What's Happening in the Regional Behavioral Health System and What are the Partnership Opportunities with Nebraska Hospitals?

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# Regional Behavioral Health Authorities – A Historical Perspective

- In 1974, the Nebraska Unicameral passed LB 302, The Comprehensive Community Mental Health Services Act. Given the diverse population, resources, and needs of the State, six regions were organized. The legislation established the governance structure, matching funds, and duties/responsibilities.
- In 1977, LB 204 was passed extending public policy to include substance abuse services, as well.
- LB 1083, the Nebraska Behavioral Health Services Act (2004), provided the framework and funds to develop community-based services so that persons with behavioral health issues could be served closer to their home communities. This legislation confirmed the authority of the Regions and the Regional Governing Boards, matching fund requirements and procedures, services, power, and duties of the Regional Behavioral Health Authorities.





#### **Regional Behavioral Health Authorities**





#### Nebraska Public Behavioral Health System

Boards include local elected officials.

To provide public safety and health and safety of persons with behavioral health disorders with statewide access to an appropriate array of community-based services.



Refor



## Regional Behavioral Health Authorities – Roles and Responsibilities

- Statutory Responsibility (Neb. Rev. Stat. 71-801 through 71-831):
  - Development and coordination of publicly-funded behavioral health services.
  - Integration and coordination of the publicly-funded behavioral health system within the region.
  - Comprehensive planning for the provision of an appropriate array of community-based behavioral health services and continuum of care for the Region.
  - Submission, for approval, an **annual budget** and proposed plan for funding and administration of publicly-funded behavioral health services.
  - Initiation and oversight of contracts for the provision of behavioral health services.
  - Coordination of site reviews (audits) of services.
  - Submission of **reports**, as required.





## Regional Behavioral Health Authorities – Roles and Responsibilities

- Regional dollars are capitated; federal and state funds are available, based upon legislative appropriation, through an annual contract with Division of Behavioral Health. A portion of the legislative appropriation is distributed to the six Regional Behavioral Health Authorities. Matching funds are provided by the counties.
- These are the non-Medicaid funds available in the state for publicly-funded behavioral health services and supports.
- Funds are intended to support treatment, rehabilitation and prevention activities for indigent and uninsured populations with behavioral health needs. In Region 6, this work is accomplished through contracts with 26 community-based service providers.
- Specialized coordination efforts are provided for **emergency**, **housing**, **youth**, **prevention**, **consumer**, **and transition areas**.
- These efforts include:
  - o problem solving,
  - o providing support for system partners as well as individuals and families,
  - o developing and maintaining partnerships,
  - o providing training and education in the community, and
  - o **advocating** for improvements.
- This **coordination function is unique** in the behavioral health system and is not available from any other entity or organization.





#### Access to Services

#### Eligibility for Services Funded by the RBHAs

- Financial Criteria (income/family size)
- Clinical Criteria (service definitions)
- Citizenship (U.S. legal presence)
- Nebraska Resident
- Refer to/Contact Community Based Network Service Providers (e.g., see Region 6 website service directory)
  - Service Provider will evaluate individual's insurance coverage (commercial, Medicaid, Region), assess service eligibility criteria, and seek authorization for payment, if needed





#### Challenges

- Lower utilization of RBHA funds
  - Medicaid Expansion, COVID, Workforce
- Funding Reductions to RBHAs
  - FY 24: Lost \$10.3 million
  - FY 25: Lost \$15 million
  - FYs 24-25: No Revenue For Mandated Rate Increases, estimated loss of \$8.1 million
- Result: Capacity Reductions, Program Eliminations
- Department of Justice Investigation





#### **RBHA Investments**

- Region 6
  - Board of Mental Health Position (Pilot Project, Sarpy/Cass)
  - Intermediate Residential Mental Health Program
  - Crisis Stabilization Center/Mental Health Respite in Sarpy County
  - Opioid Settlement Funds Application/Distribution Process
  - Partnerships with Criminal Justice Systems (Stepping Up Initiative)
- Region 5
  - Youth and Family Crisis Response Center
  - Recovery and Wellness Engagement and Outreach Center
  - Expanded Supported Housing Vouchers
  - Coordinated Specialty Care
  - Opioid Settlement Funds Application/Distribution Process
  - Partnerships with Criminal Justice Systems (Stepping Up Initiative)





### **RBHA** Investments, continued

- Region 4
  - Wellness/Recovery Services (Norfolk and Columbus)
  - Opioid Settlement Funds Application/Distribution Process
- Region 3
  - Crisis Stabilization Center
  - Medically Monitored Detoxification
  - Expanded Short-term Residential
  - Opioid Settlement Funds Application/Distribution Process





### Nebraska CCBHC Legislation: LB276

- Approved by Governor Pillen, May 25, 2023
- LB 276 initiates the state plan for establishing Certified Community Behavioral Health Clinics (CCBHCs), requires amendment of the state's Medicaid programs
- Aid development of seven clinics in Omaha, Lincoln, Fremont, South Sioux City, Norfolk, and Hastings through the state's Medicaid program
- Nine core service categories: crisis, screening/diagnosis, psychiatric residential, outpatient, primary care, targeted case management, treatment planning, veteran mental health care, peer support
- Would require CCBHC prospective payment system be in effect January 1, 2026





Service Needs Identified by Hospital/Emergency Department Representatives, Region 6

- Inpatient capacity to serve violent mentally ill individuals under the influence of substance(s)
- Medically monitored detoxification center
- Case management capacity in emergency departments





#### Best Ways to Support and Collaborate

- Advocacy efforts, common causes
- Good communication, meetings between hospital and RBHA representatives
- What data is available to share?
- What are the needs and gaps?
- Improve case management for better service connections
- Contact your RBHA with questions and concerns
- Other ideas?





#### **Contact Information**

- Regional Behavioral Health Authorities:
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### **Region 6 Behavioral Healthcare**

Working together for a healthy Nebraska

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