

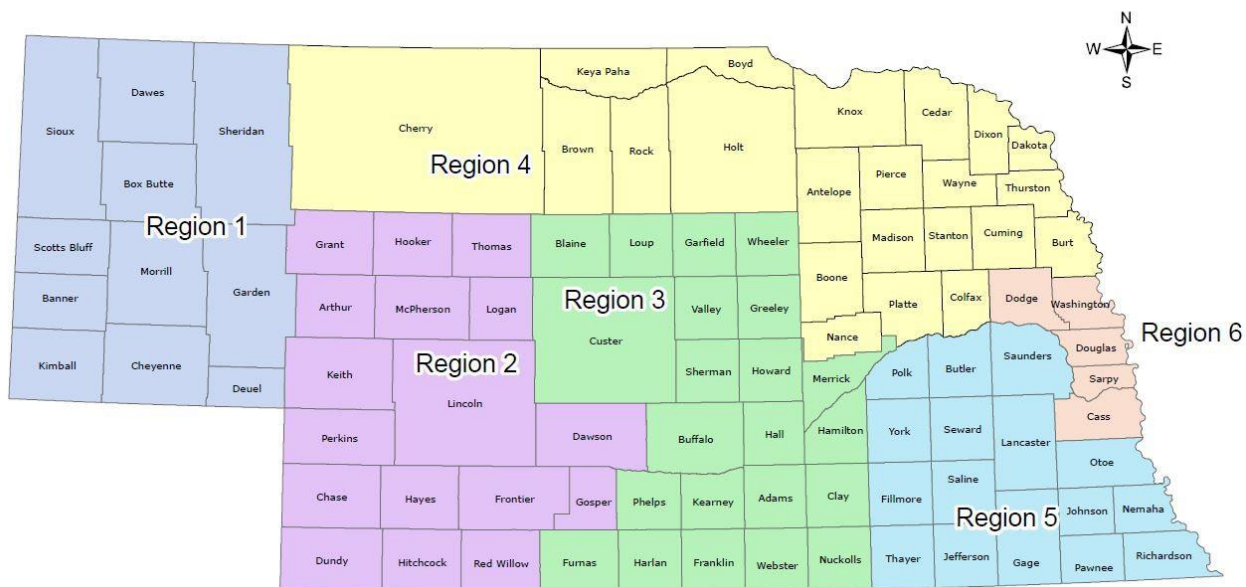


**EXPANDED EMERGENCY PROTECTIVE CUSTODY  
BED PILOT PROJECT  
JULY 2025**

**REGIONAL BEHAVIORAL HEALTH AUTHORITIES- A HISTORICAL PERSPECTIVE**

In 1974, the Nebraska Unicameral passed LB 302, The Comprehensive Community Mental Health Services Act. Given the diverse population, resources, and needs of the State, six regions were organized (see the map below). The legislation established the governance structure, county matching funds, and duties/responsibilities for delivering publicly funded mental health services. In 1977, LB 204 expanded public policy to include substance use services. In 2004, LB 1083, the Nebraska Behavioral Health Services Act, provided the framework and funds to develop community-based services so that people with behavioral health issues could be served closer to their home communities. This legislation confirmed the authority of the Regions and the Regional Governing Boards, matching fund requirements and procedures, services, power, and duties to the Regional Behavioral Health Authorities.

**Behavioral Health Regions**



## **THE REGIONAL BEHAVIORAL HEALTH AUTHORITIES-STATUTORY RESPONSIBILITIES (Neb. Rev. Stat. 71-801 through 71-831)**

- Development and coordination of publicly funded behavioral health services.
- Integration and coordination of the region's publicly funded behavioral health system.
- Comprehensive planning for providing an appropriate array of community-based behavioral health services and a continuum of care for the region.
- Submission, for approval, an annual budget and proposed plan for funding and administration of publicly funded behavioral health services.
- Submission of reports, as required.

## **THE REGIONAL BEHAVIORAL HEALTH AUTHORITIES-ROLES & RESPONSIBILITIES**

- Direct the planning, organizing, developing, monitoring, and evaluation of services to assess needs, gaps, and barriers.
- Advocate for system improvements.
- Provide strategies for local participation and autonomy in developing and delivering behavioral health services.
- Provide technical assistance and consultation to organizations, groups, and individuals.
- Develop process and outcome standards to measure quality service delivery: effectiveness, efficiency, satisfaction, and access.
- Contract with community-based service organizations to provide behavioral health treatment, rehabilitation, recovery, and prevention activities.

## **THE REGIONAL BEHAVIORAL HEALTH AUTHORITIES-SPECIALIZED SYSTEM COORDINATION**

- Specialized coordination efforts are provided for **emergency, housing, youth, prevention, and transition** areas.
- These efforts include:
  - Problem solving;
  - Providing support for system partners as well as individuals and families;
  - Developing and maintaining partnerships;
  - Providing training and education in the community; and
  - Advocating for improvements.
- This coordination function is unique in the behavioral health system and is unavailable from any other entity or organization.

## REGION 5 SYSTEMS-MISSION & VISION

Region 5 Systems serves 16 counties in southeast Nebraska. The counties include Butler, Fillmore, Gage, Jefferson, Johnson, Lancaster, Nemaha, Otoe, Pawnee, Polk, Richardson, Saline, Saunders, Seward, Thayer, and York.

Region 5 Systems' mission is to “support the wellness and recovery of people through the ongoing development and coordination of the behavioral health system of care.” We envision people experiencing, affected by, or at risk of mental health or substance use challenges receiving care and enhancing their well-being.

## EMERGENCY SYSTEM CHALLENGES

Region 5 contracts with the Mental Health Crisis Center (16 beds) to provide services to individuals placed in Emergency Protective Custody. Law enforcement within Region 5 utilizes a single point of entry to access the Mental Health Crisis Center. According to Mental Health Crisis Center data, the facility was **at full capacity for 68 days in 2024 and 63 days in 2023**. In 2024, 38 individuals were placed at Bryan West, and 5 individuals were placed in hospitals outside Region 5. A factor in the Mental Health Crisis Center being at full capacity is an increased length of stay. The average length of stay is 9.8 days. **The average length of stay post-inpatient commitment has increased to 49.5 days.** This impact increased length of stay is a result of delayed access to treatment at the Lincoln Regional Center. Region 5 Systems was historically allocated beds at the Lincoln Regional Center for post-commitment treatment. Over the years, with policy and leadership changes, the access to treatment at the Lincoln Regional Center has decreased.

## SEQUENTIAL INTERCEPT MAPPING

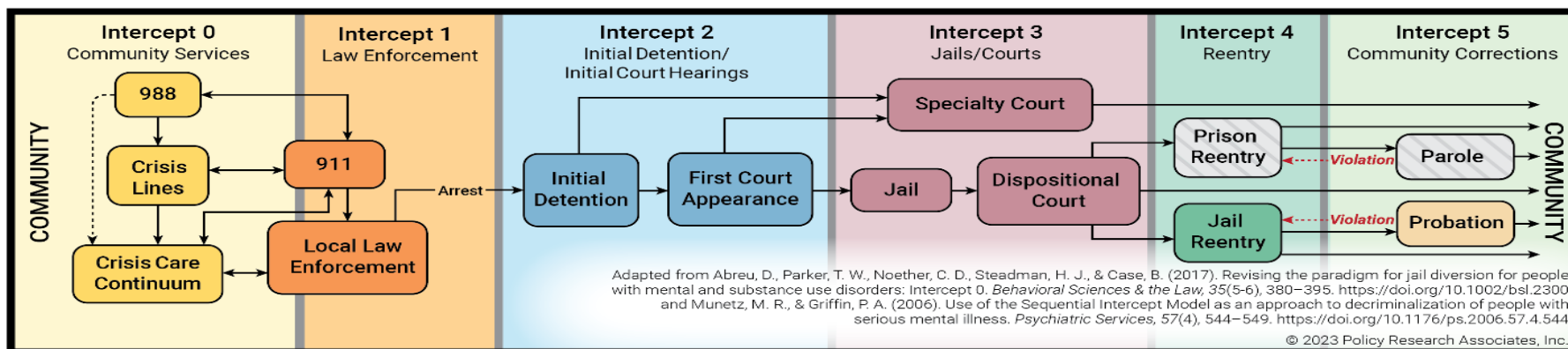
Lancaster County and Region 5 Systems held a Sequential Intercept Mapping Workshop in August 2024. The Sequential Intercept Model has been used as a focal point for states and communities to assess available opportunities, determine service gaps, and plan for community change. These activities are best accomplished by a team of stakeholders that cross over multiple systems, including mental health, substance use, law enforcement, pretrial services, courts, jails, community corrections, housing, health, social services, peers, family members, and many others. From the Lancaster County Sequential Intercept Mapping Workshop, four priorities were identified. **The third priority was to increase Emergency Protective Custody beds to improve access to care for all individuals in Region 5.**

Sequential Intercept Mapping is a workshop that develops a map illustrating how people with behavioral health needs interact with and flow through the criminal justice system. Facilitators and participants identify opportunities for linking services and preventing further penetration into the system.

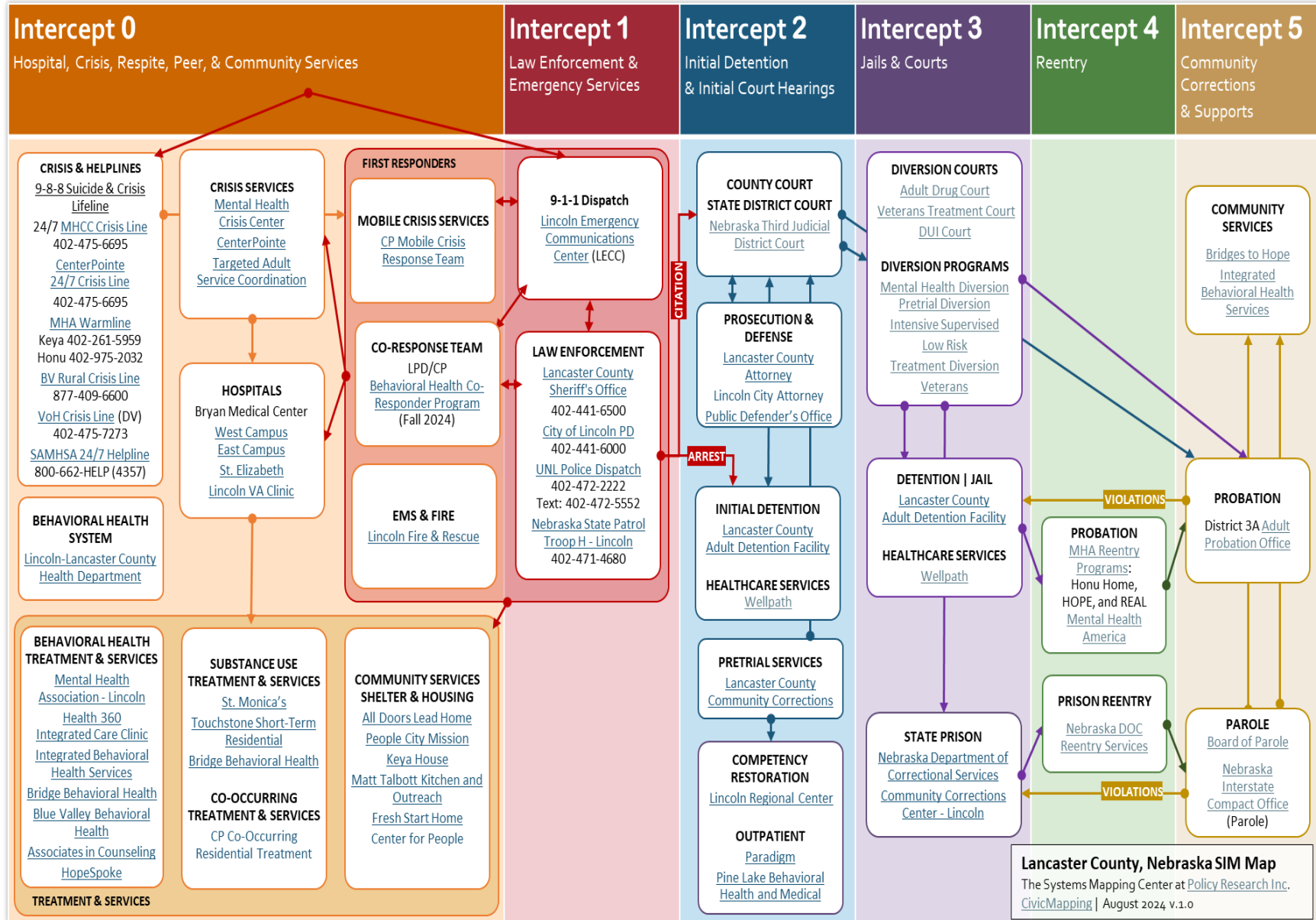
The Sequential Intercept Mapping workshop has three primary objectives:

1. Development of a comprehensive picture of how people with mental illness and co-occurring disorders flow through the criminal justice system along six distinct intercept points: (0) Mobile Crisis Outreach Teams/Co-Response, (1) Law Enforcement and Emergency Services, (2) Initial Detention and Initial Court Hearings, (3) Jails and Courts, (4) Reentry, and (5) Community Corrections/Community Support.
2. Identify gaps, opportunities, and opportunities at each intercept for individuals in the target population.
3. Development of priorities for activities designed to improve system and service level responses for individuals in the target population.

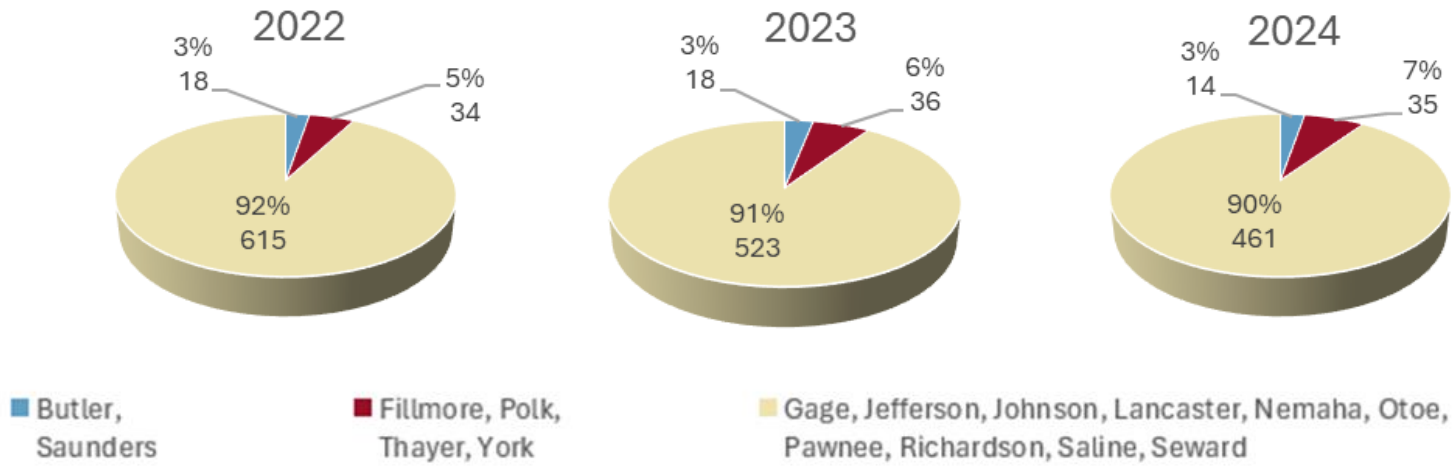
## AN ILLUSTRATION OF INTERCEPTS



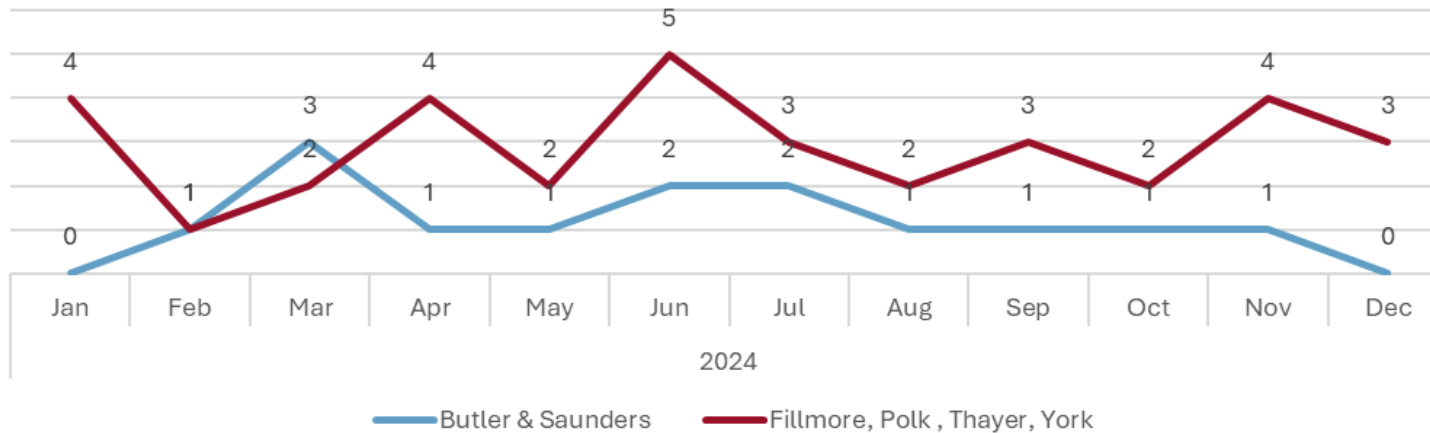
## AN ILLUSTRATION OF SERVICES AVAILABLE AT EACH INTERCEPT



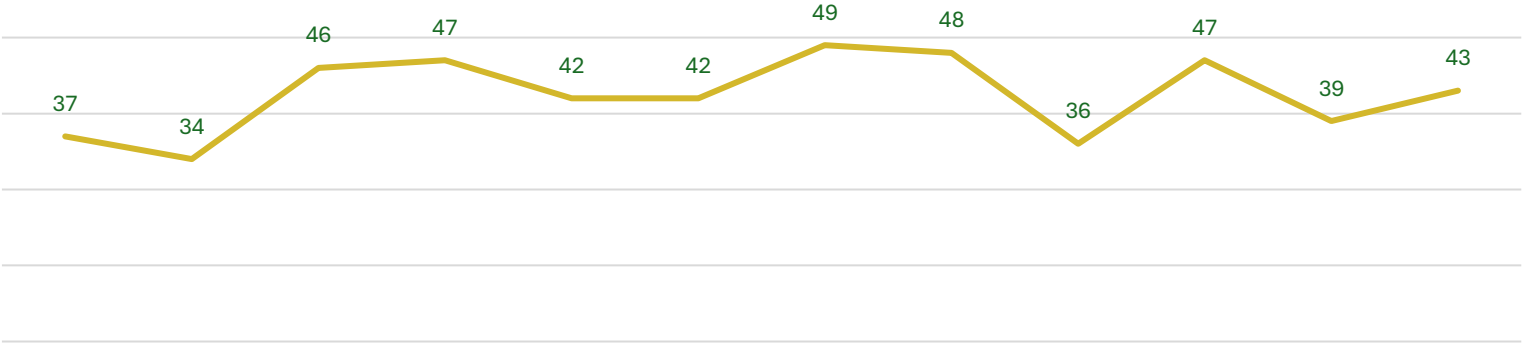
## Region 5 EPC Admissions



## 2024 County EPC Admissions

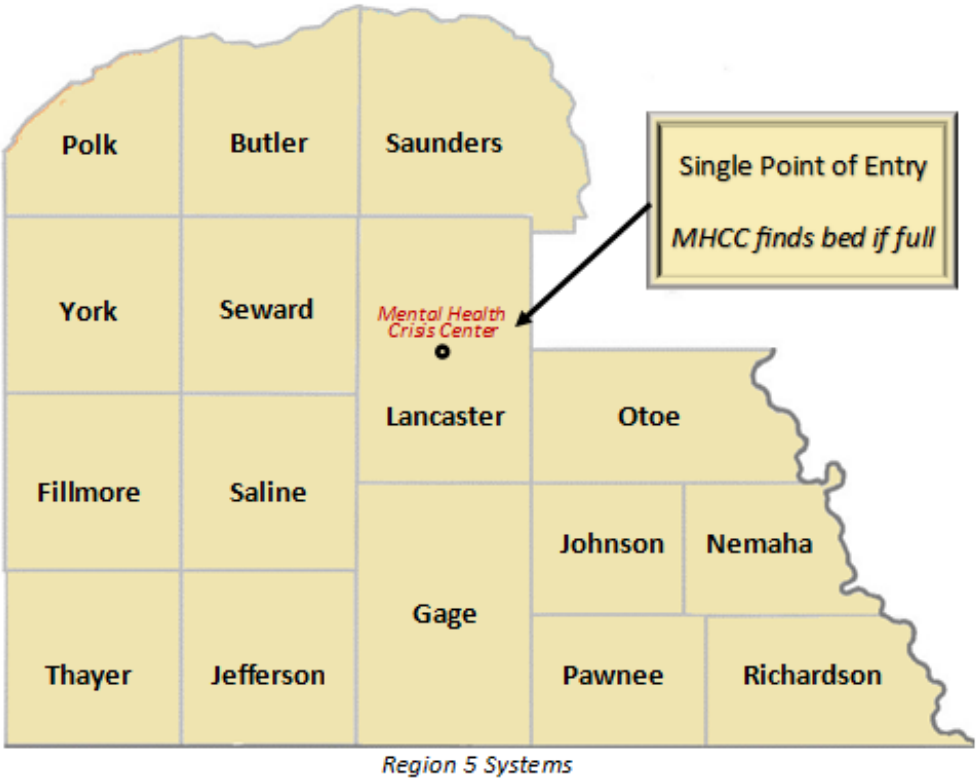


2024 Region 5 EPC Admissions  
All 16 Counties



Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2024											
Butler, Fillmore, Gage, Jefferson, Johnson, Lancaster, Nemaha, Otoe, Pawnee, Polk, Richardson, Saline, Saunders, Seward, Thayer, York											

CURRENT EMERGENCY PROTECTIVE CUSTODY PROCESS: SINGLE POINT OF ENTRY



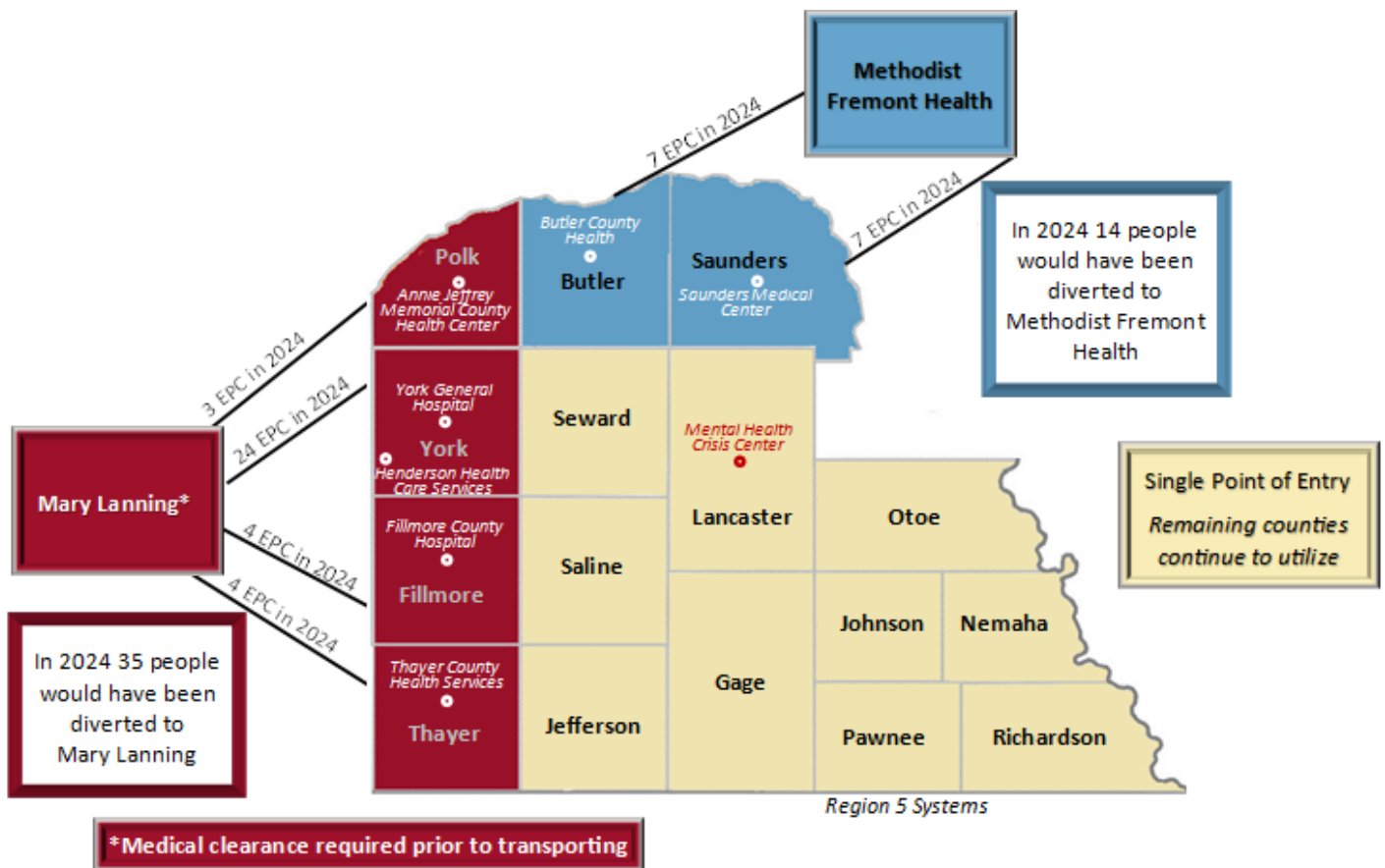


## EXPANSION OF EMERGENCY PROTECTIVE CUSTODY BED AVAILABILITY:

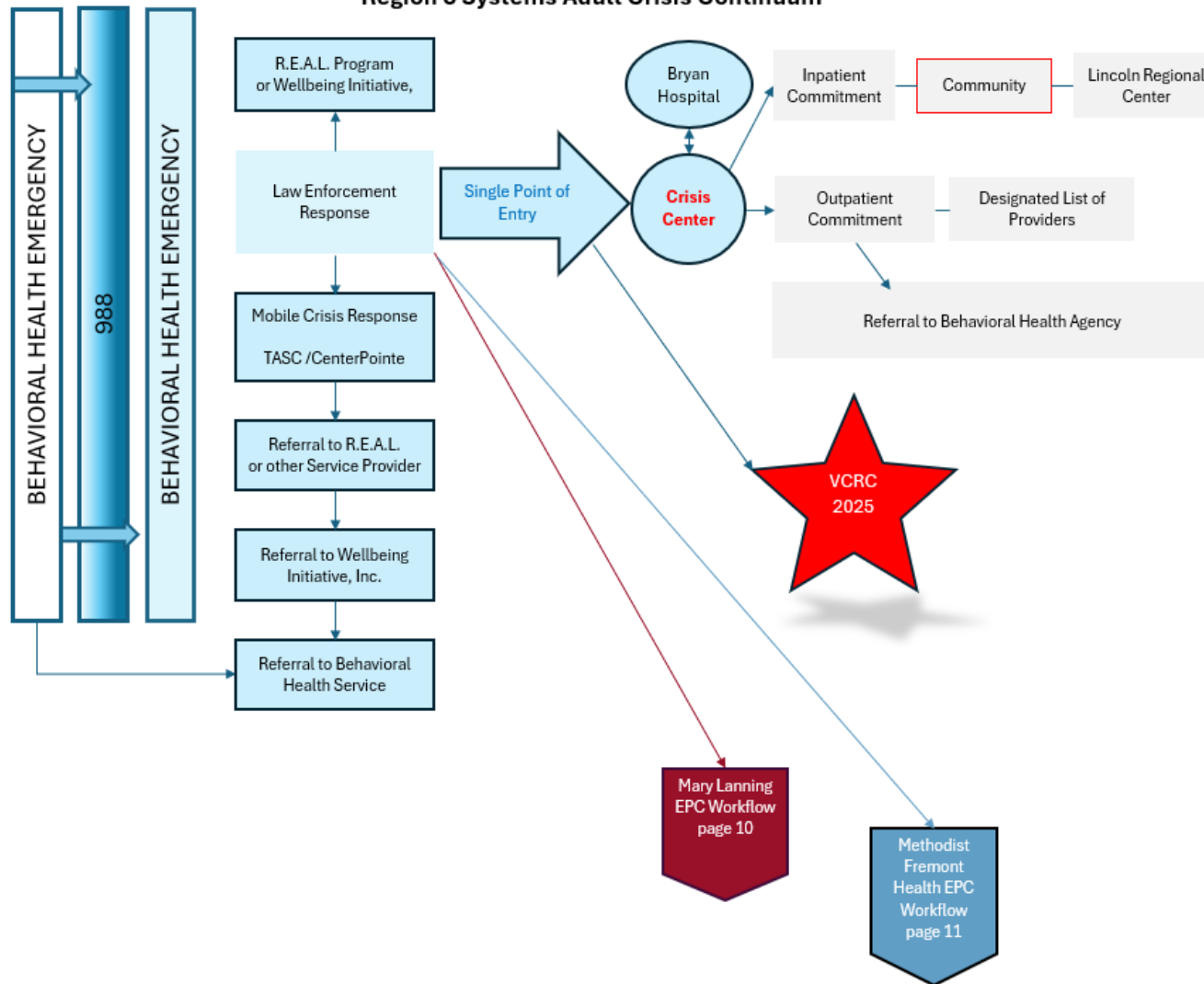
Expand Emergency Protective Custody bed days by contracting with two existing psychiatric providers in the state.

**Butler** and **Saunders County:** Utilize Methodist Fremont Health, located at 450 E 23<sup>rd</sup> St, Fremont, NE 68025.

**Polk, York, Fillmore,** and **Thayer Counties:** Utilize Mary Lanning Hospital at 715 N St. Joseph in Hastings, NE, 68901. Mary Lanning requires all individuals placed in Emergency Protective Custody to be medically cleared at the nearest medical facility to the officer at the time of the Emergency Protective Custody.



## Region 5 Systems Adult Crisis Continuum



## OUTCOME MEASURES

<b>Quality Indicator 1:</b> Increase the number of Emergency Protective Custody bed days within Region 5 Systems.	
<b>Baseline:</b>	5,113 bed days (FY 23-24 at MHCC)
<b>Current Capacity:</b>	5,840 Bed Days (16 Beds at MHCC x 365 Days)
<b>Expanded Capacity:</b>	368 bed days. (46 people diverted from 6 counties x 8 days (Average length of treatment at the hospitals)
<b>Target:</b>	5,481 Bed Days (Baseline + Expanded Capacity)
<b>Threshold:</b>	5,858 (Baseline + 37 Bed Days (10% of expanded capacity))
<b>Data Source</b>	Registered EPCs within the Central Data System.
<b>Data Collector</b>	Lancaster County Mental Health Crisis Center, Mary Lanning Hospital, and Methodist Fremont Health.
<b>Frequency of Data Collection</b>	As EPCs occur.
<b>Creation of Data Reports</b>	Region 5 Systems
<b>Frequency of Data Report Out</b>	Quarterly
<b>Disbursement of Data Reports</b>	System Partners - As outlined in the Expanded Emergency Protective Custody Bed Pilot Project Plan.

<b>Quality Indicator 2:</b> Decrease the number of days the Lancaster County Mental Health Crisis Center (MHCC) is full.	
<b>Baseline:</b>	68 Days Full (FY24 number of days MHCC was full)
<b>Target:</b>	0 Days Full
<b>Threshold:</b>	48 Days Full (Baseline x 30% reduction = 20 Days)
<b>Data Source:</b>	Electronic Health Record of MHCC
<b>Data Collector</b>	Lancaster County Mental Health Crisis Center
<b>Frequency of Data Collection</b>	Monthly
<b>Creation of Data Reports</b>	Frequency of report creation
<b>Frequency of Data Report Out</b>	Quarterly
<b>Disbursement of Data Reports</b>	System Partners - As outlined in the Expanded Emergency Protective Custody Bed Pilot Project Plan

## DRAFT TIMELINE

Tasks	2025												2026
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
The expansion idea was created													
Implementation plan developed													
Meetings with Counties to initiate conversations, County Officials/Hospitals/Law enforcement with local hospitals- Reg 5 available for technical assistance													
Finalize contracts with hospitals and counties													
Finalize processes/ resolve any questions													
Implement plan													
Reg 5 checks in with law enforcement/ county attorney													
Follow-up meeting with all entities													
Follow-up Meeting to Reassess Pilot													
Complete		Not yet complete						Not yet started					

## NEXT STEPS

- Region 5 creates Frequently Asked Questions and will distribute to system partners.
- Counties consider engaging local hospitals/medical centers regarding medical clearance (Polk, York, Fillmore, and Thayer). Medical clearance requirements are in the flowchart on page 10.