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FY23 Annual Report

A Letter from Administration

Dear Colleagues,

We are pleased to present our FY2022 Annual Report that outlines the many priorities that we addressed during this challenging past year. Region 1's priorities remain to improve resilience, promote recovery, and support healthy communities.

The need for behavioral health services and supports has continued to grow throughout Western Nebraska. At Region 1 Behavioral Health Authority, we are committed to ensuring that youth, families, and adults have access to the services and supports that they need.

The roll out of Medicaid Expansion has allowed us the opportunity to really look at our system and identify needs and gaps for those we serve. Through this opportunity we have been able to start new services to meet the needs of those in our Region. Through strategic planning and community focus groups we have identified more services that we will be striving to start in the upcoming year.

Region 1 continues to provide solutions to the opioid abuse problem in our state through the State Opioid Response. This grant provides prevention and treatment activities in our Region. Prevention has been focused on opioid education, medication disposal, and Narcan disbursement and training. The State Opioid Response grant has brought Medications Assisted Treatment to our community for those with an opioid or amphetamine use disorder.

Region 1 continues to work on the Stepping Up initiative. This initiative focuses on reducing the number of individuals with mental illness and co-occurring disorders in jail, increasing connections to treatment, reducing length of time spent in jail, and reducing recidivism. This year through funding from Scotts Bluff County ARPA funding Region was able to assist with the development of a new program called Stride. This program provides peer support services to individuals who have had Law Enforcement contact and suffer from mental health issues or substance abuse issues. This program can connect people with much needed services and treatment to prevent them from being involved in the criminal justice system.

We would like to sincerely thank the Regional Governing Board and the Region 1 Advisory Committee for their leadership, dedication, and support. We are grateful for the Network Providers who are dedicated to providing quality, trauma-informed and recovery-focused services to effectively address the behavioral health needs of many individuals in our community. We appreciate our Prevention Coalitions for their leadership in promotion, prevention, and wellness activities that improve the overall health of their communities. We would also like to thank the Division of Behavioral Health for their continued partnership and our many system partners who continually share their expertise and resources. Finally, we would like to thank our dedicated and caring employees who work tirelessly to bring seamless services to the individuals in our Region. Region 1 employees strive daily to accomplish our mission **to provide quality behavioral health services for all residents of the panhandle through committed system leadership, networking, and collaboration resulting in recovery and resiliency.**



Holly Brandt

Regional Administrator



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. Stat. 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 6-11 members including consumers, concerned citizens, and representatives from other community systems in the Region.

Network Management

Region 1 Behavioral Health Authority (BHA) is the regional administrative entity responsible for the development and coordination of publicly funded behavioral health providers within the eleven counties of the Nebraska panhandle. During fiscal year 2023, Region 1 contracted with eleven network providers, two prevention coalitions, and also directly provided Professional Partner Program and, Crisis Response. The Region 1 Provider Network offers an array of behavioral health services to help in supporting and maintaining residents with either a mental health or substance use disorder. In addition, Region 1 collaborates with other state agencies, area schools, consumers, and their support systems to build a cohesive behavioral health system. Network Management activities focus on supporting and enhancing a recovery-oriented system of care with concentrations on trauma informed and co-occurring provisions of service. Region 1 BHA is also required to fulfill the following system coordination in the areas of prevention, disaster, youth, housing, consumer, and emergency services.



Who We Serve

"I hope the Region knows we value them as partners and we want to work with Region 1 to improve the system for them, our consumers and the entire state."

-Region 1 FY23 Stakeholder Survey

Region 1 funded 33 services in FY 23

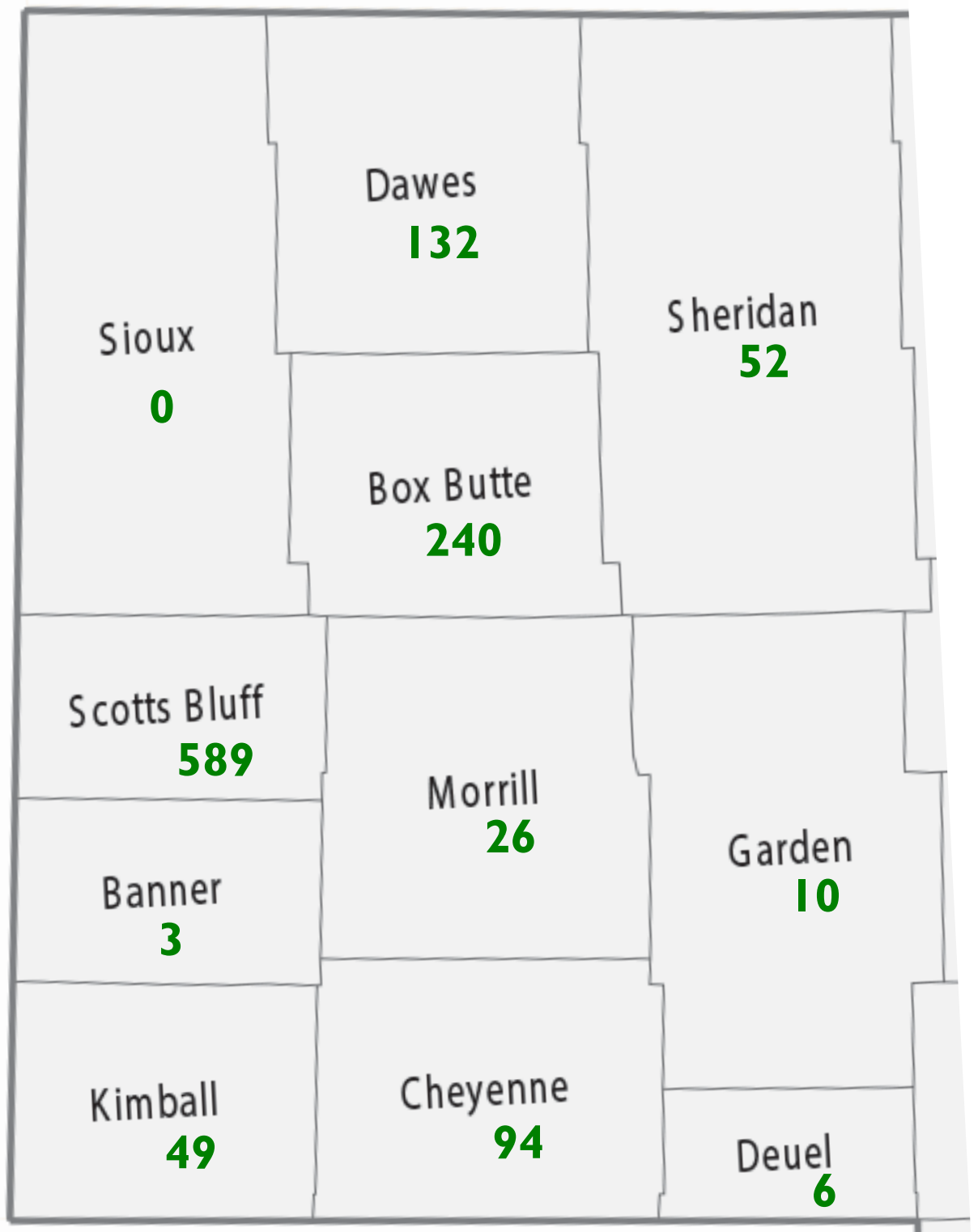
In FY 23, Region
1 served an
1,349
unique
consumers in
6,696
encounters

1,349 consumers were
admitted in 12,360
encounters

1,245 consumers were
discharged from 12,360
encounters

**Encounters are unique to each person in each service. Consumers enrolled in multiple services will have multiple encounters.*

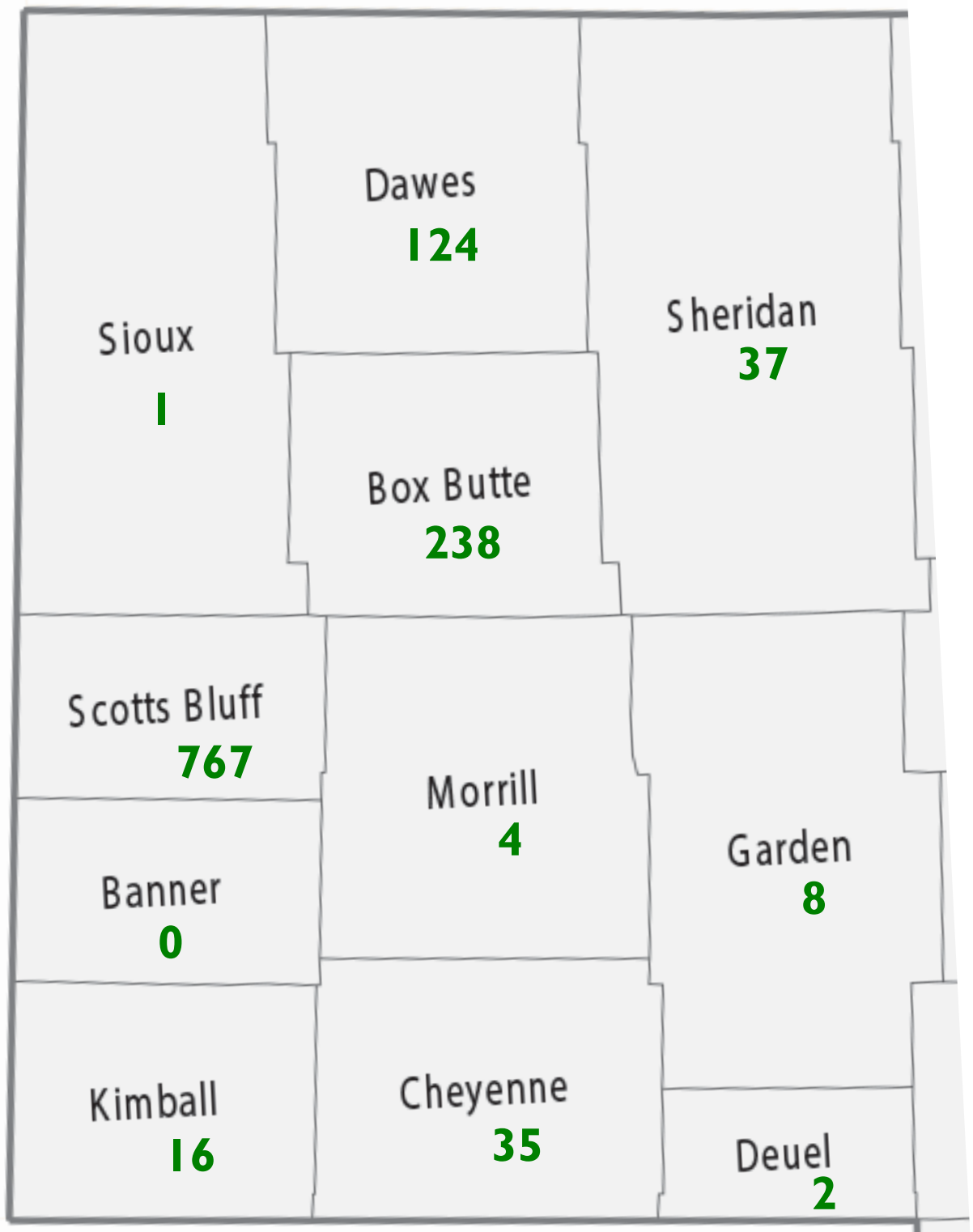
Consumers by County of Residence



36 out of Region

118 not available

Consumers by County of Admission



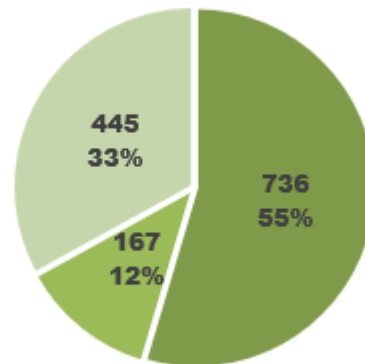
29 out of Region

88 not available

Who We Serve



Service Type



■ Mental Health ■ Substance Use ■ Unknown

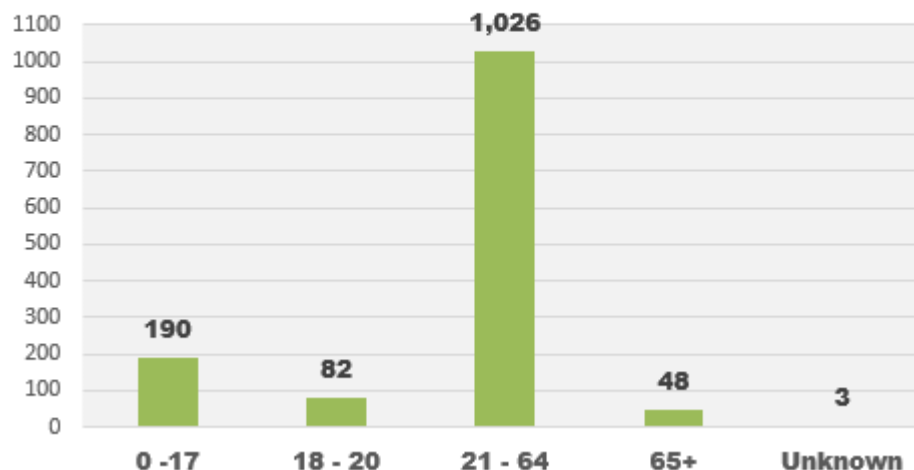
Gender

Sex	Total
Female	674
Male	665
Non-Binary	4
Transgender	5
Unknown	1

Race

American Indian/Alaska Native	158
Asian	0
Black/African American	21
Native Hawaiian/Other Pacific Islander	9
Not Available	91
Other	44
Two or More Races	11
White	1,015

Age of Consumers



Consumers By Service

Service Type	Total	Service Type2	Total2
24 Hour Crisis Line - MH	18	Medication Management - MH	103
24 Hour Crisis Line - SUD	89	Outpatient Therapy - MH Adult	102
Acute Inpatient	1	Outpatient Therapy - MH Youth	1
Assessment - MH	47	Outpatient Therapy - SUD Adult	56
Assessment - SUD	63	Outpatient Therapy - SUD Youth	1
Community Support - MH	60	Professional Partner	96
Community Support - SUD	10	Recovery Support - MH	81
Crisis Response - MH	322	Recovery Support - SUD	6
Crisis Response - SUD	44	Secure Residential R&B - MH	1
Crisis Response - Youth	7	Short Term Residential - SUD	16
Crisis Stabilization - MH	1	Social Detox - SUD	2
Crisis Stabilization - SUD	2	Supported Employment - MH	10
Day Rehab - MH	10	Supported Housing - MH	54
Day Support - MH	33	Supported Housing - MH Transitioning Youth	1
EPC	17	Supported Housing - SUD	10
Emergency Psychiatric Observation	2	Youth Transition Service - MH	29
Intensive Outpatient - SUD	12		

Prevention

Region 1's Prevention Program provides services prior to the onset of a substance use disorder and supports strategies that are intended to prevent the occurrence of a disorder or reduce risk for a disorder. Prevention also strives to optimize well-being through mental health promotion and mental illness prevention. Our objective is to ensure the creation of a cohesive and sustainable Prevention System that produces measurable outcomes in reducing substance abuse and its related issues. We work towards this by coordinating diverse funding streams and avoiding duplication of efforts.

Funding for our prevention efforts has come from three main sources. We have been the recipients of: Substance Abuse Prevention and Treatment Block Grant (SAPBG) from Substance Abuse Mental Health Services Administration (SAMHSA) via the Department of Health and Human Services (DHHS) Division of Behavioral Health Services (DBHS); Strategic Prevention Framework Partnership for Success grant (PFS) from SAMHSA via DHHS DBHS; and State Opioid Response Grant (SOR) from SAMHSA via DHHS Division of Behavioral Health. With our funding, Region 1 provides contract management to the coalitions who receive SAPT block grant, PFS, and SOR dollars. Additionally, we provide training opportunities to increase development, capacity, diversity, sustainability and improved outcomes for coalitions and other regional prevention efforts. In Region 1, we follow the Strategic Prevention Framework (SPF), working with local and regional community coalitions to explore assessment, capacity, planning, implementation, and evaluation, all with an eye on sustainability while being culturally informed and sensitive. We also provide technical assistance and coordination to coalitions and other prevention efforts as well as participate in coordination and collaboration of statewide prevention activities and initiatives and related systems.

Fiscal Year BG recipients included: Morrill County Prevention Coalition, Monument Prevention Coalition (serving Scotts Bluff County), and the Panhandle Prevention Coalition (serving the entire span of Region 1). PFS funding was awarded to Monument Prevention Coalition, and SOR prevention funding went to Panhandle Public Health Department.

Our PFS grant sits with Monument Prevention Coalition in support of the counties of Box Butte, Dawes, Scotts Bluff, Sheridan, and Sioux. These coalitions are working towards prevention efforts focused on eliminating alcohol and marijuana usage for 9-20 year olds in the

Prevention

Panhandle. Additionally, we have continued the State Opioid Response, which covers prevention through panhandle wide education efforts, as well as offering Medicated Assisted Treatment (MAT) in Scotts Bluff County. Through the SOR grant, Deterra Drug Deactivation Packets and prescription lock boxes have been distributed and Naloxone (Narcan) has been made available at no cost in pharmacies throughout the Panhandle.

On August 18th, 2023, the Prevention team invited Dr. Belau to meet with various stakeholders to discuss the integration of the LOSS Team in Sidney, NE. We collaborated with the local funeral home director and the county attorney to ensure a successful implementation of the project. Our team had a productive day that included a lunch and learn session with local counselors and clinicians. In addition, we held a community meeting where we shared information about the LOSS Team and recruited local volunteers to assist us.

Community scans are essential in Region 1 Prevention. This involves inspecting local CBD shops, mini-marts, and gas stations to identify readily accessible items. Unfortunately, our findings have been quite alarming. One disturbing aspect of these types of stores is that they sell products that haven't been approved by the FDA and are thus unregulated. What's even more unsettling is their marketing tactics, which seem to target our youth population. Region 1 Prevention is part of a policy work group seeking to modify the marketing and sales of specific products within our area.

Bringing Officer Jermaine Galloway, also known as the "Tall Cop," to speak to the community was a significant event for Region 1 Prevention in 2023. Officer Galloway, a nationally and internationally recognized presenter, is well known for his evolving drug trend trainings which he provides nationwide training to coalitions, law enforcement, educators, counselors, probation, treatment, judges, health professionals, specialty courts, school security and administrators, along with community members. Approximately 164 attendees gained valuable knowledge and insight from the presentation in Gering. Given the positive feedback, Region 1 Prevention looks forward to bringing more presentations to the area in the future.

★★★★★ Presents ★★★★★

An Educational Community Event!


National Presenter: Officer Jermaine Galloway

Tall Cop Says Stop

"High In Plain Sight:
Current Drug Trends"

Thursday, April 20th, 2023
9:00AM-4:00PM
Gering Civic Center
doors open at 8:30




REGISTER AT:
panhandlepartnership.com
\$30-includes meal



Tall Cop trains on various drug and alcohol trends including: vapes, underage drinking, synthetic drugs, marijuana, drug clothing, stash compartments and additional topics. Through his company, Tall Cop Says Stop™, he has trained more than 655,000 people and has conducted more than 8,400 community scans at various locations.

THIS PRESENTATION IS FOR EDUCATORS, LAW ENFORCEMENT, PROBATION OFFICERS, CORRECTIONS, SCHOOL ADMINISTRATION*, FIRST RESPONDERS, PREVENTION PROVIDERS, TREATMENT, COUNSELORS, NURSES AND PARENTS TO EDUCATE ON THE LATEST ALCOHOL AND DRUG TRENDS AFFECTING OUR YOUTH.

Questions: Kym Fries at 308-635-3173 Ext 2173 or kfries@region1bhs.net
Heather Brown at 308-635-3173 Ext 2724 or hbrown@region1bhs.net

Justice Systems

Justice Systems Coordinator position is in its first year at Region 1, (Started 12/05/2022). Justice Systems Coordinator works with Emergency and Justice related systems in the Region 1 service area. This position is responsible for the development of innovative programs that assist with keeping those with mental health and substance misuse issues out of hospitals and jails. The focus currently underway is the Stepping Up initiative developed by the National Association of Counties (NACo), which includes the STRIDE program through Independence Rising and Reentry Specialist through Scottsbluff County Jail.

Stepping Up is an ongoing National Initiative to Reduce the Number of People with Mental Illnesses in Jails. The National Association of Counties (NACo) announced a Call to Action for county leaders to demonstrate strong county and state leadership and a shared commitment to a multi-step planning process that can achieve concrete results for jails in counties of all sizes. As part of this Call to Action, county elected officials, when willing, pass a resolution and work with other leaders (e.g., the sheriff, judges, district attorney, treatment providers, and state and local policymakers), people with mental illnesses, their advocates, and other stakeholders to reduce the number of people with mental illnesses in jails.

Region 1 worked on the Stepping Up initiative for the panhandle counties for approximately one year prior to inviting panhandle leaders to a Sequential Intercept Mapping workshop in 2015. The workshop intended to identify local need and to initiate the commitment to Stepping Up in hopes of reducing the number of people with mental illness and co-occurring disorders flowing through our local criminal justice system. It is of great concern and the very reason for the Stepping Up initiative that persons with mental illness remain in jail longer and struggle more while in jail. They spend more time in solitary confinement or barred from participating in programming. This is a cost increase for county dollars supporting the detention facility and does little to nothing in addressing mental health concerns for the inmate.

The Stepping Up committee aims to meet quarterly to review progress of processes initiated by Region 1 in promoting the reduction of individuals with mental health and/or co-occurring disorders in jail. In the first quarter of 2023 the Stepping Up Committee met on 04/25/2023.

The panhandle has one new county that joined the National Association of Counties (NACo) Stepping up initiative this year.

Sheridan County (10/28/2019)

Scotts Bluff County (11/04/2019)

Banner County (01/16/2020)

Morrill County (NEW) (06/13/2023)

Justice Systems

Independence Rising:

Region 1 is working with Independence Rising and Law Enforcement to provide services to persons affected by mental health or co-occurring disorders prior to them going to jail. When possible, Law Enforcement refers lower-level offenders to Independence Rising who offers Peer Support by individuals who have personal experience with mental health or substance use disorders to individuals needing help to access community resources and/or need to schedule necessary appointments. Independence Rising is able to provide this service through a grant-funded program called STRIDE, which is free to consumers.

Reentry Specialist is a new position (Started on 07/01/2023) at the Scotts Bluff County Jail set up to assist inmates affected by mental health or co-occurring concerns to identify their needs and set up supports to meet their needs, both while they are in jail and up to three months after their release. Region 1 was able to use Stepping Up grant funds to provide the initial funding for the position, which is calculated to be sufficient to support the position of a part-time Reentry Specialist and required equipment for two years. In addition, Region1 Regional Administrator and Justice Systems Coordinator assisted the Scotts Bluff County Jail to implement the Reentry process by assisting in the interview/hiring process and developing the forms and data collection process necessary. The following forms were developed by the Justice Systems Coordinator at Region 1 and are utilized in the Reentry process:

Assessment –

Assessment identifies inmate need and starts the process of assistance and data collection.

Reentry Plan –

Reentry plan outlines the process of assistance for those inmates who have agreed to receive Reentry assistance. The Reentry Specialist will help the inmate identify community resources and/or help them set up necessary appointments for stabilization, which include, but are not limited to:

Court involvement/Court appearances

Medical/mental health/substance abuse appointments/treatment

Living arrangements

Benefits/finances

Employment

Follow up – (Updates up to 3 months after discharge) The offer of assistance continues up to three months post release and updates are collected on the following non-identifying information:

Demographics

Criminal history/Court

Medical/Substance misuse

Living situation

Supports

Justice Systems

Needs

Data Collection – (Sample form attached) – Statistical data collection for use in grant applications is collected through the reentry process regarding:

Client demographics

Criminal history

Mental health/Substance misuse history and diagnosis

Medication history

Education

Employment/Employment needs

Relationships (family/friends/community agencies)

Living situation history

Adverse Childhood Experiences (ACE's)

Justice Systems Coordinator provided training sessions to local agencies in an effort to promote awareness of Stepping UP initiative in hopes of reducing the number of people with mental health concerns in jail. Justice Systems Coordinator (JSC) met with Mediation West in February and April 2023 in hopes of working together to utilize mediation in a diversion process; JSC met with Scottsbluff PD in May to inform them of the Peer Support process available locally; JSC met with Scotts Bluff County Attorney's office and Probation in June 2023 in an effort to initiate a conversation about mental health diversion.

Justice Systems Coordinator (JSC) started a conversation with the Nebraska Department of Mental Health about what the JSC can do to promote the effort of reducing recidivism for people affected by mental health and/or substance abuse.

Justice Systems Coordinator attended training throughout the year related to the processes for Stepping UP which included Reentry Housing and Family Engagement in Collaborative Comprehensive Case Plans, Addictive Substances, Shortening the Length of Stay in Jail for People with Mental Health, NaCo County Strategies to Recruit and Retain Strong Behavioral Health Workforce, Relapse Prevention, Cultural Linguistic Responsiveness-Strategy to Achieve Health Equity, Reducing Jail Populations-Lowering Recidivism.

Emergency Management

Justice Systems Coordinator works closely with Emergency Management learning the processes of Crisis Response and the availability of mental health/co-occurring services across the state of Nebraska to help panhandle residents access necessary mental health and substance abuse treatments.

This includes:

Covering on-call to Crisis Response providers for two weeks of every month, 24/7.

Learning Emergency Management processes such as:

Nebraska Department of Health and Human Services Centralized Data System (CDS)

Justice Systems

Letters of Agreement (LOA), Plan for One, and other Department of Behavioral Health processes for Region assisted supports to consumers.

Accreditation compliance

Prepare and submit required data reports

Exploring avenues for access to Crisis Stabilization in the panhandle

Continuing capacity development related to "988".

Crisis/Emergency services development including opportunities to connect individuals for Psychiatric Emergency Observation, urgent care, open access appointments, same day services, etc.

Partner on strategies to improve system flow to and from all levels of care.

Participate in statewide emergency system coordination activities and other calls as scheduled by Department of Behavioral Health.

Participate in Behavioral Health Hearings as scheduled by the local Mental Health Board.

Educate and inform law enforcement agencies in the panhandle about the Crisis Response process.

Attend trainings regarding the Crisis Response process, Emergency Protective Custody process, and other trainings as appropriate to the Emergency Management process such as Cultural and Linguistic Responsiveness – A Strategy to Achieve Mental Health Equity, Tall Cop Presentation, Financial Eligibility Training, Mapping the Crisis Care: Alternatives to Emergency Departments, Flex Funds Training.

Disaster Coordination

A disaster emergency preparedness coordination program must remain progressive, moving an agency toward even better emergency preparedness. It requires careful planning, including clearly identifying long-term improvement goals and specific objectives. Region 1's disaster behavioral health promotes resilience and supporting rather than treating people. Our job is to normalize the reactions people are experiencing and educate them about common reactions and stress management. Region 1 continues to show strong resilience, coordination, consultation, collaboration and shared responsibility between individuals, agencies, and the community. Region 1 has continued to be active with local agencies, including but not limited to, Emergency Management, EMS departments, hospitals, and local health agencies. Being a part of tabletops and active in recurring meetings with these groups has enabled Region 1 to become an integrated part in all the behavioral health plans throughout the western Nebraska service area.

Meetings

Region 1 continues to attend meetings to ensure active participation with planning and providing resources on behavioral health services within the panhandle of Nebraska. Region 1 participates in meetings with community members and stakeholders including, but are not limited to, Panhandle Public Health District, Division of Behavioral Health, Panhandle Behavioral Medical Response System (PRMRS), Panhandle Planning, Exercise, Training (PET), are just a few of the organizations Region 1 has continued to work with closely.

Psychological First Aid Training

Region 1 in conjunction with Panhandle Public Health District (PPHD) was able to provide training for 4 people in Psychological First Aid. Region 1 currently has 12 Psychological First Aid trainers that may directly provide PFA. Region 1 also has 48 listed behavioral health volunteers.

Listed below is the following information for each Nebraska-model Psychological First Aid training sponsored or approved by your Region.

<u>Date</u>	<u>Location</u>	<u>Trainer (s)</u>	<u>Number of people trained</u>
5.10.23	Region 1 BHA	Michelle Fries Nichole Berosek Cheri Farris	4

Disaster Coordination

__12__ Number of Psychological First Aid trainers approved by your Region 1.

(These trainers may work directly for the Region, work for other agencies such as local public health departments or be independent counselors.

Disaster Behavioral Health Volunteers

List the number of behavioral health response volunteers:

_____ Professional behavioral health (Licensed or provisional license: Psychologists, LiMHPs, LMHPs, LADACs, LCSWs, MSWs)

__1__ Medical personnel with mental health role (psychiatrists and psychiatric nurses)

__47__ Non-licensed behavioral health volunteers (have taken psychological first aid, includes CSWs and CPCs)

__48__ **Total**

Disaster Response Activities

Region 1 was fortunate in FY 23 to not have any disaster response activities. Region 1 Disaster Coordinator continues to meet with local partners and maintained contact with Emergency Managers in the Panhandle in regard to disaster type events in their areas to offer support and resources, if needed.

Youth 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 Wrap-around.

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 Coordination

Professional Partner Program (PPP) utilizes a high fidelity Wraparound approach to coordinate services and supports for families who have children/adolescents with a serious emotional disturbance and to ensure that families have a voice, ownership, and access to a comprehensive, individualized support plan.

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

In FY23 PPP served 95 youth. Out of those 98 youth, 36 were Female and 62 were male. The average age served was 12.5 with an average length of stay being 19.3 months. There was a 21% average drop in indicators of recidivism. Counties served: Box Butte, Cheyenne, Dawes, Deuel, Garden, Kimball, Morrill, Scotts Bluff, and Sheridan.

County Served	Total
Box Butte	10
Cheyenne	11
Dawes	6
Deuel	4
Garden	13
Kimball	14
Morrill	3
Scotts Bluff	36
Sheridan	1

Youth Coordination

Youth Transition Services (YTS) uses the TIP Model (Transition to Independence Process) in working with transition age youth (16-18) to: 1) Engage young people through relationship development, person-centered planning, and a focus on their futures. 2) Tailor services and supports 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 persons' 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. Cirrus House and Chadron Community Hospital, dba Western Community Health Resources, provide YTS.

Youth Mental Health First Aid (YMHFA) Youth Mental Health First Aid is designed to teach parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers, and other caring citizens how to help an adolescent (age 12-18) who is experiencing a mental health or addictions challenge or is in crisis. YMHFA can now be offered both in person and on a virtual platform. In FY23, staff from Region 1 Behavioral Health Authority and Panhandle Public Health District were trained in YMHFA.

Youth Systems Youth Systems (previously known as Local Implementation Team) is a group of dedicated individuals working with youth and families with youth that experience behavioral health needs. This team meets quarterly to discuss training opportunities, continuing education needs/ needs of the group, SOC service touch-base, current trends, new services/ supports and staffing of high need cases.

Housing Coordination

Each of the six (6) Behavioral Health Regions in the State have a Supported Housing Program. Housing and Rental Transition Program or HART is the Region's housing program. The program is designed to help consumers that have a severe and persistent mental illness or substance dependency issues and are indigent or have extremely low incomes find and maintain safe, secure, and affordable housing. The program also serves two priority populations. People who were recently released from an inpatient Mental Health board commitment are Priority 1. Folks that are at risk of inpatient commitment in part due to their homeless situation are considered Priority 2. In Region 1, the majority of consumers served in the Supported Housing Program are Priority 2.

The HART program mirrors the section 8 programs that are offered in the 11 counties of the Region. The program is designed to allow for easy transition to other programs such as section 8 or Public Housing. HART allows consumers to be safely housed while they work on stability in other areas such as their mental health or substance abuse treatment and securing employment. Consumers that are receiving rental assistance through the HART program are required to have a Community Support or Emergency Community Support Worker to help them with case management. This allows them to have a person work with them to help manage their other needs that may prevent them from remaining housed. Case Management is an important part of the Supported Housing model as consumers do not have to manage the processes on their own.

Fiscal Year	Housing Funding	# of Consumers Served	Successfully Discharged
FY18	\$277,055	76	8
FY19	\$291,718	102	14
FY20	\$281,865	90	8
FY21	\$281,865	89	11
FY22	\$281,865	87	12
FY23	\$281,865	71	17

Consumer Specialist

Each of the six (6) Behavioral health authorities in the state have a Consumer Specialist to ensure the involvement and advocacy of consumers is a priority. The Consumer Specialist is tasked with encouraging consumers to advocate for themselves and take an active role in their treatment and services they receive.

The Consumer Specialist also represents their Region on the Office of Consumer Affairs People's Council to advocate for the consumers in their Regions as well as take information back to the consumers. This responsibility also allows the Consumer Specialist to support the Peer Specialist workforce. The work that is done by the council includes developing definitions and trainings for the Peer Specialist workforce, reviewing and advocating for change in policies and services, and also presents information to the Governor regarding the needs of the consumers.

In Fiscal year 23, the Consumer Specialist for Region 1 provided support as the Advisory Coalition continued to move forward. The Consumer Advisory Coalition will offer consumers of Behavioral health services the opportunity to have a voice and help drive some of the work the Region will be doing. The committee will be responsible for planning events during Mental Health Awareness month as well as helping to reduce the stigma of MH and SA in our area. The Consumer Advisory Coalition, as it is now named has three members. The focus moving into FY 24 will be on growing in membership and developing a work plan.

Being more consumer focused is always the goal of Region I Behavioral Health Authority. The consumer Specialist helps move that goal forward.

The Consumer Specialist plays a role in finding and promoting training opportunities for the Peer have the tools needed to be successful.

In Fiscal year 24, Consumer Advisory Coalition will continue to be a priority. There will also be continued work to support the current Peer workforce and evaluate opportunities for growth. Consumer voice and choice is essential to ensuring the system is manageable and consumer focused.

Emergency Coordination

Emergency System Coordination is designed to meet the needs of individuals experiencing a behavioral health crisis. Crisis services are an important part of a comprehensive system, providing a range of crisis services. Services include 24-hour crisis lines for mental health and substances use, emergency community support a case management service to assist those in a crisis to get connected with services, crisis response to provide at the moment crisis intervention with the goal of connecting a person to community-based services, emergency psychiatric observation is utilized to provide 23 hours and 59 minutes of observation to determine with the person can return to the community or if an admission to the hospital is needed, finally inpatient hospitalization which includes emergency protective custody (EPC). EPC is a legal term and is often the entryway into the emergency system. By utilizing crisis response 77% of the calls that law enforcement was involved avoided a hospitalization.

Nationwide implantation 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

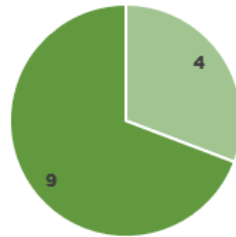
Area crisis response teams can be activated



Region 1 crisis response teams were activated to respond to seven (7) 988 calls from July 16, 2022- June 30, 2023

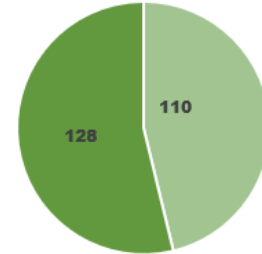
Emergency Coordination

Psych Observation



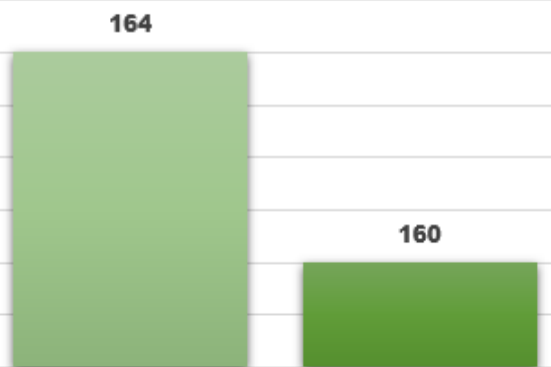
■ FY23 ■ FY22

24 Hour Crisis Lines MH & SUD



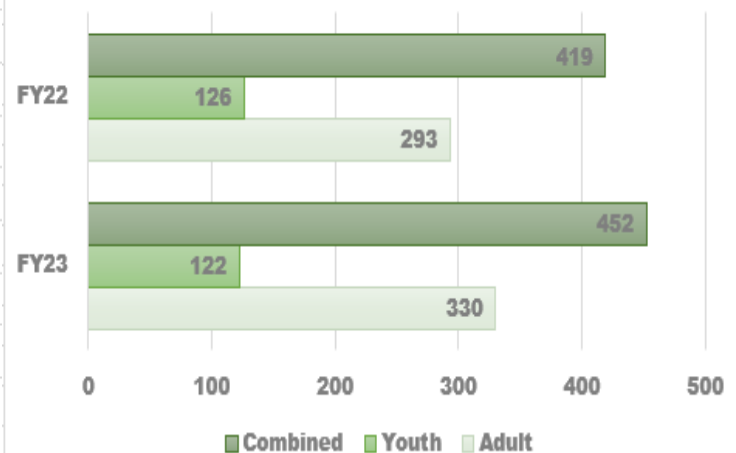
■ FY23 ■ FY22

Emergency Protective Custody Hold



■ FY23 ■ FY22

Crisis Response Calls

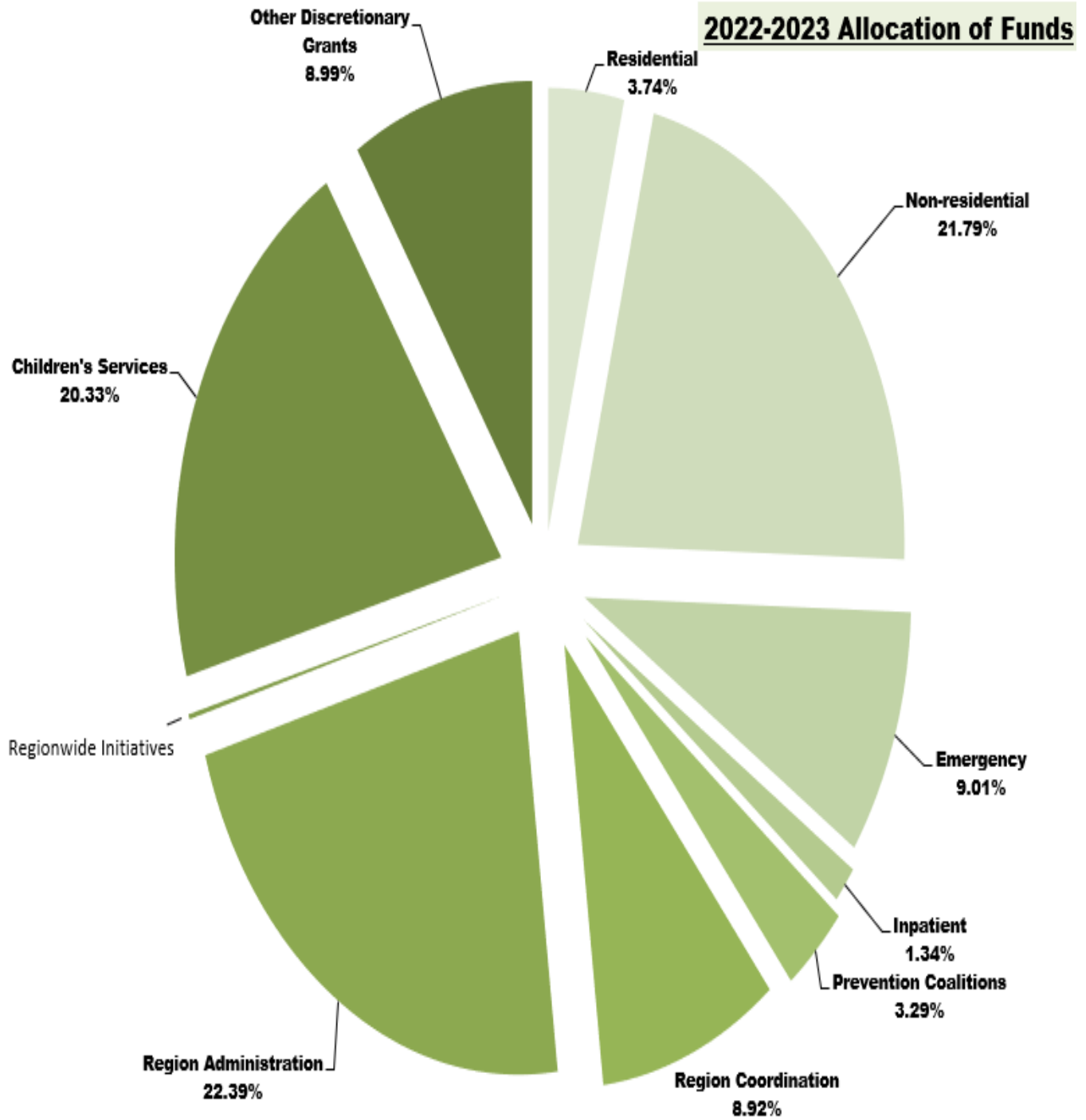


■ Combined ■ Youth ■ Adult

EPC's Diverted from hospitalization by the use of Crisis Response

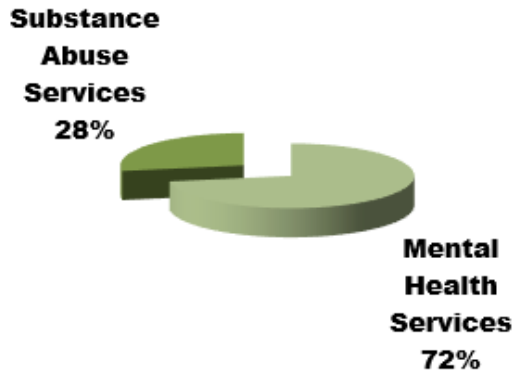


Fiscal

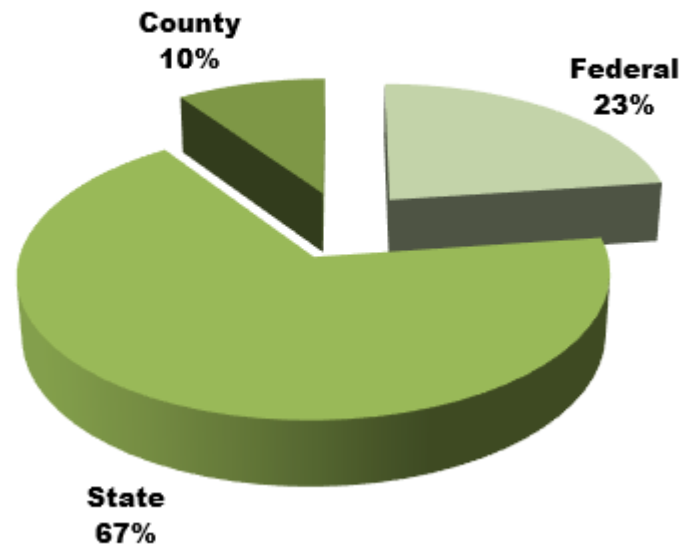


Fiscal

Services Allocation



Revenue Allocation



Fiscal Year 2022-2023 Source of Funds

	STATE	FEDERAL	COUNTY	TOTAL
SERVICES				
1. Residential	\$19,598	\$128,943	\$0	\$148,542
2. Non-residential	\$735,475	\$131,039	\$0	\$866,514
3. Emergency	\$356,080	\$2,057	\$0	\$358,138
4. Inpatient	\$53,360	\$0	\$0	\$53,360
4. Prevention	\$0	\$131,002	\$0	\$131,002
5. Region Coordination	\$354,787	\$0	\$0	\$354,787
7. Region Administration	\$508,507	\$0	\$381,803	\$890,310
8. Region wide Initiatives	\$7,265	\$0	\$0	\$7,265
9. Children's Services	\$645,368	\$163,004	\$0	\$808,372
10. Discretionary Grants	\$5,941	\$351,683	\$0	\$357,624
REGION 1 GRAND TOTAL	\$2,686,381	\$907,728	\$381,803	\$3,975,913

Providers

Box Butte General Hospital

Alliance

Crisis Response

Emergency Psych Observation

308-762-6660

Cirrus House

Scottsbluff

Assessment—MH & SU

Kimball

Community Support—MH & SU

Sidney

Day Rehabilitation

Day Support

308-635-1488

Emergency Community Support

Outpatient—MH Adult & Youth

Outpatient—SUD Adult & Youth

Recovery Support—MH & SU

Supported Employment

Youth Transition Services

Community Action Partnership of Western Nebraska

Scottsbluff

24-hour Crisis Line

Intensive Outpatient Therapy

308-635-3089

Mental Health Outpatient—Adult & Youth

Medication Management

Substance Use Outpatient

Medicated Assisted Treatment

Assessment—MH & SU

Substance Use Outpatient—Adult & Youth

CrossRoads Resources

Chadron

Mental Health Outpatient—Adult & Youth

Gordon

Assessment—MH

308-432-3920

Providers

Human Services, INC.

Alliance

24-hour Crisis Line

Community Support

308-762-7177

Intensive Outpatient

Short Term Residential

Substance Use Outpatient

Crisis Assessment—SU

Independence Rising

Scottsbluff

Peer Support

308-633-4025

Karuna Counselling

Sidney

Mental Health Outpatient—Adult & Youth

Substance Use Outpatient—Adult & Youth

Assessment—MH & SU

308-249-7853

Mental Health Alliance

Alliance

Medication Management

Chadron

Mental Health Outpatient—Adult & Youth

Kimball

Assessments—MH & SU

Scottsbluff

Sidney

308-225-6572

Providers

Regional West Medical Center

Scottsbluff

Acute Inpatient

Emergency Protective Custody

308-630-1268

Inpatient Post Commitment

Sub-Acute Inpatient

Region 1 Behavioral Health Authority

Chadron

HART Housing

Scottsbluff

Professional Partner Program

Sidney

308-635-3173

Western Community Health Resources

Alliance

Community Support—MH

Chadron

Crisis Response

Emergency Community Support

308-432-2747

Supported Employment

Youth Transition Services

Recovery Support—MH & SU

Governing Board

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

