## BEHAVIORAL HEALTH ADVISORY COMMITTEE

### **MINUTES**

August 27, 2025 10:00 a.m. Region 5 Systems, 3600 Union Drive

**MEMBERS** 

Greg Janak, Paige Joseph, Corrie Kielty, Jill Kuzelka, Rebecca Meinders, Rachel Mulcahy,

PRESENT:

Laura Osborne, Gale Pohlmann, Kelsey Schwab, Michele Vana, Evette Watts

**MEMBERS** 

Sarah Krenke, LeRoy Ott, Melissa Ripley

ABSENT:

OTHERS

Theresa Henning, Patrick Kreifels, Sandy Morrissey, Amanda Tyerman-Harper, and Deanna

PRESENT:

Gregg, Region 5 Systems

## HOUSEKEEPING / ANNOUNCEMENTS / INTRODUCTIONS

Kuzelka called the meeting to order at 10:02 a.m. followed by announcements and roll call. A quorum was present,

## OPEN MEETING ACT INFORMATION

Kuzelka noted that Open Meeting Act information is posted as required.

Notification of this meeting and information regarding availability of the agenda was provided through a legal notice in the Lincoln Journal Star, published August 13, 2025.

## ADDITIONS / CHANGES TO AGENDA

There were no changes to the agenda.

## PUBLIC COMMENT

There was no public comment.

## PRESENTATION, WENDI ANDERSON, HOPESPOKE

Anderson was unable to attend and present today.

## CONSENT AGENDA

Kielty made a motion, seconded by Vana, to approve the Consent Agenda as presented. The Consent Agenda includes the May 28, 2025, BHAC meeting minutes, Year-end FY 24-25 Compliance Management Report, and the Regional Governing Board Report. All present voted aye. Motion carried.

## ACTION / PRIORITY ITEMS

## **Election of Officers:**

- Osborne made a motion, seconded by Pohlmann, to elect Janak as Chair;
- Meinders volunteered as Vice Chair;
- Mulcahy volunteered as Member at Large.

Pohlmann made a motion, seconded by Osborne to approve the officers noted above. All present voted aye, with Janak, Meinders, and Mulcahy abstaining. Motion carried.

FY 24-25 Network Provider End of Year Amendments: Henning reported this will be sent via email when it is available.

FY 25-26 Contractual Agreements: Henning reported on page 10, you will see three recommendations:

- \$125,000 to Region 5 Systems for Opioid flex fund pool.
- Up to \$30,000 to the Indian Center to assist with cost to replace HVAC system.
- \$6,000 to Don't Panic Labs to pay for half of the funding of the MyLNK app.

Mulcahy made a motion, seconded by Janak, to approve the above recommendations. All present voted aye. Motion carried.

## OTHER UPDATES/INFORMATION:

Behavioral Health / Legislative Updates: Kreifels explained we have included a System Coordination Update document in the packet and reviewed pages 22-27 as follows:

- 1915i waiver: Start date to occur January 2026 vs. November 2025. Services are specifically for people with a severe mental illness diagnosis and will include targeted case management by the Division of Behavioral Health, transitional support, supported employment services, and housing support. It is anticipated these services will bring into Nebraska 56% federal Medicaid matching funds. Service definitions have not been released to date.
- Certified Community Behavioral Health Clinics (CCBHC): There are seven CCBHC's identified across that state two of which are in Region 5 Systems' catchment area: CenterPointe and Lutheran Family Services, both have received their certification. This is not a fee for service environment; it is a prospective payment environment. This new payment process starts 1/1/26. There is some apprehension on behalf of the providers bringing up CCBHC's across Nebraska.
- Governor Pillen requested \$500 million/10% reduction in the biennium budget. DBH decreased their budget by reducing the \$15 million carryover to \$5 million. The \$5 million will be used to launch the 1915i waiver. Other reductions are the \$1 million contract with NIFA, \$800,000 on 988 marketing at Husker games, and \$250,000 on a Veteran's application. As of now, there are no reductions to the Region's allocation.
- Priority is being given to utilize federal funds before utilizing state general funds.
- DBH and Medicaid are combining service definitions and manuals with an anticipated release in September 2025.
- LB 454 passed and will be implemented into law on 9/3/25. Doesn't require Region 5 Systems to do a public bidding (RFP) process and allows the Region to serve people in supported housing with substance use challenges using the Behavioral Health Services Fund (from the documentary stamp tax).
- LB 55: \$1.5 million budgeted with the identified fund source of "Hospital Quality Assurance and Access Assessment Fund." Reimbursement to providers of the current (higher) Medicaid rates when serving people with dual insurance eligibility -- Medicare/Medicaid vs. being reimbursed (lower) Medicare rates. The hope is payments will be retroactive to 7/1/25.
- Nebraska Legislative Health & Human Services Committee held a hearing on July 29, 2025, and Director Drew Donshorowski testified. Substance Use Disorder Section 1115 Demonstration Amendment extend short-term stays in an Institute for Mental Disease (IMD) for people undergoing a crisis in a psychiatric hospital for up to 60 days. Secondly, allow Medicaid to pay for medical respite services pursuant to NRS 68-911.
- Region 5 Systems was allocated \$18,142,485.96 and drew down \$18,087,585.06, which equates to 99.70% drawdown of funds. Of the remaining \$54,900.90, \$26,000 was restricted funding (Documentary Stamp Tax) and we tried to work with DBH and requested to shift \$28,990 but we were denied.

The Impact of Potential Medicaid Cuts in Nebraska: Provided for informational purposes. Projected coverage losses could affect 110,000+ Nebraskans.

**Understanding One Big Beautiful Bill:** Provided for informational purposes. Outlines pros and cons of the One Big Beautiful Bill. Congress must reach a spending agreement by September 30, 2025, to avoid a shutdown, starting October 1, 2025.

Action to End Crime and Disorder on America's Streets: Provided for informational purposes.

Region 5 Systems is going to receive an additional HUD contract in January 2026 which will make it possible to house 12 more people.

Temporary Closure of Social Detoxification Service: Provided for informational purposes.

FY 25-26 Risk Management Plan: Kreifels reported as part of Region 5 Systems' business practice and CARF accreditation standards, we created this plan. Kreifels went over the highlighted changes on the document. Under line D2, Meinders asked to add public defenders to the list of those receiving an emergency systems letter twice per year.

## FY 25-26 Performance Improvement Plan: Provided for informational purposes.

Patrick gave a brief overview of what each department/program contributes to create Region 5 Systems annual Performance Improvement Plan. This plan is used to measure important indicators to the organization. Indicators are developed due to a contract deliverable, outcomes for persons served, employees, process, and due to potential organizational risk if not met.

FY 24-25 Region 5 Systems Services Purchased Audit Report (Professional Partner Program): Tyerman-Harper presented the report. No findings; all units were verified.

FY 24-25 Final Services Purchased Expense Reimbursement Verification: Tyerman-Harper presented the report. No findings or corrective actions were noted.

System Coordination Updates: Provided for informational purposes.

- Morrissey gave highlights of the information on the Prevention section on pages 25 and 26.
- Henning gave highlights of the information on the Opioid section on page 25.
- Kreifels reported on 7/1/25, there are two new hospital contracts:
  - o Mary Lanning will serve the following counties: Filmore, Polk, Thayer, and York; people placed on EPC from these counties will go to Mary Lanning instead of single point of entry in Lancaster County.
  - o Fremont Methodist Hospital: To dates there have been two individuals placed on EPC from Butler and Saunders counties.
  - o Pros: Allows 368 more bed days for EPCs and allows for people to enter acute care voluntarily or due to an inpatient mental health board commitment vs. waiting for admission to Lincoln Regional Center.
  - O Challenge: Mary Lanning is requiring the local hospital to give medical clearance before an individual can be admitted to Mary Lanning, this clearance could take 2 - 4 hours.

Consumer Affairs Quarterly Report - Q4: Region 5 Systems contracts with Wellbeing Initiative for the Consumer Family Advisory Committee (CFAC). This report was prepared by Tasia Brumagen and is provided for informational purposes.

FY 24-25 Capacity Utilization Summaries: The summaries will be sent via email when available.

Training Plan: Provided for informational purposes.

## OTHER BUSINESS

For efficiency purposes, Kreifels proposed discontinuing preparing the Regional Governing Board Report; the group decided the Regional Governing Board minutes will suffice in the packet instead of the aforementioned report.

## **IMPORTANT DATES**

- September 8 RGB Meeting 10:15 a.m. at Apace, 4433 S. 70th Street, Lincoln, NE
- September 11 Prevention Leadership Coalition 9:00 a.m. at 3600 Union Drive, Lincoln, NE
- October 20 Network Provider Meeting 9:00 a.m. via Teams
- October 29 BHAC Meeting 10:00 a.m. at 3600 Union Drive, Lincoln, NE

## **ADJOURN**

• There being no further business, the meeting was adjourned at 11:41 a.m.

## REGIONAL GOVERNING BOARD

## REGION 5 SYSTEMS MINUTES

September 8, 2025

Apace 4433 S. 70<sup>th</sup> Street Lincoln, NE 10:15 a.m.

**MEMBERS** 

Scott Griess, Butler County; Kenny Harre, Fillmore County; Danielle Schwab, Jefferson

PRESENT:

County; Les Agena, Johnson County; Christa Yoakum, Lancaster County; Michael Weiss, Nemaha County; Dan Crownover, Otoe County; Bill Reece, Saunders County; Darrell

Zabrocki, Seward County; Dean Krueger, Thayer County; LeRoy Ott, York County

MEMBERS

Emily Haxby, Gage County; Jan Lang, Pawnee County; Jerry Westring, Polk County; John

ABSENT:

Caverzagie, Richardson County; Brian Pribyl, Saline County

OTHERS PRESENT:

Tami DeShon, Deanna Gregg, Theresa Henning, Patrick Kreifels, Kim Michael, Sandy

Morrissey, Erin Rourke, and Amanda Tyerman-Harper, Region 5 Systems; Josh Greisen, Lincoln Financial Group; Bryce Williby, Universal Financial Strategies; Shane Ideus and

Rob Burkett, Unico; Traci Cooney

## HOUSEKEEPING / CALL TO ORDER

Yoakum called the meeting to order at 10:15 a.m.

## OPEN MEETINGS ACT INFORMATION

Yoakum noted the Open Meetings Act information is posted in the meeting room and reminded Board members that the meetings are open to the public and are audiotaped. The agenda is posted for public viewing at <a href="https://www.region5systems.net">www.region5systems.net</a>. Notification of this meeting and information regarding availability of the agenda was provided through a legal notice in the Lincoln Journal Star, published August 31, 2025.

## ROLL CALL / AGENDA

Roll was called; a quorum was present (see members present above).

Agena made a motion, seconded by Schwab, to approve the agenda as presented. All present voted aye. Motion carried 11-0.

## PUBLIC COMMENT

There was no public comment.

## EMPLOYEE RECOGNITION

Donna Dekker (10 years), Tami DeShon (20 years), Annie Glenn (15 years), and Connie Vissering (5 years) were recognized for their dedicated service to Region 5 Systems.

## **ACTION / PRIORITY ITEMS**

## Regional Governing Board Minutes:

- May 12, 2025
- June 9, 2025
- June 12, 2025

Reece made a motion, seconded by Weiss, to approve the minutes as presented. All present voted aye. Motion carried 11-0.

## Retirement Plan Proposal:

Josh Greisen, Lincoln Financial Group, and Bryce Williby, Universal Financial Strategies, presented a new retirement plan proposal. Kreifels added that Greisen and Williby also attended the 6/9/25 Executive Committee meeting to present this proposal. From that discussion, the Executive Committee supported moving the proposal forward to the Governing Board for review and approval. Kreifels asked the Board for a motion that Region 5 Systems' management is hereby authorized and instructed to:

- Provide notice of termination to the existing retirement vendor, Union Bank and Trust;
- Enter into an agreement with the retirement vendor, Lincoln Financial Distributors; and
- Develop a retirement plan with Lincoln Financial Distributors, as approved by Region 5 Systems' legal counsel, that is in the best interest of employees and Region 5 Systems.

Harre made a motion, seconded by Reece, to approve the recommendations above as presented. Voting aye were: Butler County, Fillmore County, Jefferson County, Johnson County, Lancaster County, Nemaha County, Otoe County, Saunders County, Seward County, Thayer County, York County. Absent: Gage County, Pawnee County, Polk County, Richardson County, Saline County. Motion carried 11-0.

**Organizational Insurance Review**: Shane Ideus and Rob Burkett, Unico, presented the Organizational Insurance Review as listed on pages 17 and 18 of the packet.

Zabrocki made a motion, seconded by Agena, to approve the document as presented. Voting aye were: Butler County, Fillmore County, Jefferson County, Johnson County, Lancaster County, Nemaha County, Otoe County, Saunders County, Seward County, Thayer County, York County. Absent: Gage County, Pawnee County, Polk County, Richardson County, Saline County. Motion carried 11-0.

## Financial Report: DeShon presented the Financial Report.

Crownover made a motion, seconded by Weiss, to approve the report as presented. All present voted aye. Motion carried 11-0.

FY 24-25 Network Provider End of Year Amendments: DeShon presented the FY 24-25 Network Provider End of Year Amendments.

Ott made a motion, seconded by Reece, to approve the amendments as presented. All present voted aye. Motion carried 11-0.

**FY 25-26 Contractual Agreements**: Henning presented the proposed Opioid Settlement Fund Expenditures as follows:

- \$125,000 to Region 5 Systems for Opioid flex fund pool;
- Up to \$30,000 to the Indian Center to assist with cost to replace HVAC system; and
- \$6,000 to Don't Panic Labs to pay for half of the funding of the MyLNK app.

Weiss made a motion, seconded by Ott, to approve the expenditures as presented. All present voted aye. Motion carried 11-0.

FY 25-26 Performance Improvement Plan: Rourke presented the FY 25-26 Performance Improvement Plan.

Agena made a motion, seconded by Weiss, to approve the plan as presented. All present voted aye. Motion carried 11-0.

**FY 25-26 Risk Management Plan:** Rourke presented the FY 25-26 Risk Management Plan. Kreifels noted, based on a recommendation from the BHAC, on item D2, we will add public defenders to that line item. Schwab made a motion, seconded by Crownover, to approve the plan as presented. All present voted aye. Motion carried 11-0.

FY 24-25 R5 Services Purchased Audit Report (Professional Part. Program): DeShon presented the report.

Zabrocki made a motion, seconded by Schwab, to approve the report as presented. All present voted aye. Motion carried 11-0.

FY 24-25 Final Services Purchased Expense Reimbursement Verification: DeShon presented the report. Weiss made a motion, seconded by Schwab, to approve the report as presented. All present voted aye. Motion carried 11-0.

Service Changes (Houses of Hope STR and The Bridge Behavioral Health 3.2 & 3.7): Tyerman-Harper presented:

- A letter from Tammy Stevenson, Executive Director of Houses of Hope, that states Houses of Hope will pause operations while moving to a new location;
- Letters from Ed Thornbrugh, Executive Director of The Bridge Behavioral Health, regarding the temporary closure of The Bridge's withdrawal management service.

Revised Governance Policy: Michael presented the revised Governance Policy; changes were necessary to align with the Governing Board's recent revisions to its Interlocal Agreements and Bylaws.

Reece made a motion, seconded by Weiss, to approve the policy as presented. All present voted aye. Motion carried 11-0.

Blue Valley Behavioral Health – Letter of Support: Kreifels presented the letter of support, a depiction of Region 5 Systems' service area and poverty levels, and Blue Valley Behavioral Health's service area. Region 5 Systems will look into what counties are contributing money to Blue Valley Behavioral Health. Harre made a motion, seconded by Ott, to approve the letter of support as presented. All present voted aye. Motion carried 11-0.

Regional Administrator's Performance Evaluation and Compensation: Yoakum reported that the Executive Committee met on 5/12/25 to conduct Patrick Kreifels' annual performance evaluation. Based on that evaluation, the Executive Committee's recommendation to the Governing Board is a 7.5% increase to Kreifels' annual salary, retroactive to 7/9/25.

Ott made a motion, seconded by Crownover, to approve the salary increase as presented. Voting aye were: Butler County, Fillmore County, Jefferson County, Johnson County, Lancaster County, Nemaha County, Otoe County, Saunders County, Seward County, Thayer County, York County. Absent: Gage County, Pawnee County, Polk County, Richardson County, Saline County. Motion carried 11-0.

## OTHER UPDATES / INFORMATION

Behavioral Health / Legislative Updates: Kreifels explained we have included a System Coordination Update document in the packet and reviewed pages 46-51 as follows:

1915i waiver: Start date to occur January 2026 vs. November 2025. Services are specifically for
people with a severe mental illness diagnosis and will include targeted case management by the
Division of Behavioral Health, transitional support, supported employment services, and housing
support. It is anticipated these services will bring into Nebraska 56% federal Medicaid matching
funds. Service definitions have not been released to date.

- Certified Community Behavioral Health Clinics (CCBHC): There are seven CCBHC's identified across that state—two of which are in Region 5 Systems' catchment area: CenterPointe and Lutheran Family Services, both have received their certification. This is not a fee for service environment; it is a prospective payment environment. This new payment process starts 1/1/26. There is some apprehension on behalf of the providers bringing up CCBHC's across Nebraska.
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- Priority is being given to utilize federal funds before utilizing state general funds.
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- LB 454 passed and will be implemented into law on 9/3/25. Doesn't require Region 5 Systems to do a public bidding (RFP) process and allows the Region to serve people in supported housing with substance use challenges using the Behavioral Health Services Fund (from the documentary stamp tax).
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- Nebraska Legislative Health & Human Services Committee held a hearing on July 29, 2025, and Director Drew Donshorowski testified. Substance Use Disorder Section 1115 Demonstration Amendment extend short-term stays in an Institute for Mental Disease (IMD) for people undergoing a crisis in a psychiatric hospital for up to 60 days. Secondly, allow Medicaid to pay for medical respite services pursuant to NRS 68-911.
- Henning reported the second Opioid grant cycle has closed and 28 applications were reviewed; awards are expected to be announced soon.
- Morrissey reported alcohol compliance checks were completed for the year. The Prevention team will work with Kidglov to create educational information for establishments on identifying a youth license vs. an of-age license.
- Region 5 Systems was allocated \$18,142,485.96 and drew down \$18,087,585.06, which equates to 99.70% drawdown of funds. Of the remaining \$54,900.90, \$26,000 was restricted funding (Documentary Stamp Tax) and we tried to work with DBH and requested to shift \$28,990 but we were denied.

The Impact of Potential Medicaid Cuts in Nebraska: Provided for informational purposes. Projected coverage losses could affect 110,000+ Nebraskans.

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Action to End Crime and Disorder on America's Streets: Provided for informational purposes. Region 5 Systems is going to receive an additional HUD contract in January 2026 which will make it possible to house 12 more people.

Year-end FY 24-25 Network Management Report: Provided for informational purposes.

June 9, 2025, Regional Governing Board Executive Committee Minutes: Provided for informational purposes.

FY 24-25 Year-end & FY 25-26 Utilization Summaries: Provided for informational purposes.

Consumer Affairs Quarterly Report - Q4: Provided for informational purposes.

Training Plan: Provided for informational purposes.

## IMPORTANT DATES

- October 20 Network Provider Meeting 9:00 a.m. via Teams
- October 29 BHAC Meeting 10:00 a.m. at 3600 Union Drive, Lincoln, NE
- November 10 RGB Meeting 10:15 a.m. at Apace, 4433 S. 70th Street, Lincoln, NE

## **ADJOURN**

Krueger made a motion, seconded by Weiss, to adjourn the meeting at 11:57 a.m.

## MANAGEMENT REPORT FY 25-26

Associates in Counseling & Treatment Blue Valley The Bridge Behavioral Health Coodwill Industries HopeSpoke HopeSpoke TASC Lutheran Family Services Crisis Center Crisis Center Crisis Center	N/A	×	×	×	×	×								_	_			_			_			_
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	Audited Financial Statement	General Liability Insurance	Motor Veh. Liab. Insurance	Work. Comp. Insurance	Professional Liab Insurance	Cyber Liability Insurance	Dir. & Off. Liab. Insurance	SS		Subcontracts (all currently ongoing - FY 26	Complaints/Grievances, Appeals & Critical Incidents		ials		nt/Reinvestment	irectors List	Complaints/Grievances, Appeals & Critical Incidents	S	ials		Perception of Care (July-December 2025)	nt/Reinvestment	Complaints/Grievances, Appeals & Critical Incidents	S
		· ·	Audited Financial	Statements and Insurance  Due Date Requirements are	Variable by Provider			July 1 FY 25 Fee Schedules	Aug 15 Actuals	Oct 1 Subcontracts (all cur	Complaints/Grievan	Recovery Outcomes	Oct 31 Ineligibles and Denials	Zero Suicide	Service Enhancement/Reinvestment	Nov 1 Agency Board of Directors List	Complaints/Grievan	Recovery Outcomes	Ineligibles and Denials	Jan 31 Zero Suicide	Perception of Care (	Service Enhancement/Reinvestment	Complaints/Grievan	Recovery Outcomes

## MANAGEMENT REPORT FY 25-26

	u. 3044100334	Associates in Counseling & Treatment	Blue Valley Behavioral Health	The Bridge Behavioral Health	CenterPointe	Goodwill Industries	НореЅроке	Houses of Hope	TASC	Integrated Behavioral Health	Lutheran Family Services	Mental Health Association	Mental Health Crisis Center	St. Monica's	57gJeJe	gniədlləW əvitsitinl
April 30	April 30 Ineligibles and Denials															
	Zero Suicide															
	Service Enhancement/Reinvestment	N/A		N/A	N/A	N/A		N/A	N/A	N/A			N/A	N/A	N/A	
	Complaints/Grievances, Appeals & Critical Incidents															
	Recovery Outcomes															
	Ineligibles and Denials															
July 31	Zero Suicide															
	Perception of Care (January-June 2026)															
	Service Enhancement/Reinvestment															
Docume	Documents Received	7	8	8	8	8	<b>«</b>	8	2	3	∞	2	7	m	7	∞
Cumulat	Cumulative Weekly Capacity Reports Received	14	14	11	13	14	12	13	14	14	8	5	N/A	-	14	13
Total R	Total Received on Time	21	22	19	21	22	20	21	16	17	91	7	7	4	21	21
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Total Due	hue	21	22	22	22	22	22	22	16	17	22	91	7	17	21	22
	% of Compliance to Date	100%	100%	%98	%56	%001	%16	%56	%001	100%	73%	44%	100%	24%	100%	%56

X: Present (on time or with approved extension)
L: Late (with no approved extension)
I: Incomplete (did not meet agreed upon structure)

## 80% Attendance Report for FY 25-26

## As of October 20, 2025

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Network Provider	July	August	September	October	November	December	January	February	March	April	May	June	July	August	September	October	November	December	January	February	March	April	May	June	# Attended	# Possible	% Attended
ACT		X		X											x										3	3	100%
Blue Valley		X		X											x										3	3	100%
The Bridge		X		x											x										3	3	100%
CenterPointe		X		X									_		x										3	3	100%
Fremont Hospital		A		x																					1	2	50%
Goodwill Ind		X		X											X										3	3	100%
HopeSpoke		x		X											X										3	3	100%
Houses of Hope		X		X											X										3	3	100%
IBHS		x		X											X										3	3	100%
Lutheran Family		X		x											X				0.40						3	3	100%
Mary Lanning		A		A																					0	2	0%
м.н.а.		x		A											X										2	3	67%
мнсс		A		X											X										2	3	67%
St. Monica's		x		x											x										3	3	100%
TASC		x		x											X										3	3	100%
TeleCare		x		A											X										2	3	67%
Wellbeing Initiative		X		X											X										3	3	100%

\*NP Meeting Cancelled

46 87%

From: Bral, Derek < derek.bral@nebraska.gov>

Sent: Monday, April 21, 2025 1:36 PM

To: Janousek, Thomas < Thomas. Janousek@nebraska.gov>

Cc: Zhul, Khrystyna < khrystyna.zhul@nebraska.gov>

Subject: RE: Opioid Settlement and County funds match

Dr. Janousek,

In follow-up to our call from last week, I looked into your question regarding Merrick County's attempt to use their opioid settlement funds toward their county match requirement under Neb. Rev. Stat. § 71-808, which states that "each county in a behavioral health region shall provide funding for the operation of the behavioral health authority and for the provision of behavioral health services in the region." As you know, "[t]he total amount of funding provided by counties ... shall be equal to one dollar for every three dollars from the General Fund." And "[a]t least forty percent of such amount shall consist of local and county tax revenue, and the remainder shall consist of other nonfederal sources."

The opioid settlement funds come from "nonfederal sources" (i.e., they come from a private settlement), and they qualify as funding for the provision of "behavioral health services" as that term is defined by the Nebraska Behavioral Health Services Act (the "Act"). Thus, Merrick County may count these funds against their annual county match requirement.

The Act defines "behavioral health services" to include "consumer-provided services, support services, inpatient and outpatient services, and residential and nonresidential services, provided for the prevention, diagnosis, and treatment of behavioral health disorders and the rehabilitation and recovery of persons with such disorders[.]" See, Neb. Rev. Stat. § 71-804(3). "Behavioral health disorders" are defined as "mental illness or alcoholism, drug abuse, or other addictive disorder[.]" Neb. Rev. Stat. § 71-804(1).

Under the opioid settlements, settlement funds are to be used for "opioid remediation," which is broadly defined to include care, treatment, and other programs designed to: (1) address misuse or abuse of opioid products, (2) treat or mitigate opioid use or related disorders, (3) mitigate other alleged effects of the opioid abuse crisis, including on those injured as a result of the opioid abuse crisis. Exhibit E to the settlements provides a non-exhaustive list of expenditures that qualify as Opioid Remediation, including, for example, "treatment of Opioid Use Disorder … and any co-occurring Substance Use Disorder or Mental Health … conditions."

Given the broad definition of "opioid remediation" and the *non-exhaustive* list of approved uses, the opioid abatement funds qualify as funding for "behavioral health services" as that term is defined by the Act. The definition of "opioid remediation" is broad enough to include many of the same "behavioral health services" contemplated the Act, including for example, "inpatient and outpatient services, and residential and nonresidential services ... for the prevention, diagnosis, and treatment of [mental illness or alcoholism, drug abuse, or other addictive disorder.]" Since the opioid settlements authorize recipients to use funds for "co-occurring substance use disorders and other mental health conditions," (i.e., non-opioid substance use disorders), they also qualify as "funding ... for the provision of behavioral health services" under the Act. Thus, Merrick County may use their opioid settlement funds to count toward their annual county match requirement.

If the counties wanted to, many of them could probably just put their opioid funds toward their general law enforcement or first responder service funds. Such expenditures would probably qualify as "opioid remediation," since the settlements expressly allow expenditures as "reimbursement for past ... expenditures" related to the opioid epidemic. So the counties really don't have to be paying these funds to the behavioral health regions, and I don't see any problem with crediting them for forwarding it to the regions if they think the funds will be spent more effectively that way.

Please feel free to let me know if you have any questions or need additional clarification.

Thank you,

## Derek T. Bral

Asst. Attorney General

Consumer Protection Bureau

Nebraska Attorney General's Office

Ofc.: 402-471-1928

Cell: 402-314-0383

derek.bral@nebraska.gov



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## Opioid Settlement Funds Grant Application Recommendations Cycle 2 - September 2025

					Priority	Priority Areas - Extra point areas in bold/blue	point areas	in bold/blu	g)			
Agency	Proposed Funding Amount	Counties Served	A: Treatment	B: Recovery	C: Harm Reduction	D: Connections to Care	E: Criminal Justice Involved	F: Prevention	G: Providers and Health Systems	H: Public Safety/First Responders	Description of Project	
Asian Center	\$17,215.85 Lancaster	Lancaster						F:3			Creation of a multimedia opioid abuse prevention campaign for immigrants and refugees in Lincoln, NE.	
Blue Valley Behavioral Health	\$57,279,20 Saline	Saline	A:1	B:3			E:3				To provide Spanish interpretation services for substance abuse evaluation, treatment, and an online addictions education course and provide access to a online addictions education course for adults and youth who have been charged with their first offense of alcohol or drug related crimes.	·
Center Pointe	\$67,440.00 Lancaster	Lancaster		B:2				F:3			To provide support to the Centered for Life Program, which expands access to a thriving recovery community for people who are seeking support regardless of whether or not they are engaged in formal behavioral health services.	
Fillmore County Hospital	\$8,000.00	\$8,000.00 York						F:1 F:3			Provide funding for national speaker Nathan Harmon to increase awareness regarding the affects of substance use and poor decision making in York and Fillmore counties.	
Four Corners Health Department	York, Sew \$181,938.60 Polk, and Butler	York, Seward, ) Polk, and Butler	A:1						G:1	_	To improve access to healthcare services, provide coordinated care, and reduce the number of emergency room visits for uninsured and underinsured individuals with Substance Use Disorder (SUD) or Opioid Use Disorder (OUD) in York, Seward, Polk, and Butler counties.	
Fresh Start	\$13,214.00	\$13,214.00 Lancaster		8:1	c:						To support successful completion of transitional shelter programming, including progress toward individual goals and permanent housing, for individuals who experience a Substance Use Disorder (SUD) or Opioid Use Disorder (OUD).	
Houses of Hope	\$109,378.74 Lancaster	4 Lancaster	A:1 A:2	1			E:2		6:1		To enhance and expand outpatient substance use services for individuals involved in the criminal justice system by becoming a certified Matrix Treatment Provider.	
Jefferson County Diversion Services	\$27,000.00	\$27,000.00 Jefferson		B:1	-		E:3	F:1			To support youth and their families to prevent further involvement with the justice system and development of a substance use disorder.	
Lincoln Lancaster County Health Department		\$50,000.00 Lancaster						F:3		# <b>#</b>	To assess, monitor, and evaluate substance H:1 exposure trends by analyzing wastewater H:4 surveillance samples from the City of Lincoln's wastewater treatment plants.	_

# Opioid Settlement Funds Grant Application Recommendations

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					Priority	Priority Areas - Extra point areas in bold/blue	point areas	in bold/blue			
Agency	Proposed Funding Amount	Counties Served	A: Treatment	B: Recovery	C: Harm Reduction	D: Connections to Care	E: Criminal Justice Involved	F: Prevention	G: Providers and Health Systems	H: Public Safety/First Responders	Description of Project
Richardson County House of Hope		\$50,000.00 Richardson	A:1	B:1							To address homelessness for women recovering from Substance Use Disorder (SUD) or Opioid Use Disorder (OUD) by providing intermediate housing and programing to assist women in bridging to permanent housing in Richardson county.
Seward Co Detention Center	\$8,000.00 Seward	Seward	A:1	B:1			E:2		G:1	H:4	Reentry support and rehabilitation services for <b>H:4</b> individuals experiencing an Opioid Use Disorder (OUD) in Seward County Detention Center,
Whispering Acres-Camp G.R.I.T.	\$9,775.22	Gage, Jefferson, \$9,775,22 Thayer, and Saline		B:1				F:1			To provide employees for Camp G.R.I.T, a camp designed to break the intergenerational cycle of addiction by providing targeted support and mentorship to youth ages 9-15 who have been affected by a substance use disorder of a family member.

## Region 5 Systems Priority Opioid Abatement Strategies

## March 2025

## Direct Care for Substance Use Disorder / Mental Health Conditions

## A: TREATMENT

- Expand availability of and access to treatment and continuum of care for those that are uninsured/ underinsured and experiencing Opioid Use Disorder (OUD) and any other co-occurring Substance Use Disorder (SUD)/Mental Health (MH) conditions. Focus on targeting high impact, low-capacity rural areas and adolescent treatment services.
- Support workforce development for addiction professionals to include training, scholarships, fellowship, incentives, and support for those providing direct care addressing OUD and other SUD/ MH conditions. Target rural and underserved areas.
- Expand mobile interventions, treatment, and recovery services for persons with OUD and other SUD/ MH conditions who have experienced an overdose. Expanding MAT/MOUD and mobile interventions.

## **B: RECOVERY**

- Provide full continuum of care (comprehensive wraparound services) for adults and adolescents, to include but not limited to, housing, peer support services, transportation, education, job training/ placement, childcare and connection to culturally appropriate community-based services. Continuum of Care Support.
- 2. Support or Expand Peer Recovery Services which may include but are not limited to: support groups, social events, computer access, yoga, etc.
- 3. Expand the recovery eco-system while targeting recovery resources to high impact, low-capacity geographical areas (rural).

## **C: HARM REDUCTION**

- 1. Targeted Naloxone/Narcan distribution increase availability and distribution.
- Support Mobile Units that offer or provide referrals to harm reduction services, treatment, recovery supports, healthcare or other appropriate services. Support mobile units with referrals to care.
- 3. Expand social setting detoxification services.

## **D: CONNECTIONS TO CARE**

- Provide training/support for emergency room and hospital personnel treating overdose patients on post discharge planning, including community referrals to MAT/MOUD, recovery case management or peer support.
- 2. Provide funding for peer support specialists and warm handoffs in emergency detox facilities, recovery centers or recovery housing.
- 3. Support crisis stabilization centers that serve as an alternative to hospital emergency departments. Support Crisis Stabilization and increase Peer Support.

## **E: CRIMINAL JUSTICE INVOLVED**

- 1. Implement training and standardized SUD/MH screening, treatment, care coordination, and continuity services into the criminal justice system.
- 2. Provide treatment, including MAT/MOUD, recovery support, and harm reduction to those who are leaving jail, prison, or are on probation/parole, are under community corrections or are in re-entry programs. Provide harm reduction, treatment and recovery support to criminal justice involved.
- 3. Support pre-arrest diversion, pre-trial services, treatment and recovery court and provide treatment (including MAT/MOUD) for persons with SUD/MH conditions.

Release Date: June 13, 2025 Page 1

## **Community Outreach and Prevention**

## F: PREVENTION

- 1. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or other drug misuse. *Increase access to prevention programs for youth.*
- 2. Prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids by: providing medical provider education and outreach regarding best prescribing practices, dosing and tapering patients off opioids and supporting non-opioid pain management alternatives.
- 3. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment. *Expand public awareness*.

## **G: PROVIDERS AND HEALTH SYSTEMS**

- 1. Increase the number of providers treating MAT/MOUD patients; increase access to MOUD treatment through training and education. *Increase number of providers offering MAT/MOUD*.
- 2. Provide support for Children Services, additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial substance use.
- Support the work of Emergency Medical Systems, including peer support specialists to connect individuals to treatment or other appropriate services following an overdose or other SUD adverse event.

## **H: PUBLIC SAFETY / FIRST RESPONDERS**

- 1. Increase capacity of law enforcement and first responders to effectively respond to individuals with SUD/MH conditions.
- 2. Provide wellness and support services for first responders and others who experience secondary trauma associated with opioid related emergency events.
- Expand mental health and drug courts.
- 4. Enhance public safety collaborations.

# Region 5 Systems Contractual Agreements

State Opioid Response (SOR) Contracts	Contracts					
Contracting Entity	Time Period	Contract Amount	Funding Source	Primary Author(s)	Reviewed By	Purpose
CenterPointe	September 30, 2025 - September 29, 2026	\$13,000 to CenterPointe	DHHS-DBH SOR Contract	Region 5 Systems	Corporate Compliance Team and Network Provider	Contract for provision of approved medications for the treatment of opioid use disorder, and to support treatment and recovery support services for opioid use disorder and stimulant misuse and use disorders.
BayMark Health Services (BAART)	September 30, 2025 - September 29, 2026	\$40,000 to BayMark Health Services (BAART)	DHHS-DBH SOR Contract	Region 5 Systems	Corporate Compliance Team and Network Provider	Contract for provision of approved medications for the treatment of opioid use disorder, and to support treatment and recovery support services for opioid use disorder and stimulant misuse and use disorders.
Jill Kuzelka	September 30, 2025 - September 29, 2026	\$250 per training to Jill Kuzelka	DHHS-DBH SOR Contract	Region 5 Systems	Corporate Compliance Team and Network Provider	To provide Narcan training within Region 5 Systems catchment area.
Laura Osborne	September 30, 2025 - September 29, 2026	\$250 per training to Laura Osborne	DHHS-DBH SOR Contract	Region 5 Systems	Corporate Compliance Team and Network Provider	To provide Narcan training within Region 5 Systems catchment area.
Sim Reynolds	September 30, 2025 - September 29, 2026	\$250 per training to Sim Reynolds	DHHS-DBH SOR Contract	Region 5 Systems	Corporate Compliance Team and Network Provider	To provide Narcan training within Region 5 Systems catchment area.

Action Needed: Motion from the BHAC to recommend the Board approve these contracts.



## System Coordination Updates October 2025

## Behavioral Health/Legislative Update

- 1915i Medicaid Waiver: In response to the Department of Justice (DOJ) Civil Rights Division, 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 systems, 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." NHHS has been in consultation with the Center for Medicare and Medicaid Services and Myers Stauffer firm to create a plan in response to the DOJ findings. NDHHS is hoping to bring up new Medicaid services with a new projected go live date of January 1, 2026, vs. November 1, 2025. It is anticipated to fund these new services Nebraska will receive a 56% federal Medicaid match. These services are specifically for people with a severe mental illness diagnosis and will include targeted case management by the Division of Behavioral Health, transitional support, supported employment services, and housing supports.
- Certified Community Behavioral Health Clinic (CCBHC): Delayed start from July 1, 2025, to January 1, 2026. May 2023, Governor Jim Pillen signed LB276 into law and CCBHC's must be funded January 1, 2026. Region 5 Systems has two CCBHC's within our 16-county area, CenterPointe and Lutheran Family Services, both located within Lincoln, NE. CCBHC's are required to provide 9 cores services such as, around-the-clock crisis support, easy-access mental health & substance use care, tailored treatment plans, specialized care for veterans and military personnel, peer support for families, care and case management, whole health approach, comprehensive psychiatric rehabilitation, and early detection and support for physical health. Prospective payments have been established with all the CCBHC's and in August 2025 certification site visits are occurring by Medicaid and DBH.
- Governor Pillen is requesting a \$500 million or 10% reduction from all state departments in the biennial budget. The Division of Behavioral Health is looking at decreasing their budget by reducing the \$15 million carryover to \$5 million, which will be used to start the 1915i wavier. Additional reductions include a \$1 million contract with NIFA, a \$800,000 reduction on a 988-marketing contract at Husker Games, and a \$250,000 reduction on a Veteran's application. The total amount of reductions has not been determined at this time. No reductions have been requested to the Regional Behavioral Health Budgets.
- Priority is being given to utilizing federal funds prior to state general funds for behavioral health services, coordination, and initiatives.
- The Division of Behavioral Health and Medicaid are combining services definitions and manuals explaining expectations. A new manual will be released for public comment in September 2025. Please be sure to take notice of the release and offer feedback.
- Nebraska Legislation-Interim Studies:
  - 2025 Nebraska 109<sup>th</sup> Legislative Session:
    - LB454-Passed and implemented into law effective 9/3/2025. Allows Regions option of not going through a public bidding process (Request for Proposal) and allows Regions to serve people in supported housing with substance use conditions using the Behavioral Health Services Fund (from the documentary stamp tax).

- LB55-Reimbursement to providers of the current (higher) Medicaid rates when serving people with dual insurance eligibility-Medicare/Medicaid vs. being reimbursed the (lower) Medicare rates. \$1.5 million allocated in the budget and identified the fund source as the "Hospital Quality Assurance and Access Assessment Fund." As I understand it, Nebraska Medicaid must request funds from the Centers for Medicare and Medicaid Services (CMS) federal government. Information has been requested to see if Nebraska Medicaid will be seeking this funding from CMS.
- Substance Use Disorder Section 1115 Demonstration Amendment. Nebraska Legislative Health & Human Services Committee held a hearing on July 29, 2025, and Director Drew Donshorowski testified. Nebraska Medicaid in the process of amending this waiver for SU disorder services and requesting authority from CMS to provide two additional services. Both will be for anyone with the full coverage of Medicaid benefits. First allow Medicaid to treat individuals with serious mental illness (SMI) or serious emotional disturbance (SED) for short-term stay in an Institute for mental disease (IMD). This authority will allow Nebraska Medicaid to cover treatment for people undergoing a crisis in a psychiatric hospital for up to 60 days. The anticipated effective date is January 1, 2026. More information is being sought on what this service is. The second service is to allow Medicaid to pay for medical respite services pursuant to NRS 68-911. The plan is to have two medical respite facilities: one in Lincoln and the other in Omaha. A place for people who are unhoused to receive care after discharge from a medical facility/hospital. Offering a stable, safe environment for people to get follow-up care and complete the healing process. The anticipated effective date is April 1, 2026.
- O LR201-Senator Hallstrom-Examine the rates, revenues, and uses of the documentary stamp tax. NRS 71-812(3) to provide housing assistance to eligible individuals with serious mental illness (or co-occurring disorder) and who are receiving behavioral health services funded by NDHHS/Regional Behavioral Health Authorities. Of the \$2.25 cents tax collected, \$0.30 cents fund the Behavioral Health Services Fund to provide housing for people who are unhoused and present with serious mental health and substance use challenges. remaining balances from the documentary tax fund include: \$0.07 to domestic violence (new legislation from 2025 and increased the total tax to \$2.32), County Register of Deeds keep \$0.50, \$0.95 for Affordable Housing Trust Fund, \$0.25 to Site & Building Development Fund, \$0.25 to Homeless Shelter Assistance Trust Fund.
- LR210-Senator Hardin-Examine and compare how health information exchanges work in other states.
- LR213-Senator McKinney-Examine the connection between neighborhood level investment and youth outcomes, including, but not limited to, educational attainment, youth violence, and longterm well-being.
- o LR219-Senator Fredrickson-Examine non-opioid pharmacological treatment options in Medicaid.
- LR224-Senator Fredrickson-Examine the adequacy of funding and resources available to Level 3
   Special Education Contractual Services for children.
- LR224-Senator Dungan-Examine the effectiveness of programs addressing health related social needs which are unmet adverse social conditions that contribute to poor health, including food insecurity, unemployment, and housing stability.
- LR227-Senator Cavanaugh-Examine the recommendations presented to the Legislative Mental Health Care Capacity Strategic Planning Committee.
- On Thursday, July 31, 2025, U. S. Senate appropriators advanced their Labor, Health and Human Services, Education and related agencies (LHHS) funding proposal on a bipartisan basis in a 26-3 vote. Notably, this proposal departs from the proposal in the President's Budget Request and does not reflect the proposed agency restructuring and reductions. Overall, the Senate proposal includes \$116.6 billion, a \$446 million increase for the Department of Health and Human Services. This proposal includes \$7.4 billion for the Substance Abuse and Mental Health Services Administration (SAMHSA). Funding for key mental health and substance use programs in the proposal includes:
  - Certified Community Behavioral Health Clinics: \$385.5 million (+ \$0.5M for integrated care technical assistance)

- o Mental Health Awareness Training: \$27.963 million (level funding)
- Project AWARE: \$140 million (level funding)
- o Primary and Behavioral Health Care Integration: \$55.877 for grants and \$2.991 for technical assistance (level funding)
- o 988: \$534 million (+ \$15 million)
- o State Opioid Response Grants: \$1.595 billion (+\$20 million)
- Substance Use Prevention, Treatment and Recovery Services Block Grant: \$2.028 billion (+ \$20 million)
- o Community Mental Health Services Block Grant: \$1.007 billion (level funding)
- The funding bill will now head to the Senate floor for further action. The House will also need to introduce its LHHS funding proposal. Congressional leaders have not yet started bipartisan negotiations, and with the House out on August recess, there is little time to finalize a spending deal ahead of Oct. 1 when the next fiscal year starts. This makes a Continuing Resolution, i.e., a stopgap funding measure, increasingly likely to continue funding and avoid a government shutdown. Details of the proposal can be found in the bill text, report language and summary. Congress must reach a spending agreement by September 30, 2025, to avoid a shutdown. If no deal is reached, the federal government will shut down starting October 1, 2025.

## **Emergency System/Stepping Up**

## **Emergency Protective Custody (EPC) Pilot Expansion Project**

The Pilot Program began on July 1<sup>st</sup>. There were no EPCs from Butler or Saunders County. There were 5 EPCs from York County (York PD and York Sheriff's Office). Arnold met with York County Sheriff's Office to encourage the use of TASC. Stepping Up is reaching out to all the law enforcement agencies in Region 5 about alternatives to EPC.

## **BETA Trainings**

Winter BETA 2026 February 10-13 Summer BETA 2026 June 23-26

## Behavioral Health Education Center of Nebraska (BHECN)

- Advisory Board is being formed with first meeting scheduled for October 14<sup>th</sup>.
- BHECN is partnering with Emergency Systems for the Mental Health Board Training scheduled for September 12<sup>th</sup>
- Events for Providers are being scheduled
- BHECN-Southeast has the most colleges and universities of the sites. Events such as guest speaking, popups, career fairs will be held to encourage students to pursue a career in community behavioral health
- Lifelong Learning Fund (Fall Session opens October 1st-15th.
- https://www.unmc.edu/bhecn/programs-training/student-traineeopportunities/lifelong\_learning\_fund.html

## Youth System Coordination

The opening of the new SquareOne building has been pushed back to April 2026 due to the renovation timeline. Services (crisis response, crisis psychotherapy and emergency community support) continue at CenterPointe's Campus for Health and WellBeing.

## Opioid Remediation Settlement Funds/State Opioid Response Grant (SOR)

## Opioid Treatment Infrastructure Cash Fund RFA – Division of Behavioral Health

- DHHS Division of Behavioral Health announced on September 30, 2025, the intention to fund the following projects within Region 5 Systems catchment area under this RFA.
  - o Bryan Medical Center Increase detox beds from 3 to 5 at the Independence Center.
  - CenterPointe Increase dual-disorder residential beds from 18 to 20, increase short-term

residential beds from 0 to 26, and provide withdrawal management (ASAM Level 3.7) within the short-term residential program.

## Region 5 Systems Opioid Project Updates (SOR and Settlement Funds)

- Lockboxes and Deterra for safe storage/disposal of opioid medications are available on a first-come, first-served basis please reach out to Trina Janis (tjanis@region5systems.net) to make a request.
- Future projects to be funded by SOR will be discussed by the RX and Illicit Drug Summit Workgroup on November 3, 2025.
- The second Opioid Settlement Grant Cycle awards have been announced, see packet for list of funding recommendations. This year Region 5 Systems:
  - o received 28 applications totaling \$3,070,440.49 in requests
  - o had 14 unique priority areas represented among applicants
  - o recommended funding for 12 applications, a total of \$599,241.61 in funding
  - o has 13 unique priority areas represented among recommended applications
- Contracts for these applications begin January 1, 2025.

## **Prevention System**

- FY 2026 SUTPBG all contracts have been issued to coalitions. Four Corners Public Health is contracting to coordinate the prevention coalitions in York and Butler. Public Health Solutions is contracting to provide prevention coordination for Saline, Gage, Jefferson, Fillmore, and Thayer. 100% of all strategies identified as priority need within urban and rural areas are evidence-based.
- Center for Disease Control Suicide funds for YR 3 have been awarded to NE Public Policy Center. Each
  Region in NE will receive \$30,000 for FY26. Priorities include; targeted population males 25-64+,
  education on lethal means security, promotion of telehealth, community education on addressing signs
  associated with individuals having thoughts or plans of suicide.
- DHHS Behavioral Health has received YR 3 funding for Partnership for Success grant. Region 5 submitted a plan and budget to the State. DHHS indicated it may be a bit before contracts are delivered.
- Annual Programmatic audit materials were submitted to DBH Behavioral Health.

/	Name	Address	County/ Grade	Phone	Email
	Name	and Build Character	Otacl		
	Anya Boerner	656 Poplar Street Syracuse, NE 68446	Otoe/ Senior	812-290-8399	anyaboerner@gmail.com
	Aubrey Ninneman	512 North Harris St, Wilber, NE, 68465	Saline/ Senior	402-480-8355	aubreyninneman@yahoo.com
	BriAnna Hartman	223 N Hight St. Wilber, NE 68465	Saline/ Sophmore	402-821-8216	Brihartman09@gmail.com
	Brooke Mitchell	610 Barger Ave. Hebron, NE	Thayer/ Eigth	402 768 1397	tiffanylmitchell1@gmail.com
	Bristol Titus	1128 320th St Hiawatha, KS 66434	Richardson / Sophmore	785-288-1958	bristol.titus@fallscityps.org
	Connor VanLaninghan	500 Jefferson st. Clatonia, NE 68328	Saline/ Sophmore	402-989-2231	connorvanlaningham@gmail.com
	Ethan Jonas	210 West 2nd St. Wilber, NE 68465	Saline/ Sophmore	402-803-4725	ethanjonas913@gmail.com
	Eva Kuhn	1177 Oak Street Syracuse, NE 68446	Otoe/ Eigth	402-219-2674	Ekuhn1026@gmail com
	Garrett Ruth	560 28 Rd, Rising City, NE	Butler/ Sophmore	402-954-8318	garrettaruth@gmail.com
	Josslyn Bangert	2224 Stone St Falls City, NE 68355	Richardson / Freshman	402-883-7364	jossbangert@gmail.com
	Jessica Bauers	201 W 3rd Street Stromsburg, NE 68666	Polk/ Senior	402-646-8199	Jessierae2026@gmail.com
	Jacob Novak	792 County Road 2400 Crete, NE 68333	Saline/ Freshman	402-641-3458	jlnovak402@gmail.com
	Jade Spencer	1105 North Nebraska Ave York, NE 68467	York/ Sophmore	402-366-4962	jspencer7109@gmail.com
	Kenley Alexander	64930 709 Trail Verdon, NE 68457	Richardson / Sophmore	402-882-7601	kenley.alexander82@gmail.com
	Kaylie Fritz	1125 county road 2200 Crete, NE 68333	Saline/ Junior	402-821-7794 c	kaylie fritz@wilberclatonia.org
	Kaytlin Rhodd	70274 656 Ave. Falls City NE, 68355	Richardson / Freshman	402-801-1983	kaytlin.rhodd@fallscityps.org

Kelsey Zoubek	1075 County Road M Western, NE 68464	Saline/ Senior	402-921-9509	kelseyzoubek184@gmail.com
Reisey Zouber	1075 County Road M	Saline/		talk@@amail.com
Monica Zoubek	Western, NE 68464	Senior	402-921-9511	monicazoubek8@gmail.com
	885 2nd St. PO Box 125	Seward/		
Paul Dale	Utica, NE 68456	Sophmore	402-710-2034	pauldale916@gmail.com
Date Maile lead	110 Sunset Dr Hebron, NE	Thayer/ Eigth	402-768-1837	rylen.mitchell@thayercentral.n
Rylen Mitchell	Hebron, NC.	Ligui	102 100 100	
Sam Janning	13 Cypress St Yutan, NE 68023	Saunders/ Sophmore	402-909-3822	samjanning719@gmail.com
	792 County Road 2400	Saline/		
Samantha Novak	Crete, NE 68333	Junior	402-641-2108	sinovak52@gmail.com
	579 Thorne St.	Otoe/		
Teara Marrs	Syracuse, NE 68446	Freshman	402-269-4142	tearamarrs@icloud.com
	627 4th St.	Otoe/		2000
Victoria Hutchison	Otoe, NE 68417	Senior	402-269-4099	Victorylane24@icloud.com
	Region 5 Systems 3600 Union Drive,		402-441-4368 w 402-483-5315 c	smorrissey@region5systems.
Sandy Morrissey	Lincoln NE 68516 Region 5 Systems		102 400 0010 0	
	3600 Union Drive,		402-441-4367 w 402-429-9959 c	teffle@region5systems.net
Teri Effle	Lincoln NE 68516		402-429-9959 0	temetore dionogy are marine
	Region 5 Systems 3600 Union Drive,		402-441-4346 w	L. Ihara Ganica Favatoma no
Kayla Lathrop	Lincoln NE 68516		701-833-5043 c	klathrop@region5systems.ne
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## 2026 Legislative Session\*

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	RECESS	<b>DAY 36</b>	DAY 37	DAY 38	DAY 39	
8	9	10	11	12	13	14
	DAY 40	DAY 41	DAY 42	DAY 43	RECESS	
15	16	17	18	19	20	21
	RECESS	DAY 44	DAY 45	DAY 46	DAY 47	
22	23	24	25	26	27	28
	DAY 48	DAY 49	DAY 50	DAY 51	RECESS	
29	30	31				
	DAY 52	DAY 53				

Apı	ril					
Sun	Mon	Tues	Wed	Thur	Fri	Sat
			1	2	3	4
			DAY 54	DAY 55	RECESS	
5	6	7	8	9	10	11
	RECESS	DAY 56	DAY 57	DAY 58	DAY 59	
12	13	14	15	16	17	18
	RECESS	RECESS	RECESS	RECESS	DAY 60	
19	20	21	22	23	24	25
26	27	28	29	30		

## Federal & State Holidays

January 19 – Martin Luther King Jr. Day February 16 – Presidents' Day

## **Legislative Recess Days**

February 13 March 2, 13, 16, 27 April 3, 6, 13, 14, 15, 16

<sup>\*</sup>The Speaker reserves the right to revise the session calendar

-27

			Region 5 Systems	ns		
	1014	Jod od od mais	Upcoming Irainings	ngs cka malocc otho	Loton coimin	
Date/Times	Topic / Description	All trainings to be nell	er Location CEUs Cost	CEUS		Target Audience
			Community Health Endowment 250 N. 21st St. Lincoln, NE	14 LMHP, LMFT, Social Work, Professional Counseling		Network Providers
November 10, 2025 1:00pm - 4:30pm	DLA-20 Adult Full	CenterPointe	Virtual - Teams	3.0 LMHP, LMFT, Social Work, Professional Counseling	Free	Network Providers
November 14, 2025 10:00 am - 12:00pm	Lost and Found: Case Management Strategies with Those Who Hoard	Jennifer Baker, LICSW	Region 5 Systems	2.0 LMHP, LMFT, Social Work, Professional Counseling	Free	Community
November 14, 2025 12:00pm - 1:00pm	QPR Gatekeeper Training	Prevention Staff	Virtual	Certificate provided through QPR Institute website upon course completion	Free	Community
December 5, 2025 8:00am - 12:00pm	DLA-20 Adult Full	Lutheran Family Services	Virtual - Teams	3.0 LMHP, LMFT, Social Work, Professional Counseling	Free	Network Providers
December 9, 2025 8:30am - 5:30pm	Youth Mental Health First Aid	Cheryl Turner	Virtual	Certificate provided through MHFA Connect website upon course completion	Free	Community
January 23 & 30, 2026	Motivational Interviewing Phase I	CenterPointe	CenterPointe Campus for Health and Wellbeing 2202 S. 11th St. Lincoln, NE	14 LMHP, LMFT, Social Work, Professional Counseling	Free	Network Providers
February 10 - 13, 2026 8:00a.m 4:30p.m.	BETA- Behavioral Health Threat Assessment	Various Speakers	Innovation Campus 2021 Transformation Drive Lincoln, NE 68508	20 LMHP, LMFT, Social Work, Professional Counseling	Free for Law Enforcement, Dispatch, and Crisis Response Team Members \$250 for community members	Law Enforcement, Dispatch, Crisis Response, and Behavioral Health Professionals
February 27 & March 6, 2026	Motivational Interviewing Phase II	CenterPointe	CenterPointe Campus for Health and Wellbeing 2202 S. 11th St. Lincoln, NE	14 LMHP, LMFT, Social Work, Professional Counseling	Free	Network Providers
June 23 - 26, 2026	BETA- Behavioral Health	Various Speakers	Various Speakers Don Clifton Professional 20 Free for Law Er More information can be found on Region 5 Systems' website: http://www.region5systems.net	20 sbsite: http://www.region	Free for Law Enforcement, on Ssystems.net	Law Enforcement, Dispatch, Crisis Response,
	ON	Contact Theresa Her	Contact Theresa Henning for more information at: thenning@region5systems.net	:: thenning@region5sysi	ems.net	

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