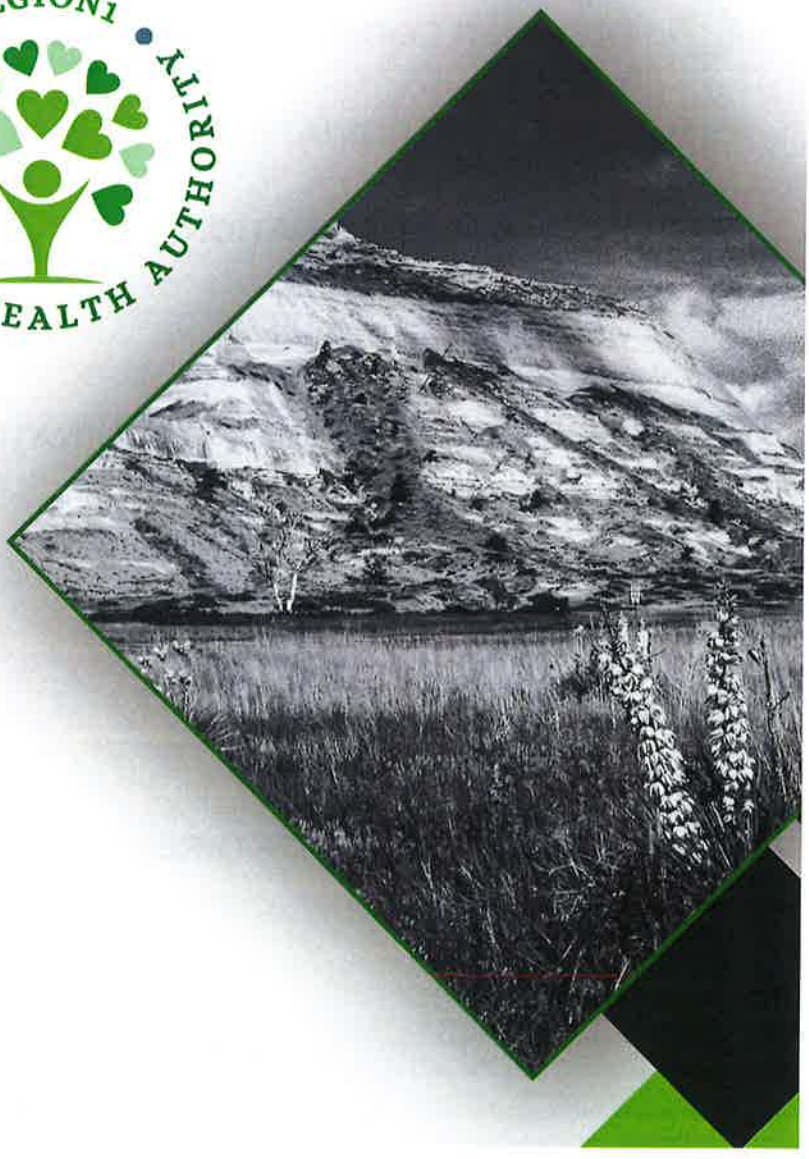
Region 1
Behavioral Health Authority

ANNUAL REPORT

REGION1 BEHAVIORAL HEALTH AUTHORITY



2025

308-635-3173
www.region1bhs.net
4110 Avenue D
Scottsbluff, NE 69361

Table of Contents

A letter from *Administration*

Dear Colleagues,

We are pleased to present the FY2025 Annual Report, which highlights the key priorities and accomplishments achieved over the past year. Region 1 Behavioral Health Authority (BHA) remains dedicated to strengthening resilience, promoting recovery, and supporting healthy communities across Western Nebraska.

The demand for behavioral health services continues to grow throughout the region, and we remain committed to ensuring that youth, families, and adults have access to the care and supports they need. In 2025, Region 1 BHA expended 98.31% of our allocated funds from the Nebraska Department of Behavioral Health, demonstrating our strong stewardship of resources and our commitment to service delivery. We continue to work diligently to expand and enhance the services available to the communities we serve.

Region 1 BHA partnered with the Panhandle Public Health District to conduct strategic planning sessions with community stakeholders to identify system needs and gaps related to opioid prevention, treatment, and harm reduction. These efforts resulted in the identification of four priority areas: Crisis Stabilization, Detox, Restorative Justice, and Justice Programs. In October 2025, Nebraska Panhandle Counseling Center—a Region 1 BHA network provider—was awarded $3.8 million, through the State of Nebraska Opioid Settlement funds request for application process, to renovate the former Kimball hospital into a state-of-the-art Crisis Stabilization Center. This facility will offer both Crisis Stabilization and Medically Monitored Withdrawal services. Region 1 BHA is proud to support the development of this much needed resource for the Panhandle of Nebraska. Renovations began in February 2026, with an anticipated opening in fall 2027.

We extend our sincere appreciation to the Regional Governing Board and the Region 1 Advisory Committee for their leadership, commitment, and ongoing support. We are grateful to our Network Providers for delivering high-quality, trauma-informed, and recovery-focused services that address the behavioral health needs of our communities. We also thank our Prevention Coalitions for their dedication to promoting wellness initiatives that enhance overall community health. Our gratitude extends to the Division of Behavioral Health and our many system partners for their collaboration, expertise, and shared resources. Finally, we recognize and thank our devoted employees, whose tireless work ensures seamless, high-quality services for individuals across our Region. Their daily efforts drive our mission to deliver quality behavioral health services through strong system leadership, coordinated networking, and collaborative partnerships that support recovery and resilience.

Sincerely,

Holly Brandt

Holly Brandt

Regional Administrator

Susanna Batterman

Susanna Batterman

Chair, Region 1 Governing Board

Who We Are

Region 1 is a political subdivision of the State of Nebraska, and has the statutory responsibility under Neb. Rev. Sat. 71-802-71-820 for organizing and supervising comprehensive mental health and substance abuse services in the Region 1 geographical area which includes the eleven counties of the Panhandle of Nebraska: Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden, Kimball, Morrill, Scotts Bluff, Sheridan, and Sioux. This statute was modified in 1977 to include substance abuse services (LB 204) and revised in 2004, under LB 1083 as the Nebraska Behavioral Health Services Act. This Act mandates that all persons residing in Nebraska shall have access to behavioral health services.

Region 1 is one of six (6) behavioral health authorities in Nebraska, along with the state's three (3) Regional Centers, together they make up the state's public mental health and substance abuse system, also known as the Nebraska Behavioral Health System (NBHS).

Region 1 is governed by a Board of County Commissioners, who are elected officials, one (1) from each of the counties represented in the Region 1's geographic area. The Regional Governing Board (RGB) is under contract with the Nebraska Department of Health and Human Services System (DHHS), the designated authority for administration of mental health and substance abuse programs for the state. Region 1 includes 11 counties, covers over 14,000 square miles, and contains 88,000 residents.

Each RGB appoints a Regional Administrator (RA) to be the chief executive officer responsible to the RGB. The RGB also appoints an Advisory Committee for the purpose of advising the RGB regarding the provision of coordinated and comprehensive behavioral health services within Region 1's geographical area to best meet the needs of the general public. In Region 1, the Behavioral Health Advisory Committee (R1BHAC) is comprised of 11-20 members including consumers, concerned citizens, and representatives from other community systems in the Region.

REGION 1 BEHAVIORAL HEALTH AUTHORITY

2025

Region 1 Behavioral Health Authority

NETWORK MANAGEMENT

Region 1 Behavioral Health Authority continues to strengthen its provider network to ensure comprehensive, accessible care for individuals across our communities. In the past year, Region 1 contracted with fourteen community behavioral health providers, offering an extensive array of services that span the full continuum of care—from inpatient acute treatment to community-based case management. This diverse network allows us to meet the unique needs of individuals while promoting recovery and resilience.

In addition to treatment services, Region 1 partnered with three prevention coalitions to advance proactive strategies aimed at reducing behavioral health challenges before they arise. These collaborations underscore our commitment to prevention as a cornerstone of community well-being.

Region 1 remains steadfast in its mission to keep the people we serve within their home communities whenever possible, ensuring care is delivered in the least restrictive environment and close to natural supports. By prioritizing local solutions, we foster stronger connections, better outcomes, and healthier communities.

WHO WE SERVE

"Region 1 is great to work with. They listen and help in every manner they can. They provide great opportunities financially and educationally for us."
-Region 1 Provider

Region 1 funded 33 services in FY25

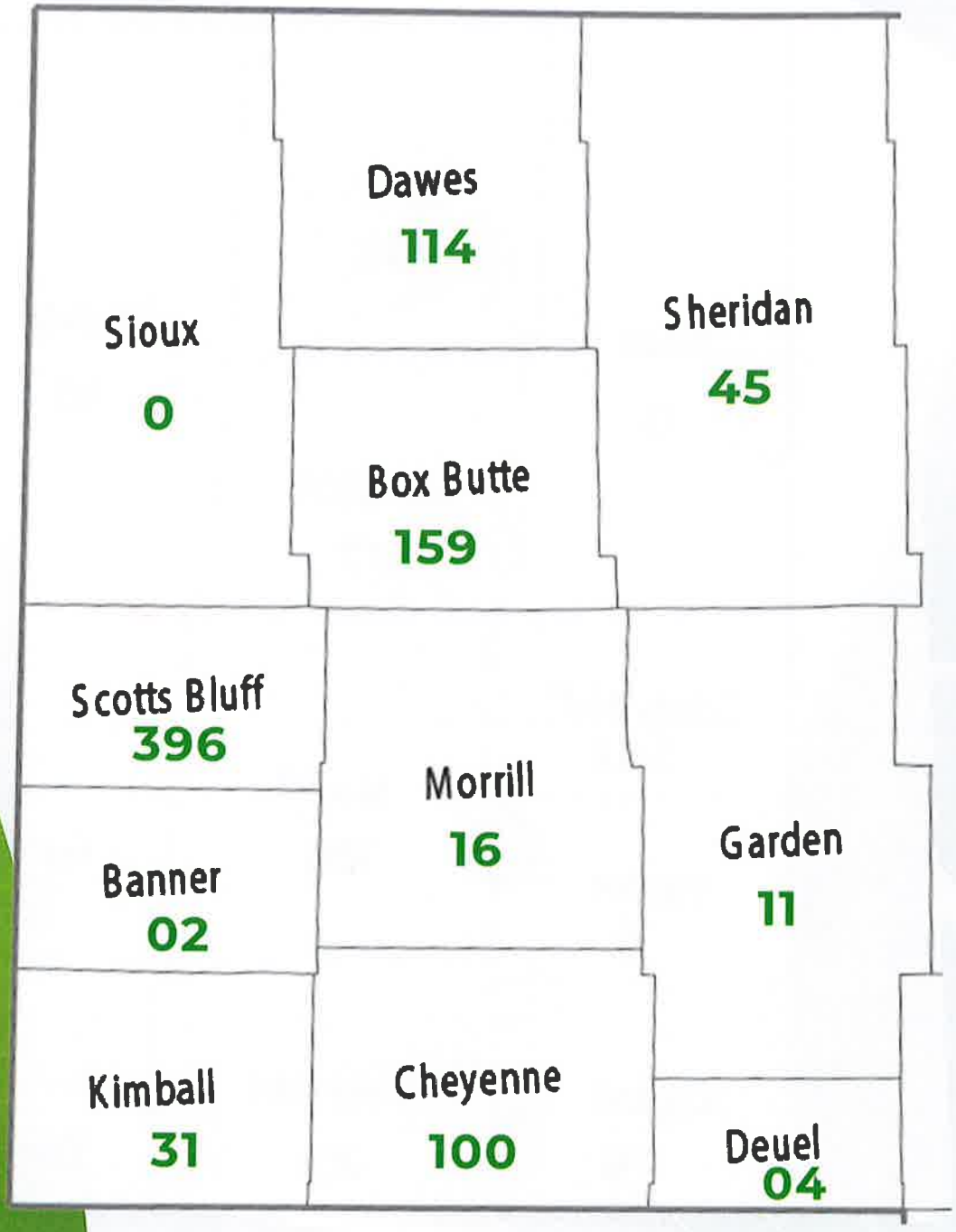
In FY25, Region 1 serviced 1280 unique consumers with a total of 2046 encounters

512 consumers were admitted in 2046 encounters

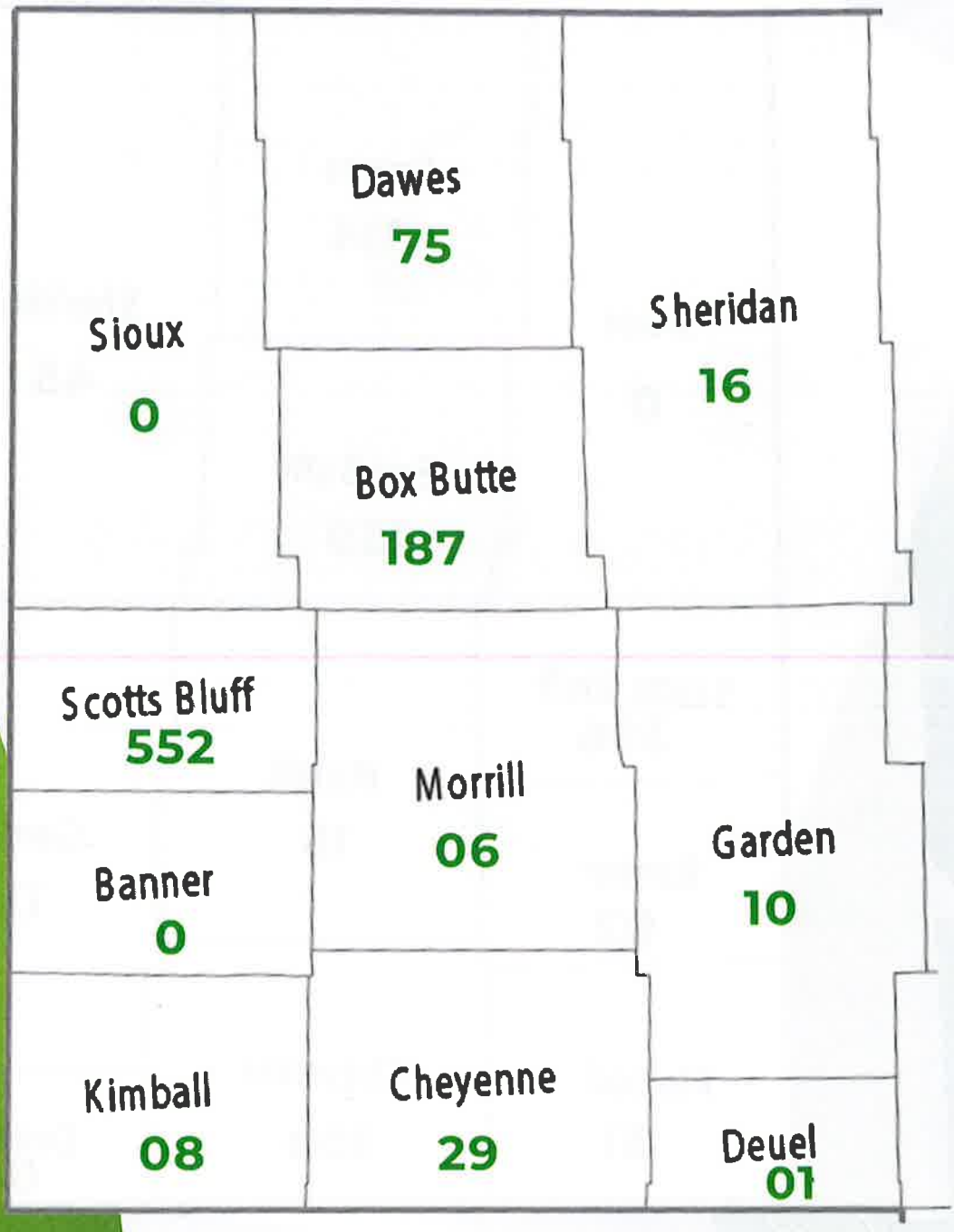
1403 consumers were discharged in 2046 encounters

Encounters are uniquet to each consumer by services. Consumers enrolled in multiple services will have different encounter numbers.

CONSUMERS BY COUNTY OF Residence

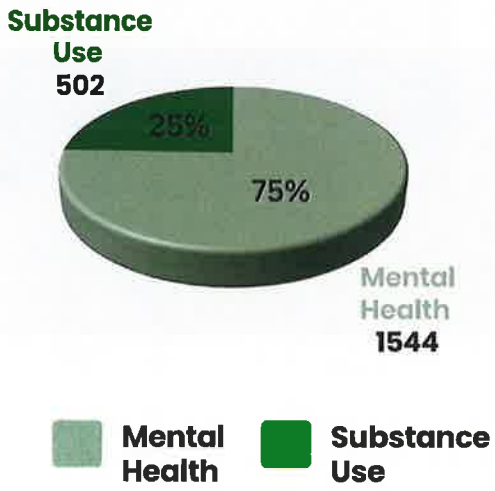


CONSUMERS BY COUNTY OF Admission

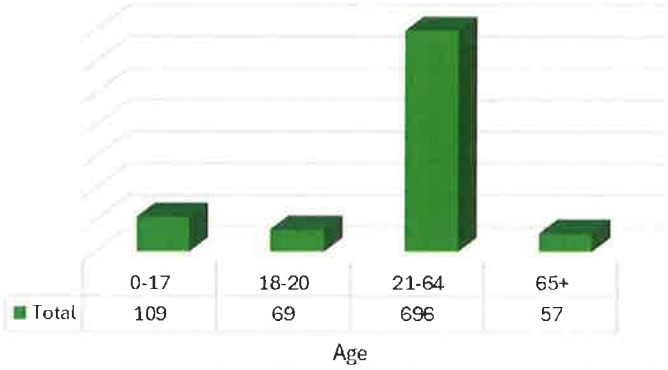


WHO WE Serve

Service Type



Age of Consumers

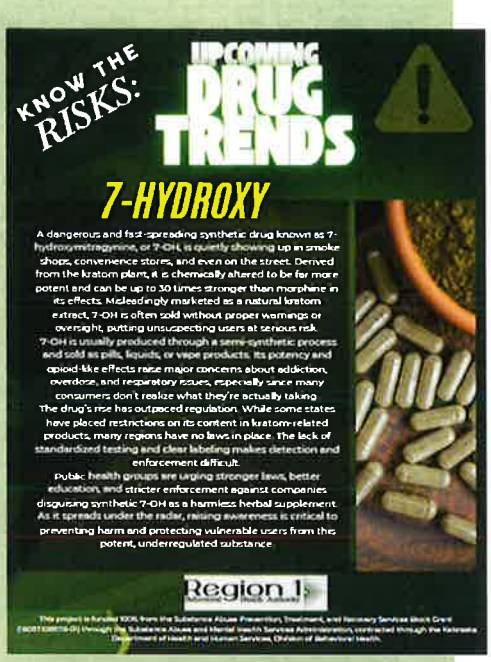


Race

American Indian/ Alaska Native	93	Native Hawaiian/ Other Pacific Islander	14	White	707	Black/African American	21
Other	55	Not Available	33	Two or More Races	15		

Prevention

Region 1's Prevention Program continues to provide comprehensive prevention services designed to reduce the onset of substance use disorders while promoting mental wellness and preventing mental illness across the Panhandle. Our work emphasizes upstream, evidence-based strategies that reduce risk factors, strengthen protective factors, and support overall community well-being. The program's objective is to build and sustain a cohesive prevention system that produces measurable outcomes by reducing substance misuse, suicide risk, and related social harms. This is achieved through coordinated planning, efficient use of funding, and collaboration that avoids duplication of efforts while maximizing community impact.



Funding for Region 1's prevention efforts is supported through several federal and state sources, including the Substance Abuse Prevention and Treatment Block Grant and the Strategic Prevention Framework Partnership for Success grant administered through the Nebraska Department of Health and Human Services Division of Behavioral Health Services. Additional support is provided through the State Opioid Response grant and a CDC Suicide Prevention Grant awarded through the University of Nebraska Public Policy Center. These funding streams allow Region 1 to support coalition infrastructure, implement prevention strategies, and expand training and education opportunities across the region.

Through these funds, Region 1 provides contract management, technical assistance, and capacity-building support to local prevention coalitions, including the Morrill County Prevention Coalition, Monument Prevention Coalition serving Scotts Bluff County, and the Panhandle Prevention Coalition serving all of Region 1. Coalitions receiving PFS funding continue to focus on alcohol and marijuana prevention and suicide prevention among youth and young adults ages 18–24, with an emphasis on culturally responsive strategies that address the needs of Native American populations. State Opioid Response prevention funding supports the Panhandle Public Health Department's efforts in medication-assisted treatment and harm-reduction initiatives, including the distribution of Deterra drug deactivation packets, prescription lock boxes, and free access to Naloxone throughout the Panhandle.

Prevention

Region 1 Prevention places a strong emphasis on training and workforce development to strengthen local prevention capacity. Through the CDC Suicide Prevention Grant, CALM trainings were held on February 3rd and February 25th, providing participants with practical tools to recognize suicide risk, respond effectively, and connect individuals to appropriate supports. From May 5th through May 7th, Stephen Hill, founder of Speak Sobriety, presented to students and staff at Scottsbluff High School and Gering High School, delivering impactful prevention messages focused on resilience, decision-making, and early intervention for substance use and mental health challenges. On June 10th, Region 1 hosted nationally recognized prevention educator Officer Jermaine "Tall Cop" Galloway in Gering, where he presented on emerging drug and alcohol trends, concealment methods, and prevention strategies for educators, parents, law enforcement, and community partners. A Suicide Prevention Walk was held on September 10th to raise community awareness, reduce stigma, and promote hope while honoring those impacted by suicide.

Region 1 Prevention also conducts ongoing community scans to assess local environments and identify products and practices that may increase risk for youth. These scans include inspections of convenience stores, gas stations, and CBD retailers and have revealed concerns related to unregulated products, youth-appealing marketing, and the availability of harmful substances. In response, Region 1 actively participates in policy and prevention work groups aimed at reducing youth exposure, improving community awareness, and supporting responsible retail practices.

Through sustained collaboration, evidence-based strategies, and strong community partnerships, Region 1 Prevention remains committed to strengthening regional prevention infrastructure, expanding access to education and training, and supporting healthier, safer communities across the Panhandle.

DISASTER COORDINATION

Region 1 continues to demonstrate ongoing resilience through strong collaboration and shared responsibility with community partners. Active partnerships with key local partners including, Emergency Management, EMS, hospitals, and local health agencies remains central to the region's operational strategy. Through regular participation in tabletop exercises and consistent engagement in partner meetings, Region 1 has become well integrated into behavioral health planning efforts throughout western Nebraska. This collaborative framework strengthens regional preparedness and supports effective response to behavioral health needs during times of emergencies.

PLAN UPDATES

· Continuity of Operations Plan (COOP): Updated in January 2025. This plan is reviewed and revised annually or as needed to ensure operational readiness and continuity of essential services during emergencies.
· All-Hazards Plan: Also updated and finalized in January 2025. This plan outlines comprehensive strategies for responding to a wide range of potential threats and hazards, with a focus on behavioral health response and recovery.

These updates reflect Region I's initiative-taking stance in maintaining preparedness and ensuring that behavioral health services remain accessible and effective during emergencies.

Psychological First Aid (PFA) Trainers

· Approved Trainers: 10 These trainers are qualified to conduct Region I sponsored PFA training courses and may be employed directly by the Region, affiliated with local public health departments, or serve as independent counselors.

Disaster Behavioral Health Volunteers

Region I maintains a database of behavioral health response volunteers, categorized as follows:
· Professional Behavioral Health Volunteers: Licensed or provisionally licensed professionals, including Psychologists, LIMHPs, LMHPs, LADACs, LCSWs, and MSWs
Total: [Not specified]
· Medical Personnel with Mental Health Roles: Includes psychiatrists and psychiatric nurses Total: 1
· Non-Licensed Behavioral Health Volunteers: Individuals who have completed Psychological First Aid training, including CSWs and CPCs
Total: 51
· Total Volunteers Listed: 52 (Note: This total may exceed the sum of the categories due to overlapping roles or multiple qualifications.)
Psychological First Aid Training
o Date: 2.13.25 & 2.27.25
o Location: University of Nebraska Medical Center - Scottsbluff

DISASTER COORDINATION

PSYCHOLOGICAL FIRST AID (PFA)

·Psychological First Aid (PFA) is a supportive behavioral intervention designed for use in the immediate aftermath of disasters and other traumatic events. It is an evidence-informed approach that helps individuals cope with the initial impact of crises, including natural disasters, terrorism, and other emergencies. PFA aims to reduce initial distress and foster short- and long-term adaptive functioning. It is not professional counseling but rather a practical, compassionate response that can be delivered by trained individuals to support affected populations during critical moments.

Disaster Behavioral Health Coordinators Meeting

o Date: Monthly
o Location: Virtual
Disaster Behavioral Health Meetings regarding training, disasters, etc.

Panhandle Planning, Exercise, and Training (PET) meetings

o Date: Quarterly
o Location: Virtual and throughout the Panhandle in person
Emergency Manager's Meetings regarding training, disasters, etc.

Panhandle Regional Medical Response System

o Date: Quarterly
o Location: Virtual and throughout the Panhandle in person
Panhandle medical response team meets for discussion and activities related to disaster coordination throughout the panhandle.

Great Plains Disaster Behavioral Health Conference

Great Plains Disaster Behavioral Health Conference
· Date: July 25, 2024
· Location: Virtual and in person at Region 1 BHA office; 4110 Avenue D Scottsbluff, NE 69361
The 2025 Nebraska Disaster Behavioral Health Exercise was developed to foster collaboration among local agencies and stakeholders. Its primary goal was to enhance understanding of how individual agency plans align and interact within the framework of the newly updated Disaster Behavioral Health Response and Recovery Plans.
This exercise provided a valuable opportunity for participants to:
· Identify gaps in current behavioral health response strategies
· Strengthen interagency coordination
· Ensure behavioral health support is effectively integrated into emergency response and recovery efforts across the state
The event highlighted the importance of unified planning and communication to improve outcomes for individuals and communities affected by disasters.

Community Organization Active in Disaster (COAD)

o Date: Quarterly or as scheduled
o Location: In-Person & Virtual
Community Organizations Active in Disaster (COAD) is a collaborative network composed of organizations, agencies, individuals, businesses, and other entities within a specific community or geographic area. This network includes public, private, and not-for-profit sectors working together to minimize the effects of disasters. COADs aim to enhance community resilience by coordinating resources, sharing information, and supporting preparedness, response, and recovery efforts. Their collective approach ensures that services are delivered efficiently and equitably during times of crisis.

DISASTER COORDINATION

Psychological First Aid for Schools - Training of Trainers

· Date: September 16 & 17, 2024
· Location: In-Person

Psychological First Aid for Schools (PFA-S) is an evidence-informed intervention model designed to support students, families, school personnel, and school partners in the immediate aftermath of an emergency. The approach focuses on reducing initial distress, promoting adaptive functioning, and coping. This workshop was conducted as a Train-the-Trainer session, aimed at preparing participants to deliver PFA-S training within their respective regions, schools, districts, or communities. Attendees gained the knowledge and tools necessary to equip others with the skills to provide compassionate, practical support during and after crises affecting school environments.

CDC OFFICE OF HEALTH EQUITY (OHE) - HEALTH EQUITY IN EMERGENCY PREPAREDNESS AND RESPONSE

· Date: October 23, 2024
· Location: Virtual

During the virtual meeting, participants emphasized the importance of embedding health equity from the outset when preparing for and responding to emergencies. This approach ensures that all individuals—regardless of background—have equal access to life-saving information, services, and programs.

Emergencies such as natural disasters or pandemics can have widespread and devastating impacts. However, certain populations—including racial and ethnic minority communities, individuals with disabilities, those living in geographically isolated areas, and other underserved groups—often face systemic barriers and health disparities. These challenges are frequently intensified during times of crisis.

The discussion highlighted the need for inclusive planning and response strategies that proactively address these disparities to promote equitable outcomes for all.

Crisis Support and Safety Technical Assistance Workgroup

· Date: Quarterly or as scheduled
· Location: Virtual

The Crisis Support and Safety Technical Assistance Workgroup serves as a collaborative platform for interagency coordination across Nebraska. It brings together key agencies to align efforts related to crisis support and safety, fostering a unified approach to addressing statewide needs.

Core Functions:

· Collaboration: Facilitates cooperation among agencies to strengthen crisis response systems.
· Resource Sharing: Promotes the exchange of tools, strategies, and best practices.
· Problem Identification: Helps recognize and address challenges faced by agencies and communities in delivering effective crisis support.
· Technical Assistance: Provides guidance to stakeholders on implementing safety protocols, crisis intervention strategies, and system improvements.

Nebraska School Safety Summit- Presenter for breakout session

· Date: October 17, 2024
· Location: In-Person

On October 17, 2024, the Nebraska Council of School Administrators, in partnership with the Nebraska Department of Education, the University of Nebraska Public Policy Center, and Boys Town, hosted the 7th Annual Nebraska School Safety and Security Summit. The 2024 summit focused on Response, bringing together educators, administrators, safety professionals, and community partners to explore strategies and best practices for responding effectively to school-based emergencies. The event emphasized collaboration, preparedness, and the integration of behavioral health and safety protocols to support students and staff during critical incidents.

DISASTER COORDINATION

Communicating in the Immediate Aftermath of a Nuclear Detonation

· Date: January 14, 2025
· Presenters: Shelley Laver and Ellen Wang
· Organization: U.S. Environmental Protection Agency – Radiation Protection Division, Center for Radiation Information and Outreach
This session focused on developing and implementing effective communication strategies following a nuclear detonation. Emphasis was placed on delivering timely, accurate, and accessible messaging to protect public health and safety.
Key topics included:
· The importance of clear and coordinated public messaging
· Strategies for reaching diverse populations during a crisis
· Tools and resources for emergency communicators
· Lessons learned from past radiological emergencies

The session underscored the critical role of communication in minimizing panic, guiding protective actions, and supporting community resilience in the wake of a nuclear event.

REGION VII DISASTER HEALTH RESPONSE ECOSYSTEM

Date: May 14, 2025 Topic: Legal Issues in Emergency Preparedness Key Areas Covered:
· Emergency declarations
· HIPAA considerations
· Volunteer liability
The meeting addressed critical legal frameworks that influence emergency response operations, with a focus on protecting both responders and affected populations.

Region 1 remains steadfast in its commitment to preparedness, collaboration, and resilience. Through continuous plan updates, active engagement with local and regional partners, and the integration of behavioral health strategies into emergency response frameworks, the region demonstrates an initiative-taking approach to safeguarding community well-being during crises. The ongoing emphasis on training, volunteer readiness, and interagency coordination ensures that Region 1 is equipped to respond effectively to emergencies while fostering a culture of shared responsibility and collective action.

YOUTH NETWORK COORDINATION

Coordinating services and supports for youth and families affected by behavioral health challenges

Region 1 Youth System works collaboratively with numerous agencies, organizations and community partners to provide coordinated care for youth and families affected by behavioral health challenges and to ensure that families have a voice, ownership, and access to a comprehensive, individualized support plan.

Our Goal is to coordinate a sustained, unified, non-duplicative Youth System with diverse funding streams that produce outcomes in reducing out-of-home placement, out-of-state placement and the need for higher levels of care.

The Youth Network Coordinator

- Fosters and facilitates a collaborative environment to promote the development of multi-disciplinary services and supports to respond to the behavioral healthcare needs of children and their families, consistent with Wraparound.
- Develop, grow and sustain relationships with system partners such as, but not limited to, Children and Family Services, Probation, schools, post-secondary institutions, primary care, community-based services, youth serving organizations, community collaborative, and community coalitions.
- Incorporates statewide youth system coordination goals into region specific goals and strategies for the Youth System of Care.
- Development of program goals, objectives, and work plans and prepares reports on accomplishments and issues regarding the Professional Partner Program and Youth System of Care as needed.
- Provides information and consultation to Region 1 employees, system of care stakeholders, and contract agencies regarding Federal and State legislation, regulations, grant programs, Evidence Based Practices, issues, and trends.

YOUTH NETWORK COORDINATION

Professional Partner Program (PPP)

The Professional Partner Program is based on a commitment to support youth and families in all aspects of life. The professional partner program utilizes the Wraparound approach, which relies on the natural support systems of the family and its community.

Wraparound ensures that services are provided to youth that are tailored towards building strengths, promoting successes, safety, and permanency in the home, school and the community. The purpose of the Professional Partner Program is to help families and children who have or may have mental health diagnosis in accessing supports and services.

There are 7 full-time Professional Partner Staff based in Scottsbluff and 1 in Oshkosh.

FY25 PPP Report

Counties served:

Banner-0
Box Butte-4
Cheyenne-28
Dawes-0
Deuel -8
Garden-10
Kimball-14
Morrill-4
Scotts Bluff -52
Sheridan- 0
Sioux- 0

• **Youth Served**	**123**
• **Female**	**55**
• **Male**	**68**
• **Average Age**	**12**
• **Average length of stay PPP for discharged youth**	**13.48** Months
• **Average reduction in indicators of recidivism (CAFAS)**	**22%**

We continue to grow our PPP capacity through multiple marketing events in the community as well as forming relationships with community professionals, members and stakeholders. During FY25 the Youth Coordinators across Nebraska worked with DBH to transform our previous program manual into a service definition to better align with other DBH funded programs.

YOUTH NETWORK COORDINATION

Transitional Age PPP formally called Youth Transition Services (YTS) uses the TIP Model (Transition to Independence Process) in working with transition age youth (16-24) to: 1) Engage young people through relationship development, person-centered planning, and a focus on their futures. 2) Tailor services and support to be accessible, coordinated, appealing, non-stigmatizing, trauma-informed, and developmentally-appropriate -- and building on strengths to enable the young people to pursue their goals across relevant transition domains. 3) Acknowledge and develop personal choice and social responsibility with young people. 4) Ensure a safety-net of support by involving a young person's parents, family members, and other informal and formal key players. 5) Enhance young people's competencies to assist them in achieving greater self-sufficiency and confidence. 6) Maintain an outcome focus in the TIP system at the young person, program, and community levels. 7) Involve young people, parents, and other community partners in the TIP system at the practice, program, and community levels.

The Youth Director and PPP supervisor worked on a transition plan with providers WCHR/Cirrus House to have a smooth transition for youth 16 years of age to be contracted for YTS/Transitional Aged PPP services come July 2025. Cirrus House covers YTS in the following counties Scottsbluff, Banner, Kimball, Cheyenne, Garden and Deuel. WCHR covers Dawes, Sheridan and Box Butte Counties. WCHR is providing traditional PPP services for all ages in Dawes, Sheridan and Sioux counties as well. Both agencies were provided with training and shown how to use the assessments (Child Adolescent Functional Assessment Scale, suicide behavioral questionnaire) complete intake paperwork and were given examples of forms for them to reference to create their own forms.

Youth Mental Health First Aid (YMHFA)

YMHFA continues to be offered by Region 1 staff however this area of will be provided under the prevention coordination.

Panhandle Situation Table

PPP Staff participate in a weekly Zoom meeting

The Situation Table Model, a unique public safety model that originated in Canada in 2011, is a "risk-based, collaborative, rapid triage model." Unlike other models, it doesn't require a specific delivery mechanism. Instead, it leverages and mobilizes the existing community systems and resources in innovative, unified, and dynamic ways to address the challenges faced by a specific vulnerable population.

The Situation Table Model is designed to identify individuals and/or families facing acutely elevated levels of risk (AER) and connect them to services immediately. Its key benefits include timely resource mobilization, increased awareness of risks, trends, and systemic issues, improved collaboration and communication among service providers, proactive measures, and enhanced community safety and well-being.

Integrating the Situation Table Model into community services doesn't necessitate funding a separate entity or creating a new organization. It involves meaningful conversations between community-involved agencies, providing new tools for human service professionals to enhance their current roles. These structured conversations focus on pre-identified risk factors in specific communities, effectively breaking down barriers to communication between service agencies.

YOUTH NETWORK COORDINATION

1184/MDT Meetings

These teams are crucial for a coordinated response to child abuse and neglect allegations, bringing together various agencies and professionals to ensure the safety, justice, and healing of children and families.

PPP staff and/or supervisor attend either monthly or quarterly treatment team meetings for 11 of the counties in the panhandle (Scottsbluff, Kimball, Cheyenne, Deuel, Garden, Morrill, Box Butte, Sheridan, Dawes and Sioux) Some counties meet monthly and other counties meet quarterly. Cases are brought up for discussions to see what services need to be in place for youth/families.

Garden County Community Response Team

Meet quarterly in Garden County in person. The Garden County Community Response Team works to prevent and address domestic violence, dating violence, sexual assault, and stalking by promoting victim safety, providing advocacy and resources, and fostering social change that rejects abuse. Through active collaboration, policy improvements, shared information, staff training, and understanding of applicable laws, CRT agencies coordinate efforts to hold offenders accountable, improve the criminal justice response, and support survivors. Members also contribute to setting team goals and providing data.

Through the eyes of child

Multidisciplinary network of local teams that work to improve systems processes. It creates a forum for local child welfare and juvenile justice stakeholders to collaborate
with each other in their efforts to improve issues in their communities' juvenile court systems as well as communicate with other teams and stakeholders across the state to identify systemic barriers and work on solutions.

NDE school mental health advisory Board

At the request of Regional Director Janae Keener the Youth Director has started attending the NDE school mental health advisory Board.

Helping Families Thrive

Housing Coordination

Program Overview

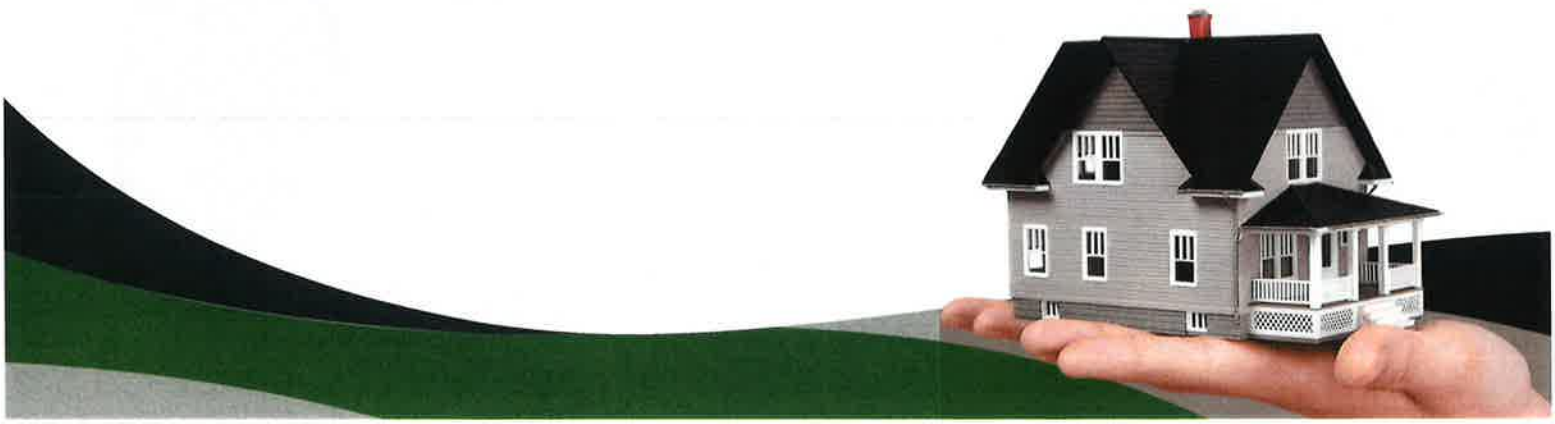
· **HART Program**: Administered by the Region I Housing Coordinator, funded by the Division of Behavioral Health.
· **Target Group:** Consumers diagnosed with Severe and Persistent Mental Illness or Substance Dependence.
· **Services Provided:** Rental assistance vouchers and "One-time Funding" for initial costs like deposits for rental and utilities.

Promotion and Outreach Efforts

· **Meetings and Conferences**: Participation in various meetings (Situation Table, PCHH, Disaster Behavioral Health Exercise) and conferences (Panhandle Safety & Wellness Conference) to promote housing services.
· **Engagement with Authorities**: Meetings with the DOJ and local leadership to discuss services and barriers.
· **Community Involvement:** Presentations to local groups and participation in public service meetings.

Other Activities

· **Collaboration with Housing Authorities:** Checking on Section 8 voucher availability and securing units in Gering.
· **Employment Assistance:** Coordination with agencies like VOC Rehab and ASI for job openings and training.
· **Landlord Recruitment:** Efforts to recruit new landlords, though with limited success.
· **Data Management**: Tracking rentals, reporting voucher availability, and data entry for the Supported Housing Program.
· **Training:** Attendance at housing-related training courses and educating support staff on the Landlord Mitigation Process.



Housing Coordination

Fiscal Year 25 Data

Consumers Served: 91

Applications Received: 77, with 53 housed, 11 unused vouchers, and 13 removed.

One-time Requests: 22

Mental Health Consumers: 58.

Substance Abuse Consumers: 30.

Youth Mental Health Consumers: 3.

Discharges: 21 total, with 5 for non-compliance, 2 self-sufficient, 9 to Section 8, 2 due to death, and 2 requested discharge from program

Current Consumers: 39 Mental Health and 22 Substance Abuse and 1 Youth

Observations

- **Increase in Overall Consumers Served:** There was a notable increase in the number of consumers served compared to the previous fiscal year.
- **Increase in Substance Abuse Consumers:** The number of Substance Abuse consumers served increased.
- **Challenges in Landlord Recruitment:** Efforts to recruit new landlords did not yield new partnerships but helped clarify program misconceptions.

CONSUMER SPECIALIST

Overview

Each of the six Behavioral Health Authorities in the state has a Consumer Specialist to prioritize consumer involvement and advocacy. The Consumer Specialist encourages consumers to advocate for themselves and take an active role in their treatment and services. They also represent their region on the Office of Consumer Affairs People's Council, advocating for regional consumers and supporting the Peer Specialist workforce. The council's work includes developing definitions and trainings for Peer Specialists, reviewing and advocating for policy changes, and presenting consumer needs to the Governor.

KEY ACTIVITIES

Returning Phone Calls

· Received approximately 26 calls requesting information on MH/SUD services.
· Returned each call, providing appropriate resources and information.

Contact with New Partners

· Participated in a Q&A session with the Wellbeing Initiative alongside six regional consumers to discuss services and barriers.
· Followed up with attendees for additional feedback.
· Informed four new service providers about PEER support and consumer initiatives.

Peer Specialist Work

· Promoted the Peer Specialist Certification process to providers and partners.
· No new certifications this year, but continued support for the region's Peer Support provider.
· Assisted Independence Rising in integrating a Peer Specialist in the local County Jail.
· Tracked the number of certified Peer Specialists and promoted Peer Support at various events and organizations.
· Planned to survey providers about barriers to PEER Support in FY 26.

Consumer Advisory Coalition

· The coalition meets via Zoom to encourage broader participation. We are currently looking for members.
· Reviewed regional policies and provided input to appropriate committees.
· Aimed to grow the coalition and increase community engagement.

Unique Opportunity

· Conducted a Q&A session with six consumers to gauge their views on MH/SA services.

Additional Responsibilities

1. Conducted consumer interviews for Region audits.
2. Attended Office of Consumer Affairs & Consumer Specialist meetings.
3. Organized a Mental Health Awareness event with the Western Nebraska Pioneers baseball team.
4. Provided consumer perspective during a Disaster Exercise.
5. Ensured consumer voice in the Region's Strategic Plan.
6. Chaired the Region's Consumer Rights Committee.
7. Provided consumer input to the Regional Governing Board.
8. Attended weekly Situation Table Meetings.
9. Served as the liaison for Region 1 with the Wellbeing Initiative.
10. Promoted the Suicide Walk @ Lunch event.
11. Promoted Psychological First Aid training to stakeholders and consumers.

Region 1 Behavioral Health Authority

EMERGENCY COORDINATION

Emergency System Overview

The Emergency System Coordination is dedicated to addressing the needs of individuals experiencing behavioral health crises. We work collaboratively with community stakeholders, network providers, and the justice system to deliver crisis services that play a crucial role within a comprehensive support system. Our essential interventions ensure timely and effective assistance for those in need.

KEY SERVICES OFFERED

01. 24-HOUR CRISIS LINES

Accessible lines for mental health and substance use crises, providing immediate support and guidance.

02. EMERGENCY COMMUNITY SUPPORT

A case management service designed to assist individuals in crisis by connecting them to necessary services.

03. CRISIS RESPONSE

- Immediate intervention aimed at stabilizing individuals in crisis.
- Linking individuals to community-based resources for ongoing support.
- Providing support to county jails by evaluating individuals placed on suicide watch.

04. EMERGENCY PSYCHIATRIC OBSERVATION

- Provides observation for up to 23 hours and 59 minutes.
- Purpose: Assess whether individuals can safely return to the community or require hospitalization.

05. INPATIENT HOSPITALIZATION AND EMERGENCY PROTECTIVE CUSTODY -EPC

- EPC is a legal mechanism ensuring individuals receive appropriate care.
- The process often utilizes crisis response to help determine the needs of the consumer.
- Voluntary acute hospitalization continues for those who do not require EPC.

06. REGIONAL CENTER CONSUMERS

- Region 1 coordinates with Regional Center staff on discharge planning for consumers who are court-ordered or under a mental health commitment by a mental health board.
- In FY25, Region 1 assisted in three (3) discharges from LRC (Lincoln Regional Center).

Region 1 Behavioral Health Authority

EMERGENCY COORDINATION

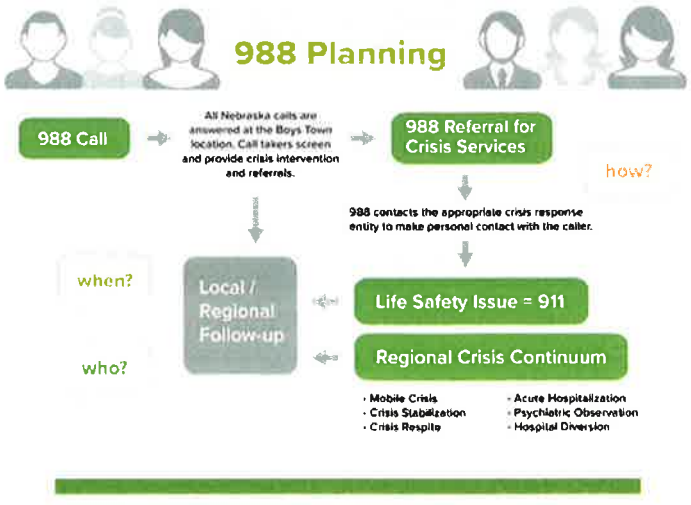
IMPACT OF CRISIS RESPONSE

- 79% of law enforcement-involved calls resulted in diversion from hospitalization and connection to community-based services.
- Demonstrates strong effectiveness of crisis response in reducing unnecessary hospitalizations.
- Highlights the system's ability to provide immediate support and appropriate linkage to resources.

NATIONWIDE IMPLEMENTATION OF 988

- July 16, 2022, the national suicide prevention lifeline changed to 988. The Nebraska system components are:
- Somewhere to call
  - Statewide availability – all calls go through the Boys Town call center
- Someone to respond
  - Area crisis response teams can be activated
- Somewhere to go, Region 1 BHA is working to bring new services to the area.

Nebraska's Crisis Continuum



Region 1 Behavioral Health Authority

EMERGENCY COORDINATION

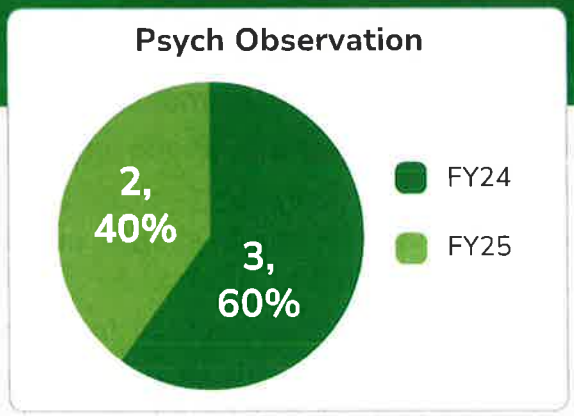
REGION 1 PARTNERSHIPS

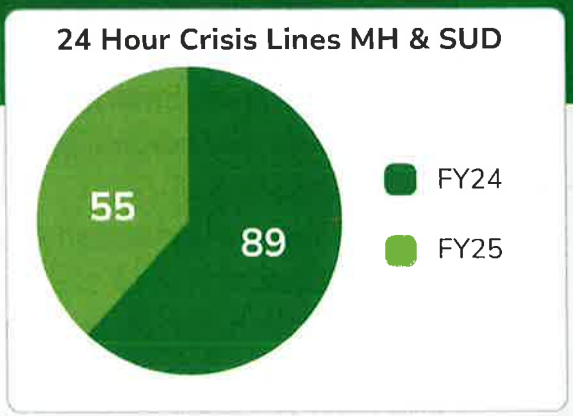
- Throughout FY25, Emergency and Justice Coordinators met with numerous law enforcement and service providers to identify regional needs and barriers. Common themes included:
- Need: Increased understanding of the behavioral health system and more training opportunities.
- Barrier: Challenges related to Emergency Protective Custody, including limited bed availability and transportation issues when local facilities are at capacity.
- FY26 Goal to work with law enforcement and service providers to address the barriers and needs identified.
- The Emergency and Justice Coordinators also met with law enforcement, fire personnel, and probation officers to strengthen collaboration. Both attended every "Mental Health Day" at the Nebraska Law Enforcement Training Center in Grand Island.
- Region 1 remains an active participant in the Nebraska Human Trafficking Task Force. Justice presented a specialized training session to a local service provider, drawing on her background in law enforcement and human trafficking investigations.
- At the 2024 Crisis Convention, Emergency and Justice connected with Ride Care, a company founded by former law enforcement officers to address transportation barriers for individuals needing behavioral health treatment. Since then, multiple meetings have been held to introduce Ride Care to local law enforcement and statewide Emergency System Coordinators. Ride Care plans to exhibit at the Police Officers' Association and Sheriffs' Association conferences in October 2025.

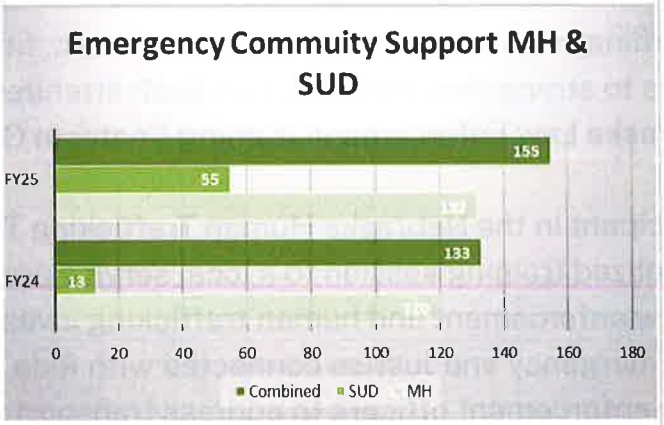
CONCLUSION

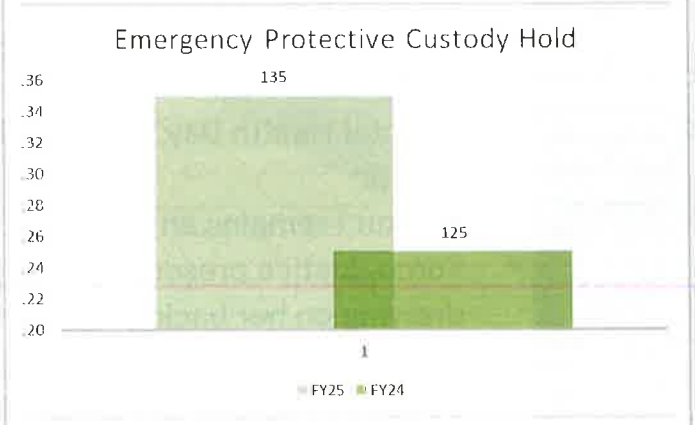
- The Emergency System Coordination continues to evolve, strengthening our emergency and crisis services by removing barriers and ensuring individuals in need receive timely care. Through ongoing collaboration with law enforcement, network providers, and other stakeholders, we address concerns and set clear goals for improvement. Our commitment remains focused on achieving better outcomes for those experiencing behavioral health crises in our communities.

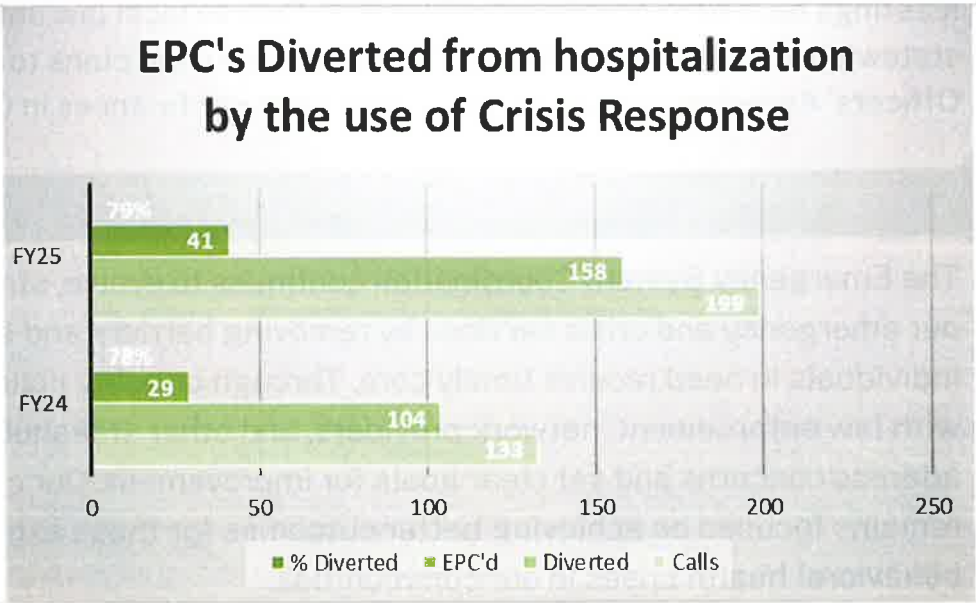
EMERGENCY COORDINATION











JUSTICE COORDINATION

Justice Systems Coordinator Overview

The Justice Systems Coordinator has been cross-training with the Director of Emergency Services. The coordinator's primary responsibilities include connecting with justice system partners to develop programs that divert individuals from entering or re-entering the justice system and working with partners to address barriers to providing treatment for those already involved in the system.

Stepping Up Initiatives

The coordinator is actively working on the Stepping Up Initiative. Efforts include establishing consistent data collection and addressing barriers related to mental health and substance use evaluations in detention centers. A provider has been identified to offer Region-funded services to those incarcerated, and referrals and treatment services are ongoing. Additionally, the coordinator is working with other counties to replicate successful processes in their jails.

The coordinator worked with ESU #13 and the Nebraska Public Policy Center to provide Behavioral Health Threat Assessment training to first responders, and mental health/substance use providers.

The STRIDE program, created through the Stepping Up grant, supports individuals re-entering the community by helping them navigate the justice and behavioral health systems. The coordinator continues to work with law enforcement and crisis responders to increase referrals to this valuable program.

Justice Partners and Regional Collaboration

The coordinator met with various justice partners, including law enforcement, and probation officers, to identify needs and barriers in the community. Key issues include understanding the behavioral health system and challenges with Emergency Protective Custody processes. The coordinator also attended the Nebraska Law Enforcement Training Center's Mental Health Day and continues to participate in the Nebraska Human Trafficking Task Force.

JUSTICE COORDINATION

Regional and Community Engagement

The coordinator is part of the Region Quality Improvement Team (RQIT), attending monthly meetings to discuss strategic plans, new services, and community activities. The coordinator also works with other Region Coordinators to establish a crisis stabilization unit and attends weekly Situation Table meetings.

Training and Professional Development

The coordinator participated in various training courses, including Motivational Interviewing, and attended the 2024 Crisis Convention. Additionally, the coordinator became an instructor for Mental Health First Aid and conducted trainings to the community.

Goal Accomplishments

The coordinator's primary goals for FY25 included learning how the behavioral health system functions, and educating justice partners about Region 1 services. Significant progress was gathering consistent data from law enforcement regarding mental health and substance use calls, and implementing treatment services to those who are incarcerated.

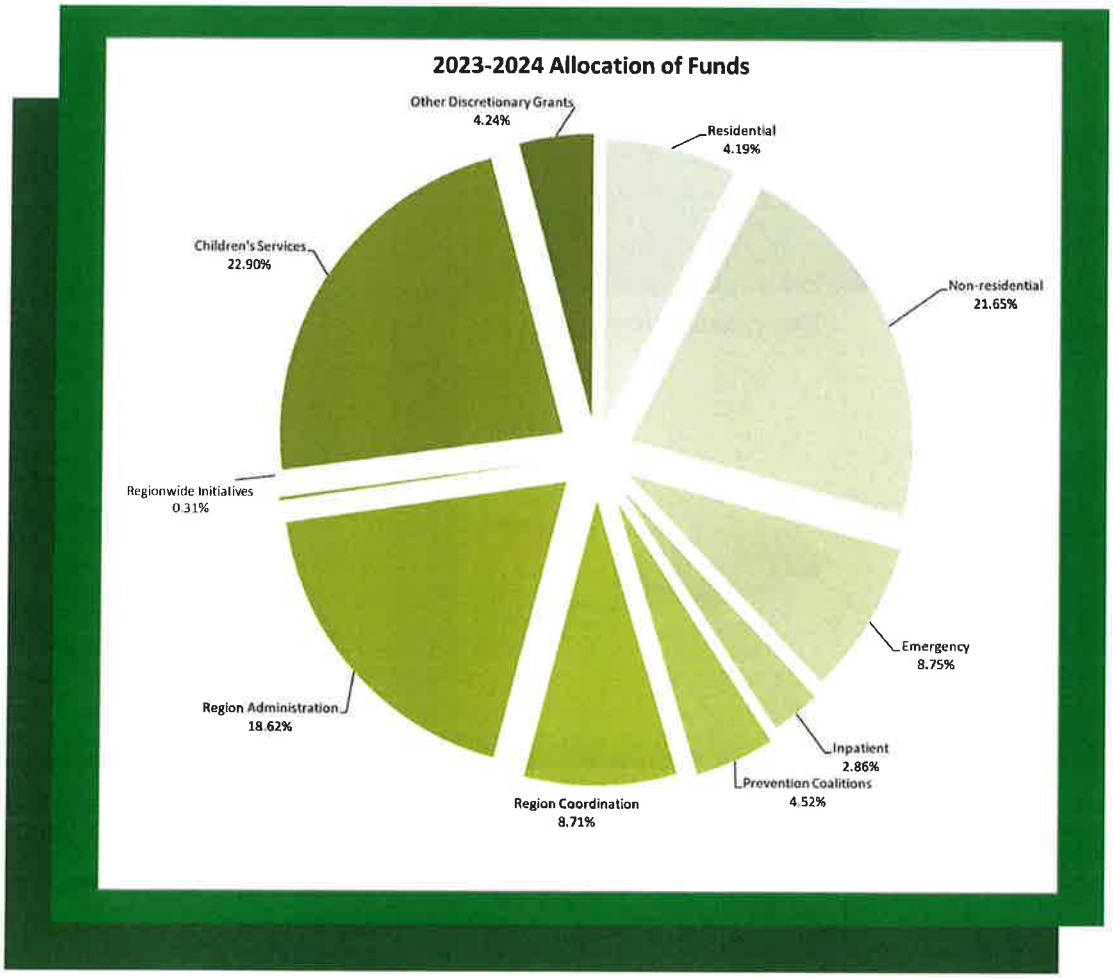
Future Goals for FY25

For FY26, the coordinator aim to secure commitment from all 11 counties to the Stepping Up Initiative, increase mental health and substance use services for incarcerated individuals. The coordinator plans to implement mental health and substance use screenings in county jails and pursue Crisis Intervention Training (CIT) and become an CIT Instructor. Continued efforts will focus on managing waitlists and addressing crisis service bed needs.

Region 1 Behavioral Health Authority

FISCAL

FY25

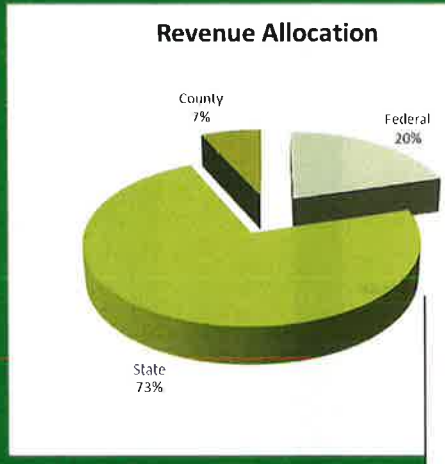


Residential	$382,599
Non-residential	$1,097,666
Emergency	$443,564
Inpatient	$144,960
Prevention Coalitions	$229,400
Region Coordination	$441,514
Region Administration	$944,055
Regionwide Initiatives	$10,000
Children's Services	$1,161,201
Other Discretionary Grants	$214,915
	$5,069,874

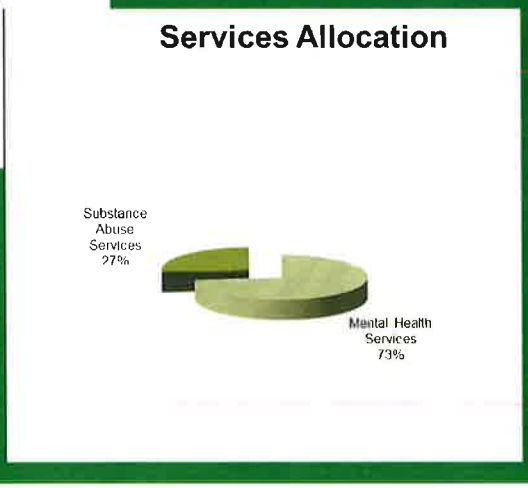
Region 1 Behavioral Health Authority

FISCAL

FY25



Federal $1,037,901.32
State $3,690,359.71
County $341,613.00



Fiscal Year 2024-2025 Source of Funds				
	STATE	FEDERAL	COUNTY	TOTAL
SERVICES				
1. Residential	$170,584	$212,015	$0	$382,599
2. Non-residential	$911,316	$186,351	$0	$1,097,666
3. Emergency	$421,564	$21,999	$0	$443,564
4. Inpatient	$144,960	$0	$0	$144,960
4. Prevention	-$373	$229,773	$0	$229,400
5. Region Coordination	$438,423	$3,091	$0	$441,514
7. Region Administration	$602,442	$0	$341,613	$944,055
8. Region wide Initiatives	$10,000	$0	$0	$10,000
9. Children's Services	$987,066	$174,135	$0	$1,161,201
10. Discretionary Grants	$4,379	$210,536	$0	$214,915
REGION 1 GRAND TOTAL	$3,690,360	$1,037,901	$341,613	$5,069,874

Region 1 Providers

Box Butte General Hospital
2101 Box Butte Ave
Alliance, NE 69301
308.762.6660
308.762.1923 (fax)
Services:
- Emergency Services

CAPWN
975 Crescent Drive
Gering, NE 69341
308.633.5766
308.633.9226 (fax)
Services:
- Outpatient Services
- Medicated Assisted Treatment

Cirrus House
1509 1st Ave
Scottsbluff, NE 69361
308.635.1488
308.635.7880 (fax)
Satellite Offices in Kimball, Sidney NE.
Services:
- Outpatient Services
- Case Management
- Emergency Services

CrossRoads Resources, LLC
104 West Third Street
Chadron, NE 69337
308.747.2054
308.747.2147 (fax)
Services:
- Mental Health Outpatient Services - Adult/Youth

ESU #13—Youth Only
4215 Avenue I
Scottsbluff, NE. 69361
308.635.3696
308.633.3752 (fax)
Services:
- Mental Health Outpatient Services - Youth Only

Human Services, Inc. – Adult Only
419 West 25th Street
Alliance, NE 69301
308.762.7177
308.762.6121 (fax)
Toll Free Number: 1.833.789.7177
Services:
- Short Term Residential-Substance Use
- Outpatient Substance Use - Adult
- Emergency Services

Independence Rising
1930 E. 20th Place Suite 200D,
Scottsbluff, NE 69361
308.633.7025
308.633.7026 (fax)
Services:
- Case Management

Inner Peace Holistic & Healing Center
229 Main Street
Chadron, NE 69337
602.673.7822
Davina.borges@holisticpeace.org
Services:
- Outpatient Services

Region 1 Providers

Karuna Counseling
731 Illinois Street
Sidney, NE 69162
308.249.7853
531.248.4687 (fax)

202 West 2nd
Chadron, NE 69337
308.235.5743
Services:
- Outpatient Services

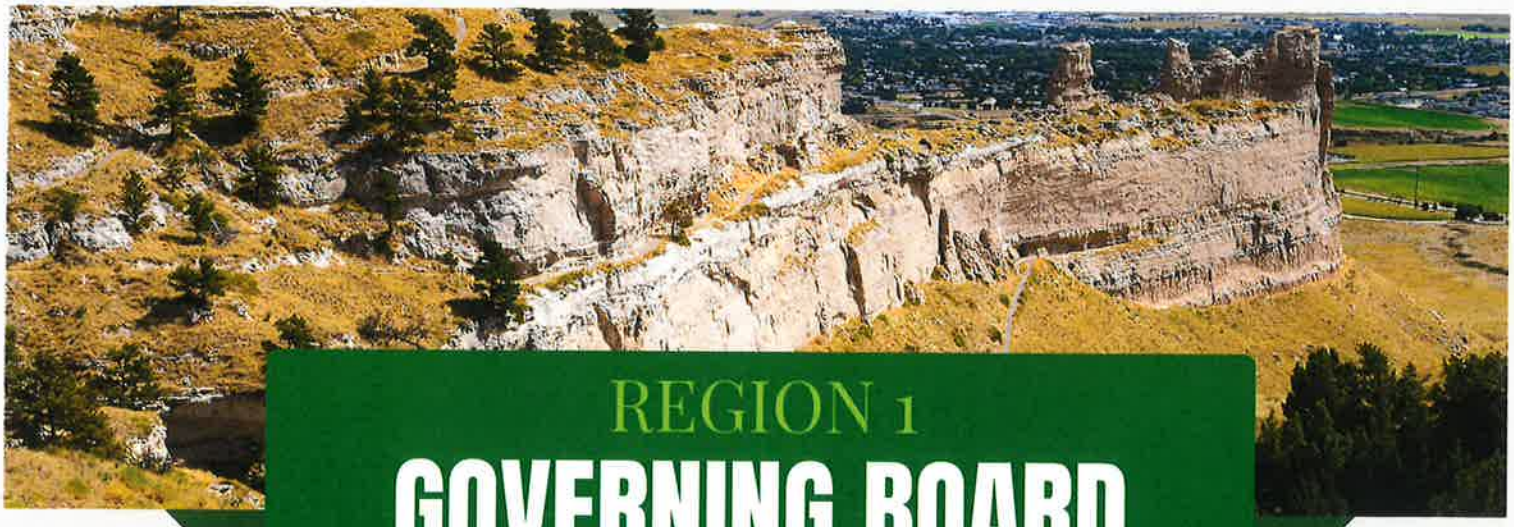
Nebraska Panhandle Counseling Center
112 S. Chestnut
Kimball, NE 69145
308.624.4237
Services:
- Outpatient Services
- Medicated Assisted Treatment
- Emergency Services

Mental Health
815 Flack Avenue
Alliance, NE 69301
308.225.6572
308.217.4277 (fax)
Satellite Office: Scottsbluff
Telehealth: Chadron, Kimball, Sidney
Services:
- Outpatient Services

Regional West Medical Center
4021 Avenue B
Scottsbluff, NE 69361
308.630.1268
308.630.1516 (fax)
Services:
- Emergency Services
- Acute Inpatient Hospitalization-Adult

Sandhills Center For Hope
212 Box Butte
Alliance, NE 69301
308.761.4226
Services:
- Outpatient Services

Western Community Health Resources
300 Shelton Street
Chadron, NE 69337
308.432.2747
308.432.5092 (fax)
Satellite Office in Alliance, NE.
Services:
- Outpatient Services
- Case Management
- Emergency Services



REGION 1
GOVERNING BOARD

Chair Susanna Batterman	Morrill County
Bruce Messersmith Secretary/Treasurer	Sheridan County
Darrell Johnson	Cheyenne County
Terry Krauter	Garden County
Ken Meyer	Scotts Bluff County
Hal Downer	Sioux County
Vice Chair Vic Rivera	Dawes County
Steve Burke	Box Butte County
Laif Anderson	Banner County
Rich Flores	Kimball County
William Klingman	Deuel County