

Annual Report

FY 24-25



◦ 3600 Union Drive ◦ Lincoln, NE 68516 ◦ 402-441-4343 ◦



*Supporting Wellness and Recovery
in Behavioral Health*

SINCE 1974

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We are on the web:

<https://region5systems.net/>

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Published
11/2025

Dear Colleagues,

As we focused on our multiyear strategic plan, one of our objectives was to evaluate and plan for a long-term office structure for the organization. Region 5 Systems moved to a new office building located at 3600 Union Drive, Lincoln, NE 68516 at the end of February 2025. A picture of our new office is illustrated on the front cover of this report, and we welcome everyone to stop by for a tour. With this move, we changed our logo and incorporated a byline of our mission, “supporting wellness and recovery in behavioral health.” The office move reinforces and strengthens Region 5 Systems’ commitment and focus on our mission, and we envision a community where “people experiencing, affected by, or at risk of, mental health or substance use challenges receive care and enhance personal wellbeing.”

Legislation

The 90-day session of the 109th Nebraska Legislature convened on January 8, 2025. There were 715 bills introduced, with a few of interest to the behavioral health system.

LB328 Senator Holdcroft — proposal to change the provisions of the disbursement of the documentary stamp tax. A hearing was held at the Nebraska Legislature Revenue Committee on February 21, 2025, and testimony was offered in opposition. Of the \$2.25 cents tax collected for every \$1,000.00, the Behavioral Health Services Fund receives \$0.30 to fund housing for individuals who present with serious mental health challenges and who are unhoused. This bill did not come out of committee.

LB351 Senator Cavanaugh — proposal to change the requirements for priority of admission to state hospitals for people presenting with mental illness. A hearing was held at the Nebraska Legislature’s Health & Human Services Committee on March 28, 2025, and testimony was presented in opposition. Eliminating the admission priority would continue to decrease access to the Lincoln Regional Center for some of the most vulnerable population in Nebraska. This bill did not come out of committee.

LB55 Senator Dorn — proposal to allocate \$1,500,000 for fiscal year 2025-2026 from the Hospital Quality Assurance and Access Assessment Fund to the Medicaid Program to sustain current rates for Medicare/Medicaid eligible participants and sustain those rates for behavioral health. This bill ended up being included in the budget, and the budget was approved. Federal funding will need to be sought from Centers for Medicare & Medicaid Services.

LB454 Senator Quick — proposal to change the provisions of the Regional Behavioral Health Authorities. A hearing was held at the Nebraska Legislature’s Health & Human Services Committee on February 28, 2025, and testimony was presented as a proponent. Allowing more flexibility for Regional Behavioral Health Authorities by not requiring a public bidding process when contracting for behavioral health services and expanding the scope of people served when using documentary Stamp Tax funds for housing to include substance use in addition to mental health challenges. Unanimously voted out of committee, it passed the general file, select file, and final reading with a vote of 42 yes, 2 no (due to absences from the floor during voting). Governor Pillen signed the bill into law on June 4, 2025. This will become law within 3 months of being approved by the Governor.

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 (DOJ) the 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.” The full report may be found on our website. During the fiscal year, NHHS continues to negotiate with the DOJ and has drafted a 1915(i) waiver services to meet the needs of the people identified in the findings. These potential services include Entry/Transition services, Targeted Case Management, and Transitional One-Time Funding to be offered by the Division of Behavioral Health. Services to be contracted with providers include continuous residential, shared living, independent living, in-home support, and tenancy support. The goal is to have the waiver approved by November 1, 2025.

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 5 Systems is collaborating with Lancaster County on: the adult Voluntary

Crisis Response Center (VCRC), as contracted with Integrated Behavioral Health Services, Inc., and the family crisis center (“SquareOne”), as contracted with CenterPointe. 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. For more information on the specific services provided and who and how the services can be accessed, please see pages 21 and 33.

Sequential Intercept Mapping

Lancaster County and Region 5 Systems held a Sequential Intercept Mapping meeting in August of 2024. This model is used as a focal point for communities to assess available opportunities, determine service gaps, and plan for community change. Stakeholders cross over multiple systems, including mental health, substance use, law enforcement, county attorney, public defenders, pretrial services, courts, jails, community corrections, housing, health, social services, peers, family members, and others. A map illustrates how people with behavioral health needs interact with and flow through the criminal justice system. The goal is to identify opportunities for linking people with services and preventing further penetration into the criminal justice system. The four priorities identified include housing, data sharing in real time, more bed days for people placed on emergency protective custody, and a Forensic Assertive Community Treatment team. The full report may be found on our website.

Emergency Protective Custody (EPC) Bed Expansion Pilot

It is anticipated an additional 368 bed days for people placed on EPC will be realized with this pilot. New contracts with Methodist Fremont Hospital, who will serve people from Butler and Saunders counties, and Mary Lanning Hospital, who will serve people from Polk, York, Fillmore, and Thayer counties, help us increase bed day capacity. The Lancaster County Mental Health Crisis Center (LCMHCC) will continue to be the single point of entry for people from Seward, Saline, Jefferson, Lancaster, Gage, Otoe, Johnson, Nemaha, Pawnee, and Richardson counties. The hospitals and LCMHCC will be back up if they are at capacity and an individual is placed on EPC. The implementation plan may be found on our website.

Housing Expansion

Due to an over utilization of allocated housing funds for FY25 and as identified in the Sequential Intercept Mapping process, to meet the need for more housing, Region 5 Systems requested additional funds from the Division of Behavioral Health and was allocated an additional \$760,000 from the Behavioral Health Services fund pursuant to NRS 76-901 (documentary stamp tax) for people with very low or zero income and mental health challenges. An additional \$480,000 was requested from DBH for FY26, totaling just over \$1.2 million; the allocation was approved.

In March 2025, Region 5 Systems received notice of an award of additional Housing Urban Development allocation of \$480,000 for permanent housing in Lincoln, NE, starting in January 2026. This will increase our available housing units from 54 to 64.

Opioid Remediation Settlement Funds

Region 5 Systems opened a second grant cycle on June 13, 2025, with \$650,000 total funding available to be allocated. Final awards will occur in November 2025 by the Regional Governing Board. See page 18 for past funded projects and future priority areas. The Division of Behavioral Health opened a grant cycle on July 1, 2025, for the Statewide Opioid Remediation Settlement Funds with \$9 million total funding available to be granted out. These funds will focus on capital construction in the priority areas of crisis stabilization, Medical Withdrawal Management Services, and Social Detox Services. It is anticipated final awards will occur October to December 2025.

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.



Christa Yoakum
Christa Yoakum
Regional Governing
Board Chair

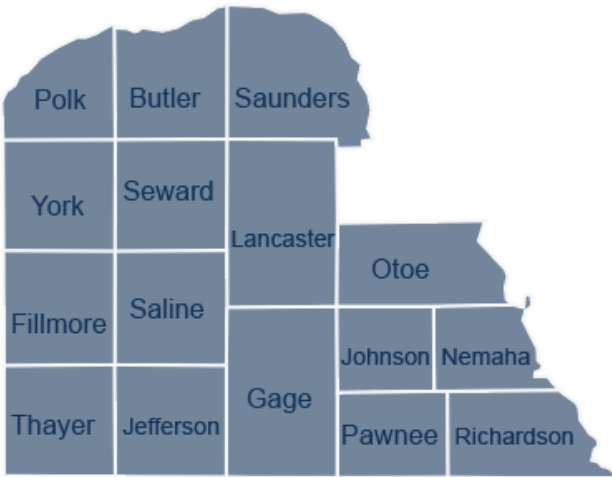


Patrick Kreifels
Patrick Kreifels,
Regional
Administrator

Who We Are

As one of Nebraska’s six behavioral health Regions, Region 5 Systems was originally created by state statute in 1974 as a quasi-governmental entity with the responsibility of coordinating and overseeing the delivery of publicly funded mental health services for the 16 counties making up the Region 5 Systems geographical area. Two years later, the Legislature added responsibility to each of the six Regions for the development and coordination of substance use services.

In 2004, LB 1083 (the Behavioral Health Services Act) was passed, repealing the original statutes but re-establishing and renaming the Regions as “Behavioral Health Authorities.” These Behavioral Health Authorities make up **Nebraska’s public behavioral health system**. Region 5 Systems’ major functions are described in this report. For more information about Region 5 Systems, please visit our website at www.region5systems.net.



Region 5 Systems covers approximately 9,308 square miles. According to U.S. Census 2020, Region 5 Systems has a population of 482,715, constituting approximately 25 percent of the state’s population.



The mission of Region 5 Systems is to support the wellness and recovery of people in southeast Nebraska through the ongoing development and coordination of a behavioral health system of care.

Statutory Responsibilities

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

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 CountyJan Sybl
- Fillmore CountyKenny Harre (*Officer at Large*)*
- Gage CountyEmily Haxby
- Jefferson CountyDanielle Schwab
- Johnson County.....Les Agena
- Lancaster County.....Christa Yoakum (*Chair*)*
- Nemaha CountyMichael Weiss
- Otoe County.....Dan Crownover

- Pawnee CountyJan Lang
- Polk County.....Jerry Westring
- Richardson County.....John Caverzagie
- Saline CountyBrian Pribyl
- Saunders County.....Bill Reece (*Vice Chair*)*
- Seward County.....Darrel Zabrocki
- Thayer County.....Dean Krueger
- York CountyLeRoy Ott (*Officer at Large*)*

* 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:

- Greg Janak (Chair)

Paige Joseph

Corrie Kielty

Sarah Krenke

Jill Kuzelka

Rebecca Meinders (Vice Chair)

Rachel Mulcahy
- Laura Osborne

LeRoy Ott (RGB Representative)

Gale Pohlmann

Melissa Ripley

Kelsey Schwab

Michele Vana

Evette Watts

Thanks to the past members of the FY 24-25 BHAC & RGB for your dedication and support toward the Regional System of Care:

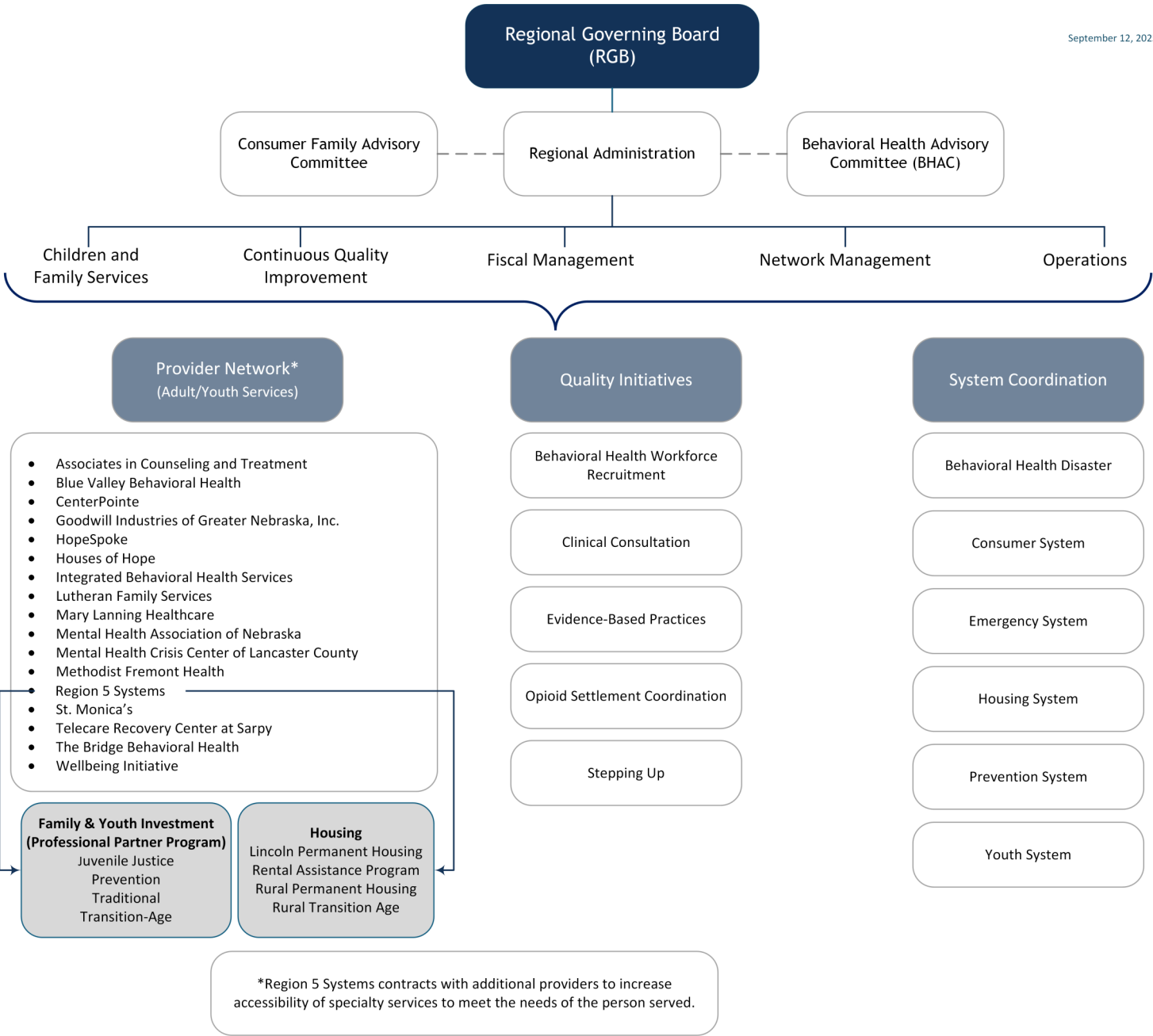
Janet Henning - RGB

Gale Pohlmann - outgoing RGB Chair

Kim Schroeder - BHAC

Ryan Svoboda - RGB

Ken Schmieding - RGB



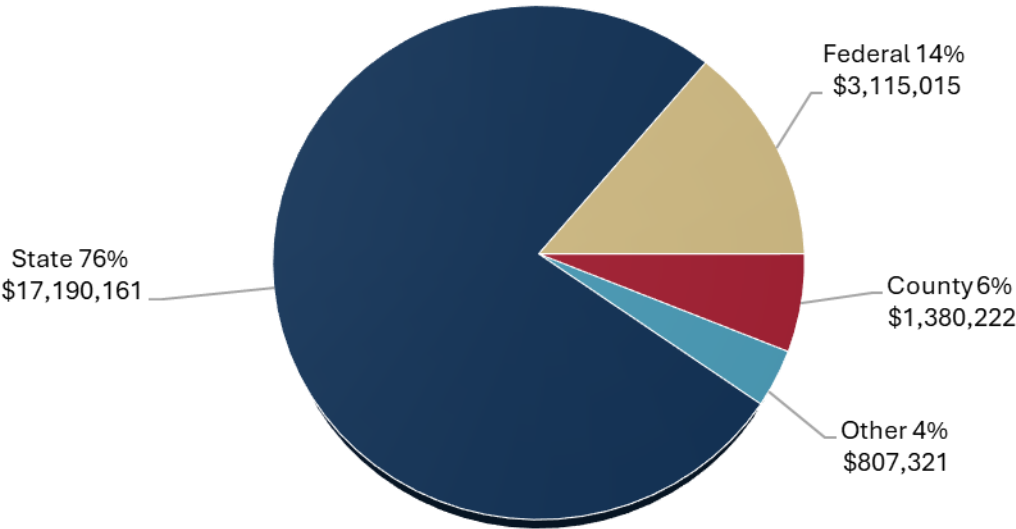
Fiscal Transparency

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 5 Systems’ geographical area.

Region 5 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 5 Systems’ employees conduct contract performance reviews and fiscal audits.

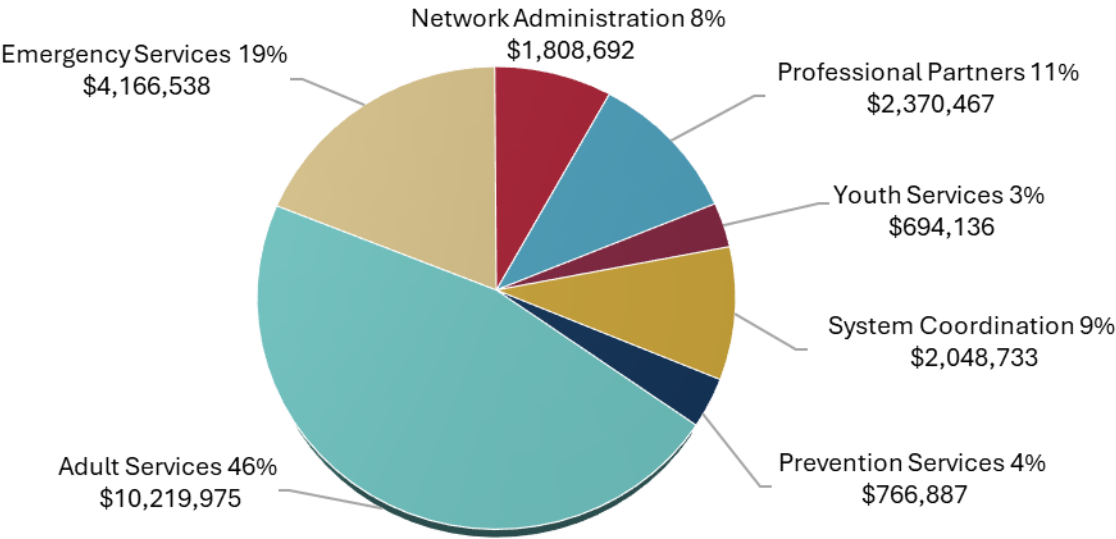
FY 24-25 Funding

\$22,492,719



FY 24-25 Expenditures

\$22,075,427



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 5 Systems collaborates with state agencies, community organizations, individuals receiving services, families, and other partners in primary care and behavioral health to support a coordinated and person-centered system of care.

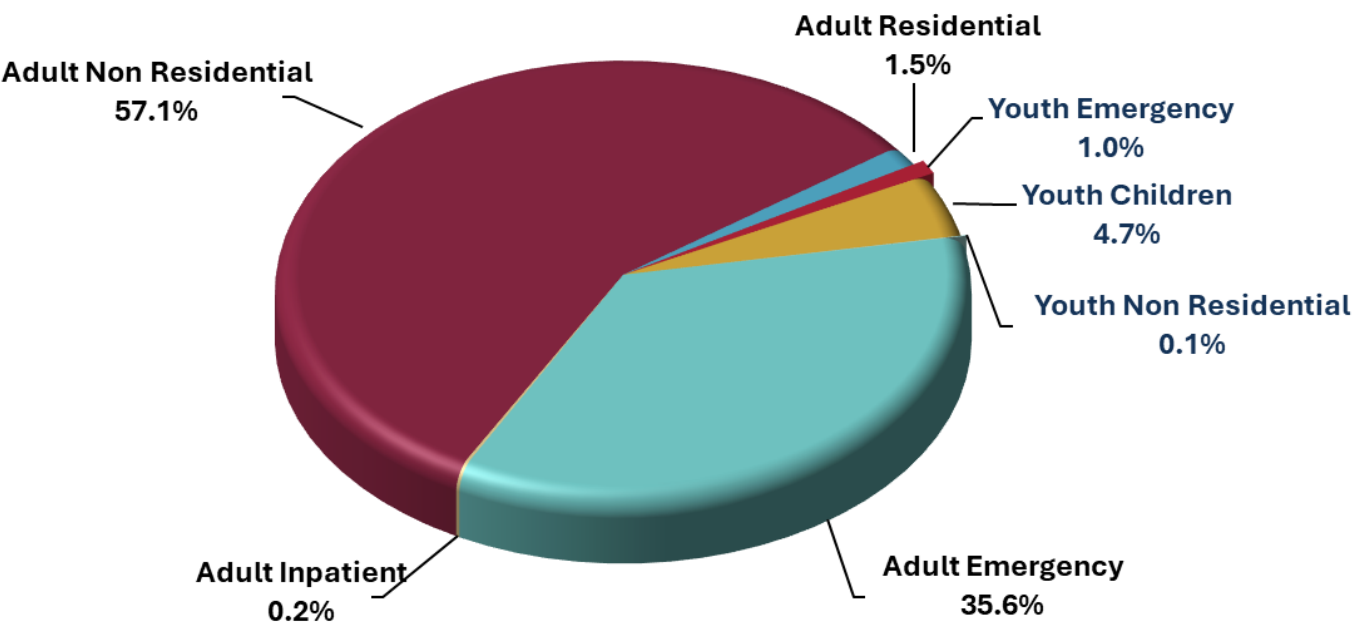
The goals of this system include:

- *Improving individuals’ experiences with care by ensuring it is accessible, high-quality, reliable, and responsive.*
- *Advancing positive health outcomes for individuals and communities.*
- *Promoting services that are efficient, effective, and appropriately tailored to each person’s needs.*
- *Supporting a sustainable system that values provider well-being and engagement.*

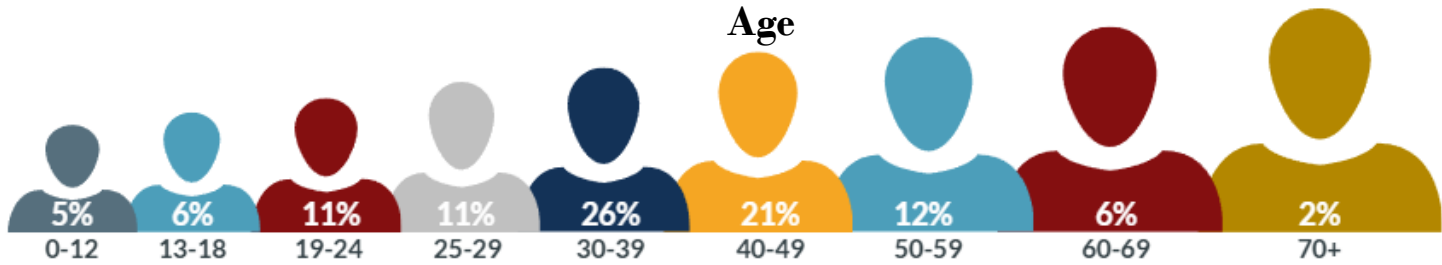
Region 5 Systems maintains contractual agreements with a network of behavioral health providers that meet established standards, including national accreditation, to participate in the Region 5 Systems Provider Network. These providers offer publicly funded behavioral health services to individuals who are uninsured or underserved.

In FY 24-25, 16 agencies were part of the Region 5 Systems’ Provider Network, delivering a comprehensive range of behavioral health services designed to support wellness and recovery. Services are categorized by level of care, including inpatient, residential, non-residential, and community-based supports for children, youth, adults, and families. These services help individuals reach their recovery goals and support them in living, working, and participating in their communities.

Persons Served by Level of Care

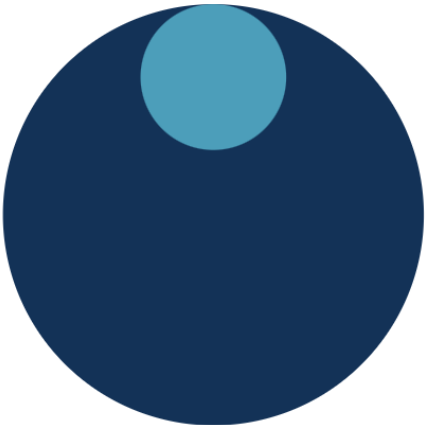
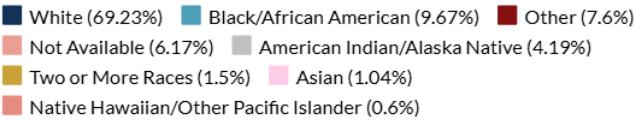
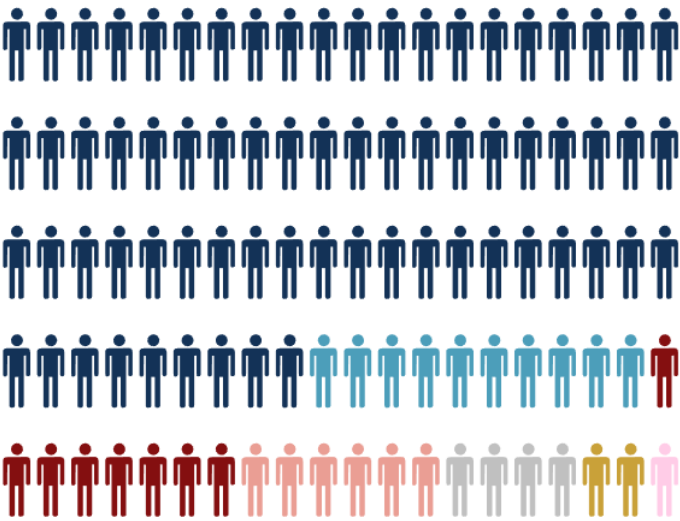


Behavioral Health Demographic Data for Region 5 Systems-Funded Services

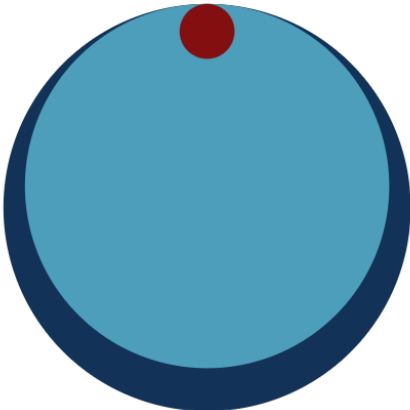


	Mental Health	Substance Use Disorder	Total*
Unique Persons Served	5,171	2,346	7,517

County of Residence	County Residents Served	New Admissions FY 24-25**
Butler	75	86
Fillmore	44	48
Gage	344	435
Jefferson	68	67
Johnson	50	60
Lancaster	4,739	7,095
Nemaha	68	80
Otoe	225	300
Pawnee	18	21
Polk	29	45
Richardson	132	164
Saline	163	179
Saunders	113	135
Seward	147	156
Thayer	28	37
York	221	226
All Other including "Not Available"	392	556
Region Total	6,856	9,690**



Non-Hispanic (89.3%) Hispanic (10.7%)



Male (55%) Female (44%) Other/Unspecified (1%)

* 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 24-25 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 24-25

† 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

Network Administration—Providers

Region 5 Systems' Service Array (as of publication date)					View online: https://region5systems.net/who-we-are/provider-network/		
 Adult Inpatient	 Adult Non-Residential	 Adult Residential	 Adult Emergency	 Youth Children	 Youth Non-Residential	 Youth Emergency	MH: Mental Health SUD: Substance Use Disorder
Associates in Counseling and Treatment					 	www.actnebraska.org	
Assessments/Addendums-MH & SUD; Intensive Outpatient-SUD; Outpatient Therapy-MH & SUD							
Blue Valley Behavioral Health					  	www.bvbh.net	
24-Hour Crisis Line; Assessments/Addendums-MH & SUD; Additional offices in Auburn, Crete, David City, Fairbury, Falls City, Geneva, Nebraska City, Pawnee City, Seward, Wahoo, York, Lincoln; Community Support-MH; Intensive Outpatient-SUD; Medication Management; Outpatient Therapy-MH & SUD							
CenterPointe					   	www.centerpointe.org	
24 Hour Crisis Line; Assertive Community Tx-MH; Assessment/Addendum-MH & SUD; Community Support-MH & SUD; Crisis Psychotherapy-MH; Crisis Response-MH & SUD; Day Rehabilitation (MidPointe); Dual Disorder Residential; Emergency Community Support-MH & SUD; Intensive Outpatient-SUD; Medication Management; Outpatient Therapy-MH & SUD; Peer Support-MH; Projects in Assistance to Transition from Homelessness (PATH); Psychiatric Residential Rehabilitation (Community Transitions); Recovery Support-MH & SUD; SSI/SSDI Outreach Access and Recovery (SOAR)							
Goodwill Industries of Greater Nebraska, Inc.						www.goodwillne.org	
Supported Employment-MH & SUD							
HopeSpoke					 	www.hopespoke.org	
Assessment-MH; Medication Management; Outpatient Therapy-MH; Therapeutic Consultation-MH							
Houses of Hope					  	https://www.housesofhope.com/	
Crisis Response; Emergency Community Support-MH & SUD; Halfway House; Intensive Community Services-MH; Recovery Support-MH & SUD; Short-Term Residential; Targeted Adult Service Coordination (TASC)							
Integrated Behavioral Health Services					  	www.ibhealthservices.com	
Community Support-MH; Crisis Stabilization-MH; Day Rehabilitation; Mental Health Respite; Outpatient Therapy-MH; Psychiatric Residential Rehabilitation; Secure Residential							
Lutheran Family Services					 	https://www.onelfs.org/behavioral-health/	
Assessments/Addendums-MH & SUD; Community Support-MH; Intensive Outpatient-SUD; Medication Management; Outpatient Therapy-MH & SUD; Peer Support-MH & SUD							
Mary Lanning Memorial Healthcare					 	https://www.marylanning.org/	
Acute Inpatient Hospitalization-MH; Emergency Protective Custody-MH; Subacute Inpatient Hospitalization-MH							
Mental Health Association of Nebraska						www.mha-ne.org	
Hospital Diversion (Keya House); Navigator (REAL) MH & SUD							
Mental Health Crisis Center of Lancaster County					 	www.lancaster.ne.gov/368/Mental-Health-Crisis-Center	
Assessment-SUD; Crisis Stabilization-MH & SUD; Inpatient Post-Commitment-MH & SUD							
Methodist Fremont Health					 	https://bestcare.org/locations/methodist-fremont-health	
Acute Inpatient Hospitalization-MH; Emergency Protective Custody-MH; Subacute Inpatient Hospitalization-MH							
Region 5 Systems					 	www.region5systems.net	
Adult System Coordination; Behavioral Health Disaster Coordination; Consumer Services Coordination; Emergency System Coordination; Housing Coordination; Housing Programs: Rental Assistance Program, Lincoln Permanent Housing, Rural Permanent Housing, Rural Transition-age Permanent Housing; Opioid Settlement Coordination; Prevention System Coordination; Professional Partner Programs: Traditional, Prevention, Transition Age, Juvenile Justice; Stepping Up Initiative; Youth System Coordination							
St. Monica's					 	www.stmonicas.com	
Halfway House-SUD; Outpatient Therapy-SUD; Recovery Support-SUD; Short-Term Residential-SUD; Therapeutic Community-SUD							
TeleCare Corporation						www.telecarecorp.com	
Secure Residential							
The Bridge Behavioral Health					  	https://thebridgenebraska.org/	
Assessment/Addendum-SUD; Intermediate Residential-SUD; Outpatient Therapy-SUD; Short-Term Residential-SUD; Short-Term Respite-SUD; Social Detoxification							
Wellbeing Initiative						https://www.wellbeinginitiatives.org/	
Recovery Wellness Support-MH & SUD							

Network Administration—Outcomes of Persons Served

Region 5 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 5 Systems and Network Providers. RQIT also interfaces with the Division of Behavioral Health (DBH). Through continuous quality improvement (CQI) coordination, Region 5 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 process, 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 5 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 24-25, 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, ineligible, 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.

When establishing a service pilot or enhancement, outcomes and performance targets are developed.

Some highlights from this year:

- Wellbeing Initiative Wellness & Education Centers (WEC)
 - * 73% of individuals participating in programming at the WECs across the Region catchment area were observed to have increased scores on the Brief Addiction Rating Scale (BARC-10), showing progress and growth in their recovery capital.
 - * 99% responded that they are “making good progress on [their] recovery journey.”
- Medication Support Access
 - * 94% of individuals served at Blue Valley Behavioral Health in medication management report services available at time that are good for them.
 - * 93% of individual served at Lutheran Family Services in medication management report timely access to services.

Measuring Recovery of Persons Served

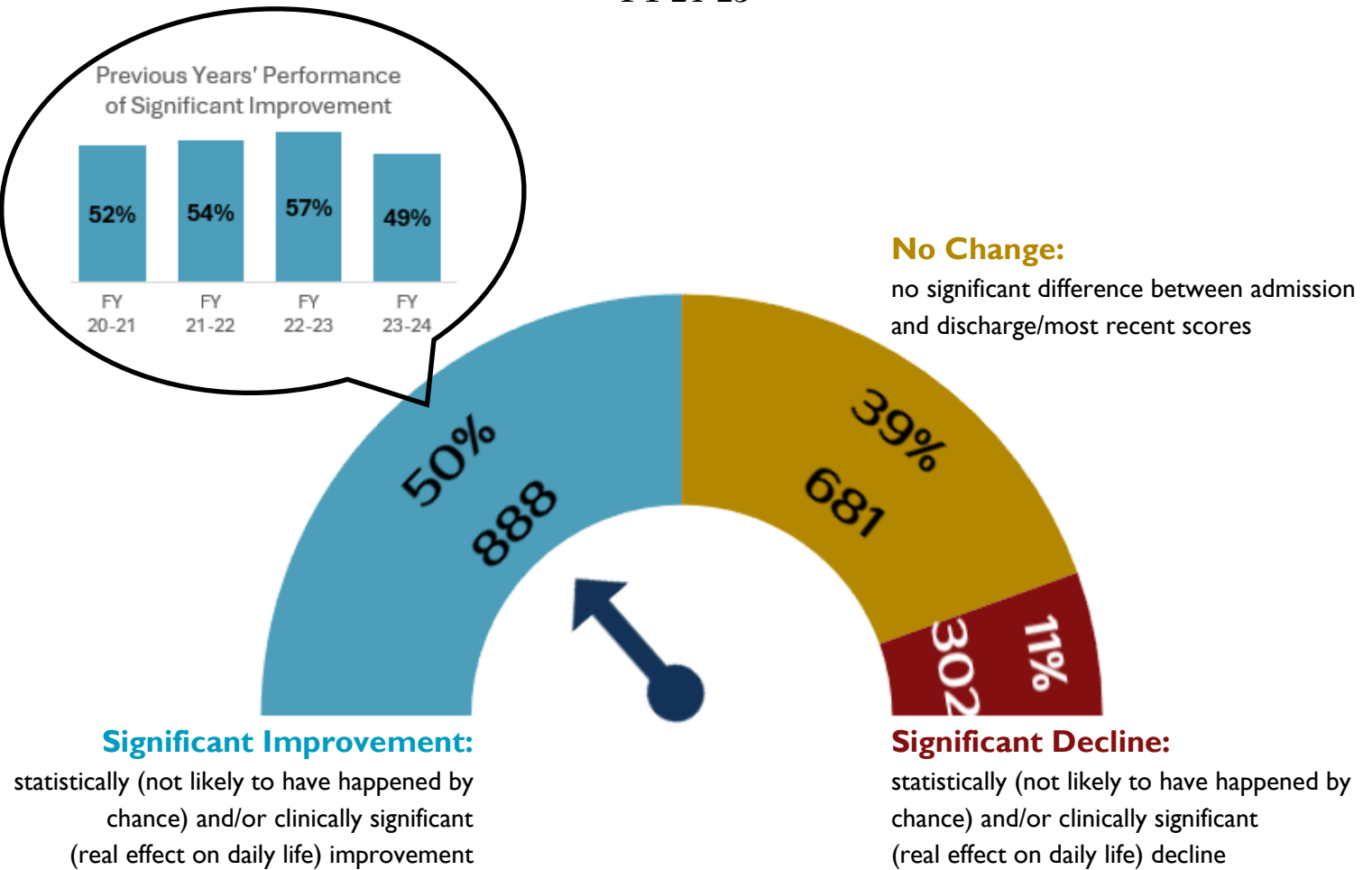
Network Providers, for appropriate services, identify and implement an outcome evaluation tool to measure the functioning of people served who receive services funded by Region 5 Systems.

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 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 24-25



National Outcome Measures (NOMS)

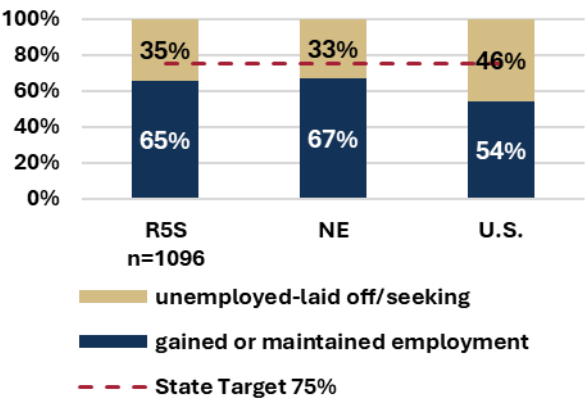
National Outcome Measures developed by Substance Abuse and Mental Health Services Administration (SAMHSA), in collaboration with the states, have identified domains as our National Outcome Measures, or NOMs. The domains embody meaningful, real-life outcomes for people who are striving to attain and sustain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

The NOM’s domains focus on persons served achieving/ sustaining employment enrollment in school (Employment/

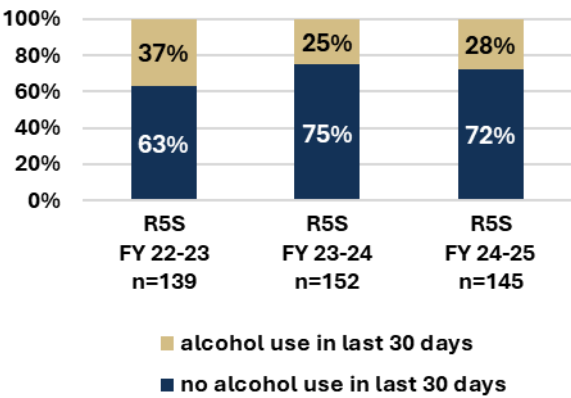
Education), reduce arrests (Crime and Criminal Justice), increase stability in housing (Stability in Housing), and abstinence or reduction from drug/alcohol use (Reduced Morbidity).

NOMs are calculated by comparing a person’s status at enrollment vs. discharge. The following charts indicate a snapshot of Region 5 Systems’ aggregate performance of the NOMs.* When available, the state of Nebraska and U.S. rates are shown as a comparison.

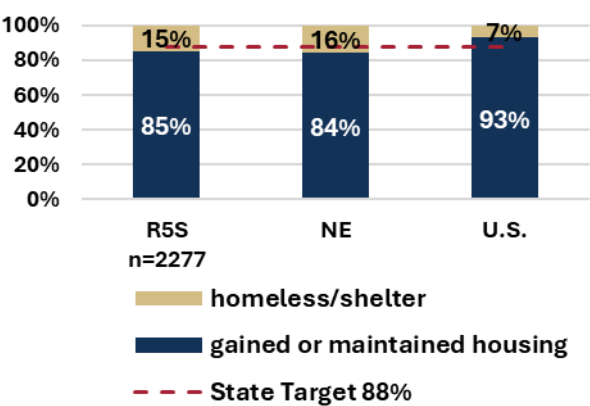
Employment



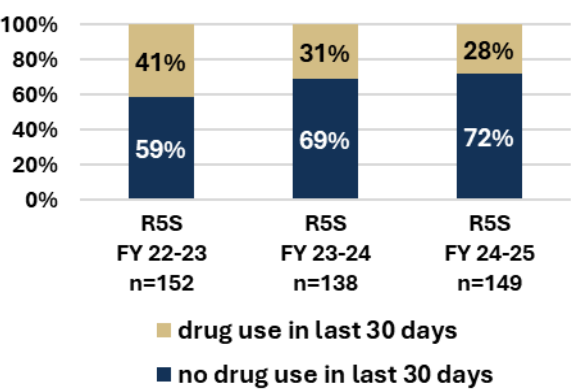
Alcohol Abstinence



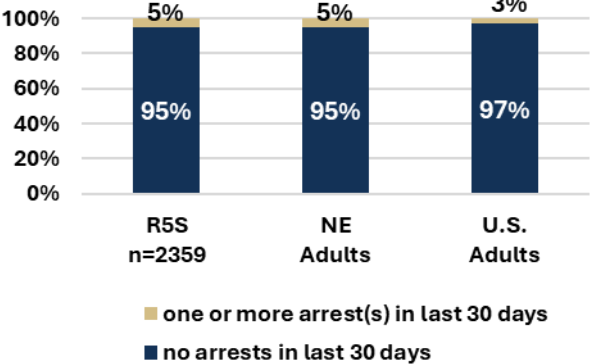
Stable Housing



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.

R5S: Region 5 Systems’ Network performance in FY 24-25

NE: Nebraska Division of Behavioral Health performance for Mental Health & Dual Diagnosis services, as reported to SAMHSA for 2024

U.S.: Aggregate performance of states reporting to SAMHSA for 2024

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

In an effort to assess the persons served point of view as to the quality and effectiveness of services they received, Region 5 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 service received. Survey areas include access, quality outcomes, participation in treatment planning, general satisfaction, functioning, and social connectedness.

Below are several outcomes comparing aggregate data of the Region 5 Systems’ Provider Network to the performance for the same questions on The Division of Behavioral Health’s Consumer Survey, and the performance on the same overall categories of all states reporting to the Substance Abuse and Mental Health Services Administration (SAMHSA):

Survey Domain	All States Reporting to SAMHSA Adults 2024	Statement	Region 5 Systems’ Provider Network Perception of Care Adults and Youth FY 24-25	State of Nebraska Consumer Survey Adults 2024
General Satisfaction	89%	If I had other choices, I would still get services from this agency	92%	81%
		I would recommend this agency to a friend or family member	94%	88%
Quality and Appropriateness	89%	Staff were sensitive to my cultural background (race, religion, language, etc.)	93%	88%
Access	88%	Services were available at times that were good for me	93%	89%
Participation in Treatment Plan	85%	I, not staff, decided my treatment goals	92%	84%
Outcomes	77%	I deal more effectively with daily problems	89%	81%
Social Connectedness	76%	In a crisis, I would have the support I need from family or friends	85%	80%
Other	N/A	Staff treated me with respect and dignity	96%	93%
		The program was sensitive to any experienced or witnessed trauma in my life	93%	87%

Complexity Capable Care

Since FY 12-13, Network Providers in all six Behavioral Health Regions have participated in a quality improvement initiative **utilizing the values and principles of “Complexity Capability” to advance both organizationally and clinically effective care for individuals and families with complex co-occurring mental health and substance use disorders.**

The initiative **links the COMPASS-EZ**, an organizational self-assessment tool developed by Drs. Ken Minkoff and Christie Cline, ZIA Partners, Inc., **with the evidence-based practice of Stages of Change** to create recovery plans that include appropriate stage-based interventions and seeks to remove organizational and clinical barriers to effective care.

Every two years, Network Providers administer the *COMPASS-EZ* to assess their agency’s co-occurring capability in the following domains:

- Program Philosophy, Program Policies, Quality Improvement and Data
- Access, Screening and Identification, Recovery Orientation Assessment

- Person-Centered Planning, Recovery Programming, Recovery Relationships
- Recovery Program Policies, Psychopharmacology, Discharge/Transition Planning
- Collaboration/Partnerships, Staff Training, Staff Competency

With each assessment, strengths and areas for continued growth are identified, and a plan for improvement developed, as needed, by the respective agency. In FY 24-25, the average Region-wide score across domains was 4.6, on a 5-point Likert scale, with all domains scoring a 4.3 or above. The area showing the largest improvement from FY 22-23 was *Staff Competency/Training*, where the areas with the most room for improvement are *Quality Improvement/Data* and *Recovery Programming*.



Trauma-Informed Care

Trauma-Informed Care is a statewide initiative to ensure all Network Providers:

- are informed about the effects of psychological trauma;
- screen for trauma symptoms and history of traumatic events;
- provide ongoing assessment of trauma symptoms and problems related to trauma;
- offer services that are recovery-oriented and trauma-sensitive;
- increase the provision of trauma-informed and trauma-specific services; and
- understand that re-traumatization may occur if safe, effective, and responsive services are not available for consumers.

Beginning in FY 12-13, Network Providers administered the Fallot and Harris Trauma-Informed Self-Assessment Tool, an agency self-assessment, setting a baseline to identify each agency’s trauma-informed capacity in the following domains: Program Procedures and Settings; Policies; Trauma Screening, Assessment,

and Service Planning; Administrative Support for Program-Wide Trauma-Informed Services; Trauma Training and Education; and Human Resources Practices.

Reassessments of continued growth in trauma-informed care capacity is completed every other year with the most recent assessment completed in FY 24-25. The average Region-wide score across domains was 4.5, on a 5-point Likert scale. On average, Providers scored the highest in *Program Procedures & Settings* and *Formal Services Policies*. The area scoring lowest was *Administrative Support for Program Wide Trauma-Informed Services*, though at 4.1, is still considered higher functioning related to trauma-informed services. Quality improvement plans are developed by each Network Provider, as needed, based on assessment results.



Quality Initiatives

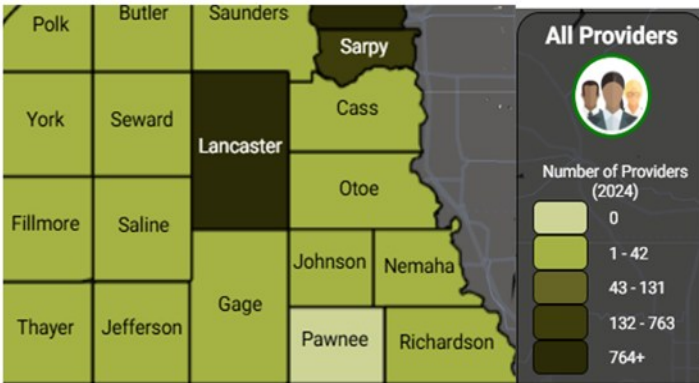
Along with an array of mental health and substance use disorder programs, Region 5 Systems engages in initiatives that augment existing community-based services. **Following are initiatives currently underway** with the intent to bolster the existing public Behavioral Health System:

Behavioral Health Education Center of Nebraska

Region 5 Systems has partnered with the Behavioral Health Education Center of Nebraska (BHECN) to be the Southeast Site for BHECN. The Legislature charged BHECN with leading state behavioral health workforce development efforts, including the recruitment, training, and retention of behavioral health workers.

- Roll-out event was held on April 15, 2025, to introduce Region 5 Systems and BHECN. The event was attended by providers, the Department of Behavioral Health, Corrections, educators and community members.
- A provider networking event was held on June 23, 2025. This was an opportunity for providers to give feedback on how to recruit individuals into the behavioral health field.

- A steering committee is being formed to set goals and a strategic plan to recruit individuals into the behavioral health field. This includes therapists, nurses (registered nurse to advanced nurse practitioner), physician assistants, psychiatrists, and psychologists.



Behavioral Health Education Center of Nebraska. *Nebraska Behavioral Health Workforce Dashboard*. Accessed at <https://app1.unmc.edu/publichealth/bhecn/#/home> on 7/28/2025.

Evidence-Based Practices — Training

Critical Time Intervention (CTI)

Region 5 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. CTI is a time-limited evidence-based practice that mobilizes support for society’s most vulnerable individuals during periods of transition. It is 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.

In February 2025, the Center for the Advancement of Critical Time Intervention began holding monthly learning collaborative meetings (virtually). These learning collaboratives provide an opportunity to bring together CTI researchers and practitioners into regular dialogue, build community, provide implementation support, and better integrate research and practice. Practitioners from across the United States and from other counties participate in these meetings. Region 5 Systems is an active participant in these monthly learning collaborative meetings.

Continuing to work toward full implementation of CTI model

- Region 5 Systems permanent housing programs
 - * Lincoln Permanent Housing
 - * Rural Permanent Housing
 - * Rural Transition-age Permanent Housing
- Targeted Adult Services Coordination (TASC) for consumers returning to the community from the Lincoln Regional Center
- Both teams are participating in consultation with CTI experts from the Center for the Advancement of Critical Time Intervention.

Evidence-Based Practices —Full Fidelity Implementation

Motivational Interviewing (MI)

Region 5 Systems continues to offer Motivational Interviewing (MI) within the community, implementing its fourth consecutive year of training, consultation, fidelity monitoring, and train-the-trainer opportunities to increase sustainability in collaboration with industry expert Brenda Jennings-Sander of Motivate 2 Communicate. Motivational interviewing is a particular way of talking with people about change and growth to strengthen their own motivation and commitment. (Miller & Rollnick, 2023)

As of June of 2025, Region 5 Systems

- has three agencies implementing full fidelity MI within multiple programs
- has trained an additional four agencies in implementation of MI as an evidence-informed practice
- has provided support and funding for 6 community trainings of MI.

There are a total of 64 employees implementing MI and 9 MI Champions.

Individuals in approved full fidelity agencies adhere to Region 5 Systems’ MI Fidelity Outcome Monitoring Plan to ensure application of the model to fidelity standards and avoid drift. These individuals are required to submit annual audio samples of interactions with a service participant which are scored using the Motivational Interviewing Competency Assessment (MICA) tool. The MICA has undergone reliability and validity testing showing strong interrater reliability and high correlation to other MI assessment tools.

98 individuals were trained in MI Phase I and II by local community trainers.
4 new MI Phase I and Phase II trainers were certified.

Dialectical Behavior Therapy (DBT)

For the fourth consecutive year, Region 5 Systems has continued to offer Dialectical Behavior Therapy (DBT) training, consultation, and comprehensive DBT (C-DBT) implementation to Network Providers, state partners, and community members. 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 three agencies continuing C-DBT implementation and three agencies moving to DBT-informed implementation.

To increase sustainability of DBT within Region 5 Systems, approved Network Provider DBT trainers provided a full series of DBT training, a total of 17 days, during FY 24-25. Seven of these days of training were open to the community to increase skills within the overall behavioral health system. The three approved DBT teams continue to participate in fidelity monitoring and report on outcomes of persons served. Additionally, five booster sessions to continue skill development of trained DBT individuals were offered by industry expert Josh Smith.

83 individuals participated in DBT training provided by approved Network Provider DBT trainers.
72 individuals participated in DBT booster sessions to increase skill development.
3 new team members were trained as replacement staff for approved DBT teams.

American Society of Addiction Medicine (ASAM) Criteria Foundations Course

In partnership with American Society of Addiction Medicine (ASAM), Region 5 Systems coordinated and funded vouchers to Network Providers to complete the ASAM Criteria Foundations Course in both the Third or Fourth edition. 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, 2025:
• 61 clinicians completed ASAM criteria foundations course (only FY 24-25)
• 9 Network Providers represented

Zero Suicide: Let’s Talk — System of Excellence

The foundational belief of Zero Suicide is that all suicide deaths for individuals under the care of health and behavioral health systems are preventable. The Zero Suicide approach operationalizes what experts in the field of suicide prevention have identified as the core components of safe care for individuals with suicidal thoughts and urges. The components represent a holistic approach to suicide prevention. Learn more from the Zero Suicide Toolkit website:

<https://zerosuicide.edc.org/toolkit/zero-suicide-toolkit>

Zero Suicide is an evidence-based program through the Education Development Center (EDC) out of Kansas.

Region 5 Systems received CDC funding through a subcontract in partnership with the UNL Policy Center. The funding provided this year sustained 21 organizations actively involved in Zero Suicide System of Excellence. The organizations are at various levels of implementation. Bi-monthly meetings

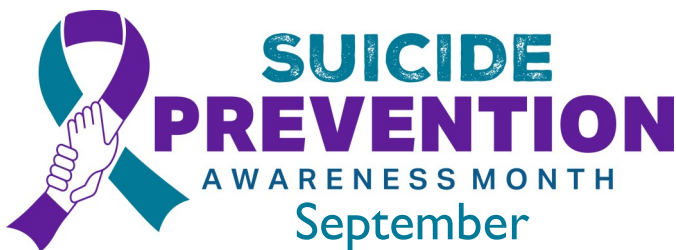
and quarterly reports allow time for sharing, discussing successes and challenges and some training on safety plans. Providers effectively share successful strategies that are well-suited to their respective systems. The implementation plan is used for quarterly reporting which allows organizations to see their progress as well as areas needing attention. Data submitted is compiled, shared, and utilized in moving forward.

Within Region 5 Systems service area monthly training, QPR and Adult/Youth Mental Health First Aid, continue to be utilized by the community at large. Providers have attended Dialectical Behavior Therapy (DBT), Collaborative Assessment and Management of Suicidality (CAMS), Motivational Interviewing (MI), and other trainings and treatments recommended by Zero Suicide. There are four active LOSS Teams and another one in progress in southeast Nebraska.

WHAT IS ZERO SUICIDE?



- An aspirational goal designed to catalyze transformational change
- A suicide care model with specific practices for health systems to employ
- A movement seeking to make health and behavioral healthcare settings safer
- More compassionate care for people with suicidal thoughts and urges



Why ZERO SUICIDE?

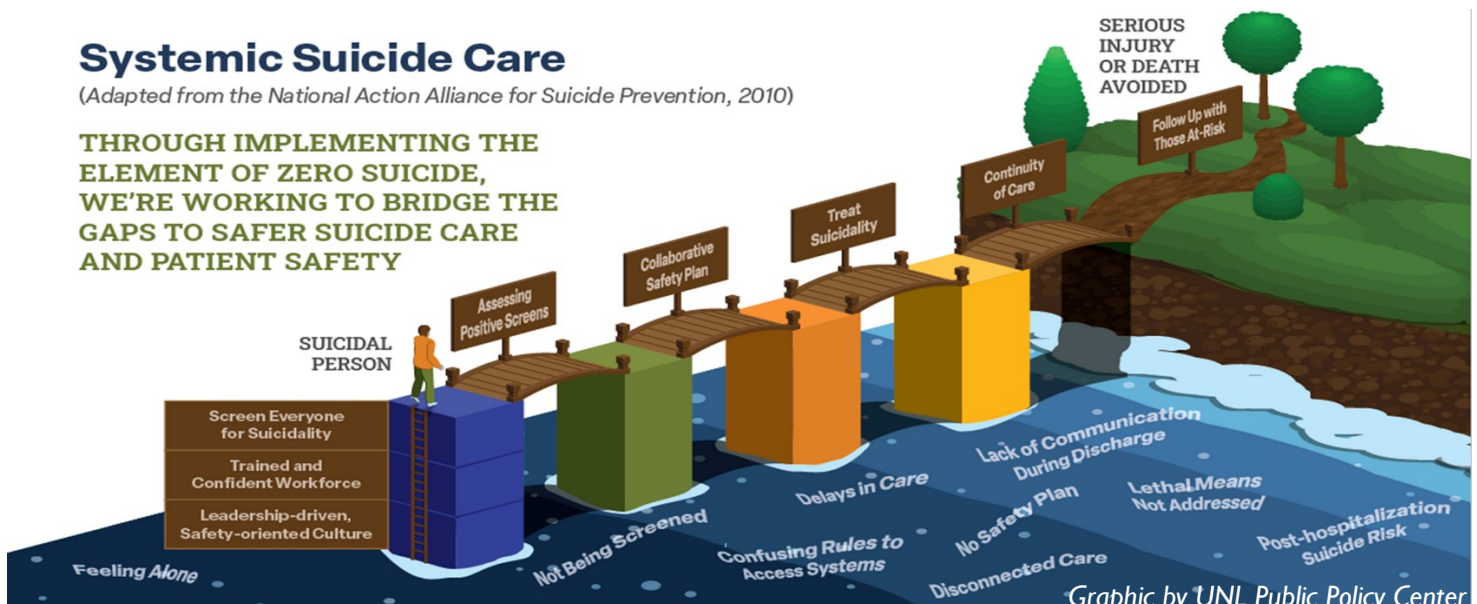
“When you design for zero, you surface different ideas and approaches that, if you’re only designing for ninety percent, may not materialize. It’s about purposefully aiming for a higher level of performance.”

Dr. Thomas M. Priselac
Cedars-Sinai Medical Center

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



Graphic by UNL Public Policy Center

Opioid Abatement Strategies

State Opioid Response

Region 5 Systems 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:

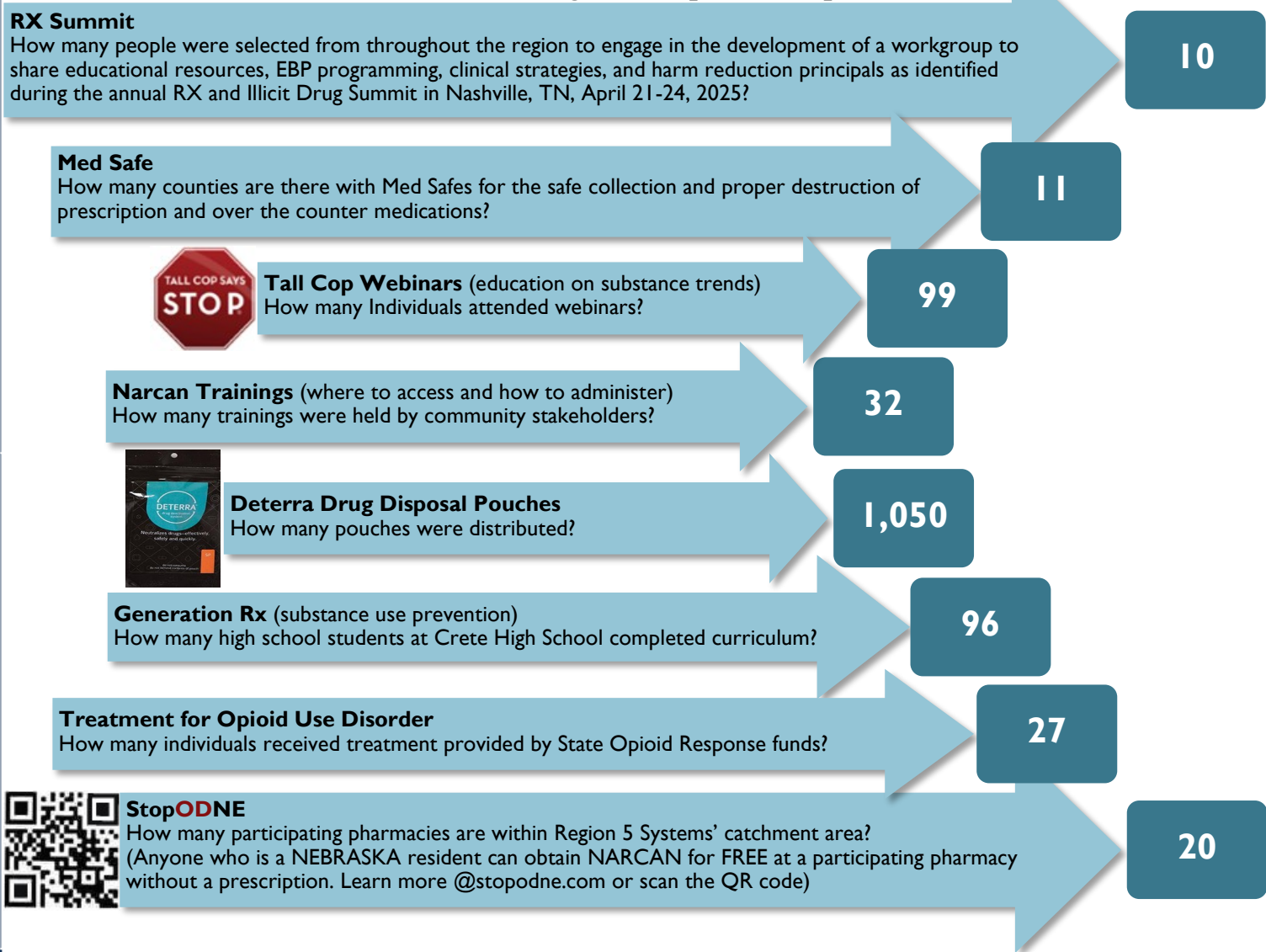
- **increase access to U.S. Food and Durg Administration (FDA)-approved medications for the treatment of opioid use disorder (MOUD).**
- **support the continuum of prevention, harm reduction, treatment, and recovery support services for opioid use disorder (OUD) and other concurrent substance use disorders.**

- **support the continuum of care for stimulant misuse and use disorders, including those involving cocaine and methamphetamine.**

In Region 5 Systems, 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) including medication management provided by certified prescribers, medically necessary labs, and FDA-approved medication.

SAMHSA State Targeted Response to Opioid Crisis



Opioid Settlement Funds

Nebraska is positioned to receive \$179,720,353 in opioid settlement funds over the next 18 years. In 2024, LB 1355 passed obligating \$3 million annually to the Regional Behavioral Health Authorities; Region 5 Systems' annual disbursement is 25.7%, equaling \$772,263.

Funds Awarded in FY 24-25

July 1, 2024, marked the start of the first Opioid Settlement Grant Awards to five organizations within Region 5 Systems' catchment area. Below is a description of each program awarded.

Recipients/Awardees	Purpose:	Amount
BayMark Health Services	To address gaps in the current behavioral healthcare systems by enhancing the availability and accessibility of evidence-based treatment options and support services for individuals struggling with Opioid Use Disorder (OUD). (two year)	\$471,998
Jefferson County Diversion Services	To support youth and their families to prevent further involvement with the justice system and development of a substance use disorder. (one year)	\$9,999
Nebraska Pharmacists Association	To increase access to and education about Narcan among University of Nebraska-Lincoln students and vulnerable populations at or below the poverty level who participate in Project Connect. (one year)	\$33,450
Physicians Laboratory, P.C.	To increase data regarding overdose deaths within Region 5 Systems' catchment area by providing funding to counties for transportation services for completion of an autopsy on suspected overdose death cases. (three year)	\$51,000
Whispering Acres Tails and Treasures	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. (three year)	\$9,559

In addition to grant awards, Region 5 Systems' Opioid Steering Committee can recommend proposals for obvious expenditures to the BHAC and RGB for approval. An obvious expenditure is a strategy that the Opioid Steering Committee believes to be of priority to fund that addresses the opioid epidemic based on review of local data, gaps, and needs. The following is a list and description of **all obvious expenditures** that have been approved through June 30, 2025.

DetectaChem Drug Spectrometer	A pilot project to work with five law enforcement agencies to provide Apex R7 Spectrometers and training to allow officers to quickly and accurately analyze and identify 3,500 different substances, including fentanyl, methamphetamine, cocaine, and synthetic drugs. (one time)	\$149,385
DopaGE	To provide substance use and misuse education to undergraduate students at the University of Nebraska-Lincoln (UNL) to address the current opioid overdose crisis and educate on the availability and use of Narcan. (one year)	\$84,590
KidGlov	To promote the opioid video series created to assist in addressing the opioid epidemic. (one year)	\$6,000
Lincoln Lancaster County Health Department	To assess, monitor, and evaluate substance exposure trends by analyzing wastewater surveillance samples from the city of Lincoln's wastewater treatment plants. (one year)	\$25,000
MyLNK	Share in the annual cost of MyLNK, a free phone app providing access to resources from over 400 organizations within Region 5 Systems' catchment area. (one year)	\$6,000
Nebraska Pharmacists Association	Narcan Grab and Go Sites within all of Region 5 Systems' catchment area and pilot a harm-reduction vending machine project in Lancaster County. (two year)	\$159,615
Opioid Flex Funds	Funds to meet treatment and rehabilitation needs not covered by other funding sources. (ongoing)	\$250,000
Partners for Insightful Evaluation	Region 5 Systems Opioid Needs Assessment. (one year)	\$114,575
Whispering Acres Tails and Treasures	Infrastructure funds to allow for construction of new indoor group space, mini-kitchen, and restrooms. This will allow for private space for therapy sessions, new programing, services during inclement weather, and refreshments during events. (one year)	\$13,500

Opioid Needs Assessment Report

In 2024, the Region 5 Systems Opioid Steering Committee initiated a comprehensive needs assessment to help guide data-driven decision making. Quantitative data from multiple sources was incorporated, along with a gathering of qualitative data. Interviews and focus groups were facilitated with stakeholders, community members and people with lived experience with substance misuse. The resulting report, released in March 2025, includes:

- county level opioid data for all of Region 5 Systems’ catchment area,
- several key areas of focus,
- priority recommendations for funding identified by community stakeholders (also outlined in the Region 5 Systems’ Opioid Remediation Settlement Fund Blueprint).

For more information, please refer to <https://online.flippingbook.com/view/1033054814/>

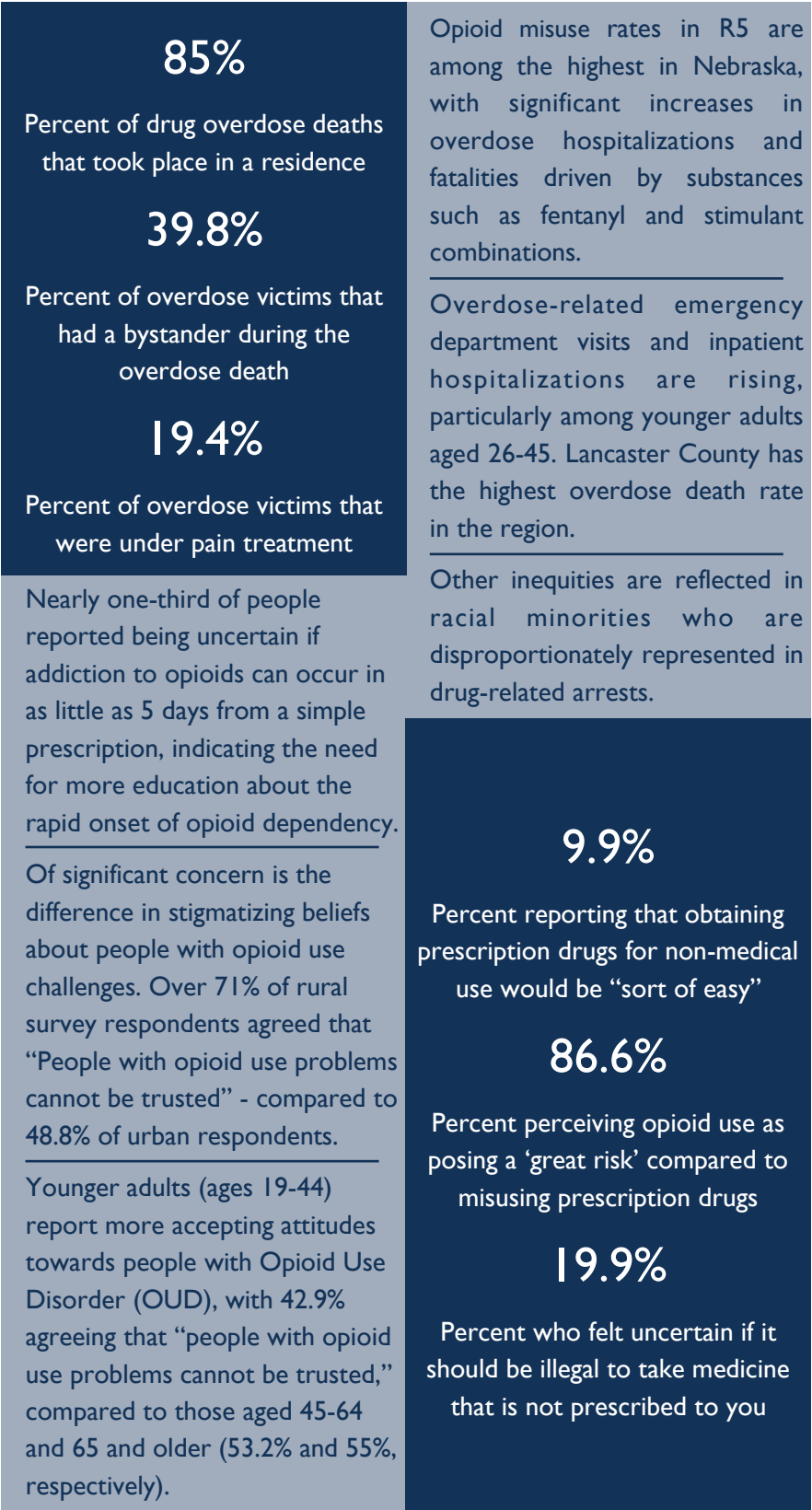


Future Funding

On June 13, 2025, Region 5 Systems released its second grant application. During this grant cycle Region 5 Systems intends to fund a minimum of two priority strategies totaling up to \$650,000. Approved grant applicants will begin contracts with Region 5 Systems on January 1, 2026, with awards of 1-2 years.

For an in-depth description of the grants, obvious expenditures, outcomes, grant application, and more, please refer to the R5S website, <https://region5systems.net/rvs-opioid-project/>.

Key Findings from Needs Assessment on Opioid Overdoses & Perception of Opioid Use/Misuse



System Coordination

In addition to initiatives, service enhancements, and network management, Region 5 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 5 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 5 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 5 Systems' catchment area.

Emergency System Coordination

Emergency System Coordination helps people in mental health crises by understanding them and their environment. This approach is important for providing effective crisis services and making sure everyone sees the system as helpful to the person's well-being. The program works with various groups, including law enforcement, hospitals, mental health professionals, and attorneys, to respond quickly and effectively to crises.

To reduce the burden on law enforcement and healthcare services in Region 5 Systems' area, a new Voluntary Crisis Response Center (VCRC) has been set up. This center will provide a safe space for individuals experiencing behavioral health crises, supporting their recovery and facilitating their return to the community.

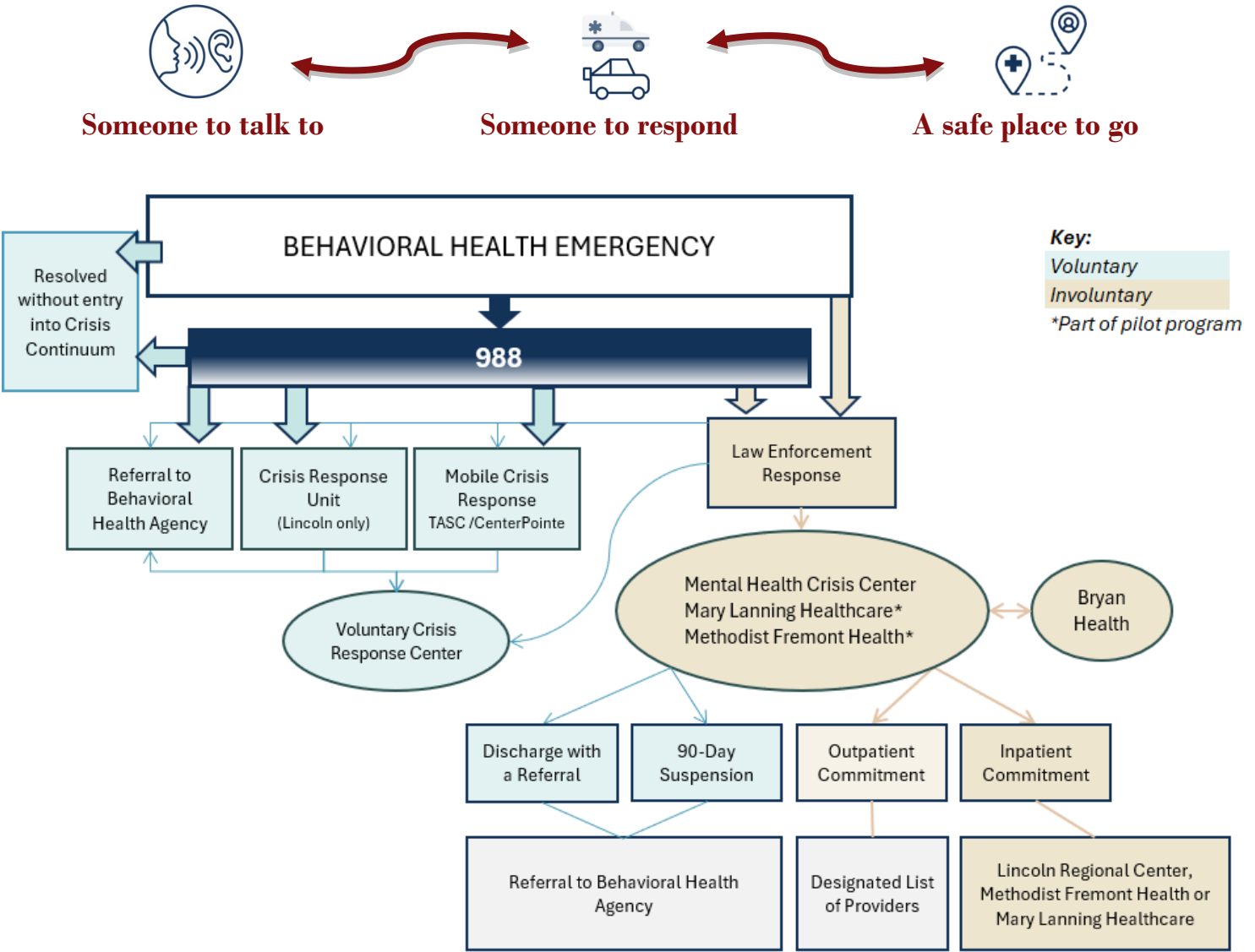
The Crisis Stabilization program will provide treatment, assessments, and connections to necessary services. The Mental Health Respite program will offer ongoing residential support for individuals with severe mental illnesses. Integrated

Behavioral Health Services (IBHS) received the VCRC contract on September 11, 2023, and has already formed a steering committee with local stakeholders.

The VCRC is located at 3220 N 14th Street in Lincoln, NE, and opened in September 2025, serving the Region 5 Systems area. In its initial stage, this new service will be available only to law enforcement; however, plans are in place to extend access to other groups in the future.

To improve communication among providers, the High Utilizer Review Team (HURT Team) meets weekly for an hour. Their goal is to identify and help individuals in crisis or at risk of crisis, providing timely support to help them return to their daily lives. The team includes members from the Lincoln Police Department, Targeted Adult Service Coordination (TASC), CenterPointe, The Bridge Behavioral Health, Bryan Hospital, the Mental Health Association, and other partners.

Region 5 Systems’ Adult Crisis Continuum



 **FY 24-25 Highlights**

TASC
Targeted Adult Service Coordinator

- 90% diverted from emergency protective custody.
- 238 adult mobile crisis response calls
- Responds to law-enforcement calls in rural southeast Nebraska

R.E.A.L. (Mental Health Association)
Respond Empower Advocate Listen Navigator after emergency expanded to rural southeast Nebraska to cover all 16 Region 5 Systems service area counties. Response numbers are:

- 97 people responded for Navigator-MH

The Bridge Behavioral Health

- 598 people served in Mental Health Respite
- 78 people served in Social Detoxification

CenterPointe

- 87% diverted from emergency protective custody, hospitalization, jail or arrest
- 180 adult mobile crisis response calls
- 799 adult walk-in crisis contacts
- 2,277 crisis calls

Integrated Behavioral Health Services (IBHS) Crisis Stabilization Program
Opened in Spring 2025 with limited capacity. Numbers below reflect 3-month utilization

- 13 people served in Crisis Stabilization-5 MH
- 11 people served in Mental Health Respite - MH

Lancaster County Mental Health Crisis Center

- 351 people served in Crisis Stabilization-5 MH
- 261 people served in Crisis Stabilization-5 SUD

Stepping Up

Stepping Up completed its first year in Region 5 Systems, marking a significant milestone for the initiative. Through collaborative efforts, early challenges were identified, and strategic steps were taken to align resources, engage stakeholders, and initiate the implementation of the four key measures outlined in Stepping Up. The experiences and insights gained during this initial phase will inform and strengthen continued implementation across Region 5 Systems.



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
- 4) Reduce recidivism (connect individuals with the right service at the right time and the right place)

The Lancaster County Sequential Intercept Mapping held in August 2024, identified four priorities

- ① Housing
- ② Data Sharing
- ③ Increase Emergency Protective Custody Beds
- ④ Forensic Assertive Community Treatment

The Lancaster County Stepping Up Steering Committee meets regularly to address the four priorities and to work toward the four key measures.



Increase Emergency Protective Custody Beds (Implementation date 7-1-2025)

This pilot project aims to increase capacity (anticipated increase of approximately 368 bed days) for individuals placed in Emergency Protective Custody (EPC). For this year, Mary Lanning Hospital will be used to serve people in Thayer, Polk, Fillmore, and York counties, while Methodist Fremont Health will be used for people in Butler and Saunders counties. The other counties in the Region 5 catchment area will continue to use the Lancaster County Mental Health Crisis Center (LCMHCC) for this service, with both hospitals being available for individuals placed on an EPC if the LMHCC is at capacity.

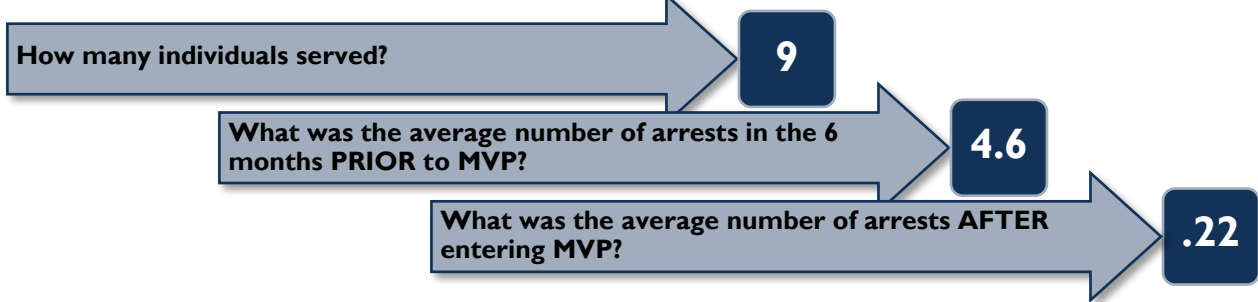
Community Outreach

Pilot program was initiated with Lancaster County Corrections to address the needs of individuals who are released via bonds before Lancaster County Corrections Re-entry can meet with the individuals.



Most Vulnerable Population (MVP)

A remaining priority from the 2018 Lancaster County Sequential Intercept Mapping was the development of a Most Vulnerable Population Team. The team developed criteria focusing on individuals who are living with mental illness, with crisis behavioral health involvement, and have an increase in justice involvement. Individuals agree to be part of this case management collaborative where providers work to meet the individual’s needs and help them obtain stability in the community, without arrests.



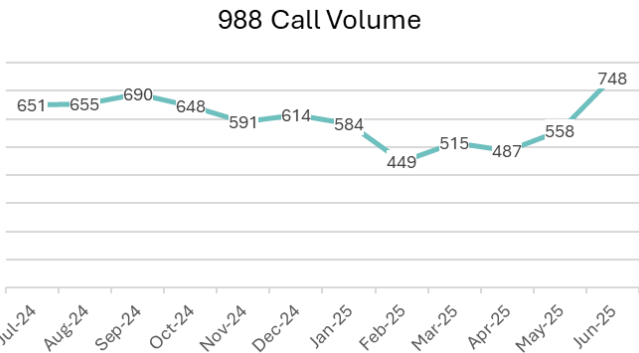
Innovator County

Lancaster County was honored to be designated as a Stepping Up Innovator County for its leadership in addressing mental health within the criminal justice system. This distinction places us among just 54 counties nationwide committed to reducing jail populations by connecting individuals to treatment. Through a structured, three-step approach, Lancaster County is making a meaningful impact by:

- ☑ Defining serious mental illness consistently across agencies
- ☑ Screening all jail bookings and referring individuals for assessments
- ☑ Tracking and analyzing data electronically

988 | SUICIDE & CRISIS LIFELINE

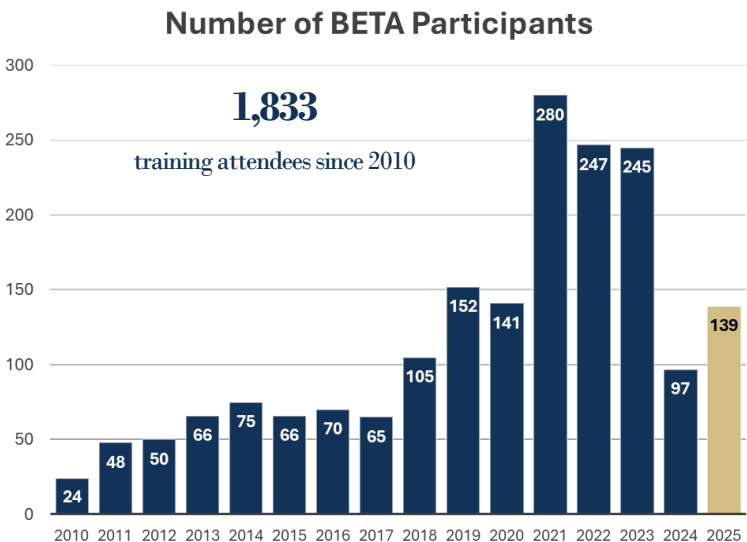
The 988 Suicide & Crisis Lifeline launched on July 16, 2022, providing vital support for individuals in mental health distress or suicidal thoughts. Unlike 911, which focuses on emergency services, 988 connects people with trained counselors through a network of crisis resources. Callers navigate automated prompts to access specialized services, including support for veterans and Spanish speakers.



Emergency System Trainings

Region 5 Systems is committed to delivering training for law enforcement and community partners on best practices for supporting individuals in mental health emergencies. One key program is the Behavioral Health Threat Assessment Training (BETA), established to enhance responses to individuals experiencing a mental health crisis. For 16 years, BETA has aimed to create a coordinated approach to identify and respond to those at risk of harming themselves or others, focusing on proactive management rather than post-crime prosecution.

In partnership with the Lincoln Police Department, Lancaster County, Lincoln Public Schools, and the University of Nebraska-Lincoln (UNL), a BETA analysis tool was developed to measure the success of training. The results show that BETA training significantly increased participants' understanding and led to more positive attitudes toward serving individuals with mental illness. A mediation analysis indicated that the improvement in attitudes was directly linked to the enhanced knowledge gained from the training, underscoring the importance of ongoing efforts in this area.



Prevention System Coordination

Region 5 Systems has sustained grassroot prevention coalitions within our 16-county service area since 2003. Local coalition leadership, School and Community Intervention and Prevention Team (SCIP), along with Regional Prevention Coordination employees, meet monthly reviewing shared evidence-based multi-county strategies as well as evidence-based individual programming done within each county.

Prevention System Coordination manages funding supported by SAMSHA Federal Block Grant, SAMSHA Partnership for Success Grant, CDC Suicide Grant, and the Mental Health First Aid Grant.

Evidence-based environmental strategies for this year included tobacco and vaping environmental scans within establishments selling products. Data was collected on product placement, advertisement, sales to minors, and outlet density. A regional

report, and reports for all 16 counties, were compiled and will be shared with communities and used to address policy with our legislators (see data). Alcohol compliance checks were completed, a partnership with youth and local law enforcement and/or the State Patrol. Information dissemination supporting the use of 988 was done in all counties. Talkheart2heart.org website (link below) provides a plethora of resources and supports.

Individual, evidence-based programs included funding provided to 24 schools for social emotional learning programs, and nine of those schools added the evidence-based evaluation program called DESSA (Devereux Student Strengths Assessment). Within each county, coalitions supported seven different evidence-based programs. Region 5 Systems has over 100 schools with SCIP teams to assist in identification of youth and families in need of school support as well as outside resources.

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 high-risk drinking among college-age youth through the Power of Parenting. In partnership with Region II, a new content area was added for youth. The site is utilized throughout Region 5 Systems' coverage area and beyond, as Regions around the state are invited to develop new content.

Power of Parenting <https://talkheart2heart.org/resources/talking-with-your-college-student-about-alcohol/>

Culturally and Linguistically Appropriate Services (CLAS) Mini-Grants	
Prioritize and fund culturally responsive community services	Award
School Community Intervention and Prevention (SCIP) Translation of Substance Use Prevention Resources and Brochures – 6 languages, distributed to 110 schools	\$750
Whispering Acres Tails and Treasures English Language Learners Classroom Activity (11 countries represented)	\$1,500
Total	\$2,200

Mini-Grants		
Seed funding to help communities start projects that can be sustained.		
Agency	Purpose	Award
Saunders County TeamMates	Coordination for Wahoo Chapter	\$1,000
SCIP	Prevention resources and materials distributed to 110 schools	\$1,878.
Seward Suicide Prevention Coalition	Locking pill bottles	\$1,500
Seward County Bridges	TeamMates for Seward, Milford, and Centennial Public Schools	\$2,250
Youth For Christ	Rebalance Program, pilot year personnel	\$3,000
York Jail Ministry	WRAP materials for Women's Jail Ministry	\$501
York Public Schools	Vector Solutions Online Vaping/ Substance Use Program	\$1,174
Total		\$11,303

SAMHSA Federal Block Grant

* evidence-based

Compliance Checks* Random checks of alcohol-licensed establishments to ensure IDs are checked and alcohol is not sold to minors.
How many checks were conducted?
What was the pass rate?

114

84%

Social emotional learning curriculums
How many of the 16 counties in the Region 5 Systems area have schools engaged?

100%

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.
How many people went through WRAP?
How many were youth? | How many were adults?

107

37 | 70

Youth Action Board (YAB) Committed to the prevention of substance use and other high-risk behaviors, creating a better future through leadership development
How many members are there in the 11 out of 16 counties represented?
How many participants were at June Jam 2025?

25

106

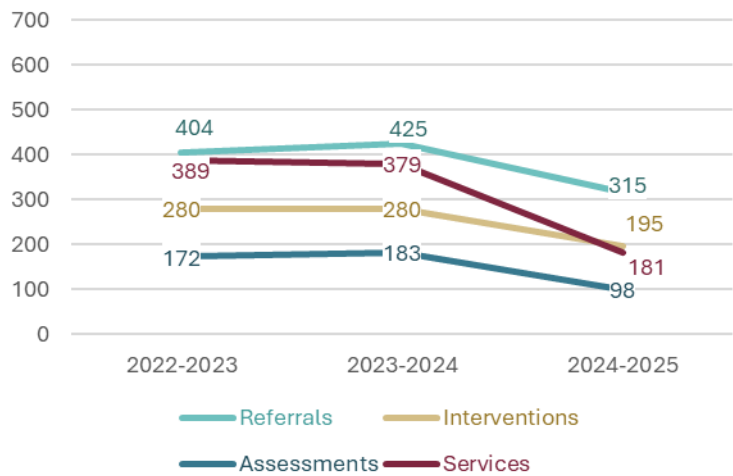
School Community Intervention and Prevention (SCIP) Provider of consultation to school teams, educational materials, newsletters and trainings
How many total referrals were there in FY 24-25?
How many total services or resources were offered in FY 24-25?

859

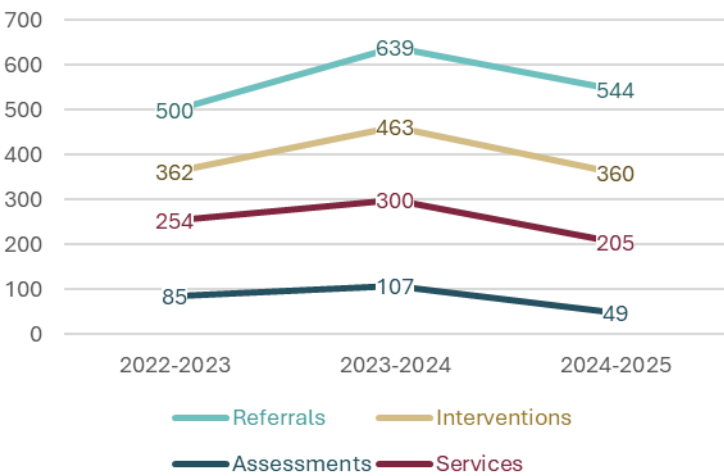
386

The School and Community Intervention and Prevention teams, within 113 schools in Region 5 Systems, assist students and their families with school resources as well as community resources as needed. SCIP teams identify students at high risk and work with all school personnel that have contact with the youth as well as any family or others that have concerns about a student’s welfare. A wraparound approach is utilized to ensure students have the supports needed to succeed. The following charts show SCIP scores over the last three fiscal years. Lower numbers indicate an improvement.

Rural Region 5 SCIP over Time



Lancaster County SCIP over Time



Mental Health First Aid (MHFA)

* evidence-based

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

11

Trainers in the Region
5 Systems cadre
offering MHFA in
southeast Nebraska

6

Youth Trainings

96

Youth Participants

20

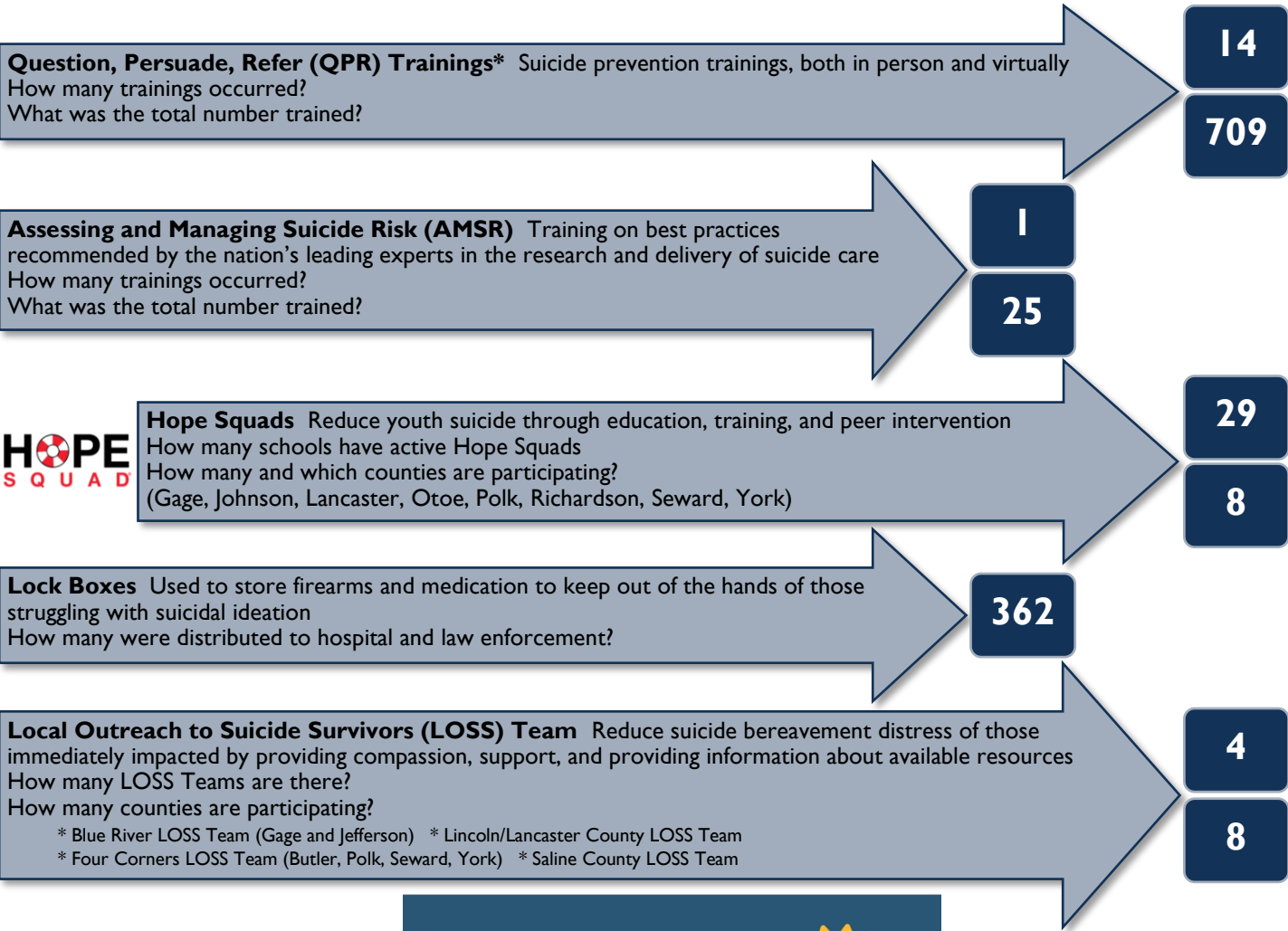
Adult Trainings

349

Adult Participants



Center for Disease Control (CDC) Comprehensive Suicide Prevention Grant



Region 5 Systems Tobacco Retailers Assessed

Prevention-based research identified a key strategy to deter the use of tobacco, which is an increase in prices and policy enforcement with regulation on product placement and advertised specials.

The tobacco industry continues to target youth, for sales, as nearly 40,000 people die each year from tobacco-related illnesses¹. By utilizing price specials, flavored vapes and tobacco, colorful packaging, and placement of products easily assessable to youth within stores, the use of tobacco products among youth continues.

Region 5 Systems Environmental Scans for E-cigarettes

E-cigarettes, also known as vapes, contain a mix of harmful substances — including cancer-causing chemicals, heavy metals like nickel and lead, ultra-fine particles that penetrate deep into the lungs, flavoring agents, and nicotine — all of which harm the body and respiratory system. Nicotine addiction can lead to poor mental health outcomes such as increased stress, anxiety, and depression.¹

138

Retailers assessed in 2025

36%

Price promotions on e-cigarette products

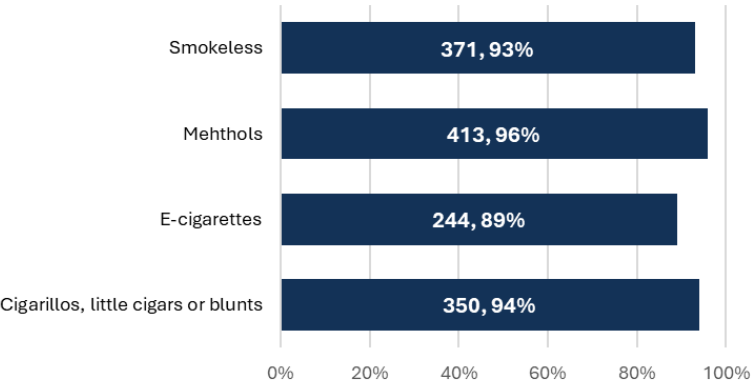
98%

Flavored e-cigarettes available

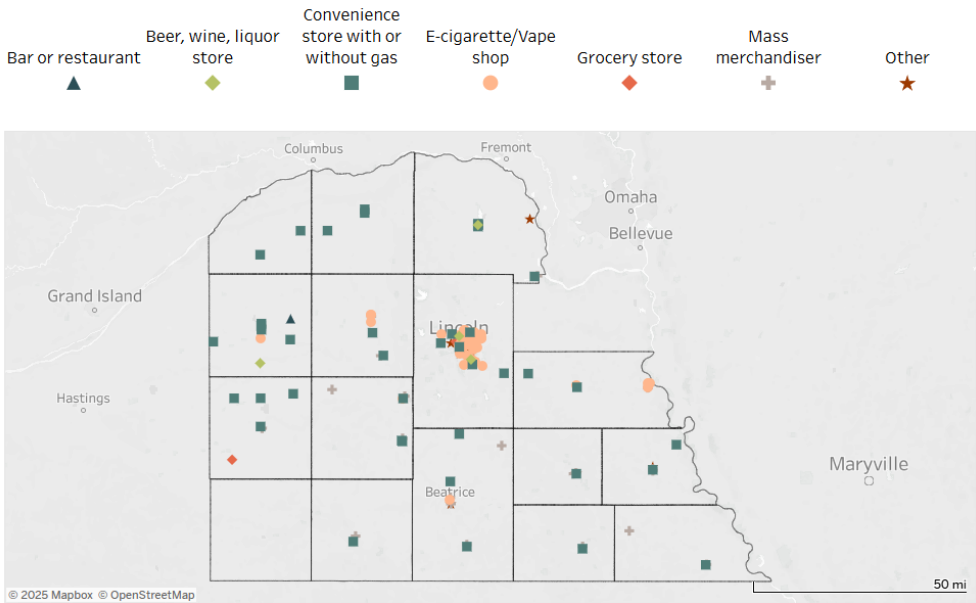
5%

E-cigarette self-service displays

Percentage of retailers with flavored products



Types of Retailers Assessed



Text GHOSTVAPE to 88709

to start your journey for free and receive proven tools and resources that can increase your odds of quitting nic.

ex program

This project is funded 100% (\$30,560- total award \$311,776) from the Substance Abuse Prevention, Treatment, and Recovery Services Block Grant (1B08T1087052-01) through the Substance Abuse and Mental Health Services Administration, contracted through the Nebraska Department of Health and Human Services, Division of Behavioral Health and Region 5 Systems.

Percent of Retailers with Signage Present

Health warnings on smoking	65%
Age of sale / T21 signage	56%
Pregnancy health warning	21%
No signage posted	12%
Warnings on mixing different substances together	6%

¹Counter Tools. (2025). *Nebraska Region 5 Retail Environment* [Data visualization]. Tableau Public. <https://public.tableau.com/app/profile/countertools/viz/NebraskaRegion5/2025>
Date accessed: August 1, 2025

Regional Prevention Coordination

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

- Alcohol Compliance Checks
- Communities Mobilizing for Change (including Compliance Checks and www.TalkHeart2Heart.org website)
- Devereux Student Strengths Assessment (DESSA)
- Environmental Scans in Vape Shops
- Second Step, Character Strong

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 St, David City, NE 68632	Sara Umland 402-362-2621 SaraU@fourcorners.ne.gov	D.A.R.E., WRAP, 3rd Millenium
Fillmore County Coalition Public Health Solutions 830 E 1st St, Ste 300, Crete, NE 68333	Megan Garcia 402-826-3880 mgarcia@phsneb.org	Circle of Security
Four-County Collaborative 1520 22nd St, Auburn, NE 68305	Laura Osborne 402-414-2460 fourcountycollaborative@gmail.com	Move This World, Information Dissemination
Gage County MAPS Coalition 320 N 5th St; Beatrice, NE 68310	Megan Garcia 402-826-3880 mgarcia@phsneb.org	WRAP, Circle of Security
Jefferson County Prevention Coalition Public Health Solutions 830 E 1st St, Ste 300, Crete, NE 68333	Megan Garcia 402-826-3880 mgarcia@phsneb.org	WRAP, Circle of Security, D.A.R.E.
Lancaster Prevention Coalition 1645 N St, Lincoln, NE 68508	Teri Effle 402-441-4367 teffle@region5systems.net	WRAP, Information Dissemination, 3rd Millennium
Polk County Substance Abuse Coalition 330 N State St, PO Box 316, Osceola, NE 68651	Evette Watts 402-747-2211 ewatts.pch@gmail.com	3rd Millennium
Saline County (CURB) Prevention Coalition Public Health Solutions 830 E 1st St, Ste 300, Crete, NE 68333	Megan Garcia 402-826-3880 mgarcia@phsneb.org	Circle of Security
Saunders County Prevention Coalition 387 N Chestnut St, Ste I, Wahoo, NE 68066	Amber Pelan 402-443-8107 apelan@saunderscounty.ne.gov	D.A.R.E., 3rd Millennium, Girls on the Run
Seward County Prevention Coalition 616 Bradford St, Seward, NE 68434	Sara Umland 402-362-2621 SaraU@fourcorners.ne.gov	WRAP, D.A.R.E.
Thayer County Healthy Communities Coalition Public Health Solutions 830 E 1st St, Ste 300, Crete, NE 68333	Megan Garcia 402-826-3880 mgarcia@phsneb.org	Circle of Security, Health Rocks
York County Prevention Network 816 E 8th St, York, NE 68467	Barbra Ivey 402-363-8128 iveybarbra@gmail.com	Information Dissemination, D.A.R.E., WRAP

Housing Coordination

*Supporting Wellness and Recovery
Through Safe, Accessible, and
Affordable Housing*

Our Commitment

- In partnership with:
 - * Nebraska Department of Health and Human Services – Division of Behavioral Health
 - * U.S. Department of Housing and Urban Development (HUD)
- Providing a continuum of housing solutions for individuals and families experiencing:
 - * Homelessness
 - * Serious mental illness (SMI)
 - * Substance use disorders (SUD)
 - * Co-occurring conditions

Core Principles

- Person-centered care:
 - * Respect for voice, choice, and individualized goals
- Evidence-based practices:
 - * Critical Time Intervention (CTI)
 - * Motivational Interviewing
- Assessment-driven services using the Coordinated Entry System (CES) to prioritize the most vulnerable



Rental Assistance Program (RAP)

implemented September 2005

**FY 24-25 funding:
\$1,799,519**

- Funded by NDHHS – Division of Behavioral Health
- Provides safe, affordable housing with wraparound support services
- Expanded in 2025 to increase access and service capacity
- Four tailored program tracks:
 - 1) RAP-MH: For individuals with significant mental health challenges
 - 2) RAP-SD: For individuals recovering from substance use
 - 3) RAP-TAY: For transition-age youth with MH challenges and homelessness
 - 4) RAP-SD TC: For women with children transitioning from therapeutic communities

445

Total people served²



Rural Permanent Housing Program (RPHP)

implemented November 2012

**FY 24-25 funding:
\$377,334**

- Funded by Department of Housing and Urban Development (HUD), serving 16 Region 5 Systems counties and an additional four counties (Cass, Clay, Nuckolls, and Webster)
- Serves the most vulnerable adults and families
- Emphasizes service choice

51

Total people served²



Lincoln Permanent Housing Program (LPHP)

implemented February 2021

**FY 24-25 funding:
\$190,323**

- Goal is to address needs within Lincoln city limits
- Modeled after RPHP with Coordinated Entry referrals
- Provides stable housing and individualized support
- Planned expansion in January 2026:
 - * Increases available housing units
 - * Enhances supportive services aligned with person-centered care

18

Total people served²



Rural Transition-age Permanent Housing Program (RTPH)

implemented October 2022

**FY 24-25 funding:
\$130,679**

- Serves transition-age youth (18–24) across 16 Region 5 Systems counties and an additional six counties (Adams, Cass, Clay, Hall, Nuckolls, and Webster)
- Housing for those who are:
 - * Literally homeless
 - * Fleeing domestic violence
 - * Couch surfing
- Focus on housing stability plans, service coordination, and advocacy

13

Total people served²

Quote from Participant in Permanent Housing:

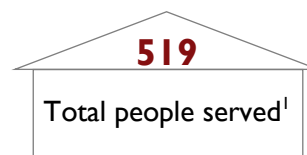
“This program and my worker have been life-changing for me and I greatly appreciate the support I have received. I hit a troubling time in my life 2 years ago and attempted suicide. I almost succeeded but God had another plan for me. I am now enrolled in college for a Bachelor of Science in Psychology with a focus on Mental Health. I am in training for a work study job as a crisis counselor. In addition, I am starting up my own cleaning business and writing a book about my life in hopes of encouraging others in similar situations. Region 5 [Systems] has gone above and beyond in supporting me and guiding me through my transition to the Lincoln Housing program. They have assisted me in money management and reaching my life goals and living who I am. I would like to thank the Region 5 [Systems] program for everything they have done and have already recommended the program to some family who would benefit greatly from it. Please know the work you do is greatly appreciated and needed. Continue to change lives and thank you again.”

System-Level Impact

- Region 5 Systems plays a leadership role in:
 - * Lincoln Continuum of Care (CoC)
 - * Nebraska Balance of State CoC
- Promoting coordinated strategies to:
 - * Reduce and end homelessness
 - * Expand access to behavioral health services and housing
 - * Support long-term recovery and community reintegration

Target Populations

- Transition-age youth (ages 18–25)
- Women with children
- Individuals discharging from inpatient care
- Persons fleeing domestic violence



Quotes from Participants in Supported Housing (Survey Responses):

What I like about RAP:

- ***“I’d be lost without them.”***
- ***“They understand life and are willing to help when I was about to be homeless”***
- ***“The RAP program helped me to stay sober and continue to move in the right direction. I went from being homeless, living in a tent. After going to treatment for alcohol and drug abuse, I was approved for the RAP program. It took me a few months to find a place. But, I found one and it was a huge part in changing my life for the better.”***

Overall, how satisfied are you with how fast you were able to get help from RAP?

- ***“I’m glad I went to treatment because without that I would have been messing my life up. You guys helped me get over the asking for help.”***
- ***“The assistance from RAP helped improve my quality of life and supports my recovery.”***
- ***“It’s keeping me sober and on point to the things I need to focus on”***

Looking Forward

- Continued growth in housing capacity and service delivery
- Strengthened community partnerships and network provider collaboration
- Commitment to empowering individuals and families to:
 - * Live, work, and thrive in communities of their choice

¹Participants and household members. Eight participants are enrolled in both RPH and RAP.

Consumer Coordination

Consumer involvement and advocacy has been paramount as part of the Behavioral Health Services Act (LBI083). The Act identified the following priorities for persons served:

- 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 5 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 includes the identification of a designated individual who represents Region 5 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

These are offered 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 1,981 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, “Wellness, Your Way,” was held June 6, 2025, at City Impact, 1035 North 33rd Street, Lincoln, NE. 91 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.



The mission of the Consumer Family Advisory Committee (CFAC) is helping to improve the quality of life for consumers and family members affected by mental health, substance use, or other addictive disorders.

What We Do



Promote Recovery & Positive Change



Increase Social Connectedness



Strengthen Consumer Engagement

LEARN MORE



Grantee / Project		Award	
Behavioral Health Conference 2025		\$7,224	
Consumer Family Advisory Committee Meeting Expenses and Zoom Account		\$183	
Getting Healthy Centerpointe-Midpointe Day Rehab Fitness Materials		\$1,500	
Mental Health Association (MHA), Our Home, St. Monica's, Wellbeing Initiative Inc. Star Tran bus passes for participants		\$1,860	
PSS Training and Exam Fees			\$1,225
Peer Support Training and Nebraska Certification Training			\$1,225
SMART Recovery, Bridges Out of Poverty, Wellbriety			\$4,156
Meeting rooms and training expenses			\$4,156
Stop Soldier Suicide			\$2,430
Material expenses - ABATE of NE			\$2,430
WRAP® Groups			\$10,082
Wrap books, training, and supplies			\$10,082
		TOTAL: \$28,660	

Children and Family Services’ primary responsibility is the oversight of Youth System Coordination functions in the Region 5 Systems geographical area and the administration of Family & Youth Investment (FYI).

Youth System Coordination

Youth System Coordination partners to facilitate the planning for and development of the Youth System of Care that offers a collaborative, family-centered approach to addressing the needs of young people, particularly those with complex behavioral health challenges, by streamlining service delivery, promoting community-based support, and empowering youth 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.

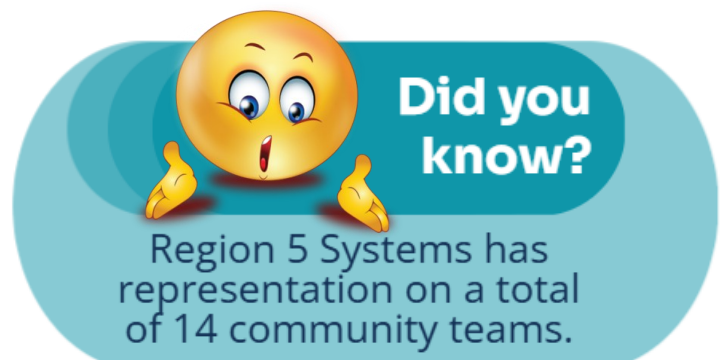
Activities include:

- **Youth and Family Resource Center Governance (SquareOne)** ([more information on page 33](#))
- **Participation on Legislative Bill 1184 Treatment and Non-Court Review Teams**
- **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 (JJSN) Probation System Review Team (Youth)**
- **Juvenile Detention Alternatives Initiative Committee (JDAI)**
- **Lancaster County Reducing Racial and Ethnic Disparities (RED) Committee**
- **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. By implementing the Children’s System of Care, Nebraska is addressing fragmentation traditionally found in child-serving systems, shifting the focus of support from professional-driven models to youth and family centered care, prioritizing keeping children and youth in their homes with minimal disruptions, and prioritizing the goals for improved clinical and functional outcomes and reduced costs.



Youth Crisis Continuum



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 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)
- **24 Hour Crisis Line** (CenterPointe, Blue Valley Behavioral Health)
- **Crisis Response**
 - ♦ Walk-in (CenterPointe SquareOne^)
 - ♦ Mobile (CenterPointe, Blue Valley Behavioral Health {BVBH}, Targeted Adult Service Coordination — TASC)
 - ♦ Telehealth/Telephone (CenterPointe, Blue Valley Behavioral Health {BVBH} — Targeted Adult Service Coordination -TASC)
- **Emergency Community Support** (CenterPointe SquareOne^)

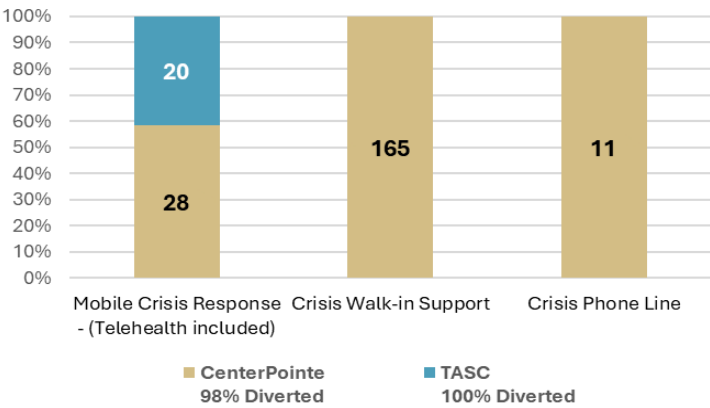


The Youth Crisis Continuum can be accessed by families in need of crisis support and interventions, referrals from law enforcement, and linkages from the Boys Town Family Helpline. The crisis continuum services is provided by licensed behavioral health professionals and trained problem solvers who complete 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 crisis response services is to maintain youth in their homes and communities and to avoid inpatient psychiatric hospitalization. Crisis response can be provided on-site with the youth and family, by telehealth (videoconference), or by teleconference.

^The Youth and Family Crisis Response Center (SquareOne)

is funded through a partnership agreement between Region 5 Systems, Lancaster County, and the City of Lincoln. 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 focuses on assisting youth by providing crisis de-escalation, limited crisis psychotherapy, identifying/scheduling needed services and supports, and providing short-term (up to 90-days) community support services for these families and individuals who need of “after care” assistance with linkages and coordination of ongoing services. 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 Spring of 2026, 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. SquareOne began serving youth July 2024.

Number of Youth Crisis Response Contacts
FY 24-25



Families Inspiring Families (FIF)

is a parent-led organization that 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.

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**.

TRACK	AVERAGE LENGTH OF STAY	NUMBER OF YOUTH SERVED ¹
Traditional	12.7 months	216
Transition-Age	16.8 months	54
Prevention	7.5 months	34
Juvenile Justice	13.0 months	1

¹ An individual may have participated in more than one Program Track over the course of the year

FYI administers four Professional Partner tracks as described below.

Traditional²

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-Age²

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.

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 24-25** (assessed on a monthly basis).
- Reduce juvenile crime or contact with adult criminal justice systems. **(75% of youth/young adults who initially scored 30, severe impairment, on the CAFAS assessment experienced a significant improvement, dropping to a score of 10 or even 0, low to no impairment)**
- Increase school performance. **(48% of youth/young adults with an admission CAFAS score of 30 improved to a score of 10 or 0.)**
- Facilitate a seamless transition from the youth to the adult behavioral health system of care.

253 in FY 23-24

INDIVIDUAL YOUTH SERVED

291 in FY 24-25

Prevention²

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.

² funded by the Division of Behavioral Health

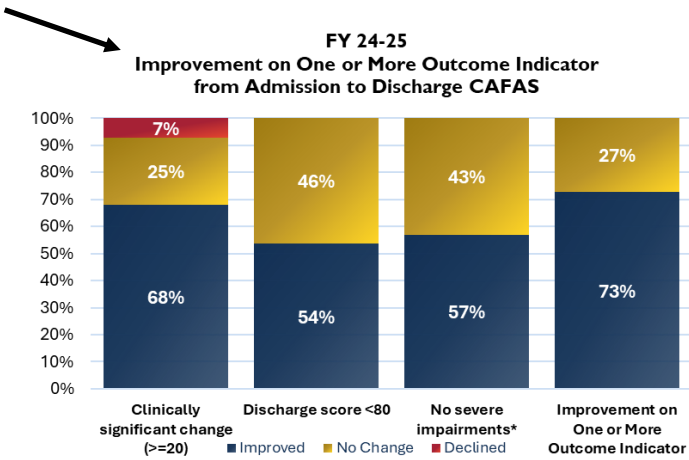
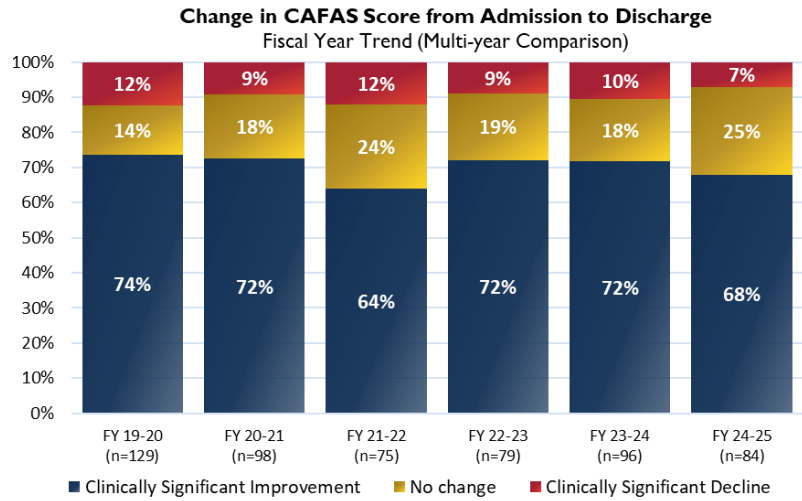
Child and Adolescent Functioning Scale (CAFAS)



The CAFAS is a tool designed to evaluate emotional, behavioral, substance abuse

- 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.



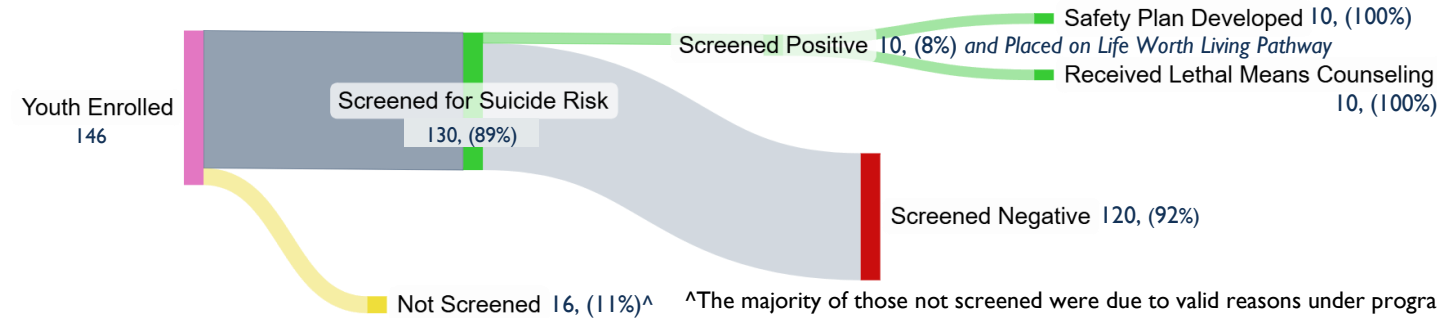
Only evaluated if there was one or more areas of severe impairment at intake.

Zero Suicide Initiative

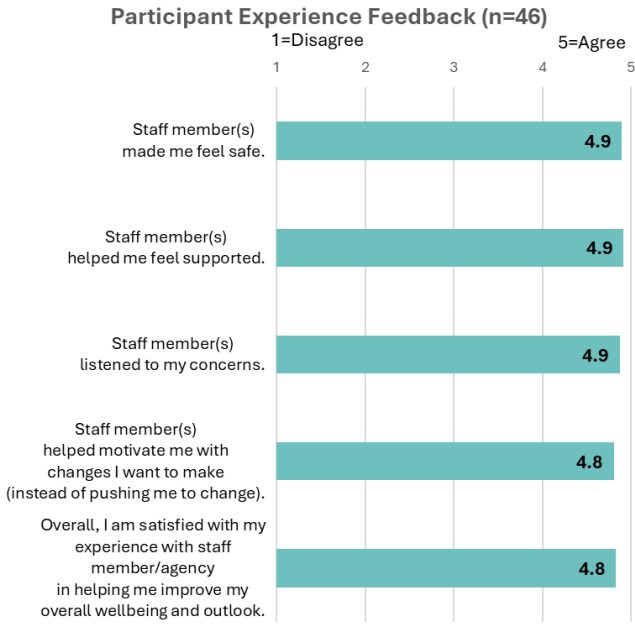
The Family & Youth Investment (FYI) Professional Partner Program continued to implement the Zero Suicide framework for individuals at risk of death by suicide.

This year, the Zero Suicide Implementation Team focused on analyzing suicide risk screening data and the correlated risk response processes. The purpose of the analysis is to ensure FYI is adhering to the established zero suicide protocol. The data analysis demonstrated that participants that screen as medium and high risk of suicide were provided lethal means counseling and placed on a “life worth living pathway” that requires a consistent response to missed appointments and follow-up after hospitalization. The zero-suicide approach includes ensuring a same day clinical suicide assessment for participants that screen

at high risk. Access to same day clinical assessments continue to be a gap and need for programs engaging in the Zero Suicide Initiative. Due to the gap in availability to same day clinical suicide assessments, FYI employees are required to have an immediate clinical consultation with Region 5 Systems’ Clinical Director for persons screened high risk; assess the participant’s connection to a clinical health home and make referral when needed; and work with the participant and family to devise a targeted suicide risk safety plan.



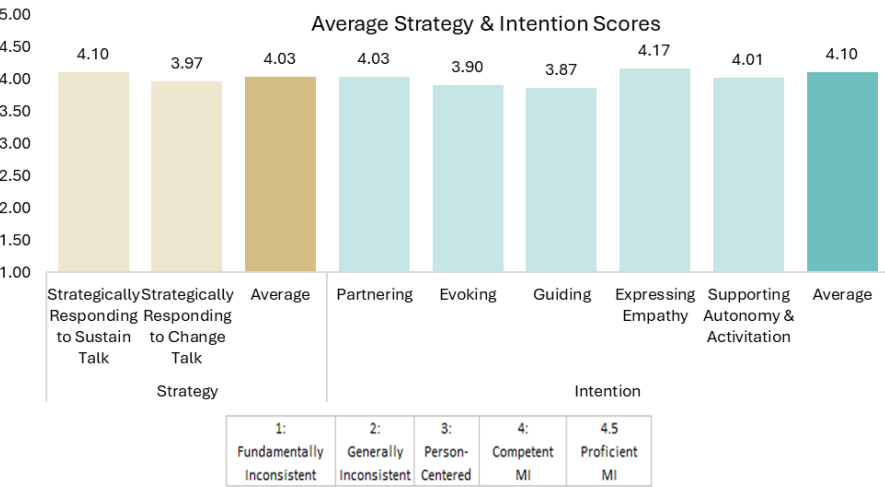
^The majority of those not screened were due to valid reasons under programmatic policy. There is room for improvement, which Region 5 is pursuing.



MiiWrap®

The Family & Youth Investment (FYI) Professional Partner Program initiated Motivational Interviewing Informed Wraparound (MiiWrap®) that 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;
- 2) specific skills for understanding the barriers to change;
- 3) specific skills to evoke and increase 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.



Quotes from Professional Partners on the Value of Motivational Interviewing

- ***“It has allowed me to better navigate conversations”***
- ***“I like the more interactive conversations with [participants].”***
- ***“When I listen more, I get more. I allow the [participant] to talk and then I reflect or summarize.”***

Quotes from Participants in FYI

- ***“My worker has helped me accomplish goals that I needed extra support and guidance in order to accomplish. I appreciate this program.”***
- ***“I enjoy having our professional partner as part of our team! They listen without judgement and creates trust and a safe space for my family to share. They provide support and motivation to make positive choices and changes in our lives. They help us remember and realize our dreams and goals, then share suggestions and resources to help us reach for them. I am so grateful for our professional partner!”***

- Goals for Implementing MiiWrap:
- Increased employee proficiency in their practice of Motivational Interviewing (MI).
 - 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.
 - * FY 24-25 showed a 6% reduction in people disengaging from services
 - Increase youth and family engagement/participation in team meetings.

Thank you employees of Region 5 Systems for your valuable contributions!

Trisha Babbel

Professional Partner

Wendy Baumeister

*Director of Justice/Behavioral Health Integration &
BHECN Southeast Co-Director*

Danielle Belina

Assistant Director of Finance

Sue Brooks, Lincoln Adult and Rural Transition-

Age Housing Specialist

Elise Chaffin

Professional Partner

Traci Cooney

Network Coordination Specialist

Zina Crowder

Professional Partner

Sharon Dalrymple

HUD Housing Coordinator

John Danforth

Clinical Director

Donna Dekker

Administrative Assistant

Tami DeShon

Director of Finance

Renee' Dozier, Director of Children and

Family Behavioral Health Services

Teri Effle

Prevention Specialist

Barb Forsman

CQI Analyst

Jade Fowler

Manager of Housing Services

Pat Franks

Fiscal Associate

Wade Fruhling

RAP Housing Specialist

Nicole Giebelhaus

Professional Partner

Annie Glenn

Professional Partner Supervisor

Deanna Gregg

Operations Manager

Theresa Henning

Director of Special Projects

Eden Houska

Professional Partner

Munira Husovic

Professional Partner

Kaitlyn Jacquot

Professional Partner

Trina Janis

Opioid Project Manager

Patrick Kreifels

Regional Administrator

Jon Kruse

Technology Systems Manager

Kayla Lathrop

Prevention Specialist

Kendra Laushman

Professional Partner

Olivia Lemon

Professional Partner

Susan Lybarger

Administrative Assistant

Katiana MacNaughton

Professional Partner Supervisor

Kim Michael

*Director of Operations & Human Resources
and Corporate Compliance Officer*

Malcom Miles

Professional Partner Supervisor

Katie Moffitt

Professional Partner

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

Mariah Rivera

RAP Housing Specialist

Maria Rodriguez

RAP Housing Specialist

Erin Rourke

Director of CQI

Liam Stanley

Professional Partner

Taylor Stratton

Professional Partner

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



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:

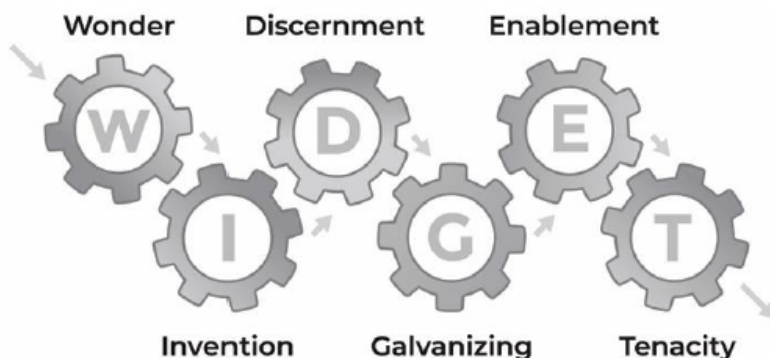
- **90%** say, “I feel like I belong here.”
- **90%** say, “I am proud to work here.”
- **90%** say, “I am inspired by the work we do.”
- **86%** are “highly engaged employees”
- **86%** say, “Our culture supports my health and wellbeing.”

Utilizing a strength-based philosophy is paramount for our employees in their work environment. To support our employees’ strengths and talents and recognizing that in others, Region 5 Systems has collaborated with PrairieFire Consulting (<https://prairiefireco.com/>) to facilitate “Working Genius,” a powerful productivity and team-building tool. Employees thrive when they are doing work that aligns with how they are wired and when they understand one another’s “working geniuses.”

PrairieFire CONSULTING™

What Is the Working Genius?

The Working Genius is a powerful productivity and team-building tool created by The Table Group. Unlike personality assessments, the Working Genius identifies the *type of work* that gives you energy—and the kind that drains you. It’s based on six distinct geniuses that are essential to getting any work done well:



Milestone Anniversaries

25 Years

Jon Kruse: Sept 1
Shelly Noerrlinger: Oct 20

20 Years

Theresa Henning: Sept 1
Susan Lybarger: Sept 7

15 Years

Munira Husovic: Oct 8

10 Years

Katiana MacNaughton: Jan 20
Lisa Moser: July 1
Linda Pope: Sept 2

5 Years

Sharon Dalrymple: June 22
John Danforth: Oct 1



Thanks to Jade, Shelly, and Trina for representing Region 5 Systems at the Overdose Awareness and Remembrance event at CenterPointe



*Supporting Wellness and Recovery
in Behavioral Health*

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*Region 5 Systems fiscal year 2024-2025 is funded from the
federal Substance Abuse and Mental Health Services Administration (SAMHSA)
grants B09SM087373 and B09SM089638 (\$565,106),
grants B08T1085820 and B08T1087052 (\$1,580,476),
the Nebraska Department of Health and Human Services, Division of Behavioral Health (DBH)
contract #80795-Y3 (\$15,236,904),
and local county dollars (\$1,206,583).*