participated in more than one Program Track over the course of the year

* funded by the Division of Behavioral Health

Child and Adolescent Functioning Scale (CAFAS)



The CAFAS is a tool designed to evaluate emotional, behavioral, substance abuse functioning, and the impact of eight psychosocial areas of a youth's life. The lower the score, the more improvement and less impairment exists for youth.

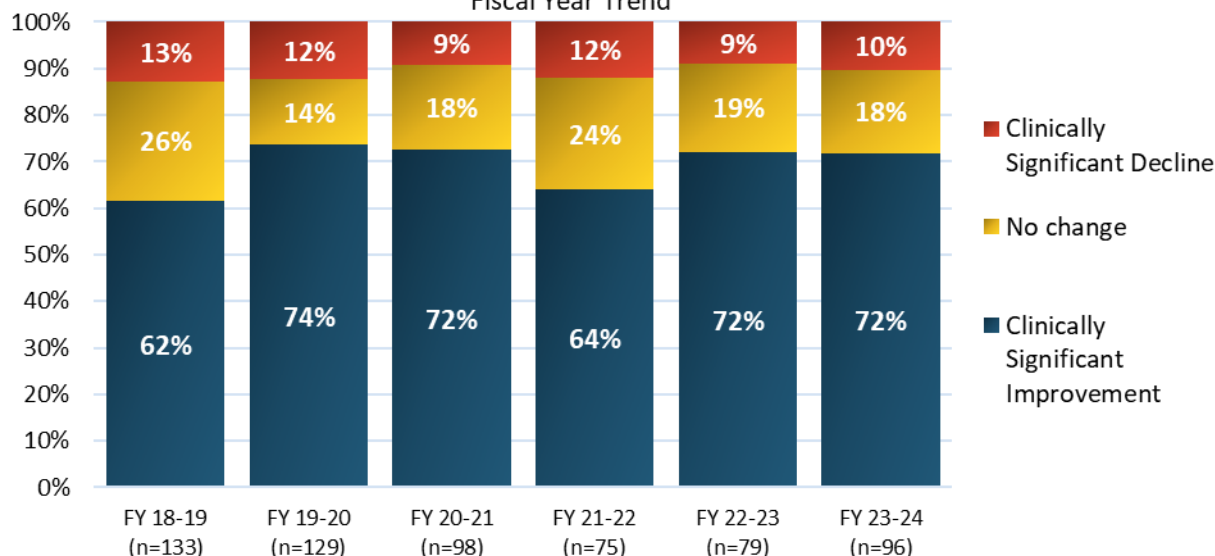
Region V Systems identifies three possible outcomes for youth:

1. Did youth decrease their total CAFAS by 20 points (showing clinically significant change)?
2. Did youth decrease their total CAFAS score below 80, the Family & Youth Investment (FYI) admission criteria? or
3. Did youth decrease any of the 8 domains from 30 points = severe impairment to moderate, mild, or minimal impairment?

The graphs below illustrate the numbers and percentage of youth achieving outcomes as a result of FYI.

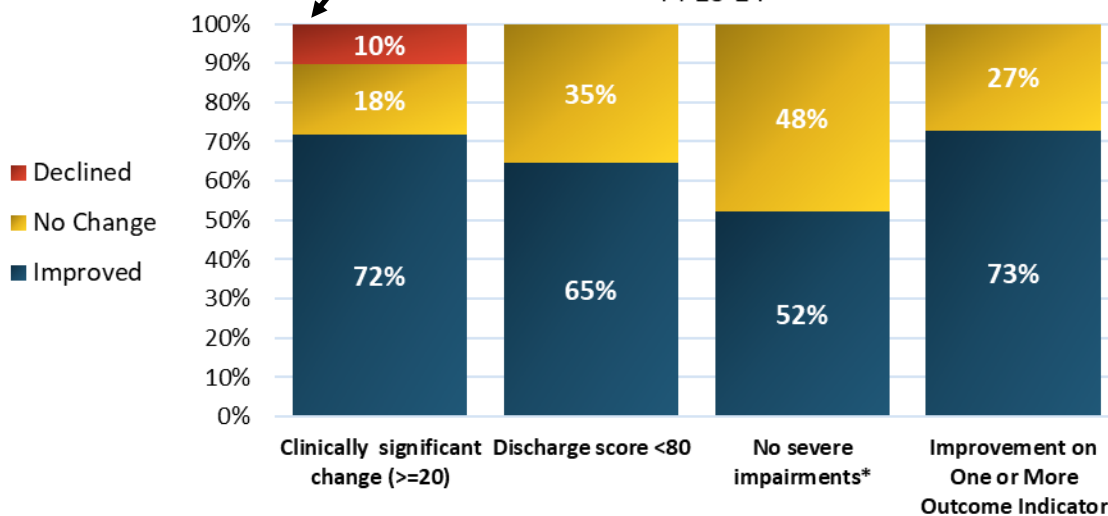
Change in CAFAS Score from Admission to Discharge

Fiscal Year Trend



Improvement on One or More Outcome Indicator from Admission to Discharge CAFAS

FY 23-24



*Only evaluated if there was one or more areas of severe impairment at intake.

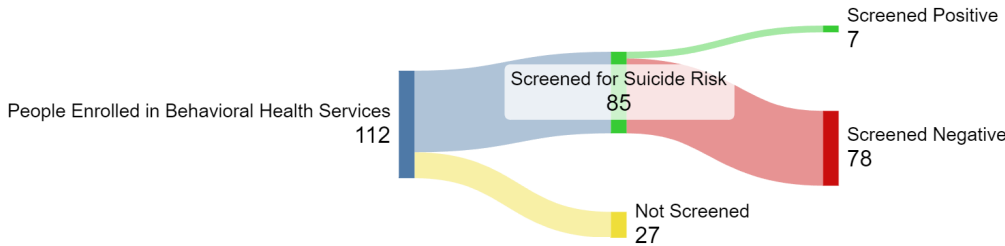
Zero Suicide Initiative

The Family & Youth Investment (FYI) Professional Partner Program continued to implement the Zero Suicide response to individuals at risk of death by suicide.

This year, the work of the Zero Suicide Implementation Team, inclusive of *persons with lived experience, has been to refine the program processes and response to participants

that screen as medium and high risk of suicide using the Columbia-Suicide Severity Rating Scale screening. These participants are provided lethal means counseling and are placed on a “life worth living pathway” that requires a consistent response to missed appointments and follow-up after hospitalization.

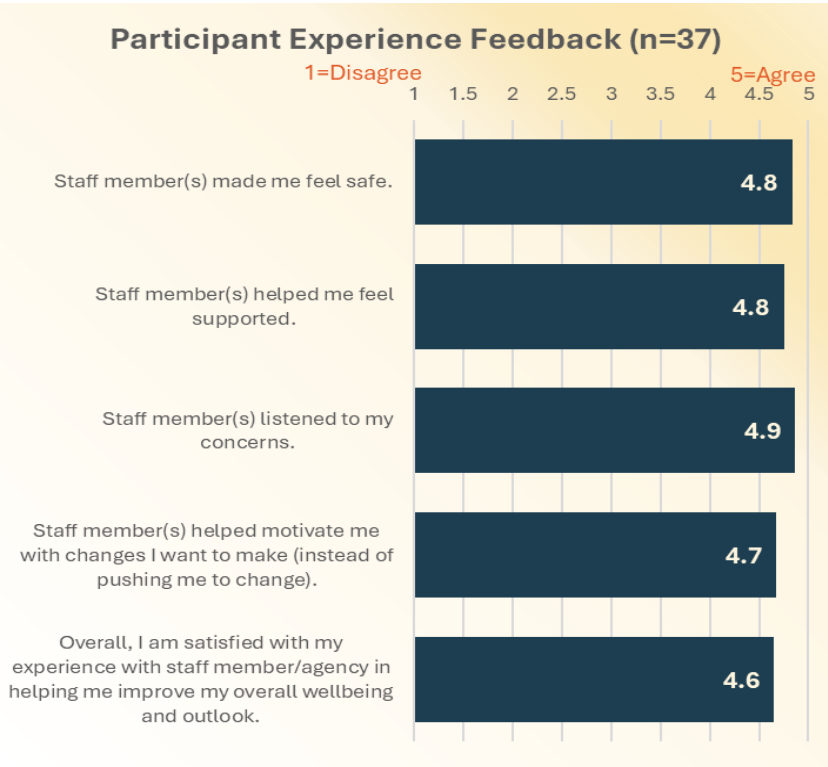
*Persons with lived experience is defined as persons who have experienced suicidal thoughts, survived a suicide attempt, cared for someone who has been suicidal, or been bereaved by suicide.



Motivational Interviewing

The Family & Youth Investment (FYI) Professional Partner Program team has adopted Motivational Interviewing (MI), an evidenced-based practice, to boost support and planning with program participants and their families. MI is aimed at enhancing program participants’ motivation to make changes towards reaching their individualized goals of their choice. To better integrate Motivational Interviewing (MI) and the Wraparound approach, the program has initiated Motivational Interviewing Informed Wraparound (MiiWrap®). MiiWrap combines the principles and activities of the Wraparound approach with the mindset, relational communication, and change communication skills of Motivational Interviewing. MiiWrap is unique in providing:

- 1) specific relational communication skills to improve engagement, especially with persons historically hard to engage;
- 2) specific skills for determining the reasons for and reducing resistance;
- 3) specific skills to evoke and improve motivation and commitment to change;
- 4) a unified and focused mindset that defines how we provide MiiWrap; and
- 5) behavior change activities that streamline and enhance Wraparound activities with Motivational Interviewing strategies.

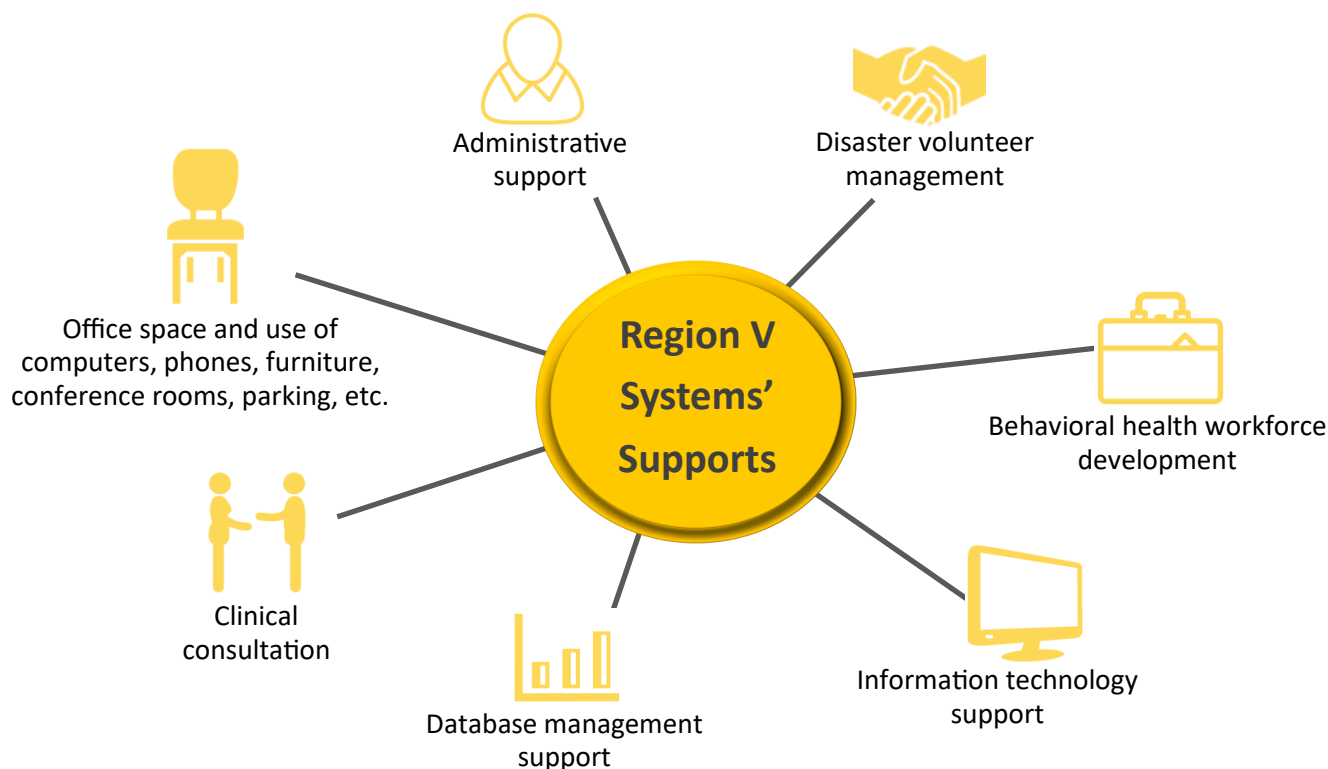


Goals for Implementing MI/MiiWrap:

- Increased employee proficiency in their practice of Motivational Interviewing.
- Increased participant empowerment and autonomy in making decisions.
- FYI employees have an increased understanding of how the MI Spirit fits with the Wraparound Approach.
- Decrease in the number of participants who discharge from FYI due to passively or expressively refusing to engage in the program.
- Increase youth and family engagement/participation in team meetings.

Partnerships / Collaborations

Region V Systems' strategic intent is to promote comprehensive partnerships in behavioral health. One example of a partnership is Region V Systems' support to non-profits during FY 23-24:



This type of “shared services/shared space” philosophy allows organizations to build capacity and increase efficiencies, enhancing their ability to provide services and focus on the mission of their organization.

In FY 23-24, Region V Systems provided support to:

- Behavioral Health Education Center of Nebraska
- Cause Collective
- Families Inspiring Families
- Four Corners Health Department
- Mental Health Association of Nebraska
- Public Health Solutions

NEBHjobs.com



NEBHjobs.com
Nebraska Behavioral Health Jobs

In response to the Legislature's concern with growing behavioral health workforce challenges, Region V Systems collaborated with the Behavioral Health Education Center of Nebraska (BHECN) to develop a website – NEBHJobs.com – where behavioral health employers across the state can **post unlimited job openings for free**. Likewise, job seekers looking for employment in a behavioral health-related career **can post resumes for free** and seek out job and internship opportunities. The website was launched in January 2015.

In FY 23-24, over 1,024 positions were posted by employers, and the number of website users topped at 11,000.

[NEBHjobs.com](https://NEBHJobs.com) had a presence at in-person and virtual conferences, conducted a targeted direct mailing to the Nebraska behavioral health community, ran social media campaigns about behavioral health careers, and shared information on jobs posted to the website.

Thank you Region V Systems' employees for your valuable contributions!

Wendy Baumeister, *Criminal Justice/
Behavioral Health Initiatives Manager*

Danielle Belina
Assistant Fiscal Director

Sue Brooks, *Lincoln Adult And Rural
Transition-Age Housing Specialist*

Elise Chaffin
Professional Partner

Zina Crowder
Professional Partner

Sharon Dalrymple
Administrative Program Specialist

John Danforth
Clinical Director

Megan Davis
Professional Partner

Donna Dekker
Administrative Assistant

Tami DeShon
Fiscal Director

Renee' Dozier, *Director of Children and
Family Behavioral Health Services*

Kelly DuBray
RPH Housing Specialist

Teri Effle
Prevention Specialist

Barb Forsman
CQI Analyst

Jade Fowler
Manager of Housing Services

Pat Franks
Fiscal Associate I

Wade Fruhling
RAP Housing Specialist

Nicole Giebelhaus
Professional Partner

Annie Glenn
Professional Partner Supervisor

Deanna Gregg
Operations Manager

Nichelle Griffith
Professional Partner

Theresa Henning
Director of Special Projects

Eden Houska
Professional Partner

Munira Husovic
Professional Partner

Trina Janis
Opioid Project Manager

Laila Khoudeida
Professional Partner

Patrick Kreifels
Regional Administrator

Jon Kruse
Technology Systems Manager

Kayla Lathrop
Prevention Specialist

Olivia Lemon
Professional Partner

Susan Lybarger
Administrative Assistant

Katiana MacNaughton
Professional Partner

Majesty Maxwell
Professional Partner

Kim Michael, *Director of
Operations & Human Resources*

Malcom Miles
Professional Partner Supervisor

Sandy Morrissey
Prevention Director

Lisa Moser
Professional Partner

Kristin Nelson
Director of Emergency Services

Shelly Noerrlinger
Referral & Resource Coordinator

Joe Pastuszak
CQI Analyst

Linda Pope
Fiscal Specialist

Marti Rabe
Network Specialist

Mariah Rivera
RAP Housing Specialist

Erin Rourke
CQI Director

Cherie Ryan
Professional Partner

Scott Spencer
Fiscal Specialist

Anna Thomas
RAP Housing Specialist

Amanda Tyerman-Harper
Director of Network Services

Connie Vissering
Professional Partner

Stacy Vogt
Professional Partner

Jessica Zimmerman
Housing Coordination Specialist

Employee directory updated as of publication date

THANK YOU



Our employees embrace the learning organization philosophy through individual learning, team learning, and organizational learning. We foster a culture of forming strong mutual relationships, a sense of community, caring, and trust. Our organizational design is meant to be boundaryless, team-driven, and empowering. Information sharing is open, timely, and accurate. Leadership has a shared vision and is collaborative in nature. Employees participating in our annual opinion surveys report that:

- **100%** “understand how my efforts contribute to Region V Systems’ mission
- **94%** say “I am proud to work here”
- **91%** say they are “inspired by the work we do”
- **83%** are “highly engaged employees”
- **79%** say “Our culture supports my health and wellbeing”

Region V Systems has been honored to place as a finalist for the *Best Places to Work Lincoln* **five times** (2016; 2017; 2019; 2022, and 2024). The *Best Places to Work* survey is conducted by an **independent entity** (Quantum Workplace) who **distributes the survey, gathers data, and analyzes results compared to other Lincoln employers** who are participating (small, medium, large, and extra-large categories). Winners (employers) are selected exclusively based on employee survey results. Employee responses from the standard survey questions are compiled to determine an employer’s overall score and ranking.



This survey competition is conducted nationally in cities such as Atlanta, Boston, San Francisco, and 42 other locations across the United States and honors employers that deliver an outstanding work experience. Based solely on the survey results, the survey sponsor reports that the finalists are:

“being recognized for providing a productive, healthy and fun workplace culture, resulting in engaged and satisfied employees.”

This initiative has been designed with several goals in mind:

- To recognize and honor those organizations that have created positive work environments.
- To recognize and share best practices.
- To promote the Lincoln area and its employers.
- To provide valuable feedback and data to participating companies that will assist them in measuring levels of employee satisfaction and engagement.

Corporate Citizenship

Region V Systems is enthusiastically supportive of employees partaking in volunteer efforts in our community. Employees are granted time for these activities if the activity is within the scope of our authority, the goals/mission are of strategic importance to us, is for agencies/activities for which we have provided funding or other sponsorship, and other philanthropic activities that positively support and enrich our community. Internally, Region V Systems is proud to have a designated Corporate Citizenship Team. In FY 23-24, this team coordinated the following project:

Food Bank collection drive which resulted in 122 pounds of donations. This included 14 bags of food and paper products.

Milestone Anniversaries

61% of our employees have been with us 5+ years! Congratulations to our employees who celebrated a **milestone** anniversary in FY 23-24:



Kim Michael
June 1, 2024



Deanna Gregg
June 1, 2024



Kristin Nelson
March 1, 2024



Marti Rabe
September 1, 2023



Sandy Morrissey
August 28, 2023



Pat Franks
March 24, 2024



Laila Khoudeida
June 26, 2024



Sue Brooks
April 29, 2024



Kayla Lathrop
October 30, 2023



Cherie Ryan
November 5, 2023



The Region V Systems logo represents our commitment to *support wellness and recovery*. Partnerships with providers, persons served, the Nebraska Department of Health and Human Services, and other stakeholders are ever evolving through evaluation, assessment, and implementation of programming to best meet the needs of behavioral health systems and its consumers.

Region V Systems fiscal year 2023-2024 is funded from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) grants B09SM087373 and B09SM089638 (\$565,106 or 3%), grants B08T1084658 and B08T1085820 (\$1,580,476 or 7%), the Nebraska Department of Health and Human Services, Division of Behavioral Health (DBH) contract #74077-Y3 (\$18,283,827 or 84%), and local county dollars (\$1,206,583 or 6%).