



BEHAVIORAL HEALTH ADVISORY COMMITTEE MINUTES

October 29, 2025

10:00 a.m.

Region 5 Systems, 3600 Union Drive (hybrid)

MEMBERS PRESENT: Greg Janak, Paige Joseph, Corrie Kielty, Rachel Mulcahy, Laura Osborne, Gale Pohlmann, and Evette Watts

MEMBERS ABSENT: Sarah Krenke, Jill Kuzelka, Rebecca Meinders, LeRoy Ott, Melissa Ripley, Kelsey Schwab, and Michele Vana

OTHERS PRESENT: Traci Cooney, Deanna Gregg, Theresa Henning, Patrick Kreifels, Sandy Morrissey, Kristin Nelson, Erin Rourke, and Amanda Tyerman-Harper, Region 5 Systems

HOUSEKEEPING / ANNOUNCEMENTS / INTRODUCTIONS

Janak called the meeting to order at 10:00 a.m. followed by announcements and roll call. A quorum was present.

OPEN MEETINGS ACT INFORMATION

Janak noted that Open Meetings Act information is posted as required.

Notification of this meeting and information regarding availability of the agenda was provided through a legal notice in the Lincoln Journal Star, published October 15, 2025.

ADDITIONS / CHANGES TO AGENDA

There were no changes to the agenda.

PUBLIC COMMENT

There was no public comment.

PRESENTATION, KRISTIN NELSON, EMERGENCY SERVICES

Nelson gave a presentation on emergency services in the Region 5 Systems catchment area. Topics included: 988, VCRC, Stepping Up, EPC expansion pilot, Crisis Response Teams, and BETA.

- Nelson will give an update in 6 months on VCRC admissions – if they had availability to accept walk-ins/self-referrals or if they were at capacity accommodating admissions from law enforcement.
- Rourke will break down EPC county data per capita.

CONSENT AGENDA

Mulcahy made a motion, seconded by Osborne, to approve the Consent Agenda as presented. The Consent Agenda includes the 8/27/25 BHAC minutes, the 9/8/25 RGB minutes, and FY 25-26 Compliance Management Report. All present voted aye. Motion carried 7-0.

ACTION / PRIORITY ITEMS

CCBH's Supported Employment: This is contracted through CenterPointe and LFS. There may be some difference of opinion regarding CCBHC's responsibility of offering supported employment with the extended support phase. Goodwill is discussing with two CCBHC's the option of contracting as designated collaborating organizations to fulfill the delivery of supported employment extended support.

LB55-Program 38 Budget-Hospital QA & Access Assessment Fund: The Nebraska Legislative Appropriations Committee put into the Nebraska Health & Human Services legislative approved budget that Medicaid will utilize the Hospital Quality Assurance and Access Assessment Fund to reimburse providers for the rate differential between Medicare and Medicaid. Nebraska Medicaid is stating no funds are available to reimburse providers for the difference. Conversations are occurring with NHHS to ensure the funds are available. If NHHS doesn't fund the rate difference it could require a statute change at the upcoming legislative session.

DBH Interpretation of County Match:

- Nebraska Statute 71-808: Each county in a behavioral health region shall provide funding for the operation of the behavioral health authority and for the provision of behavioral health services in the region. The total amount of funding provided by counties under this subsection shall be equal to one dollar for every three dollars from the general fund. At least forty percent of such amount shall consist of local and county tax revenue, and the remainder shall consist of other nonfederal sources. Historically, how this has been met is that for every \$1 from the county, 40% is from local tax dollars and the remaining 60% is through other payers (commercial insurance, private pay, etc) within the system of care. Demonstrating multiple payors that fund the behavioral health system/continuum of care. The Division's perspective is that the 60% should be sent to the Regions instead of retained to the Network Providers.
- Historically, any copayment received by providers after applying financial eligibility has been kept by providers in addition to the reimbursement rate. This has been due to reimbursement rates not completely covering the costs of providing services. The DBH is questioning why reimbursement rates would not be lowered for any required copayments.

County Match - Opioid Settlement Funds: Kreifels presented pages 13 and 14 of the packet.

- 15% of the funds go to counties and municipalities and 85% goes to the state.
- Counties may use opioid settlement funds to count toward their annual county match requirement for anything above the 40% required local tax match amount.

Opioid Settlement Funds Grant Application Recommendations: Henning presented pages 15-18 of the packet. Of the 28 applications we received this year, we are asking for approval of 12 applications - just under \$600,000. Mulcahy made a motion, seconded by Pohlmann, to approve the grant application recommendations as presented. Osborne abstained; all others present voted aye. Motion carried 6-0.

FY 25-26 Contracts: Henning presented page 19 of the packet. [This document was updated and re-distributed this morning.]

- State Opioid Response (SOR) Contracts: Pohlmann made a motion, seconded by Kielty, to approve the FY 25-26 SOR contracts as presented. Osborne abstained; all others present voted aye. Motion carried 6-0.
- Plan for One (PFO) Contract: Osborne made a motion, seconded by Watts, to approve PFO contract as presented. All present voted aye. Motion carried 7-0.

FY 25-26 Annual Report Draft: Rourke presented the attachment noting: Page 5 will be updated by the end of this week; page 14 is new - it covers BHECN; and on page 21, the adult crisis continuum flow was revamped. The final version of this report will be taken to the 11/10/25 RGB meeting and emailed to everyone sometime in November.

Mulcahy made a motion, seconded by Kielty, to approve the FY 25-26 Annual Report draft as presented. All present voted aye. Motion carried 7-0.

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

Kielty made a motion, seconded by Pohlmann, to approve the FY 25-26 Network Performance Improvement Plan as presented. All present voted aye. Motion carried 7-0.

FY 24-25 Management Summary: Rourke presented the attachment.

Osborne made a motion, seconded by Watts, to approve the FY 24-25 Management Summary as presented. All present voted aye. Motion carried 7-0.

2025 Winter Cycle Prevention Mini-Grants: Morrissey presented the attachment.

Watts made a motion, seconded by Jospgeh, to approve the 2025 Winter Cycle Prevention Mini-Grant recommendations as presented. All present voted aye. Motion carried 7-0.

Rural Health Transformation Project: Included for your information.

- Nebraska is getting \$200 million for its 88 rural counties for 5 years. The goal is to submit the application to CMS by 11/1/25 (due no later than 11/5/25). This is a proposal to:
 - Expand integrated primary care sites for rural clinics to have licensed mental health professionals;
 - Provide 24/7 crisis response network for law enforcement;
 - Renovate existing clinical facilities for mental health crisis stabilization centers to provide rapid stabilization, coordinated referrals, and follow-up through the state's CCBHC network;
 - Implement a behavioral health nursing home pilot to expand post-acute care capacity for individuals with serious mental illness and complex behavioral needs.

OTHER UPDATES/INFORMATION:

Behavioral Health / System Coordination / Legislative Updates:

- LB454: Allow for more flexibility to the Regions to not always require a formal bidding process when contracting for services and the use of the documentary stamp tax funds to include serving individuals with substance use in addition to mental health. Cleanup language potentially coming to the documentary stamp tax funds for landlord risk mitigation payment.
- The biennium budget was released by DBH.
 - Of the \$15 million in funds not used last year, \$2 - \$5 million did not get spent down by the Regions. Region 5 Systems used all but \$50,000 of our allocation.
 - \$3 million will be used for the 1915i waiver and \$12 million will go to the general fund.
 - The Regions base will be reduced by \$2.5 million this year and \$2.7 million next year; however, the Region's allocation will not be reduced. Some 988 funding will shift from the general fund to the health care cash fund.
- LR188: Introduced by Senator Dorn, this is an interim study to examine the significance of the state financial partnership with the federal government in delivering health services to Nebraskans through the Medicaid program. There is a notice of hearing on 11/7/25, at 9:30 a.m.
- Hill Day: Henning and Rourke attended 10/7/25 and 10/8/25. They met with aides regarding CCBHC legislation, substance use legislation bills, due process continuum of care act, re-entry act of 2025, the PEER support act, and for appropriations, requested the highest level of proposed funding.
- Government Shutdown - Day 29: HUD currently has 52 units: 32 Rental Assistance Program (RAP), 8 Rural Permanent Housing (RPH), and 12 Lincoln Permanent Housing (LPH).
 - We are not filling any future vacancies.
 - HUD has funding for the next grant cycle.
 - RAP grant ended 9/30/25.
 - RPH grant ends 10/31/25 – we expect billing to be held up.
 - LPH grant ends 12/31/25. LPH is set to expand by 12 additional units with a new grant in January; however, that is on hold.
 - Brainstorming ideas: Look at moving month-to-month lease units to annual lease units; look at moving some to RAP, etc.
 - If shutdown extends beyond 1/1/26, there could be a problem with funding.

Consumer Coordination Quarterly Report – Q1: Will be provided when available.

YAB Membership List: Included for your information.

2026 Legislative Calendar: Included for your information.

FY 25-26 Training Plan: Included for your information.

OTHER BUSINESS

No other business was presented.

IMPORTANT DATES

- November 10 – 10:15 a.m. – RGB Meeting – Apace, 4433 S. 70th Street, Lincoln, NE (hybrid)
- November 17 – 9:00 a.m. – Network Provider Meeting – Teams
- January 26 – 9:00 a.m. – Network Provider Meeting – Teams
- January 28 – 10:00 a.m. – BHAC Meeting – Region 5 Systems, 3600 Union Drive, Lincoln, NE (hybrid)
- February 9 – 10:15 a.m. – RGB Meeting – Apace, 4433 S. 70th Street, Lincoln, NE (hybrid)

ADJOURN

- There being no further business, the meeting was adjourned at 12:01 p.m.

MANAGEMENT REPORT FY 25-26

Y: Present (on time or with approved extension)

3. Present (on time or with approved extension)

L: Late (with no approved extension)

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80% Attendance Report for FY 25-26

As of October 20, 2025

Network Provider	Network Provider Meetings												Regional Quality Improvement Team Meetings												# Attended	# Possible	% Attended
	July	August	September	October	November *	December *	January	February	March	April	May	June	July	August	September	October	November	December	January	February	March	April	May	June			
ACT	X		X										X												3	3	100%
Blue Valley	X		X										X												3	3	100%
The Bridge	X		X										X												3	3	100%
CenterPointe	X		X										X												3	3	100%
Fremont Hospital	A		X																						1	2	50%
Goodwill Ind	X		X										X												3	3	100%
HopeSpoke	X		X										X												3	3	100%
Houses of Hope	X		X										X												3	3	100%
IBHS	X		X										X												3	3	100%
Lutheran Family	X		X										X												3	3	100%
Mary Lanning	A		A																						0	2	0%
M.H.A.	X		A										X												2	3	67%
MHCC	A		X										X												2	3	67%
St. Monica's	X		X										X												3	3	100%
TASC	X		X										X												3	3	100%
TeleCare	X		A										X												2	3	67%
Wellbeing Initiative	X		X										X												3	3	100%

*NP Meeting Cancelled

40 46 87%



REGIONAL GOVERNING BOARD MINUTES

November 10, 2025

10:15 a.m.

Apase, 4433 S. 70th Street, Lincoln, NE (hybrid)

MEMBERS PRESENT: Kenny Harre, Fillmore County; Danielle Schwab, Jefferson County; Christa Yoakum, Lancaster County; Michael Weiss, Nemaha County; Jan Lang, Pawnee County; John Caverzagie, Richardson County; Darrell Zabrocki, Seward County; Dean Krueger, Thayer County; LeRoy Ott, York County

MEMBERS ABSENT: Scott Griess, Butler County; Emily Haxby, Gage County; Les Agena, Johnson County; Dan Crownover, Otoe County; Jerry Westring, Polk County; Brian Pribyl, Saline County; and Bill Reece, Saunders County

OTHERS PRESENT: Traci Cooney, Tami DeShon, Deanna Gregg, Theresa Henning, Patrick Kreifels, Kim Michael, Sandy Morrissey, Kristin Nelson, Erin Rourke, and Amanda Tyerman-Harper, Region 5 Systems; and Kiley Wiechman, HBE LLP

HOUSEKEEPING / CALL TO ORDER

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

OPEN MEETINGS ACT INFORMATION

Yoakum noted the Open Meetings Act information is posted in the meeting room and reminded Board members that the meetings are open to the public and are audiotaped. The agenda is posted for public viewing at www.region5systems.net. Notification of this meeting and information regarding availability of the agenda was provided through a legal notice in the Lincoln Journal Star, published November 2, 2025.

ROLL CALL / APPROVE AGENDA

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

Lang made a motion, seconded by Weiss, to approve the agenda as presented. All present voted aye. Motion carried 9-0.

EMERGENCY SERVICE PRESENTATION:

Nelson gave a presentation on emergency services in the Region 5 Systems catchment area. Topics included: 988, VCRC, Stepping Up, EPC expansion pilot, Crisis Response Teams, and BETA.

PUBLIC COMMENT

There was no public comment.

ACTION / PRIORITY ITEMS

Regional Governing Board Minutes 9/8/25: Weiss made a motion, seconded by Zabrocki, to approve the minutes as presented. All present voted aye. Motion carried 9-0.

FY 24-25 CPA Fiscal Audit Report: Kiley Wiechman, from HBE LLP, presented the draft FY 24-25 fiscal audit report (handout). DeShon asked for a motion to approve the draft audited financial statements for fiscal year ending 6/30/25 as presented.

Ott made a motion, seconded by Weiss, that pending the 2025 compliance supplemental approval by the federal government (Office of Management & Budget), this approval shall remain in effect provided no material changes are made to the final version. Should any material changes or adjustments arise during the completion of the final audit, the revised financial statements shall be brought back before the Regional Governing Board for further review and approval. Motion carried 9-0.

Financial Report: DeShon presented pages 6 through 8 of the packet.

Zabrocki made a motion, seconded by Lang, to approve the report as presented. All present voted aye. Motion carried 9-0.

LB55-Program 38 Budget-Hospital QA & Access Assessment Fund: The Nebraska Legislative Appropriations Committee put into the Nebraska Health & Human Services legislative approved budget that Medicaid will utilize the Hospital Quality Assurance and Access Assessment Fund to reimburse providers for the rate differential between Medicare and Medicaid. Nebraska Medicaid is stating no funds are available to reimburse providers for the difference. Conversations are occurring with NHHS to ensure the funds are available. If NHHS does not fund the rate difference it could require a statute change at the upcoming legislative session.

Reinstatement of Blue Valley's Continued Access Guarantee (CAG): At the 9/8/25 RGB meeting, the Board approved a support letter to Dr. Corsi and Dr Janousek for the reinstatement of \$403,000 to Blue Valley Behavioral Health. Kreifels presented page 9 of the packet – a letter in which Dr. Janousek is denying reinstatement of these funds.

DBH Interpretation of County Match:

- Nebraska Statute 71-808: Each county in a behavioral health region shall provide funding for the operation of the behavioral health authority and for the provision of behavioral health services in the region. The total amount of funding provided by counties under this subsection shall be equal to one dollar for every three dollars from the general fund. At least forty percent of such amount shall consist of local and county tax revenue, and the remainder shall consist of other nonfederal sources. Historically, how this has been met is that for every \$1 from the county, 40% is from local tax dollars and the remaining 60% is through other payers (commercial insurance, private pay, etc) within the system of care. Demonstrating multiple payors that fund the behavioral health system/continuum of care. The Division's perspective is that the 60% should be sent to the Regions instead of retained to the Network Providers.
- Historically, any copayment received by providers after applying financial eligibility has been kept by providers in addition to the reimbursement rate. This has been due to reimbursement rates not completely covering the costs of providing services. The DBH is questioning why reimbursement rates would not be lowered for any required copayments.

County Match - Opioid Settlement Funds: Kreifels presented pages 10 and 11 of the packet.

Counties may use opioid settlement funds to count toward their annual county match requirement for anything above the 40% required local tax match amount.

Opioid Settlement Funds Grant Application Recommendations: Henning presented pages 12 and 13 of the packet. Of the 28 applications we received this year, we are asking for approval of 12 applications for a total of \$599,241.

Ott made a motion, seconded by Harre, to approve the recommendations as presented. Motion carried 9-0.

FY 25-26 Contracts: Henning presented page 14 of the packet.

State Opioid Response (SOR) Contracts: Zabrocki made a motion, seconded by Lang, to approve the SOR contracts as presented. All present voted aye. Motion carried 9-0.

Plan for One (PFO) Contract: Krueger made a motion, seconded by Schwab, to approve the PFO contract as presented. Motion carried 9-0.

Partnerships for Success (PFS) Contracts: Zabrocki made a motion, seconded by Caverzagie to approve the PFS contracts as presented. Motion carried 9-0.

FY 25-26 Annual Report Draft: Rourke presented the attachment noting on page 4 there is a revamped org chart, page 8 lists our network providers and the services they provide, page 14 is new and covers BHECN, and pages 20 – 31 highlight system coordination efforts.

Lang made a motion, seconded by Schwab, to approve report as presented. All present voted aye. Motion carried 9-0.

FY 24-25 Management Summary: Rourke presented the attachment. This is a report on annual performance indicators, network service indicators, and internal program indicators.

Weiss made a motion, seconded by Caverzagie, to approve the report as presented. All present voted aye. Motion carried 9-0.

FY 25-26 Network Performance Improvement Plan: Rourke presented the attachment. Kreifels noted these reports are prepared and brought to the Board to comply with our CARF standards of excellence.

Lang made a motion, seconded by Krueger, to approve report as presented. All present voted aye. Motion carried 9-0.

2025 Winter Cycle Prevention Mini-Grants: Morrissey presented pages 15 and 16 of the packet noting the Four Corners Health Department Children and Families Unit request was denied by the state.

Of the total requested amount of \$18,297, we are asking for approval of \$8,405.

Weiss made a motion, seconded by Caverzagie, to approve the recommendations as presented. All present voted aye. Motion carried 9-0.

CLAS Grant Award Summary: Morrissey presented page 17 of the packet. We are asking for approval of \$3,000.

Lang made a motion, seconded by Krueger, to approve the recommendation as presented. All present voted aye. Motion carried 9-0.

Rural Health Transformation Project: Included for your information.

- Nebraska will be receiving \$100 million with a potential of an additional \$100 million for its 80 rural counties for 5 years. Approximately \$12 million will be dedicated to behavioral health services. The plan was submitted to CMS to:
 - Expand integrated primary care sites for rural clinics to have licensed mental health professionals;
 - Provide 24/7 crisis response network for law enforcement;
 - Renovate existing clinical facilities for mental health crisis stabilization centers to provide rapid stabilization, coordinated referrals, and follow-up through the state's CCBHC network;
 - Implement a behavioral health nursing home pilot to expand post-acute care capacity for individuals with serious mental illness and complex behavioral needs.

2025 Employee Survey Results: Kreifels presented the attachment. Of the 49 eligible employees to take the survey, 43 responded -- an 88% completion rate. This report has been reviewed by Leadership Team and Corporate Compliance Team to review any areas that fell below 80%, 10% or greater decrease from the prior year, give weight to comments, and if there is a pattern or trend. A plan has been developed for continuous quality improvement. All employees at Region 5 System have received the survey and improvement plan for the areas identified. In over 20 years, this is the first time scores for each question are above 80%.

Schwab made a motion, seconded by Zabrocki, to approve the report as presented. All present voted aye. Motion carried 9-0.

OTHER UPDATES / INFORMATION

Behavioral Health / System Coordination / Legislative Updates: Kreifels explained we have included a System Coordination Update document in the packet and reviewed pages 18-22 as follows:

- LB454: Allow for more flexibility to the Regions to not always require a formal bidding process when contracting for services and the use of the documentary stamp tax funds to include serving individuals with substance use in addition to mental health. Cleanup language potentially coming to the documentary stamp tax funds for landlord risk mitigation payment.
- The biennium budget was released by HHS. It is being proposed, the DBH (Program 038) base be reduced by \$2.5 million for FY26 and \$2.7 million in FY27; however, at this time, the Region's allocation will not be reduced. There is a focus to swap state general funds for health care cash funds and housing cash funds, therefore decreasing state general fund obligation and expense. The other focus for DBH is to utilize federal funds prior to state funds.
- Hill Day: Henning and Rourke attended 10/7/25 and 10/8/25. They met with aides regarding CCBHC legislation, substance use legislation bills, due process continuum of care act, re-entry act of 2025, the PEER support act, and for appropriations, requested the highest level of proposed funding.
- The CCBHCs are on target to start 1/1/26.
- Government shutdown related to Housing:
 - We have put a pause on filling current vacancies.
 - We have not been reimbursed for HUD housing expenses in the following programs: RTPH and RPH.
 - If the government shutdown extends beyond 1/1/26, there could be challenges with obtaining reimbursement for expenses for employees and lease payments.
 - This has put Region 5 Systems in an ethical and financial dilemma.

FY 25-26 Capacity Utilization Summaries: Included for your information. We should be at 25% and we are at 24.5%, the highest utilization and draw down of all the Regions.

Consumer Coordination Quarterly Report – Q1: Included for your information.

FY 25-26 Compliance Management Report: Included for your information.

YAB Membership List: Included for your information.

2026 Legislative Calendar: Included for your information.

FY 25-26 Training Plan: Included for your information.

IMPORTANT DATES

- November 17 – 9:00 a.m. – Network Provider Meeting – Teams
- January 26 – 9:00 a.m. – Network Provider Meeting – Teams
- January 28 – 10:00 a.m. – BHAC Meeting – Region 5 Systems, 3600 Union Drive, Lincoln, NE (hybrid)
- February 9 – 10:15 a.m. – RGB Meeting – Apace, 4433 S. 70th Street, Lincoln, NE (hybrid)

ADJOURN

The meeting was adjourned at 11:53 a.m.

Region 5 Systems Contractual Agreements

State Opioid Response (SOR) Contracts

Contracting Entity	Time Period	Contract Amount	Funding Source	Primary Author(s)	Reviewed By	Purpose
Andrea Hincapie	January 1, 2026 - September 29, 2026	\$250 per training to Andrea Hincapie	DHHS-DBH SOR Contract	Region 5 Systems	Corporate Compliance Team, Network Provider, and BHAC	To provide Narcan training within Region 5 Systems catchment area.

Action Needed: Motion from the BHAC to recommend the Board approve this contract.

Opioid Settlement Funds

Contracting Entity	Time Period	Contract Amount	Funding Source	Primary Author(s)	Reviewed By	Purpose
Nebraska Pharmacist Association	April 1, 2026 - March 31, 2029	\$208,117.50 to Nebraska Pharmacist Association	Opioid Settlement Funds	Region 5 Systems	Opioid Steering Committee, Corporate Compliance Team, Network Provider, and BHAC	To distribute naloxone and other harm reduction items to unhoused and other low-income individuals who may or may not be utilizing health care services, such as pharmacies or clinics within the Lincoln area through targeted vending machines and provision of free naloxone throughout the catchment area of Region 5 Systems in strategically identified locations.

Action Needed: Motion from the BHAC to recommend the Board approve this contract.

Division of Behavioral Health

Contracting Entity	Time Period	Contract Amount	Funding Source	Primary Author(s)	Reviewed By	Purpose
Nebraska Department of Health and Human Services, Division of Behavioral Health	February 1, 2026 - June 30, 2026	\$18,701,141 to Region 5 Systems	DHHS-DBH	Corporate Compliance Team, Network Provider, and BHAC		Addition of funding for Coordinated Specialty Care/First Episode Psychosis implementation.

Action Needed: Motion from the BHAC to recommend the Board approve this contract.

Behavioral Health Threat Assessment (BETA) Speakers

Contracting Entity	Time Period	Contract Amount	Funding Source	Primary Author(s)	Reviewed By	Purpose
Workman Counseling	February 1, 2026 - August 31, 2026	Up to \$1,500 to Workman Counseling	LPD BETA Contract and DHHS-DBH Contract	Region 5 Systems	Corporate Compliance Team, Network Provider, and BHAC	The purpose of this Contract is to ensure Region 5 Systems staff, network providers, and the community receive continued training in behavioral health services to improve the delivery of services.
Cheryl Turner	February 1, 2026 - August 31, 2026	Up to \$1,300 to Cheryl Turner	LPD BETA Contract and DHHS-DBH Contract	Region 5 Systems	Corporate Compliance Team, Network Provider, and BHAC	The purpose of this Contract is to ensure Region 5 Systems staff, network providers, and the community receive continued training in behavioral health services to improve the delivery of services.
Autism Action Partnership	February 1, 2026 - June 30, 2026	Up to \$1,000 to Autism Action Partnership	LPD BETA Contract	Region 5 Systems	Corporate Compliance Team, Network Provider, and BHAC	The purpose of this Contract is to ensure Region 5 Systems staff, network providers, and the community receive continued training in behavioral health services to improve the delivery of services.

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

CONTRACT SHIFTS (November 2025)

FY25-26

PROVIDER	FUNDING	SHIFT FROM:		PROVIDER	FUNDING	SHIFT TO:	
		SERVICE	AMOUNT			SERVICE	AMOUNT
Bridge Behavioral Health	SUD-Federal	Short Term Residential	\$ 7,000.00	Behavioral Health Specialists-LOA	SUD-Federal	Short Term Residential	\$ 7,000.00
HopeSpoke	MH-State	Outpatient Adult	\$ 18,000.00	CenterPointe	MH-State	Outpatient Adult	\$ 18,000.00
Associates in Counseling & Treatment	SUD-Federal	Intensive Outpatient Adult	\$ 3,400.00	CenterPointe	SUD-Federal	Intensive Outpatient Adult	\$ 3,400.00
Associates in Counseling & Treatment	SUD-Federal	Intensive Outpatient Adult	\$ 2,500.00	Lutheran Family Services	SUD-Federal	Intensive Outpatient Adult	\$ 2,500.00
Lutheran Family Services	SUD-Federal	Outpatient Adult	\$ 1,000.00	The WELL-LOA	SUD-Federal	Outpatient Adult	\$ 1,000.00
CenterPointe	SUD-State	Community Support	\$ 17,000.00	CenterPointe	MH-State	Community Support	\$ 17,000.00
CenterPointe	MH-State	Mental Health Respite Youth	\$ 32,000.00	CenterPointe	MH-State	Assertive Community Treatment	\$ 32,000.00
Houses of Hope	SUD-Federal	Short Term Residential	\$ 27,500.00	Houses of Hope	SUD-Federal	Halfway House	\$ 27,500.00
Goodwill Industries	MH-State	Supported Employment	\$ 7,000.00	Integrated Behavioral Health Services	MH-State	Secure Residential	\$ 7,000.00
Goodwill Industries	MH-State	Supported Employment	\$ 4,000.00	Integrated Behavioral Health Services	MH-State	Psych Res Rehab	\$ 4,000.00
Goodwill Industries	MH-State	Supported Employment	\$ 2,000.00	Telecare	MH-State	Secure Residential Room & Board	\$ 2,000.00
						TOTAL	\$ 121,400.00
						TOTAL	\$ 121,400.00



Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

December 1, 2025

Patrick Kreifels, Regional Administrator
Region 5 Behavioral Health Authority
3600 Union Drive
Lincoln, NE 68516

Mr. Kreifels,

The Division of Behavioral Health (DBH) sent an audit finding letter on October 31, 2025 with the below findings.

1. Provide all provider CPA audits. At the time of this letter, no providers CPA audits have been received. We will issue a new letter removing these findings if they are received by Monday, December 1.

DBH received all of Region 5's provider CPA audits by December 1. Therefore, the findings above is being moved to a recommendation. Below are Region 5's updated findings for FY25 Network Compliance.

Findings:

1. None

Recommendations:

1. Develop or improve a process to ensure all provider CPA audits are submitted during initial review.

Commendations:

1. Recommendations from FY24 were incorporated into FY25 such as narratives within summary of efforts were submitted for each network service coordination.

Thank you for the effort taken to submit all Network Compliance information. The efforts of Region 5 staff made the process efficient and informative. If you have questions, please feel free to contact me.

Sincerely,

Erica Ziemann
Network Services Administrator
Division of Behavioral Health
Department of Health and Human Services



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DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

FY25 Services Purchased Region 5 Audit Monitoring

Conducted by: Karla McAdams Accountant II

Completed on October 1, 2025, Division of Behavioral Health staff reviewed documentation related to Region 5 audit of services provided by Lutheran Family Services and Mental Health Associates

The agency was requested to make the following items available during the review:

1. Initial letter sent to provider indicating when the audit would be completed
2. Work papers showing results of documentation submitted by provider
3. Final audit letter showing findings during the audit and any payback if necessary

Expenses for the following services were reviewed:

- Lutheran Family Services Emergency Community Support
- Mental Health Associates Hospital Diversion

For Fiscal Year 2025 Services:

The audit monitoring has been completed and there were no findings.

The Division thanks Region 5 for their cooperation with this process.

Thank you

Karla

Karla McAdams

Accountant II

Department of Behavioral Health

(402)471-5010



Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

October 29, 2025

Patrick Kreifels, Regional Administrator
Region 5
3600 Union Drive
Lincoln, NE 68516

Mr. Kreifels,

The Division of Behavioral Health (DBH) recently completed the FY25 Region 5 Prevention Audit Monitoring process. The DBH appreciates the time and assistance of Region 5 staff in submitting required compliance deliverables.

The detailed review of Audit Monitoring deliverables allowed DBH staff to determine adherence to the Federal Grant Regulations, the State to Region Contract, the Prevention Systems Manual, and other guidance documents as applicable.

Following the initial review, there were no findings to reports.

Again, the DBH appreciates Region 5 staff for their assistance in completing this process. If you have questions, please feel free to contact me.

Sincerely,

Erica Ziemann
Network Administrator
Division of Behavioral Health
Nebraska Department of Health and Human Services



Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

December 30, 2025

Patrick Kreifels, Regional Administrator
Region 5 Behavioral Health Authority
3600 Union Dr
Lincoln, NE 68516

Mr. Patrick Kreifels,

This correspondence is an updated correspondence to the previous Prevention Compliance Letter that was issued to Region 5 on October 30th, 2025. This letter referenced the outcomes of the Programmatic Monitoring adherence to the Federal Grant Regulations, the State to Region Contract, the Prevention Systems Manual, and other guidance documents as applicable for SUPTRSBG.

Following **an updated** FY25 Prevention Programmatic Monitoring review, please note the following:

Findings: All paid Prevention staff (both Regional and community coalitions) must complete 12-hours of continuing education to the prevention of mental illness and/or substance use disorders and support proficiency across the Prevention Core Competencies. Supporting documents did not include training documentation for all paid coalition staff. (Capacity, Folder 3)

*DBH has received the Prevention Corrective Action Plan (CAP) to ensure this finding is met.

Recommendations:

To ensure that the planned prevention work is completed, it is recommended the Regions achieve 75% of the workplan in the counties selected through Regional Budget Planning. Region 5's completion rate for SUPTRSBG funded activities for FY25 was 61.2%.

DBH appreciates the time patience of Region 5 staff in submitting required compliance deliverables by September 30, 2025 and the review process.

Sincerely,

Jessie McDevitt, MA, LIMHP, LADC
Deputy Director of Clinical Operations
Division of Behavioral Health
Department of Health and Human Services

Region Summary FY27

SUMMARY					
Provider Contracts & Other Funds					
FY27 Contract-Preliminary Allocation					
July 1, 2026 to June 30, 2027		REGION V CONTRACT			
		STATE	FEDERAL	COUNTY	OTHER
		CASH / HRA FUNDS	GENERAL FUNDS	FUNDS	FUNDS
Provider Contracts					
Associates in Counseling & Treatment		\$40,000	\$371,509	\$0	\$0
Blue Valley Behavioral Health		\$350,761	\$694,369	\$0	\$0
The Bridge Behavioral Health		\$0	\$79,191	\$597,709	\$0
CenterPointe		\$90,838	\$1,251,829	\$241,000	\$0
Goodwill		\$0	\$2,000	\$0	\$0
HopeSpoke		\$0	\$124,700	\$0	\$0
Houses of Hope		\$266,610	\$1,678,937	\$367,000	\$0
Integrated Behavioral Health Services		\$332,500	\$1,129,336	\$0	\$0
Lutheran Family Services		\$20,875	\$419,125	\$118,654	\$0
Methodist Fremont Health (EPC Expansion Pilot)		\$38,000	\$2,000	\$0	\$0
Mental Health Assoc. of NE		\$200,145	\$345,292	\$0	\$0
Mental Health Crisis Center		\$929,653	\$458,136	\$0	\$0
Mary Lanning Hospital (EPC Expansion Pilot)		\$58,000	\$2,000	\$0	\$0
St. Monica's		\$0	\$0	\$206,259	\$0
TeleCare		\$0	\$60,000	\$0	\$0
WellBeing		\$0	\$200,000	\$0	\$0
Sub-Total -- Provider Contracts		\$2,327,382	\$6,818,424	\$1,530,622	\$0
Region Coordination					
Network Management		\$549,115		\$586,841	\$1,135,956
Youth Coordination		\$93,293		\$49,768	\$143,061
Prevention Coordination		\$293,022		\$109,976	\$402,998
Emergency Coordination		\$221,218		\$13,381	\$99,334
Consumer System Coordination		\$144,169		\$0	\$144,169
Housing Coordination		\$342,549		\$259,985	\$602,534
Housing Coordination Expansion		\$94,550		\$0	\$94,550
Disaster Preparedness Coordination		\$20,808		\$22,073	\$42,881
CQI Coordination		\$324,447		\$28,974	\$353,421
Pooled Services					
Post Commitment Days (MH)		\$39,109	\$67,712		\$106,821
Post Commitment Days (SUD)			\$11,934		\$11,934
Flex Funds - Non Residential (MH)			\$0		\$0
Other Services					
Housing Related Assistance (RAP)		\$0	\$1,967,357	\$0	\$1,967,357
Housing Related Assistance - Transition Age		\$0	\$73,997	\$0	\$73,997
Housing SUD Vouchers - Recovery Support		\$0	\$200,178	\$0	\$200,178
Housing SUD Vouchers - WC		\$0	\$85,925	\$0	\$85,925
Housing LRMF			\$20,000		\$20,000
PP - Traditional (1677)		\$1,267,381	\$580,724		\$1,848,105
PP - TAPP 360			\$396,731		\$396,731
PP - PPP Short Term 258			\$284,324		\$284,324
Prevention - Coalitions			\$173,000		\$173,000
Prevention - Regional Coalition			\$123,143		\$123,143
Prevention - Mini Grants (including Youth)			\$20,000		\$20,000
Prevention - June Jam			\$13,867		\$13,867
Prevention - Youth Advisory Board (YAB)			\$13,500		\$13,500
Prevention - Training			\$20,000		\$20,000
MI Training-Admin Implementation		\$11,032			\$11,032
DBT Training-MH and SUD		\$140,960			\$140,960
CLAS Coalition/Interpreter Services		\$10,000			\$10,000
Initiatives				\$25,000	\$25,000
Legislative Guidance				\$10,000	\$10,000
Special Population		\$3,000			\$3,000
Recovery / Consumer Voice		\$19,836			\$19,836
Trauma Informed Care		\$10,000			\$10,000
CQI Coordination Training MH		\$5,000			\$5,000
Plans For One		\$22,835			\$22,835
Plans For One-DHHS		\$360,000			\$360,000
Unallocated		\$0			\$0
GRAND TOTAL ALL FUNDS		\$2,366,491	\$13,859,796	\$2,474,855	\$1,105,998
				\$99,334	\$19,906,474

Region 5 Systems
Behavioral Health Advisory Committee
Annual Conflict of Interest Statement

FY 25-26

The following represents a summary of current BHAC members' statements in compliance with Article VIII, Section 2, of the BHAC's Bylaws:

<u>Name:</u>	<u>Conflict:</u>
Janek, Greg	None
Joseph, Paige	None
Kielty, Corrie	None
Krenke, Sarah	None
Kuzelka, Jill	None
Meinders, Rebecca	None
Mulcahy, Rachel	Justice in Action Board of Directors
Osborne, Laura	I receive compensation under contracts with Region 5 Systems for work teaching prevention classes of WRAP and Narcan administration as well as for data entry into the NPIRS system. I am also the Coordinator of the 4 County Collaborative which also receives funding from Region 5 Systems for both compensation for my work in that role as well as for strategies the Collaborative enacts.
Pohlman, Gale	None
Schwab, Kelsey	None
Vana, Michele	Will abstain from any votes that may conflict with employer Public Health Solutions as required to do.
Watts, Evette	I am the Lead for the Polk County Substance Abuse Coalition, which operates through the Polk County Health Department, where I am an employee

2026 Legislative Session

planned debate schedule*

Sun	Mon	Tues	Wed	Thur	Fri	Sat
			1	2	3	
4	5	6	7	8	9	10
			DAY 1	DAY 2	DAY 3	
11	12	13	14	15	16	17
			DAY 4	DAY 5	DAY 6	DAY 7
18	19	20	21	22	23	24
			HOLIDAY	DAY 9	DAY 10	DAY 11
25	26	27	28	29	30	31
			DAY 13	DAY 14	DAY 15	DAY 16
						DAY 17

January

Sun	Mon	Tues	Wed	Thur	Fri	Sat
			1	2	3	
1	2	3	4	5	6	7
			DAY 18	DAY 19	DAY 20	DAY 21
8	9	10	11	12	13	14
			DAY 23	DAY 24	DAY 25	DAY 26
15	16	17				
			HOLIDAY	DAY 27	DAY 28	DAY 29
22	23	24				
			DAY 31	DAY 32	DAY 33	DAY 34
						DAY 35

February

Sun	Mon	Tues	Wed	Thur	Fri	Sat
			1	2	3	
1	2	3	4	5	6	7
			DAY 18	DAY 19	DAY 20	DAY 21
8	9	10	11	12	13	14
			DAY 23	DAY 24	DAY 25	DAY 26
15	16	17				
			HOLIDAY	DAY 27	DAY 28	DAY 29
22	23	24				
			DAY 31	DAY 32	DAY 33	DAY 34
						DAY 35

April

Sun	Mon	Tues	Wed	Thur	Fri	Sat
			1	2	3	
1	2	3	4	5	6	7
			DAY 18	DAY 19	DAY 20	DAY 21
8	9	10	11	12	13	14
			DAY 40	DAY 41	DAY 42	DAY 43
15	16	17	18	19	20	21
			RECESS	DAY 44	DAY 45	DAY 46
22	23	24	25	26	27	28
			DAY 48	DAY 49	DAY 50	DAY 51
29	30	31				
			DAY 52	DAY 53		

* Please keep in mind that this is a general template for session debate and actual debate may vary from this proposed schedule.

2026 Session*

-  Legislature not in session (recess days and holidays)
-  Bill Introduction, January 7-21
-  Morning debate of carryover legislation, January 14 & 16
-  State of the State (Jan. 15) / State of the Judiciary (Jan. 22)
-  Floor debate in the morning, committee hearings at 1:30, January 20-February 27
-  Speaker Priority Bill request deadline, February 17
-  Committee/Senator Priority deadline, February 19
-  Speaker Priority designations announced, February 20
-  Last day for committee hearings, February 27
-  Full day debate, March 3-6, March 26-April 8
-  Budget bills placed on General File (deadline), March 9
-  Budget bills debated, passed by Day 50, March 10-25
-  Last day for Select File debate, April 8
- Layover day, April 9
-  Last day for Final Reading, April 10
-  Overrides (if any) and Sine Die, April 17

*Please keep in mind that this is a general template for session debate and actual debate may vary from this proposed schedule.



System Coordination Updates

January 2026

Behavioral Health/Legislative Update

- 1915i Medicaid Waiver: DBH will NOT be moving forward to create or fund services for transitional support and housing support (examples, continuous group home, shared living, independent living) due to the budget deficient. DBH will continue to offer targeted case management for individuals who meet the definition of severe mental illness diagnosis. A portion of the \$8 million carryover of funds from the prior fiscal year will be absorbed to support the budget shortfall. See LB740-Senator McKinney below.
- Certified Community Behavioral Health Clinic (CCBHC): Began January 1, 2026, with the new prospective payment system. Region 5 Systems has two CCBHC's within our 16-county area, CenterPointe and Lutheran Family Services, both located within Lincoln, NE. CCBHC's are required to provide 9 cores services such as, around-the-clock crisis support, easy-access mental health & substance use care, tailored treatment plans, specialized care for veterans and military personnel, peer support for families, care and case management, whole health approach, comprehensive psychiatric rehabilitation, and early detection and support for physical health. The state plan amendment has been submitted to CMS and HHS is awaiting approval. The radius of coverage for each CCBHC is purely to capture the costs of buildings and services of an organization. For example, an agency must have a corporate central office providing all 9 core services to include expenses in the prospective payment. If this same agency has another office within 45-mile radius from the corporate office AND this office provides all 9 core services, the expenses could be included in the prospective payment. If the office within 45-mile radius from the corporate office does not provide all 9 core services, its expenses are excluded from the prospective payment. A CCBH may serve individuals outside the 45-mile radius if they send employees from the corporate office (approved CCBHC site) or serve them via telehealth, and they would be allowed to bill and draw down the prospective payment. If the agency sends employees to serve individuals from a non-approved site within the 45-mile radius (meaning they don't offer all 9 core services), they are not allowed to bill the prospective payment.
- Governor Pillen is requesting a \$500 million or 10% reduction from all state departments in the biennial budget. The Division of Behavioral Health is looking at decreasing their budget by reducing the \$15 million carryover to \$5 million to it is unclear on what the new carryover amount is, which will be used to start targeted case management as the 1915i waiver is no longer being pursued. Additional reductions include a \$1 million contract with NIFA, a \$800,000 reduction on a 988-marketing contract at Husker Games, and a \$250,000 reduction on a Veteran's application.
- Nebraska Health & Human Services Mid-Biennium budget was released on 10/24/2025. A decrease of carryover of \$12 million, citing projections for the 1915i waiver, is significantly lower and estimates it to be \$2-3 million for FY 2026 & 2027 vs. the initial projections of \$8

million. Reducing the use of general funds of \$3.479 million and replacing them from the Health Care Cash Fund to pay for 988 Suicide Hotline. Lastly, a reduction of \$2.5 million in FY26 and \$2.7 million in FY27 as permanent reductions to the Behavioral Health Aid (Program 38) basis. At this time, there is no planned reduction of the Regional Behavioral Health Authority's allocation. -24-

- Priority is being given to utilizing federal funds prior to state general funds for behavioral health services, coordination, and initiatives.
- The Division of Behavioral Health and Medicaid combines services definitions and manuals explaining expectations. A new manual was released for public comment in early December 2025. Final day for public comment is January 31, 2026. There is much concern from the provider network in the areas of restricting access to services and providers being asked to do more within a service without increased rates.
- Substance Use Disorder Section 1115 Demonstration Amendment. The Nebraska Legislative Health & Human Services Committee held a hearing on July 29, 2025, and Director Drew Donshorowski testified. Nebraska Medicaid is in the process of amending this waiver for SU disorder services and requesting authority from CMS to provide two additional services. Both will be for anyone with full coverage of Medicaid benefits. First allow Medicaid to treat individuals with serious mental illness (SMI) or serious emotional disturbance (SED) for short-term stay in an Institute for mental disease (IMD). This authority will allow Nebraska Medicaid to cover treatment for people undergoing a crisis in a psychiatric hospital for up to 60 days. The anticipated effective date is January 1, 2026. More information is being sought on what this service is. The second service is to allow Medicaid to pay for medical respite services pursuant to NRS 68-911. The plan is to have two medical respite facilities: one in Lincoln and the other in Omaha. A place for people who are unhoused to receive care after being discharged from a medical facility/hospital. Offering a stable, safe environment for people to get follow-up care and complete the healing process. The anticipated effective date is April 1, 2026.
- Rural Health Transformation Award:
 - Nebraska requested \$200 million and was awarded, \$208 million for one year. As a reminder, this is a 5-year grant. Nebraska will likely see the same amount annually for 5 years. Nebraska has to spend \$21 million per month for the next 5 years.
- Priority areas:
 - Nursing home behavioral health consultation-pilot will be routed through Medicaid.
 - Nebraska Medical Association expanding primary care/behavioral health care. Optimal ratio of 1 mental health practitioner to 3 medical practitioners.
 - Central dispatch for crisis response/telehealth. Hope is that 988 maybe able to see all crisis response teams across the state. Ability to route and request response for communities and law enforcement. Assessing platforms. Some funds for CIT training.
 - Crisis Stabilization renovation for existing projects. Example, a hospital has a unit and wants to revamp for crisis stabilization.
 - Consideration: Secure transportation to assist law enforcement in rural areas. Voluntary vs. Involuntary?
- System planning surrounding the Lincoln Regional Center and the use of beds for competency evaluation/restoration, inpatient mental health board commitments, and community-based programming. A grant was submitted to assist with this work. DBH, Region 6 and Region 5 Systems are in agreement to participate and to engage system

partners to participate in the process. More to follow.

- Nebraska 2026 - 109th Legislative Session:

- LB722- Senator Quick: Region bill. Clean-up language from 2025 Legislative session and LB454-Passed and implemented into law effective 9/3/2025. LB722 would allow Regions to utilize the Behavioral Health Services funds (from the documentary stamp tax) for risk mitigation with landlords when serving people with substance use vs. only severe mental health. Support. ((For reference: NRS 71-812(3) to provide housing assistance to eligible individuals with serious mental illness (or co-occurring disorder) and who are receiving behavioral health services funded by NDHHS/Regional Behavioral Health Authorities. Of the \$2.25 cents tax collected, \$0.30 cents fund the Behavioral Health Services Fund to provide housing for people who are unhoused and present with serious mental health and substance use challenges. remaining balances from the documentary tax fund include: \$0.07 to domestic violence (new legislation from 2025 and increased the total tax to \$2.32), County Register of Deeds keep \$0.50, \$0.95 for Affordable Housing Trust Fund, \$0.25 to Site & Building Development Fund, \$0.25 to Homeless Shelter Assistance Trust Fund.))
- LB723-Senator Quick. Provide for implementation of community engagement requirements under the Medical Assistance Act. Nebraska to follow the minimum requirements for Medicaid to comply with the federal requirements and not additional requirements. Hardship exemptions, accept federal exemptions, and a comprehensive definition of medical frail. Support.
- LB724- Senator Quick: Amends NRS 68-901 to require the Department of Health and Human Services to conduct a cost study as prescribed and to repeal the original section. Conduct a cost study of behavioral health rates in Nebraska. Comparing the costs of providing services compared to current rates paid for services in the regional behavioral health system and medical assistance program. The report shall be completed no later than September 1, 2026, and final report submitted to the Clerk of the Legislature on or before December 1, 2026. Support.
- LB740 Senator McKinney. Requires Medicaid to file a SPA or 1115 waiver to reimburse supportive housing services. Supportive housing with housing first approach. Support letter. Support.
- LB750-Senator Spivey. PACE Program and bumping the reimbursement up to 80%. Keeping seniors out of nursing care. This is an increase. More assessment. Monitoring at this time. Monitor.
- LB755-Senator Wordekemper/LB804-Senator Lonowski/LB816-Senator Storer-Peer support in emergency systems. Further discussion. Monitor/Support.
- LB772-Senator M. Cavenaugh. Restrict cash transfers. No new programs or policy changes. There could be more bills on this subject. Monitor
- LB774/LB775-Senator M. Cavenaugh. LB774 tracks the money. Unicameral would like to oversee the Rural Health Transformation Fund. Some traction to set up the fund. Bills within the budget. LB775 Rural Health Transformation Fund appears to define the fund has to be used for health care purposes. Sets up the program/fund in the budget. Support.
- LB776-Senator M. Cavenaugh. Provides annual review of agency fees and adjusts them as appropriate. Does not include a rational on how the fee changes would occur. Review the fees that go into cash funds do they support the legislative requirements they were established. Monitor. Likely not go anywhere.

- LB790-Senator Bosn. Creating another class of administrative sanctions for paroles. Regarding a parolee violating expectations. Monitor.
- LB809-Senator Dover. Prohibits municipalities from enacting any ordinance that prohibits source of income discrimination.
- LB812-Senator Bostar. Passed in D.C. in July 2025, Federal bill and Medicaid work requirements, determining eligibility. Makes sure a state doesn't implement any further Medicaid cuts than the Federal government established by federal law. Trying to reign in any additional efforts by the Nebraska administration to restrict additional efforts to Medicaid. Monitor to assess traction. Goal is no more harm.
- LB825-Senator Ballard. Looking at mandating all MH therapists' renewal of licensure have to take domestic violence CEU's. Monitor.
- LB845-HHS. Eliminate the Advisory Committee to the Nebraska Children's Commission and Division of Medicaid and Long-Term Care Advisory Committee. Also changes State Alzheimer's Plan to create the aging, Alzheimer's and Dementia Advisory Council. Renames the State Advisory Committee on Mental Health. Creates an aging, Alzheimer's, and dementia fund. Trying to streamline state government. Any challenges of combining MH and SU to the same committee. Monitor.
- LB860-Senator Bostar. A statewide behavioral health program for individuals with complex needs under the age of 21 would help families keep their children safer in their homes and communities. The range of services is broad-mobile crisis response, intensive in-home treatment, inpatient and outpatient care, psychiatric and substance-use treatment, and developmental support. HHS likely does not agree with this. Requires a state plan amendment. More information needs to be gathered for assessment. Monitor.
- LB866-Senator Ballard. Adds a piece to the distribution of Opioid Recovery Trust Fund (Settlement Funds) for drug prevention and a cash fund for law enforcement and provide for drug detection. Allows the legislature to appropriate Opioid funds to a new fund. Under the control of the Attorney General. Monitor.
- LB867. HHS. Expands eligibility for the Bridge to Independence program, aiding young adults aging out of foster care. Medicaid & Estate Recovery Clarifications: Protects access to medical and behavioral health services while ensuring fair estate recovery practices (pertains to ages 55+ or institutionalized people). Assistance program updates: Streamlines assistance for aged, blind, and disabled individuals reducing barriers to behavioral health support. Cleanup bill. Will review with repeal to make sure something isn't removed that should not be. Monitor.
- LB873-Senator Hallstrom-Establish a tax for Kratom. There is nothing in there to increase access to minors.
- LB880-Senator Guereca. Prohibits landlords from stopping a tenant from making payments by "mean of an automated clearinghouse transfer" or charging them extra them extra for that type of payment.
- LB911-Senator Hardin. Provide requirements for licensed behavior analysts, certain childcare licensing facilities, behavior analysis services under the Medical Assistance Act & DHHS. Reduces access, restricts out of state providers, reduces supervision. This was brought to Senator Hardin by an Omaha provider. Likely oppose and testimony.
- LB925-Senator Anderson. Prohibits encampments by unhoused/homeless in any park or public right of way. Class V misdemeanor violation on first violation. If a

political subdivision is found to be in violation of this law, the state will withhold all state and federal funds meant to address housing or homelessness. -27-

- LB928-Senator Von Gillern. Require written notifications by DHHS to adult relatives and fictive kin. A positive that fictive kin would occur. Concern how to vet individuals. Also, DHHS likely not wanting it to happen because it will be difficult to monitor. Boys Town will support even if NABHO does not. Monitor.
- LB929-Senator Fredrickson. Provide requirements for DHHS relating to decisions and cost sharing for Medicaid enrollees. Guardrail bill. Requiring picking up payments for co-payments. MCO's pick up bills/payments for those who are kicked off treatment due to their inability to pay. Doesn't allow DHHS to go beyond what is required by federal law. Will implement copays in Medicaid as cost savings to the state. MCO's may pick up costs. The payor of the last resort often falls to the provider. DHHS has it included in the next fiscal year as savings. Implementation could be July 1, 2027. This is part of the Big Beautiful Bill (Federal). Support. Explain the challenges that could happen to providers. Challenging for residential providers and if there is a co-pay and they don't have an ability to pay. What is the treatment exemptions to the co-pay? This has not been defined. Another category, define Medically Frail. Co-pays only for Medicaid expansion population? Estimated 30,000 people are likely to get dropped from Medicaid.
- LB931-Senator J. Cavanaugh. Provide an income tax credit related to premium payments for a qualified health plan. Refund a credit on income tax that was imposed on qualified health insurance. Difference on credit? ACA marketplace plans that people get tax credits. It is a federal issue. The difference between what they paid before and what they are going to pay, difference in the tax credits. Tax credit at the state level. Trying to offset the extra costs due to the federal tax credit payments being stopped. Try to offset the extra costs for Nebraskans. Monitor.
- LB945-Senator Dorn. NABHO Bill. Changes provisions relating to the use of the Hospital Quality Assurance and Access Assessment Fund. As a reminder, 2025 legislative session, LB55-Senator Dorn. Reimbursement to providers of the current (higher) Medicaid rates when serving people with dual insurance eligibility-Medicare/Medicaid vs. being reimbursed for the (lower) Medicare rates. \$1.5 million allocated in the budget and identified the fund source as the "Hospital Quality Assurance and Access Assessment Fund." Medicaid has stated the \$22 million in the fund is obligated for other priorities, and no new money has been obtained or allocated by the legislature to fund the differential between Medicare and Medicaid reimbursement rates. Conversations occurred with Medicaid as to why they are going against the constitutional requirement as identified by the Nebraska Legislative Appropriations Committee as outlined in the approved budget. If agreement is not obtained, it could require a statutory change in the 2026, 109th Legislative session. This is a challenge for providers such as Blue Valley Behavioral Health in Region 5 & Mid-Plains Center for Behavioral Health in Region 3. There is a bill with Senator Dorn and he not going to let this go. DHHS has decided not to fund something that was in the budget. Reallocate the money over the entire biennium. Allocate the \$1.5 to get the match money, so it is \$3.4. HHS shall fund this, will be language in the bill. Go into the hospital assessment statute and lists BH as one of the options to give money to out of the \$17.5 million carveout and state the state shall invest. This will cause a stir and go to HHS. One approach with Nebraska Legislative Appropriations Committee "shall;" and other options open up

hospital assessment statute and go to Legislative HHS Committee and the “shall” -28- funding for behavioral health. Sets the stage for debate. This is the administration encroaching on legislative territory. HHS made a policy decision and is not a good precedent for this to occur. There will be several areas that will have these kinds of bills introduced. Support. Will go to Health Committee. Senator Meyer.

- LB949-Senator Ballard. Change provisions relating to the prescription drug monitoring program, the statewide health information exchange, and the health information technology board. Hospital Quality Assurance and Access Assessment Fund. Reimburse the general fund, Department an administrative fee of 3% and not exceed \$15 million/year, Nursing board ½ of one percent, provide 3 and ½ percent for rates for nonhospital providers in the medical assistance program. Move away from “statewide health information exchange” to a “vendor.” Strengthening the Health Information Exchange system. Some concern, BH underrepresented on the board, drug and alcohol counselor on the board. No downstream guardrails on the use or misuse of the date. Cleanup bill. Why was this switched to “Vendor.” There has been a vendor in place for a long time. Is the state wanting to switch vendors? Monitor. Likely went to Senator Ballard from DHHS.
- LB950-Senator Bostar. Change provisions relating to uniform prior authorization forms, the designated health information exchange and the health information technology board. Health Information act. Would have to utilize whatever portal that MCO’s would demand regarding a prior authorization. Now as long as it is on the correct form, it can be faxed, mailed, use the portal. Came from the insurance agencies/insurance federations, and they are trying to streamline the process. Takes out the exemptions that NABHO worked on several years ago, to exempt smaller businesses in behavioral health that don’t have the technological abilities to do this. This has been taken out. Senator Bostar will look into it. Banking and Commerce Committee. NABHO may want to weigh in on this. There are challenges with the portal, sometimes down, or doesn’t work. Prior authorization is a cleanup. Health information Exchange piece does other things. Multiple issues here. May want to sit down with Senator Bostar and Nathan who is working on this. Request not to take the exemption out. Oppose sections.
- LB961-Senator McKinney. Licensure. Adopt the collateral sanction relief.
- LB1031-Senator Dorn. NABHO Bill. Require appropriations from the Hospital Quality Assurance and Access Assessment Fund and state intent regarding Medicaid rates for mental health providers. NABHO bill. Dual eligible bill. Appropriations Committee. Support. Testify.
- LB1040-Senator Kauth. Change the provisions of the Nebraska Mental Health Commitment Act relating to grounds for civil commitment and inpatient treatment and allow for interested parties to file petitions. Allows a spouse, friend, and if you are concerned about, they are dangerous or their wellbeing, then you may get them to the MH board for treatment. Can be prosecuted for falsely doing this. Would clog up the system and not a good thing. Other states, providers can do this. This goes further and allows any interested person. Allows destruction of property to be evidence of needing to be committed. Expands what qualify a person to be committed. Is this similar to Iowa law? Two people sign a document, and the sheriff picks the person up. Oppose. Testify in person. Would a consumer representative be willing to testify? There was a prior bill and a comparison will occur.
- LB1043-Senator Meyer. Include prescription antidepressants, antipsychotics, and

anticonvulsants on the preferred drug list under the Medical Assistance Act. Not good, destabilize the behavioral health system. Psychotropic medications on the Nebraska preferred drug list. They were exempted from this list so providers have flexibility. If they are on the list it will force providers to use these medications vs a different medication that was working. Will require more preauthorization's by providers to get medications authorized. Anyone who is on an antidepressant. Even if you have been stable, you would not have to try the medication on the list, even if it does not work. This is an insurance company bill. Providers to meet with Senator Meyer to try and understand why. Likely sold it will allow Nebraska to negotiate lower rates for medications. Save Nebraska money. Sounds attractive but has negative implications. Taking expense medications away from people who need them. Medications are not interchangeable one for one. Medications don't always work for everyone across the board and why they were exempted from the list initially. Ingrid will have a discussion with Senator Meyer. Oppose. Testify. Try to get some prescribers to testify. Possibly from the Nebraska Medical Association.

- LB1071-Senator Arch. Budget Bills. Provide, change, and eliminate provisions related to appropriations for the expenses of Nebraska State Government for the biennium ending June 30, 2027. Sweep up \$12 million from the behavioral health aid fund. Main line budget. DHHS reduction, \$152 million reduction. \$15 million deficit at LRC this year and next year. ABA cuts and savings of \$35 million in general funds and losing \$44 million in Federal funds. Take \$100,000 for mental health first aid training goes to Regions. Talk about operational efficiencies in BH, and don't say what they are. Administrative savings. Don't have operations efficiencies amount broken out. \$4 million savings from the SMI waiver. Moving 988 to Health Care Cash Fund. Cost sharing with Medicaid and save money. Catch a lot of people who are on Medicaid rolls from other states. Shift funding has increased because funding for kids has increased. \$30 million is the increase. More to come.
- LB1072-Senator Arch. Budget Bills. Transfer bill. Sweep up carry over funds. Provide for and change transfers from the Cash Reserve Fund and provide, change, and eliminate provisions relating to fees, funds, and fund transfers, agency powers and duties, and varies statutory programs. Need more time to review.
- LB1084-Senator Storer. Change provisions relating to persons taken into emergency protective custody. Takes out sex offenders from the EPC. Pilot from last year. Needs input. Monitor for now and talk again.
- LB1088-Senator Raybould. Require persons convicted of misdemeanor crimes of domestic violence or subject to domestic abuse protection orders to surrender firearms for a period of time. Needs more assessment.
- LB1089-Senator Hughes. Requires individuals convicted of misdemeanor domestic violence offenses, or those subject to domestic abuse protection orders (including foreign orders), to surrender all firearms and ammunition in their possession within 48 hours. Courts must issue firearm surrender orders in relevant cases, and law enforcement or other qualified third parties are tasked with receiving and safeguarding surrendered weapons. The state Court administrator must develop order expires, notification requirements, and duties for courts, jails, law enforcement, and the State Court Administrator.
- LB1106-Senator Prokop. Provide transfers of funds from the Nebraska Health Care Cash Fund to the Patient Safety Cash Fund. Transfer three hundred thousand dollars on or before July 15 of each fiscal year to Patient Safety Cash Fund.

- LB1144-Senator Hardin. Redefine a term and provide requirements for entities issuing health plans under the Medical Assistance Act.
- LB1147-Senator Conrad. Require the Auditor of Public Accounts to investigate impoundment of funds by the Governor and submit a quarterly report.
- LB1155-Senator Dorn. Change provisions relating to legislative oversight. Adds in Juvenile Justice System and access by the Inspector General. Room confinement of a juvenile for longer than one hour during a twenty-four-hour period shall be approved in writing by a supervisor in a juvenile facility. Submission of reports by September 15 annually.

Emergency System/Stepping Up

Emergency Protective Custody (EPC) Pilot Expansion Project

The Pilot Program began on July 1st. As of December 31st, 2025 there were 20 individuals served at Mary Lanning or Methodist from . There was 1 mental health board commitment. In total, the EPC Pilot Expansion project provided approximately 160 bed days.

BETA Trainings

Winter BETA 2026 February 10-13

Summer BETA 2026 June 23-26

Voluntary Crisis Response Center (VCRC)

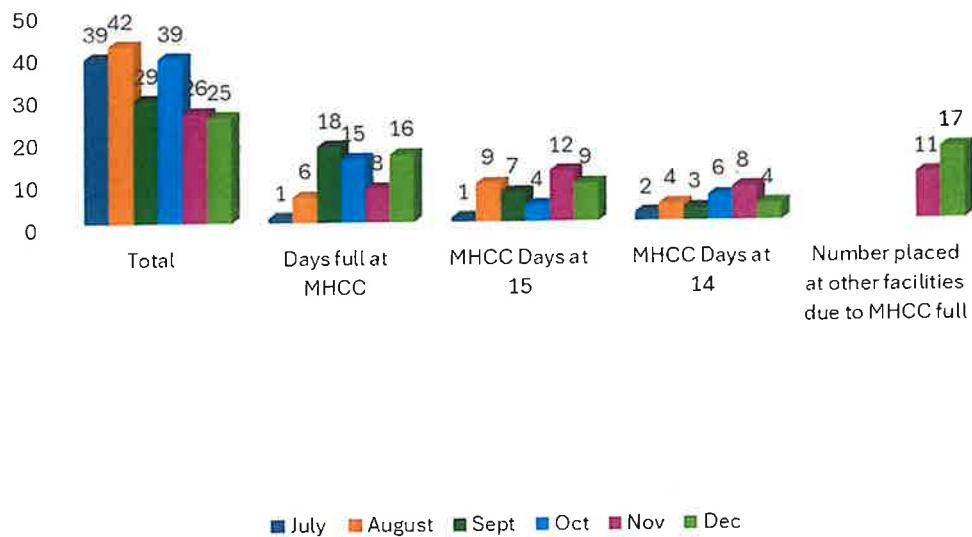
From July 1st, 2025, to December 31st, 2025 the VCRC has served 127 people. The VCRC provides crisis stabilization (3-5 days) and also Mental Health Respite (up to 21 days).

Emergency System and Competency Restoration System

The system remains in crisis. Individuals are not being discharged from LRC, which limits the ability to admit individuals under Mental Health Board Commitment or Competency Restoration. As a result, wait times for competency restoration have increased significantly. Males are waiting nearly 100 days for competency restoration, during which time they remain in jail. Currently, there are 12 males on the waitlist (10 from Lancaster County, 1 from Thayer County, and 1 from Nemaha County) and 2 females from Lancaster County.

Wait times for females under Mental Health Board Commitment are approaching 140 days. While wait times for female competency restoration have decreased due to LRC opening a competency restoration unit for females in response to wait times that mirrored the Mental Health Board Commitment list, this unit has since been transitioned to a male competency restoration unit to address the growing male competency waitlist.

MHCC Data



Behavioral Health Education Center of Nebraska (BHECN)

- Hosted a Provider Retention Workshop with over 60 people in attendance including providers from multiple agencies (outpatient providers, correctional system,
- Held a student event on the UNL campus to introduce BHECN to criminal justice, psychology, and social work majors.
- A student event is currently being planned at Wesleyan for their undergraduate and graduate social work students
- A preliminary meeting was held with the Nebraska City Police Department and CHI-St. Mary's on a possible training for providers, law enforcement and corrections.

Youth System Coordination

- The opening of the new SquareOne building continues to be delayed due to the renovation timeline. Available behavioral services (crisis response, crisis psychotherapy and emergency community support) continue to be available at CenterPointe's Campus for Health and WellBeing. Since September 2025, over 250 individuals (unduplicated) from across the Region 5 Systems service area have received services and, in 92% of these situations, the service resulted in de-escalation of the crisis event.
- The Family Youth Investment program attended the Statewide Professional Partner Program conference in Kearney in October 2025. During the conference, Eric Bruns, Ph.D. from the University of Washington Wraparound Evaluation and Research Team shared data collected from caregivers and professional partners. The key takeaways for Region 5 Systems included the following:
 - Excellent caregiver and professional partner response rates.
 - Caregivers rated all four of the core elements excellent. (The four core elements are: The family is part of a team, The family has a written plan, The team meets regularly, and The team's decisions are based on input from the family).
- In December, Region 5 Systems attended a tour of Children's Nebraska Behavioral Health & Wellness Center in Omaha. Their continuum of care includes Crisis Assessment Center, Outpatient Behavioral Health, Partial Hospitalization (mental health), Partial Hospitalization (eating disorders), Inpatient (mental health), and Physical Health services.

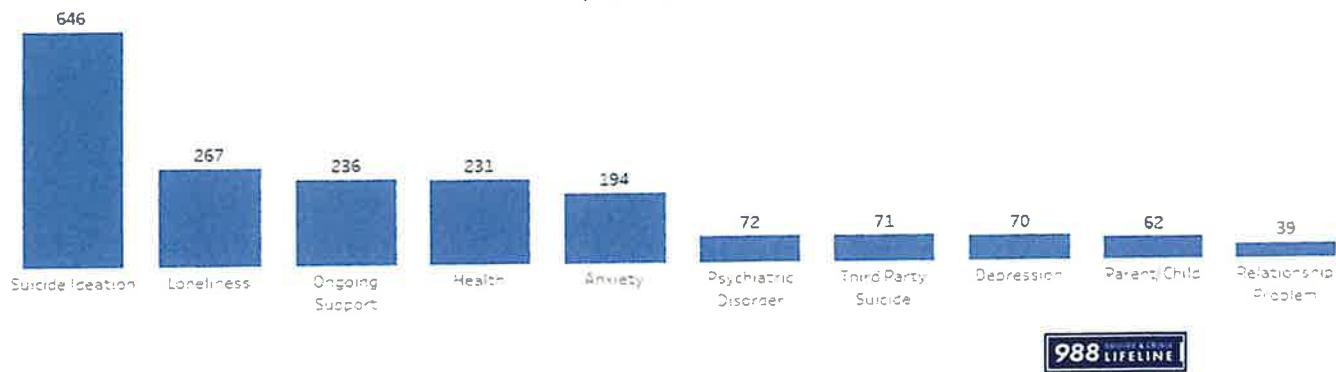
- Following the Upstream Mapping Workshop held in Jefferson County earlier this year, Region 5 Systems has participated in ongoing committees to enhance a Jefferson County-specific directory of services and to educate system partners on processes, services, and limitations to improve coordination among agencies working with youth and families.
- The 2026 Nebraska Young Child Institute will be held at the Younes Center North in Kearney on June 16 & 17. This event is held every two years for multidisciplinary professionals to connect on issues to improve the outcomes of young children. Registration will open in February 2026.
- Region 5 Systems participates in the Lincoln/Lancaster County Youth Crisis Response Coalition. Members noted an increase in school truancy, food insecurity, and youth needing housing support. Provider updates from the January 2026 meeting included CenterPointe sharing that they have backpacks with school supplies available at their Campus for Health and WellBeing and LFS sharing that they plan to renovate the space formerly occupied by HeadStart to increase medication management services, including Spravato. Data presented at the November 2025 meeting included the following:

988 NE Data Request: Lancaster County	August 2025	September 2025	October 2025
Lancaster County Contacts:	764	903	772
# of Youth Callers 18 and under:	73	71	75
Reason for calling:	See attached graphic		
Contacts Resolved by Crisis Line:	740 (96.9%)	875 (96.9%)	757 (98.1%)
Number mobile crisis response activated:	12 (50% adult)	15 (67% adult)	5 (60% adult)
Number law enforcement activated:	12	13	10

Top 10 Problem Code Breakdown

Lancaster County

08/01/2025 to 10/31/2025



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

State Opioid Response Grant (SOR)

- Deterra for safe storage/disposal of opioid medications are available on a first-come, first-served basis. Please reach out to Trina Janis (tjanis@region5systems.net) to make a request.
- Region 5 Systems is in the process of developing a Treatment and Current Drug Trend Summit with a

workgroup of stakeholders who attended the RX Summit in April 2025. The summit will be held on September 1, 2026. Additional information will be provided as the project progresses.

Opioid Remediation Settlement Funds

- Contracts for the second grant cycle of the Opioid Settlement Funds have been issued to the 12 awarded agencies. Site visits with awardees will be held in April of 2026.
- Region 5 Systems continues to address barriers to accessing substance use treatment and recovery through the utilization of Opioid Flex Funds. For additional information please contact Trina Janis at tjanis@region5systems.net. Report on utilization will be provided at the end of the fiscal year.

Prevention System

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

Housing System Coordination

- A Notice of Funding Opportunity (NOFO) was issued in December 2025 at which time Region 5 Systems would have had to renew our application for our three HUD funded programs. Under this new NOFO, the funding priority moved away from Permanent Supported Housing and more to Transitional Housing. Region 5 Systems was prepared to make mandated changes to programming and also submit a new application for additional bonus funding available to implement a HUD funded Transitional Housing program. That NOFO was rescinded due to litigation and there has been a period of uncertainty and ongoing development regarding this process.
- Region 5 Systems has received interim guidance regarding HUD's reissued FY24–25 Continuum of Care NOFO. This NOFO is operating under ongoing litigation and may change again. If the court order is lifted, HUD has indicated it would revert to the previously published December FY2025 NOFO or projects funded in FY2024, the recommended and expected course at this time is renewal as currently funded, with no action required by grantees.
- Based on HUD's reissued FY24/25 NOFO and subsequent notice:
- Projects funded in FY2024 that are not being reallocated or replaced **do not need to submit a renewal application for FY2025**. HUD has indicated these projects may be selected for FY2025 funding using their FY2024 applications.
- There is no bonus funding available under the reissued FY24–25 NOFO.
- No Consolidated CoC Application is required for the FY24–25 NOFO.
- At this time, the CoC is **not encouraging any reallocation** under the **FY24–25 NOFO**.
- HUD has not yet specified the mechanism by which FY2024-funded projects will formally signal intent to renew. In the meantime, **no action is required** to preserve renewal eligibility.

Region V Systems (RVS) Quarterly Report

September 2025- December 2025

Taisa Brumagen, CPSS

List of tasks completed/milestones hit this quarter:

- Maintain NABHO membership meetings. Attended open office hours to discuss changes to service definitions. Maintained advocacy efforts and attended NABHO legislative learning day. Used peer voice in areas of NABHO and built new relationships with NABHO members.
- Connected other agencies such as Children's Hospital, OUR Homes, Different Approach Sober living to peer support training, facilitated training for their staff, continuing education, resources and partnership with lived experience and peer support sustainability.
- Provided educational opportunities by sharing upcoming continuing education webinars with Region 5 and Office of Consumer Affairs to share with their listserve. Planned educational opportunities in ethics, bias, beliefs, and family peer support for the year 2026 for the community.

Assessment of Need/Problem Solving:

- **Consumer Family Advisory Committee (CFAC):** CFAC has been maintaining good structure for meetings and openly discussing the needs for subcommittee meeting attendance to maintain fidelity and structure of flow of the committee as a whole. The committee continues to remind members of the importance of attendance to the subcommittees. CFAC continues to invite members to join CFAC to become members.
- **Behavioral Health Conferences:** Continued to discuss cost effective measures for the BHC and venue costs that could support the budget. Supported the committee with ideas for themes for this year's BHC. Openly discussed budget and planning meals and cost reduction for this year's BHC along with partnering with local agencies for raffle donations.
- **Training and education:** Provided peer support training to 25 peers for the new Children's Behavioral Health and Wellness Center. Submitted and granted fund through Region 5 prevention grant to provide WRAP seminar one to the community to take place February 2026. Planned all of 2026 peer support training and started the registration process and provided CFAC funding opportunities to the interested in the training. Provided open access to education webinars on advocacy, self care, and governmental areas by sharing training information with partners to send to their listserve. Will continue to explore ways to keep educational access open to the community throughout the year and keep partners/ peers informed of these trainings and fill the spots with potential training attendees.
- **Projects:**

Lived experience engagements: Schedule meetings with other behavioral health providers and provide collaborative ideas for education and support to consumers and family members who wish to participate in peer support training and technical assistance with peers in the workforce. Provide visibility of peer support by being available for sharing lived experience with peer support and services with voice and choice and collaborating with partners educating them on lived experience and peer support in behavioral health.

Legislative advocacy and education: Maintain education with legislative areas by visiting legislative websites and focus on bills where using peer voice and choice can be utilized and advocacy efforts. Attend webinars for making your voice heard in the legislature to prepare peers and myself for advocacy efforts to use peer voice in the bill process. Invite peers and others with lived experience to attend these webinars for education and efforts to use lived experience in the legislative area to promote advocacy and change.

Data Collected/Analyzed:

Current:

of support groups- 52

of support group participants (duplicated)- 565

Accumulative:

of support groups- 199

of support group participants (duplicated)- 2,829

of committee/workgroup meetings- 72

Tasks/goals next quarter:

Continue working on the following projects:

- Create meaningful partnerships with organizations and build events for wellness and education that supports all community members to attend and participate in by sharing on social media and websites and increase attendance of community events.
- Support with BHC planning and implementation of budget cost effect measures to build a successful conference for consumers, family members, and partners to attend focusing on wellness and education supporting CFAC and being available to give feedback.
- Provide community support and educational opportunities for peers, community members and consumers for continued support and education offering continuing education units. Creating new training and sharing current and upcoming training.

Associates in Counseling and Treatment
FY 25-26 as of
#REF!

Type	Service	Budget	Requested	Contractor	Paid	Paid %	Available in Contract	Projected Billing Year End	Projected Remaining Year End
MH	Assessment - MH- Adult - Non Residential	\$12,000	\$0.00	\$0.00	\$5,854.47	48.8%	\$6,145.53	\$11,708.94	\$294.06
MH	Assessment - MH- Youth - Children	\$0	\$0.00	\$0.00	\$0.00	0.0%	\$0.00	\$0.00	\$0.00
MH	Flex Funds - MH- Adult - Non Residential - 999999	\$0	\$0.00	\$0.00	\$0.00	0.0%	\$0.00	\$0.00	\$0.00
MH	Outpatient Psychotherapy - MH- Adult - Non Residential	\$20,875	\$0.00	\$0.00	\$9,079.78	43.5%	\$11,795.22	\$18,159.56	\$2,715.44
MH	Outpatient Psychotherapy - MH- Youth - Children	\$0	\$0.00	\$0.00	\$0.00	0.0%	\$0.00	\$0.00	\$0.00
SUD	Assessment - SUD- Adult - Non Residential	\$131,578	\$0.00	\$0.00	\$56,387.79	42.9%	\$75,190.21	\$112,775.58	\$18,802.42
SUD	Intensive Outpatient / Adult - SUD- Adult - Non Residential	\$134,065	\$0.00	\$0.00	\$44,369.76	33.1%	\$89,695.24	\$88,739.52	\$45,325.48
SUD	Outpatient Psychotherapy - SUD- Adult - Non Residential	\$112,991	\$0.00	\$0.00	\$93,202.76	82.5%	\$19,788.24	\$186,405.52	(\$73,414.52)
SUD	Outpatient Psychotherapy - SUD- Adult - Non Residential - WSA	\$0	\$0.00	\$0.00	\$0.00	0.0%	\$0.00	\$0.00	\$0.00
SUD	Outpatient Psychotherapy - SUD- Youth - Children	\$0	\$0.00	\$0.00	\$0.00	0.0%	\$0.00	\$0.00	\$0.00
		\$411,509	\$0.00	\$0.00	\$208,894.56	50.8%	\$202,614.44	\$417,789.12	(\$6,280.12)

Behavioral Health Specialists
FY 25-26 as of
#REF!

Type	Service	Budget	Requested	Contractor Requested	Paid	Paid %	Available in Contract	Projected Billing Year End	Projected Remaining Year End
SUD	Short Term Residential - SUD-Adult - Residential	\$27,000	\$0.00	\$0.00	\$41,862.95	155.0%	(\$14,862.95)	\$83,725.90	(\$56,725.90)
SUD	Social Detoxification - SUD-Adult - Emergency	\$3,000	\$0.00	\$0.00	\$3,067.20	102.2%	(\$67.20)	\$6,134.40	(3134.40)
Total		\$30,000	\$0.00	\$0.00	\$44,930.15	149.8%	(\$14,930.15)	\$89,860.30	(\$59,860.30)

BLUE VALLEY BEHAVIORAL HEALTH
FY 25-26 as of
December 31, 2025

Type	Service	Budget	Requested	Contractor Requested	Paid	Paid %	Available in Contract	Projected Year End	Remaining Year End
MH	24 Hour Crisis Line - MH- Adult - Emergency - Rural - H0030-HI	\$27,500	\$0.00	\$0.00	\$11,484.80	41.8%	\$16,015.20	\$22,989.60	\$4,530.40
MH	Assessment - MH- Adult - Non Residential	\$48,000	\$0.00	\$0.00	\$32,661.78	68.0%	\$15,338.22	\$65,323.56	(\$17,323.56)
MH	Assessment - MH- Youth - Children	\$10,560	\$0.00	\$0.00	\$7,395.12	70.0%	\$3,164.88	\$14,790.24	(\$4,230.24)
MH	Client Assistance Program - MH- Youth - Children	\$10,000	\$0.00	\$0.00	\$0.00	0.0%	\$10,000.00	\$0.00	\$10,000.00
MH	Community Support - MH- Adult - Non Residential	\$82,000	\$0.00	\$0.00	\$61,825.95	75.4%	\$20,174.05	\$123,651.90	(\$41,651.90)
MH	Flex Funds - MH- Adult - Non Residential - 99999	\$0	\$0.00	\$0.00	\$169.77	(\$169.77)	\$339.54	\$339.54	(\$339.54)
MH	Medication Management - MH- Adult - Non Residential	\$61,000	\$0.00	\$0.00	\$36,630.72	60.1%	\$24,369.28	\$73,261.44	(\$12,261.44)
MH	Medication Management - MH- Adult - Non Residential - SE	\$20,000	\$0.00	\$0.00	\$11,565.80	57.8%	\$8,434.20	\$23,131.60	(\$3,131.60)
MH	Medication Management - MH- Youth - Children	\$5,000	\$0.00	\$0.00	\$3,185.28	63.7%	\$1,814.72	\$6,370.56	(\$1,370.56)
MH	Outpatient Psychotherapy - MH- Adult - Non Residential	\$230,320	\$0.00	\$0.00	\$163,668.78	71.1%	\$66,651.22	\$327,337.56	(\$97,017.56)
MH	Outpatient Psychotherapy - MH- Adult - Non Residential - SE	\$33,898	\$0.00	\$0.00	\$33,898.00	100.0%	\$0.00	\$67,796.00	(\$33,898.00)
MH	Outpatient Psychotherapy - MH- Youth - Children	\$82,200	\$0.00	\$0.00	\$46,446.52	56.5%	\$35,753.48	\$92,832.04	(\$10,633.04)
MH	Outpatient Psychotherapy - MH- Youth - Children - SE	\$71,832	\$0.00	\$0.00	\$66,395.85	93.3%	\$4,836.15	\$133,991.70	(\$62,159.70)
MH	Recovery Support - MH- Adult - Non Residential	\$0	\$0.00	\$0.00	\$0.00	0.0%	\$0.00	\$0.00	\$0.00
SUD	Assessment - SUD- Adult - Non Residential	\$60,000	\$0.00	\$0.00	\$43,603.48	72.7%	\$16,396.52	\$87,206.96	(\$27,206.96)
SUD	Assessment - SUD- Youth - Children	\$6,600	\$0.00	\$0.00	\$616.26	9.3%	\$5,983.74	\$1,123.32	\$5,367.48
SUD	Client Assistance Program - SUD- Youth - Non Residential	\$5,000	\$0.00	\$0.00	\$0.00	0.0%	\$5,000.00	\$0.00	\$5,000.00
SUD	Intensive Outpatient - Adult - SUD- Adult - Non Residential	\$55,000	\$0.00	\$0.00	\$29,885.28	54.3%	\$25,114.72	\$59,770.56	(\$4,770.56)
SUD	Outpatient Psychotherapy - SUD- Adult - Non Residential	\$100,000	\$0.00	\$0.00	\$75,315.46	75.3%	\$24,984.54	\$150,630.92	(\$50,630.92)
SUD	Outpatient Psychotherapy - SUD- Adult - Non Residential - SE	\$51,758	\$0.00	\$0.00	\$50,800.52	98.2%	\$957.48	\$101,601.04	(\$49,843.04)
SUD	Outpatient Psychotherapy - SUD- Youth - Children	\$2,283	\$0.00	\$0.00	\$0.00	0.0%	\$2,283.00	\$0.00	\$2,283.00
SUD	Outpatient Psychotherapy - SUD- Youth - Non Residential - SE	\$12,512	\$0.00	\$0.00	\$12,512.00	100.0%	\$0.00	\$25,024.00	(\$12,512.00)
	\$975,463	\$0.00	\$0.00	\$688,661.37	70.6%		\$286,801.63	\$1,377,322.74	(\$401,859.74)

Type	Service	Budget	Requested	Contractor	Paid	Paid %	Available in Contract	Projected Billing Year End	Projected Remaining Year End
MH	24 Hour Crisis Line -MH- Adult - Emergency -H0030-HE	\$64,688	\$0.00	\$0.00	\$64,688.00	100.0%	\$0.00	\$129,376.00	(\$64,688.00)
MH	Assertive Community Treatment - MH- Adult - Non Residential	\$310,550	\$0.00	\$0.00	\$162,784.35	52.4%	\$147,765.87	\$325,568.70	(\$15,018.48)
MH	Assessment - MH- Adult - Non Residential	\$16,000	\$0.00	\$0.00	\$18,959.25	118.5%	(\$2,958.25)	\$37,918.50	(\$21,918.50)
MH	Assessment - MH- Youth - Children	\$0	\$0.00	\$0.00	\$0.00	\$0.0%	\$0.00	\$0.00	\$0.00
MH	Community Support - MH- Adult - Non Residential	\$40,500	\$0.00	\$0.00	\$53,113.35	131.1%	(\$12,613.35)	\$106,226.70	(\$65,726.70)
MH	Crisis Psychotherapy - MH- Youth - Emergency	\$10,000	\$0.00	\$0.00	\$0.00	0.0%	\$10,000.00	\$0.00	\$10,000.00
MH	Crisis Response - MH- Adult - Emergency	\$119,400	\$0.00	\$0.00	\$64,482.70	54.0%	\$54,917.30	\$128,965.40	(\$9,566.40)
MH	Crisis Response - MH- Youth - Children	\$84,748	\$0.00	\$0.00	\$72,425.59	85.5%	\$12,322.41	\$144,851.18	(\$60,103.18)
MH	Day Rehabilitation - MH- Adult - Non Residential	\$12,000	\$0.00	\$0.00	\$11,119.36	92.7%	\$880.64	\$22,238.72	(\$10,238.72)
MH	Dual Disorder Residential - MH- Adult - Residential	\$0	\$0.00	\$0.00	\$0.00	\$0.0%	\$0.00	\$0.00	\$0.00
MH	Emergency Community Support - MH- Youth - Children	\$154,728	\$0.00	\$0.00	\$116,770.36	75.5%	\$37,957.64	\$233,540.72	(\$78,812.72)
MH	Flex Funds - MH- Adult - Non Residential - 99899	\$20,000	\$0.00	\$0.00	\$15,640.22	78.2%	\$4,359.78	\$31,280.44	(\$11,280.44)
MH	Medication Management - MH- Adult - Non Residential	\$35,000	\$0.00	\$0.00	\$29,463.84	84.2%	\$5,536.16	\$55,927.68	(\$23,927.68)
MH	Medication Management - MH- Youth - Children	\$0	\$0.00	\$0.00	\$0.00	\$0.0%	\$0.00	\$0.00	\$0.00
MH	Outpatient Psychotherapy - MH- Adult - Non Residential	\$44,000	\$0.00	\$0.00	\$63,987.71	145.2%	(\$19,907.71)	\$127,815.42	(\$63,815.42)
MH	Outpatient Psychotherapy - MH- Youth - Children	\$0	\$0.00	\$0.00	(\$289.82)	0.0%	\$269.82	(\$539.64)	\$539.64
MH	Peer Support - MH- Adult - Non Residential	\$5,000	\$0.00	\$0.00	\$6,744.70	134.9%	(\$1,744.70)	\$13,489.40	(\$8,489.40)
MH	Psychiatric Residential Rehabilitation - MH- Adult - Residential	\$5,000	\$0.00	\$0.00	\$5,186.92	103.7%	(\$186.92)	\$10,373.84	(\$5,373.84)
MH	Recovery Support - MH- Adult - Non Residential	\$114,565	\$0.00	\$0.00	\$55,200.23	48.2%	\$59,384.77	\$110,404.46	\$4,164.54
SUD	Assessment - SUD- Adult - Non Residential	\$12,500	\$0.00	\$0.00	\$13,721.04	109.8%	(\$1,221.04)	\$27,442.08	(\$14,942.08)
SUD	Community Support - SUD- Adult - Non Residential	\$3,000	\$0.00	\$0.00	\$1,809.26	60.3%	\$1,190.74	\$3,618.52	(\$818.52)
SUD	Crisis Response - SUD- Adult - Emergency	\$0	\$0.00	\$0.00	\$0.00	\$0.0%	\$0.00	\$0.00	\$0.00
SUD	Crisis Response - SUD- Youth - Emergency	\$84,748	\$0.00	\$0.00	\$50.00	0.0%	\$84,748.00	\$0.00	\$84,748.00
SUD	Dual Disorder Residential - SUD- Adult - Residential	29,760	\$0.00	\$0.00	\$11,318.30	38.0%	\$18,441.70	\$22,636.60	\$7,123.40
SUD	Emergency Community Support - SUD- Adult - Emergency	\$0	\$0.00	\$0.00	\$0.00	\$0.0%	\$0.00	\$0.00	\$0.00
SUD	Emergency Community Support - SUD- Youth - Emergency	\$5,000	\$0.00	\$0.00	\$0.00	0.0%	\$5,000.00	\$0.00	\$5,000.00
SUD	Flex Funds - SUD- Adult - Non Residential - 99999	\$10,000	\$0.00	\$0.00	\$5,352.00	53.5%	\$4,648.00	\$10,704.00	(\$704.00)
SUD	Intensive Outpatient / Adult - SUD- Adult - Non Residential	\$13,400	\$0.00	\$0.00	\$18,701.76	139.6%	(\$5,301.76)	\$37,403.52	(\$24,003.52)
SUD	Outpatient Psychotherapy - SUD- Adult - Non Residential	\$26,403	\$0.00	\$0.00	\$6,751.62	25.6%	\$19,651.38	\$13,503.24	\$12,899.76
SUD	Outpatient Psychotherapy - SUD- Youth - Children	\$0	\$0.00	\$0.00	\$0.00	\$0.0%	\$0.00	\$0.00	\$0.00
SUD	Recovery Support - SUD- Adult - Non Residential	\$97,917	\$0.00	\$0.00	\$43,876.86	44.8%	\$54,040.12	\$87,753.76	\$10,163.24
SUD	SOAR - SUD- Adult - Non Residential	\$52,500	\$0.00	\$0.00	\$26,250.00	50.0%	\$26,250.00	\$52,500.00	\$0.00
	\$1,371,407	\$0.00	\$0.00	\$867,997.62	63.3%	\$503,409.60	\$1,735,995.24	(\$364,588.02)	

Goodwill Industries of Greater Nebraska, Inc.
 FY 25-26 as of
 December 31, 2025

Type	Service	Budget			Contractor			Available in Contract			Projected Billing Year End			Remaining Year End
		Requested	Requested	Paid	Paid %	Paid	Paid %	Year End	Year End	Year End	Year End	Year End	Year End	
MH	Supported Employment - MH- Adult - Non Residential	\$7,000	\$0.00	\$0.00	10.29%	\$713.92	10.29%	\$6,286.08	\$1,427.84	\$1,427.84	\$1,427.84	\$1,427.84	\$1,427.84	\$5,572.16
SUD	Supported Employment - SUD- Adult - Non Residential	\$4,000	\$0.00	\$0.00	0.0%	\$0.00	0.0%	\$4,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,000.00
Total		\$11,000	\$0.00	\$0.00	6.5%	\$713.92	6.5%	\$10,286.08	\$1,427.84	\$1,427.84	\$1,427.84	\$1,427.84	\$1,427.84	\$9,572.16

HopeSpoke
 FY 25-26 as of
 December 31, 2025

Type	Service	Budget	Requested	Contractor Requested	Paid	Paid %	Projected		
							Available in Contract Year End	Projected Billing Year End	Remaining Year End
MH	Assessment - MH- Adult - Non Residential	\$4,000	\$0.00	\$0.00	\$2,622.19	65.6%	\$1,377.81	\$5,244.38	(\$1,244.38)
MH	Assessment - MH- Youth - Children	\$1,000	\$0.00	\$0.00	\$3,087.46	308.7%	(\$2,087.46)	\$6,174.92	(\$5,174.92)
MH	Flex Funds - MH- Adult - Non Residential - 999999	\$0	\$0.00	\$0.00	\$0.00	0.0%	\$0.00	\$0.00	\$0.00
MH	Medication Management - MH- Adult - Non Residential	\$5,000	\$0.00	\$0.00	\$265.44	5.3%	\$4,734.56	\$530.88	\$4,469.12
MH	Medication Management - MH- Youth - Children	\$1,500	\$0.00	\$0.00	\$442.40	29.5%	\$1,057.60	\$894.80	\$615.20
MH	Outpatient Psychotherapy - MH- Adult - Non Residential	\$62,500	\$0.00	\$0.00	\$22,195.05	35.5%	\$40,304.95	\$44,390.10	\$18,109.90
MH	Outpatient Psychotherapy - MH- Youth - Children	\$26,000	\$0.00	\$0.00	\$35,853.52	137.9%	(\$9,853.52)	\$71,707.04	(\$45,707.04)
MH	Outpatient Psychotherapy - MH- Youth - Children - SE	\$0	\$0.00	\$0.00	\$0.00	0.0%	\$0.00	\$0.00	\$0.00
MH	Therapeutic Consultation - MH- Youth - Children	\$15,986	\$0.00	\$0.00	\$0.00	0.0%	\$15,986.00	\$0.00	\$15,986.00
SUD	Outpatient Psychotherapy - SUD- Youth - Children	\$0	\$0.00	\$0.00	\$0.00	0.0%	\$0.00	\$0.00	\$0.00
Total		\$115,986	\$0.00	\$64,466.06	55.6%		\$51,519.94	\$128,932.12	(\$12,946.12)

Houses of Hope
FY 25-26 as of
December 31, 2025

Type	Service	Contractor			Projected			Projected Year End
		Budget	Requested	Paid	Available in Contract	Billing Year End	Remaining Year End	
MH	Flex Funds - MH-Adult - Non Residential - 999999	\$1,000	\$0.00	\$0.00	\$1,000.00	\$0.00	\$1,000.00	\$1,000.00
SUD	Halfway House - SUD-Adult - Residential	\$122,500	\$0.00	\$0.00	\$100,989.55	82.4%	\$21,510.45	\$201,979.10
SUD	Short Term Residential - SUD- Adult - Residential	\$0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total		\$123,500	\$0.00	\$0.00	\$100,989.55	81.8%	\$22,510.45	\$201,979.10
								(\$78,479.10)

Integrated Behavioral Health Services
 FY 25-26 as of
 December 31, 2025

Type	Service	Budget	Contractor		Available in Contract	Projected Billing Year End	Projected Remaining Year End
			Requested	Paid			
MH	Community Support - MH- Adult - Non Residential	\$10,000	\$0.00	\$8,712.60	87.1%	\$1,287.40	\$17,425.20
MH	Crisis Stabilization-5 - MH- Adult - Emergency	\$532,500	\$0.00	\$392,877.25	73.8%	\$139,622.75	\$785,754.50
MH	Day Rehabilitation - MH- Adult - Non Residential	\$10,000	\$0.00	\$8,245.88	82.5%	\$1,754.12	\$16,491.76
MH	Mental Health Respite - MH- Adult - Emergency	\$617,500	\$0.00	\$207,313.93	33.6%	\$410,186.07	\$414,627.86
MH	Outpatient Psychotherapy - MH- Adult - Non Residential	\$1,000	\$0.00	\$0.00	0.0%	\$1,000.00	\$1,000.00
MH	Psychiatric Residential Rehabilitation - MH- Adult - Residential	\$9,000	\$0.00	\$13,385.60	148.7%	(\$4,385.60)	\$26,771.20
MH	Secure Residential - MH- Adult - Residential	\$179,586	\$0.00	\$180,145.77	100.3%	(\$559.77)	\$360,291.54
MH	Secure Residential R&B - MH- Adult - Residential	\$32,583	\$0.00	\$29,501.55	90.5%	\$3,081.45	\$59,003.10
Total		\$1,392,169	\$0.00	\$840,102.58	60.4%	\$551,986.42	\$1,680,365.16
							(\$288,196.16)

Lutheran Family Services
FY 25-26 as of
December 31, 2025

Type	Service	Budget	Requested	Contractor Requested	Paid	Paid %	Available in Contract	Projected Billing Year End	Remaining Year End
MH	Assessment - MH- Adult - Non Residential	\$12,000	\$0.00	\$0.00	\$3,697.56	30.8%	\$8,302.44	\$7,395.12	\$4,604.88
MH	Assessment - MH- Youth - Children	\$5,000	\$0.00	\$0.00	\$0.00	0.0%	\$5,000.00	\$0.00	\$5,000.00
MH	Community Support - MH- Adult - Non Residential	\$55,500	\$0.00	\$0.00	\$31,432.38	56.6%	\$24,067.62	\$62,884.76	(\$7,364.76)
MH	Emergency Community Support - MH- Adult - Emergency	\$0	\$0.00	\$0.00	\$0.00	0.0%	\$0.00	\$0.00	\$0.00
MH	Flex Funds - MH- Adult - Non Residential - 99999	\$0	\$0.00	\$0.00	\$0.00	0.0%	\$0.00	\$0.00	\$0.00
MH	Medication Management - MH- Adult - Non Residential	\$73,000	\$0.00	\$0.00	\$35,392.00	48.5%	\$37,608.00	\$70,784.00	\$2,216.00
MH	Medication Management - MH- Adult - Non Residential - SE	\$41,000	\$0.00	\$0.00	\$18,669.05	45.5%	\$22,330.95	\$37,338.10	\$3,661.90
MH	Outpatient Psychotherapy - MH- Adult - Non Residential	\$164,000	\$0.00	\$0.00	\$81,242.71	49.5%	\$82,757.29	\$162,485.42	\$1,514.58
MH	Outpatient Psychotherapy - MH- Youth - Children	\$9,000	\$0.00	\$0.00	\$1,396.89	15.5%	\$7,603.11	\$2,793.78	\$6,206.22
MH	Peer Support - MH- Adult - Non Residential	\$13,000	\$0.00	\$0.00	\$3,683.13	28.4%	\$9,310.87	\$7,378.26	\$5,621.74
SUD	Assessment - SUD- Adult - Non Residential	\$22,000	\$0.00	\$0.00	\$10,501.10	47.7%	\$11,498.90	\$21,002.20	\$997.80
SUD	Intensive Outpatient / Adult - SUD- Adult - Non Residential	\$7,500	\$0.00	\$0.00	\$14,716.32	196.2%	(\$7,216.32)	\$29,432.64	(\$21,932.64)
SUD	Outpatient Psychotherapy - SUD- Adult - Non Residential	\$38,000	\$0.00	\$0.00	\$7,799.22	20.5%	\$30,200.78	\$2,598.44	\$22,401.56
SUD	Outpatient Psychotherapy - SUD- Youth - Children	\$0	\$0.00	\$0.00	\$0.00	0.0%	\$0.00	\$0.00	\$0.00
SUD	Peer Support - SUD- Adult - Non Residential	\$20,000	\$0.00	\$0.00	\$0.00	0.0%	\$20,000.00	\$0.00	\$20,000.00
Total		\$460,000	\$0.00	\$0.00	\$208,536.36	45.3%	\$251,463.64	\$417,072.72	\$42,927.28

Mary Lanning Healthcare
FY 25-26 as of
December 31, 2025

Type	Service	Budget	Requested	Contractor	Paid	Paid %	Available in Contract	Projected Billing Year End	Projected Remaining Year End
NH	Acute Inpatient Hospitalization - MH- Adult- Inpatient	\$25,000	\$0.00	\$0.00	\$0.00	0%	\$25,000.00	\$0.00	\$25,000.00
NH	Emergency Protective Custody - MH- Adult- Inpatient	\$25,000	\$0.00	\$0.00	\$27,126.96	109%	(\$2,126.96)	\$54,253.92	(\$29,253.92)
NH	Flex Funds - MH- Adult - Non Residential -39999	\$0	\$0.00	\$0.00	\$0.00	0%	\$0.00	\$0.00	\$0.00
NH	Inpatient Post Commitment Treatment Days - MH- A	\$0	\$0.00	\$0.00	\$0.00	0%	\$0.00	\$0.00	\$0.00
SUD	Inpatient Post Commitment Treatment Days - SUD- -	\$0	\$0.00	\$0.00	\$0.00	0%	\$0.00	\$0.00	\$0.00
Total		\$50,000	\$0.00	\$0.00	\$27,126.96	54.25%	\$22,873.04	\$54,253.92	(\$4,253.92)

Mental Health Association of Nebraska
FY 25-26 as of
December 31, 2025

Type	Service	Budget	Requested	Contractor Requested	Paid	Paid %	Available in Contract	Projected Billing Year End	Projected Remaining Year End
MH	Flex Funds - MH-Adult - Non Residential - 99999	\$0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MH	Hospital Diversion Less than 24 hours - MH-Adult - Non Residential	\$0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MH	Hospital Diversion Over 24 hours - MH-Adult - Non Residential - S9	\$480,437	\$0.00	\$0.00	\$248,984.45	51.89%	\$231,452.55	\$497,968.90	(\$17,531.90)
MH	Navigator - MH- Adult - Non Residential	\$0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MH	Navigator - MH- Adult - Non Residential - Direct - H0030-HE	\$127,709	\$0.00	\$0.00	\$57,802.20	45.39%	\$69,906.80	\$115,604.40	\$12,104.60
MH	Navigator - MH- Adult - Non Residential - Indirect - H0030-HE	\$0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MH	Supported Employment - MH- Adult - Non Residential	\$0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
SUD	Supported Employment - SUD- Adult - Non Residential	\$0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total		\$608,146	\$0.00	\$0.00	\$206,786.65	50.4%	\$301,359.35	\$613,573.30	(\$5,427.30)

Mental Health Crisis Center of Lancaster County
FY 25-26 as of
December 31, 2025

Type	Service	Budget	Requested	Contractor Requested	Paid	Paid %	Available in Contract	Projected Billing Year End	Remaining Year End
MH	Crisis Stabilization-5 - MH- Adult - Emergency - S9485	\$653,137	\$0.00	\$0.00	\$405,900.95	62.1%	\$247,236.05	\$811,801.90	\$158,664.90)
MH	Flex Funds - MH- Adult - Non Residential - 99899	\$2,000	\$0.00	\$0.00	\$562.53	28.1%	\$1,437.37	\$1,125.26	\$874.74
MH	Inpatient Post Commitment Treatment Days - MH / Adult - Inpatient	\$0	\$0.00	\$0.00	\$88,523.82	(\$88,523.82)	\$177,047.64		(\$177,047.64)
SUD	Assessment - SUD- Adult - Non Residential	\$20,000	\$0.00	\$0.00	\$4,930.08	24.7%	\$15,069.92	\$9,860.16	\$10,139.84
SUD	Crisis Stabilization-5 - SUD- Adult - Emergency - S9485	\$722,652	\$0.00	\$0.00	\$340,468.91	47.1%	\$382,183.09	\$680,937.82	\$41,714.18
SUD	Inpatient Post Commitment Treatment Days - SUD- Adult - Inpatient	\$0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total		\$1,397,789	\$0.00	\$0.00	\$840,386.59	60.1%	\$557,402.61	\$1,680,772.78	(\$282,983.78)

Methodist Fremont Health
FY 25-26 as of
December 31, 2025

Type	Service	Budget	Requested	Contractor	Available in Contract	Projected Billing	Projected Year End
				Paid	Paid %	Year End	Remaining Year End
MH	Acute Inpatient Hospitalization - MH- Adult- Inpatient	\$25,000	\$0.00	-\$0.00	9%	\$4,521.16	\$20,478.84
MH	Emergency Protective Custody - MH- Adult - Inpatient	\$0	\$0.00	-\$0.00	-\$1,130.29	\$2,260.58	(\$2,260.58)
MH	Inpatient Post Commitment Treatment Days -MH- Adult - Inpatient	\$0	\$0.00	-\$0.00	\$0.00	\$0.00	\$0.00
Total						\$38,218.26	

St. Monica's
FY 25-26 as of
December 31, 2025

Type	Service	Budget	Requested	Contractor Requested	Paid	Paid %	Available in Contract	Projected Billing Year End	Remaining Year End
MH	Flex Funds - MH-Adult - Non Residential - 99999	\$3,000	\$0.00	\$0.00	\$0.00	0.0%	\$3,000.00	\$0.00	\$3,000.00
MH	Peer Support - MH-Adult - Non Residential	\$0	\$0.00	\$0.00	\$0.00	0.0%	\$0.00	\$0.00	\$0.00
SUD	Community Support - SUD-Adult - Non Residential	\$0	\$0.00	\$0.00	\$0.00	0.0%	\$0.00	\$0.00	\$0.00
SUD	Flex Funds - SUD-Adult - Non Residential - 99999	\$0	\$0.00	\$0.00	\$0.00	0.0%	\$0.00	\$0.00	\$0.00
SUD	Halfway House - SUD-Adult- Residential - WSA	\$15,000	\$0.00	\$5,897.20	39.3%	\$9,102.80	\$11,794.40	\$3,205.60	
SUD	Outpatient Psychotherapy - SUD- Adult Rate	\$7,000	\$0.00	\$5,238.30	74.8%	\$1,761.70	\$10,476.60	(\$3,476.60)	
SUD	Recovery Support - SUD- Adult - Non Residential - WSA	\$54,259	\$0.00	\$20,737.10	38.2%	\$33,521.90	\$41,474.20	\$12,784.80	
SUD	Short Term Residential - SUD-Adult - WSA & Regular	\$85,000	\$0.00	\$47,925.86	56.4%	\$37,074.14	\$95,851.72	(\$10,851.72)	
SUD	Therapeutic Community - SUD- Adult - Residential -WSA	\$45,000	\$0.00	\$4,077.60	9.1%	\$40,922.40	\$8,155.20	\$6,844.80	
Total		\$209,259	\$0.00	\$83,876.06	40.1%	\$125,382.94	\$167,732.12	\$41,506.88	

TASC
FY 25-26 as of
December 31, 2025

Type	Service	Budget	Requested	Contractor	Available in Contract	Projected Billing Year End	Remaining Year End
			Requested	Paid	Paid %		
MH	Crisis Response - MH- Adult - Emergency	\$207,500	\$0.00	\$0.00	\$95,717.99	46.1%	\$191,435.98
MH	Crisis Response - MH- Youth - Children	\$6,000	\$0.00	\$0.00	\$2,968.75	49.5%	\$5,937.50
MH	Emergency Community Support - MH- Adult - Emergency	\$387,355	\$0.00	\$0.00	\$161,472.65	41.7%	\$225,882.35
MH	Flex Funds - MH- Adult - Non Residential - 999999	\$22,000	\$0.00	\$0.00	\$8,294.95	37.7%	\$13,705.15
MH	Intensive Community Services - MH- Adult - Non Residential	\$228,918	\$0.00	\$0.00	\$105,750.01	46.2%	\$123,167.99
MH	Recovery Support - MH- Adult - Non Residential	\$274,896	\$0.00	\$0.00	\$115,502.90	42.0%	\$159,393.10
SUD	Crisis Response - SUD- Adult - Emergency	\$207,500	\$0.00	\$0.00	\$95,717.99	46.1%	\$111,782.01
SUD	Emergency Community Support - SUD- Adult - Emergency	\$387,355	\$0.00	\$0.00	\$161,472.65	41.7%	\$225,882.35
SUD	Intensive Community Services - SUD- Adult - Non Residential - H-0C	\$228,918	\$0.00	\$0.00	\$105,750.01	46.2%	\$123,167.99
SUD	Recovery Support - SUD- Adult - Non Residential	\$149,368	\$0.00	\$0.00	\$61,656.56	41.3%	\$87,711.44
Total		\$2,099,810	\$0.00	\$0.00	\$914,304.36	43.5%	\$1,185,505.64
							\$1,828,608.72
							\$271,201.28

Telecare
FY 25-26 as of
December 31, 2025

Type	Service	Budget	Requested	Contractor Requested	Paid	Paid %	Available in Contract	Projected Billing Year End	Projected Remaining Year End
MH	Secure Residential - MH- Adult - Residential	\$22,000	\$0.00	\$0.00	\$21,193.62	96.3%	\$806.38	\$42,387.24	(\$20,387.24)
MH	Secure Residential R&B - MH- Adult - Residential	\$6,000	\$0.00	\$0.00	\$8,394.75	139.9%	(\$2,394.75)	\$16,789.50	(\$10,789.50)
Total		\$28,000	\$0.00	\$0.00	\$29,588.37	105.7%	(\$1,588.37)	\$55,176.74	(\$31,176.74)

The Bridge Behavioral Health
 FY 25-26 as of
 December 31, 2025

Type	Service	Budget	Requested	Contractor		Available in Contract	Projected Billing Year End	Projected Remaining Year End	
				Requested	Paid			Paid %	Year End
MH	Emergency Protective Custody - MH- Adult - Inpatient	\$0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MH	Flex Funds - MH-Adult- Non Residential - 99999	\$1,000	\$0.00	\$0.00	\$0.00	\$1,000.00	\$0.00	0.0%	\$1,000.00
MH	Inpatient Post Commitment Treatment Days - MH-Adult - Inpatient	\$0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MH	Mental Health Respite - MH- Adult - Emergency	\$0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MH	Outpatient Psychotherapy - MH- Adult - Non Residential	\$0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
SUD	Assessment - SUD- Adult - Non Residential	\$2,000	\$0.00	\$0.00	(\$308.13)	-15.4%	\$2,308.13		(\$616.26)
SUD	Inpatient Post Commitment Treatment Days - SUD- Adult - Inpatient	\$0	\$0.00	\$0.00	(\$308.13)	-15.4%	\$0.00		(\$616.26)
SUD	Intermediate Residential - SUD- Adult - Residential	\$5,000	\$0.00	\$0.00	(\$308.13)	-15.4%	\$0.00		(\$616.26)
SUD	Medically Monitored Withdrawal Management - SUD- Adult - Emerg	\$45,000	\$0.00	\$0.00	(\$308.13)	-15.4%	\$0.00		(\$616.26)
SUD	Mental Health Respite - SUD- Adult - Emergency - H0045-HF	\$434,900	\$0.00	\$0.00	(\$308.13)	-15.4%	\$434,591.88		(\$616.26)
SUD	Outpatient Psychotherapy - SUD- Adult - Non Residential	\$1,000	\$0.00	\$0.00	(\$155.21)	-15.5%	\$1,155.21		(\$310.42)
SUD	Short Term Residential - SUD- Adult - Residential	\$93,000	\$0.00	\$0.00	(\$308.13)	-15.4%	\$92,691.87		(\$616.26)
SUD	Social Detoxification - SUD- Adult - Emergency	\$45,000	\$0.00	\$0.00	(\$308.13)	-15.4%	\$40,640.40	90.3%	(\$36,280.80)
Total		\$626,900	\$0.00	\$0.00	\$336,449.15	53.7%	\$290,450.85	\$672,898.30	(\$45,998.30)

Wellbeing Initiative, Inc.
FY 25-26 as of
December 31, 2025

Type	Service	Budget	Contractor:		Available in Contract	Projected Billing Year End	Remaining Year End
			Requested	Paid			
MH	Pilot Recovery Wellness Support - MH- Adult - Non Residential- H00	\$423,112	\$0.00	\$0.00	\$155,467.06	36.7%	\$267,644.94
MH	Unallocated Available - MH - UnAllocated	\$0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
SUD	Pilot Recovery Wellness Support - SUD- Adult - Non Residential -H0	\$41,938	\$0.00	\$0.00	\$34,230.47	81.6%	\$7,707.53
SUD	Unallocated Available - SUD - UnAllocated	\$0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total		\$465,050	\$0.00	\$0.00	\$189,697.53	40.8%	\$275,352.47
					\$379,395.06		\$85,654.94

Women's Empowering Life Line
 FY 25-26 as of
 December 31, 2025

Type	Provider	Service	Budget	Requested	Contractor	Paid	Paid %	Available in Contract	Projected Billing Year End	Projected Remaining Year End
NH	Women's Empowering Life Line, 1203 8th Street, Norfolk	Community Support - MH-Adult-Non Residential	\$0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MH	Women's Empowering Life Line, 1203 8th Street, Norfolk	Outpatient Psychotherapy - MH- Adult - Non Residential	\$0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MH	Women's Empowering Life Line, 1203 8th Street, Norfolk	Outpatient Psychotherapy - MH- Youth - Children	\$0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
SUD	Women's Empowering Life Line, 1203 8th Street, Norfolk	Community Support - SUD- Adult - Non Residential	\$0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
SUD	Women's Empowering Life Line, 1203 8th Street, Norfolk	Outpatient Psychotherapy - SUD- Adult - Non Residential	\$0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
SUD	Women's Empowering Life Line, 1203 8th Street, Norfolk	Outpatient Psychotherapy - SUD- Youth - Children	\$0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MH	Women's Empowering Life Line, 2718 13th St Columbus	Community Support - MH-Adult- Non Residential	\$0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MH	Women's Empowering Life Line, 2718 13th St Columbus	Outpatient Psychotherapy - MH- Adult - Non Residential	\$0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MH	Women's Empowering Life Line, 2718 13th St Columbus	Outpatient Psychotherapy - MH- Youth - Children	\$0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
SUD	Women's Empowering Life Line, 2718 13th St Columbus	Community Support - SUD- Adult- Non Residential	\$0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
SUD	Women's Empowering Life Line, 2718 13th St Columbus	Outpatient Psychotherapy - SUD- Adult - Non Residential	\$2,000	\$0.00	\$0.00	\$0.00	\$0.00	\$98.69	\$3,802.62	(\$1,802.62)
SUD	Women's Empowering Life Line, 2718 13th St Columbus	Outpatient Psychotherapy - SUD- Youth - Children	\$0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total			\$2,000	\$0.00	\$0.00	\$1,901.31	95.1%	\$98.69	\$3,802.62	(\$1,802.62)

Region 5 Systems Upcoming Trainings						
All trainings to be held in Lincoln, Nebraska unless otherwise noted			Cost			Target Audience
Date/Times	Topic / Description	Presenter	Location	CEUs	Fee	Community
July 1, 2025 6:00 - 7:00 pm	Tall Cop Webinar Series: Opiates	Jermaine Galloway	Webinar - Zoom	N/A		
July 10, 2025 8:30am - 5:30pm	Adult Mental Health First Aid	Martha Hornung	Blue Valley Behavioral Health - Geneva	Certificate provided through MHFA Connect website upon course completion	Free	Blue Valley Behavioral Health Staff
July 11, 2025 12:00pm - 1:00pm	QPR Gatekeeper Training	Prevention Staff	Virtual	Certificate provided through QPR Institute website upon course completion	Free	Community
July 24, 2025 6:00 - 7:00 pm	Tall Cop Webinar Series: Various Drugs & how Opiates Influence	Jermaine Galloway	Webinar - Zoom	N/A	Free	Community
August 5, 2025 9:00am - 4:00pm	Adult Mental Health First Aid	Cheryl Turner	Peru State College	Certificate provided through MHFA Connect website upon course completion	Free	Peru State College Staff
August 11, 2025 9:00am - 4:00pm	Adult Mental Health First Aid	Martha Hornung	Union Adventist University	Certificate provided through MHFA Connect website upon course completion	Free	Union Adventist University Staff
August 12, 2025 8:30am - 5:30pm	Youth Mental Health First Aid	Jill Kuzelka and Cheryl Turner	Region 5 Systems	Certificate provided through MHFA Connect website upon course completion	Free	Community
August 12, 2025 6:00 - 7:00 pm	Tall Cop Webinar Series: Marijuana	Jermaine Galloway	Webinar - Zoom	N/A	Free	Community
August 23, 2025 9:00am - 4:00pm	Adult Mental Health First Aid	Jill Kuzelka and Cheryl Turner	Southpoint Church	Certificate provided through MHFA Connect website upon course completion	Free	Community
September 5, 2025 8:00am - 12:00pm	DLA-20 Adult Full	CenterPointe	Virtual - Teams	3.0 LMHP, LMFT, Social Work, Professional Counseling	Free	Network Providers

Region 5 Systems Upcoming Trainings						
All trainings to be held in Lincoln, Nebraska unless otherwise noted						
Date/Times	Topic / Description	Presenter	Location	CEUs	Cost	Target Audience
September 12, 2025 12:00pm - 1:00pm	QPR Gatekeeper Training	Prevention Staff	Virtual		Free	Community
September 12, 2025 9:00 - 11:30 AM	Mental Health Board Training	Various Speakers	Region 5 Systems	Certificate provided through QPR Institute website upon course completion	Free	Mental Health Board Providers
October 13, 2025 1:00pm - 3:30pm	DLA-20 Adult Refresher	CenterPointe	Virtual - Teams	N/A	Free	
October 21, 2025 8:30am - 5:30pm	Adult Mental Health First Aid	Jill Kuzelka and Maya Chiles	Region 5 Systems	2.0 LMHP, LMFT, Social Work, Professional Counseling	Free	Network Providers
October 28-29, 2025 8:30am - 4:30pm	Motivational Interviewing Phase II	Region 5 Systems	Community Health Endowment 250 N. 21st St. Lincoln, NE	Certificate provided through MHFA Connect website upon course completion	Free	Community
November 10, 2025 1:00pm - 4:30pm	DLA-20 Adult Full	CenterPointe	Virtual - Teams	14 LMHP, LMFT, Social Work, Professional Counseling	Free	Network Providers
November 14, 2025 10:00 am - 12:00pm	Lost and Found: Case Management Strategies with Those Who Haard	Jennifer Baker, LICSW	Region 5 Systems	3.0 LMHP, LMFT, Social Work, Professional Counseling	Free	Network Providers
November 14, 2025 12:00pm - 1:00pm	QPR Gatekeeper Training	Prevention Staff	Virtual	2.0 LMHP, LMFT, Social Work, Professional Counseling	Free	Community
November 19, 2025 11:00 am - 12:00 pm	DLA-20 Youth Booster	HopeSpoke	Virtual	Certificate provided through QPR Institute website upon course completion	Free	Community
December 5, 2025 8:00am - 12:00pm	DLA-20 Adult Full	Lutheran Family Services	Virtual - Teams	1.0 LMHP, LMFT, Social Work, Professional Counseling	Free	Network Providers
December 9, 2025 8:30am - 5:30pm	Youth Mental Health First Aid	Cheryl Turner	Virtual	3.0 LMHP, LMFT, Social Work, Professional Counseling	Free	Community

Region 5 Systems Upcoming Trainings						
Date/Times	Topic / Description	Presenter	Location	CEUs	Cost	Target Audience
January 12, 2026 1:00pm - 3:00pm	DLA-20 Adult Refresher	CenterPointe	Virtual - Teams	2.0 LMHP, LMFT, Social Work, Professional Counseling	Free	Network Providers
January 23 & 30, 2026 8:30am-4:30pm	Motivational Interviewing Phase I	CenterPointe	CenterPointe Campus for Health and Wellbeing 2202 S. 11th St. Lincoln, NE	14 LMHP, LMFT, Social Work, Professional Counseling	Free	Network Providers
February 9, 2026 1:00pm - 4:00pm	DLA-20 Adult Full	CenterPointe	Virtual - Teams	3.0 LMHP, LMFT, Social Work, Professional Counseling	Free	Network Providers
February 10 - 13, 2026 8:00a.m. - 4:30p.m.	BETA- Behavioral Health Threat Assessment	Various Speakers	Innovation Campus 2021 Transformation Drive Lincoln, NE 68508	20 LMHP, LMFT, Social Work, Professional Counseling	Free for Law Enforcement, Dispatch, and Crisis Response Team Members \$250 for community members	Law Enforcement, Dispatch, Crisis Response, and Behavioral Health Professionals
February 27 & March 6, 2026 8:30am-4:30pm	Motivational Interviewing Phase II	CenterPointe	CenterPointe Campus for Health and Wellbeing 2202 S. 11th St. Lincoln, NE	14 LMHP, LMFT, Social Work, Professional Counseling	Free	Network Providers
April 13, 2026 1:00pm-3:00pm	DLA-20 Adult Refresher	CenterPointe	Virtual - Teams	2.0 LMHP, LMFT, Social Work, Professional Counseling	Free	Network Providers
May 11, 2026 1:00pm-4:00pm	DLA-20 Adult Full	CenterPointe	Virtual - Teams	3.0 LMHP, LMFT, Social Work, Professional Counseling	Free	Network Providers
June 23 - 26, 2026 8:00a.m. - 4:30p.m.	BETA- Behavioral Health Threat Assessment	Various Speakers	Don Clifton Professional Learning Center 710 Hill Street Lincoln, NE 68502	20 LMHP, LMFT, Social Work, Professional Counseling	Free for Law Enforcement, Dispatch, and Crisis Response Team Members \$250 for community members	Law Enforcement, Dispatch, Crisis Response, and Behavioral Health Professionals

More information can be found on Region 5 Systems' website: <http://www.region5systems.net>
Contact Theresa Henning for more information at: therning@region5systems.net



Emergency Protective Custody per Capita

Calendar Year 2020 – 2025

Prepared January 2026

The data below reflects the number of EPC admissions for those with their **county of residence** listed as one of the 16 counties within Region 5, shown relative to each county's population and reported as admissions per 1,000 residents.

Example: In 2020, York County had a population of 14,105 and recorded 19 EPC admissions (with York listed as the individual's county of residence), resulting in a rate of 1.34 EPC admissions per 1,000 residents (19/14,105).

A higher number signifies more residents being taken into Emergency Protective Custody in relation to its county population than counties with lower numbers. The Region wide number is shown as a reference point.

Per Capita	2020	2021	2022	2023	2024	2025
Jefferson	1.24	1.26	0.84	1.83	1.12	1.68
Gage	1.15	1.20	1.11	0.79	0.88	1.48
York*	1.35	0.42	1.33	1.04	1.25	1.39
Otoe	1.26	1.37	1.29	1.40	1.75	1.39
Saline	2.31	1.24	2.19	1.37	1.22	1.02
Lancaster	1.53	1.40	1.37	1.04	1.03	0.86
Region wide	1.41	1.27	1.27	1.01	0.97	0.84
Polk*	0.57	0.58	0.96	1.73	0.57	0.76
Richardson	0.51	1.28	1.55	0.52	0.91	0.65
Johnson	1.13	1.13	0.38	1.53	1.15	0.57
Fillmore*	0.18	1.08	0.36	1.08	0.36	0.54
Butler*	1.08	0.71	0.36	0.36	0.83	0.36
Seward	0.68	0.68	0.62	0.68	0.56	0.34
Thayer*	1.79	0.82	1.03	0.21	0.82	0.21
Saunders*	1.12	0.88	0.69	0.47	0.13	0.17
Nemaha	1.55	1.71	1.28	0.99	0.57	0.14
Pawnee	0.00	0.00	1.97	1.59	0.40	0.00

EPC admissions where the county of residence is not listed as within the 16-county Region 5 Systems catchment area are not accounted for in the following charts. For example, in 2025 that accounts for 25 out of a total of 442 EPCs.

Note: Census data for counties was not available for 2025, so 2024 population estimates were used for 2025 calculations.

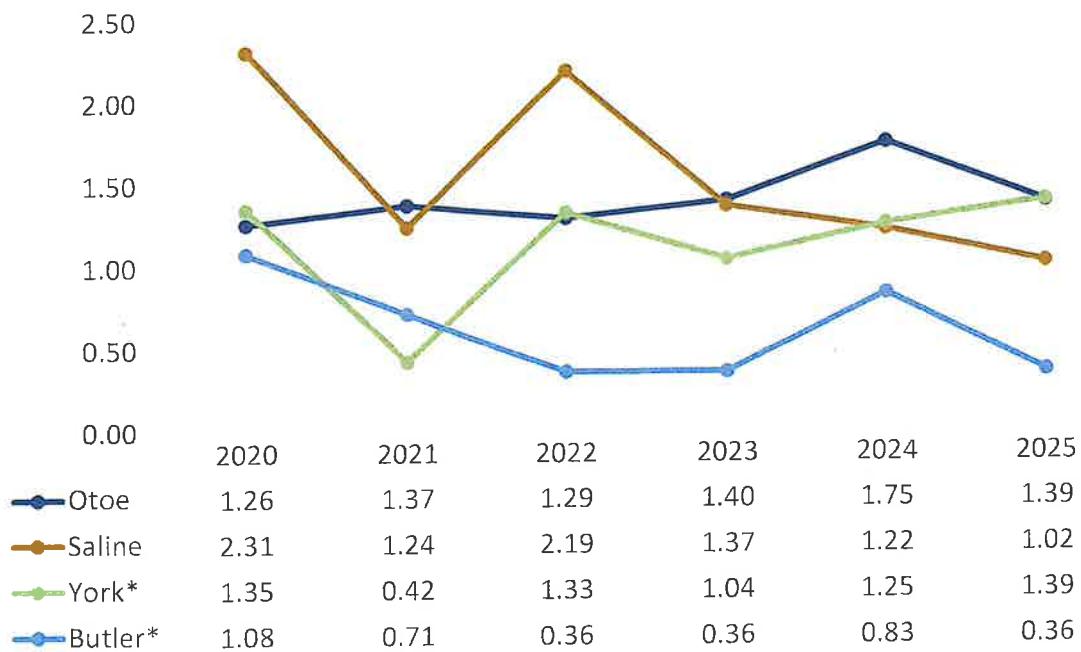
* Indicates an EPC Expansion county.



Emergency Protective Custody Admissions per 1000 People
Lancaster, Saunders, Gage, and Seward County

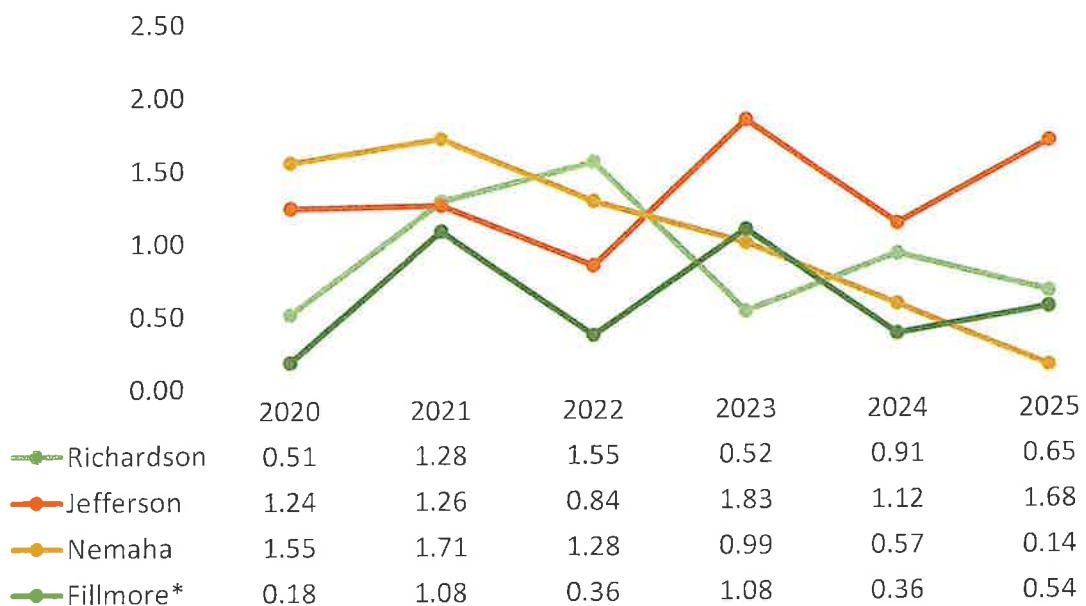


Emergency Protective Custody Admissions per 1000 People
Otoe, Saline, York, and Butler County

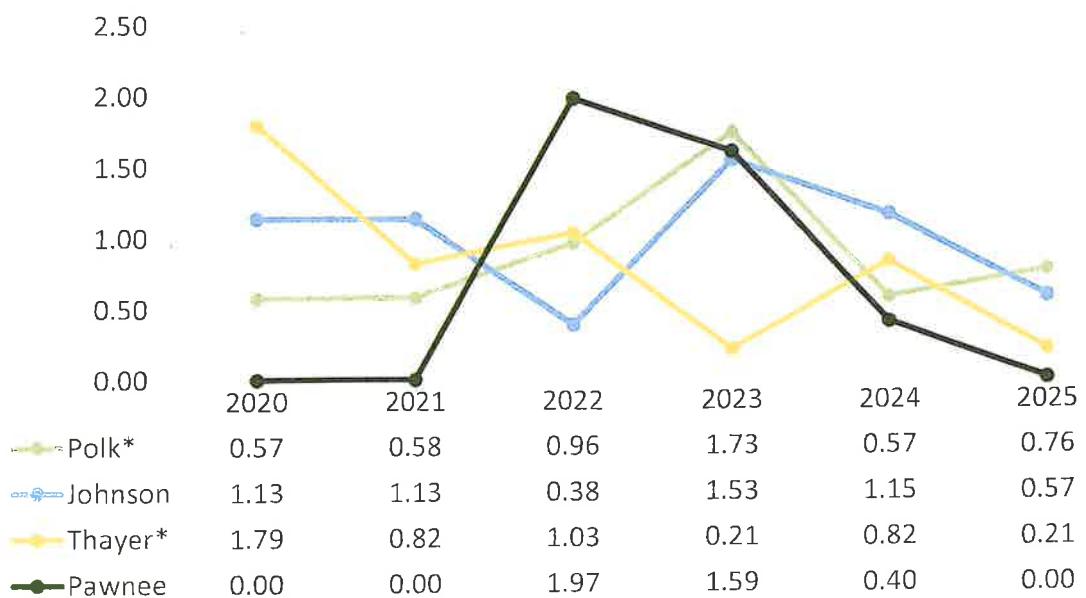




Emergency Protective Custody Admissions per 1000 People
Richardson, Jefferson, Nemaha, and Fillmore County



Emergency Protective Custody Admissions per 1000 People
Richardson, Jefferson, Nemaha, and Fillmore County





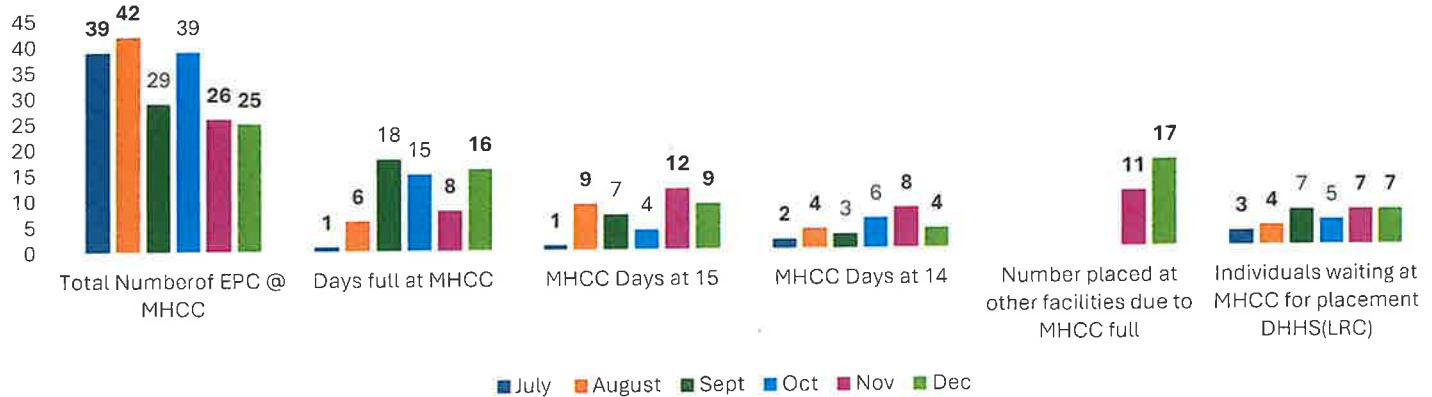
Emergency Protective Custody Expansion

FY 25-26 Q1-2

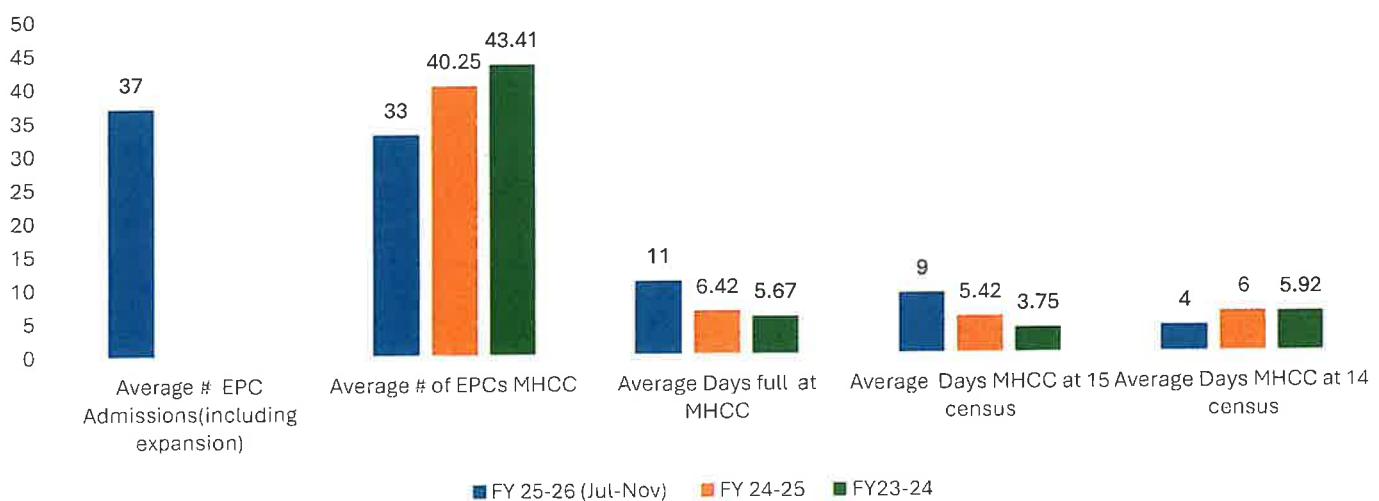
1/21/2026

Mental Health Crisis Center

FY 25-26 MHCC Data



Average # of EPCs





Outcome Measures

Measure	Baseline	Capacity	Expanded Capacity	Target	Threshold	Location	Q1	Q2	Q3	Q4	YTD
Quality Indicator 1: Increase the number of Emergency Protective Custody bed days within Region 5 Systems	5,113 Bed Days (FY 23-24 at MHCC)	5,840 Bed Days (16 beds at MHCC x 365)	368 Bed Days (46 people diverted from 6 counties x 8 days)	5,481 Bed Days (Baseline + 37 Bed Days)	5,858 (Baseline + 37 Bed Days)	Total Bed Days	1502	1549			3051
						MHCC Bed Days	1398	1534			2932
						Expansion Bed Days	104	15			119

Measure	Baseline	Target	Threshold	Q1	Q2	Q3	Q4	YTD
Quality Indicator 2: Decrease the number of days the Lancaster County Mental Health Crisis Center (MHCC) is full.	68 Days Full (FY24 number of days MHCC was full)	0 Days Full	48 Days Full (Baseline x 30% reduction = 20 Days)	25 Days	39 Days			64 Days

Fremont	Butler	Saunders	Commitment	Dropped	Voluntarily Signed In	Total number of bed days
July						
August	1	3**		1		2
September						
October						**Either dropped or signed in voluntarily
November						
December		1			1	2



Mary Lanning	Polk	Fillmore	York	Thayer	Commitment	Dropped	Voluntarily Signed In	Total number of bed days	
July			4			3	1	23	
August			4			4		10	
September			3		1*	3		9	* York MHB Commitment-stayed approximately 60 days-dc with PF1
October		1				1		1	
November	1		5***			6		12	*** 4 of the 5 were from jail
December	0	0	0	0	0	0	0	0	
								55	
							Methodist	4	
								59	119 Total Bed Days-EPC Expansion