REGION 5 SYSTEMS

*Supporting Wellness and Recovery in Behavioral Health*

SINCE 1974

DRAFT

# FY26 ANNUAL REPORT

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# ANNUAL LETTER TO STAKEHOLDERS

**Dear System Partners,**

As we look back at the year in review, Region 5 Systems' Annual Report reflects a year focused on advancing its mission, "supporting the wellness and recovery in behavioral health," through coordinated, community-based, and person-centered services. The activities outlined in this report detail strategic objectives, achievements, and the impact of strong system partnerships across southeast Nebraska. These collaborations support our vision of living in a community where "people experiencing, affected by, or at risk of, mental health or substance use challenges receive care and enhance personal wellbeing." I want to extend a sincere THANK YOU to the dedicated employees at Region 5 Systems, tireless efforts of the network providers, Prevention Coalitions' interventions making our community healthier, support to shape the system by the Behavioral Health Advisory Committee, and the governance of the County Commissioners presiding on the Regional Governing Board.

## 2026 Best Places to Work

I am honored to announce Region 5 Systems' employees have voted us as a 2026 Best Places to Work employer. Woods Aitken LLP, along with the Lincoln Human Resource Management Association and the Lincoln Journal Star, facilitate an independent anonymous survey for employees to complete measuring engagement, communication, resources, manager effectiveness, team dynamics, and trust in leadership. This competition presents us a great opportunity to learn what our employees are really thinking and provides us with valuable information used to improve our day-to-day operations and workplace environment. Region 5 Systems placed first of the top 3 large employers (50-199 employees), which is determined exclusively on the basis of our employees' responses to the survey, then compiled and compared to employers in Lincoln, NE. Region 5 Systems has participated in this survey for the past 11 years, and 2026 is the 6th time we have been bestowed a "Best Place to Work" employer.

## Legislation

The 60-day session of the 109th Nebraska Legislature convened on January 7, 2026. There was a significant budget shortfall to fill during the session and during Governor Pillen's January 15 State of the State address predictably emphasized property tax relief and fiscal conservatism as the session's priorities. Senators entered January facing $471 million projected deficit for the biennium, which later ballooned to $646 million, the product of multi-year income and corporate tax reductions working their way through the system, combined with revenues running below earlier projections. In the closing days of the session, revenue receipts showed an additional downturn of $73 million, likely to roll into the next budgeting cycle, which has already had a projected $631 million deficit.

A few bills of interest to the behavioral health system that passed during session:

**LB722** Senator Quick - Clean-up language from 2025 Legislative session and LB454 bill to allow Regions to utilize funds for landlord risk mitigation if extensive property damage occurs to a property by a person served with mental health/substance use expanding the scope of people served when using documentary Stamp Tax funds for housing. Unanimously voted out of committee, passed General File and Select file. Placed on final reading on 3/17/2026 and approved by Governor Pillen on 4/14/2026. This became law within 3 months of being approved by the Governor.

**LB901** Senator Spivey - Introduced a bill to tax gaming devices by 3.75% for behavioral health regions to use for housing of people with substance use and mental health challenges and are homeless. This will result in additional revenue to serve people.

## System Transformation

The Certified Community Behavioral Health Clinics (CCBHC) went live on January 1, 2026, offering 9 core services and employing a prospective payment system for reimbursement. There are many adjustments occurring to the system including additional ACT teams, expanded crisis response, and other areas as clinics are required to provide 9 core services. The true impact to the system will not be realized until there are several years of operation.

## Crisis Continuum

We continue to support the alignment of the crisis continuum with National Guidelines for Crisis Care, essential elements within a no-wrong-door integrated crisis system. Continued efforts to provide education and awareness of "someone to contact" (988), "someone to respond" (crisis response), and "a safe place for help" (adult and youth crisis centers). Momentum continued to occur on the two projects Region 5 Systems is collaborating on with Lancaster County: the adult Voluntary Crisis Response Center (VCRC), which became fully operable in September 2025 (16-beds), as contracted with

Integrated Behavioral Health Services, Inc., and the family crisis center ("SquareOne"), as contracted with CenterPointe. The last remaining service to come to fruition is youth mental health respite, opened in October 2026. Both the adult and youth projects enhance our crisis continuum throughout our 16-county catchment area of offering "somewhere to go" to people/youth during a crisis. These projects were realized through local input and strong partnerships with advocates, providers, Lancaster County, city of Lincoln, law enforcement, and other system partners. For more information on the specific services provided and who and how the services can be accessed, please see pages 20 and 35.

**Emergency Protective Custody (EPC) Bed Expansion Pilot and System Planning**

An additional 226 bed days were realized for people placed on EPC during the past year. New contracts with Methodist Fremont Hospital served people from Butler and Saunders counties, and Mary Lanning Hospital served people from Polk, York, Fillmore, and Thayer counties; this helped us increase bed day capacity. The Lancaster County Mental Health Crisis Center (LCMHCC) will continue to be the single point of entry for people from Gage, Jefferson, Johnson, Lancaster, Nemaha, Otoe, Pawnee, Richardson, Saline, and Seward counties. The hospitals and LCMHCC will be back up if they are at capacity and an individual is placed on Emergency Protective Custody (EPC). The implementation plan may be found on our website.

Starting July 1, 2026, through June 30, 2028, Bryan Medical Center will utilize Hospital Assessment funding to self-pay up to $250,000 (per year) prior to billing for people placed on EPC. This takes some financial pressure off the system by maximizing the available federal Hospital Assessment Funding.

Region 5 Systems was awarded the Sequential Intercept Mapping (SIM) grant offered by Policy Resource Associates. All Regional Behavioral Health Authorities and the Division of Behavioral Health partnered in facilitating a summit held June 30 and July 1, 2026, addressing intercepts 2 & 3, specifically addressing Emergency Protective Custody/mental health board commitments and competency restoration. System partners participating include law enforcement, justice, public defenders, Lincoln Regional Center, hospitals, providers, and senators for policy making. Results of the two-day summit will be shared in FY27.

**Rural Health Transformation Funds**

Nebraska was awarded $218 million of federal funding for the first year of a 5-year eligible term for the Rural Health Transformation Funds. A small portion of the award is dedicated to the following behavioral health areas:

- behavioral health consultation in nursing homes
- central dispatch for crisis response/telehealth
- behavioral health threat assessment training
- secure transportation, crisis stabilization renovations
- behavioral health workforce recruitment/retention

**Opioid Remediation Settlement Funds**

Region 5 Systems opened a second grant cycle on June 13, 2025, with $650,000 total funding available to be allocated. Final awards occurred in November 2025 by the Regional Governing Board. See page 16 for past funded projects and future priority areas. The Division of Behavioral Health opened a grant cycle on July 1, 2025, for the Statewide Opioid Remediation Settlement Funds with $9 million total funding available to be granted out. These funds will focus on capital construction in the priority areas of crisis stabilization, Medical Withdrawal Management Services, and Social Detox Services. Two providers/system partners in Region 5 Systems' territory receiving awards are CenterPointe, for capital construction on a short-term substance use residential treatment center, and Bryan Medical Center, to expand the number of beds for medication withdrawal services. These services are projected to go live in 2027.

Thank you again to all system partners who make our work possible; ***we are better together***. Region 5 Systems is committed to system coordination, quality improvement, and community partnerships to advance recovery and wellness to support youth and adults in southeast Nebraska.



Christa Yoakum
Regional Governing Board Chair



Patrick Kreifels,
Regional Administrator

## Who We Are

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

In 2004, LB 1083 (the Behavioral Health Services Act) was passed, repealing the original statutes but re-establishing and renaming the Regions as "Behavioral Health Authorities." These Behavioral Health Authorities make up Nebraska's public behavioral health system.

Region 5 Systems' major functions are described in this report. For more information about Region 5 Systems, please visit our website at www.region5systems.net.




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

## Regional Governing Board (RGB)

Each Behavioral Health Authority is governed by a Regional Governing Board (RGB), comprised of an appointed county commissioner from each of the counties it serves.

**Current membership as of publication includes:**

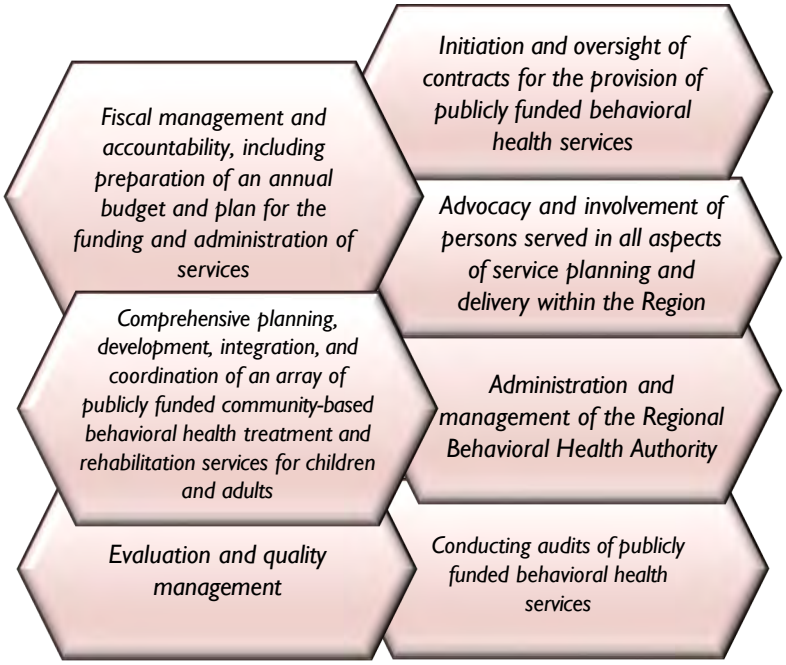
| | |
|---|---|
| Butler County | Scott Griess |
| Fillmore County | Kenny Harre *(Officer at Large)** |
| Gage County | Emily Haxby |
| Jefferson County | Danielle Schwab |
| Johnson County | Les Agena |
| Lancaster County | Christa Yoakum *(Chair)** |
| Nemaha County | Michael Weiss |
| Otoe County | Dan Crownover |
| Pawnee County | Jan Lang |
| Polk County | Jerry Westring |
| Richardson County | John Caverzagie |
| Saline County | Ray Rohrig |
| Saunders County | Bill Reece *(Vice Chair)** |
| Seward County | Darrel Zabrocki *(Officer at Large)** |
| Thayer County | Dean Krueger |
| York County | Deb Robertson |

* Executive Committee members

Thanks to the past members of FY26 BHAC & RGB for your dedication and support toward the Regional System of Care:

Sarah Krenke – BHAC
LeRoy Ott – BHAC and RGB
Brian Pribyl – RGB
Melissa Ripley – BHAC
Kelsey Schwab – BHAC
Jan Sybl – RGB

## Statutory Responsibilities




## Behavioral Health Advisory Committee (BHAC)

The Regional Governing Board (RGB) is required to appoint a Behavioral Health Advisory Committee, responsible for advising the RGB on behavioral health issues and funding allocations. Consideration for membership is given to geographic residence, direct and indirect consumers, cultural diversification, and the community at large.

**Current membership as of publication:**

Avery Blum
Kenny Harre *(RGB Representative)*
Greg Janak *(Chair)*
Paige Joseph
Corrie Kielty
Jill Kuzelka
Nicole Maher
Rebecca Meinders *(Vice Chair)*
Rachel Mulcahy *(Member at Large)*
Benjamin Murry
Laura Osborne
Gale Pohlmann
Marti Rabe
Michele Vana
Evette Watts

# Structure and Governance

**Regional Governing Board (RGB)**

- Consumer Family Advisory Committee
- Regional Administration
- Behavioral Health Advisory Committee (BHAC)

Regional Administration oversees:

- Children and Family Services
- Continuous Quality Improvement
- Fiscal Management
- Network Management
- Operations

## Provider Network* (Adult/Youth Services)

- Associates in Counseling and Treatment
- Blue Valley Behavioral Health
- CenterPointe
- Goodwill Industries of Greater Nebraska, Inc.
- HopeSpoke
- Houses of Hope
- Integrated Behavioral Health Services
- Lutheran Family Services
- Mary Lanning Healthcare
- Mental Health Association of Nebraska
- Mental Health Crisis Center of Lancaster County
- Methodist Fremont Health
- Region 5 Systems
- St. Monica's
- Telecare Recovery Center at Sarpy
- The Bridge Behavioral Health
- Wellbeing Initiative

**Family & Youth Investment (Professional Partner Program)**
Juvenile Justice
Prevention
Traditional
Transition-Age

**Housing**
Lincoln Permanent Housing
Rental Assistance Program
Rural Permanent Housing
Rural Transition Age

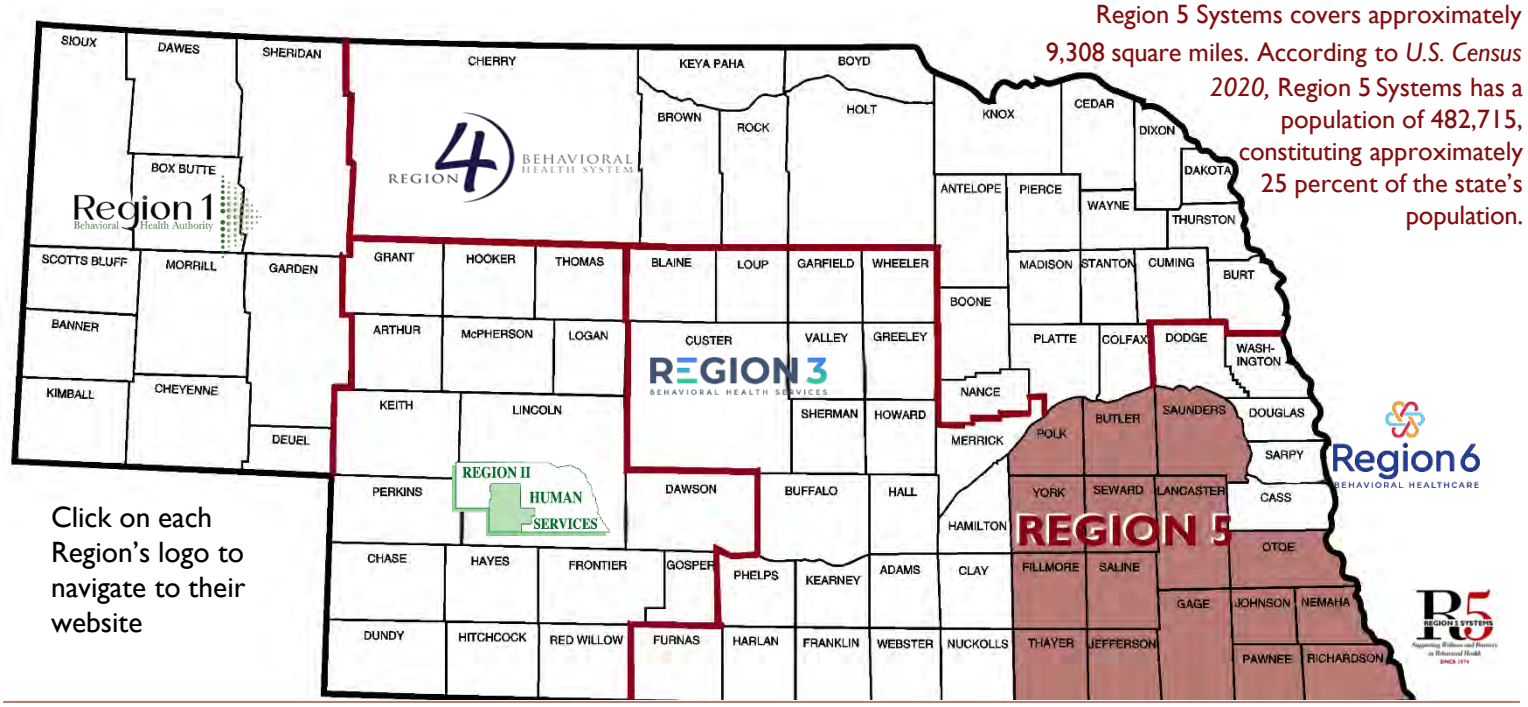
## Quality Initiatives

- Behavioral Health Workforce Recruitment
- Clinical Consultation
- Evidence-Based Practices
- Opioid Settlement Coordination
- Stepping Up

## System Coordination

- Behavioral Health Disaster
- Consumer System
- Emergency System
- Housing System
- Prevention System
- Youth System

*Region 5 Systems contracts with additional providers to increase accessibility of specialty services to meet the needs of the person served.



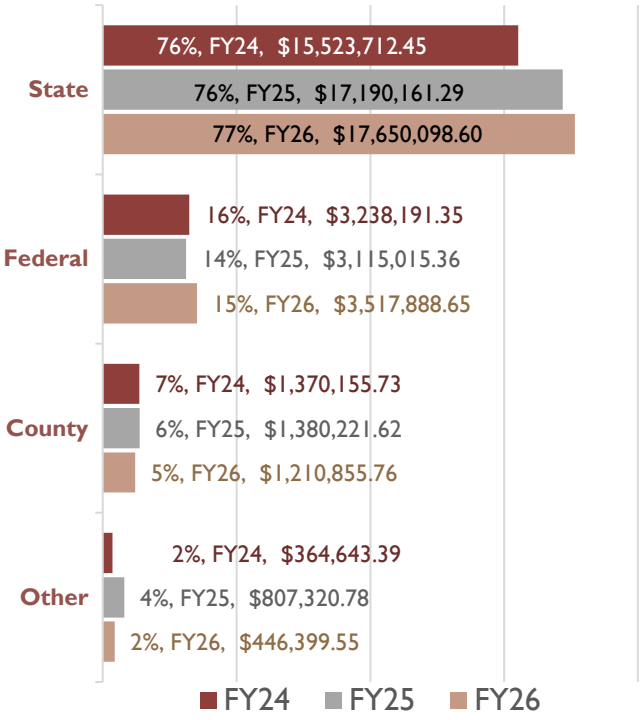

Region 5 Systems covers approximately 9,308 square miles. According to *U.S. Census 2020*, Region 5 Systems has a population of 482,715, constituting approximately 25 percent of the state's population.

Click on each Region's logo to navigate to their website

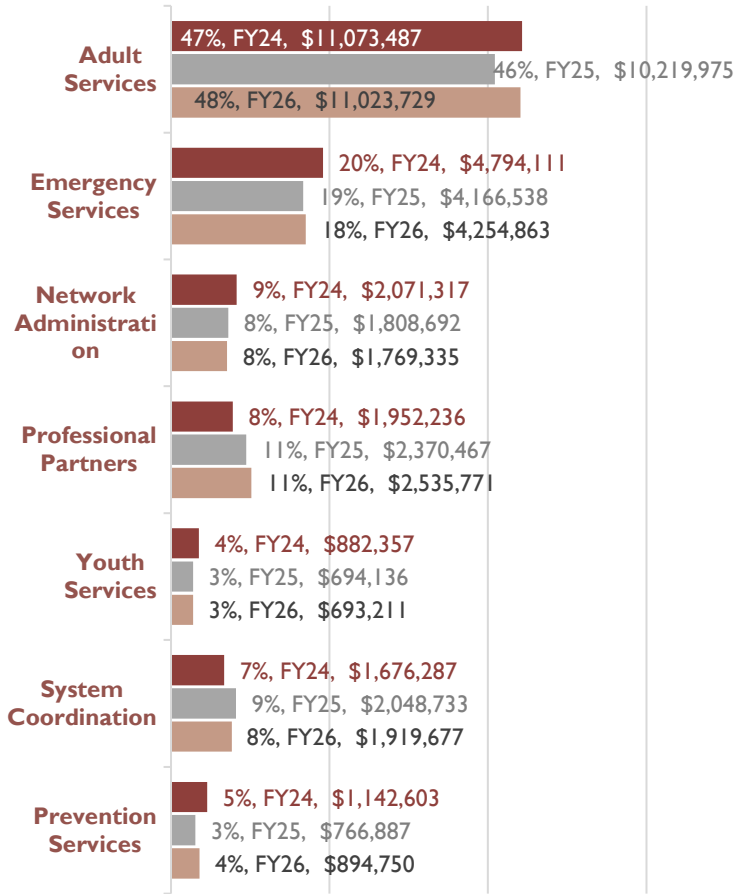
# Funding and Expenditures - Fiscal Transparency

Strong fiscal management enables Region 5 Systems to turn public investment into meaningful outcomes for individuals, families, providers, and communities. Through responsible stewardship, transparent decision-making, and consistent financial oversight, Region 5 Systems supports a behavioral health system that is responsive to community needs, accountable for results, and positioned for long-term sustainability.

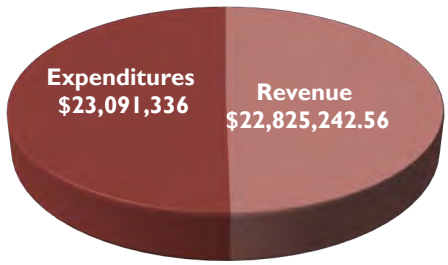
## Revenue Sources




## Expenditures




## FY26 Revenue and Expenditure Totals




This publicly funded system is part of Nebraska's broader behavioral healthcare system and serves as a safety net for individuals who meet financial eligibility requirements, are uninsured or underinsured, or have no other means to pay for behavioral healthcare. Medicaid, private insurance, businesses, and individuals also shape how behavioral health services are financed and delivered across the state.

By leveraging state and federal dollars through the Nebraska Department of Health and Human Services' Division of Behavioral Health, local and federal grants, and county match contributions from the 16 counties in the Region 5 Systems geographic area, resources are directed toward priorities that expand access, maintain essential services, and address identified gaps in the regional continuum of care.

Contracted funding supports local providers and system partners in delivering multiple levels of treatment and a broad array of behavioral health services. Budget review, expenditure monitoring, performance tracking, and regular provider communication help ensure that funds are spent appropriately, connected to service delivery goals, contractual expectations, and improved outcomes for the people served.

Contract performance reviews and fiscal audits further strengthen accountability by confirming that resources are used as intended, identifying opportunities for improvement, and supporting data-informed decisions. This outcomes-focused approach helps Region 5 Systems maximize the impact of available funding, strengthen the regional provider network, and promote a more effective behavioral health system for the communities it serves.

# Network Administration

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

**The goals of this system include:**

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

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

In FY26, 17 agencies were part of the Region 5 Systems' Provider Network, delivering a comprehensive range of behavioral health services designed to support wellness and recovery. Services are categorized by level of care, including inpatient, residential, non-residential, and community-based supports for children, youth, adults, and families. These services help individuals reach their recovery goals and support them in living, working, and participating in their communities.

## Region 5 Systems' Service Array (as of publication date)

*Adult services except where noted*

View Online:

| | |
|---|---|
| ***Associates in Counseling and Treatment*** | Assessments/Addendums-MH & SUD; Intensive Outpatient-SUD; Outpatient Therapy-MH & SUD |
| ***Blue Valley Behavioral Health*** | 24 Hour Crisis Line-MH; Assessments (Adult & Youth)/Addendums-MH & SUD: Community Support-MH; Intensive Outpatient-SUD; Medication Management-MH; Outpatient Therapy-MH & SUD (Adult & Youth) |
| ***CenterPointe*** | Assertive Community Tx-MH; Assessment/Addendum-MH & SUD; Community Support-MH & SUD; Crisis Psychotherapy-MH (Youth); Crisis Response-MH; Day Rehabilitation-MH & SUD; Dual Disorder Residential-SUD; Emergency Community Support-MH & SUD (Adult & Youth); Intensive Outpatient-SUD; Medication Management-MH; Mental Health Respite-MH (Youth); Outpatient Therapy-MH & SUD (Adult & Youth); Peer Support-MH; Projects in Assistance to Transition from Homelessness (PATH); Psychiatric Residential Rehabilitation-MH; Recovery Support-MH & SUD; Short-term Residential-SUD; SSI/SSDI Outreach Access and Recovery (SOAR)-SUD |
| ***Goodwill Industries of Greater Nebraska, Inc.*** | Supported Employment-MH & SUD |
| ***HopeSpoke*** | Assessment-MH (Adult & Youth); Medication Management-MH (Adult & Youth); Outpatient Therapy-MH (Adult & Youth) |
| ***Houses of Hope*** | Halfway House-SUD; Short-Term Residential-SUD |
| ***Integrated Behavioral Health Services*** | Community Support-MH; Crisis Stabilization-MH; Day Rehabilitation-MH; Mental Health Respite-MH; Outpatient Therapy-MH; Psychiatric Residential Rehabilitation-MH; Secure Residential-MH |
| ***Lutheran Family Services*** | Assertive Community Treatment TBD, Assessments (Adult & Youth)/Addendums-MH & SUD; Community Support-MH; Crisis Response-MH; Intensive Outpatient-SUD; Medication Management-MH; Outpatient Therapy-MH & SUD (Adult & Youth); Peer Support-MH & SUD; Coordinated Specialty Care |
| ***Mary Lanning Memorial Healthcare*** | Acute Inpatient Hospitalization-MH; Emergency Protective Custody-MH; Subacute Inpatient Hospitalization-MH |
| ***Mental Health Association of Nebraska*** | Hospital Diversion-MH; Navigator MH |
| ***Mental Health Crisis Center of Lancaster County*** | Assessment-SUD; Crisis Stabilization-MH & SUD; Inpatient Post-Commitment-MH |
| ***Methodist Fremont Health*** | Acute Inpatient Hospitalization-MH; Emergency Protective Custody-MH; Subacute Inpatient Hospitalization-MH |
| ***Region 5 Systems*** | Adult System Coordination; Behavioral Health Disaster Coordination; Consumer Services Coordination; Emergency System Coordination; Housing Coordination; Opioid Settlement Coordination; Prevention System Coordination; Professional Partner Programs (Youth); Stepping Up Initiative; Youth System Coordination (Youth); Outpatient Navigation and Engagement |
| ***St. Monica's*** | Assessment-SUD; Community Support-SUD; Halfway House-SUD; Outpatient Therapy-SUD; Recovery Support-SUD; Short-Term Residential-SUD; Therapeutic Community-SUD |
| ***Targeted Adult Service Coordination (TASC)*** | Crisis Response-MH & SUD (Adult & Youth); Emergency Community Support-MH & SUD; Intensive Community Services-MH & SUD; Recovery Support-MH & SUD |
| ***Collaboration between Blue Valley Behavioral Health, Houses of Hope, Lutheran Family Services and The Bridge Behavioral Health*** | |
| ***TeleCare Corporation*** | Secure Residential-MH |
| ***The Bridge Behavioral Health*** | Assessment/Addendum-SUD; Intermediate Residential-SUD; Outpatient Therapy-SUD; Short-Term Residential-SUD |
| ***Wellbeing Initiative*** | Recovery Wellness Support-MH & SUD |

# Behavioral Health Demographic Data for Region 5 Systems-Funded Services

| | Mental Health | Substance Use Disorder | Total[1] |
|---|---|---|---|
| **Unique Persons Served** | 5,246 | 2,255 | **6,921** |

| County of Residence | | | County Residents Served | | New Admissions FY26[3] |
|---|---|---|---|---|---|
| | Population[2] | % | Count | % of Total | |
| Butler | 8,767 | 2.12% | 86 | 1.20% | 97 |
| Fillmore | 6,634 | 1.61% | 37 | 0.51% | 33 |
| Gage | 22,993 | 5.56% | 390 | 5.43% | 520 |
| Jefferson | 8,333 | 2.01% | 90 | 1.25% | 123 |
| Johnson | 4,488 | 1.09% | 52 | 0.72% | 57 |
| Lancaster | 250,291 | 60.53% | 4,690 | 65.25% | 6,561 |
| Nemaha | 7,576 | 1.83% | 69 | 0.96% | 62 |
| Otoe | 15,396 | 3.72% | 271 | 3.77% | 302 |
| Pawnee | 3,087 | 0.75% | 21 | 0.29% | 21 |
| Polk | 5,639 | 1.36% | 44 | 0.61% | 53 |
| Richardson | 9,531 | 2.30% | 164 | 2.28% | 188 |
| Saline | 13,843 | 3.35% | 158 | 2.20% | 179 |
| Saunders | 19,830 | 4.79% | 115 | 1.60% | 108 |
| Seward | 16,496 | 3.99% | 169 | 2.35% | 207 |
| Thayer | 6,055 | 1.46% | 19 | 0.26% | 11 |
| York | 14,598 | 3.53% | 285 | 3.96% | 350 |
| All Others including "Not Available"[4] | | | 529 | | 725 |
| Region Total | 413,557 | | 7,189 | | 9,597* |

[1]Total Unique Persons Served is lower than the sum of the unique persons served in each Mental Health (MH) and Substance Use Disorder (SUD) services as some persons were served in both MH and SUD services.

[2]Source: U.S. Census Bureau, 2020 Census, Demographic and Housing Characteristics File (DHC), Table P1.

[3]New Admissions counts only admissions that occurred in FY26 and not admissions in previous years. Some individuals may have been admitted into more than one service.

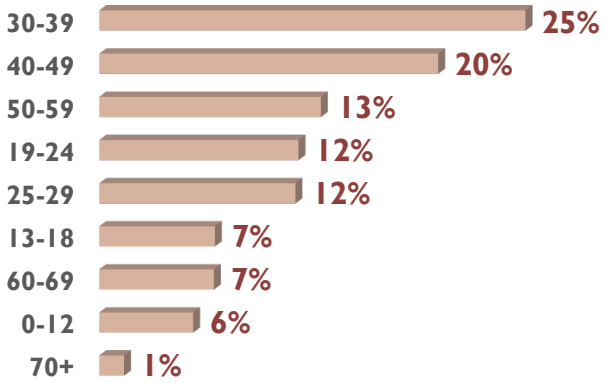
[4]There are services where County of Residence is not a required field at the time of admission and other services where it is not required at all.

* Some individuals may have lived in more than one county in FY26

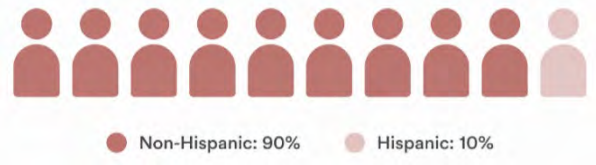
Data source: Nebraska Department of Health & Human Services, Division of Behavioral Health, Centralized Data System

| Race | % Served | Catchment Area Composition [2] |
|---|---|---|
| White | 73.63% | 93.00% |
| Black/ African American | 10.73% | 1.79% |
| Other | 7.66% | 1.29% |
| American Indian/ Alaska Native | 4.64% | 0.53% |
| Two or More Races | 1.74% | 1.41% |
| Asian | 1.01% | 1.92% |
| Hawaiian/ Other Pacific Islander | 0.59% | 0.06% |

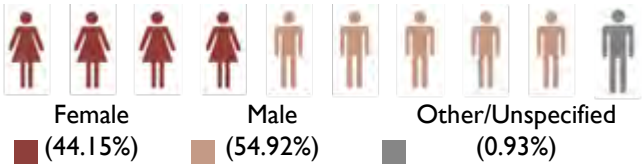
## Age



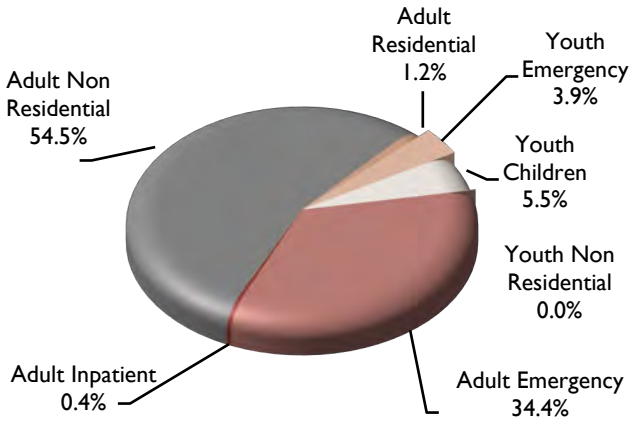

## Ethnicity




## Sex




## Persons Served by Level of Care



Region 5 Systems continually strives to improve the quality of care for persons served by better identifying ***who the consumers of services are, what types of services are needed, and what can best be offered to meet their needs.***

## Regional Quality Improvement Team

The Regional Quality Improvement Team (RQIT) establishes network accountability for continuous quality improvement by using data to plan, identify, analyze, implement, and report ongoing improvements and celebrates progress, change, and success. RQIT oversees data participation, reporting, quality, and analysis, and provides recommendations or reports to Region 5 Systems and Network Providers. RQIT also interfaces with the Division of Behavioral Health (DBH). Through continuous quality improvement (CQI) coordination, Region 5 Systems ensures:

- a continuous learning environment exists as a network culture with leadership that sets clear direction and expectations for systems goals and outcomes;
- active participation by all network participants in monitoring/reporting and sharing information;
- persons served and families participate in all processes of the CQI process, and their views and perspectives are valued;
- all participants are afforded opportunities for involvement in decision making and performance improvement as topics proceed through Region 5 Systems' CQI communication process;
- awareness and understanding that quality is an essential element in service provision and management;
- data is accurate and reliable, and there is confidence in information before reports are released;
- improved adult/youth outcomes as they work towards recovery;
- services that promote recovery, wellness and choice;
- services provided incorporate best practice, evidence-based practice, and effective practices;
- services are of high quality and provided in the most cost-effective manner.

Each year, a Network Performance Improvement Plan (PIP) is developed, outlining measures of access, efficiency, effectiveness, and satisfaction.

Some examples of data used to assess efficiency in the Network are critical incidents, time to complete substance use assessments and discharge non-compliance.

**Most Frequent Critical Incidents in FY26 as compared to FY25**

| Category | # in FY25 | Change | # in FY26 | % Change |
|---|---|---|---|---|
| Use of Seclusion or Restraints* | 61 | ▲ | 181 | 197% |
| Physical Aggression | 182 | ▼ | 167 | -8% |
| Legal Substance Found | 90 | ▲ | 124 | 38% |
| Medication Errors | 190 | ▼ | 92 | -52% |
| Injury to Person Served | 52 | ▲ | 80 | 54% |

**Solely at involuntary crisis stabilization*

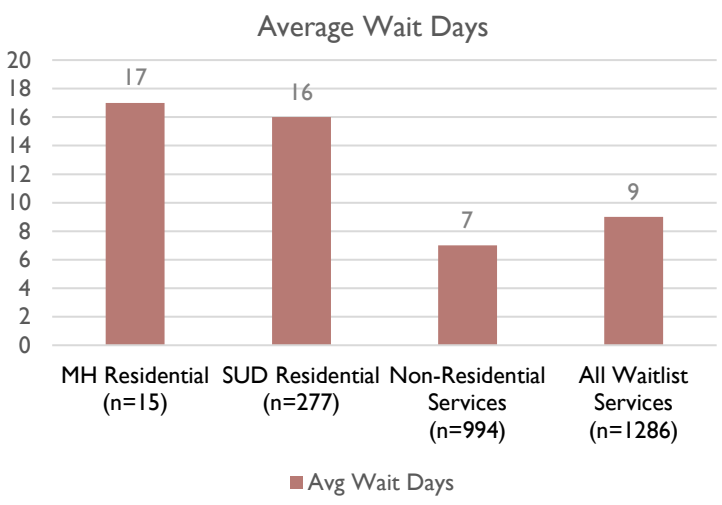
In monitoring access, data monitored and evaluated includes waitlist, capacity, ineligibles, denials, and emergency system flow.

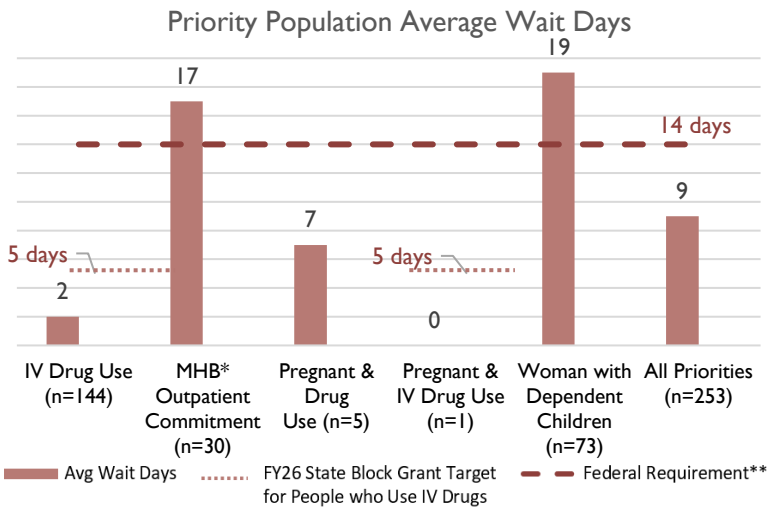
**Services with Greatest Change in Number of Ineligibles**

| Service | # in FY25 | Change | # in FY26 | % Change |
|---|---|---|---|---|
| Peer Support - SUD | 1 | ▲ | 5 | 400% |
| Psychiatric Residential Rehabilitation - MH | 2 | ▲ | 5 | 150% |
| Assessment - MH | 3 | ▼ | 0 | -100% |
| Recovery Support - SUD | 1 | ▼ | 0 | -100% |

**Services with Greatest Change in Number of Denials**

| Service | # in FY25 | Change | # in FY26 | % Change |
|---|---|---|---|---|
| Psychiatric Residential Rehabilitation - MH | 7 | ▲ | 17 | 143% |
| Hospital Diversion Over 24 hours - MH | 119 | ▲ | 129 | 8% |
| Short Term Residential - SUD | 30 | ▼ | 8 | -73% |
| Secure Residential - MH | 33 | ▼ | 11 | -67% |




** Mental Health Board*

*** Providers are required to offer interim services to individuals waiting longer than 14 days*

Measures of effectiveness included in the Network Performance Improvement Plan are shown below and on the next page. Lastly, satisfaction is covered on page 12.

## National Outcome Measures (NOMS) / Statewide Outcomes

The Division of Behavioral Health (DBH) **introduced four statewide performance measures** in FY26 and worked collaboratively with the Regions to establish a shared understanding of their scope and definitions. These measures align closely with the **National Outcome Measures (NOMs)** developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) in partnership with states. The NOMs focus on meaningful, real-life outcomes that reflect individuals' progress toward recovery, resilience, and full participation in their communities. Key outcome domains include achieving or sustaining employment or educational enrollment, reducing involvement with the criminal justice system, increasing housing stability, and reducing or abstaining from alcohol and drug use. Performance on these measures is determined by comparing an individual's status at enrollment with their status at discharge.

### Statewide Outcomes

**① Stable Living at Discharge**

| Network Performance | Threshold |
|---|---|
| **79.0%** | **85%** |

**② Employment at Discharge**

| Network Performance | Threshold |
|---|---|
| **63.1%** | **65%** |

**③ Community Tenure**

*Number of days between episode of Care for Emergency Protective Custody (EPC) and Crisis Stabilization within the past 13 months*

| Network Performance | Threshold |
|---|---|
| **85.9 days** (3 of 12 months over the 120-day target) | **120 Tenure Days** |

**④ Acute Inpatient Hospitalization Length of Stay**

| Network Performance | Threshold |
|---|---|
| **There was one admission to Acute Inpatient Hospitalization | **5 days** |

## Measuring Recovery of Persons Served

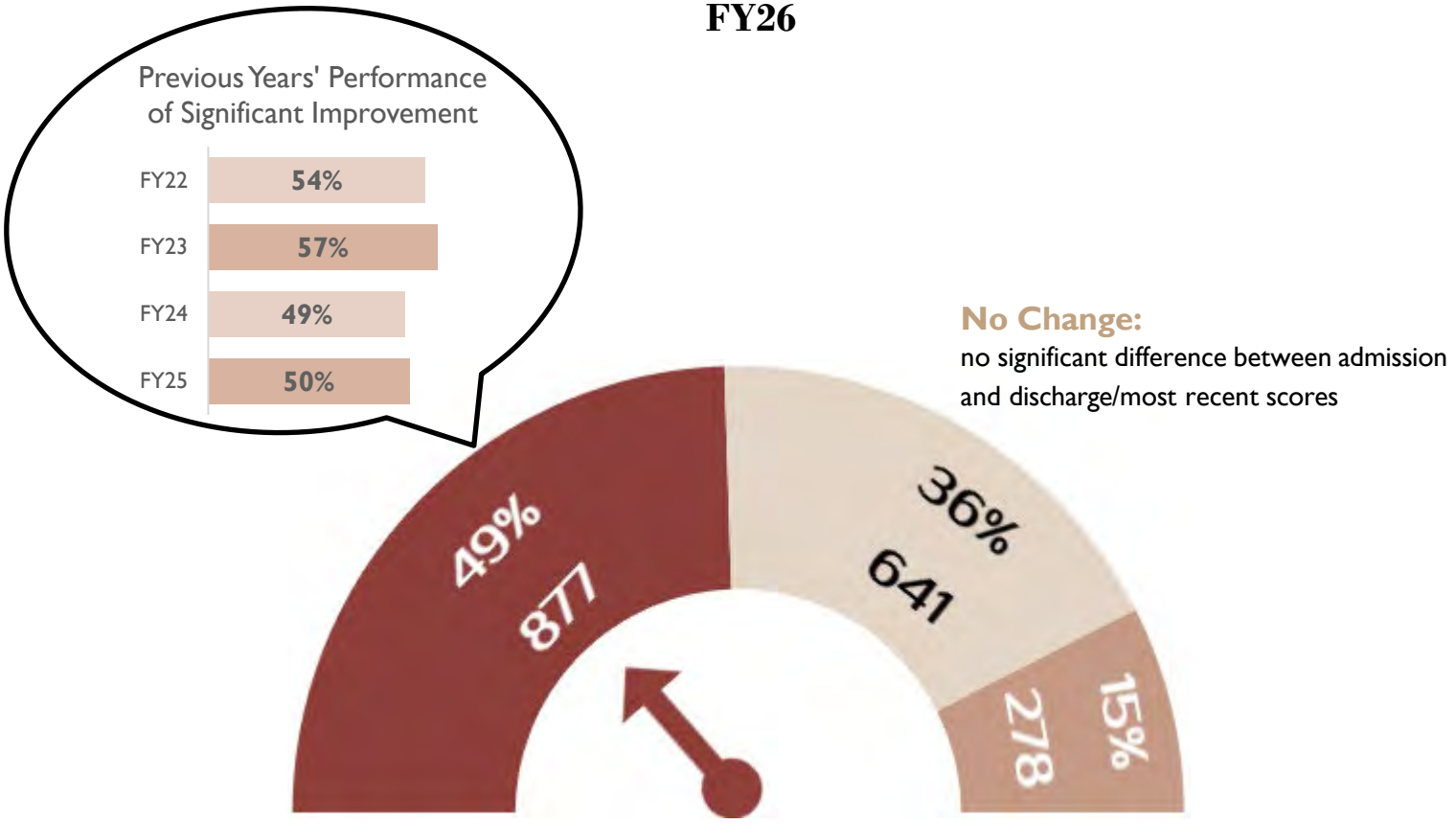
Network Providers, for appropriate levels of care, identify and implement an outcome evaluation tool to measure the functioning of people served who receive services funded by Region 5 Systems.

Individual scores are reported and tools utilized are:

- Daily Living Activities-20 (DLA-20);
- Basis-24;
- Brief Addiction Monitor-Revised (BAM-R);
- Brief Assessment of Recovery Capital (BARC-10);
- Child Adolescent Functioning Scale (CAFAS);
- Quality of Life Attainment Scale (QLA); and
- Outcome Questionnaire (OQ-45.2, Y-OQ 30.2 PR/SR, S-OQ 2.0).

Functioning tools monitor and measure outcomes by comparing enrollment scores to ongoing/discharge scores and showing progress or improvement in the persons served road to recovery.

### Recovery Outcomes of Persons Served
### When Comparing Admission to Discharge/Most Recent Scores
### FY26




**No Change:**
no significant difference between admission and discharge/most recent scores

**Significant Improvement:**
statistically (not likely to have happened by chance) and/or clinically significant (real effect on daily life) improvement

**Significant Decline:**
statistically (not likely to have happened by chance) and/or clinically significant (real effect on daily life) decline

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

In an effort to assess the persons served point of view as to the quality and effectiveness of services they received, Region 5 Systems' Provider Network asks the following questions on surveys of persons served collected by each agency at various points of service and at discharge. The graph below illustrates an aggregate of responses from persons served by all providers in the network.

The Department of Health and Human Services' Division of Behavioral Health administers a behavioral health consumer survey to solicit input from persons receiving mental health and/or substance use services on the quality and impact of service received. Survey areas include access, quality outcomes, participation in treatment planning, general satisfaction, functioning, and social connectedness.

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

| Survey Domain | All States Reporting to SAMHSA Adults[1] | State of Nebraska Consumer Survey Adults[2] | Statement | Region 5 Systems' Provider Network Perception of Care Adults and Youth[3] |
|---|---|---|---|---|
| **General Satisfaction** | **91%** | **84%** | If I had other choices, I would still get services from this agency | **93%** |
| | | | I would recommend this agency to a friend or family member | **96%** |
| **Quality and Appropriateness** | **92%** | **86%** | Staff were sensitive to my cultural background (race, religion, language, etc.) | **94%** |
| **Access** | **90%** | **81%** | Services were available at times that were good for me | **94%** |
| **Participation in Treatment Plan** | **87%** | **80%** | I, not staff, decided my treatment goals | **94%** |
| **Outcomes** | **78%** | **72%** | I deal more effectively with daily problems | **91%** |
| **Social Connectedness** | **78%** | **71%** | In a crisis, I would have the support I need from family or friends | **95%** |
| **Other** | **N/A** | **N/A** | Staff treated me with respect and dignity | **96%** |
| | | | The program was sensitive to any experienced or witnessed trauma in my life | **94%** |

*[1]2025 Uniform Report System (URS) Table for Nebraska. Updated 2/28/2025. Scan QR code to the right to see more details.*

*[2]DBH Consumer Survey Report Fiscal Year 2025 encompassing performance for all six Behavioral Health Regions.*

*[3]Responses to Perception of Care/Satisfaction Surveys administered by Network Providers to the persons served of their respective services in FY26*

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

## Behavioral Health Education Center of Nebraska

The Behavioral Health Education Center of Nebraska (BHECN) contracts with Region 5 Systems for the Southeast Site to advance the statewide mission of recruiting, training, and retaining Nebraska's behavioral health workforce. Key accomplishments included establishing a multidisciplinary Advisory Board, hosting provider workshops and workforce development trainings, sponsoring conferences focused on behavioral health, expanding outreach through professional conferences, and promoting behavioral health careers through presentations at universities and statewide student events. BHECN Southeast also supported student wellness through engagement activities during finals week. These efforts increased awareness of behavioral health careers, strengthened professional development opportunities, and supported the growth of Nebraska's behavioral health workforce.

## Zero Suicide: Let's Talk — System of Excellence

**92%** of participants were screened for suicide across all services in FY26. Those that were screened positive went on to receive safety plans **(99%)** and lethal means counseling **(68%).**

The foundational belief of Zero Suicide is that all deaths by suicide among individuals receiving care within health and behavioral health systems are preventable, and the only acceptable number of lost lives is zero. Zero Suicide focuses on system-wide changes, including screening all individuals for suicide risk, increasing monitoring of those identified as at risk, implementing evidence-based treatments for suicide, and providing warm handoffs to the individual's next level of care.

Region 5 Systems received Centers for Disease Control and Prevention, CDC funding through a subcontract in partnership with the UNL Policy Research Office. This funding sustained 19 organizations actively participating in the Zero Suicide System of Excellence during the year.

Agencies attend quarterly Zero Suicide Systems of Excellence to share successes and challenges as each agency works toward full implementation. Additionally, Region 5 Systems provides Zero Suicide recommended trainings for employees and clinicians, such as Dialectical Behavior Therapy (DBT), QPR, and Adult/Youth Mental Health First Aid.

Zero Suicide is several things: an aspirational goal designed to catalyze transformational change, a suicide care model with specific practices for health systems to employ, and a movement seeking to make health care settings safer and more compassionate for people with suicidal thoughts and urges.

To adopt and implement Zero Suicide means incorporating the following seven elements that together make up the Zero Suicide framework:




*To learn more about the Zero Suicide Toolkit, scan the QR Code*

Adopting a "Zero-based" mindset happens by routinely and consistently embedding evidence-based practices focused on patient safety and offer hope and recovery for people at risk for suicide. Zero Suicide dismisses the general fatalism about making a dent in the outcomes for those at risk for suicide that persists in health care. The Zero Suicide model represents a galvanizing but feasible approach for identifying and caring for individuals at risk for suicide. Asking directly about suicide and responding appropriately should and could be as routine as having blood pressure, height, and weight checked at every health care visit.

## Motivational Interviewing (MI)

Region 5 Systems continued its commitment to strengthening evidence-based practice across the behavioral system by facilitating Motivational Interviewing (MI) training within the community and supporting Network Providers implementing full-fidelity MI within their services, implementing its fifth consecutive year. Motivational Interviewing is a particular way of talking with people about change and growth to strengthen their own motivation and commitment. (Miller & Rollnick, 2023)

Through training, consultation, fidelity monitoring, and sustainability-focused support, and in collaboration with industry expert Brenda Sander of Motivate 2 Communicate, Region 5 Systems continued to promote person-centered approaches to change and growth in service delivery.

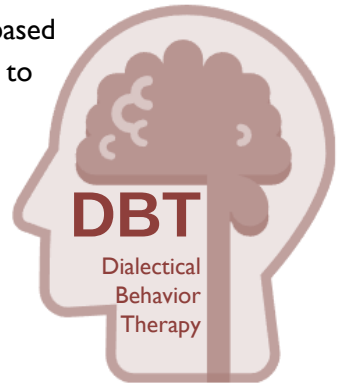
| | |
|---|---|
| How many trainers in the cadre? | 8 |
| How many Phase I and Phase II trainings were conducted? | 7 |
| How many Phase I individuals were trained? | 58 |
| How many Phase II individuals were trained? | 54 |
| How many agencies implemented full fidelity MI?[1] | 3 |

[1]*Includes participating in fidelity monitoring and quarterly System of Excellence meetings. Fully implemented agencies include Houses of Hope, CenterPointe, Region 5 Systems*




## Dialectical Behavior Therapy (DBT)

For the fifth consecutive year, Region 5 Systems continued to offer Dialectical Behavior Therapy (DBT) training, consultation, and comprehensive DBT (C-DBT) implementation support to Network Providers and community members. DBT was developed by Marsha Linehan, PhD, in 1961 as a standard cognitive behavioral treatment for adults with chronic suicide ideation. It is known as a "third wave treatment" where it balances change strategies found in traditional behavior therapy approaches with acceptance-based and mindfulness strategies. The goal is to "build a life worth living."




| | |
|---|---|
| How many trainers in the cadre? | 2 |
| How many days of trainings? | 20 |
| How many individuals were trained with a goal of increasing sustainability of DBT within the overall behavioral health system?[2] | 162 |
| How many agencies are continuing C-DBT implementation?[3] | 3* |

[2]*This is a duplicative count, meaning some individuals attended and completed more than one DBT Training*

[3]*Includes participating in ideality monitoring and quarterly System of Excellence meetings with industry expert Josh Smith*

** Two fully approved and one working toward approval*

| Impact of DBT Treatment | Percent Change (Decrease) |
|---|---|
| Days in Inpatient Psychiatric Care | 99% ↓ |
| Psychiatric Hospitalizations | 98% ↓ |
| Suicide Attempts | 91% ↓ |
| Emergency Room Visits for Psychiatric Needs | 91% ↓ |
| Non-Suicidal Injurious Behaviors | 76% ↓ |

## State Opioid Response

Region 5 Systems partners with the Nebraska Department of Health and Human Services, Division of Behavioral Health (DHHS-DBH) in implementing the State Opioid Response (SOR) Grant, funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) and Center for Substance Abuse Prevention (CSAP). These grant funds aim to:

- Increase access to U.S. Food and Drug Administration (FDA)-approved medications for the treatment of opioid use disorder (MOUD).
- Support the continuum of prevention, harm reduction, treatment, and recovery support services for opioid use disorder (OUD) and other concurrent substance use disorders.
- support the continuum of care for stimulant misuse and use disorders, including those involving cocaine and methamphetamine.

In Region 5 Systems, funds support the following activities:

- Implementation of evidence-based primary and secondary prevention methods defined by SAMHSA or Centers for Disease Control and Prevention (CDC), proven to reduce the number of persons with OUDs and OUD-associated deaths.
- Expanded access to the clinically appropriate, evidence-based practices (EBP) of Medications for Opioid Use Disorder (MOUD) including medication management provided by certified prescribers, medically necessary labs, and FDA-approved medication.

### SAMHSA State Targeted Response to Opioid Crisis

**MedSafe**
How many counties are there with MedSafes for the safe collection and proper destruction of prescription and over the counter medications?
(Butler, Gage, Johnson, Lancaster, Nemaha, Pawnee, Polk, Richardson, Saline, Seward, and York)

11

**Medication Lock Boxes**
How many lockboxes were distributed?



300

**Tall Cop Webinars** (education on substance trends)
How many individuals attended webinars?




191

**Narcan Trainings** (where to access and how to administer)
How many trainings were held by community stakeholders?

16

**Deterra Drug Disposal Pouches**
How many pouches were distributed?




1000

**Generation Rx** (substance use prevention)
How many middle and high school students at Crete High School completed curriculum?

151

**Treatment for Opioid Use Disorder**
How many individuals received treatment provided by State Opioid Response funds?

40

**StopODNE**
How many participating pharmacies are within Region 5 Systems' catchment area?
(Anyone who is a NEBRASKA resident can obtain NARCAN for FREE at a participating pharmacy without a prescription. Learn more @stopodne.com or scan the QR code)

39

# Opioid Settlement Funds

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

## Funds Awarded

| GRANTS AWARDED | |
|---|---|
| Asian Center | $17,215.85 |
| Blue Valley Behavioral Health | $57,279.20 |
| CenterPointe | $67,440.00 |
| Fillmore County Hospital | $8,000.00 |
| Four Corners Health Department | $181,938.60 |
| Fresh Start | $13,214.25 |
| Houses of Hope | $109,378.74 |
| Jefferson Co. Diversion Services | $27,000.00 |
| Lincoln Lancaster County Health Department | $50,000.00 |
| Seward Co Detention Center | $8,000.00 |
| Southeast Nebraska Community Action (SENCA) | $50,000.00 |
| Whispering Acres Trails and Treasures | $9,775.22 |
| **Total Grants Awarded** | **$599,241.86** |

FY26 grant recipients addressed several activities through their work including the following general activities. Specific information on each agency's outcomes can be found at https://region5systems.net/rvs-opioid-project/.

- Translation and increased access to opioid and substance use education within the criminal justice system
- Development of substance use education in 7 languages and launch of a social media campaign and opioid abuse prevention video contest
- Centered for Life activities to create a recovery community
- Camp GRIT, which addresses youth involved in the criminal justice system with exposure to substance use
- Enhancement of outpatient services for criminal justice-involved individuals
- Enhancing reintegration of incarcerated individuals to the community
- Recovery housing with comprehensive case management for women in a rural area
- A national speaker on substance use prevention for school age youth in rural areas
- Wastewater testing to identify trends in drug use within Lincoln.

These interventions address 13 of the priority abatement strategies identified by the Region 5 Systems' Opioid Needs Assessment.

| OBVIOUS EXPENDITURES | |
|---|---|
| DopaGE | $84,590.00 |
| MyLink | $6,000.00 |
| Nebraska Pharmacists Association | $208,117.50 |
| Opioid Flex Funds | $125,000.00 |
| Whispering Acres Trails and Treasures | $135,000.00 |
| **Total Obvious Expenditures** | **$558,707.50** |

Obvious expenditures are time sensitive, new and innovative, have an immediate impact, and fit within one of the identified priority areas. In FY26 the following general activities were funded. Specific information on outcomes for obvious expenditures can be found at https://region5systems.net/rvs-opioid-project/. An infrastructure grant to increase services for youth, veterans, and adults with substance use challenges

- Online opioid education and prevention to UNL first year and transferring students
- Vending machine access to Naloxone and Deterra
- Grab and Go sites for access to Naloxone and Deterra
- Access to MyLink, a resource location app.

These interventions address 3 of the priority abatement strategies identified by the Region 5 Systems' Opioid Needs Assessment.




**Scan the QR codes to see the Opioid Needs Assessment**

Full Opioid Needs Assessment Report

Brief Opioid Needs Assessment Report

## Distributions from Vending Machines

| | Lancaster County |
|---|---|
| Narcan | 1,290 |
| Safe Sex Kits | 1,331 |
| First Aid Kits | 1,823 |



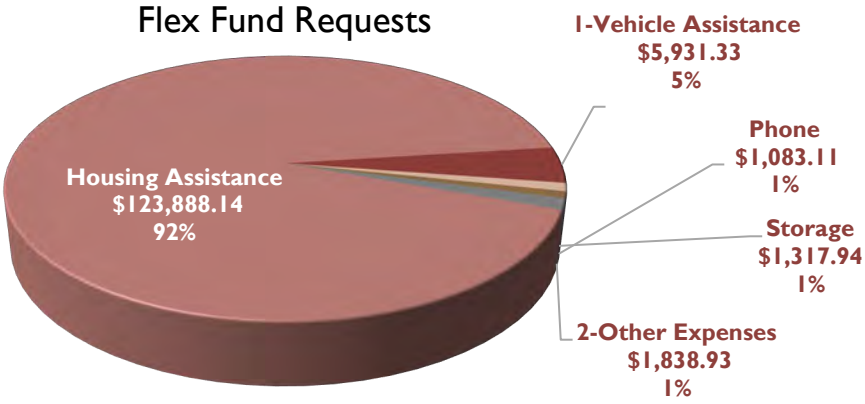
## Distributions from Grab & Go Sites

| | Rural | Lancaster County |
|---|---|---|
| Narcan Units | 312 | 675 |

Grab & Go Sites are locations where Narcan is available free of charge. Sites include local health departments, peer agencies, community centers, libraries, faith-based organizations, and social service organizations.

## Flex Fund Data

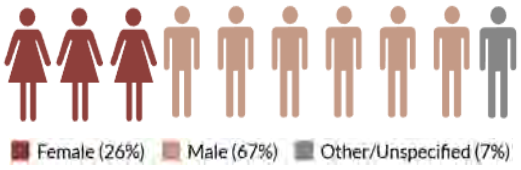
Flex Funds have been awarded to 205 individuals within Region 5 Systems' catchment area to remove barriers to treatment and recovery (175 were unique people). These funds have helped individuals access recovery housing, storage units to store their belongings while in long-term treatment, cell phones to apply for employment, minor car repairs to allow attendance in treatment activities, to obtain identification, and to short-term funding to remain housed when facing a financial burden associated with attending treatment.




*[1]- Vehicle Assistance includes payments, repair, gas*
*[2]- Other expenses includes the following categories: clothing, documentation (e.g., birth certificate), employment equipment (e.g., boots), transportation assistance (e.g., bus pass).*

## Flex Fund Demographics

### Sex



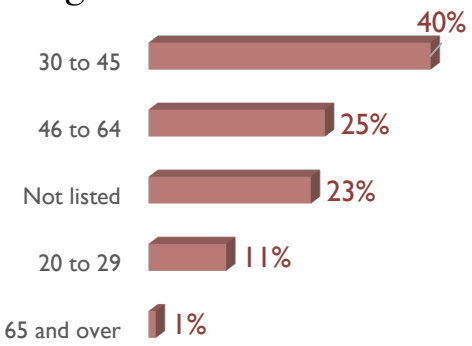

### Ethnicity




### Race

| | |
|---|---|
| White | 55% |
| Not Listed | 25% |
| Black/African American | 12% |
| Multi-Racial | 3% |
| Native American/Alaska Native | 4% |
| Native Hawaiian/Other Pacific Islander | 1% |

### Age



In addition to initiatives, service enhancements, and network management, Region 5 Systems also provides overall system coordination in partnership with providers, persons served, community hospitals, local coalitions, housing providers, landlords, local schools, vocational/employment agencies, advocacy organizations, criminal justice, county services, the Department of Health and Human Services, probation, law enforcement, community youth-serving agencies, and other stakeholders. System Coordination brings individuals/agencies together to plan, strategize, prioritize, reach solutions, and monitor to ensure services are accessible, available, and that duplication of efforts are minimized.

The six areas of System Coordination provided are:

- Behavioral Health Disaster System Coordination (see information below)
- Consumer Coordination
- Emergency System Coordination (see information below)
- Housing Coordination
- Prevention System Coordination
- Youth System Coordination



## Behavioral Health Disaster System Coordination

As part of Behavioral Health Disaster Coordination, Region 5 Systems has developed the capacity to respond to behavioral health needs of individuals as a result of experiencing a disaster. Coordination in this area includes working with public health departments, emergency managers, hospital emergency response coordinators, and many other community organizations who are active after a disaster. Region 5 Systems has a pool of trained volunteers who can respond during times of disaster, as well as a written plan that outlines how disaster-generated psychosocial needs of individuals affected by disaster will be addressed within Region 5 Systems' catchment area.

## Emergency System Coordination

Emergency System Coordination remains a core function of Region 5 Systems and brings together law enforcement, hospitals, mobile crisis providers, community mental health agencies, county attorneys, and state partners to improve the behavioral health crisis system across our 16-county service area. Our goal is simple—to make sure individuals experiencing a behavioral health crisis receive timely assessment, stabilization, and connection to the least restrictive level of care possible.

FY26 continued to bring significant challenges to our emergency behavioral health system, with the Lancaster County Mental Health Crisis Center (MHCC) frequently at or near capacity, and delays in admissions and discharges at Lincoln Regional Center (LRC) created bottlenecks throughout the system. These capacity issues resulted in longer waits for treatment, fewer available psychiatric beds, and increased pressure on hospitals, law enforcement, and crisis providers.

As a result, communities experienced increased use of Emergency Protective Custody (EPC), more individuals waiting in hospital emergency departments, and additional diversions to Bryan Health and other regional hospitals. Law enforcement officers often spent extended periods waiting with individuals in crisis, creating additional demands on already limited public safety resources.

Although these challenges continue, what stands out most is the commitment of our community partners. Throughout the year, Region 5 Systems worked closely with hospitals, providers, law enforcement, and state partners to improve communication, address barriers to care, and identify creative solutions to better serve individuals in crisis.

*(Continued pg. 19)*

# Emergency System Coordination

*(Continued from pg. 18)*

The Voluntary Crisis Response Center (VCRC), operated by Integrated Behavioral Health Services (IBHS), continued to provide an important resource by offering voluntary crisis stabilization and mental health respite services that help divert individuals from emergency departments and provide care in a less restrictive setting. Region 5 Systems also continued to facilitate the weekly High Utilizer Review Team (HURT Team), bringing together community partners to coordinate care for individuals with complex behavioral health needs and reduce repeated involvement with emergency services.

While demand for behavioral health services continues to exceed available resources in many areas, Region 5 Systems remains committed to working alongside our partners to strengthen the crisis system, improve access to care, support law enforcement diversion efforts, and continue building a more coordinated and responsive behavioral health system throughout southeast Nebraska.

## Emergency Protective Custody (EPC Expansion Project)



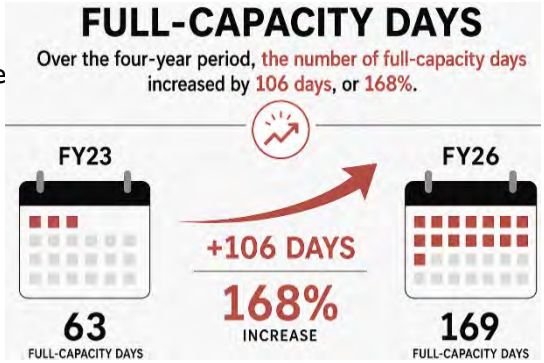

The Emergency Protective Custody (EPC) Expansion Project was initiated to increase available bed capacity within the regional behavioral health crisis system. Through this initiative, Butler and Saunders Counties utilized Methodist Fremont Health for EPC placements, while Polk, York, Fillmore, and Thayer Counties utilized Mary Lanning Healthcare in Hastings. In addition, other counties accessed services at Mary Lanning Healthcare and Methodist Fremont Health when the Mental Health Crisis Center had reached capacity.

As a result of these expanded placement options, the project generated 226 additional bed days, helping provide access to care for individuals experiencing behavioral health crises.

**46%** of the year

The Mental Health Crisis Center (MHCC) operated at **FULL CAPACITY** for **169 days**

Given the continued strain on the emergency behavioral health system and ongoing capacity challenges, the EPC Expansion Project will continue. Efforts will focus on supporting counties with guidance regarding hospital admission policies and placement procedures, as increasing numbers of individuals are being referred to Methodist Fremont Health, Mary Lanning Healthcare, and other hospitals across the state when the Mental Health Crisis Center is unable to accept additional admissions.




## Emergency System Trainings

Providing quality training to law enforcement and community partners remains a priority for Region 5 Systems. The Behavioral Health Threat Assessment Training (BETA), now in its 17th year, continues to equip participants with the knowledge and skills needed to recognize, assess, and safely respond to individuals experiencing behavioral health crises.

Through a partnership with the Lincoln Police Department, Lancaster County, Lincoln Public Schools, and the University of Nebraska–Lincoln, ongoing evaluation continues to demonstrate that BETA increases participants' knowledge, confidence, and understanding of mental illness while strengthening collaboration between behavioral health professionals and law enforcement.

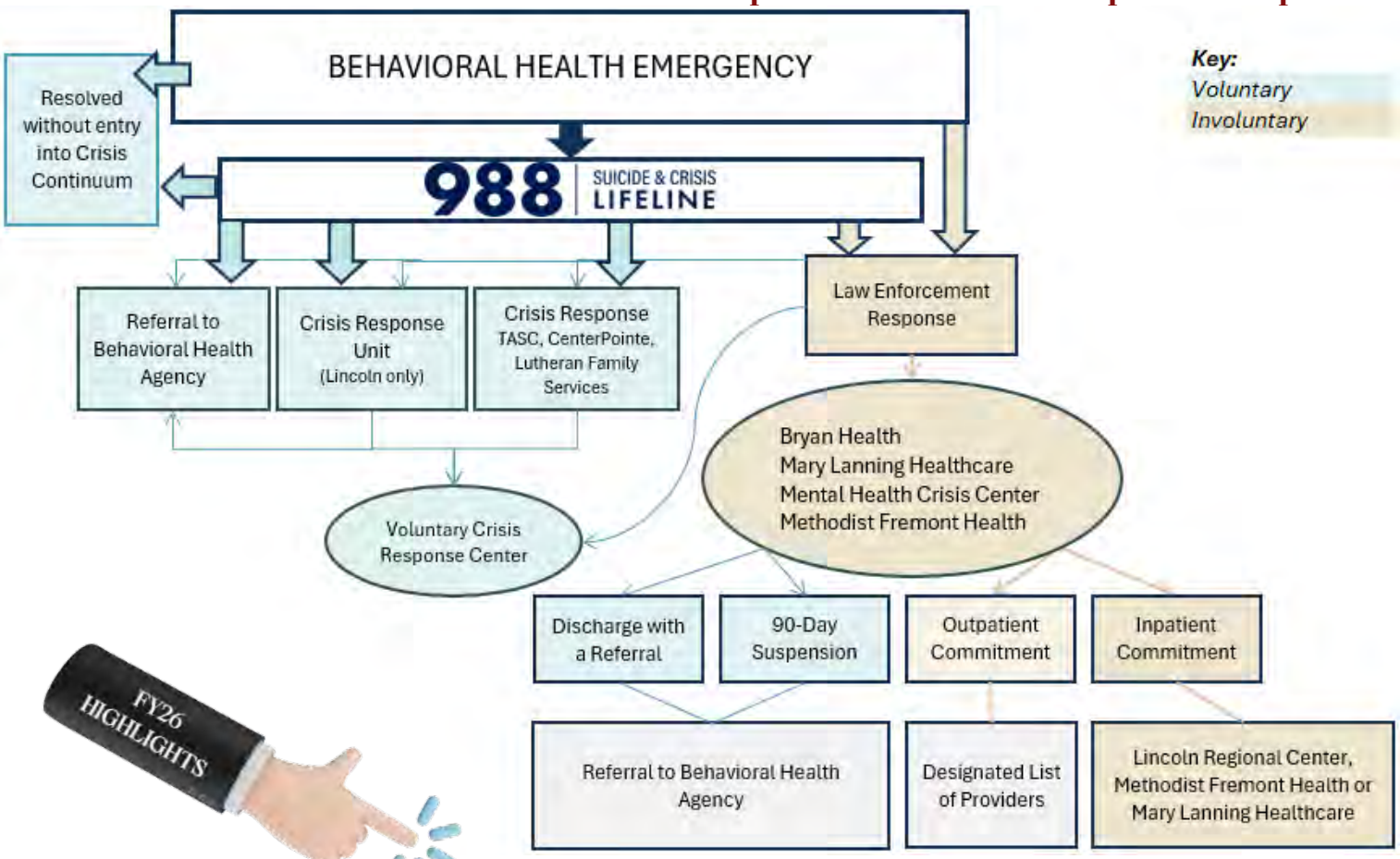
FY26 also marked the retirement of Joseph Wright, creator of the BETA curriculum. Joe's vision of bringing law enforcement and behavioral health professionals together has shaped crisis response across Nebraska for the past 17 years. His leadership has impacted thousands of first responders and community partners, and his legacy will continue through every future BETA training. Region 5 Systems is grateful for Joe's dedication and the lasting impact he has made on our communities.




**Big BETA = 4 days of training* *^ Mini BETA = 1 day of training*

# Region 5 Systems' Adult Crisis Continuum

**Someone to contact** | **Someone to respond** | **A safe place for help**





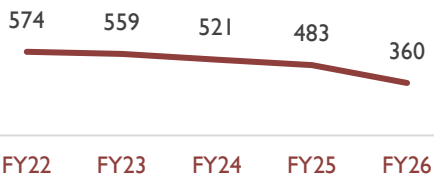


**"We are not just building a crisis system; we are weaving a safety net out of dignity, empathy, and immediate grace for people in our community."**

## Lancaster County Mental Health Crisis Center (MHCC)

- 229 people served in Crisis Stabilization-5 MH
- 131 people served in Crisis Stabilization-5 SUD

Total Unique Individuals Served




- 169 days when the MHCC was full, resulting in 152 individuals being diverted to other facilities

## TASC

Targeted Adult Service Coordination

- 92% diverted from emergency protective custody, hospitalization, jail or arrest (n=264)
- 18% (n=53) Adult In-person crisis response contacts
- 57% (n=165) Adult Telehealth crisis response contacts
- 24% (n=70) Adult Crisis Phone-line contacts

## Lutheran Family Services

Lutheran Family Services (LFS) joined the Region 5 crisis response system during this fiscal year as part of the continued expansion and development of Certified Community Behavioral Health Clinics (CCBHCs). As the CCBHC model continues to develop across the Region, crisis response services and data collection are also evolving. LFS crisis response data are not currently available through CDS and therefore are not included in this report. Region 5 will continue working with LFS and other crisis response providers to improve the consistency of data collection and reporting across the regional crisis system.

## R.E.A.L. (Mental Health Association)

Respond Empower Advocate Listen

Peer navigator services expanded to serve individuals after a crisis in all 16 counties of the Region 5 Systems service area.

Response numbers are:

- 269 people served in Navigator-MH

## CenterPointe

- 83% diverted from emergency protective custody, hospitalization, jail or arrest (n=1130)
- 31% (n=354) Adult In-person crisis response contacts
- 46% (n=517) Adult Telehealth, phone-line contacts or iPad/Telehealth calls via LPD
- 23% (n=259) Walk-in Support Contacts

## Voluntary Crisis Response Center (VCRC)

- 176 people served in Crisis Stabilization-5 – MH
- 72 people served in Mental Health Respite – MH
- 189 total unique people served

# Stepping Up

The second year of the Stepping Up initiative focuses on data collection, analysis, and cross-system collaboration to address the evolving needs of individuals living with mental illness who are involved in the justice system. Ongoing challenges within the behavioral health system have continued to impact both individuals experiencing mental health conditions and the criminal justice system, highlighting the need for coordinated, statewide solutions.

In response, Region 5 Systems, in partnership with the other behavioral health regions and the Division of Behavioral Health facilitated a statewide Sequential Intercept Mapping Summit. The summit focused on Intercepts 2 and 3 of the Sequential Intercept Model, which encompass the stages from initial law enforcement contact and detention through court processing and case disposition. The initiative aims to identify system gaps, strengthen cross-sector collaboration, and develop strategies to improve outcomes for individuals with behavioral health needs and who are involved in the justice system.

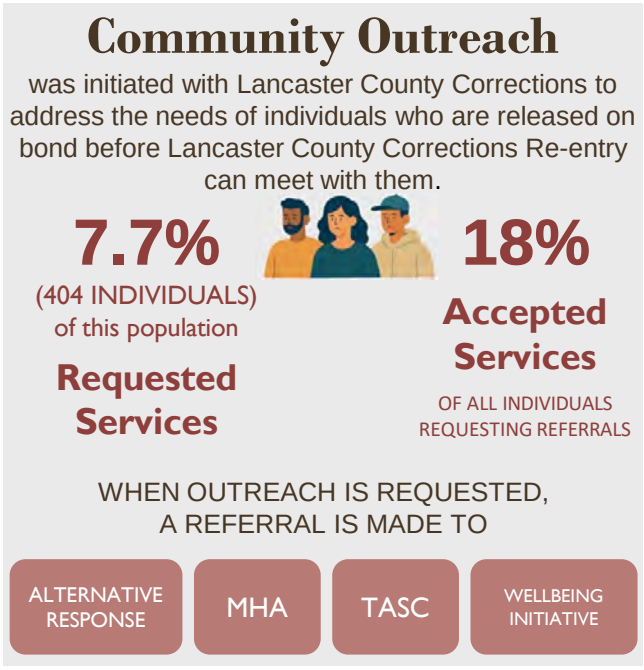
### Four Key Measures

- Reduce the number of people with mental illnesses booked into jail
- Increase connections to treatment
- Reduce the length of time people with mental illnesses spend in jail
- Reduce recidivism (connect individuals with the right service at the right time and the right place)

## Community Outreach

Community Outreach has completed its first full year of data collection and continues to evaluate outcomes and identify additional opportunities to engage individuals beyond release from jail. Ongoing analysis is being used to inform enhancements and strengthen strategies for connecting individuals with needed supports and services. In the coming year, recidivism rates will be tracked and compared for those who engage with Community Outreach services and those who did not.

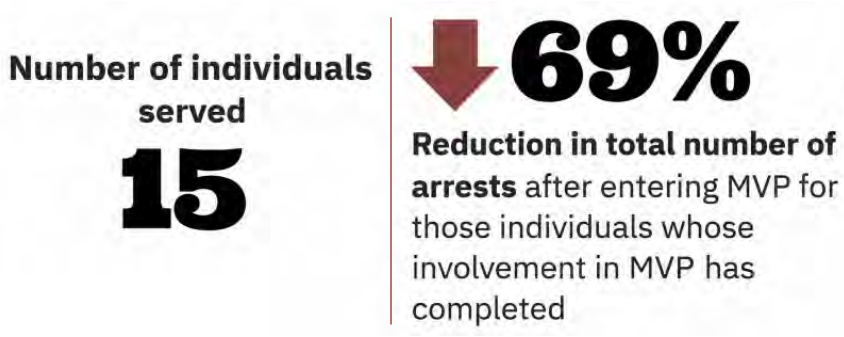
Data from the third and fourth quarters indicated a reduction in rearrests among participants, suggesting positive early outcomes and the potential for long-term impact.




## Most Vulnerable Population (MVP)

The MVP process continues to serve as a valuable collaboration between behavioral health network providers and justice system partners, fostering a coordinated and responsive approach to serving individuals living with mental illness who are involved in the justice system. Through this partnership, individuals receive timely access to services and supports designed to promote stability and reduce system involvement.

In addition to providing intensive coordination and support for individuals who voluntarily participate in MVP, the team has demonstrated the ability to respond quickly to individuals being released from the Lancaster County Jail who require immediate mental health services. This enhanced responsiveness helps facilitate continuity of care during critical transition periods and strengthens connections to community-based treatment and support services.



# Prevention System Coordination

The past year has represented a period of substantial change and growth for Prevention Coordination and Community Coalitions. Within the continually evolving substance use and mental health landscape, prevention leaders across all 16 counties have continued to collaborate with local, county, regional, and statewide partners to strengthen capacity, support continuity, and sustain strategies that address identified priority needs.

Under new Prevention leadership at the state level, Partners for Insightful Evaluation supported the development of a revised delivery system. This data-driven tool utilizes local data to identify community needs, assess evidence-based programs that support meaningful change, and guide the development of work plans and budgets that enhance clarity and strengthen communication among Department of Health Human Services' prevention leadership, Regional Prevention Coordination, coalitions, and community partners.

In FY26, communities sought to sustain evidence-based programs that include Social Emotional Learning across all grade levels, Wellness Recovery Action Plans, and alcohol and vape education for communities and legislators. Suicide prevention efforts, conducted in partnership with the UNL Public Policy Center and supported by funding from the Centers for Disease Control and Prevention, have expanded opportunities to collect regional data, build capacity among four Local Outreach to Suicide Survivors (LOSS) Teams in the Region 5 service area, continue trainings such as Question, Persuade, Refer (QPR), Mental Health First Aid (MHFA), Assessing and Managing Suicide Risk (AMSR), Counseling on Access to Lethal Means (CALM), and Applied Suicide Intervention Skills Training (ASIST) and promote awareness of 988.

## www.TalkHeart2Heart.org

TalkHeart2Heart.org is a resource developed by the Lancaster Prevention Leadership Team. Content on the site centers around connected parenting styles, drugs and alcohol, mental health, and risky behaviors, with additional pages added specifically to provide resources for educators and youth. The site is utilized throughout Region 5 Systems' coverage area and beyond, as Regions around the state are invited to develop new content. In FY25, a page was added to address high-risk drinking among college-age youth through the Power of Parenting handbook. An additional page was added in FY26 to make that resource available in Spanish.

English

Power of Parenting

Spanish

## Culturally and Linguistically Appropriate Services (CLAS) Mini-Grants

| **Prioritize and fund culturally responsive community services** | **Award** |
|---|---|
| **Esperanza Family Services** Training to enhance interpreter services in behavioral health settings (includes research and development, staff time, focus groups, and development of training materials) | $3,500 |
| **Esperanza Family Services** Parent Support/Training (Mental Health Education, WRAP, and resource access information in Spanish) | $4,550 |
| **Total** | **$8,050** |

## Mini-Grants

Seed funding to help communities start projects that can be sustained

| **Agency** \| Purpose | **Award** |
|---|---|
| **Four Corners Health Department** \| Trauma and ATOD prevention/education for teens and adults at high risk | $2,992 |
| **Lancaster Prevention Leadership Team (PLT)** \| Digital Display Campaign promote digital search of English and Spanish versions of Power of Parenting Handbook | $3,000 |
| **Saunders County ACT** \| Blue Bridge Autism & Developmental Disability Training for First Responders | $3,000 |
| **Schools** \| David City (Social academic and emotional behavior risk screening, SAEBRS, K-12), Fillmore Central (Character Strong), TYKE Preschool (Social-emotional assessment and planning system, eDECA, ages 2-5), Seward (Second Step kits), Wilber-Claytonia (Character Strong) | $5,832 |
| **SCIP** \| Prevention Activity and Materials | $3,520 |
| **Welling Initiative** \| WRAP I Seminar | $1,500 |
| **Whispering Acres** \| OK Corral Series Certification | $1,500 |
| **Youth For Christ** \| Rebalance certification | $1525 |
| **Total** | **$22,419** |

## SAMHSA Federal Block Grant

**Compliance Checks***
*Random checks of alcohol-licensed establishments to ensure IDs are checked and alcohol is not sold to minors.*

**147** Checks conducted

**88%** Passed

**EX Program***
*Strategic partner to end smoking, vaping, and nicotine addiction among individuals ages 13+*

**91** Enrolled

**12.5%** Achieved abstinence in 30 days

**Wellness Recovery Action Plan (WRAP)***
*Helps individuals feel better, manage challenges, improve quality of life, decrease and prevent troubling feelings and behaviors, and plan and achieve life goals.*

**50** Adults went through WRAP

**3rd Millenium Classrooms***
*3rd Millennium Classrooms provide evidence-based prevention courses through an online platform that can be completed anywhere participants have access to the internet. Coalition partners including junior high and high schools as well as diversion programs utilize these courses to address student behavioral risks like alcohol and drug misuse, tobacco use, and conflict resolution through self-paced digital modules and personalized feedback.*

**137** Students participated in 3rd Millenium Classrooms

**Youth Action Board (YAB)**
*Committed to the prevention of substance use and other high-risk behaviors, creating a better future through leadership development*

**24** Members represented in 11 counties

**87** June Jam participants

**School Community Intervention and Prevention (SCIP)**
*Provider of consultation to school teams, educational materials, newsletters and trainings*

**586** Referrals

**300** Total services or resources offered

The School and Community Intervention and Prevention teams, within 113 schools in Region 5 Systems, assist students and their families with school resources as well as community resources as needed. SCIP teams identify students at high risk and work with all school personnel that have contact with the youth as well as any family or others that have concerns about a student's welfare. A wraparound approach is utilized to ensure students have the supports needed to succeed.

| Year | Location | Referrals | Assessments | Interventions | Services |
|---|---|---|---|---|---|
| 2025-2026 | Lancaster County | 522 | 46 | 392 | 255 |
| | Rural Counties | 64 | 10 | 49 | 45 |

| Protective Factors Enhanced | Lancaster County | Rural Counties | | Lancaster County | Rural Counties |
|---|---|---|---|---|---|
| School Connectedness | 95 | 13 | Relational Skills | 39 | 6 |
| Access to Concrete Supports | 78 | 13 | Problem-solving Skills | 40 | 4 |
| Social Connections | 39 | 9 | Parental Engagement | 49 | 5 |
| Self-Regulation Skills | 51 | 8 | Other | 1 | 0 |

*evidence based

## Mental Health First Aid (MHFA)

MHFA trainings teach participants how to recognize, understand, and respond to signs of mental health or substance use challenges. Using the ALGEE Framework (APPROACH and assess for risk of suicide or harm, LISTEN nonjudgmentally, GIVE reassurance and information, ENCOURAGE appropriate professional help, and ENCOURAGE self-help and other support strategies), individuals are empowered to support their loved ones and others in the community who may be facing a mental health crisis or difficulty.

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

| 6 | 5 Youth Trainings | 12 Adult Trainings |
|---|---|---|
| Trainers in the Region 5 Systems cadre offering MHFA in southeast Nebraska | 109 Youth Participants | 249 Adult Participants |

## Center for Disease Control (CDC) Comprehensive Suicide Prevention Grant

**Question, Persuade, Refer (QPR) Trainings***
Suicide prevention trainings, both in person and virtually

| 9 Virtual trainings | 586 Trained virtually |
|---|---|
| 9 In Person trainings | 541 Trained in person |

**Assessing and Managing Suicide Risk (AMSR)**
Training on best practices recommended by the nation's leading experts in the research and delivery of suicide care

| 1 Training | 9 Total trained |
|---|---|

**Local Outreach to Suicide Survivors (LOSS) Team**
Reduce suicide bereavement distress of those immediately impacted by providing compassion, support, and providing information about available resources

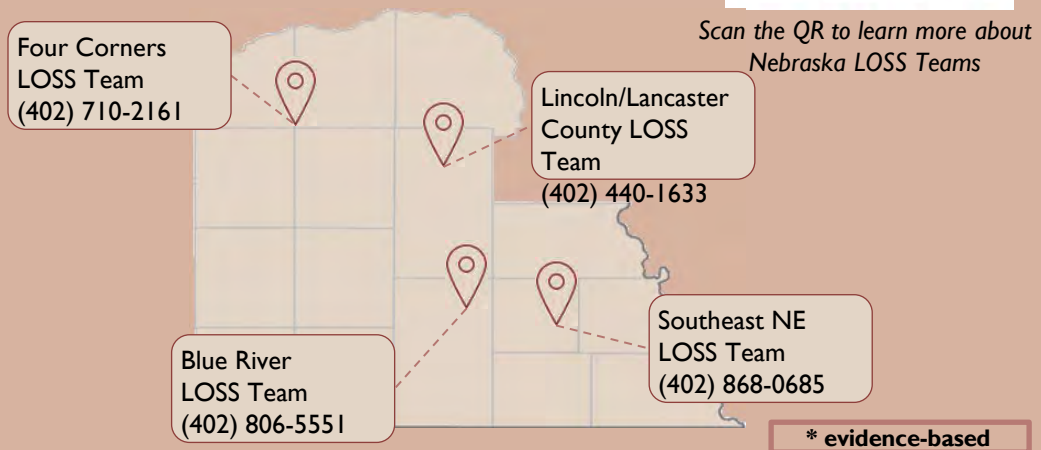
| 4 Active LOSS Teams | 16 Counties served |
|---|---|

Within Region 5 Systems, there are 4 LOSS teams located geographically throughout southeast Nebraska.

Local Outreach to Suicide Loss Survivors (LOSS) teams are made up of trained clinicians and survivors of suicide loss that offer meaningful support, resources, and sources of hope to those that have lost a loved one to death by suicide completion.

*Scan the QR to learn more about Nebraska LOSS Teams*

*For education and to locate resources, scan the QR code*




* evidence-based

## June Jam 2026

"If you let a mask confine you, it will eventually define you."
June Jam 2026 Theme: Masquerade

There were 87 students and adults from Region 5, May 31-June 2, 2026, at Southeast Community College in Milford. The Region 5 Youth Action Board planned and led the event which included a national speaker, youth-led, mixed family group discussions and learning, breakout sessions, team building activities, a talent show, and a dance. June Jam is a two-and-a-half day youth leadership retreat serving youth with an interest in strengthening their leadership skills and building bonds with peers from across the Region through prosocial activities. While there were plenty of opportunities for fun during open gym time, at the dance, chances for kids to take safe risks performing on stage in the talent show, and in the mixed family group lip synch battle, they also participated in discussions about why it is important to be authentic in their relationships with others. They identified concerns around mental health, vaping, and THC in their communities. The sponsors also participated in small group sessions and worked on solutions to challenges around capacity, how busy youth are in their daily lives, and how connected they are to social media. They also expressed concerns about mental health and vaping. Tobacco Free Lancaster County came and shared resources and information on the safe vape disposal pilot program they helped sponsor in Lancaster County in the FY 25-26 school year.



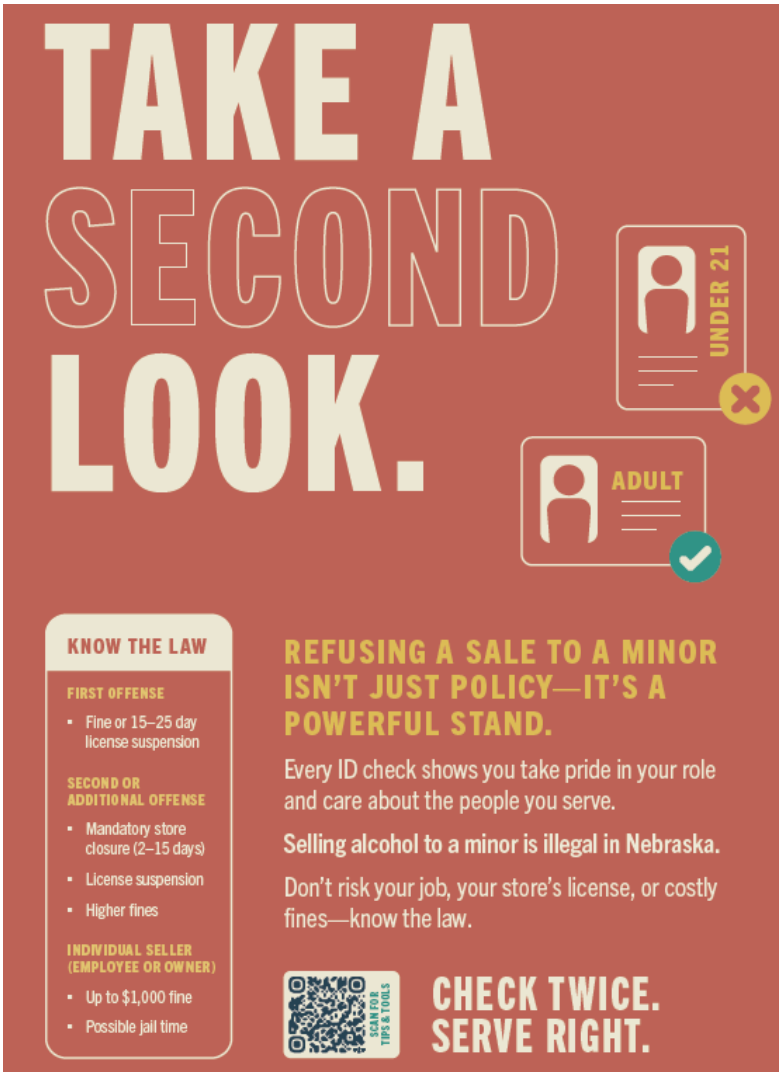
*June Jam 2026*

Sandy Morrissey's 27 years of contributions to June Jam were recognized.

## Region 5 Systems Legislative Day

Using data coalitions collected from previously conducted environmental scans, one with tobacco retailers and one focused on vape shops coalitions, leaders from coalitions around Region 5 planned a legislative day in February 2026. Coalition members visited their county representatives at the state capitol and provided the findings from environmental scans, along with education about the need for child-proof vape devices and other community concerns highlighted by local data on compliance checks. Packets of information were provided to legislative aids and coalition members answered any questions about the data and prevention education information provided. The following months were spent with coalitions discussing and identifying their legislative priorities regarding vape devices and policy.

## Alcohol establishments sent information to check IDs



## Multi-county, Evidence-based Strategies Utilized by Coalitions

Each county has at least one of the following Evidence-based Strategies:

- **3rd Millenium Classrooms -** *as described on page 23*
- **Alcohol Compliance Checks -** *as described on page 23*
- **Circle of Security -** *8-week parenting program*
- **Communities Mobilizing for Change** (including Compliance Checks and www.TalkHeart2Heart.org website) *- program to reduce underage access to alcohol via changes in local policies among law enforcement, media and parent involvement*
- **Devereux Student Strengths Assessment** (DESSA) *- assessment measuring social-emotional skills and resilience among K-8th grade students*
- **Environmental Scans in Vape Shops -** *as described on page 23*
- **EX Program -** *as described on page 23*
- **Girls on the Run -** *Evidence-based program to inspire girls to build their confidence, kindness, decision making skills*
- **Keeping It Real (D.A.R.E.) -** *peer focused life skills training*
- **Social Emotional Learning Programs** (Second Step, Character Strong, Move This World) *- educational framework to help students build emotional regulation, empathy, and positive relationship skills*
- **WRAP** *- as described on page 23*

## 2026-2027 Directory of County Coalitions

| County Coalition | Current Lead |
|---|---|
| **Butler County Believes in Youth and Community (BBYC)**<br>2101 N Lincoln Ave., York NE 68467 | **Carson Adams**<br>402-362-2621<br>carsona@fourcorners.ne.gov |
| **Children and Family Wellness Advisory Group-** 5 county coalition (Gage, Jefferson, Fillmore, Thayer, and Saline)<br>998 Hwy 33, Ste 1, Crete NE 68651 | **Megan Garcia**<br>402-826-3880<br>mgarcia@phsneb.org |
| **Four-County Collaborative**<br>1520 22nd St, Auburn, NE 68305 | **Laura Osborne**<br>402-414-2460<br>fourcountycollaborative@gmail.com |
| **Lancaster Prevention Coalition**<br>7100 Dudley St, Lincoln, NE 68505 | **Brooke Fullerton**<br>402-430-5518<br>Bfullerton93@gmail.com |
| **Lincoln Medical Education Partnership, SCIP**<br>4600 Valley Rd, Lincoln, NE 68510 | **Abbe Edgecombe**<br>402-327-6851<br>aedgecombe@lmep.com |
| **Polk County Substance Abuse Coalition**<br>309 Commercial St, PO Box 487<br>Stromsburg, NE 68666 | **Evette Watts**<br>402-747-2211<br>ewatts.pch@gmail.com |
| **Saunders County ACT Prevention Coalition**<br>387 N Chestnut St, Ste 1, Wahoo, NE 68066 | **Amber Pelan**<br>402-443-8107<br>apelan@saunderscounty.ne.gov |
| **Seward County Prevention Coalition**<br>616 Bradford St, Seward, NE 68434 | **Carson Adams**<br>402-362-2621<br>carsona@fourcorners.ne.gov |
| **York County Prevention Network**<br>816 E 8th St, York, NE 68467 | **Barbra Ivey**<br>402-363-8128<br>iveybarbra@gmail.com |

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

### Our Commitment

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

### Core Principles

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

### Our Goal

- **Implement Move-On from Supportive Housing (MOSH):** Develop and implement MOSH strategies to support individuals in transitioning from supportive housing to greater housing independence and long-term stability.
- **Implement Zero Suicide Initiatives in Supportive Housing:** Integrate Zero Suicide initiatives into supportive housing programs to strengthen suicide prevention, early identification, intervention, and access to behavioral health supports.
- **Pursue Grants to Expand HUD Housing Programs:** Identify and pursue federal grants to expand HUD-funded housing programs and increase access to safe, stable, and affordable housing.
- **Provide Quarterly Case Management Training for Housing Providers:** Host quarterly case management training sessions for housing providers to strengthen skills, improve coordination, and enhance services for individuals.
- **Host Quarterly Rent Wise Case Management Training and Expand to Rural Counties:** Provide quarterly Rent Wise training and expand training opportunities to rural counties to increase capacity and support housing stability across the region.

## Rental Assistance Program (RAP)

Rental Assistance Program (RAP)

**implemented September 2005**

**FY26 funding: $2,167,777**

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

**585**
Total people served*

**33**
Avg Length of Stay in Months

*Participants and household members

**22% INCREASE**

In **Successful Discharges* from RAP** from FY25 to FY26

*as relative to all qualifying discharges

Successful discharges are defined as:

- Achieved Self-Sufficiency
- Income Exceeds Eligibility
- Transitioned to Section 8/ Public Housing Unit

**$7074** *average annual income*

# U.S. Department of Housing and Urban Development (HUD) Housing

## Rural Permanent Housing Program (RPHP)

**implemented November 2012**

**FY26 funding: $394,988**

- **Service Area:** 16 counties in Region 5 Systems, plus Cass, Clay, Nuckolls, and Webster counties
- **Population Served:** Individuals and families experiencing chronic homelessness and living with disabling conditions

**86** Total people served[1]

**67** Avg Length of Stay in Months

## Lincoln Permanent Housing Program (LPHP)

**implemented February 2021**

**FY26 funding: $283,432**

- **Service Area:** Lincoln city limits
- **Population Served:** Individuals and families experiencing chronic homelessness and living with disabling conditions
- **Expansion:** January 2026
  - Increased available housing units from 11 to 22

**23** Total people served[1]

**71** Avg Length of Stay in Months

## Rural Transition-age Permanent Housing Program (RTPH)

**implemented October 2022**

**FY26 funding: $163,426**

- **Service Area:** 16 counties in Region 5 Systems, plus Adams, Cass, Clay, Hall, Nuckolls, and Webster counties
- **Population Served**: Transition-age youth ages 18–24
  - Transition-age youth, ages 18-24, who are literally homeless, fleeing domestic violence or couch surfing

**11** Total people served[1]

**64** Avg Length of Stay in Months

*[1]Participants and household members*

| % Remaining Housed | Target | FY26 Measures |
|---|---|---|
| 98% | 90% | % of households remained in a housed status at 6 months of program enrollment |
| 100% | 85% | % of households remained in a housed status at 12 months of program enrollment |

**89%** of those exiting the program **did not return to homelessness.**

## System-Level Impact

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

*Region 5 Systems' Housing Team volunteered at Project Connect, a one-day, one-stop event for people who are experiencing or at-risk of homelessness.*

## Target Populations

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

**650**
Total people served[1]

**37**
Average length of stay in months for **all housing programs,** including one-time-only housing support

[1]*Participants and household members.*



*On December 5, 2025, the Lincoln Homeless Coalition recognized Region 5 Systems' Housing Team for its outstanding commitment to ending homelessness in our community.*

### Quotes from Participants in Supported Housing (Survey Responses):

What I like about RAP:

- ***"I'd be lost without them."***
- ***"The RAP program helped me to stay sober and continue to move in the right direction. I went from being homeless, living in a tent. After going to treatment for alcohol and drug abuse, I was approved for the RAP program. It took me a few months to find a place. But I found one and it was a huge part in changing my life for the better."*** – *Participant in RAP*
- ***"It's amazing program. I feel like I put in a lot of work to get where I'm at and it was rewarded with help getting my own place for the very first time in my life. here's really no words to express how grateful I am."*** – *Participant in RAP*

What I like about HUD Housing:

- ***"It was a blessing, coming from being homeless to a new home."*** – *Participant in HUD*
- ***"It has given me the ability to start creating a life me and my children can love and thrive in."*** – *Participant in HUD*

## Looking Forward

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

Consumer involvement and advocacy has been paramount as part of the Behavioral Health Services Act (LB1083). The Act identified the following priorities for persons served:

- Ensure services are persons-served focused.
- Create services that emphasize beneficial outcomes based on recovery principles.
- Ensure persons-served involvement in all aspects of service planning and delivery.

WELLBEING INITIATIVE

Region 5 Systems continues to contract with Wellbeing Initiative, Inc., a peer-operated agency, to carry out activities to meet the intention of the funding that began in 2007. This contract includes the identification of a designated individual who represents Region 5 Systems' consumer interest at all designated meetings. Some of the activities and accomplishments include support groups being offered weekly:

- Wellness Response Action Plans (WRAP®)
- Self-Management and Recovery Training (SMART)
- Harm Reduction
- and others

These are offered to people in our 16-county territory and at the Lancaster County Mental Health Crisis Center. During the year, peer support groups reached up to 1,953 people.




## Consumer Family Advisory Committee (CFAC)

Since its establishment in 2004, CFAC has been involved in projects that benefit people with mental health and/or addiction problems and their families. These projects include Wellness Recovery Action Plan (WRAP®), self-advocacy, and community outreach. An annual CFAC behavioral health conference, "Building Bridges in Behavioral Health," was held June 5, 2026, at City Impact, 1035 North 33rd Street, Lincoln, NE. 97 people attended the conference. The event supported networking among the peer community. There were 6 breakout sessions based on hope, resiliency, resources, connection, and wellness. The breakout sessions included topics such as grow through what you go through, accountability, inspiration, reframing language, lived experience, building bridges within families affected by mental illness, and grief.

CFAC also awards grants to support local projects; funded activities are outlined below.

| Grantee / Project | Award | Grantee / Project | Award |
|---|---|---|---|
| **Behavioral Health Conference 2026** | $7,000.00 | **Support**<br>Good Neighbor Community Center Winter Outerwear for those in need | $1,450.00 |
| **Bus Passes**<br>Mental Health Association (MHA) & Wellbeing Initiative | $800.00 | **Surviving to Thriving**<br>Community Corrections | $499.02 |
| **Consumer Family Advisory Committee**<br>Meeting Expenses | $100.10 | **WRAP**<br>Seminar Two | $3,315.45 |
| **Peer Support Training**<br>Wellbeing Initiative | $350.00 | **WRAP® Workbook**<br>Inventory | $1,106.11 |
| **SMART Workbook**<br>Inventory | $1,130.01 | **TOTAL:** | **$15,750.69** |

The primary responsibilities of Children and Family Services at Region 5 Systems include the provision of high-fidelity Wraparound services through the Professional Partner Program, collaborating with the Nebraska Department of Health and Human Services, Division of Behavioral Health and coordinating with youth-service agencies in planning and developing the system of care infrastructure for youth and families experiencing behavioral health disorders within the 16-county Region 5 Systems service area.

## Youth System Coordination

Region 5 Systems implements the Nebraska Youth System of Care infrastructure to prevent fragmentation, empower families, and enhance the functioning of youth. Youth System Coordination is of paramount importance, as evidenced by the participation of multiple employees within Region 5 Systems on prevention coalitions and other youth-related committees and activities. These activities include:

- Nebraska Children's Commission, Juvenile Services Committee, Access to Services Workgroup
- Nebraska Department of Health and Human Services, Division of Children and Family Services Healthcare Oversight Committee
- Nebraska Department of Education, School Mental Health Advisory Committee
- Nebraska Judicial Branch, Court Improvement Project, Through the Eyes of the Child Initiative
- Nebraska Resource Project for Vulnerable Young Children Advisory Board
- Nebraska Youth Homelessness System Improvement Cross-System Team
- County Child Abuse and Neglect Treatment Teams (aka 1184 Treatment Teams)
- Jefferson County Upstream Subcommittees
- Lancaster County Juvenile Justice Collaborative
- Lancaster County Youth Crisis Response Coalition
- Multiple resource fairs sponsored by Nebraska Medicaid Managed Care Organizations
- Multiple school resource and wellness fairs
- Multiple community career and resource fairs

## Family & Youth Investment (FYI)

The Professional Partner Program at Region 5 Systems is known as Family & Youth Investment (FYI). FYI utilizes the Wraparound approach to serve youth (ages 3 through 25) and their families who reside within the 16-county Region 5 Systems service area. FYI builds collaborative frameworks with system partners, including schools and providers within the community, to identify youth who may be at risk for involvement with the child welfare or juvenile justice systems or who may be at risk for admission into a residential treatment facility.

The primary intent of Wraparound, as formalized in 2004 by the National Wraparound Initiative (NWI), is to deliver a youth-guided, family-driven care coordination process that enables youth with complex needs to live and thrive in their homes and communities. The Wrapround approach originated as an innovative, grassroots alternative to institutionalizing youth with severe behavioral health needs. Evidence has shown that youth with complex needs can successfully remain in their communities when comprehensive services were "wrapped directly around them."

The Wraparound process differs from traditional case management by operating as an intensive, team-based care coordination process rather than traditional referral-based case management. Research from the NWI Wraparound completely restructures the care environment around the family by utilizing the following core practices on the next page:

*(Continued pg. 32)*

*(Continued from pg. 31)*

- **Wraparound Team Approach:** Wraparound convenes a unique, blended team of formal professionals (e.g., therapists and other health care providers, teachers) and "natural supports" (e.g., extended family members, neighbors, friends, clergy).
- **Voice and Choice:** Families actively drive the goal-setting and decision-making process in Wraparound.
- **Caseload Sizes:** Wraparound facilitators maintain intentionally low caseloads to allow for high-intensity, high-fidelity care.
- **Orientation and Focus:** The Wraparound plan is strengths-based, identifying family assets to overcome complex barriers.
- **Flexibility of Care:** Wraparound constructs a highly individualized, holistic plan that can adapt weekly based on data-driven progress monitoring.

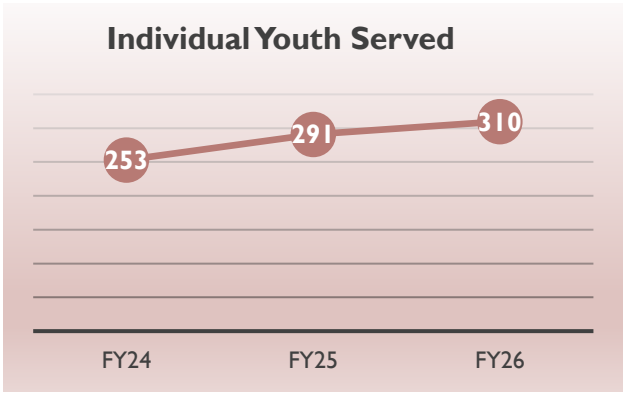
The Wraparound process builds family self-sufficiency by shifting a family from being passive recipients of system directives to active, capable managers of their own well-being. According to the NWI Theory of Change, true independence is achieved not by fixing deficits, but by intentionally cultivating a family's psychological and structural self-efficacy.

Youth, caregivers and team members are given a chance to share their perspective about the Wraparound process once enrolled for 6 months:




***Wraparound Involvement Questions***

1. *The family is part of a Wraparound team AND this team includes more members than just the family and one professional (e.g. yourself).*
2. *The family has a written plan (e.g., Wraparound Plan or Plan of Care) that describes strategies, action steps, and who is responsible.*
3. *The team meets regularly (e.g. at least every 30-45 days).*
4. *The Wraparound team's decisions are based on input from the family.*







## Cost Savings



One month of Professional Partner Program (FYI) will result in a **savings** of

**93% per month**



over one month in a Psychiatric Residential Treatment Facility

## FYI's Strategic Impact Metric

Our high-fidelity framework consistently generates meaningful change across key life domains:

**Averting State Ward Status:**

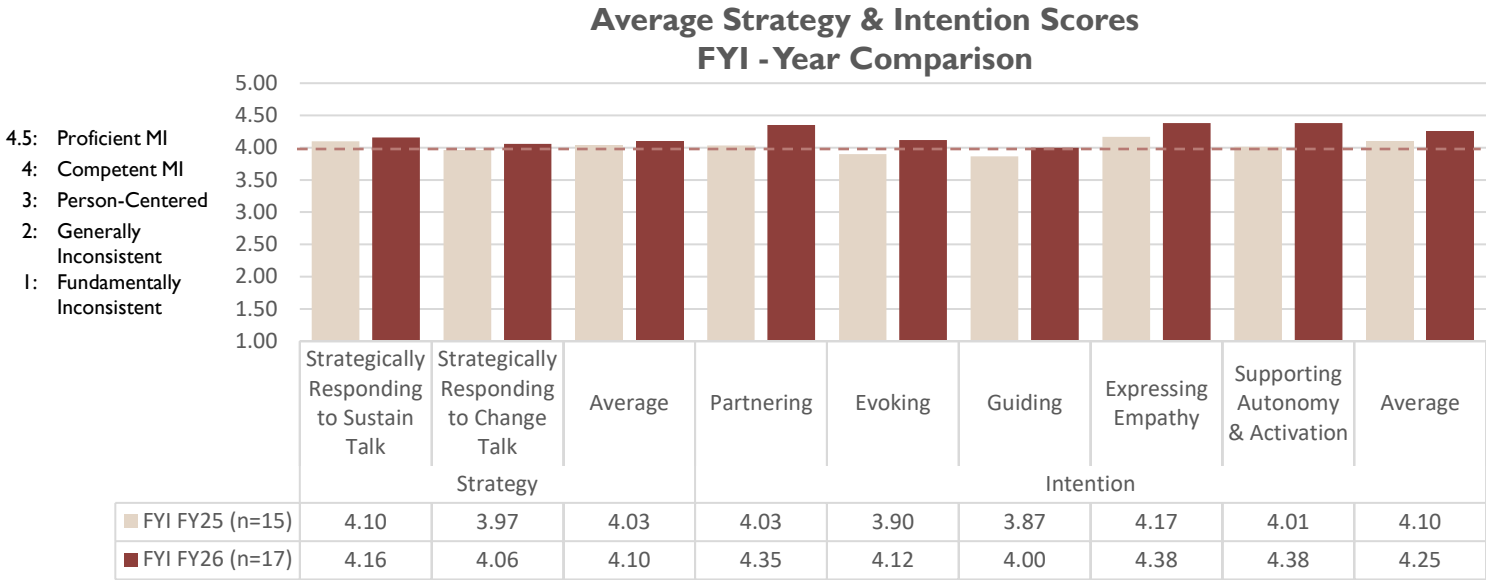
**92%** of youth and young adults **remained safely in their family homes** during FY26, preventing costly treatment in residential settings.

# MiiWrap (Motivational Interviewing Informed Wraparound)

MiiWrap is a cutting-edge evolution of care that combines the structured, team-based activities of traditional Wraparound with the mindset, relational communication, and change-talk skills of Motivational Interviewing (MI).

## How MiiWrap Enhances Care Coordination

- Relational Communication: Professional Partners use advanced reflective listening to significantly improve family engagement.
- Navigating Resistance: Professional Partners are trained in specific behavioral skills to understand and gently untangle deep-seated barriers to change.
- Evoking Motivation: Instead of pushing mandates, Professional Partners use MI strategies to elicit and amplify the family's intrinsic desire to reach their goals.
- Unified Mindset: All team activities are defined by the "MI Spirit" — treating families with complete autonomy, acceptance, and collaboration.




| | Strategically Responding to Sustain Talk | Strategically Responding to Change Talk | Average (Strategy) | Partnering | Evoking | Guiding | Expressing Empathy | Supporting Autonomy & Activation | Average (Intention) |
|---|---|---|---|---|---|---|---|---|---|
| FYI FY25 (n=15) | 4.10 | 3.97 | 4.03 | 4.03 | 3.90 | 3.87 | 4.17 | 4.01 | 4.10 |
| FYI FY26 (n=17) | 4.16 | 4.06 | 4.10 | 4.35 | 4.12 | 4.00 | 4.38 | 4.38 | 4.25 |

## Core Strategic Goals and Outcomes

- Increase in Successful Discharges: FY26 data showed a **5%** increase in individuals successfully discharging from FYI.
- Since MICA assessments (Professional Partner MI Competency) began in 2023:
  - Intention scores have increased by **35%**
  - Strategy scores have increased by **36%**

Quotes from 2026 FYI Stakeholder Survey

- ***The FYI Professional Partners do a great job communicating and working with the schools when it comes to supporting families and parents.***
- ***FYI is a unique program that offers hands-on services to individuals and families with complex needs.***
- ***This partnership with families is so valuable. How you come right alongside them and support and navigate as needed.***
- ***Serves youth in a much-needed area.***

# Child and Adolescent Functioning Scale (CAFAS)

The Child and Adolescent Functional Assessment Scale (CAFAS) is a validated assessment instrument used to assess functional impairment in youth with emotional, behavioral, psychiatric, or substance use concerns. Using objective behavioral descriptions, the CAFAS identifies areas where youth are experiencing the greatest disruption in daily life. This information helps Wraparound teams capture a holistic view of the youth's current psychological and social health and develop targeted, measurable, and individualized service plans.

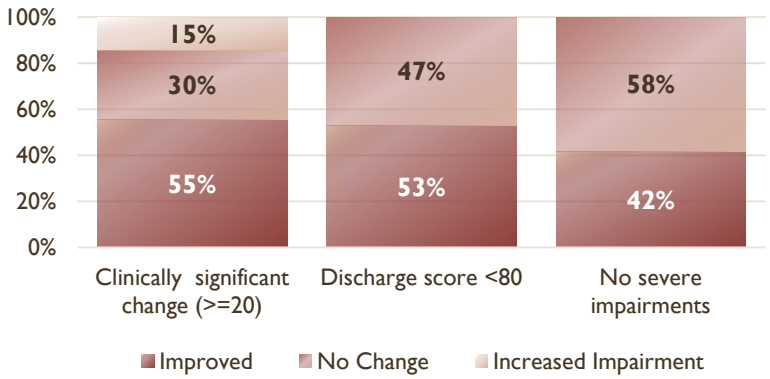
The CAFAS measures functioning across eight domains: school/work, home, community, behavior toward others, moods/emotions, self-harmful behavior, substance use, and thinking. Each domain is scored on a four-point scale: severe = 30, moderate = 20, mild = 10, and no/minimal impairment = 0. Total scores range from 0 to 240, with higher scores indicating greater functional impairment.

Because the CAFAS is administered at regular intervals throughout the intervention process, it allows agencies to track behavioral progress, evaluate treatment effectiveness, identify the need to modify services, and identify the need to continue services.

| Total CAFAS Score | Service Guidelines |
|---|---|
| 0 to 30 | Likely referred to a qualified health professional. |
| 40 to 70 | Likely receives outpatient services. |
| 80 to 100 | Likely receives outpatient care with additional services of a supportive or intensive nature. **80 = minimum score for enrollment in FYI.** |
| 110 to 130 | Likely receives intensive, community-based services, although some youth may need acute residential services at some point |
| 140 and above | Very intensive services would be required; may be in residential or inpatient settings at some point. |

*From: CAFAS Manual for Training Coordinators, Clinical Administrators, and Data Managers*

**FY26 Improvement on One or More Outcome Indicators from Admission to Discharge CAFAS**

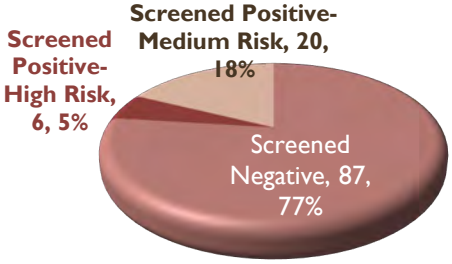



Program goals for youth include 1) decrease their total CAFAS score by 20 points, indicating clinically significant improvement; 2) reduce their total CAFAS score below 80, the admission threshold; and 3) improve in all domains with severe impairment at admission to moderate, mild, or minimal impairment at discharge.

## Zero Suicide Initiative

Guided by the Zero Suicide Framework, a standardized suicide risk tool is utilized to screen youth enrolled in the Family & Youth Investment Program. If, after clinical assessment, it is determined a youth is at high risk for suicide, a collaborative safety plan is developed with the youth and their family, including how to reduce the youth's access to lethal means. When necessary, the Family & Youth Investment team helps the youth and family with navigating the behavioral health system to access appropriate services. Family & Youth Investment provides consistent outreach and engagement during critical periods of transition, such as between appointments or immediately following discharge from psychiatric hospitalization.

**Youth Screened for Suicide Risk at Admission**



## Youth Crisis Continuum



**Someone to Contact** **Someone to Respond** **A Safe Place for Help**

The Youth Crisis Continuum supports youth and families experiencing an immediate behavioral health crisis by building on their strengths and connecting them to the least restrictive services needed to stabilize the situation. In alignment with the principle that crisis services should provide someone to talk to, someone to respond, and somewhere to go, the Youth Crisis Continuum includes the following services within the Region 5 Systems catchment area.

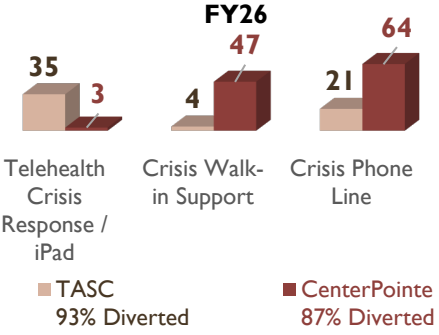
| 988 Suicide and Crisis Lifeline | Crisis Response | | | Emergency Community Support | Mental Health Respite |
|---|---|---|---|---|---|
| | Walk-in | Mobile | Telehealth/ Telephone | | |
| • Boys Town | • CenterPointe* | • CenterPointe*<br>• Blue Valley Behavioral Health (BVBH) / Targeted Adult (TASC) | | • CenterPointe* | • CenterPointe* (Scheduled to open fall of 2026) |
| | CenterPointe (n=114) | | | (n=44) | |
| | TASC (n=60) | | | | |

Families may access crisis services directly or through referrals from law enforcement or the Family Helpline.

Licensed behavioral health professionals and trained problem solvers provide brief mental health screenings, risk assessments, crisis intervention and stabilization, referrals, and consultation with hospital emergency departments when needed.

Services may be delivered on-site, by telehealth, or by telephone, with the goal of helping youth remain safely in their homes and communities and avoiding inpatient psychiatric hospitalization whenever possible.

**Number of Youth Crisis Response Contacts FY26**




***SquareOne,** the youth and family crisis response center, is funded through a partnership agreement between Region 5 Systems, Lancaster County, and the city of Lincoln. It provides youth in crisis **a place to go** to receive assistance that is an alternative to hospitalization or to prevent hospitalization. The behavioral health services available at SquareOne, as provided by CenterPointe, include crisis de-escalation, crisis psychotherapy, and short-term (up to 90-days) community support services for these families and individuals who need "after care" assistance with linkages and coordination of ongoing services. CenterPointe employees will work with the family in crisis to review other areas in life that may be contributing to the escalation of crises beyond the mental health crisis that is the catalyst to accessing SquareOne as well as help identify and schedule needed services and supports. In the fall of 2026, short-term mental health respite will be added to the SquareOne service array for youth that need additional time (up to five days) for the purpose of planning and preparation for the youth's return home and the community.

**Families Inspiring Families (FIF)** is dedicated to helping your family. They strongly believe that all families can come together to offer support, hope, and encouragement through a positive relationship. FIF gives each family a chance to truly get to know and understand their children while receiving a chance to network with other families and find solutions to challenges. FIF offers a wide range of programs and services including Family Peer Support, Parenting Education, and Family Navigation.

**Region 5 Systems is a great place to work because we are a resilient team driven by a standard of excellence and the power of collaboration.**

**Every employee has a voice at the table; we don't just listen to ideas, we depend on them to solve problems and drive innovation.**

On June 4, 2026, **Region 5 Systems** was awarded

## 1st place honors

in the large employer category for the 2026 **"Best Places to Work in Lincoln Award,"** sponsored by Woods Aitken LLP, the Lincoln Journal Star, and LincolnHR. This marks the sixth time Region 5 Systems has placed as a top-employer finalist. To achieve this award, our employees participated in a third-party-administered survey that measured various parts of employee life, including workplace environment, leadership direction, culture, and management practices.

**Region 5 Systems** was recognized for creating an engaging work environment that supports employees' **personal** and **professional growth**. This was reflected in the survey results: 54% of questions received satisfaction scores of 90% or higher, with an **overall average satisfaction rate of 88%**. The areas to the right received top scores of 95% or higher:







*"We are deeply honored to receive this prestigious award. Our employees are at the heart of this achievement, demonstrating resilience, a commitment to excellence, and the power of collaboration every day. Their dedication advances our mission of supporting the wellness and recovery of individuals through the continued development and coordination of the behavioral health system of care. I am grateful for each employee's talents and contributions."*

**Patrick Kreifels, Regional Administrator**

## Milestone Anniversaries

| | |
|---|---|
| Amanda Tyerman-Harper | 25 years |
| Jessica Zimmerman | 20 years |
| Eden McClain | 10 years |
| Joseph Pastuszak | 10 years |
| Danielle Belina | 5 years |
| Zina Crowder | 5 years |
| Wade Fruhling | 5 years |
| Mariah Rivera | 5 years |



# Employees

**Thank you, Region 5 Systems employees, for your dedication, hard work, and lasting impact!**

| | | |
|---|---|---|
| **Babbel, Trisha**<br>*Professional Partner* | **Franks, Pat**<br>*Fiscal Associate* | **Miles, Malcom**<br>*Professional Partner Supervisor* |
| **Bartley, Dustin** *Director of Outpatient Navigation & Engagement* | **Fruhling, Wade**<br>*RAP Housing Specialist* | **Moffitt, Katie**<br>*Professional Partner* |
| **Baumeister, Wendy** *Director of Justice/ Behavioral Health Integration, BHECN SE Co-Director* | **Giebelhaus, Nicole**<br>*Professional Partner* | **Moser, Lisa**<br>*Professional Partner* |
| **Belina, Danielle**<br>*Assistant Director of Finance* | **Glenn, Annie**<br>*Professional Partner Supervisor* | **Nelson, Kristin**<br>*Director of Emergency Services* |
| **Briley, Grace**<br>*Professional Partner* | **Gregg, Deanna**<br>*Operations Manager* | **Noerrlinger, Shelly**<br>*Referral & Resource Coordinator* |
| **Brooks, Sue**<br>*HUD Housing Specialist* | **Henning, Theresa**<br>*Director of Special Projects* | **Pastuszak, Joseph**<br>*CQI Analyst* |
| **Call, Michaela**<br>*HUD Housing Specialist* | **Husovic, Munira**<br>*Professional Partner* | **Petersen, Jocelyn**<br>*Professional Partner* |
| **Chaffin, Elise**<br>*Professional Partner* | **Janis, Trina**<br>*Opioid Project Manager* | **Pope, Linda**<br>*Fiscal Specialist* |
| **Cooney, Traci**<br>*Network Coordination Specialist* | **Jacquot, Kaitlyn**<br>*Professional Partner* | **Rivera, Mariah**<br>*RAP Housing Specialist* |
| **Crowder, Zina**<br>*Professional Partner* | **Kreifels, Patrick**<br>*Regional Administrator* | **Rodriguez, Maria**<br>*RAP Housing Specialist* |
| **Dalrymple, Sharon**<br>*HUD Housing Coordinator* | **Kruse, Jon**<br>*Technology Systems Manager* | **Rourke, Erin**<br>*Director of CQI* |
| **Danforth, John,** *Director of Youth & Family Behavioral Health Services* | **Lathrop, Kayla**<br>*Prevention Manager* | **Stanley, Liam**<br>*Professional Partner* |
| **Dekker, Donna**<br>*Administrative Assistant* | **Laushman, Kendra**<br>*Professional Partner* | **Thayer, Heather**<br>*Professional Partner* |
| **DeShon, Tami**<br>*Director of Finance* | **Lybarger, Susan**<br>*Administrative Assistant* | **Thomas, Anna**<br>*RAP Housing Specialist* |
| **Effle, Teri**<br>*Prevention Specialist* | **MacNaughton, Katiana**<br>*Professional Partner Supervisor* | **Tyerman-Harper, Amanda**<br>*Director of Network Services* |
| **Forsman, Barbara**<br>*CQI Analyst* | **McClain, Eden**<br>*Professional Partner* | **Vogt, Stacy**, *Contract Management and Training Coordinator* |
| **Fowler, Jade**<br>*Director Housing Services* | **Michael, Kim,** *Director of Operations & Human Resources and Corporate Compliance Officer* | **Zimmerman, Jessica**<br>*Housing Coordination Specialist* |

*Employee directory updated as of publication date*

# Region 5 Systems Provider Network

**Associates in Counseling and Treatment**
5600 P Street Lincoln, NE 68505
Phone: 402-261-6667
www.actnebraska.org

**Blue Valley Behavioral Health**
1123 North 9th Street
Beatrice, NE 68310
Phone: 402-228-3386
www.bvbh.net
*Offices in Auburn, Beatrice, Crete, David City, Fairbury, Falls City, Nebraska City, Pawnee City, Seward, Wahoo and York*

**CenterPointe**
2202 South 11th Street Lincoln, NE 68502
Phone: 402-475-8717
www.centerpointe.org

**Goodwill Industries of Greater Nebraska, Inc.**
1804 South Eddy Street, PO Box 1863 Grand Island, NE 68801
Phone: 308-384-7896
www.goodwillne.org

**HopeSpoke**
2444 'O' Street Lincoln, NE 68510
Phone: 402-475-7666
**www.hopespoke.org**

**Houses of Hope**
1124 North Cotner Boulevard Lincoln, NE 68505
Phone: 402-435-3165
**https://www.housesofhope.com/**

**Integrated Behavioral Health Services**
1430 South St. Lincoln, NE 68502
Phone: 531-500-4429
**www.ibhealthservices.com**

**Lutheran Family Services**
2301 'O' Street Lincoln, NE 68510
Phone: 402-435-2910
**https://www.onelfs.org/behavioral-health/**

**Mary Lanning Memorial Healthcare**
715 North St. Joseph Avenue Hastings, NE 68901
Phone: 402-463-4521
https://www.marylanning.org/

**Mental Health Association of Nebraska**
1500 S 70th Street, Suite 201, Lincoln, NE 68506
Phone: 531-249-2974
www.mha-ne.org

**Mental Health Crisis Center of Lancaster County**
825 'J' Street Lincoln, NE 68508
Phone: 402-441-8276
www.lancaster.ne.gov/368/Mental-Health-Crisis-Center

**Methodist Fremont Health**
450 East 23rd Street, Fremont, NE 68025
Phone: 402-721-1610
https://bestcare.org/locations/methodist-fremont-health

**St. Monica's**
120 Wedgewood Drive Lincoln, NE 68510
Phone: 402-441-3768
www.stmonicas.com

**TeleCare**
2231 Lincoln Road Bellevue, NE 68005
Phone: 402-291-1203
www.telecarecorp.com

**The Bridge Behavioral Health**
721 'K' Street Lincoln, NE 68508
Phone: 402-477-3951
https://thebridgenebraska.org/

**Wellbeing Initiative**
5530 'O' Street, #2, Lincoln, NE 68510
Phone: 531-254-5451
https://www.wellbeinginitiatives.org/

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