

Region 1

Behavioral Health Authority

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A Letter from Administration

Dear Colleagues,

We are pleased to present our FY2021 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.

COVID-19 has presented challenges for everyone in our community. Forcing us to work differently and to provide services to our consumers in a way that keeps them safe and healthy. Region 1 is proud to participate in the Nebraska Strong program. This program provides help and assistance for those who have been affected by COVID-19. This program will remain in effect until December of 2021.

Region 1 continues to provide solutions to the opioid abuse problem in our state through the State-Targeted 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 a planning grant for 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.

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 11-20 members including consumers, concerned citizens, and representatives from other community systems in the Region.

Network Management

Region 1 Behavioral Health Authority contracts with a group of providers that have met the minimum standards, this makes up the Region 1 provider network. In FY21, Region 1 contracted with 11 providers and nine prevention coalitions across the panhandle of Nebraska. These community providers offer an array of behavioral health services that support the communities of the 11 counties of the panhandle. In addition, Region 1 collaborates with other state agencies, area schools, consumers, and their families to build a cohesive behavioral health system. Due to the COVID 19 pandemic, Region 1 providers and staff endured many challenges which in turn made us more cohesive as a network in providing services to those that need it, when they needed it.



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 FY 21

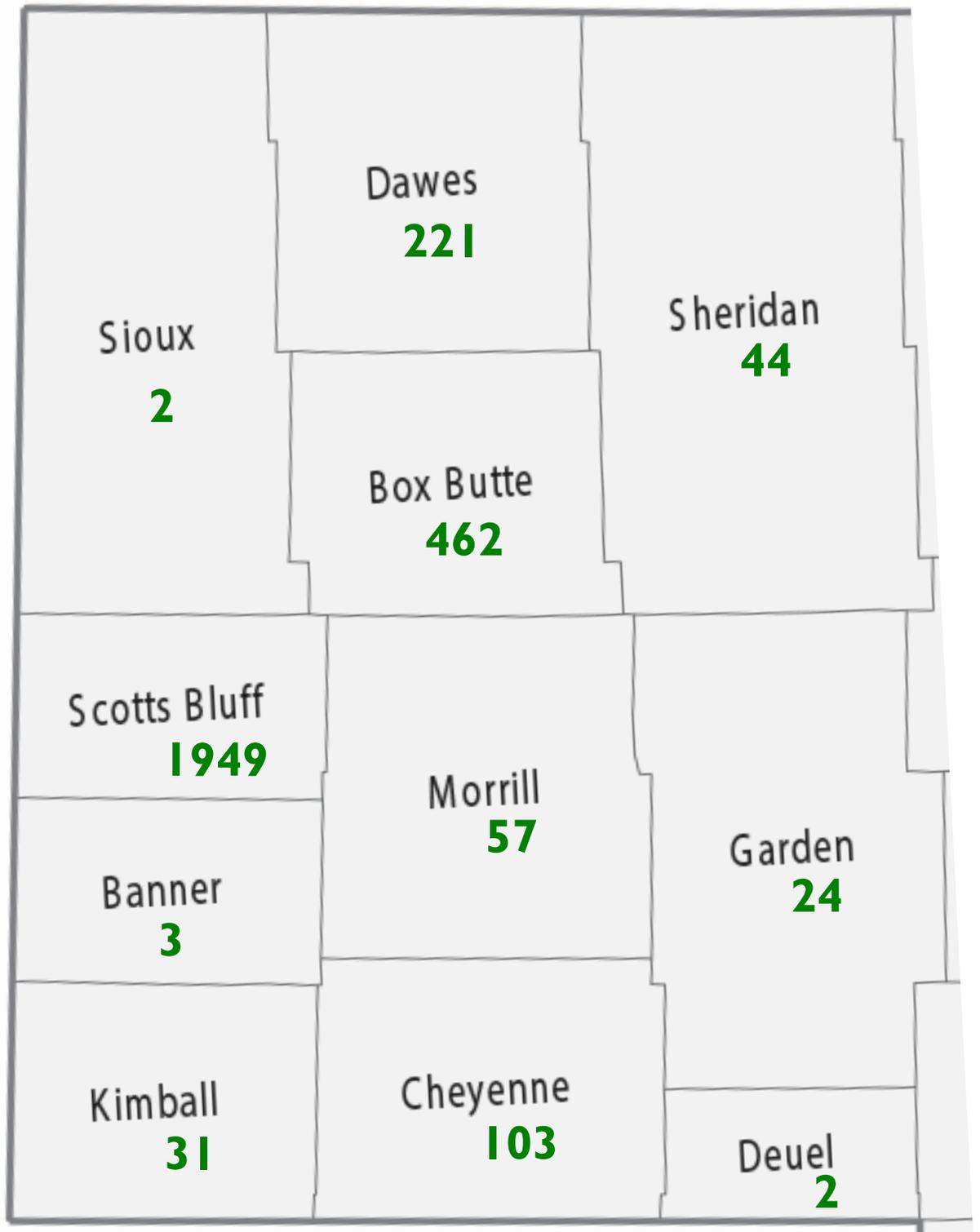
In FY 21, Region
1 served 1800
unique
consumers in
3065 encounters

1204 consumers were
admitted in 1881
encounters

1415 consumers were
discharged from 2059
encounters

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

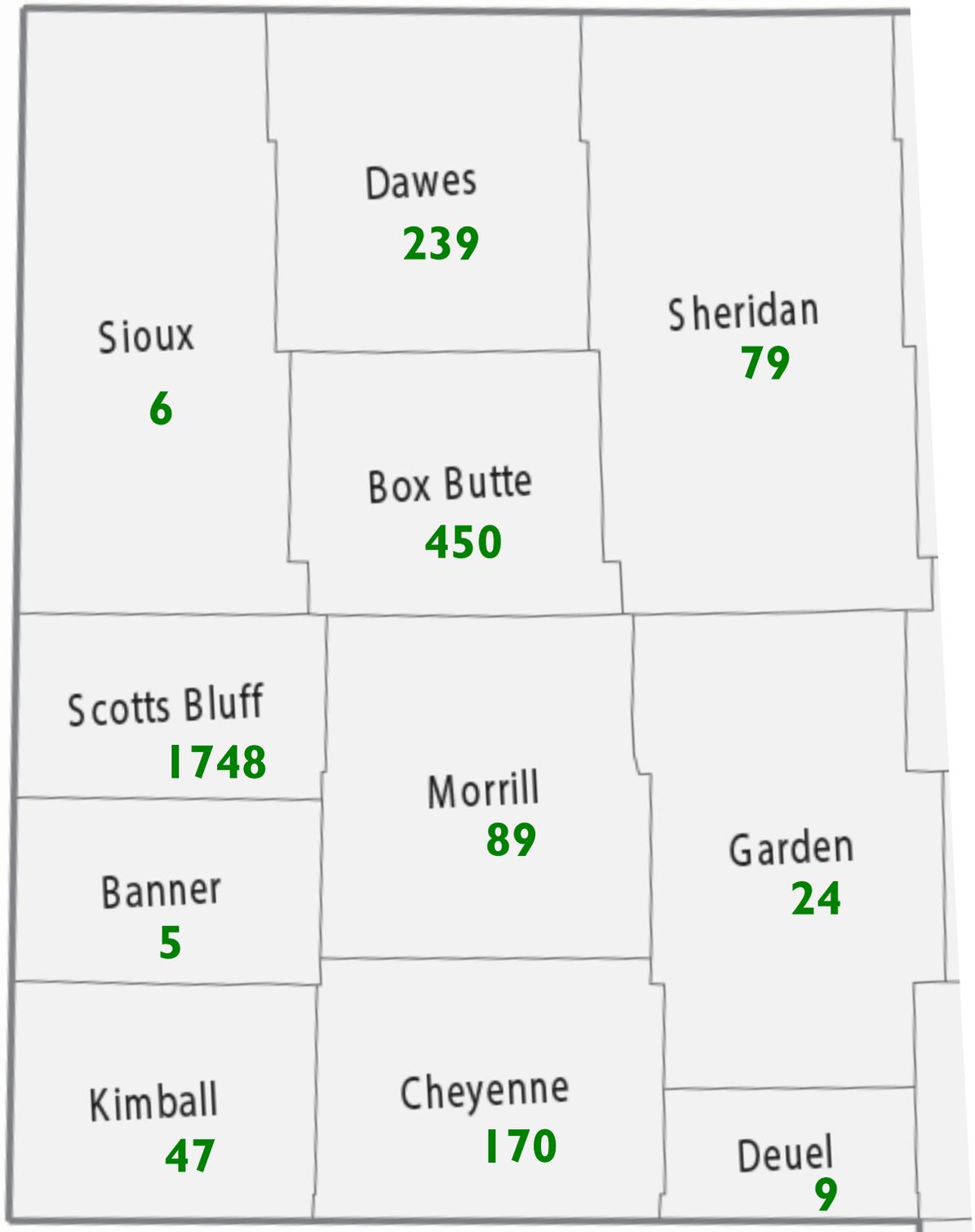
Consumers by County of Residence



60 out of Region

107 not available

Consumers by County of Admission

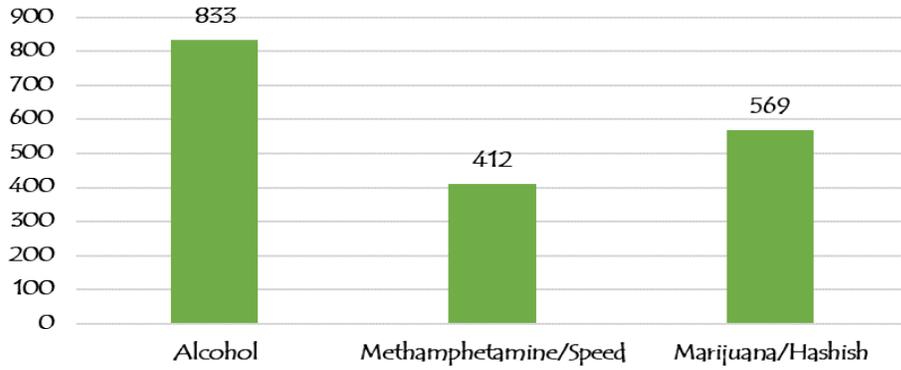


45 out of Region

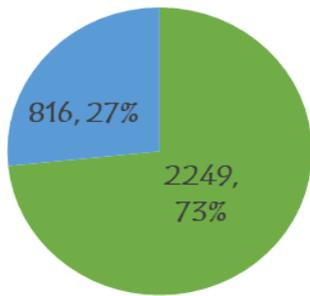
154 not available

Who We Serve

FY 21 Top Substances

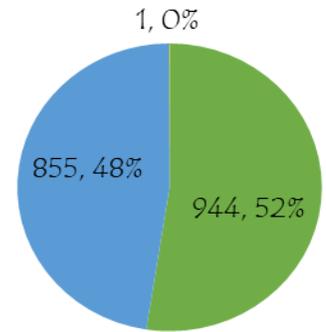


Service Type



■ Mental Health ■ Substance Use

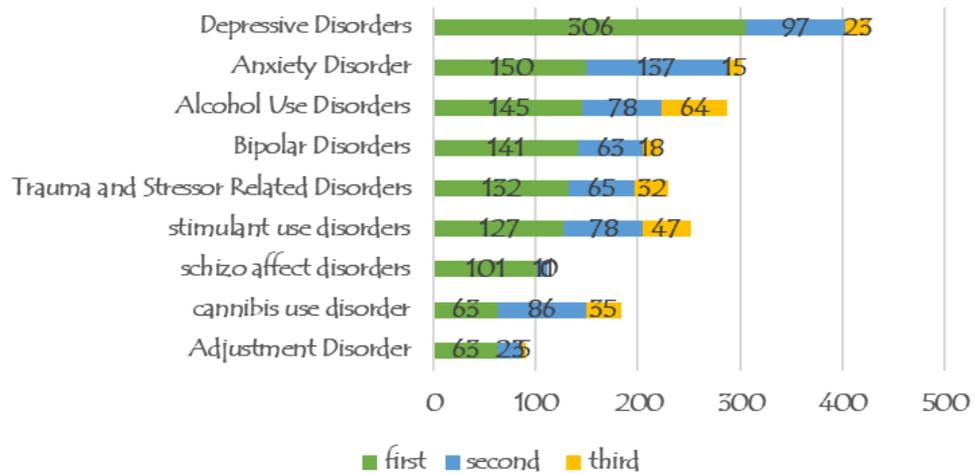
Gender FY 21



■ Male ■ Female ■ Not Available

1800 Consumers

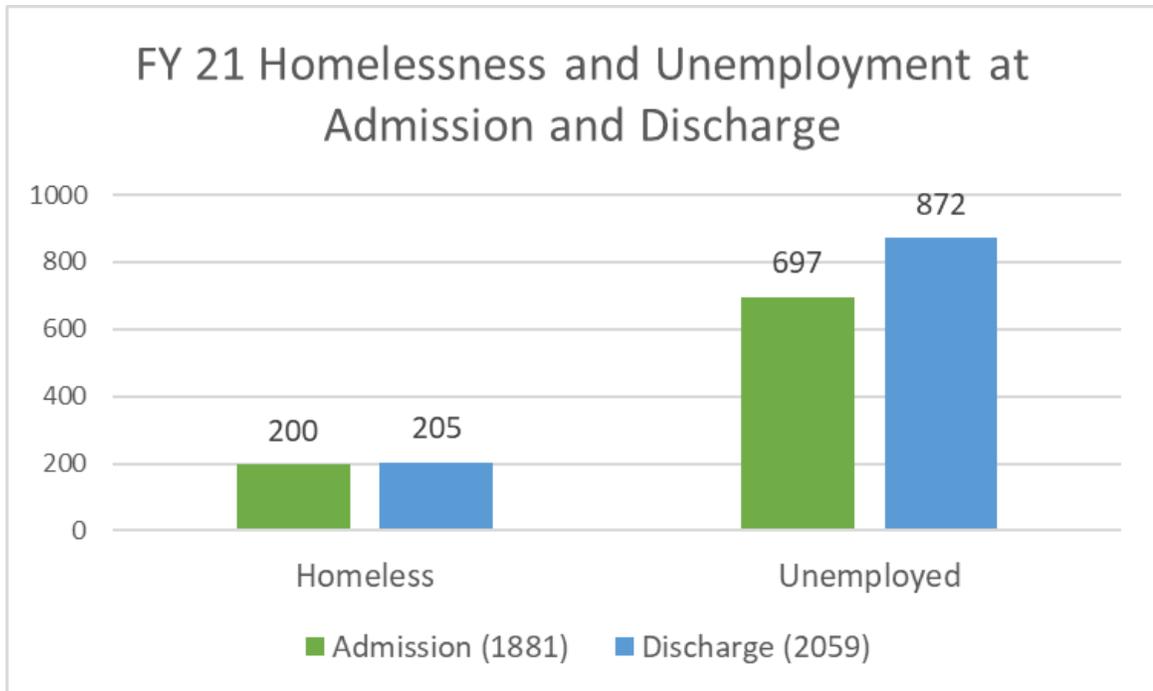
Top Diagnoses



Consumers By Service

24 Hour Crisis Line	125
Acute Inpatient Hospitalization	7
Community Support	177
Crisis Assessment	5
Crisis Response	481
Crisis Stabilization	7
Day Rehab	11
Day Support	17
Dual Disorder Residential	2
Emergency Community Support-MH	63
Emergency Protective Custody - MH	173
Emergency Psychiatric Observation - MH	7
Halfway House - SUD	3
Inpatient Post Commitment Treatment Days - MH	2
Intensive Outpatient-SUD	46
Medication Management	456
Mental Health Assessments	3
Outpatient MH	578
Outpatient SUD	333
Peer Support	2
Professional Partner Program	105
Psychiatric Residential Rehabilitation - MH	2
Secure Residential - MH	5
Short Term Residential - SUD	17
Social Detoxification - SUD	1
Sub-acute Inpatient Hospitalization - MH	3
Substance Use Assessments	245
Supported Employment	40
Supported Housing	101
Therapeutic Consultation	2
YTS	44

Outcomes



The COVID-19 pandemic took its toll on Nebraskans. As its affects lessen we expect to see better housing and employment outcomes.

Helping Nebraskans COPE DURING A PANDEMIC

FREE AND CONFIDENTIAL ASSISTANCE

Nebraska Rural Response Hotline

1-800-464-0258

Nebraska Family Helpline

1-888-866-8660

NEBRASKA



STRONG
RECOVERY PROJECT

Consumer Survey Results

86% were comfortable asking questions about their treatment

84% of agree or strongly agree that staff meet them as often as they need

89% of consumers received the services they thought they needed

78% felt safe opening up about abuse and trauma they had overcome

86% of consumers were comfortable complaining if they needed to

89% felt encouraged by staff to take responsibility for their life

92% of consumers felt they, not the staff, had established their treatment goals

86% reported that staff were sensitive to their cultural background

86% of consumers said that staff helped them get the information they needed to manage their illness

86% of consumers like the services they receive

76% believe the programs helped improve their behavioral health

92% report being able to schedule appointments within their schedule

86% of consumers felt that staff were sensitive to trauma they had experienced

84% felt their treatment goals were based on their strengths and needs

Prevention

Region 1's Prevention Program provides services prior to the onset of a substance abuse 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 goal is to coordinate a sustained, unified, non-duplicative Prevention System with diverse funding streams that produces outcomes in reducing substance abuse and related problems.

Funding for our prevention efforts has come from three main sources. We have been the recipients of: Substance Abuse Prevention and Treatment Block Grant 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 from SAMHSA via DHHS DBHS; and State Opioid Response Grant from SAMHSA via DHHS Division of Behavioral Health. We were also awarded a 2021 Communities Talk to Prevent Underage Drinking stipend from SAMHSA.

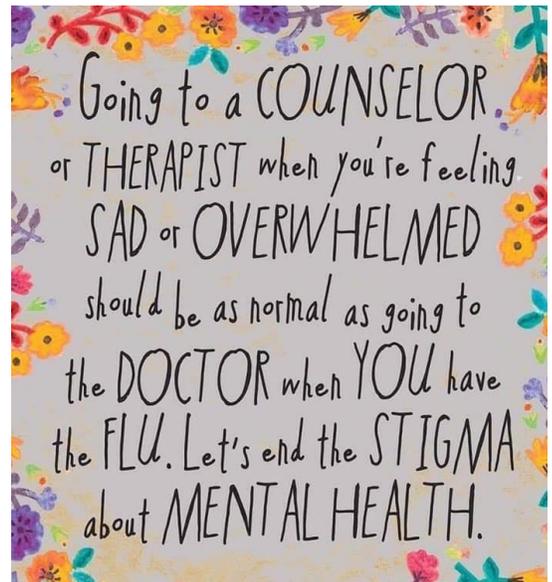
With our funding, Region 1 provides contract management to the coalitions who receive SAPT block grant, PFS, and SOR dollars. Additionally, we provide training opportunities to increase development, capacity, diversity, sustainability and improved outcomes for coalitions and other regional prevention 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.

Prevention

From 2005-2018, the Panhandle significantly narrowed the gap between Panhandle youth substance use rates and the state rates in some areas. Unfortunately, statewide youth self report data was not able to be collected during the 2020-21 school year due to COVID-19.

Fiscal Year BG recipients included: Banner County Prevention Coalition, Kids Plus, Inc. (serving Cheyenne County), Dawes/Sioux Community Prevention Team, Deuel County Prevention Team, Garden County Coalition, 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, which will begin its fourth year. These coalitions are working towards prevention efforts focused on eliminating alcohol and marijuana usage for 9-20 year olds in the Panhandle. We also work closely with Tobacco Free in the Panhandle. Additionally, we have begun year 4 of 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, 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.



Disaster Coordination

Disaster behavioral health promotes resilience, supporting people rather than treating people. The 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 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.



Due to the Covid-19 Pandemic, Region 1 began working remotely on March 16, 2020. The intent of working remotely was initially to help slow the curve of positive cases in the state of Nebraska based on Governor Ricketts press conference on March 13, 2020. Region 1 continued to work remotely until early September, return to the office to work, but due to significant increases in positive cases in our area, Region 1 staff began working remotely once again. While staff were working remotely, Region 1 developed a comprehensive work preparedness plan for staff, consumers and visitors to prepare for when returning to work in the office would be safe. The preparedness plan and other Covid-19 related documents such as, mask wearing instructions, sanitization requirements, etc., were developed and provided to staff, as well as hung throughout the Region 1 office. All of these documents were updated as needed based on the information Region 1 received from Centers for Disease Control and Prevention (CDC), Nebraska Department of Health guidelines, Panhandle Public Health District, and Scotts Bluff County Health Department. The Preparedness Plan and contributing documents were shared with staff, RIBHAC and Regional Governing Board for review, comments and questions.

Disaster Coordination

Region 1 Behavioral Health Authority has been committed to providing a safe and healthy workplace for all our workers and consumers. To ensure that, Region 1 remains up to date and provides a safe environment for staff, consumers and visitors, staff attends the daily, now weekly COVID-19 Unified Command meetings to receive the most current information.

Region 1 has attended many virtual meetings during the Covid-19 pandemic to ensure Region 1 was actively participating with planning and providing resources on behavioral health services within the panhandle of Nebraska. Panhandle Public Health District, Division of Behavioral Health, PRMRS, and Region 1 Providers are a few of the organization Region 1 has worked with closely during this pandemic. Region 1's Disaster Coordination and Human Resources departments have also participated in state wide planning with the other Regions of the state of Nebraska.

Region 1 trained virtually 35 people in Question Persuade Refer (QPR). Unfortunately, due to the Covid-19 pandemic Region 1 was not able to offer a Psychological First Aid training. Region 1 currently has 10 Psychological First Aid trainers that may work directly with agencies such as local public health departments. Region 1 also has 43 non-licensed behavioral health volunteers. (This data is based on the number of people trained in 2019.)

Crisis Counseling Program (CCP)

The mission of the Crisis Counselling Assistance and Training Program (CCP) is to aid individuals and communities in recovering from the effects of natural and human-caused disasters through the delivery of community-based outreach. The program also helps access to needed resources, including basic needs and traditional behavioural health services, through referrals. The outreach program is designed to work with public and private partners, volunteer groups, non-governmental organizations, and faith-based entities.

Disaster Coordination

The outreach workers help identify unmet needs of disaster survivors and communities impacted by disaster. They are able to refer people to resources to meet those needs and educate individuals and the community about disaster stress and techniques for coping with stress. As a program, the outreach workers also do the following:

- Build non-intrusive connections with survivors
- Provide physical and emotional support
- Address immediate needs
- Offer practical assistance and public information
- Connect survivors to social supports
- Give voice to survivors' stories, disaster reactions and strengths
- Encourage survivors to take an active role in their own recovery

The CCP helps people recover and rebuild their lives after a disaster. The CCP supports short-term interventions that involve the following goals:

- Help disaster survivors understand their current situation and reactions
- Reduce stress and providing emotional support
- Assist survivors in reviewing their disaster recovery options
- Promote the use or development of coping strategies
- Connect survivors with other people and agencies who can help them in their recovery process

Disaster Coordination

Last updated 06.14.2021

Geography	Target to Serve	Goals From RSP	Individual Crisis Counseling	Group Counseling/ Public Education	Brief Contact	Total Contacts	Compared to RSP Target
Region 1	1659	1659	323	1752	16268	18343	16684

Hours of service logged (total): 9,422.50 over 10 month period

Face-to-face contact (individual or group services):

Goals by County

Region	County	Goal	Individual Crisis Counseling	Group Counseling/ Public Education	Brief Contact	Total Contacts	Compared to Target
Region 1	Banner County	15	44	11	68	123	108
Region 1	Box Butte County	216	13	19	1014	1046	830
Region 1	Cheyenne County	177	17	339	5842	6198	6021
Region 1	Dawes County	172	15	249	401	665	493
Region 1	Deuel County	36	26	7	571	604	568
Region 1	Garden County	37	14	9	274	297	260
Region 1	Kimball County	73	9	0	500	509	436
Region 1	Morrill County	93	26	89	1716	1831	1738
Region 1	Scotts Bluff County	712	147	1025	5588	6760	6048
Region 1	Sheridan County	105	9	0	217	226	121
Region 1	Sioux County	23	3	4	77	84	61

Travel time: varies depending on where the outreach workers had to travel.

Coordination/Administration of services: Minimum of 15-20 hours per week is dedicated by the Office Manager/Disaster Coordinator. Fiscal dedicates approximately 6-10 hours per month.

Total miles logged: 60,433 over 10 month period

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.

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.

Number of youth served	County served
11	Cheyenne
8	Dawes
3	Deuel
11	Garden
5	Kimball
2	Morrill
48	Scotts Bluff
6	Sheridan

PPP implemented a Cluster-based Planning Levels of Care System in FY21. The Wraparound Levels of Care are based on the Stages of Change. Wraparound Phases 1 & 2 focus on Engagement, Persuasion, And Orientation during which time youth and their families come to acknowledge that they have problems or issues that need to be addressed. During this stage, they also indicate that they are willing to work with the

Youth Coordination

Professional Partner and others to try to change their situation. Thus, wraparound contacts are expected to be high during Phase 1-2 -- the first 30-60 days in the program. Phase 3A is the Active Treatment/Implementation Plan Phase. This is where youth and their families will spend the longest time and is where they are expected to make the most changes in their lives. Towards the end of Phase 3A there is expected to be a reduction (or Step Down) and change in Professional Partner contacts with the youth/family. In Phase 3B (Step Down), the youth and family work to solidify the gains they have made. The reduced level of contact is expected to continue and eventually end as the youth/family Transitions to Discharge (Phase 4).

"Very helpful staff. They understand what a lot of our concerns are."

-PPP Parent

There are eight full-time Professional Partner Staff based in Scottsbluff, Oshkosh, and Chadron. In FY21 PPP served 99 youth. Out of those 99 youth, 37 were Female and 67 were male. The average age served was 13 with an average length of stay being 14.5 months. There was a 12% average drop in indicators of recidivism. Counties served: Box Butte, Cheyenne, Dawes, Deuel, Garden, Kimball, Morrill, Scotts Bluff, and Sheridan.

Justice Wraparound PPP is modeled after PPP and provides wraparound supports to youth on probation and their families. There were 0 youth served under Justice Wraparound in FY21 due to youth meeting eligibility guidelines for traditional PPP.

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. YTS served 44 youth (31 females, 13 males) in FY21. They served youth in Scotts Bluff, Box Butte, Cheyenne, Dawes, and Sheridan Counties.

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.

In addition, both the Youth Coordinator and Continuous Quality Improvement Coordinator were trained and certified as TIP Fidelity Consultants in Region 1.

Youth Coordination

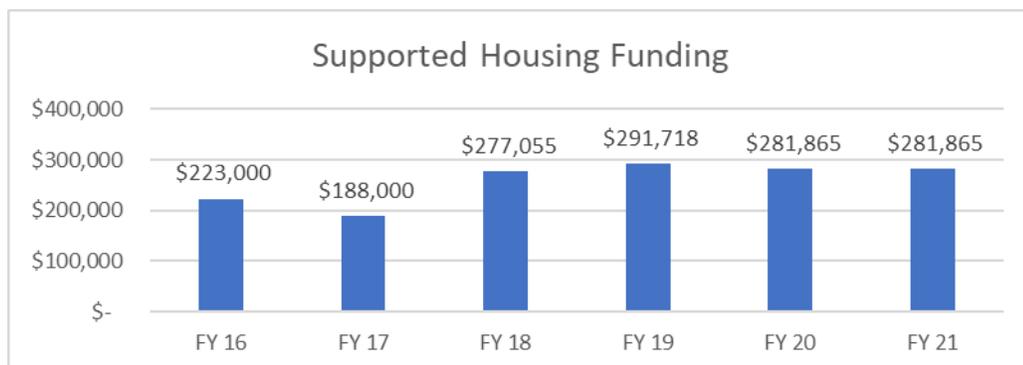
Youth Mental Health First Aid (YMHFA) Youth Mental Health First Aid is designed to teach parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers, and other caring citizens how to help an adolescent (age 12-18) who is experiencing a mental health or addictions challenge or is in crisis. YMHFA can now be offered both in person and on a virtual platform. In FY21 8 Panhandle Public Health staff were trained virtually 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 every other month 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.

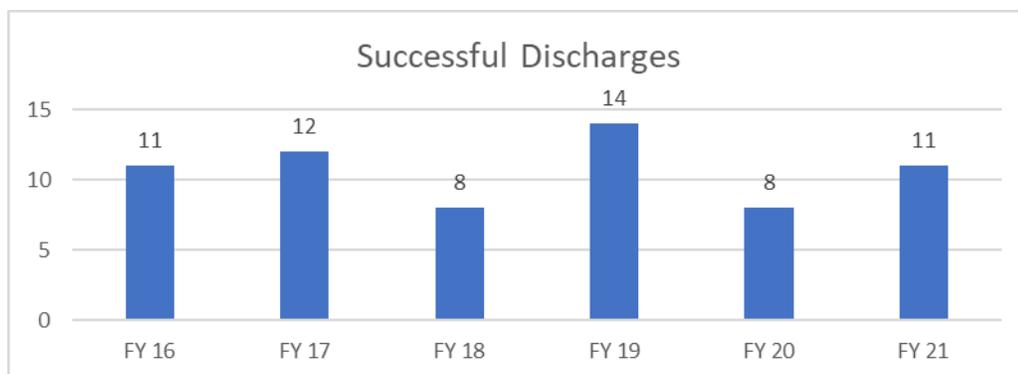
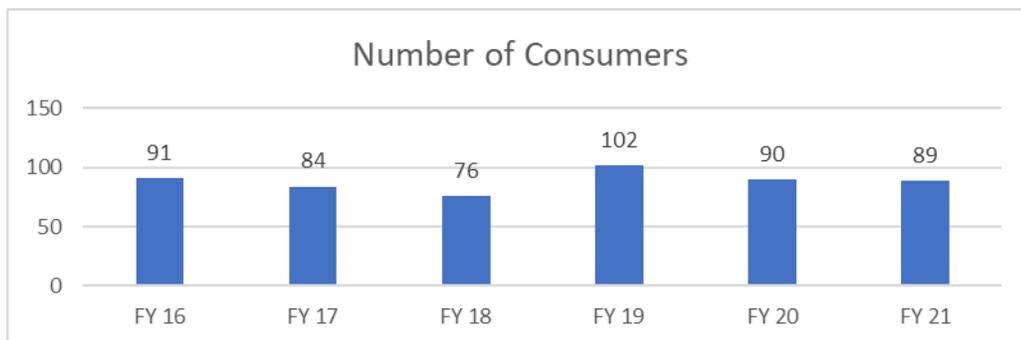
Housing Coordination

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.



Housing Coordination

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.



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 21, the Consumer Specialist for Region 1 continued focus on developing a Consumer Advisory Committee that 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 Committee has 6 members. Many events and activities in the Consumer Specialist realm were put on hold or revamped during the COVID 19 mandates during the year. The focus will be to increase the work and get back on track in Fiscal Year 22.

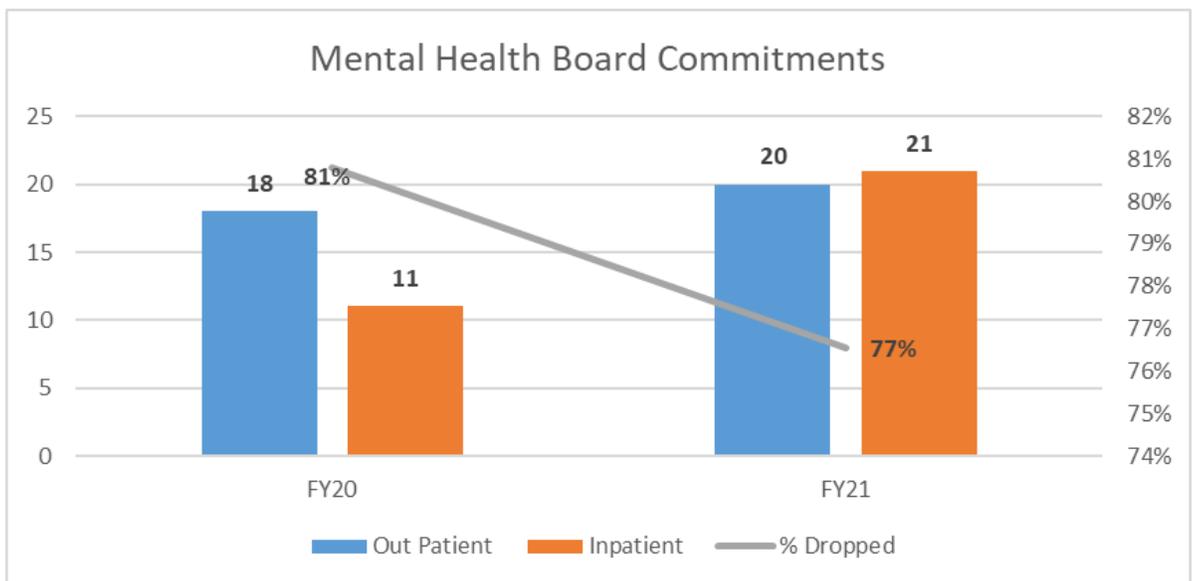
Being more consumer focused is always the goal of Region I Behavioral Health Authority. The consumer Specialist helps move that goal forward.

The Consumer Specialist plays a role in finding and promoting training opportunities for the Peer workforce as well as the consumers in the Region. This is done with webinars and other training that is either free or very low cost. By providing the Peer workforce with needed resources, we ensure they have the tools needed to be successful.

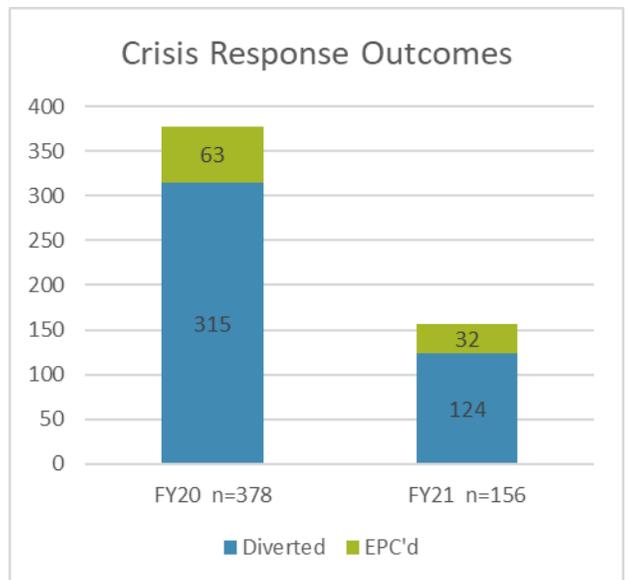
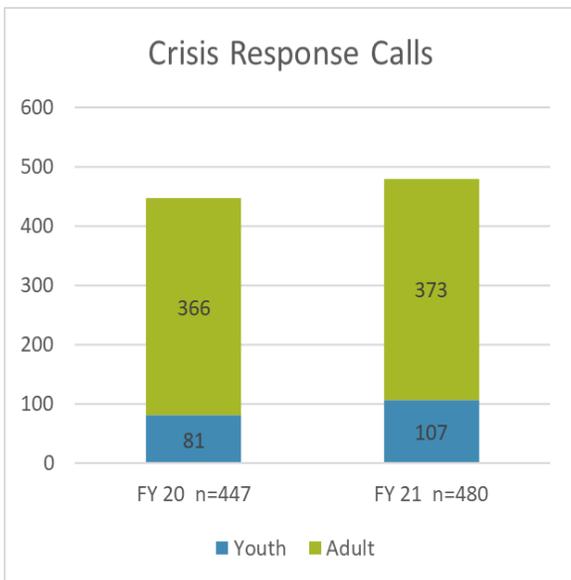
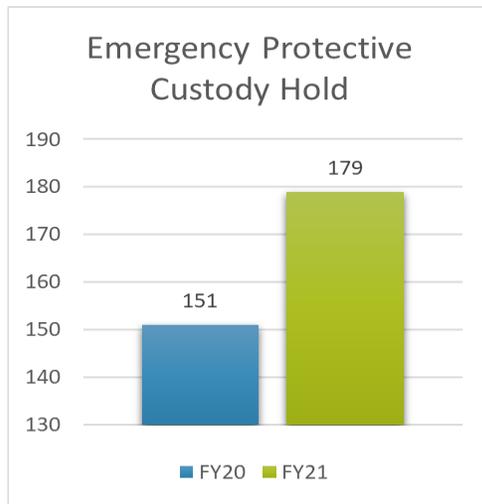
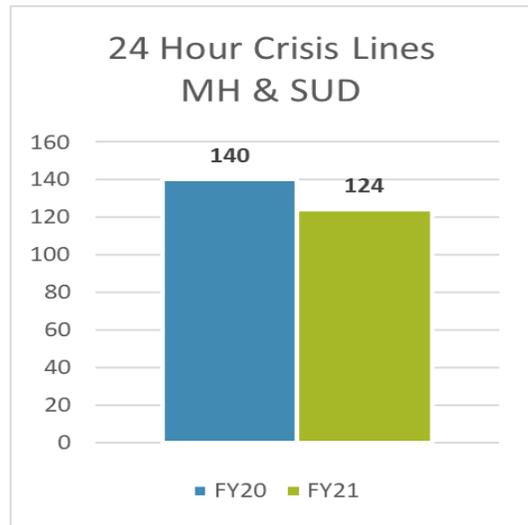
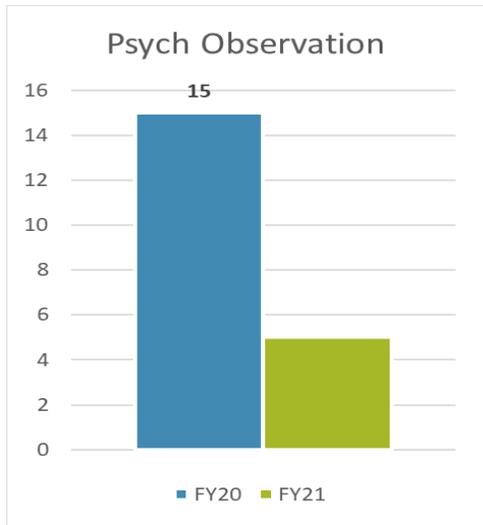
In fiscal year 22, Consumer Advisory Committee will continue to be a priority. There will also be continued work to support the current Peer workforce and evaluate opportunities for growth. Consumer voice and choice is essential to ensuring the system is manageable and consumer focused.

Emergency Coordination

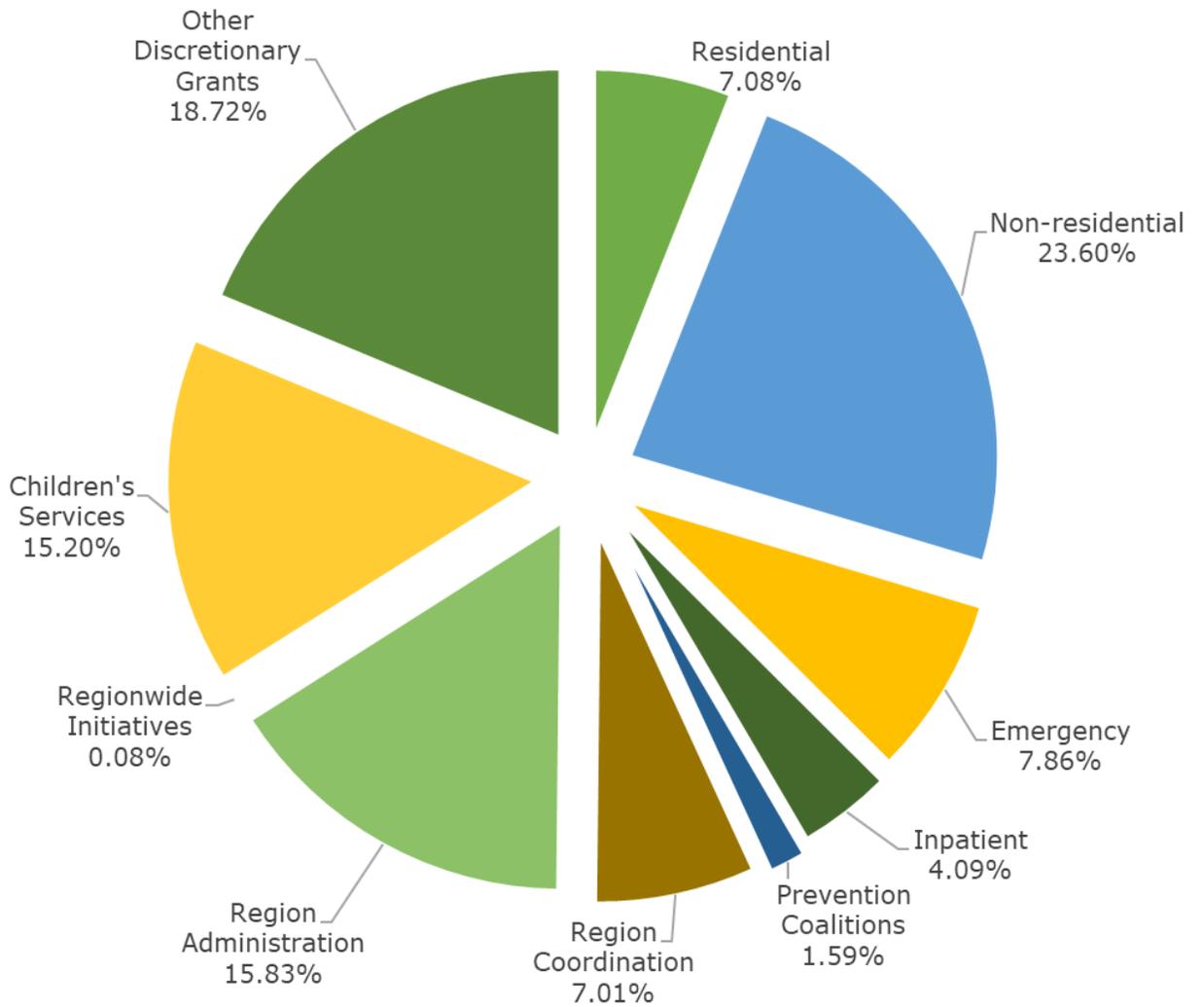
Emergency System Coordination is designed to meet the needs of an individual experiencing a behavioral health crisis. Crisis services are an important part of a comprehensive system, providing a range of crisis services. Emergency system coordination efforts are focused on coordinating with law enforcement, hospitals, behavioral health professionals, Mental Health Boards, county attorneys, and other stakeholders to provide a crisis system. Emergency Protective Custody (EPC) is a legal term and is often the entryway to the emergency system for persons experiencing a behavioral health crisis. A mental health professional will evaluate the person within 36 hours of admission. Discharge planning includes referrals to voluntary outpatient behavioral health providers, an outpatient commitment to behavioral health services in the community, or inpatient commitment to an acute inpatient setting in a community hospital or the Lincoln Regional Center. By the utilization of crisis response teams 20% of consumers seen by crisis response were diverted from an EPC.



Emergency Coordination



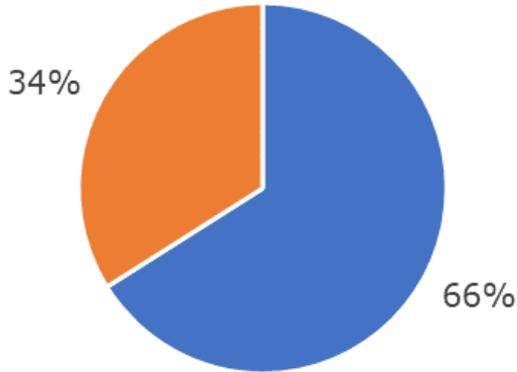
2020-2021 Allocation of Funds



- Residential
- Non-residential
- Emergency
- Inpatient
- Prevention Coalitions
- Region Coordination
- Region Administration
- Regionwide Initiatives
- Children's Services
- Other Discretionary Grants

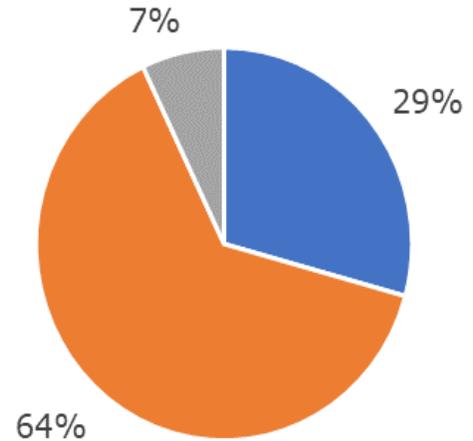
Fiscal

Service Allocation



- Mental Health Services
- Substance Abuse Services

Revenue Allocation



- Federal
- State
- County

Fiscal Year 2020-2021 Source of Funds

<u>SERVICES</u>	<u>STATE</u>	<u>FEDERAL</u>	<u>COUNTY</u>	<u>TOTAL</u>
1. Residential	\$220,017	\$81,221	\$0	\$301,238
2. Non-residential	\$970,980	\$210,906	\$0	\$1,181,886
3. Emergency	\$392,833	\$904	\$0	\$393,738
4. Inpatient	\$203,063	\$0	\$1,537	\$204,600
4. Prevention	\$0	\$79,576	\$0	\$79,576
5. Region Coordination	\$351,001	\$0	\$0	\$351,001
7. Region Administration	\$438,791	\$0	\$353,947	\$792,738
8. Region wide Initiatives	\$4,300	\$0	\$0	\$4,300
9. Children's Services	\$601,176	\$160,007	\$0	\$761,183
10. Discretionary Grants	\$4,379	\$933,181	\$0	\$937,560
REGION 1 GRAND TOTAL	\$3,186,541	\$1,465,796	\$355,484	\$5,007,821

Providers

Box Butte General Hospital

Alliance

Crisis Response

Emergency Psych Observation

Cirrus House

Scottsbluff

Community Support

Kimball

Day Support

Sidney

Day Rehabilitation

Emergency Community Support

308-635-1488

Mental Health Outpatient

Substance Use Outpatient

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

Medication Management

Substance Use Outpatient

CrossRoads Resources

Chadron

Mental Health Outpatient

Gordon

308-432-3920

Providers

Human Services, INC.

Alliance

24-hour Crisis Line

Community Support

308-635-1488

Intensive Outpatient

Short Term Residential

Substance Use Outpatient

Independence Rising

Scottsbluff

Peer Support

308-635-3089

Karuna Counselling

Sidney

Mental Health Outpatient

308-249-7853

Mental Health Alliance

Alliance

Medication Management

Chadron

Mental Health Outpatient

Kimball

Substance Use Assessments

Scottsbluff

Sidney

308-225-6572

Providers

North East Nebraska Substance Abuse Center

Chadron

Short Term Residential

Gordon

Substance Use Outpatient

308-282-1101

Regional West Medical Center

Scottsbluff

Acute Inpatient

Emergency Protective Custody

308-635-3888

Inpatient Post Commitment

Region 1 Behavioral Health Authority

Chadron

HART Housing

Scottsbluff

Professional Partner Program

Sidney

308-635-3173

Western Community Health Resources

Alliance

Community Support

Chadron

Crisis Response

Emergency Community Support

308-432-8979

Peer Support

Supported Employment

Youth Transition Services

Governing Board

Chair Susanna Batterman	Morrill County
Vice Chair William Klingman	Deuel County
Secretary/Treasurer Robert Post	Banner County
Steve Burke	Box Butte County
Darrell Johnson	Cheyenne County
Vic Rivera	Dawes County
Terry Krauter	Garden County
Carl Stander	Kimball County
Charlie Knapper	Scotts Bluff County
Bruce Messersmith	Sheridan County
Hal Downer	Sioux County

