

Region 1

Behavioral Health Authority



2024 ANNUAL REPORT






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A letter from **Administration**



Dear Colleagues,

We are pleased to present our FY2024 Annual Report, highlighting the priorities we addressed this past year. Region 1 remains focused on improving resilience, promoting recovery, and supporting healthy communities.

The demand for behavioral health services continues to grow throughout Western Nebraska. At Region 1 Behavioral Health Authority, we are dedicated to ensuring that youth, families, and adults have access to the necessary services and support.

In June 2023, Opioid Settlement funds were released to the Regions. Region 1 and Panhandle Public Health District partnered to hold strategic planning sessions with community stakeholders to identify needs and gaps in our system for opioid prevention, treatment, and harm reduction. Four priority areas were identified: Crisis Stabilization, Detox, Restorative Justice, and Justice Programs. In May 2024, the grant process went live, and Region 1 awarded funding to five agencies: Scotts Bluff County Detention Center, Legal Aid of Nebraska, Mediation West, NJJA, and Lutheran Family Services.

Region 1 continues to prioritize the Stepping Up initiative, which aims to reduce the number of individuals with mental illness and co-occurring disorders in jail, increase connections to treatment, reduce the length of time spent in jail, and reduce recidivism. Currently, Region 1 has the Stride program and the Scotts Bluff County Re-Entry program under this initiative. In 2024, we were awarded a grant to conduct a Sequential Intercept Mapping exercise in Box Butte County, scheduled for 2025.

During FY23, Region 1 expanded our Network by adding four new providers, reflecting our commitment to enhancing and broadening the services available in our area. A major focus for FY24 has been the introduction of Crisis Stabilization services to our community. We have collaborated with several local agencies and are actively planning and working towards integrating this essential service into our offerings.

We sincerely thank the Regional Governing Board and the Region 1 Advisory Committee for their leadership, dedication, and continued support. We are grateful to our Network Providers for delivering quality, trauma-informed, and recovery-focused services to address the behavioral health needs of our community. We appreciate our Prevention Coalitions for their leadership in promoting wellness activities that improve overall community health. We also thank the Division of Behavioral Health for their continued partnership and our many system partners for sharing their expertise and resources. Finally, we extend our gratitude to our dedicated employees who work tirelessly to provide seamless services to individuals in our Region. Region 1 employees strive daily to fulfill our mission of providing quality behavioral health services through committed system leadership, networking, and collaboration, resulting in recovery and resilience.

Sincerely,

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 11-20 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 2024, Region 1 contracted with fourteen network providers, three 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

“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 35 services in FY24



In FY24, Region 1 served 898 unique consumers in 6180 encounters

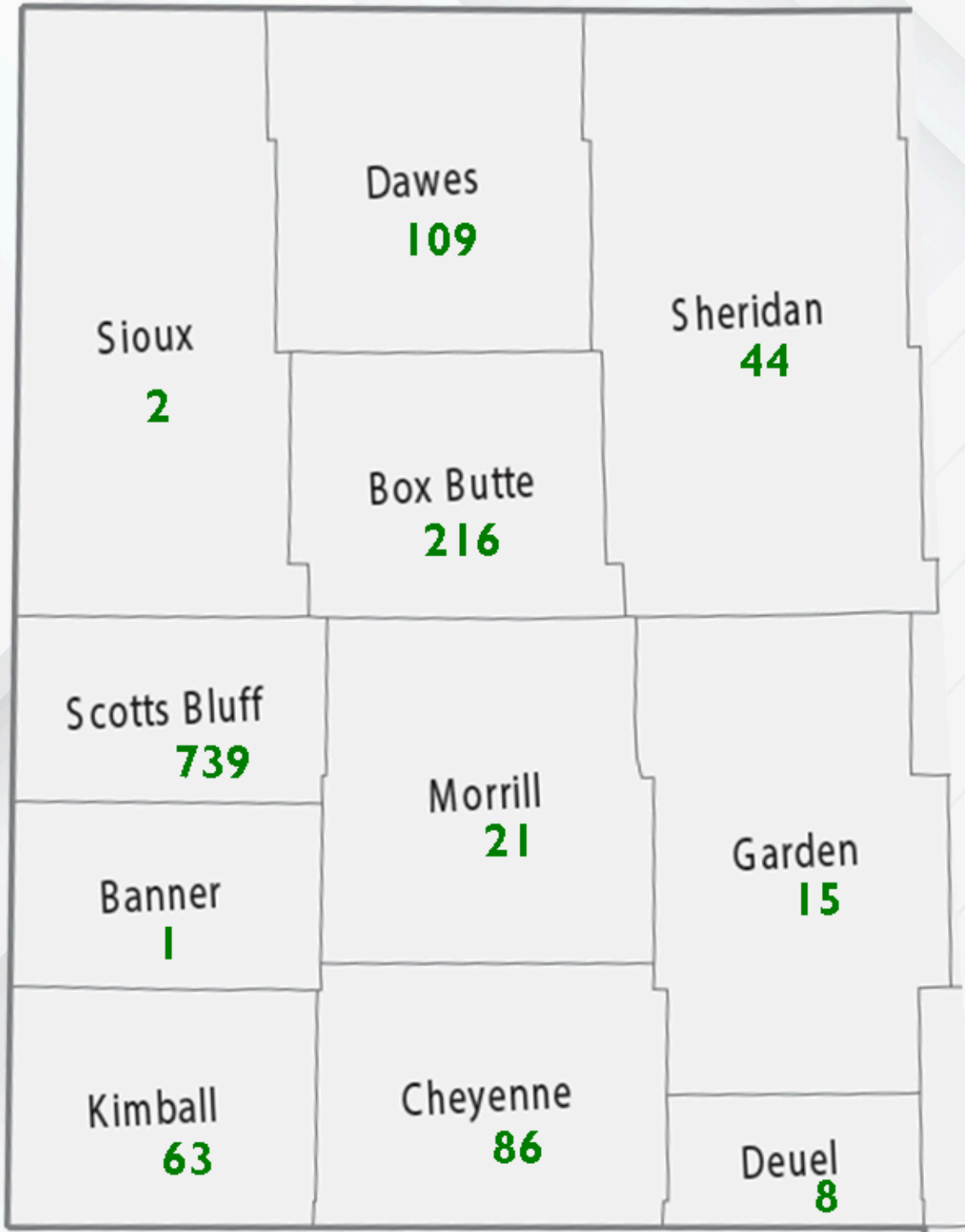


In FY24, of the 6180 encounters 1395 were new admissions



In FY24, of the 6180 encounters 1394 were discharged

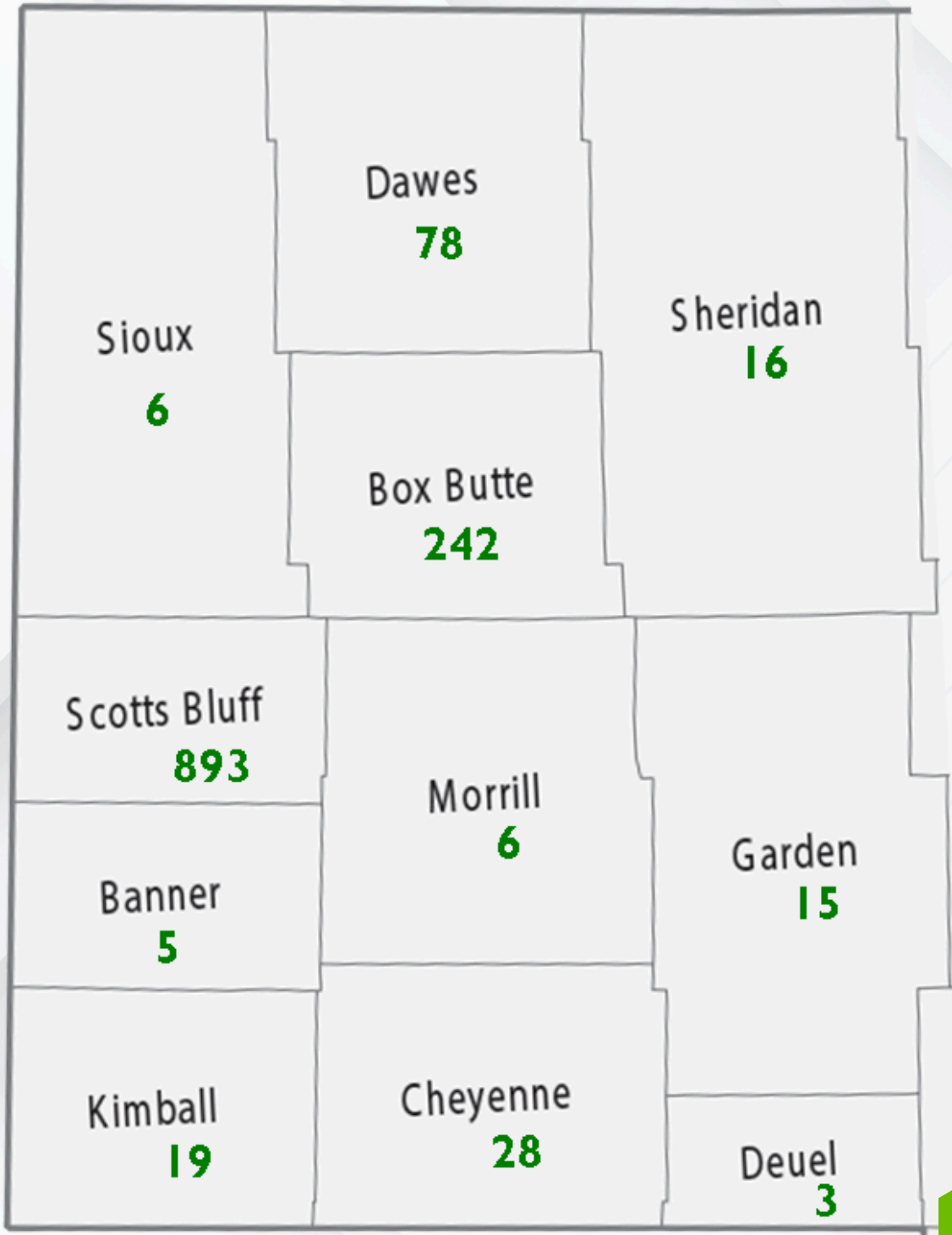
CONSUMERS BY COUNTY OF *Residence*



**35 out of Region
55 not Available**



CONSUMERS BY COUNTY OF *Admission*

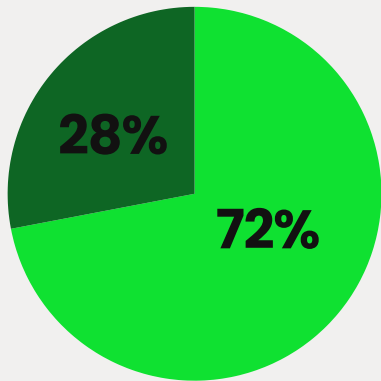


**39 out of Region
54 not Available**

WHO WE Serve

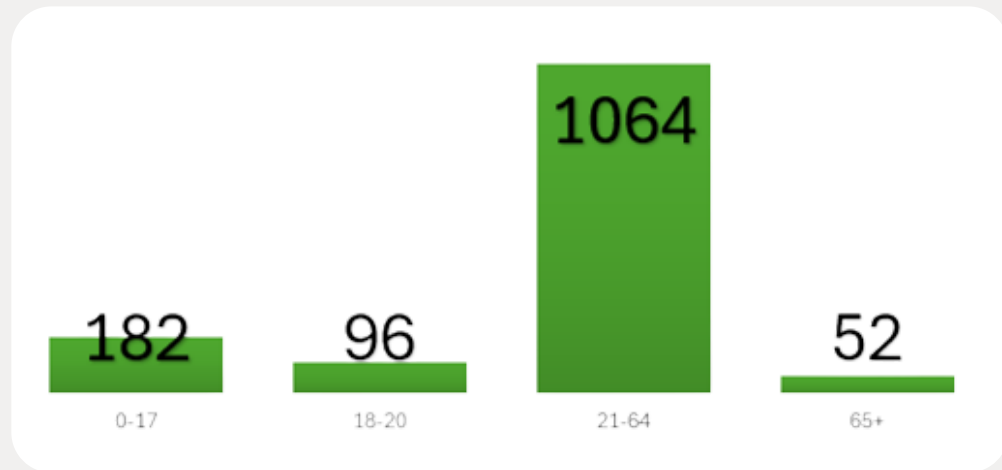


Service Type

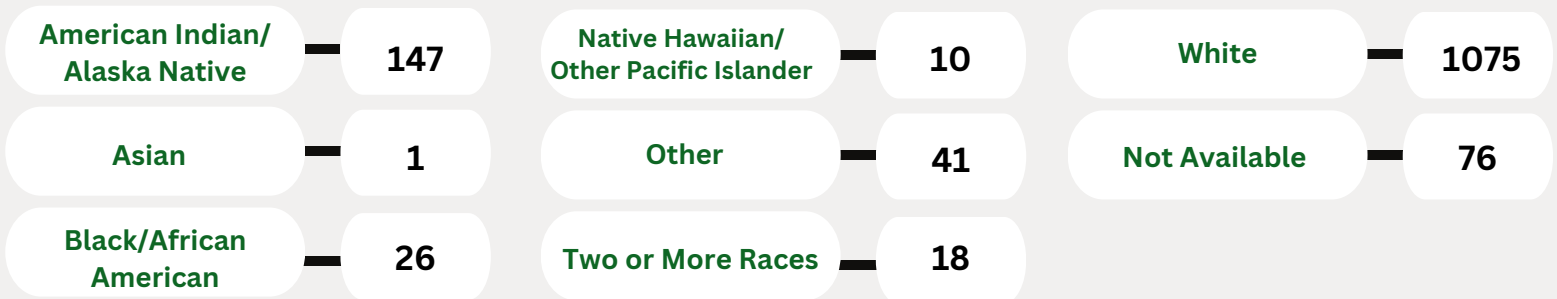


■ Mental Health
 ■ Substance Use

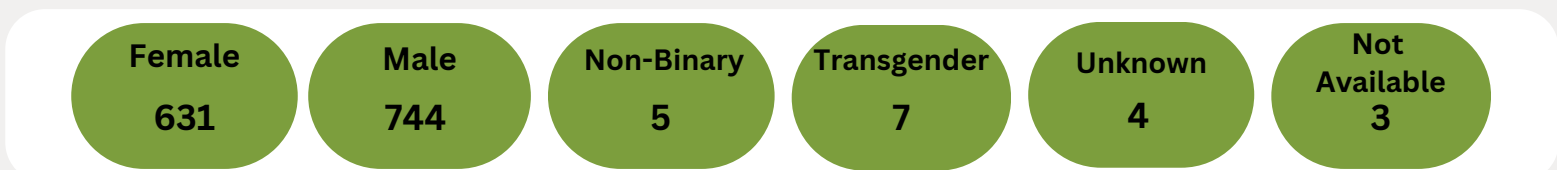
Age of Consumers



Race



Gender



CONSUMERS BY SERVICE

24 Hour Crisis Line

→ 84

Acute Inpatient Hospitalization

→ 2

Community Support

→ 6

Crisis Response

→ 420

Crisis Stabilization

→ 10

Day Rehab

→ 1

Day Support

→ 8

Dual Disorder Residential

→ 2

Emergency Community Support-MH/SUD

→ 93

Emergency Protective Custody - MH

→ 129

Emergency Psychiatric Observation - MH

→ 3

Halfway House - SUD

→ 3

Inpatient Post Commitment Treatment Days - MH

→ 1

Intensive Outpatient-SUD

→ 22

Medication Management

→ 135

Mental Health Assessments

→ 56

Outpatient MH

→ 74

Outpatient SUD

→ 90

Peer Support

→ 2

Professional Partner Program

→ 122

Secure Residential-MH

→ 1

Short Term Residential SUD

→ 25

Social Detoxification-SUD

→ 5

Sub-acute Inpatient Hospitalization - MH

→ 3

Substance Use Assessments

→ 93

Supported Employment

→ 2

Supported Housing

→ 58

Recovery Support

→ 40

YTS

→ 30

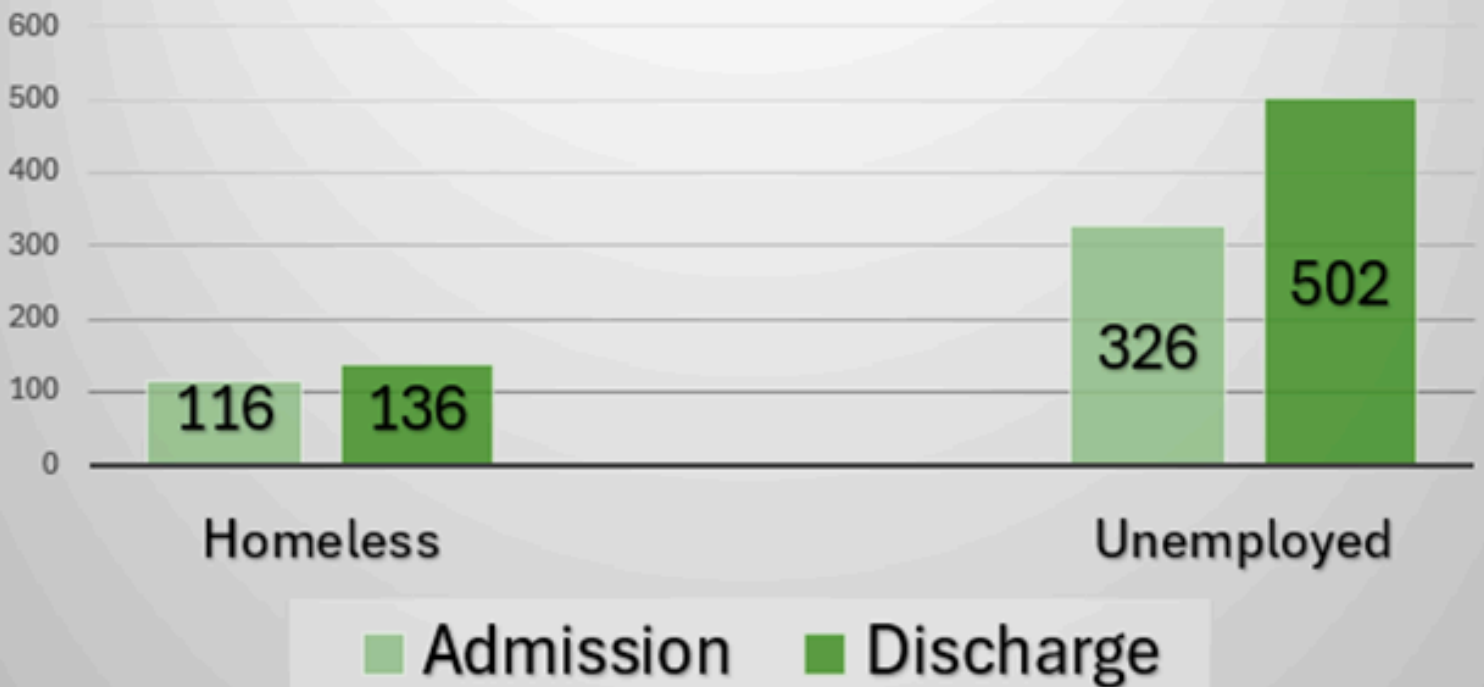
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OUTCOMES

Region 1 Core Values

- Respect for the uniqueness and cultural differences of consumers and stakeholders.
- Excellence in the quality of our administration and services.
- Sustainability through good stewardship of our resources.
- Partnering with consumers, organizations, and agencies.
- Encourage healthy life choices.
- Commitment to our standard of excellence.
- Teamwork and collaboration both internally and externally.

FY24 Homelessness & Unemployment at Admission and Discharge



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. CDC Suicide Grant from University of Nebraska Public Policy Center.

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 Panhandle Prevention Coalition.



These coalitions are working towards prevention efforts focused on eliminating alcohol and marijuana usage as well as suicide prevention for ages 18-24 with a focus on Native Americans. SOR prevention funding went to Panhandle Public Health Department. Medicated Assisted Treatment (MAT) in Scotts Bluff County. Through the SOR grant, Detera 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.

We were awarded a CDC Suicide Prevention Grant. With that funding we purchased 1500 Gun Safe Cable Locks. The other part of our funding will go towards presenting an AMSR Training course for our providers with a stipend for participating.

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.

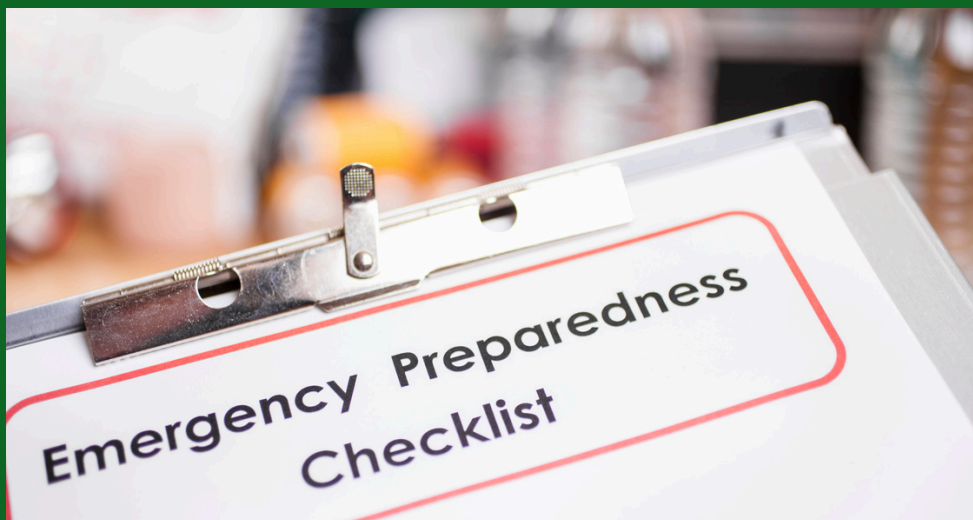


DISASTER COORDINATION

A disaster emergency preparedness coordination program must remain progressive, continually advancing Region 1 BHA toward enhanced emergency readiness. Effective preparedness requires meticulous planning, including the clear identification of long-term improvement goals and actionable objectives. Region 1's disaster behavioral health initiatives emphasize fostering resilience and supporting individuals rather than providing clinical treatment. Our mission is to help normalize the natural reactions people experience during crises and educate them about common responses and stress management techniques.

Region 1 consistently demonstrates strong resilience and fosters coordination, consultation, collaboration, and shared responsibility among individuals, agencies, and the community. We actively engage with local partners, including Emergency Management, EMS departments, hospitals, and local health agencies.

Through participation in tabletop exercises and regular meetings with these groups, Region 1 has successfully integrated into behavioral health plans across the western Nebraska service area. This collaborative approach ensures our region is well-prepared to address the behavioral health needs of the community in times of crisis.



Disaster Coordination

Key Components of Disaster Coordination

◆ **Planning and Preparedness:**

- **Risk Assessment:** Identifying potential hazards and vulnerabilities within Region 1.
- **Emergency Plan:** Developing comprehensive plans, Continuity of Operations Plan (COOP) and Region 1 All Hazards Disaster Plan that outline roles, responsibilities, and procedures for responding to various types of disasters.
- **Training and Exercises:** Conducting regular training sessions and simulation exercises to ensure all Region 1 employees are prepared.

◆ **Response and Recovery:**

- **Recovery Efforts:** Planning and implementing long-term recovery strategies to restore normalcy and rebuild the community.

◆ **Behavioral Health Support:**

- **Psychological First Aid:** Providing immediate emotional support to disaster survivors.
- **Stress Management:** Educating the community about common stress reactions and coping mechanisms.

◆ **Communication and Information Sharing:**

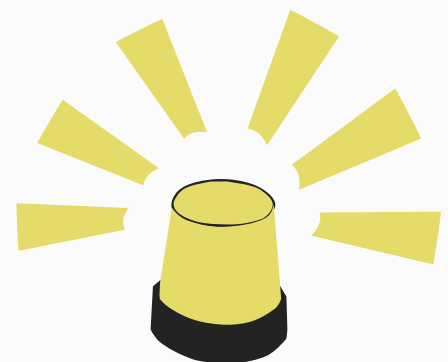
- **Information Dissemination:** Ensuring timely and accurate information is shared with the public and among agencies.

◆ **Resource Management:**

- **Mutual Aid Agreements:** Establishing agreements with neighboring regions or organizations to share resources and support during emergencies.

◆ **Collaboration and Partnerships:**

- **Interagency Collaboration:** Working closely with various agencies, including emergency management, public health, law enforcement, and non-governmental organizations.
- **Community Involvement:** Engaging community members and local businesses in preparedness activities and response efforts.



Importance of Disaster Coordination

Effective disaster coordination ensures a timely and organized response, minimizes the impact of disasters, and facilitates a quicker recovery. It promotes resilience by preparing communities to handle emergencies and bounce back stronger.

Disaster Coordination

DISASTER EMERGENCY PREPAREDNESS COORDINATION PROGRAM

- **Progressive Approach:** The program aims for continuous improvement in emergency preparedness through careful planning and setting long-term goals and objectives.
- **Behavioral Health Focus:** Emphasizes resilience and support, normalizing reactions to stress and educating stress management.

ACTIVITIES AND COLLABORATIONS

- **Strong Coordination:** Region 1 shows strong resilience, coordination, consultation, collaboration, and shared responsibility among individuals, agencies, and the community.
- **Active Participation:** Engages with local agencies such as Emergency Management, EMS departments, hospitals, and local health agencies through tabletop exercises and recurring meetings.

MEETINGS AND CONFERENCES

- **Disaster Behavioral Health Coordinators Meeting:** Quarterly, virtual, with 6-8 participants.
- **Panhandle PET Meetings:** Quarterly, virtual and in-person, with 1-2 participants.
- **PRMRS Meetings:** Quarterly, virtual and in-person, with 1-2 participants.
- **Great Plains Disaster Behavioral Health Conference:** Held on July 25, 2024, both virtual and in-person.
- **Community Organization Active in Disaster (COAD):** Quarterly or as scheduled, in-person and virtual.
- **United States Secret Service Virtual Webinar:** Held on February 5, 2024, focused on mass attack prevention.
- **Region VII Disaster Health Response Ecosystem Virtual Webinar:** Held on May 28, 2024, focused on the opioid epidemic.

DISASTER RESPONSE ACTIVITIES

- **No Disaster Response in FY 24:** Region 1 did not have any disaster response activities but maintained readiness and coordination with local partners.

This comprehensive approach ensures that Region 1 remains well-prepared and seamlessly integrated into the broader emergency preparedness and behavioral health landscape throughout western Nebraska.



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

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.

Engages in activities that promote quality improvement by participating in statewide youth system coordination and providing technical assistance and as appropriate to providers to increase the ability to incorporate system of care principles into their practices.

Coordinates activities and collaborate with community-based partners to ensure that children and youth with behavioral health disorders receive the most appropriate services located within their community whenever possible.

Works with providers on co-occurring capability of youth services so families receive an integrated treatment approach.

Youth COORDINATION



Our Initiatives



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 FY24 PPP served 122 youth. Out of those 122 youth, 47 were Female and 74 were male. The average age served was 11.9 with an average length of stay being 15.6 months. There was a 16% average drop in indicators of recidivism. Counties served: Box Butte, Cheyenne, Dawes, Deuel, Garden, Kimball, Morrill, Scotts Bluff, and Sheridan.

Number of Youth Served	County Served
8	Box Butte
25	Cheyenne
0	Dawes
6	Deuel
13	Garden
22	Kimball
3	Morrill
44	Scotts Bluff
1	Sheridan

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.

Dear Allison (PPP),

"A thousand words of thanks would not ever be enough to express our gratitude for your time, support, work, efforts, smiles and encouragement....."

PPP Consumer & Parent



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 education support staff on the Landlord Mitigation Process.

Housing Coordination

Fiscal Year 24 Data

Consumers Served: 58 (down from 71 in FY 23).

Applications Received: 48, with 20 housed, 12 unused vouchers and 16 removed.

One-time Requests: 23 (same as FY 23).

Mental Health Consumers: 40 (down from 59 in FY 23).

Substance Abuse Consumers: 18 (up from 11 in FY 23).

Youth Mental Health Consumers: 0 (down from 1 in FY 23).

Discharges: 18 total, with 9 for non-compliance, 2 self-sufficient, 5 to Section 8, 1 due to death, and 1 to jail.

Current Consumers: 12 Mental Health and 5 Substance Abuse

Observations

- **Decrease in Overall Consumers Served:** There was a notable decrease 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 25.

CONSUMER SPECIALIST

KEY ACTIVITIES

Consumer Advisory Coalition

- The coalition, currently with three members, meets via Zoom to encourage broader participation.
 - Focused on recruiting new members and redesigning the application process.
 - 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.

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 and network providers 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.

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 and linking them to community-based resources.

04. EMERGENCY PSYCHIATRIC OBSERVATION

Offering up to 23 hours and 59 minutes of observation to 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 often used as an entry point into the emergency system, ensuring that individuals receive appropriate care. We offer voluntary acute hospitalization for those that do not require an EPC.

06. REGIONAL CENTER CONSUMERS

We coordinate services with Regional Center staff for Region 1 consumers who are court-ordered or committed by a mental health board prior to discharge.

EMERGENCY COORDINATION

IMPACT OF CRISIS RESPONSE

Our crisis response efforts have proven effective, with data indicating that 78% of law enforcement-involved calls resulted in avoiding hospitalization. This statistic highlights the effectiveness of our services in providing immediate support and intervention.

NATIONWIDE IMPLEMENTATION OF 988

Nationwide Implementation of 988

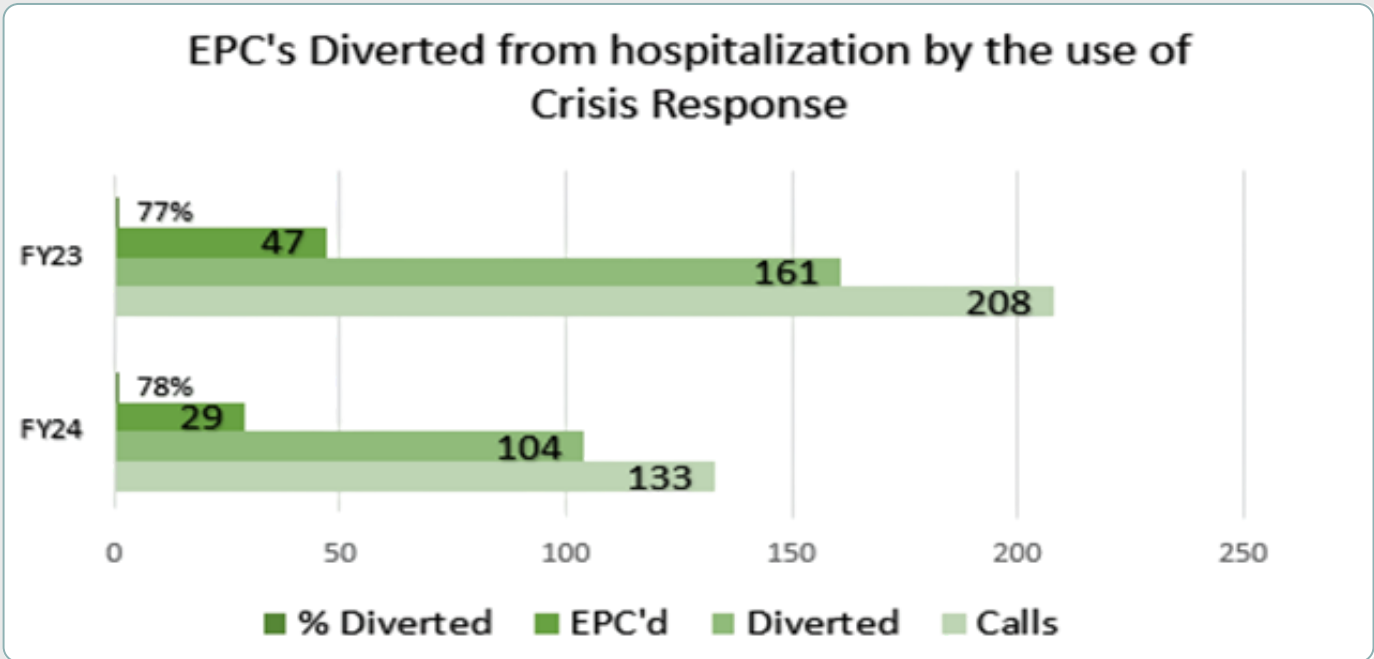
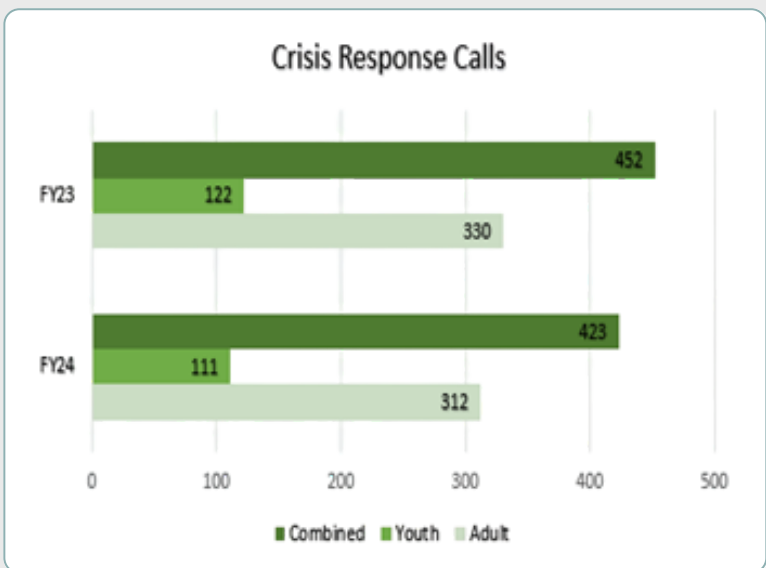
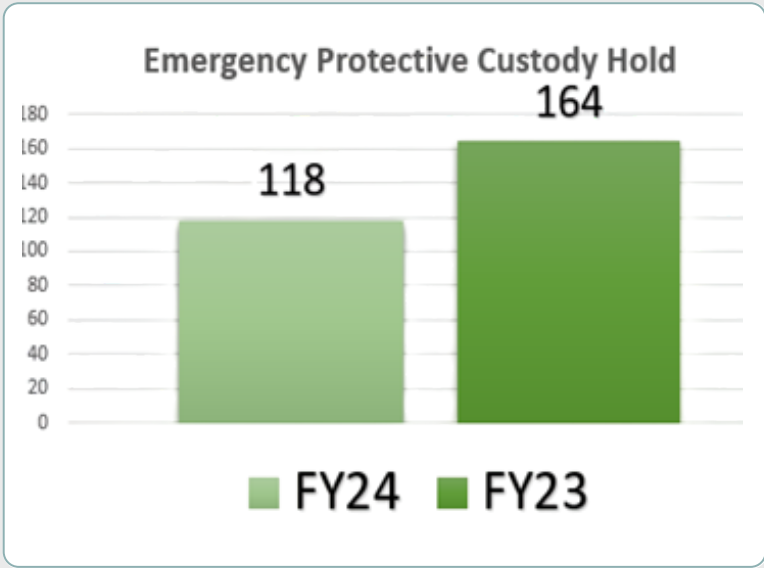
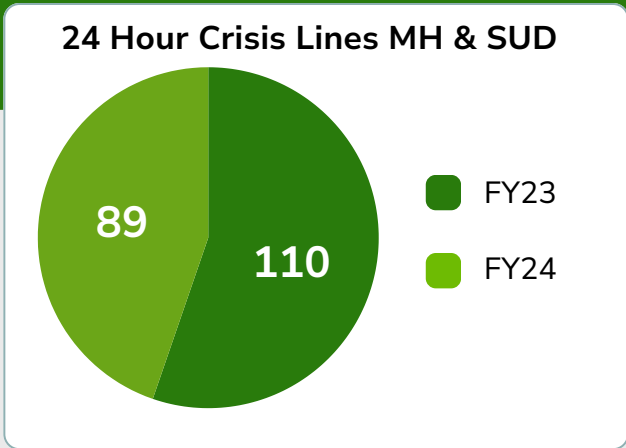
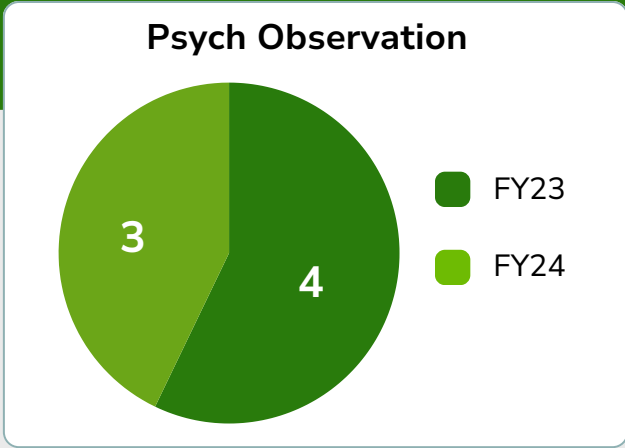
In alignment with national efforts, we are committed to improving the statewide 988 system. Our Emergency System is actively involved in the planning process to enhance the crisis response framework across Nebraska.

During the fiscal year from July 1, 2023, to June 30, 2024, the crisis response teams in Region 1 were activated to respond to 14 988 calls. This marks a significant increase from 7 calls in the previous fiscal year, reflecting growing community awareness and utilization of crisis services.

Conclusion

The Emergency System Coordination continues to evolve, focusing on enhancing our crisis response capabilities and ensuring that individuals in crisis receive the care they need. Through ongoing collaboration and dedicated service, we strive to improve outcomes for those experiencing behavioral health crises in our community.

Emergency Coordination



JUSTICE COORDINATION

Justice Systems Coordinator Overview – November 2023 to December 2024

In November 2023, the Justice Systems Coordinator role transitioned to a new staff member, who 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 and obtained resolutions from 3 additional counties displaying their commitment to the initiative.

Efforts include establishing consistent data collection and addressing barriers related to mental health and substance use evaluations in detention centers. The Re-Entry Specialist position, also funded by the Stepping Up Initiative, experienced staff turnover but is now focused on reestablishing data collection and providing services. A provider has been identified to offer Region-funded services to those incarcerated, and referrals have started. 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. In January 2024, the coordinator worked to address referral process barriers and created a brochure and simplified referral method for law enforcement. Changes are currently being communicated to law enforcement agencies.

JUSTICE COORDINATION

Justice Partners and Regional Collaboration

The coordinator met with various justice partners, including law enforcement, fire personnel, 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. New partnerships were formed with the Nebraska Department of Labor reentry program and the DOVES program. 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.

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 grant writing, Psychological First Aid, and Mental Health First Aid, and attended the Nebraska Juvenile Justice Association Conference. Additionally, the coordinator worked with A & K Consulting to provide training to service providers on understanding the mindset of first responders and veterans.

Goal Accomplishments

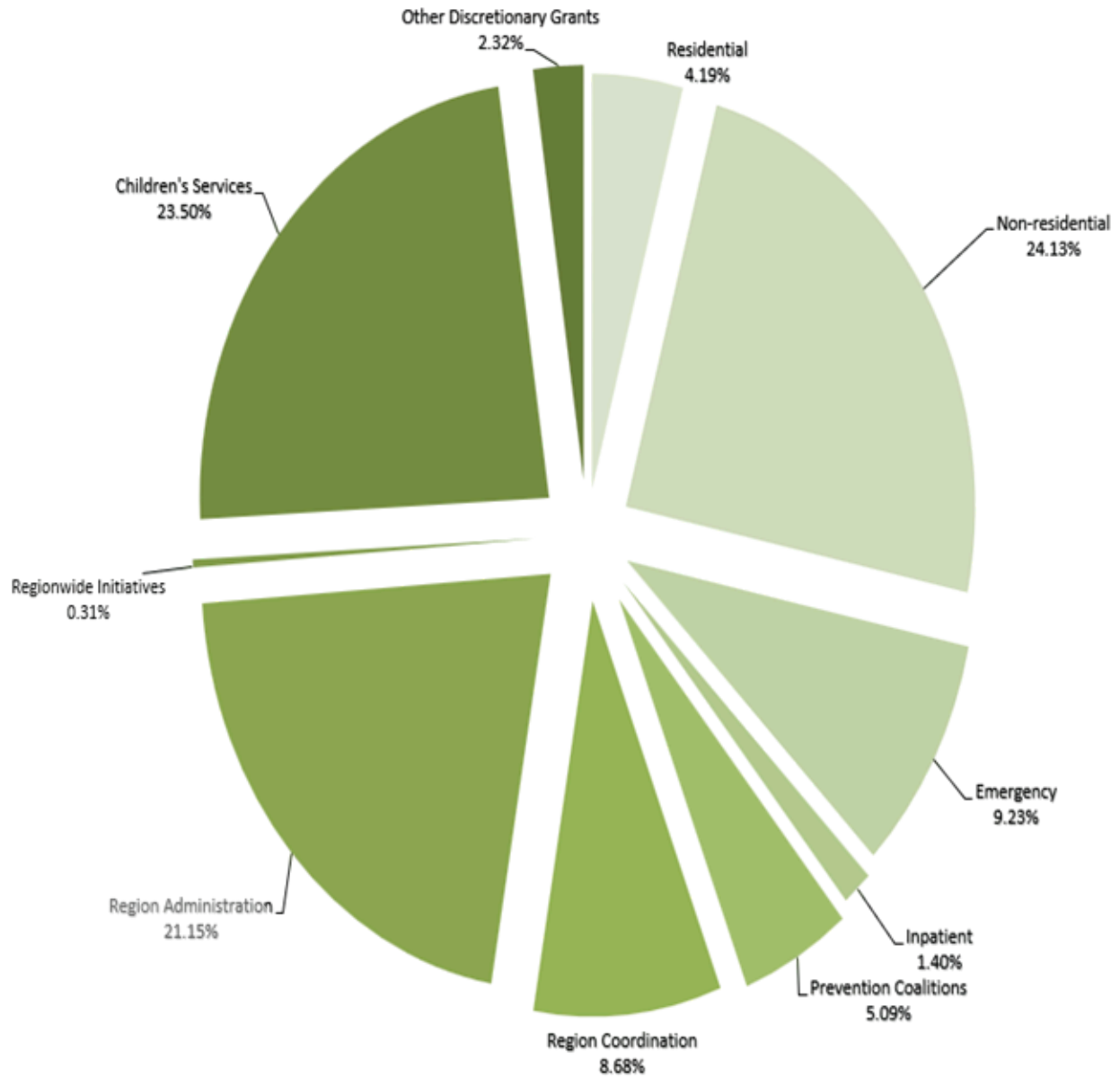
The coordinator's primary goals for FY24 included learning how the behavioral health system functions, understanding grant processes, and educating justice partners about Region 1 services. Significant progress was made in reactivating the Reentry program at the Scotts Bluff County Detention Center, ensuring consistent data collection from law enforcement regarding mental health and substance use calls, and furthering the Stepping Up Initiative.

Future Goals for FY25

For FY25, the coordinator aims to secure commitment from all 11 counties to the Stepping Up Initiative, collect data from local law enforcement agencies, and implement mental health and substance use services for incarcerated individuals. The coordinator plans to introduce mental health and substance use screenings in county jails and pursue training as a Mental Health First Aid instructor and in Crisis Intervention Team development. Continued efforts will focus on managing waitlists and addressing crisis service bed needs.

Fiscal

2023-2024 Allocation of Funds

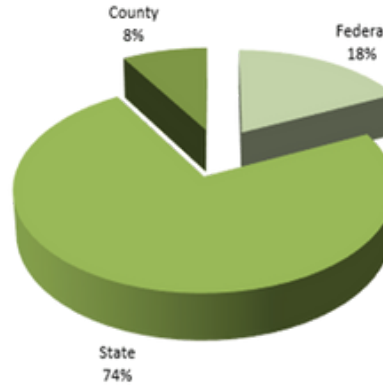


Fiscal

Services Allocation



Revenue Allocation



Fiscal Year 2023-2024 Source of Funds

	STATE	FEDERAL	COUNTY	TOTAL
SERVICES				
1. Residential	\$42,902	\$144,356	\$0	\$187,258
2. Non-residential	\$887,151	\$190,719	\$0	\$1,077,870
3. Emergency	\$409,037	\$3,258	\$0	\$412,295
4. Inpatient	\$62,609	\$0	\$0	\$62,609
4. Prevention	\$18,781	\$208,688	\$0	\$227,469
5. Region Coordination	\$387,976	\$0	\$0	\$387,976
7. Region Administration	\$563,052	\$0	\$381,803	\$944,856
8. Region wide Initiatives	\$13,836	\$0	\$0	\$13,836
9. Children's Services	\$898,236	\$151,626	\$0	\$1,049,861
10. Discretionary Grants	\$4,379	\$99,365	\$0	\$103,744
REGION 1 GRAND TOTAL	\$3,287,959	\$798,012	\$381,803	\$4,467,774

Region 1 Providers

Box Butte General Hospital

2101 Box Butte Ave
Alliance, NE 69301
308.762.6660 (work)
308.762.1923 (fax)

Services:

- Emergency Psychiatric Observation
- Crisis Response

CAPWN

3350 10th Street
Gering, NE 69341
308.635.3089 (work)
308.635.0264 (fax)

Services:

- Assessment-MH/SUD-Adult/Youth
- Medication Management-MH/SUD-Adult/Youth
- Medicated-Assisted Treatment
- Outpatient-MH/SUD-Adult/Youth
- Substance Use IOP-Adult
- 24 Hour Crisis Line Mental Health

Cirrus House

1509 1st Ave
Scottsbluff, NE 69361
308.635.1488 (work)
308.635.1271 (fax)
Satellite Offices in Kimball, Sidney NE.

Services:

- Assessment-MH/SUD-Adult/Youth
- Community Support-MH/SUD
- Day Rehabilitation
- Day Support
- Emergency Community Support-MH/SUD
- Outpatient-MH/SUD Adult/Youth
- Recovery Support-MH/SUD
- Supported Employment
- Youth Transition Services

CrossRoads Resources. LLC

104 West Third Street
Chadron, NE 69337
308.747.2054 (work)
308.747.2147 (fax)

Services:

- Assessment-MH
- Outpatient MH-Adult/Youth

ESU #13-Youth Only

4215 Avenue I
Scottsbluff, NE. 69361
308.635.3696 (work)
308.633.3752 (fax)

Services:

- Mental Health Assessment
- Mental Health Outpatient

Human Services, Inc.- Adult Only

419 West 25th Street
Alliance, NE 69301
308.762.7177 (work)
308.762.6121 (fax)

Services:

- Assessment-Substance Use
- Community Support-Substance Use
- Short Term Residential-Substance Use
- Substance Use-IOP-Adult
- Substance Use Outpatient-Adult
- 24 Hour Crisis Line-Substance Use

Independence Rising

1930 E. 20th Place Suite 200D,
Scottsbluff, NE 69361
308.633.7025 (work)
308.633.7026 (fax)

Services:

- Peer Support Mental Health

Inner Peace Holistic & Healing Center

229 Main Street
 Chadron, NE 69337
 602.673.7822 (work)
 Davina.borges@holisticpeace.org

Services:

- Assessment MH/SUD-Adult/Youth
- Outpatient MH/SUD-Adult/Youth
- Substance Use IOP-Adult Only

Karuna Counseling

731 Illinois Street (PO Box 508)
 Sidney, NE 69162
 308.249.7853 (work)
 308.365.5122(fax)

Services:

- Assessment-MH/SUD-Adult/Youth
- Outpatient MH/SUD-Adult/Youth

Nebraska Panhandle Counseling Center

18 West 16th Street
 Scottsbluff, NE 69361
 307.237.9583 (work)

Services:

- Assessment MH/SUD-Adult/Youth
- Medication Management-MH/SUD-Adult/Youth
- Outpatient MH/SUD-Adult/Youth
- Medicated-Assisted Treatment

Mental Health Alliance

1503 19th Ave, Scottsbluff, NE 69361
 308.225.6572 (work)
 308.217.4277 (fax)
 Satellite Offices in Kimball, Sidney, Alliance,
 Chadron

Services:

- Assessment-MH/SUD-Adult/Youth
- Medication Management-MH/SUD-Adult/Youth
- Mental Health Outpatient-Adult/Youth

Region 1 Providers

Regional West Medical Center

4021 Avenue B
 Scottsbluff, NE 69361
 308.630.1268 (work)
 308.630.1516 (fax)

Services:

- Acute Inpatient Hospitalization-Adult
- Emergency Protective Custody
- Post Commitment Services
- Sub-Acute Inpatient Hospitalization-Adult

Sandhills Center For Hope

2670 County Road 57
 Alliance, NE 69301
 308.313.5118 (work)

Services:

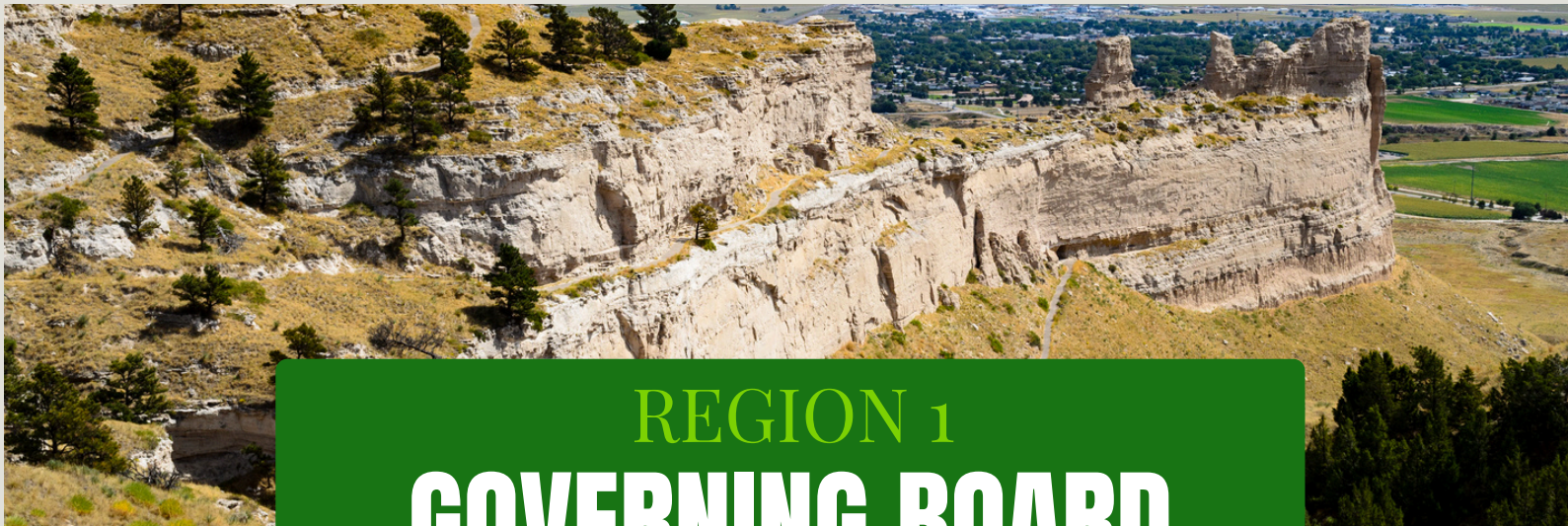
- Assessment-MH/SUD-Adult/Youth
- Outpatient-MH/SUD-Adult/Youth
- Substance Use IOP-Adult

Western Community Health Resources

300 Shelton Street
 Chadron, NE 69337
 308.432.2747 (work)
 308.432.5092 (fax)
 Satellite Office in Alliance, NE.

Services:

- Community Support Mental Health
- Crisis Response
- Emergency Community Support-MH/SUD
- Recovery Support-MH/SUD
- PGX
- Supported Employment
- Youth Transition Services
- Outpatient-MH-Adult/Youth
- Medication Management-MH-Adult/Youth
- Assessments-MH-Adult/Youth



REGION 1 GOVERNING BOARD

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Susanna
Batterman

Morrill
County

Vice Chair
Bruce
Messersmith

Sheridan
County

Laif Anderson

Banner
County

Steve Burke

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County

Darrell
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Cheyenne
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Vic Rivera

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