MEETING OF THE
REGIONAL GOVERNING BOARD

Friday, August 28, 2026
9:30 a.m. - 12:00 p.m.

REGION 3 BEHAVIORAL HEALTH SERVICES
4009 6TH AVE., SUITE 65
KEARNEY, NE

The Mission of Region 3 Behavioral Health Services is to foster recovery and resiliency for individuals and their families who experience a behavioral health challenge.

MINUTES

1. Welcome
   Dennis Tegtman welcomed everyone and called the meeting to order at 9:30 a.m.

2. Roll Call
   Roll Call was taken by Jean Starman.

Present:
Adams – Lee Hogan
Buffalo – Bill Maendele
Clay – Jesse Mohnike
Custer – Tammy Kleeb
Franklin – Josh Johnson
Furnas – Dennis Tegtman
Garfield – Jerome Zulkoski
Hall – Gary Quandt
Hamilton – Rich Nelson
Howard – Jesse Urbanski
Kearney – Jeff England
Nuckolls – Jerry Grove
Phelps – Theresa Puls
Wheeler – Roy Plugge

Excused:
Harlan – Jeff Bash
Loup – Donna Steckel
Valley – Max Magiera

Absent:
Blaine – Craig Thompson
Greeley – Jordan Foltz
Merrick – Carolyn Kucera
Sherman – Ken Kaslon
Webster – Trevor Karr

Also Present
Tiffany Gressley – Region 3 Behavioral Health Services (BHS)
Kerry Slaymaker – Region 3 BHS
Suzanne Davis – Region 3 BHS
Kayl Dahlke – Region 3 BHS
Beth Reynolds-Lewis – Region 3 BHS
Jean Starman – Region 3 BHS

3. Review of Open Meetings Act
   The Open Meetings Act sign is posted in the meeting room. Two weeks prior to the August 28, 2026 Regional Governing Board meeting, advanced publicized notice was listed in the Kearney Hub, the Grand Island Independent and the Hastings Tribune.

4. Comments from the Public
   There were no individuals from the public in attendance.

5. Approval of Agenda

Gary Quandt motioned to approve the August 28, 2026 meeting agenda, seconded by Tammy Kleeb, motion carried.

6. Approval of May 22, 2026 Meeting Minutes
Theresa Puls motioned to approve the May 22, 2026 meeting minutes, seconded by Jerome Zulkoski, motion carried.

7. Executive Committee Report
Dennis Tegtman reported that the Executive Committee met on August 28, 2026 at 8:30 a.m. They reviewed expenditures and reviewed and approved policy revisions regarding employee sick leave, employee vacation leave and holidays. The Executive Committee conducted the annual performance review for Tiffany Gressley. Dennis reported that Tiffany received high scores from the Executive Committee for her performance and that she received a salary increase.

8. Region 3 Fiscal Reports
    a. FY26 Year-End Network Expenditures
    Kerry Slaymaker reviewed a handout, *Region 3 Behavioral Health Services Network Expenditure Report July 1, 2025 – June 30, 2026*. Mental Health services expended $7,734,598 or 92% of the budgeted amount.

    Kerry noted that some service expenditures were higher than usual. Emergency Protective Custody expended 91% of the budgeted amount.

    Inpatient Post Commitment Treatment Days, which involved a unique situation, expended 98% of the funding.

    Psychiatric Residential Rehabilitation expended 98% of the funding.

    Kerry noted that some services were not utilized as expected, such as Medication Management and Outpatient Psychotherapy. Programs involving these services were not implemented as planned.

    SOAR (SSI/SSDI Outreach, Access and Recovery) services were provided by Goodwill Industries. Utilization slowed in March as the program ended in June 2026. The 98% expenditure is somewhat misleading as funds were shifted into other areas that were overbudget.

    Supported Employment shows two lines although it is the same service. It expended 80% of the budgeted amount.

    Supported Housing Transition Age, a fairly specific service, shows two lines, in which 41% of the funds were expended. Supported Housing Mental Health expended 93% of the funds. Housing expenditures were considerably higher in FY26 compared with previous years, due to more individuals applying for the service and the funds being available to assist them.

    Substance Use Disorder services expended $3,287,483 or 85% of the budgeted amount.

    Halfway House expended 61% of the budgeted amount, which was lower than projected. Utilization can fluctuate considerably, which makes budgeting difficult. Friendship House, the provider, expanded and increased their capacity. However, many individuals using the service were Medicaid paid rather than Region 3 paid.

    Outpatient Psychotherapy expended 93% of the budgeted amount.

Recovery Support, an expense-based service, expended 52% of the funds. The budgeted amount for FY27 has been decreased.

Short Term Residential expended 71% of the budget, which is after moving some funds to other services. It is an expensive service and utilization can greatly fluctuate so a few individuals can have a significant effect on the overall budget.

Supported Housing SUD each have two lines. The Women with Children program expended 77% and Supported Housing Adult expended 96% of the budgeted funds.

Therapeutic Community expended 27% of the budget. Since the implementation of Medicaid expansion, fewer funds have been expended. Individuals served are women with children and are typically Medicaid eligible, so Medicaid is often the payor source rather than Region 3.

A Grand Total of $11,022,081, or 90%, of the budgeted amount was expended in FY26.

Remaining unspent funds were approximately $1.1 million. The following circumstances contributed to the amount of unspent funds:

- Restricted funds, which cannot be transferred to other areas, were slightly less than $200,000.
- Goodwill Industries ended Day Rehabilitation, Day Support, Community Support and Emergency Community Support, and the SOAR program. Utilization in some of these services slowed toward the end of FY26.
- After the Region 3 FY26 budgets were submitted and our contract from the Division of Behavioral Health was received, they added $474,000 for Plans for One, which was unexpected.

Kerry reviewed total expenditure figures for the past four years.

b. FY26 & FY27 Contract and Shift Ratifications
Kerry Slaymaker referred to a handout, *Region 3 Behavioral Health Services Contract Ratifications by Regional Governing Board,* which includes contracts signed by Tiffany Gressley since the Regional Governing Board meeting on May 22, 2026. Tiffany receives the contracts electronically, signs and returns them to the Department of Health and Human Services/Division of Behavioral Health. The contracts are then brought to the Regional Governing Board for ratification.

Three contracts were received since the last Regional Governing Board meeting which include the main Region 3 contract with the Division of Behavioral Health, the Rural Health Transformation Program - Crisis Intervention Training (RHTP-CIT) contract and the Tobacco Free Nebraska – Amendment One contract. Kerry reviewed the five budget shifts that have been completed since the last Regional Governing Board meeting.

Rich Nelson motioned to approve the Region 3 contracts and shift ratifications as presented by Kerry Slaymaker, seconded by Bill Maendele. Motion carried. A roll call vote commenced.

Lee Hogan – Yes	Jeff Bash – Excused
Craig Thompson – Absent	Jessie Urbanski – Unavailable for Vote
Bill Maendele – Yes	Jeff England – Yes
Jesse Mohnike – Yes	Donna Steckel – Excused
Tammy Kleeb – Yes	Carolyn Kucera – Absent
Josh Johnson – Unavailable for Vote	Jerry Grove – Yes
Dennis Tegtman – Yes	Theresa Puls – Yes
Jerome Zulkoski – Yes	Ken Kaslon – Absent
Jordan Foltz – Absent	Max Magiera – Excused

Gary Quandt – Yes
Rich Nelson – Yes
Trevor Karr – Absent
Roy Plugge – Yes

c. FY27 Provider Contract Amounts
Kerry Slaymaker reviewed a handout, Region 3 Behavioral Health Services FY27 Contracted Services which includes a list of the Region 3 contracts with network providers and their contracted amounts.

Kerry explained that overall, most providers' contract amounts remained similar to last year's amounts. Some changes were made based on utilization. Goodwill Industries will provide one service, Supported Employment, in FY27 compared to several services in FY26 so their FY27 contract has been significantly reduced. Lutheran Family Services responded to a Request for Proposal (RFP) issued by Region 3 and was awarded contracts for Emergency Community Support and Community Support. Currently, there is no provider for Day Rehabilitation, Day Support and the SOAR Program. RFPs were released for these services and no responses were received. It is likely that providers were hesitant to respond because of the uncertainty with service definition revisions which currently include additional requirements and unrealistic staffing expectations for providers. Kerry and Tiffany Gressley explained that service definitions were previously released for public comment and review. Region 3 staff and providers reviewed the proposed changes and submitted an abundance of feedback to the Division of Behavioral Health and Medicaid. The state reports that revisions are still in progress. When the final service definitions are released, Region 3 will re-release an RFP with modifications as needed. It is unknown when the service definitions will be finalized and released. The timeframe could be January 2027 or July 2027.

Kerry explained that St. Francis' Drug and Alcohol Treatment services have been temporarily moved to Richard Young Behavioral Health in Kearney. The FY27 contract has been changed to match the location of where the services are being provided. A contract for St. Francis will be in place if or when the service reopens in Grand Island.

A new contract with Children's Nebraska Behavioral Health Urgent Care is in place for $28,221 for crisis outpatient and assessment services for individuals who meet criteria.

A contract was implemented with South Heartland District Health Department in January 2026, which replaced ASAAP Prevention Coalition.

Kerry reviewed the Unallocated funds which will be applied to contracts when more information is known of where to direct the funds.

FY27 Contracted Services Grand Total: $12,232,135.

d. National Opioid Settlement Funds
Kerry Slaymaker reviewed all areas of a handout, *Region 3 Behavioral Health Services National Opioid Settlement Total Expense Report as of July 31, 2026.*

Total Grant Funds Received: $2,553,402.25
Total Funds Expended: $957,314.64
Funds Remaining: $1,596,087.61
Amount of Grant Awards Obligated 2026/2027 Grant Cycle: $417,663.00
Unobligated Funds Remaining: $1,178,240.22

Region 3 receives settlement payments sporadically as no specific schedule is in place. An annual amount of $326,000 is received from the State of Nebraska, in which any unspent funds are required

to be returned. Region 3 works to ensure that these allocated funds are spent and used for opioid related prevention and recovery services.

9. Region 3 Quality Improvement Report
    a. FY26 Annual Network Performance Measures Report
    Kayl Dahlke referred to a handout, *FY 2026 Network Quality Improvement Plan: Performance Measurement and Reporting, FY26 Annual Report*. Kayl reviewed all Satisfaction, Access Measures and Performance Measures. At the time of printing, the handout showed no data available for Performance Measure #3 Consumer Confidence: Increase the percentage of individuals who respond positively to "I am better able to handle things when they go wrong" on the Annual Consumer Survey. The target goal is 73%. Kayl recently received the data which included 285 Region 3 adults responding to the Annual Consumer Survey and 77.8% of individuals reported positively to "I am better able to handle things when they go wrong".

    Performance Measure 7 includes Crisis Services data. Kayl noted that Performance Measure 7.e. states that average days between EPC (Emergency Protective Custody) admissions (for persons with at least one additional EPC in the past 13 months) will be at least 120 days or more. Our data shows 89 days. Kayl explained that one person received an EPC every month in FY26 which greatly affects the number of days between EPCs.

    Kayl reported that in FY26 the Division of Behavioral Health increased a Stable Living target goal from 85% to 90% and an Employment target goal from 65% to 80%.

    A question was asked regarding action taken for unmet Performance Measure target goals. Kayl explained that, when needed, a program establishes a plan as a part of our Continuous Quality Improvement Plan to improve outcomes in the following six months. Additional staff training may also be provided to strengthen a particular area.

    b. FY27 Network Performance Measures Plan
    Kayl Dahlke referred to a handout, *FY 2027 Network Quality Improvement Plan: Performance Measurement and Reporting, July 1, 2026 – June 30, 2027* and stated that the same Satisfaction Measures, Access Measures and Performance Measures will be tracked in FY27 as in FY26. Kayl noted one Performance Measure change to the Co-Responder Program at Lutheran Family Services which is a five percent target increase for Objective A and Objective B.

10. Hall County Assisted Outpatient Treatment (AOT) Project Update
    Beth Reynolds-Lewis provided a handout about Assisted Outpatient Treatment (AOT). AOT is a tool that civil courts and mental health systems use collaboratively to help individuals with serious mental illness (SMI) reverse the cycle of repeat hospitalizations and incarcerations. AOT aims to motivate and assist individuals with SMI to engage in treatment and ensure that the mental health system is attentive to individuals' needs.

    Beth contacted SAMHSA (Substance Abuse and Mental Health Services Administration) to inquire about participation in an AOT learning community. Hall County was one of ten sites selected nationally to participate. Individuals from a variety of agencies recently participated in Sequential Intercept Mapping in Hall County to identify gaps in crisis services. The AOT model would provide an opportunity to address the gaps. An expert was assigned to the Hall County learning community to provide guidance. They participated in several webinars with experts in the field. The learning community included a variety of people and agencies across the nation in different stages of AOT. Beth stated that Nebraska does not have an AOT statute or a specialized Mental Health Board through our district courts. Beth shared that the AOT model provides a structure to surround an individual with a familiar face in a jail setting, an emergency room or law enforcement situation. The AOT model uses a Navigator who is assigned to an individual to help with accountability and provide intensive wraparound services. A Navigator can remind individuals of such things as appointments and medication compliance. A Mental Health Board Coordinator is also used as a part of the AOT model.

Beth explained that positive results are being seen nationally with the AOT model. There is increased accountability of individuals participating and of providers providing the service.

The Hall County learning community will meet to discuss potential implementation of the AOT model and decide how to proceed.

11. Regional Administrator's Report
    a. Opioid Settlement Grant Awards

    Tiffany Gressley reviewed a handout, *Region 3 BHS Opioid Response Grand Awards 9/1/2026-8/31/2027*. A total funding amount of $400,000 was available. Region 3 received eleven applications which included a variety of interesting and meaning projects. Total funds requested was $522,223.93.

    Two of the applications that were not funded with the Opioid Settlement funds were instead funded with State Opioid Response (SOR) funds that Region 3 receives from the State of Nebraska. The two applications were for Buffalo County Community Partners and Central Nebraska Council on Alcoholism and Addictions. Both work plans met the requirements of the SOR funds and so those funds were leveraged.

    Nine of the eleven applicants were awarded opioid settlement funding. A total amount of $417,663.00 was awarded. Two organizations did not receive funding. The application from ASAAP, a prevention coalition, included areas that are currently being funded through other organizations. Additionally, Region 3 ended a Prevention contract with the organization due to reporting and audit concerns. Based on those recent issues, opioid settlement funds were not awarded. Mid-Plains Center requested funds for a video project with a focus on alcohol education. Since the project is not opioid related, funding was not awarded.

    Three mini-grant applications were received from Law Enforcement organizations.

    A question was asked about the types of requests included in the law enforcement applications. Tiffany said requests included cameras, safety testing equipment and Artificial Intelligence (AI) systems to be used in jails.

    Beth Reynolds-Lewis shared that AI systems are being used in area jails, some on a trial basis, to enhance mental health care for inmates by providing personalized support, offering telehealth options and identifying self-harm risks. The system can prompt inmates to seek in-person professional help.

    An AI system used in jails is typically a device that is slightly smaller than an I-pad. The number of devices used varies with the size of the jail. Devices are HIPAA protected with built-in firewalls and safeguards. The AI systems have been widely used and well accepted by inmates and staff. The systems are new and developers are resolving issues and improving functions.

    Discussion took place.

    Tiffany shared that the six behavioral health regions are conducting a needs assessment survey regarding behavioral health needs of jails. Tiffany emailed the survey to area jails. Region 5 will tabulate all responses, and each region will receive a report for their region. Behavioral health gaps identified in the survey will be reviewed as there may be areas in which we can assist and would be complimentary to the Sequential Intercept Mapping that was completed on a statewide level at the end of June 2026. Tiffany will share survey results when available.

    Discussion took place about the responsibility of county jails to provide for inmates' medical needs, which is often a significant burden on county budgets. Inmates who enter jail with Medicaid

coverage and are incarcerated for an extended period of time lose their Medicaid coverage. Currently, there is no mechanism to pay for medical care such as medications and injections.

The situation is being addressed at the federal level. Work is being done to re-enroll inmates in Medicaid prior to their release, so coverage is in place when inmates leave jail.

b. LB 901 Update
LB 901 was passed into law last session and is related to the Mechanical Gaming Device Tax Act and involves keeping some of the tax revenue for behavioral health services within the region where gaming devices are located.

Region 3 asked the Division of Behavioral Health how the revenue is to be received and the stipulations for use. Details are currently unavailable and clarification is needed. The behavioral health regions would like to schedule a meeting with Senator Spivey and others involved in the bill to gain a better understanding of their intent.

12. Other Business
A question was asked about the value of inviting a Network Provider to a Regional Governing Board (RGB) meeting to share information about their organization. Board members agreed that this would be beneficial and that different providers could attend different meetings when the agenda allows for a guest speaker. This will be considered for future RGB meetings.

13. Date of Next Meeting
October 30, 2026
9:30 a.m. – 12:00 p.m.
Region 3 Behavioral Health Services
4009 6th Avenue, Suite 65
Kearney, NE

14. Adjourn
The meeting was adjourned at 11:20 a.m.