REGION 5 SYSTEMS

Supporting Wellness and Recovery in Behavioral Health

SINCE 1974

Behavioral Health Advisory Committee

October 28, 2026 (Revised 10/26/2026)

10:00 a.m. – 12:00 p.m.

3600 Union Drive, Lincoln, Nebraska / Phone: 402-441-4343

Hybrid: **Join the meeting now** **Meeting ID: 254 460 881 239 1** **Passcode: K4HF6Zc7**

Webpage: www.region5systems.net

ALL BHAC MEETINGS ARE OPEN TO THE PUBLIC AND ARE RECORDED

AGENDA ITEM	ACTION NEEDED	PAGE
1. Housekeeping	Discussion	N/A
2. Open Meetings Act Information	Discussion	N/A
3. Roll Call	Call the Roll	N/A
4. Additions to Agenda (Non-Motion Items)	Discussion	N/A
5. Public Comment	Discussion	N/A
6. Presentation – Kristin Nelson, Emergency Services	Discussion	N/A
7. Consent Agenda	**Motion**	1-12
• September 2, 2026, BHAC Minutes		
• FY27 Compliance Management Report		
• September 14, 2026, RGB Minutes		
8. Action / Priority Items		
A. FY27 Contractual Agreements	**Motion**	13-15
B. FY27 Network Performance Improvement Plan	**Motion**	Attachment
C. Region 5 Supported Housing Residency Checks Report	**Motion**	16-17
D. Opioid Settlement Site Visit – BAART	**Motion**	18
E. FY26 Network Provider Audit Year End Summary	Motion	Attachment
F. FY26 Management Summary Draft	Motion	Attachment
G. FY26 Region 5 Systems Annual Report Draft	**Motion**	Attachment
9. Other Updates / Information		
A. Behavioral Health / System Coordination / Legislative Updates	Discussion	19-25
B. Process to Develop 5-year Strategic Plan	Discussion	N/A
C. Medicaid Lookback	Discussion	26
D. Noncitizen Medicaid Changes	Discussion	Attachment
E. Coverage for Medically Necessary IMD Stays	Discussion	27-29
F. Ride Care	Discussion	30-39
G. Nebraska Summit on Competence to Stand Trial	Discussion	Attachment
H. Consumer Coordination Quarterly Report- Q1	Information Only	40-41
I. FY26 Attendance Log	Information Only	42
J. FY27 Attendance Log	Information Only	43
K. 2027 Legislative Session Calendar	Information Only	44
L. FY27 Training Plan	Information Only	45-47
M. Other Business		
N. Important Dates		
• November 9, 2026 – 10:15 a.m. – RGB Meeting – Apace, 4433 S. 70th Street, Lincoln, NE (hybrid)		
• January 11, 2027 – 9:00 a.m. – Network Provider Meeting – Teams		
• January 27, 2027 – 10:00 a.m. – BHAC Meeting – Region 5 Systems, 3600 Union Drive, Lincoln, NE (hybrid)		

ABBREVIATIONS

General Terms

ACT	Assertive Community Treatment / PIER
AMSR	Assessing and Managing Suicide Risk
ASO	Administrative Service Organization
BH	Behavioral Health
BHAC	Behavioral Health Advisory Committee
BHECN	Behavioral Health Education Center of Nebraska
CACI	Complaints, Appeals and Critical Incidents
CAG	Capacity Access Guarantee
CARF	Commission on Accreditation of Rehabilitation Facilities
CCBHC	Certified Community Behavioral Health Clinic
CCT	Corporate Compliance Team
CDS	Centralized Data System
CFS	Children and Family Services
CHE	Community Health Endowment
CLAS	Culturally and Linguistically Appropriate Services
CMS	Centers for Medicare and Medicaid Services
COD	Co-occurring Disorder
CQI	Continuous Quality Improvement
CRT	Crisis Response Team
DBH	Division of Behavioral Health
DBT	Dialectical Behavior Therapy
DHHS	Department of Health & Human Services
EBP	Evidence Based Practices
EHR	Electronic Health Record
EMDR	Eye Movement Desensitization and Reprocessing
EMR	Electronic Medical Record
EPC	Emergency Protective Custody
ERCS	Emergency Community Support
FFS	Fee for Service
FIF	Families Inspiring Families
FTE	Full-Time Equivalent (Staff)
FYI	Family & Youth Investment
HIPAA	Health Insurance Portability and Accountability Act of 1996
HPRP	Homelessness Prevention and Rapid Re-housing Program
HUD	Housing and Urban Development
IMD	Institutions for Mental Disease
ITN	Intent to Negotiate
JBC	Joint Budget Commission
LRC	Lincoln Regional Center
LINCS	Linking Individuals/Families in Need of Community Supports
MCO	Managed Care Organization
MH	Mental Health
MHB	Mental Health Board
MHFA	Mental Health First Aid
MHSIP	Mental Health Statistics Improvement Program
MI	Motivational Interviewing
NABHO	National Association of Behavioral Health Organizations
NACO	Nebraska Association of County Officials
NAMI	National Alliance on Mental Illness
NFFS	Non-Fee for Service / Expense Reimbursement

General Terms (continued)

NMT	Network Management Team
NOMS	National Outcome Measures
NP	Network Provider
OCO	Office of Consumer Affairs
PATH	Projects for Assistance of Transition from Homelessness
PIP	Performance Improvement Plan
PPP	Prevention Professional Partner
PRR	Psychiatric Residential Rehabilitation
QPR	Question, Persuade, Refer
RA	Regional Administrator
RAP	Rental Assistance Program
REAL	Respond, Empower, Advocate, Listen
RFA	Request for Approval
RFP	Request for Proposals
RFQ	Request for Qualifications
RGB	Regional Governing Board
RPC	Regional Prevention Center
RPH	Rural Permanent Housing
RPSC	Regional Prevention System Coordination
RQIT	Regional Quality Improvement Team
SAMHSA	Substance Abuse and Mental Health Services Administration
SAVE	Systematic Alien Verification for Entitlements
SCIP	School Community Intervention Program
SED	Serious Emotional Disturbance
SMI	Serious Mental Illness
SOC	System of Care
SPF	Strategic Prevention Framework
SPMI	Serious and Persistent Mental Illness
SUD	Substance Abuse Disorder
TAPP	Transition Age Professional Partner
TAY	Transition Age Youth
TIC	Trauma Informed Care
WI	Wellbeing Initiative
WRAP	Wellness Recovery Action Plan
YAB	Youth Action Board

Funded Agencies

ACT	Associates in Counseling and Treatment
BAART	Lincoln Treatment Center
BVBH	Blue Valley Behavioral Health
BBH	Bridge Behavioral Health
Cntpt	CenterPointe
FH	Fremont Hospital
GW	Goodwill Industries
HOH	Houses of Hope
HS	HopeSpoke
IBHS	Integrated Behavioral Health Services
LFS	Lutheran Family Services
MHA	Mental Health Association
MHCC	Mental Health Crisis Center
ML	Mary Lanning Hospital
PIER	Partners in Empowerment and Recovery (ACT)
ST. M'S	St. Monica's
TASC	Targeted Adult Service Coordination
TC	Telecare Recovery Center
WI	Wellbeing Initiative

BEHAVIORAL HEALTH ADVISORY COMMITTEE MINUTES

September 2, 2026
10:00 a.m.
Region 5 Systems, 3600 Union Drive

ROLL CALL:

BOARD MEMBERS	ABSENT	PRESENT
AVERY BLUM		X
KENNY HARRE		X
GREG JANAK		X
PAIGE JOSEPH	X	
CORRIE KIELTY		X
JILL KUZELKA		X
NICOLE MAHER		X
REBECCA MEINDERS		X
RACHEL MULCAHY		X
BENJAMIN MURRY		X
LAURA OSBORNE		X
GALE POHLMANN		X
MARTI RABE		X
MICHELE VANA	X	
EVETTE WATTS		X

Roll was called; a quorum was present. Osborne arrived at 10:15 a.m.

Others Present: Traci Cooney, John Danforth, Tami DeShon, Kim Michael, Erin Rourke, and Amanda Tyerman-Harper, Region 5 Systems

HOUSEKEEPING / ANNOUNCEMENTS / INTRODUCTIONS
Janek called the meeting to order at 10:00 a.m.

OPEN MEETINGS ACT INFORMATION
Janek 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 August 19, 2026.

ADDITIONS / CHANGES TO AGENDA
There were no changes to the agenda.

PUBLIC COMMENT
There was no public comment.

INTRODUCTIONS
Due to new members, all attendees introduced themselves.

CONSENT AGENDA

Mulcahy made a motion, seconded by Kuzelka, to approve the Consent Agenda as presented. The Consent Agenda includes the 5/27/2026 BHAC minutes, FY26 Compliance Management Report, and the 6/8/2026 RGB minutes. All present voted aye. Motion carried 13-0.

ACTION / PRIORITY ITEMS

FY27 Contractual Agreements:

DeShon presented the following contracts for approval to move to the Regional Governing Board for ratification:

- Partnership for Success (PFS) grant amendment with Nebraska Department of Health and Human Services Division of Behavioral Health for an increase of $33,000.
- Region 5 funding amendment with Nebraska Department of Health and Human Services Division of Behavioral Health for an increase of $175,000.

Pohlmann made a motion, seconded by Kielty, to recommend the Regional Governing Board ratify these contracts as presented. Voting aye: Blum, Harre, Janek, Kielty, Kuzelka, Maher, Meinders, Mulcahy, Murry, Osborne, Pohlmann, Rabe, Watts; nays none; absent: Joseph and Vana. Motion carried.

- SAMHSA grant for Outpatient Navigation and Engagement (ONE) for $750,000 per year. This is a 3-year grant beginning 9/30/2026 for a 3-year period with extension up to 5 years.

Mulcahy made a motion, seconded by Meinders, to recommend the Regional Governing Board ratify this contract as presented. Voting aye were Blum, Harre, Janek, Kielty, Kuzelka, Maher, Meinders, Mulcahy, Murry, Osborne, Pohlmann, Rabe, Watts; nays none; absent: Joseph and Vana. Motion carried.

- Partnership for Success grant with KidGlov for $30,000 for the creation of a Ghost Vape Campaign

Kuzelka made a motion, seconded by Harre, to recommend the Regional Governing Board ratify this contract as presented. Voting aye were Blum, Harre, Janek, Kielty, Kuzelka, Maher, Meinders, Mulcahy, Murry, Osborne, Pohlmann, Rabe, Watts; nays none; absent: Joseph and Vana. Motion carried.

- CDC Suicide Grant with KidGlov for $9,076 for the creation of a suicide resource in English and Spanish

Murry made a motion, seconded by Maher, to recommend the Regional Governing Board ratify this contract as presented. Voting aye were Blum, Harre, Janek, Kielty, Kuzelka, Maher, Meinders, Mulcahy, Murry, Osborne, Pohlmann, Rabe, Watts; nays none; absent: Joseph and Vana. Motion carried.

- Plan for One Contracts with Telecare for $50,968 to enhance services and support in residential settings and with Capture for $30,984 to provide one-on-one direct staff in residential settings

Osborne made a motion, seconded by Watts, to recommend the Regional Governing Board ratify these contracts as presented. Voting aye were Blum, Harre, Janek, Kielty, Kuzelka, Maher, Meinders, Mulcahy, Murry, Osborne, Pohlmann, Rabe, Watts; nays none; absent: Joseph and Vana. Motion carried.

- Rural Health Transformation Project with Joseph Wright Consulting to facilitate two BETA trainings for $10,000.

Murry made a motion, seconded by Pohlmann, to recommend the Regional Governing Board ratify this contract as presented. Voting aye were Blum, Harre, Janek, Kielty, Kuzelka, Maher, Meinders, Mulcahy, Murry, Osborne, Pohlmann, Rabe, Watts; nays none; absent: Joseph and Vana. Motion carried.

- State Opioid Response Grant with Davin Cole, a speaker at the Treatment and Current Drug Trends Summit, for $5,800 and with Simera Reynolds to provide Narcan training within the Region 5 catchment area for up to $3,000.

Mulcahy made a motion, seconded by Maher, to recommend the Regional Governing Board ratify these contracts as presented. Voting aye were Blum, Harre, Janek, Kielty, Kuzelka, Maher, Meinders, Mulcahy, Murry, Osborne, Pohlmann, Rabe, Watts; nays none; absent: Joseph and Vana. Motion carried.

Committee members discussed timelines for approving contracts. Michael referenced Region 5 Systems' "Financial Planning & Management Policy" and advised she would e-mail the policy to the BHAC for reference.

Final FY26 Provider Contract Shifts:
DeShon provided a handout of the FY 26 provider contract shift and explained how funds can be shifted throughout the year. The handout showed each provider, where their contracted funds started, and where those funds ended as of June 30, 2026.

Mulcahy made a motion, seconded by Murry, to recommend the Regional Governing Board ratify these shifts as presented. Voting aye were Blum, Harre, Janek, Kielty, Kuzelka, Maher, Meinders, Mulcahy, Murry, Osborne, Pohlmann, Rabe, Watts; nays none; absent: Joseph and Vana. Motion carried

FY26 Opioid Site Visit Summary:
DeShon presented the results of the Opioid Site Visits for FY26.

FY27 Risk Management Plan:
Michael presented the Risk Management Plan for FY27, highlighting the changes to the plan from last fiscal year.

Mulcahy made a motion, seconded by Harre, to recommend the Regional Governing Board approve this document as presented. Voting aye were Blum, Harre, Janek, Kielty, Kuzelka, Maher, Meinders, Mulcahy, Murry, Osborne, Pohlmann, Rabe, Watts; nays none; absent: Joseph and Vana. Motion carried

FY27 Performance Improvement Plan:
Rourke presented the Performance Improvement Plan. She explained how indicators were identified in the document.

Maher made a motion, seconded by Kuzelka, to recommend the Regional Governing Board approve the Performance Improvement Plan as presented. Voting aye were Blum, Harre, Janek, Kielty, Kuzelka, Maher, Meinders, Mulcahy, Murry, Osborne, Pohlmann, Rabe, Watts; nays none; absent: Joseph and Vana. Motion carried

OTHER UPDATES/INFORMATION:
Behavioral Health / System Coordination / Legislative Updates:

- Legislative:
    - Directive from the Governor is for state agencies to reduce their budgets by 5% with a potential for another 3%. The Division of Behavioral Health is planning to reduce its carryover funds as to not affect the funding for Regional Behavioral Health Authorities.
    - LB901 passed. This is a tax on gaming devices that would provide 3.75% of its revenue to the Behavioral Health Authorities. The Regions are currently negotiating with DBH on when those funds would be available to the Regions, whether that be quarterly, annually, etc.
    - Interim studies listed on page 29 are in regards to behavioral health.

Outpatient Navigation and Engagement (ONE) Grant:

- Region 5 Systems has been awarded a 5-year grant from SAMSHA for $3.7 million. The grant will focus on the mental health boards to help improve the outcomes of persons ordered to outpatient treatment.
- Interviews have occurred for the Director position with an anticipated start date of October 1. The grant also includes a Coordinator position; recruitment for this position will be facilitated once the Director has been onboarded.

Zero Suicide-Model Fidelity:

- Danforth reviewed the audit tools that will be used with providers beginning this year.

Youth Action Board (YAB) Roster 2026-2027:

- The roster is provided for your information. 11 or 16 counties are currently represented. Osborne encouraged members to recognize and support the youth from their counties that are serving on the YAB.

Social Detoxification and SUD Respite:

- The Bridge Behavioral Health terminated its detox and respite contracts with Region 5 Systems effective 6/30/2026. Region V is coordinating and planning with system partners for covering this gap within the system. Region V is in discussions with Integrated Behavioral Health Services as a possible provider of both services.

SquareOne:

- There is no set date for the open house. CenterPointe is still working on licensure.

Medicaid Eligibility Lookback:

- There are concerns in the network regarding expectations pertaining to retroactive Medicaid reimbursements and lookbacks of up to 12 months. More dialogue will continue with providers and DBH to ensure there is clear understanding of the requirements.

On-Site Visits:

- Under Title 206, Region 5 Systems is required to do on-site visits. This expectation is now also in the Network Operations Manual. Site visits used to be conducted on-site but with the evolution of EHRs most of the visits are now done remotely. Region 5 will be operationalizing how on-site visits of all provider locations will be done moving forward to ensure services are being provided.

Consumer/Family Advisory Committee Quarterly Report – Q1:

- For your information.

FY27 Capacity Utilization Summaries:

- For your information.

Training Plan:

- For your information.

OTHER BUSINESS

Tyerman-Harper reviewed the Treatment and Current Drug Trends Summit that was held on September 2, 2026. Murry discussed the Come-back Era outreach team.

IMPORTANT DATES

- September 10 – Prevention Leadership Coalition – 9:00 a.m. at 3600 Union Drive, Lincoln, NE
- September 14 – RGB Meeting – 10:15 a.m. at Apace, 4433 S. 70th Street, Lincoln, NE
- October 19 – Network Provider Meeting – 9:00 a.m. via Teams
- October 28 – BHAC Meeting – 10:00 a.m. at 3600 Union Drive, Lincoln, NE

ADJOURN

- There being no further business, the meeting was adjourned at 11:42 a.m.

MANAGEMENT REPORT
FY 26-27

		Associates in Counseling & Treatment	Blue Valley Behavioral Health	The Bridge Behavioral Health	CenterPointe	Goodwill Industries	HopeSpoke	Houses of Hope	TASC	Integrated Behavioral Health Services	Lutheran Family Services	Mary Lanning	Mental Health Association	Mental Health Crisis Center	Methodist Fremont Health	St. Monica's	TeleCare	Wellbeing Initiative
Audited Financial Statements and Insurance Due Date Requirements are Variable by Provider	General Liability Insurance		X	X	X		X	X	X		X						X	X
	Motor Veh. Liab. Insurance			X	X		X	X	X		X						X	X
	Work. Comp. Insurance			X	X		X	X	X	X	X					X	X	X
	Professional Liab Insurance		X	X	X		X	X	X		X						X	X
	Cyber Liability Insurance		X	X	X		X	X	X		X						X	X
	Dir. & Off. Liab. Insurance	N/A	X	X	X		X	X	X		X		X				X	X
	Audited Financial Statement Received[#]																	
July 1	FY27 Fee Schedules	X	X	X	X		X	X	X	X	X	X	X			X		X
Aug 15	Actuals	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X
Oct 1	Subcontracts (all currently ongoing - FY27																	
Oct 31	Complaints/Grievances, Appeals & Critical Incidents																	
	Recovery Outcomes																	
	Ineligibles and Denials																	
	Zero Suicide																	
	Service Enhancement/Reinvestment																	
Nov 1	Agency Board of Directors List	N/A																
Jan 31	Complaints/Grievances, Appeals & Critical Incidents																	
	Recovery Outcomes																	
	Ineligibles and Denials																	
	Zero Suicide																	
	Perception of Care (July-December 2026)																	
	Service Enhancement/Reinvestment																	
April 30	Complaints/Grievances, Appeals & Critical Incidents																	
	Recovery Outcomes																	
	Ineligibles and Denials																	
	Zero Suicide																	
	Service Enhancement/Reinvestment																	

MANAGEMENT REPORT
FY 26-27

		Associates in Counseling & Treatment	Blue Valley Behavioral Health	The Bridge Behavioral Health	CenterPointe	Goodwill Industries	HopeSpoke	Houses of Hope	TASC	Integrated Behavioral Health Services	Lutheran Family Services	Mary Lanning	Mental Health Association	Mental Health Crisis Center	Methodist Fremont Health	St. Monica's	TeleCare	Wellbeing Initiative
July 31	Complaints/Grievances, Appeals & Critical Incidents																	
	Recovery Outcomes																	
	Ineligibles and Denials																	
	Zero Suicide																	
	Perception of Care (January-June 2027)																	
	Service Enhancement/Reinvestment																	
Documents Received		2	6	8	8	1	8	8	8	3	8	2	3	1	1	3	6	8
Cumulative Weekly Capacity Reports Received		12	12	12	12	12	11	12	12	12	11	11	8	0	10	9	10	11
Total Received on Time		14	18	20	20	13	19	20	20	15	19	13	11	1	11	12	16	19
Documents Expected		2	6	8	8	1	8	8	8	3	8	2	3	1	1	3	6	8
Cumulative Weekly Capacity Reports Received		12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12
Total Due		14	18	20	20	13	20	20	20	15	20	14	15	13	13	15	18	20
% of Compliance to Date		100%	100%	100%	100%	100%	95%	100%	100%	100%	95%	93%	73%	8%	85%	80%	89%	95%

[#]Due date is March 31 for previous fiscal year documents.
Exception: LFS for previous calendar by September 30.

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

80% Attendance Report for FY 26-27

As of August 11, 2026

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																							0	10	0%
Blue Valley		X																							1	10	10%
The Bridge		X																							1	10	10%
CenterPointe		X																							1	10	10%
Goodwill Ind		X																							1	10	10%
HopeSpoke		X																							1	10	10%
Houses of Hope		X																							1	10	10%
IBHS		X																							1	10	10%
Lutheran Family		X																							1	10	10%
Mary Lanning		A																							0	10	0%
M.H.A.		X																							1	10	10%
MHCC		X																							1	10	10%
Methodist Fremont		A																							0	10	0%
St. Monica's		X																							1	10	10%
TASC		X																							1	10	10%
TeleCare		A																							0	10	0%
Wellbeing Initiative		X																							1	10	10%
*Meeting Cancelled																									12	170	**7%**

REGIONAL GOVERNING BOARD MINUTES
September 14, 2026
10:15 a.m.
Apace, 4433 S. 70th Street, Lincoln, NE

ROLL CALL

COUNTY	BOARD MEMBERS	ABSENT	PRESENT
BUTLER	SCOTT GRIESS	X	
FILLMORE	KENNY HARRE		X
GAGE	EMILY HAXBY	X	
JEFFERSON	DANIELLE SCHWAB	X	
JOHNSON	LES AGENA	X	
LANCASTER	CHRISTA YOAKUM		X
NEMAHA	MICHAEL WEISS		X
OTOE	DAN CROWNOVER		X
PAWNEE	JAN LANG	X	
POLK	JERRY WESTRING	X	
RICHARDSON	JOHN CAVERZAGIE		X
SALINE	RAY ROHRIG		X
SAUNDERS	BILL REECE		X
SEWARD	DARRELL ZABROCKI		X
THAYER	DEAN KRUEGER		X
YORK	DEB ROBERTSON		X

Roll was called; a quorum was present.

Others Present: Traci Cooney, Theresa Henning, Patrick Kreifels, Kim Michael, and Erin Rourke, Region 5 Systems

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 was posted in the meeting room and reminded members that meetings are public and recorded. The agenda was posted at www.region5systems.net. Notice of the meeting and agenda availability was published in the Lincoln Journal Star on September 6, 2026.

AGENDA APPROVAL
Weiss made a motion, seconded by Rohrig, to approve the agenda as presented. All present voted aye. Motion carried 10-0.

PUBLIC COMMENT
There was no public comment.

EMPLOYEE SERVICE RECOGNITION
The Board recognized Eden McClain, Professional Partner, for 10 years of service to Region 5 Systems and thanked her for her contributions.

ACTION / PRIORITY ITEMS

June 8, 2026, Regional Governing Board Minutes:

Harre made a motion, seconded by Zabrocki, to approve the minutes as presented. All present voted aye. Motion carried 10-0.

Presentation – Organizational Insurance Review – Unico:

Shane Ideus, President of Unico, provided a presentation regarding business insurance renewal for Region 5 Systems. He provided Board members with a draft policy showing costs for General Liability, Auto, Cyber, Directors and Officers, and an Umbrella policy.

Ideus is not recommending any changes for the coming year. He leveraged competitive pricing and is still waiting for a few more carriers. If the current figures are used, there is a 5-6% increase that is driven by exposure.

Harre made a motion, seconded by Reece, to accept the draft insurance policies as presented. All present voted aye. Motion carried 10-0.

Financial Report:

Kreifels reviewed the financial reports as of August 10, 2026. Kreifels explained Region 5 Systems' cash position, that current funds are obligated contract services with providers.

Zabrocki made a motion, seconded by Weiss, to approve the financial report as presented. All present voted aye. Motion carried 10-0.

Final FY26 Network Provider Shifts:

Henning explained the FY26 provider contract shift documents and how funds are shifted throughout the year. The reported information showed each provider, where their contracted funds started, and where those funds ended as of June 30, 2026. All overproduction by providers was covered by funds within the system as outlined in the shifts. Kreifels added that Region 5 Systems was able to pull down 98.4% of funds last fiscal year and utilize those funds among the providers.

Rohrig made a motion, seconded by Krueger, to approve the FY26 Network Provider Shifts as presented. All present voted aye. Motion carried 10-0.

FY27 Contractual Agreements:

Henning presented the listed contracts for Board approval:

Nebraska Department of Health and Human Services Division of Behavioral Health (DBH)

- Partnership for Success (PFS) grant amendment with an increase of $33,000.

DBH

- Region 5 Systems funding amendment with an increase of $175,000.

SAMHSA grant for Outpatient Navigation and Engagement (ONE)

- Contract begins 9/30/2026 for a 2-year period with extension of up to 5 years. The grant is $750,000 per year.

PFS - KidGlov

- $30,000 for the creation of a Ghost Vape Campaign

Centers for Disease Control and Prevention (CDC) Suicide Grant - KidGlov

- $9,076 for the creation of a suicide resource in English and Spanish

Plan for One (PFO) Contracts

- Telecare - $50,968 to enhance services and support in residential settings.
- Capture - $30,984 to provide one-on-one direct staff in residential settings.

Rural Health Transformation Project – BETA

- $10,000 to Joseph Wright Consulting to facilitate two BETA training courses.

State Opioid Response Grant

- $5,800 to Davin Cole as a speaker at the Treatment and Current Drug Trends Summit
- Up to $3,000 to Simera Reynolds to provide Narcan training within the Region 5 catchment area.

Weiss made a motion, seconded by Crownover, to approve the contractual agreements as presented. All present voted aye. Motion carried 10-0.

FY26 Opioid Site Visit Summary:
Henning provided the results of the site visits. There were seven recovery homes that had paybacks to Region 5 Systems, over $3,000 in total. Those paybacks are due to Region 5 Systems by the end of September. One home did need a payment plan, in which they are ineligible for Region 5 Systems' funds until paid in full.

There were three corrective actions, which were noted for all audits. The corrective actions clarified documentation requirements for funds received, used, and returned to Region 5 Systems.

Reece made a motion, seconded by Caverzagie, to approve the FY26 Opioid Site Visit Summary as presented. All present voted aye. Motion carried 10-0.

FY27 Risk Management Plan:
Michael reviewed the annual Risk Management Plan for Region 5 Systems. She explained that the document is written in the negative; meaning, if an event listed in the document were to happen, it could put Region 5 Systems in a liability status, such as jeopardy of losing funding or accreditation.

The plan is representative of all Region 5 Systems departments.

Krueger made a motion, seconded by Zabrocki, to approve the FY27 Risk Management Plan as presented. All present voted aye. Motion carried 10-0.

FY27 Performance Improvement Plan:
Rourke reviewed the annual Performance Improvement Plan. She explained that input is provided by all Region 5 Systems departments. If a department does not meet their performance goals, those respective departments will show how they can adjust in the future to ensure goals are met.
New this year are three indicators:

- Housing (RAP) – Monitor whether resources are allocated evenly or fairly across the region, with having at least 30% of participants residing in rural counties.
- Operations HR – At least one technology training opportunity will be covered at all of our employee meetings, which occur most months (8 or 9 months throughout the year).
- Prevention – Ensure that they offer a minimum of ten trainings throughout the year. Examples of training would be QPR, Mental Health First Aid and Rentwise.

Caverzagie made a motion, seconded by Rohrig, to approve the FY27 Performance Improvement Plan as presented. All present voted aye. Motion carried 10-0.

OTHER UPDATES / INFORMATION
Behavioral Health / System Coordination / Legislative Updates:
Legislative Updates:

- Nebraska put the Medicaid work requirements into effect May 1, 2026. Federally, this requirement goes into effect January 1, 2027. People on extended Medicaid will be reviewed every 6 months. This could cause some consumers to become ineligible for Medicaid and need Region 5 Systems' funding.
- Nebraska applied for a waiver of the IMD restriction. The waiver would allow flexibility in that individuals who stay short-term, up to 60 days, allow the provider to utilize more than sixteen beds.

Currently they are restricted to sixteen beds in residential facilities.

Emergency System:
The sequential intercept mapping summit was successfully completed. There is a draft report being reviewed by all the Regions and DBH. Once reviewed, the report will be presented to the Board.

Kreifels sent out a jail survey to the counties in the catchment area. The survey had questions such as: Do you have behavioral health needs within your jail? How do you screen for those? What are your behavioral health needs? Do you have the funds to address those needs?

This will allow Region 5 Systems to identify gaps in the system and determine a way to support the county jails in addressing behavioral health issues.

Statewide Opioid Response:
Henning shared that if any Board members have someone in their community in need of lock boxes or locked medication bags, those are available through Region 5 Systems. There are also Deterra bags available to dispose of medications.

The Treatment and Current Drug Trends Summit on September 2, 2026, had 260 people registered and 190 in attendance. Through a partnership, some of the sessions were recorded and will be available for those who could not attend.

Region 5 Systems worked with an entity to help develop an online application process for opioid flex funds. The site went live on September 10 with the first application received on September 11.

Yoakum assisted in getting employees connected to the National Association of County Officials. Those employees will be going to New Jersey later this month to learn more about working with pregnant or parenting women that have substance use disorders.

Housing:
Region 5 Systems applied for a notice of funding to receive additional housing funds through the Federal government. Award notices are expected by the end of September.

Additional housing funds were received last year. Employees are working to get full capacity in those units. Currently 8 of 32 units are full.

Rentwise continues to be offered to individuals in Region 5 Systems housing.

CQI:
Rourke explained that IBHS Voluntary Crisis Response Center (VCRC) had 343 admissions for FY26 with an average stay of 4.2 days for Crisis Stabilization and 16.9 days for Mental Health Respite.

Outpatient Navigation and Engagement (ONE) Grant:
Region 5 Systems was awarded a SAMSHA grant to administer the Assisted Outpatient Treatment Program, for which we have coined “Outpatient Navigation and Engagement”. The Director position has recently been filled by Dustin Bartley, who will start his position on October 6, 2026.

Bureau of Justice Administration Grant Opportunity – York County:
The York County attorney reached out to Region 5 Systems and 4-Corners Public Health District to collaborate on a grant application. If York County is awarded the grant, Region 5 Systems’ involvement will be to hire a project director/evaluator for individuals that present to the courts and have substance use or mental health challenges and need an evaluation. This is a 3-year grant.

Social Detoxification & SUD Respite:
The Bridge Behavioral Health terminated its detox and respite contracts with Region 5 Systems effective 6/30/2026. Region 5 is coordinating and planning with system partners for covering this gap within the system. Region 5 is in discussions with Integrated Behavioral Health Services as a possible provider of both services.

SquareOne:
There was a second unannounced site visit for licensing done at the SquareOne facility. There is one correction needed, the kitchen sink exceeded water temperature threshold limits as required by licensing. Licensing will retest the water temperature before issuing final approval.

Medicaid Eligibility Lookback:
There are concerns in the network regarding expectations pertaining to retroactive Medicaid reimbursements and lookbacks of up to 12 months. More dialogue will continue with providers and DBH to ensure there is clear understanding of the requirements.

Rourke has developed a depiction of what that looks like for providers and how they would have to manage this process. This information will be presented to the Board at the next meeting.

2027 Legislative Session:
The Governor has directed state agencies to make a 5% cut to their budgets to cover the $1 billion shortfall, with a potential of another 3%. DBH is planning to utilize their carry-over funds to cover the first 5% to avoid cuts to the Regions' budgets. It is unsure where DBH will cut the other 3% if required.

Gaming Devices:
During the last legislative session, lawmakers approved a tax on gaming devices, with 3.75% of the revenue allocated to the Regions. Regional Administrators and DBH are negotiating how to distribute the funds. The Regional Administrators favor quarterly direct deposits, while DBH prefers to collect the revenue throughout the year and disburse it to the Regions the following year.

YAB Roster:
For your information. Kreifels encouraged Board members to recognize and support the youth from their counties for their involvement.

Consumer / Family Advisory Committee Quarterly Report – Q1:
For your information.

FY 26 Training Plan:
For your information.

IMPORTANT DATES

- September 14 – RGB Executive Committee Meeting (following full RGB meeting)
- October 19 – Network Provider Meeting – 9:00 a.m. via Teams
- October 28 – BHAC Meeting – 10:00 a.m. at Region 5 Systems, 3600 Union Drive Lincoln, NE
- November 9 – RGB Meeting – 10:15 a.m. at Apace, 4433 S 70th Street, Lincoln, NE

ADJOURN
The meeting adjourned at 11:25 a.m.

Region 5 Systems Contractual Agreements

Outpatient Navigation and Engagement (ONE) Grant

Contracting Entity	Time Period	Contract Amount	Funding Source	Primary Author(s)	Reviewed By	Purpose
University of Nebraska Public Policy Center	September 30, 2026 - September 29, 2028	$244,516	SAMHSA AOT Grant	Region 5 Systems	Corporate Compliance Team and Network Provider	Comprehensive evaluation of the ONE project.

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

Plan for One Contracts

Contracting Entity	Time Period	Contract Amount	Funding Source	Primary Author(s)	Reviewed By	Purpose
Capture	September 29, 2026 - June 30, 2027	$65,892.19 to Capture	DHHS - Plan for One Funds	Region 5 Systems	Corporate Compliance Team and Network Provider	To provide one-to-one direct care staff within a residential setting to an individual who transitioned from Mental Health Crisis Center under a Plan for One agreement.
Capture Amendment #1	July 1, 2026 - June 30, 2027 Extension from October 28, 2026	$130,879.62 to Capture Increase of $99,895.02	DHHS - Plan for One Funds	Region 5 Systems	Corporate Compliance Team and Network Provider	To provide one-to-one direct care staff within a residential setting to an individual who transitioned from Mary Lanning under a Plan for One agreement.

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

Rural Health Transformation Project - BETA Training

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	October 31, 2026 - October 30, 2027	$79,550 to Region 5 Systems		DHHS-DBH	Corporate Compliance Team	Expand and strengthen BETA trainings and train additional trainers in hearing voices training.
Cheryl Turner	September 1, 2026 - October 31, 2026	Up to $800 to Cheryl Turner	DBH - Rural Health Transformation Contract	Region 5 Systems	Corporate Compliance Team and Network Provider	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.
Maxson Counseling & Consulting LLC	September 1, 2026 - October 31, 2026	Up to $1,400 to Maxson Counseling & Consulting LLC	DBH - Rural Health Transformation Contract	Region 5 Systems	Corporate Compliance Team and Network Provider	
Jill Kuzelka	September 1, 2026 - October 31, 2026	Up to $450 to Jill Kuzelka	DBH - Rural Health Transformation Contract	Region 5 Systems	Corporate Compliance Team and Network Provider	
Autism Action Partnership	September 1, 2026 - October 31, 2026	Up to $1,300 to Autism Action Partnership	DBH - Rural Health Transformation Contract	Region 5 Systems	Corporate Compliance Team and Network Provider	
Mental Health Association of Nebraska	September 1, 2026 - October 31, 2026	Up to $3,100 to Mental Health Association of Nebraska	DBH - Rural Health Transformation Contract	Region 5 Systems	Corporate Compliance Team and Network Provider	

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

CDC Suicide Grant

Contracting Entity	Time Period	Contract Amount	Funding Source	Primary Author(s)	Reviewed By	Purpose
Nebraska State Suicide Prevention Coalition (NSSPC)	September 15, 2026 - September 14, 2027	$30,000 to Region 5 Systems		NSSPC	Corporate Compliance Team and Network Provider	To reduce overall suicide morbidity by 10% within the state of Nebraska and specifically among men ages 25-64 by 10%.
CenterPointe	November 1, 2026 - March 31, 2027	$800 per training to CenterPointe	CDC Suicide Grant	Region 5 Systems	Corporate Compliance Team and Network Provider	To provide Assessing and Managing Suicide Risk (AMSR) training.
Marcus Theatre	November 1, 2026 - March 31, 2027	$17,700 to Marcus Theater	CDC Suicide Grant	Marcus Theater	Corporate Compliance Team and Network Provider	Movie trailers in Lancaster county with suicide prevention messaging for both youth and adults.
Jenn Moffett	November 1, 2026 - March 31, 2027	$800 per training to Jenn Moffett	CDC Suicide Grant	Region 5 Systems	Corporate Compliance Team and Network Provider	To provide Applied Suicide Intervention Skills Training (ASIST) to the community.

Region 5 Systems Contractual Agreements

Joscelyn Kuta	November 1, 2026 - March 31, 2027	$800 per training to Joscelyn Kuta	CDC Suicide Grant	Region 5 Systems	Corporate Compliance Team and Network Provider	To provide Applied Suicide Intervention Skills Training (ASIST) to the community.

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

Garrett Lee Smith

Contracting Entity	Time Period	Contract Amount	Funding Source	Primary Author(s)	Reviewed By	Purpose
Beck Institute	January 1, 2027 - September 29, 2027	$24,845 to Beck Institute	Garrett Lee Smith	Beck Institute	Corporate Compliance Team and Network Provider	To provide Cognitive Behavioral Therapy for Suicide Prevention (CBT-SP) training which is designed specifically for adolescents who have recently attempted suicide or experienced acute suicidal ideation.
Jenn Moffett	November 1, 2026 - September 29, 2027	$2,750 to Jenn Moffett	Garrett Lee Smith	Region 5 Systems	Corporate Compliance Team and Network Provider	Soul Shop Training for faith-based clergy, providing tools for community in addressing suicide prevention.
Lincoln Public Schools (LPS)	November 1, 2026 - September 29, 2027	$30,800 to Lincoln Public Schools	Garrett Lee Smith	Region 5 Systems	Corporate Compliance Team and Network Provider	To support Hope Squads within 21 LPS schools and provide funding for the purchase of lockboxes, trigger locks, and cable gun locks for families with safety concerns related to suicide.
KidGlov	November 1, 2026 - September 29, 2027	$6,500 to KidGlov	Garrett Lee Smith and CDC Suicide Funding	Region 5 Systems	Corporate Compliance Team and Network Provider	Creation of a movie trailer in both English and Spanish with information on what to do if someone is talking with them about suicide.

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

Partnerships for Success (PFS) Contracts

Contracting Entity	Time Period	Contract Amount	Funding Source	Primary Author(s)	Reviewed By	Purpose
KidGlov	September 30, 2026 - September 29, 2027	$5,000 to KidGlov	DHHS-DBH PFS Contract	Region 5 Systems	Corporate Compliance Team and Network Provider	To provide project management and reporting of Power of Parents webpage for Lancaster county.
Wellbeing Initiative	September 30, 2026 - September 29, 2027	$7,000 to Wellbeing Initiative	DHHS-DBH PFS Contract	Region 5 Systems	Corporate Compliance Team and Network Provider	Provide WRAP train-the-trainer for colleges and identified industry specific personnel to lead WRAP groups promoting wellness for those at risk within their schools/organizations.
Nebraska Collegiate Prevention Alliance	September 30, 2026 - August 31, 2027	$15,752 to Nebraska Collegiate Prevention Alliance	DHHS-DBH PFS Contract	Region 5 Systems	Corporate Compliance Team and Network Provider	Project management of Power Parenting profile and assist with college profile uploading on to individual college websites including annual webhosting fees.
Marcus Theatre	September 30, 2026 - September 29, 2027	$17,610 to Marcus Theatre	DHHS-DBH PFS Contract	Marcus Theatre	Corporate Compliance Team and Network Provider	Movie trailers in Lancaster county providing Power of Parents messaging regarding high risk drinking.
Lincoln Police Department	September 30, 2026 - September 29, 2027	$4,000 to Lincoln Police Department	DHHS-DBH PFS Contract	Region 5 Systems	Corporate Compliance Team and Network Provider	Create a law enforcement/youth partnership in assuring establishments are not selling alcohol to minors.
Public Health Solutions	September 30, 2026 - September 29, 2027	$28,315 to Public Health Solutions	DHHS-DBH PFS Contract	Region 5 Systems	Corporate Compliance Team and Network Provider	To implement PFS deliverables within Jefferson, Saline, and Gage counties.
LMO Consulting, LLC	September 30, 2026 - September 29, 2027	$4,882 to LMO Consulting, LLC	DHHS-DBH PFS Contract	Region 5 Systems	Corporate Compliance Team and Network Provider	To implement PFS deliverables within Johnson, Pawnee, and Richardson counties.
Flood Broadcasting, Inc.	September 30, 2026 - September 29, 2027	$555 to Flood Broadcasting, Inc.	DHHS-DBH PFS Contract	Flood Broadcasting, Inc.	Corporate Compliance Team and Network Provider	To provide radio spots for promotion of the Ex Program.
KNZA, Inc.	September 30, 2026 - September 29, 2027	$555 to KNZA, Inc.	DHHS-DBH PFS Contract	KNZA, Inc.	Corporate Compliance Team and Network Provider	

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

Region 5 Systems Contractual Agreements

State Opioid Response (SOR) Grant

Contracting Entity	Time Period	Contract Amount	Funding Source	Primary Author(s)	Reviewed By	Purpose
Sharps Medical Waste Services	Evergreen	$4,770 to Sharps Medical Waste Services	DHHS - State Opioid Response Grant	Sharps Medical Waste Services	Corporate Compliance Team and Network Provider	To purchase a MedSafe and replacement liners for Nebraska City and Auburn.
BayMark Health Services (BAART) Amendment 2	September 1, 2026 - September 29, 2026	$175,772.11 to BayMark Health Services (BAART) Increase of $8,800	DHHS-DBH SOR Contract	Region 5 Systems	Corporate Compliance Team and Network Provider	Contract for provision of approved medications for the treatment of opioid use disorder, and to support treatment and recovery support services for opioid use disorder and stimulant misuse and use disorders.
KidGlov	September 30, 2026 - September 29, 2027	$2,000 to KidGlov	DHHS-DBH SOR Contract	Region 5 Systems	Corporate Compliance Team and Network Provider	To create a digital ad campaign promoting Narcan training, MedSafe locations, and other SOR activities as applicable.
J. Chad Professional Training, LLC	September 30, 2026 - September 29, 2027	$5,000 to J. Chad Professional Training, LLC	DHHS-DBH SOR Contract	J. Chad Professional Training, LLC	Corporate Compliance Team and Network Provider	To provide a two webinar trainings on substance use prevention.
CenterPointe	September 30, 2026 - September 29, 2027	$14,984 to CenterPointe	DHHS-DBH SOR Contract	Region 5 Systems	Corporate Compliance Team and Network Provider	Contract for provision of approved medications for the treatment of opioid use disorder, and to support treatment and recovery support services for opioid use disorder and stimulant misuse and use disorders.
BayMark Health Services (BAART)	September 30, 2026 - September 29, 2027	$88,000 to BayMark Health Services (BAART)	DHHS-DBH SOR Contract	Region 5 Systems	Corporate Compliance Team and Network Provider	
Jill Kuzelka	September 30, 2026 - September 29, 2027	$250 per training to Jill Kuzelka	DHHS-DBH SOR Contract	Region 5 Systems	Corporate Compliance Team and Network Provider	To provide Narcan training within Region 5 Systems catchment area.
Laura Osborne	September 30, 2026 - September 29, 2027	$250 per training to Laura Osborne	DHHS-DBH SOR Contract	Region 5 Systems	Corporate Compliance Team and Network Provider	
Simera Reynolds	September 30, 2026 - September 29, 2027	$250 per training to Sim Reynolds	DHHS-DBH SOR Contract	Region 5 Systems	Corporate Compliance Team and Network Provider	
Andrea Hincapie	September 30, 2026 - September 29, 2027	$250 per training to Andrea Hincapie	DHHS-DBH SOR Contract	Region 5 Systems	Corporate Compliance Team and Network Provider	
Four Corners Health Department	September 30, 2026 - September 29, 2027	$250 per training to Four Corners Health Department	DHHS-DBH SOR Contract	Region 5 Systems	Corporate Compliance Team and Network Provider	

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

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Jim Pillen, Governor

September 29th, 2026
Patrick Kreifels, Regional Administrator
Region 5 Behavioral Health Authority
3600 Union Dr
Lincoln, NE 68516

Mr. Patrick Kreifels,

Please find our report regarding the Region 5 Supported Housing Program Residency Check-in below. Residency check-in visits were completed between February and July 2026. A total of five (5) program participants were selected for this review. The dates of interactions were: 02/24/2026, 03/09/2026, 03/23/2026, 04/22/2026, and 07/23/2026.

All program participants were confirmed to be residing in their units, and each demonstrated appropriate understanding of program requirements, available supports (whether formal or informal), and the correct channels for reporting housing-related concerns. Supported Housing program participants consistently reported satisfaction with the supportive services provided, including case management, clinical services, group programming, and peer support involvement as applicable.

All program participants maintain active Section 8 applications and are on the waitlist, with several continuing to work with their support team on disability documentation, Lincoln Housing Authority preference updates, or other eligibility considerations. Transportation needs were adequately met through public transit, walking, or future vehicle planning. One participant reported some minor property maintenance concerns following a change in property ownership in which Region 5 staff stated they will follow up with the landlord to ensure compliance with lease obligations.

Supported Housing program funds appear to be used appropriately, and the residency checks indicate that services are effectively supporting participant stability and progress in alignment with the program's intent.

Should you have any questions regarding this assessment, please feel free to contact me. Thank you and Region 5 Supported Housing staff for the assistance in this process, as well as the support provided to keep the program true to its purpose.

Sincerely,

Jacob Grell
Housing Administrator
Department of Health and Human Services
Division of Behavioral Health
jacob.grell@nebraska.gov

AUDIT SUMMARY REPORT – Opioid Settlement Funds
BAART

Opioid Settlement Funds Grant Award – July 1, 2024 – June 30, 2025

AUDIT OF SERVICES PURCHASED – FFS							
Audit Dates September 2, 2025	**# of Files Reviewed**	**Total Contract Units**	**2 % Sample**	**5% Sample**	**# Units Reviewed**	**# Units Verified**	**% Units Accounted For**
Opioid Treatment Program – Opioid Settlement Funds	5	120	2.4	6	5	5	100%

Opioid Settlement Funds Grant Award – July 1, 2024 – June 30, 2025 **MOUD Treatment – Bundled Rate**
Corrective Action: • BAART to begin using the new "BAART updated Financial Eligibility Worksheet FY26" to establish clear funding source.

Opioid Settlement Funds Grant Award – July 1, 2025 – June 30, 2026

AUDIT OF SERVICES PURCHASED – FFS							
Audit Date July 8, 2026	**# of Files Reviewed**	**Total Contract Units**	**2 % Sample**	**5% Sample**	**# Units Reviewed**	**# Units Verified**	**% Units Accounted For**
Opioid Treatment Program – Opioid Settlement Funds	5	120	2.4	6	5	5	100%

Opioid Settlement Funds Grant Award – July 1, 2025 – June 30, 2026 **MOUD Treatment – Bundled Rate**
Corrective Action: • None

System Coordination Updates
Updates as of 10/09/2026

Behavioral Health/Legislative Update

- FY28 budgeting, all Regions are being asked to reduce their budgets by 5% of all State General Funds and Healthcare Cash Funds to support the Nebraska estimated budget shortfall of $1 billion. Healthcare Cash Funds will be shifted to Medicaid to reduce their use of State General Funds.
- LB901 from 2026 Legislative session taxing mechanical gaming devices at 3.75% will be sent to the respective region of where the gaming device is located on a quarterly basis. Planning will occur surrounding the allocation of these funds as we move through the year.
- 4 full-time employees with DBH, targeted case management, will focus on adults in assisted living and day rehabilitation with acute stays of two times in 6 months that are on Medicaid. Piloting in Region 5 Systems area. A meeting with Dawn Peters has been scheduled to gain more insight and identify areas for partnership. We will look for an analysis of the impact of this project from the Division of Behavioral Health.
- The Nebraska Public Policy Center is contracting with the Nebraska Health & Human Services; Division of Behavioral Health to conduct an assessment and inform comprehensive planning focused on housing and improving outcomes for people with serious mental illness in housing. Results will be shared for review when released.
- 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 was 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. There is a redraft being considered. Potentially, final service definitions will be released and effective on **January 2027.**
- Nebraska Medicaid will begin enforcing work requirements on **May 1, 2026**. This early implementation date, achieved through a state plan amendment, makes Nebraska the first state in the nation to enforce federal work requirements mandated by the federal One Big Beautiful Bill Act (H.R. 1) of 2025, ahead of the national required implementation of January 1, 2027. **January 1, 2027**-All states are required to conduct Medicaid eligibility redeterminations every six months for most adults in the Medicaid expansion population. The Kaisier Family Foundation estimate Medicaid coverage losses are driven overwhelmingly by unanswered paperwork rather than missed work hours. This brief describes the verification process for Medicaid work requirements in Nebraska and examines early data from Nebraska's September Medicaid Advisory Committee (MAC) meeting on outcomes for individuals subject to work requirements, including for those newly applying for Medicaid as well as those renewing Medicaid coverage through August 2026. https://www.kff.org/medicaid/early-medicaid-work-requirement-insights-from-nebraska/ Data shows that among those subject to the new work requirements:
    - 46% of new applicants and 34% of individuals' renewing coverage met qualifying activities (e.g., working at least 80 hours a month, having a monthly household income of at least $580, attending school).
    - 39% of new applicants and 57% of individuals renewing coverage qualified for an

exclusion from work requirements (e.g., due to being a parent of a child under age 14, being medically frail).
    - 14% of new applicants and 7% of individuals renewing coverage had their applications denied or lost coverage due to not meeting work requirements.
    - Only a small number of people (2% of new applicants and 2% of individuals renewing coverage) had a short-term hardship exception.
- 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 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. UPDATE (4/22/2026): Both waiver amendments have been submitted to CMS but are delayed. We are hoping for an effective date of Jan 1, 2027. We are developing training and educational materials for providers related to the SMI portion of the waiver that will be released as we move closer to the anticipated effective date. As a side note, CMS has been very backed up on waivers/amendments, so while we have submitted many of these, we are at the mercy of how quickly they are able to process changes. UPDATE (8/6/2026): Medicaid continues to go back and forth with CMS on feedback and comments to get to a reconciliation. As I understand it, the waiver is still moving forward. **UPDATE (10/12/2026)**: Jeremy Brunssen, interim Director of Nebraska Medicaid, issued a provider bulletin 26-15 regarding coverage for Medically Necessary Institutions for Mental Diseases (IMDs) Stays.
- Nebraska 2027 - 110th Legislative Session:
    - Concern remains with the state budget shortfall, which is estimated at $1 billion. Current directive by Governor Pillen all agencies will reduce their expenses by 5%. An additional 3% will be considered at a later date if needed to make up the difference in the state budget. We will monitor this process closely to assess potential impact on program 038-Behavioral Health Aid and appropriations to the Regional Behavioral Health system for services to people who need them.
    - Statute changes are being considered to support the use of Mobile Opioid Use Disorder treatment in Nebraska. The goal is to align with federal policy.
- Interim Studies:
    - LR381-Senator Fredrickson: Feasibility, effectiveness, and safeguards associated with implementing youth mental health screenings in public schools.
    - LR383-Senator Spivey: Examine maternal depression in Nebraska & potential statutory changes that may support maternal mental health in the state.
    - LR390-Senator Hardin: Identify the needs of youth moving and transitioning to and from a youth rehabilitation and treatment center, an adult correctional facility, or a residential treatment facility as proposed by LB867.
    - LR411-Senator Riepe: Examine barriers affecting access to health care in Nebraska, with particular, but not exclusive, focus on rural areas with specific attention to the role of transportation, distance, and other social and economic factors that affect timely care.
    - LR444-Senator Quick: Examine cost models and payment models for determining

behavioral health service rates in Nebraska: The Legislature's Health and Human Services Committee held a hearing on LR 444, introduced by Senator Dan Quick, examining the need for a comprehensive cost study of Nebraska's behavioral health services and reimbursement rates. The central message of the hearing was clear: Nebraska needs reliable, current data showing what it actually costs to deliver mental health and substance use disorder services. Testimony emphasized that when reimbursement rates do not keep pace with the cost of providing care, providers may be forced to limit capacity, create waitlists, or discontinue services altogether. Those access gaps can ultimately shift individuals into more costly settings, including emergency departments and the criminal justice system. Rather than relying primarily on inflationary increases or periodic rate adjustments, LR 444 would examine the use of a standardized, dynamic cost model that could give policymakers an ongoing picture of the actual costs associated with delivering behavioral health services.

Emergency System/Stepping Up

- Dustin Bartley was hired as the Program Director for the Assisted Outpatient Treatment Grant, referred to as the ONE (Outpatient Navigation and Engagement Program). Dustin started on October 6th.
- Fall BETA was held September 21st-24th. There were 35 people in attendance. A final BETA in 2026 will be held in Geneva at Fillmore County Hospital from October 19th –22nd. These BETAs were in addition to the winter and summer BETAs held every year, funded in part by the Rural Health Transformation Grant.
- Stepping Up continues to work with behavioral health providers and justice entities to work collaboratively to address high utilizers within the justice and behavioral health system.
- Region 5, in collaboration with the Division of Behavioral Health and the other behavioral health regions, distributed a statewide survey to jail administrators to identify existing services and assess behavioral health service needs. The survey results have been received and compiled. Region 5 will meet to review the findings and develop an action plan to address the identified behavioral health service needs.
- R5 received the draft report from the statewide Sequential Intercept Mapping Summit. All of the Regional Administrators and the Division of Behavioral Health reviewed the report and provided feedback to Policy Research Associates. The final report will be released in the next two months.
- Ride Care is now available statewide for law enforcement officers only. Ride Care will provide emergency transportation services for individuals seeking mental health services or substance use services, such as mental health respite, hospitals for acute psychiatric services for those under emergency protective custody, or voluntary admissions. R5 will be offering training to educate and answer questions about Ride Care. This service is free to law enforcement and the individuals, regardless of payer source.

Housing System Coordination

HUD Housing Programs

Our HUD applications for Lincoln Permanent Housing, Rural Permanent Housing, and Rural Transition Age Permanent Housing have been accepted by UNL's Children and Family Law Program. The Rural Transition Age Permanent Housing application is still awaiting an award announcement.

Additionally, we applied for the Lincoln Transitional Housing Program, which would provide time-limited transitional housing for up to 24 months. Unlike permanent housing, this program is designed to support participants in working toward long-term housing stability and a successful transition to permanent housing. If awarded, the Lincoln Transitional Housing Program would include two staff positions to support program operations and participant success.

Region 5 is currently at full occupancy within its HUD Housing Programs, with 62 units across Lincoln and rural Nebraska. We are also implementing the Move On from Supportive Housing assessment to help identify participants who may be ready to transition to greater independence and to support successful, planned discharges.

Rental Assistance Program (RAP)

The Rental Assistance Program currently serves 227 enrolled participants**,** with 43 individuals on the waiting list. Current program utilization is 26.42%.

To strengthen collaboration and support effective service coordination, RAP will offer a case manager training on October 20. This training will provide an opportunity to review program processes, clarify expectations, and support case managers in helping participants access and maintain housing.

Network Continuous Quality Improvement

FY26 Report Out

- **Network Recovery Outcomes**
  - Of 1796 people served, 49% had a significant improvement in treatment, which is the same as last year.
  - The service grouping with the greatest proportion of persons achieving significant improvement is: Residential Services (60%).

- **Zero Suicide System of Excellence**
  - For those that enroll in services, 92% were screened for suicide risk. Of those who screened positive for suicide risk, 94% were provided a clinical assessment.
  - For those who are put on a Life Worth Living Pathway, there were 54 suicide attempts, compared to 99 not on the Life Worth Living Pathway, and 2 deaths by suicide, compared to 6 deaths not on the Life Worth Living Pathway.

- **Voluntary Crisis Response Center**
  - There has been a total of 343 admissions (258 Crisis Stabilization, 85 Mental Health Respite).

- Average length of stay for Crisis Stabilization was 4.2 days, Mental Health Respite was 16.9 days

- **Complaints, Appeals, Critical Incidents (CACI)**
  - There were 92 medication errors, a reduction of 51.6% from 190 medication errors in FY25
  - Suicide attempts had an uptick during the middle of the year but decreased in the last year: Q1 n=9, Q2 n=13, Q3 n=17, Q4 n=8.

- **Ineligibles & Denials**
  - Denials due to *Homelessness* (for Hospital Diversion) showed an overall decrease throughout the year: Q1 n=24, Q2 n=25, Q3 n=20, Q4 n=19.
  - *Recommend Other Level of Care* was the second most used reason for denials: Q1 n=4, Q2 n=18, Q3 n=20, Q4 n=12.
  - *Doesn't meet other Admission Criteria* was the greatest reason for Ineligibility in FY26. n=162 or 36% of Ineligibles.
  - *Doesn't have Required Functional Deficits* was the second most often used reason for Ineligibility. n=130 or 29% of Ineligibles.

- **Stable Living and Employment at Discharge -** select Services

		FY26	FY25	State Target
Stable Living conditions at discharge	All Services[1] (exclusions listed below)	79%	80%	85%
	MH Respite	37%	47%	65%
	Residential services	64%	78%	65%
Employed at discharge	All Services[2] (exclusions listed below)	63%	67%	65%

[1] All services *except* 24 Hour Crisis Line MH/SUD, Acute Inpatient Hospitalization MH, Assessment MH/SUD, Crisis Assessment MH/SUD, Crisis Inpatient Youth MH, Crisis Response MH/SUD, Crisis Stabilization MH/SUD, Crisis Stabilization 5 MH/SUD, Emergency Protective Custody MH, Emergency Psychiatric Observation MH, Hospital Diversion less than 24 hours MH, Hospital Diversion over 24 hours MH, Inpatient Post Commitment Treatment Days MH/SUD, Sub Acute Inpatient Hospitalization MH, Youth Assessment MH/SUD, Pilot Recovery Wellness Support MH/SUD, Psychological Testing MH

[2] All services *except* 24 Hour Crisis Line MH/SUD, Acute Inpatient Hospitalization MH, Assessment MH/SUD, Crisis Assessment MH/SUD, Crisis Inpatient Youth MH, Crisis Response MH/SUD, Crisis Stabilization MH/SUD, Crisis Stabilization 5 MH/SUD, Emergency Protective Custody MH, Emergency Psychiatric Observation MH, Hospital Diversion less than 24 hours MH, Hospital Diversion over 24 hours MH, Inpatient Post Commitment Treatment Days MH/SUD, Sub Acute Inpatient, Hospitalization MH, Youth Assessment MH/SUD, Pilot Recovery Wellness Support MH/SUD, Psychological Testing MH, Emergency Community Support MH/SUD

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

State Opioid Response Grant (SOR)

- In FY26 we were able to complete the following activities:
  - Increased treatment by more than 80 units
  - 187 people attended the Treatment and Current Drug Trends Summit
  - 1,500 Deterra packets distributed
  - 575 lockboxes distributed
  - 253 community members participated in webinars on opioid and other drug trends
  - 96 students participated in Generation RX
  - 2 new MedSafe locations

- For FY27 the following activities are proposed:
  - Evidenced-based MOUD
  - Provision of Generation RX an evidenced-based prevention curriculum
  - Community webinars on opioid and other drug trends
  - Community Narcan training
  - Collection of unused prescription drugs
  - Distribution of lockboxes for safe storage of opioid prescriptions

Opioid Remediation Settlement Funds

- Flex fund applications are now being accepted through our grants management system.
- Mobile MOUD is expected to open in January 2027. A new Lincoln methadone clinic is opening on November 31, 2026, which will support the mobile MOUD unit.
- Trina Janis attended a NACO event in New Jersey where she was able to network with other states on use of opioid settlement funds and learn about programing specific to pregnant and parenting women.
- All funds from LB1355 which were received in July of 2026 have been allocated to various projects.
- Of the 46 outcomes currently tracked across 17 projects, 37 were meeting their target goals.

Prevention System

- Prevention leadership is in transition. As Sandy Morrissey is retiring, she will be working on-call to assist Kayla Lathrop in her leadership role as Prevention Manager. Kayla has been at the Region for 8 years, most of those years being in Prevention. Kayla and Teri Effle will oversee prevention funding and provide technical assistance for all 16 counties within the Region 5 service area.
- Region 5 Systems has subcontracted with the UNL Policy Center for year 4 of the CDC funds. UNL Policy will also be subcontracting with the Regions for a 5-year Garrett Lee Smith grant that the State received. The grant's focus is on youth suicide prevention.
- There will be numerous training opportunities that will be available the next 6-8 months for suicide prevention (AMSR, ASSIST, CBT Youth Suicide Prevention, Soul Shop for Communities of Faith/Suicide Prevention, and regularly scheduled QPR and MHFA trainings). Training is in the process of being scheduled; individuals can register on the Region 5 website.
- All four LOSS Teams within the Region are active. There will be approximately 15 individuals attending the National LOSS Conference in Omaha this Fall. 10 of those individuals are leaders within various cultural groups in Lincoln/Lancaster. Many of these leads have been trained in QPR, WRAP, MHFA and want to continue to build on their skills, serving individuals and families speaking various languages.
- Data is being collected through Providers engagement with Zero Suicide System of Excellence. The goal is to add another 4 providers to the Zero Suicide initiative.
- 28 youth have been selected for the Region 5 Youth Action Board. Goals include youth-driven a

summer event, June Jam and policy work in partnership with the Lancaster County Youth Board, and Lancaster County Health Department. Youth hope to educate Senators on vaping concerns and needs within the schools, as well as promotion of child safety locks on vapes. Civic Nebraska will assist the youth with multiple training sessions to support their efforts.

Youth System Coordination

As the new school year begins, transitioning back into the classroom brings a mix of excitement, fresh routines, and unique academic or social stressors for youth. Prioritizing emotional well-being is just as critical as academic success, which is why equipping educators and families with the right tools is essential for a smooth transition. Local resources are available on webpages of Children's Nebraska, Talk Heart 2 Heart, the Nebraska Department of Health and Human Services, and the Nebraska Department of Education. Links:

https://www.childrensnebraska.org/community-health-and-advocacy/school-health
https://talkheart2heart.org/
https://dhhs.ne.gov/Pages/School-Health-Guidelines.aspx
https://www.education.ne.gov/csss/school-mental-health/

The FYI Marketing Team has been busy attending back to school events, community resource fairs, and festivals sponsored by community and cultural centers. The FYI Marketing Team also met with prevention coalition partners in Saunders County and Polk County to provide information about Region 5 Systems and the Professional Partner Program.

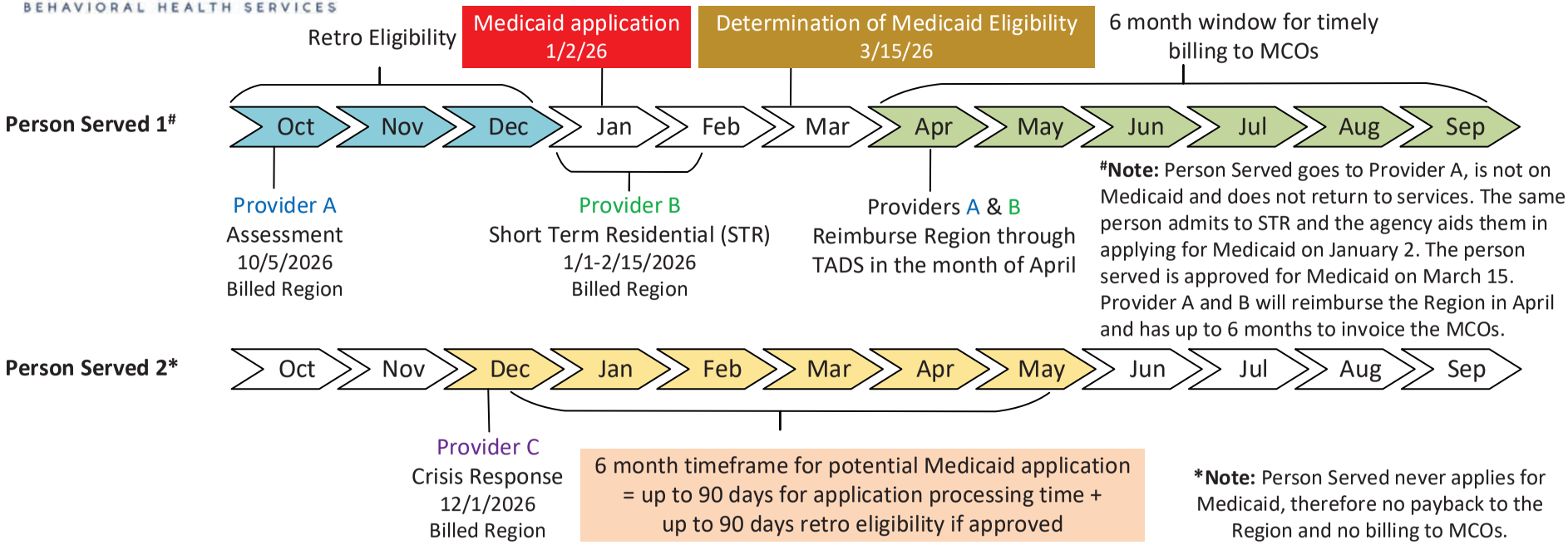
The ribbon cutting ceremony for the "permanent" SquareOne location at 220 S. 17th Street in Lincoln is scheduled to occur on October 19, 2026, from noon to 1:30pm. Tours of the facility will be provided after the guest speakers and presentations have concluded.

Annie Glenn and Trina Janis from Region 5 Systems were invited to be presenters at the 10th Annual Great Lakes Motivational Interviewing Conference in Madison, Wisconsin, in August 2026. Their presentation, entitled "Bridging the Gap between MI and Wraproud," provided information on Motivational Interviewing Informed Wraparound (MiiWRAP). MiiWRAP combines the core values of Wraparound with Motivational Interviewing's philosophy of nonjudgemental empathy and collaborative partnership. Professional Partners learn specific communication techniques to build trust and engage participants and families.

Medicaid Lookback

Services Originally Reimbursed by the Regions

September 8, 2026



Timeframe Provider Will Need to Check for Medicaid Eligibility

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Provider A	☑	☑	☑	☑	☑	☑						
Provider B				☑	☑	☑						
Provider C			☑	☑	☑	☑	☑	☑				

Retro Eligibility - Individuals approved for Medicaid will have coverage going back 60 (Medicaid Expansion) or 90 days from the date of the Medicaid application.

Determination of Medicaid Eligibility Date - When DHHS determines individual will be covered by Medicaid and makes this information available.

Timely billing - There is a 6-month timeframe, starting with the determination of eligibility, that service providers have to submit claims with the managed care organizations (MCO).

Authorizations (date information provided by MCOs)

Molina (8/27/26) **& Nebraska Total** (9/4/26) – documentation showing clinical necessity from time of service is required for authorization

United (8/27/26) – recognizes original authorization by DBH

Attachments for Reference: Memo from Dr. Thomas Janousek dated July 1, 2026; Department of Health and Human Services (DHHS), Division of Behavioral Health (DBH), Network Operations Manual dated July 22, 2026; Letter from Dr. Thomas Janousek dated August 20, 2026; Optum United Health Care Community Plan Provider Alert dated March 24, 2020.

Provider Bulletin 26-15

NEBRASKA
Good Life. Great Mission.

To:	All Providers Participating in the Nebraska Medicaid Program
From:	Jeremy Brunssen, Interim Director
Date:	September 18, 2026
Re:	Coverage for Medically Necessary Institutions for Mental Diseases (IMDs) Stays

This provider bulletin is being issued to notify Nebraska Medicaid providers that coverage of short-term medically necessary residential and inpatient stays in Institutions for Mental Diseases (IMDs) for adults with Serious Mental Illness (SMI) and children with Serious Emotional Disturbance (SED) **will be implemented January 1, 2027.** This coverage is being implemented through Nebraska's Substance Use Disorder Program Section 1115 Demonstration Waiver Amendment, which was approved by the Centers for Medicare & Medicaid Services (CMS) on August 14, 2026.

The purpose of this waiver amendment is to:

- Support a robust statewide behavioral health continuum of care that better addresses acute mental health needs and improves health outcomes;
- Ensure appropriate, prompt and quality treatment in IMDs;
- Minimize the number of days required in the institutional setting; and
- Ensure members are discharged with the appropriate medications and resources to successfully manage their illness in their desired community living environment.

Eligibility Overview

Coverage will be available for eligible individuals who are currently enrolled in Medicaid in a full benefit eligibility category and have an SMI or SED. The amendment will not provide any new Medicaid eligibility.

The following eligibility groups with limited benefits **are not** eligible for coverage:

- Qualified Medicare Beneficiaries (QMB)
- Specified Low Income Medicare Beneficiaries (SLMB)
- Qualified Individual (QI) Program
- Qualified Disabled Working Individual (QDWI)
- Non-citizens qualifying for emergency services only benefits

Eligible beneficiaries will receive State Plan and existing waiver services furnished during clinically appropriate, short-term IMD stays to eligible populations.

- Only stays of 60 consecutive days or less will be eligible for coverage. In addition, the state must demonstrate an average length of stay of no greater than 30 days.

Billing and Reimbursement

The two relevant Nebraska Medicaid fee schedules, *Mental Health and Substance Use Rates* and *Acute Inpatient Psychiatric Hospital Rates* include rates for IMD stays for adults with SMI/SED. IMD providers who utilize the behavioral health fee schedule (Table 1) will be bill on a CMS-1500 professional claim form, whereas IMD providers who bill using the inpatient psychiatric fee schedule (Table 2) will be bill on the CMS-1450 institutional claim form. To view *Acute Inpatient Psychiatric Hospital Rates* and *Mental Health and Substance Use Rates*, go to: https://dhhs.ne.gov/Pages/Medicaid-Provider-Rates-and-Fee-Schedules.aspx

Stays extending beyond 60 consecutive days will not be reimbursed. Providers are also expected to manage admissions, treatment planning, discharge planning, and care transitions in a manner that supports an average length of stay (ALOS) of less than 30 days. Further information regarding length of stay, including consequences of exceeding ALOS, tracking, roles, and timeline for any system updates will be communicated to providers at a later date closer to implementation. Providers are not permitted to submit monthly/interim claims and will be required to wait until the duration of the stay has been completed to submit their IMD claim to Medicaid.

Table 1. Mental Health and Substance Use Rates

Procedure Code	Modifier Code	Short Description	Unit	Rate
H0019	HE	Psychiatric Residential Rehabilitation Services	Per diem (not including room & board)	$157.93
H2018	HK	Secure Psychiatric Residential Rehabilitation Services	Per diem	$478.97
H2020		Therapeutic Group Home (THGH)	Per diem (not including room & board)	$225.87

Table 2. Acute Inpatient Psychiatric Hospital Rates

Tier	Class of Care	SFY2027

Tier 1 (Day 1 – Day 2) Rate	86	$994.30
Tier 2 (Day 3 – Day 4) Rate	86	$919.55
Tier 3 (Day 5 – Day 6) Rate	86	$877.34
Tier 4 (Day 7+) Rate	86	$835.60
Psych-Sub-Acute Rate	90	$741.45

Training

Nebraska DHHS Medicaid and Long-Term Care (MLTC) will be conducting provider training on coverage of IMD stays for Adults with SMI/SED. A pre-recorded training will be posted online and communicated to providers at a later date closer to implementation.

If you have questions regarding this bulletin or that you would like to see addressed in the pre-recorded training, please email: DHHS.MedicaidMHSU@nebraska.gov

Provider Resources

Provider Bulletins, such as this one, are posted on the DHHS website at http://dhhs.ne.gov/pages/Medicaid-Provider-Bulletins.aspx. Please subscribe to the page to help you stay up to date with new Provider Bulletins.

RIDECARE INC

Behavioral Health Transportation Deployment Protocol

Purpose

Ride Care, Inc. provides specialized transportation for individuals whose behavioral health needs require safe, reliable movement between crisis response, treatment, and other authorized care settings

Ride Care is intended to serve as a statewide transportation resource within the behavioral health crisis continuum, helping move an individual from the point of origin to the appropriate receiving destination. These trips are funded by DHHS through the Rural Health Transformation Program funding.

When to Use Ride Care

Ride Care may be deployed when an individual requires transportation related to:

- A mental health or behavioral health crisis (voluntary or involuntary admission)
- Crisis evaluation or stabilization
- Competency restoration
- Interfacility movement for mental health or substance use treatment

At this time, Ride Care may be requested by authorized law enforcement agencies. After the initial launch period, DHHS may approve requests from behavioral health providers, hospitals, crisis programs, treatment facilities, or other approved partners.

When to Request Transportation

Transportation should be requested as soon as the need for movement is identified. Early notification allows Ride Care to evaluate staffing, vehicle requirements, distance, special needs, and acceptance at receiving facilities.

Information Required

The Submitter (sending facility) will need to complete the request form on Ride Care's website. (ridecaretransportation.com). This form includes questions about the rider, such as:

- Individual's name and identifying information
- Pick-up location (address and door location/floor/room number, etc.)
- Receiving destination
- Requested date and time
- Reason for transportation
- Behavioral or safety concerns
- Known medical or mobility needs
- Approximate height and weight of the rider
- History or risk of aggression, elopement, or self-harm
- Current restraint status or recommendation, if applicable
- Special transportation requirements
- Contact information for the sending and receiving organizations

Ride Care Review and Deployment

Upon receiving a request, Ride Care Dispatch will review the submission, contact the Submitter to confirm needs, contact the receiving facility to confirm acceptance, and determine the appropriate transportation resource.

Based on this review, Ride Care will assign an appropriate driver/vehicle. Additional personnel may be assigned when the individual's needs, safety considerations, mobility requirements, trip duration, or other circumstances indicate that two-person staffing is appropriate.

During Transportation

The Ride Care employee will:

1. Confirm the individual's identity and transportation authorization.
2. Complete the required pre-transport safety assessment.
3. Maintain communication with Dispatch throughout the trip as required.
4. Follow Ride Care procedures for de-escalation, confidentiality, restraints, emergencies, and other safety considerations.
5. Transport the individual directly to the authorized destination unless otherwise directed by Dispatch or required by an emergency.
6. Confirm safe arrival and transfer of care to the receiving organization.

Changes or Escalation

If the individual's condition or behavior changes during transportation, the driver will contact Dispatch. Dispatch will determine the appropriate response, which may include:

- Contact with the sending or receiving organization
- Emergency services
- Diversion to an appropriate emergency destination

Drivers are not expected to manage a situation beyond their training or place themselves or the individual at unnecessary risk.

Completion of Transport

The transport is complete when the individual has been safely transferred to the receiving organization and the required documentation has been completed. Ride Care documents the transport, including relevant safety events, delays, changes in destination, use of restraints, or other significant circumstances.

Key Principle

The clinical or authorized decision determines where an individual needs to go. Ride Care provides the specialized transportation needed to get the individual there safely.

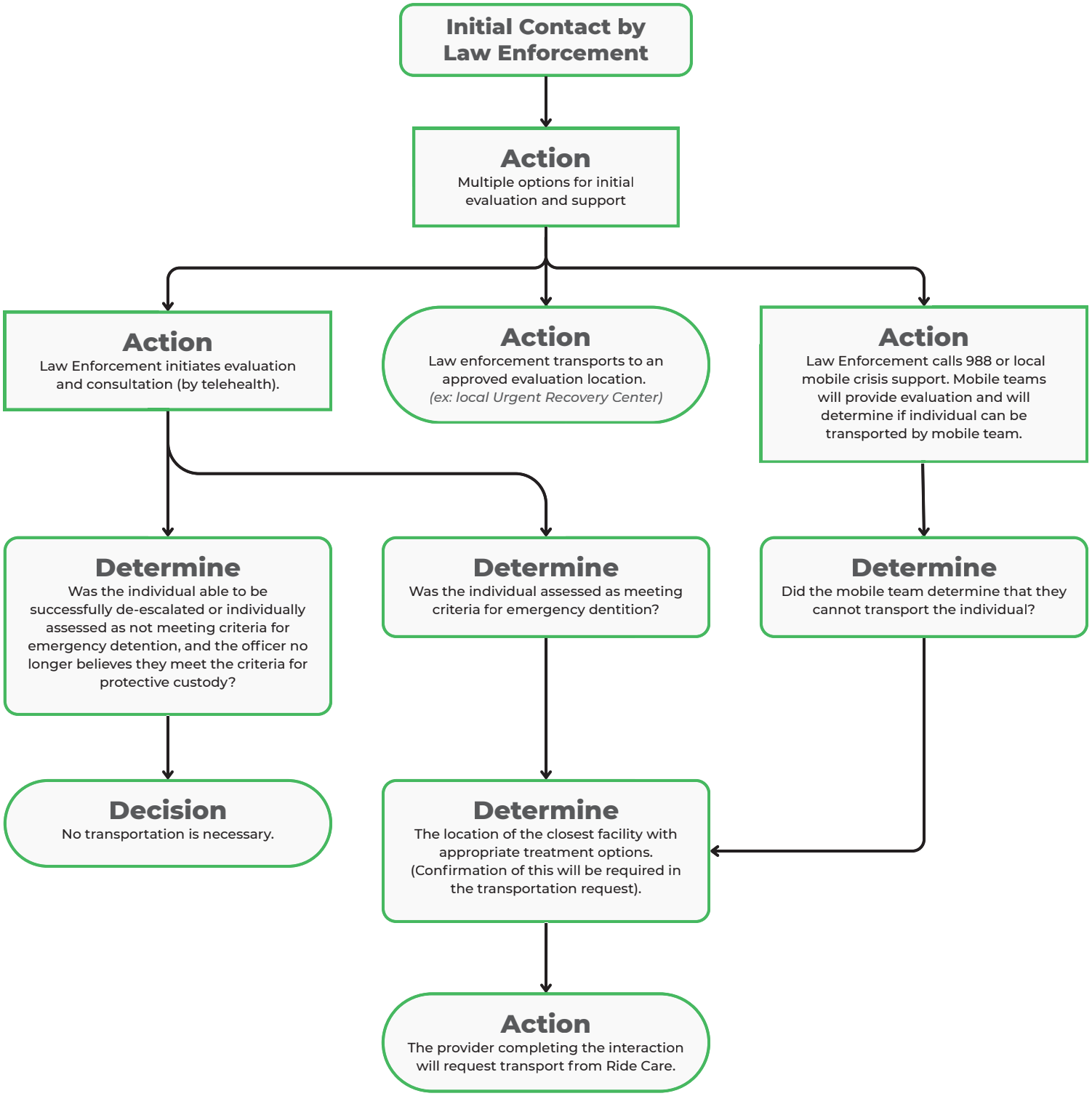
Ride Care is a transportation resource within the behavioral health crisis system. Ride Care is not a replacement for clinical assessment, crisis intervention, law enforcement, emergency medical services, or receiving-facility decision-making.

Decision Tree

Nebraska Rural Health Transportation

Ride Care, *in partnership with* ***Nebraska's Rural Health Transportation***, works within the current infrastructure to help facilitate the dispatch of the transport service for those in need of acute psychiatric treatment. To request transport services, please refer to the below decision tree.

This project is partially funded by the Nebraska Rural Health Transformation Program, contracted through the Nebraska Department of Health and Human Services."



Transportation is complete once the person has been transported to the facility, contact has been made with the appropriate staff of the facility, and the staff of the facility has determined that the patient does not present a clear or immediate threat to his or her own safety or to the safety of the staff of the facility.

RIDECARE INC

NEBRASKA
DEPT. OF HEALTH AND HUMAN SERVICES

Nebraska Crisis Transportation

Law Enforcement Request Guide

Our 6-Step Process:

1 Submission Form

Complete the **Ride Care** Submission Form and make sure all information is accurate.

- Confirm crisis documentation is ready.
- Confirm destination facility has availability.
- Confirm contact information from both sending/receiving parties is correct.

2 Special Notes

Include any behavioral, safety, mobility, medical, communication, equipment, or accompaniment details that could affect the transport.

3 Confirmation

Ride Care Dispatch reviews the request and contacts the submitting officer and receiving facility to confirm details.

4 Dispatch

Once the required information is verified, Dispatch assigns the transport to an appropriate **Ride Care** driver.

5 Pick Up

The driver arrives at the designated pickup location, coordinates with the requesting officer or staff, receives required belongings and documentation, and prepares the individual for transport.

6 Drop Off

The driver transports the individual to the designated receiving facility, communicates relevant information to receiving staff, and completes the required handoff.

Request Transport

Scan the QR Code to access the Nebraska Crisis Transportation Request Form



We're Here To Help 24/7/365

Ride Care Dispatch
1.800.690.4305

Frequently Asked Questions

Law Enforcement

RideCare provides specialized transportation for individuals experiencing behavioral health needs. The service is being implemented in Nebraska through DHHS and Rural Health Transformation funding and is designed to reduce the amount of time law enforcement spends transporting individuals to appropriate care.

Who can request a RideCare transport?

Law enforcement currently must initiate the transportation request. The officer requesting the transport must provide their badge number through the RideCare online request form.

How do I request a RideCare?

Requests must be submitted through the RideCare online transportation request form. You cannot simply call RideCare to request a transport. The online system allows RideCare to track the request from submission through completion and provides dispatch with the information needed to arrange the appropriate vehicle and driver.

Do I need an EPC to use RideCare?

Not necessarily. RideCare can transport individuals who are voluntarily seeking treatment when law enforcement would otherwise be responsible for transporting them. RideCare can also transport individuals under an EPC. The key requirement is that law enforcement is involved in and activates the transportation and that the transportation is related to a behavioral-health need.

If someone is under an EPC, does law enforcement still maintain custody?

Yes. Law enforcement remains responsible for maintaining custody of an individual under an EPC until RideCare arrives. RideCare then provides the transportation, allowing law enforcement to return to service rather than making the transport themselves.

What if the person needs medical clearance first?

If an individual requires medical clearance before being transported to a behavioral-health facility, law enforcement may need to remain with the individual while they are in the emergency department. RideCare generally cannot remain with the individual for an extended period while they wait for medical clearance or for a psychiatric bed to become available. Once the individual is medically cleared and the receiving destination is confi rmed, RideCare can be requested for the transportation portion.

Where can RideCare take someone?

RideCare is intended for behavioral-health-related transportation, but the destination is not necessarily limited to a psychiatric hospital or treatment facility. Destinations could include:

- Behavioral-health treatment facilities
- Psychiatric hospitals
- Crisis stabilization
- Other appropriate levels of care
- Shelters
- Warming or cooling centers
- Home
- Other appropriate destinations

The transportation must still be connected to a behavioral-health need and activated by law enforcement. RideCare is not intended to function as a general transportation service.

Frequently Asked Questions

Law Enforcement

Can RideCare take someone to a shelter?

Yes, when the transportation meets the behavioral-health and law-enforcement activation requirements. This may be an option when an individual does not require hospitalization but needs assistance getting to an appropriate shelter or other destination. Important: Availability of an appropriate shelter or destination is not guaranteed. RideCare does not provide placement.

Can RideCare take someone home?

A home destination is an allowable destination when the transport is appropriately activated by law enforcement and is related to a behavioral-health need. The officer should provide the complete destination information when submitting the request.

Can RideCare transport children or youth?

Yes. RideCare can transport youth. Additional information should be provided when submitting the request, including:

- Age of the child
- Whether a parent or other adult will accompany the child
- Whether the child requires a car seat
- Any safety or behavioral concerns
- Any other special circumstances

RideCare has car seats available. Drivers can install the car seat, but an appropriate adult must place the child into the car seat.

Can a parent ride with their child?

Yes, when necessary. RideCare may transport a parent with the child and may be able to return the parent home after the child is admitted. Parents should understand that if RideCare has to return to pick them up later, there may be a delay depending on vehicle availability.

What information should I provide when requesting transportation?

Provide as much information as possible. RideCare specifically asks for information that helps them determine the appropriate vehicle, staffing, and safety considerations. More information up front helps prevent delays and surprises when the driver arrives.

- Individual's approximate size
- Mobility limitations
- Behavioral/safety concerns
- Elopement risk
- Whether restraints may be necessary
- Whether another adult is traveling with the individual
- Whether a parent is accompanying a child
- Car-seat needs
- Destination
- Other relevant circumstances

Frequently Asked Questions

Law Enforcement

How quickly will RideCare arrive?

The current contract calls for a response within two hours. Because Nebraska is a new service area, RideCare indicated that response times may be challenging during the initial implementation period. Whenever possible, submit the request as early as possible.

What happens after I submit the request?

RideCare dispatch will:

1. Review the transportation request.
2. Confirm the information.
3. Confirm the receiving destination/bed information when applicable.
4. Assign a vehicle and driver.
5. Dispatch the driver.

Officers should answer their phone after submitting a request.

RideCare may need to call the requesting party to confirm information. Failure to answer can delay the transport.

Does RideCare cost law enforcement anything?

No. The Nebraska service is funded through the state. There is no fee to the law-enforcement agency or the individual for using the RideCare transportation service.

Can RideCare transport someone across the Nebraska state line?

This is still being confirmed. RideCare and DHHS are reviewing the Nebraska contract requirements regarding out-of-state transportation. Until this is formally confirmed, officers should not assume that RideCare can transport across state lines.

What if there is no available treatment bed?

RideCare does not provide treatment placement or guarantee a bed. If the individual is waiting for medical clearance or a treatment bed, law enforcement may still need to remain responsible for the individual until an appropriate destination is available. RideCare can provide transportation once the destination and transportation arrangements are confirmed.

MEMORANDUM OF UNDERSTANDING

MENTAL HEALTH CRISIS TRANSPORTATION SERVICES

This Memorandum of Understanding ("MOU") is entered into and made effective as of _____, 20___ ("Effective Date"), by and between the [INSERT COUNTY] County Sheriff's Office ("Sheriff's Office") and David Roberts Consulting, LLC dba Ride Care, INC. ("Transport Provider"). The Sheriff's Office and the Transport Provider may collectively be referred to as the "Parties" or individually as a "Party."

1. PURPOSE & OBJECTIVE

The purpose of this MOU is to establish a collaborative framework between the Parties to provide safe, humane, and specialized non-law enforcement transportation for individuals experiencing a mental health and/or substance use crisis in rural areas. Pursuant to the Service Contract Award awarded to the Transport Provider by Nebraska's Department of Health and Human Services, Behavioral Health, Rural Health Transformation, the primary objective is to utilize trained, civilian transport professionals in lieu of traditional law enforcement officers when individuals require transportation to mental health facilities, crisis stabilization centers, substance use treatment facilities or hospitals, thereby reducing stigma, de-escalating distress, and freeing up law enforcement resources.

2. SCOPE OF SERVICES

The Parties agree to implement the transport program under the following criteria:

- Eligibility Criteria: Transports under this program are strictly limited to either a mentally ill and dangerous person as defined in Nebraska Revised Statutes, Chapter 71, Section 71-908 or a substance dependent person as defined in Nebraska Revised Statutes, Chapter 71, Section 71-913 and that said individual is experiencing a mental health and/or substance use crisis whereby the person is determined to be in need of emergency protective custody.
- Exclusions: The Transport Provider will not transport individuals who are actively violent, armed, or require physical restraint that exceeds civilian capabilities. In such instances, law enforcement will maintain custody and perform the transport.
- Service Area: Transport services will operate within the designated geographic boundaries of [Insert County/Region Name].

3. RESPONSIBILITIES OF THE SHERIFF'S OFFICE

- Screening & Dispatch: Provide initial on-scene or dispatch assessment to ensure the individual meets the criteria of needing emergency protective custody.

Facilitate the dispatch of the transport for the person in need by using the specified link created specifically for the police agency to initiate the transport.

- Information Sharing: Disclose relevant safety or behavioral history to the transport team prior to custody transfer, in strict compliance with applicable privacy laws.
- Emergency Backup: Guarantee rapid law enforcement response and physical backup to the Transport Provider if an individual becomes violent or unsafe during transit.

4. RESPONSIBILITIES OF THE TRANSPORT PROVIDER

- Specialized Personnel: Deploy staff explicitly trained in mental health first aid, crisis de-escalation techniques, and trauma-informed care.
- Vehicle Standards: Utilize unmarked or subtly marked, non-stigmatizing vehicles designed for comfort and safety, equipped with necessary communication tools.
- Care Continuum: Maintain visual supervision of the individual throughout transit and manage the formal intake/hand-off process at the destination facility.

5. LEGAL & FINANCIAL STATUS

Non-Binding Framework: This MOU outlines the mutual intentions and operational framework of the Parties and is not a legally binding contract, except where explicitly noted. This document does not obligate either party to funds nor does it create a formal legal partnership.

6. CONFIDENTIALITY & DATA PRIVACY

Both Parties agree to strictly safeguard all Protected Health Information (PHI) and personally identifiable information (PII) encountered during operations. The Parties shall maintain compliance with the Health Insurance Portability and Accountability Act (HIPAA), 42 CFR Part 2, and any other applicable state or local privacy regulations.

7. TERM AND TERMINATION

This MOU shall commence on the Effective Date and remain in effect for a period of one (1) year. It will automatically renew for successive one-year terms unless otherwise modified in writing. Either Party may terminate this MOU at any time, with or without cause, by providing thirty (30) days written notice to the other Party.

IN WITNESS WHEREOF, the Parties hereto have executed this Memorandum of Understanding as of the Effective Date written above.

FOR THE SHERIFF'S OFFICE:

_____
Signature

_____
Printed Name

_____
Title

_____
Date

FOR THE TRANSPORT PROVIDER:

_____
Signature

David Roberts_____
Printed Name

Owner/CEO_____
Title

September 15, 2026 _____
Date

Region 5 Systems (R5S) Quarterly Report

July 2026 - September 2026

Taisa Brumagen, Director Of Advocacy, CPSS

List of tasks completed/milestones hit this quarter:

- Extend technical assistance and support implementation of new peer support roles in organizations. Provided networking and collaboration with partner organizations in behavioral health for peer support roles and sustainability.
- Implemented three WRAP seminar ones. Two Seminars were implemented in Rural areas to increase wellness and educational access to consumers and family members. Partnered with areas for future WRAP seminar two to allow WRAP facilitators in Region 5 to increase and offer more supportive wellness groups to consumers and organizations.
- Implementation of an additional two peer support trainings as requested by organizations and consumers for increased access to support and training for peers in the workforce. Connected with previous partners such as Children's Hospital for newly hired peers to be trained.
- **Assessment of Need/Problem Solving:**
- **Consumer Family Advisory Committee (CFAC):** CFAC has maintained a well rounded committee with each subcommittee having a chair person. New member positions have been sustained and filled with proper voting processes. CFAC has presented newly implemented ideas and activities for the community. Each subcommittee needs a co chair and this will be a discussion point in the next few months to encourage members to actively participate in at least with no more than three subcommittees for implementation and support.
- **Behavioral Health Conferences:** There has been no recent behavioral health conference planning. CFAC did plan a newly implemented consumer/ provider brunch called Fall In Love With Recovery which was hosted October 3rd. This was an opportunity to celebrate the community efforts for wellness and recovery and connection. After reviewing the consumer surveys for the 2026 BHC the 83.3 percent of consumers stated they were very satisfied with the afternoon breakout speakers and the 75 percent of consumers stated they were very satisfied with the morning breakout sessions.
- **Training and education:** There has been advocacy efforts to offer in person peer support training for organizations and their staff. Wellbeing Initiative has scheduled an additional training session to accommodate these needs and will offer more traveling for in person training. One training was implemented specifically for The Omaha Tribe of Nebraska and per their request they are asking for another in person training and more educational access to group training such as WRAP, Self Advocacy and continuing education. With the advocacy for peers in the workforce planning will continue to support the needs of training and will implement more training as needed.
- **Projects:**

Lived experience engagements: Implementation of focus groups in areas in Region 5 for consumer feedback of their experience with barriers and strengths based on the feedback of surveys implemented to consumers in behavioral health settings. Implementation specifically for rural areas where consumer voice is shared and report the feedback to providers and Region 5. This will be ongoing over quarter 2 and will continue to meet the needs of consumers.

Training and education: There will be continuing education opportunities presented to the peers and organizations to participate in. Forensic peer support has been updated and will be 6 total continuing education units for those who attend. Completion of the 6 module training series specifically for Domestic Violence Advocates in partnership with Nebraska Coalition To End Sexual and Domestic Violence. This training series will be offered to the community for educational access and continuing education.

Data Collected/Analyzed:

Current:

# of support groups- 56

# of support group participants (duplicated)- 683

Accumulative:

# of support groups- 371

# of support group participants (duplicated)- 4,928

# of committee/workgroup meetings- 141 (RCS activities)

Tasks/goals next quarter:

Continue working on the following projects:

- Maintain collaborative partnerships with organizations and build support groups and peer services with technical assistance. Provide education and funding barrier solutions for consumers and community members with peer support training and WRAP seminars

- Support with CFAC budget and funding in appropriate service areas while supporting the advocacy efforts by consumers and providers for funding in behavioral health supportive services. Continue to encourage CFAC members to participate in subcommittees and positions as needed.
- Create new training and continuing education with low barrier opportunities while supporting supervisors and clinical staff with ongoing and implementation of peer delivered services.

BHAC Attendance Log

FY 25-26

BHAC Members	8/27/2025	10/29/2025	1/28/2026	2/25/2026	4/1/2026	4/29/2026	5/27/2026	Percent of Attendance
Janak, Greg	P	P	A	A	A	P	P	57%
Joseph, Paige	P	P	P	A	P	A	P	71%
Kielty, Corrie	P	P	P	P	A	P	P	86%
Kuzelka, Jill	P	A	P	P	A	P	P	71%
Meinders, Rebecca	P	A	P	A	A	P	P	57%
Mulcahy, Rachel	P	P	P	P	A	A	P	71%
Osborne, Laura	P	P	P	P	P	P	P	100%
Harre, Kenny (BEGIN 1/28/26)			P	P	P	P	P	100%
Pohlmann, Gale	P	P	P	A	P	P	P	86%
Vana, Michele	P	A	A	P	P	A	P	57%
Watts, Evette	P	P	P	P	P	A	P	86%

* meeting canceled

Article III (Membership), Section 7 (Absences) of current BHAC bylaws states: Any member who fails to attend at least one-half of the regular meetings held by the BHAC during the fiscal year (July 1 - June 30) shall be removed. Any member in violation of this section of the bylaws has the right to appeal his or her removal to the Regional Governing Board.

BHAC Attendance Log

FY27

BHAC Members	9/2/2026	10/28/2026	1/27/2027	2/24/2027	4/28/2027	6/2/2027	Percent of Attendance
Blum, Avery	P						100%
Harre, Kenny	P						100%
Janak, Greg	P						100%
Joseph, Paige	A						0%
Kielty, Corrie	P						100%
Kuzelka, Jill	P						100%
Maher, Nicole	P						100%
Meinders, Rebecca	P						100%
Mulcahy, Rachel	P						100%
Murry, Benjamin	P						100%
Osborne, Laura	P						100%
Harre, Kenny (BEGIN 1/28/26)	P						100%
Pohlmann, Gale	P						100%
Rabe, Marti	P						100%
Vana, Michele	A						0%
Watts, Evette	P						100%

* meeting canceled

Article III (Membership), Section 7 (Absences) of current BHAC bylaws states: Any member who fails to attend at least one-half of the regular meetings held by the BHAC during the fiscal year (July 1 - June 30) shall be removed. Any member in violation of this section of the bylaws has the right to appeal his or her removal to the Regional Governing Board.

TENTATIVE* 2027 Legislative Session

January

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

February

Sun	Mon	Tues	Wed	Thur	Fri	Sat
	1 DAY 18	2 DAY 19	3 DAY 20	4 DAY 21	5 DAY 22	6
7	8 DAY 23	9 DAY 24	10 DAY 25	11 DAY 26	12 RECESS	13
14	15 HOLIDAY	16 DAY 27	17 DAY 28	18 DAY 29	19 DAY 30	20
21	22 DAY 31	23 DAY 32	24 DAY 33	25 DAY 34	26 DAY 35	27
28						

March

Sun	Mon	Tues	Wed	Thur	Fri	Sat
	1 DAY 36	2 DAY 37	3 DAY 38	4 DAY 39	5 DAY 40	6
7	8 DAY 41	9 DAY 42	10 DAY 43	11 DAY 44	12 RECESS	13
14	15 RECESS	16 DAY 45	17 DAY 46	18 DAY 47	19 DAY 48	20
21	22 DAY 49	23 DAY 50	24 DAY 51	25 DAY 52	26 RECESS	27
28	29 RECESS	30 DAY 53	31 DAY 54			

April

Sun	Mon	Tues	Wed	Thur	Fri	Sat
				1 DAY 55	2 DAY 56	3
4	5 DAY 57	6 DAY 58	7 DAY 59	8 DAY 60	9 RECESS	10
11	12 RECESS	13 DAY 61	14 DAY 62	15 DAY 63	16 DAY 64	17
18	19 DAY 65	20 DAY 66	21 DAY 67	22 DAY 68	23 RECESS	24
25	26 DAY 69	27 DAY 70	28 DAY 71	29 DAY 72	30 HOLIDAY	

May

Sun	Mon	Tues	Wed	Thur	Fri	Sat
						1
2	3 DAY 73	4 DAY 74	5 DAY 75	6 DAY 76	7 RECESS	8
9	10 RECESS	11 DAY 77	12 DAY 78	13 DAY 79	14 DAY 80	15
16	17 DAY 81	18 DAY 82	19 DAY 83	20 DAY 84	21 RECESS	22
23	24 DAY 85	25 DAY 86	26 DAY 87	27 DAY 88	28 DAY 89	29
30	31 HOLIDAY					

June

Sun	Mon	Tues	Wed	Thur	Fri	Sat
		1 RECESS	2 RECESS	3 RECESS	4 DAY 90	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Legislative Recess Days

February 12
March 12, 15, 26, 29
April 9, 12, 23
May 7, 10, 21
June 1, 2, 3

Federal & State Holidays

January 18 – Martin Luther King Jr. Day
February 15 – Presidents' Day
April 30 – Arbor Day
May 31 – Memorial Day

*The speaker elected on Jan. 6, 2027, will publish the official session calendar.

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
November 4, 2026 11:00am-12:00pm	***DLA-20 Youth Booster***	*HopeSpoke*	*Virtual*	1.0 LMHP, LMFT, Social Work, Professional Counseling	*Free*	*Network Providers*
November 10, 2026 1:00pm-4:30pm	**DLA-20 Adult Full**	CenterPointe	Campus for Health & WellBeing 2202 S 11th St. Lincoln , NE 68508	3.0 LMHP, LMFT, Social Work, Professional Counseling	Free	Network Providers
November 13, 2026 12:00pm - 1:00pm	***QPR Gatekeeper Training***	*Prevention Team*	*Virtual*	Certificate provided through QPR Institute website upon course completion	*Free*	*Community*
November 16-17, 20206 9:00am-4:00pm	**Introduction to Dialectical Behavioral Therapy (DBT)**	Shireen Moshiri, LICSW and Sara Siebler, MS. LIMHP	*Region 5 Systems*	10 LMHP, LMFT, Social Work, Professional Counseling and LADC	Free	Community
December 4, 2026 8:00am - 12:00pm	**DLA-20 Adult Full**	Lutheran Family Services	Virtual - Teams	3.0 LMHP, LMFT, Social Work, Professional Counseling	Free	Network Providers
December 8, 2026 8:30am - 5:30pm	***Youth Mental Health First Aid***	*TBD*	*Region 5 Systems*	Certificate provided through MHFA Connect website upon course completion	*Free*	*Community*
January 20-22, 2027 9:00am-4:00pm	**Dialectical Behavior Therapy (DBT) Skills Training**	Shireen Moshiri, LICSW and Sara Siebler, MS. LIMHP	*Region 5 Systems*	10 LMHP, LMFT, Social Work, Professional Counseling and LADC	Free	Community
January 26, 2027 1:00pm-3:00pm	***DLA-20 Adult Refresher***	*CenterPointe*	*Virtual - Teams*	2.0 LMHP, LMFT, Social Work, Professional Counseling	*Free*	*Network Providers*
February 9-12,2027 8:00am-4:30pm	**BETA-Behavioral Health Threat Assessment**	Various Speakers		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 10, 2027 11:00am-12:00pm	***DLA-20 Youth Booster***	*HopeSpoke*	*Virtual*	1.0 LMHP, LMFT, Social Work, Professional Counseling	*Free*	*Network Providers*

Region 5 Systems
Upcoming Trainings
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Date/Times	Topic / Description	Presenter	Location	CEUs	Cost	Target Audience
February 16, 2027 1:00pm-4:30pm	**DLA-20 Adult Full**	CenterPointe	Campus for Health & WellBeing 2202 S 11th St. Lincoln , NE 68508	3.0 LMHP, LMFT, Social Work, Professional Counseling	Free	Network Providers
February 16-17, 2027 9:00am-4:00pm	**Dialectical Behavior Therapy (DBT) Training for Front-Line Staff**	Shireen Moshiri, LICSW and Sara Siebler, MS. LIMHP	Region 5 Systems	N/A	Free	Community
March 5, 2027 8:00am-12:00pm	**DLA-20 Adult Full**	Lutheran Family Services	Virutal-Teams	3.0 LMHP, LMFT, Social Work, Professional Counseling	Free	Network Providers
April 5-9, 2027 9:00am-4:00pm	**Part 1: 5-Day Comprehensive Dialectical Behavioral Therapy (DBT) Training**	Shireen Moshiri, LICSW and Sara Siebler, MS. LIMHP	Region 5 Systems	27.5 LMHP, LMFT, Social Work, Professional Counseling and LADC	Free	Licensed Mental Health Clinicians
April 13, 2027 1:00pm-3:00 pm	***DLA-20 Adult Refresher***	*CenterPointe*	*Virtual - Teams*	2.0 LMHP, LMFT, Social Work, Professional Counseling	*Free*	*Network Providers*
May 11, 2027 1:00 PM -4:30PM	**DLA-20 Adult Full**	CenterPointe	Campus for Health & WellBeing 2202 S 11th St. Lincoln , NE 68508	3.0 LMHP, LMFT, Social Work, Professional Counseling	Free	Network Providers
June 4, 2027 8:00am-12:00pm	**DLA-20 Adult Full**	Lutheran Family Services	Virutal-Teams	3.0 LMHP, LMFT, Social Work, Professional Counseling	Free	Network Providers
June 7-11, 2027 9:00am-4pm,	**Part 2: 5-Day Comprehensive Dialectical Behavioral Therapy (DBT) Training**	Shireen Moshiri, LICSW and Sara Siebler, MS. LIMHP	Region 5 Systems	27.5 LMHP, LMFT, Social Work, Professional Counseling and LADC	Free	Licensed Mental Health Clinicians
June 22-25, 2027 8:00am-4:30pm	**BETA-Behavioral Health Threat Assessment**	Various Speakers		20 LMHP, LMFT, Social Work, Professional Counseling	Free for Law Enforcement, Dispatch, and Crisis Response Team Members $250 for community	Law Enforcement, Dispatch, Crisis Response, and Behavioral Health Professionals
July 13, 2027 1:00pm-3:00pm	***DLA-20 Adult Refresher***	*CenterPointe*	*Virtual - Teams*	2.0 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
August 10, 2027 1:00pm-4:30pm	**DLA-20 Adult Full**	CenterPointe	Campus for Health & WellBeing 2202 S 11th St. Lincoln , NE 68508	3.0 LMHP, LMFT, Social Work, Professional Counseling	Free	Network Providers
September 3, 2027 8:00am-12:00pm	**DLA-20 Adult Full**	Lutheran Family Services	Virutal-Teams	3.0 LMHP, LMFT, Social Work, Professional Counseling	Free	Network Providers
October 5, 2027 1:00pm-3:00pm	***DLA-20 Adult Refresher***	*CenterPointe*	*Virtual - Teams*	2.0 LMHP, LMFT, Social Work, Professional Counseling	*Free*	*Network Providers*
November 9, 2027 1:00pm-4:30pm	**DLA-20 Adult Full**	CenterPointe	Campus for Health & WellBeing 2202 S 11th St. Lincoln , NE 68508	3.0 LMHP, LMFT, Social Work, Professional Counseling	Free	Network Providers
December 3, 2027 8:00am-12:00pm	**DLA-20 Adult Full**	Lutheran Family Services	Virutal-Teams	3.0 LMHP, LMFT, Social Work, Professional Counseling	Free	Network Providers

More information can be found on Region 5 Systems' website: http://www.region5systems.net

Contact Theresa Henning for more information at: thenning@region5systems.net