

REGIONS' ROLES AND RESPONSIBILITIES

In 1974, The Nebraska Unicameral passed LB.302, The Nebraska Comprehensive Community Mental Health Services Act, stating, "It is hereby declared to be the public policy of the state of Nebraska that all persons residing in Nebraska shall have access to mental health facilities, programs, and services". In 1977, LB. 204 was passed which added to the provision of substance abuse services. On April 14, 2004, then Governor Mike Johanns signed into law Legislative Bill 1083, the Nebraska Behavioral Health Services Act. LB 1083 reinforced the roles and responsibilities of the Behavioral Health Authorities in the Nebraska Behavioral Health System (NBHS).

The NBHS is a system that incorporates treatment services and recovery supports to serve individuals who experience a mental illness and/or substance use disorder at the community level all across Nebraska. Since 1974, the Regions have had statutory responsibility for organizing and supervising comprehensive behavioral health services at the local level. Their work goes beyond simply funding programs.

Roles of the Region

Region 1 is the regional administrative entity responsible for the development and coordination of a network of publicly funded providers within each Region. The Region must encourage and facilitate the involvement of consumers in all aspects of service planning and delivery within the service area.

Regions are responsible to:

1. Develop, maintain, and provide system planning, coordination, monitoring, and leadership to a provider network in their geographical area to meet the behavioral health needs of persons meeting the DBH clinical and financial eligibility criteria.
2. Provide effective financial management, to include the development of an annual budget plan, implement, and complete audits or services purchased from providers, and establish processes to actively monitor utilization, cost efficiency of services, and movement of all funds.
3. Develop and maintain quality assurance or improvement plan.
4. Participate and contribute to statewide Nebraska Behavioral Health System through active participation and collaboration in meetings, planning, and initiatives to improve services.
5. Ensure a recovery-oriented and person-centered community-based behavioral health services are provided in the most integrated setting appropriate for each consumer's needs.

Network Management: This area of Coordination provides oversight of all contracted Network providers and is responsible for contracting for behavioral health services for consumers in our service area.

- Conduct needs assessment and strategic planning
- Service development
- Develop policy and procedures to determine eligibility for enrollment
- Develop contracts for direct provision of services
- Determine minimum standards for behavioral health providers
- Complete provider enrollment

- Determine the capacity necessary to meet a balanced behavioral health system
- Provide technical assistance to providers
- Oversight of Provider network and contract compliance

Fiscal Management: Provide financial management of all funds designated in the Region's contract with DBH. This includes the development and submission of an annual regional budget plan on-going oversight throughout the fiscal year, and development and submission of actual expenditures of funds report. Review of all monthly expenditures for all services in the contract and for priority populations, other identified priority services such as (housing, supported employment), and maintenance of effort. Drawdown of budgeted amounts, historical performance, and other related factors for service utilization, are used to determine the need for contract shifts and adjustments. Conduct Region billing and submit an annual report demonstrating the amount of all funds expended in the contract, including state, federal, and other funding sources. Conduct annual fiscal and programmatic review of contracted providers.

Continuous Quality Improvement Coordination: Ensure engagement and participation with other state partners to promote efficient data collection processes, effective data reporting and analysis, development of infrastructure to drive change, including but not limited to RQIT, State Quality Improvement Team, and cross system CQI infrastructure. This area of Coordination is responsible to improve the efficiency and effectiveness of services including CDS/EBS, create alignment of state and national outcome measures, value based contracting, system flow and crisis system metric, aligning data dashboards, data report development and implementation to include familiar faces, EPC diversion, community tenure, and readmissions. Conduct consumer surveys and align with DBH strategic plan to improve consumer and family voice in the planning and evaluation process. Conduct audits of all providers receiving Region 1 funding for service delivery.

- Data collection and reporting
- Data monitoring and evaluation
- Ensure that services are of high quality and provided in a cost effective manner
- Ensure services are trauma informed
- Develop and implement strategies that strengthen the expertise within the behavioral health workforce by providing technical assistance and professional training.
- Maintain a system that evaluates provider performance and consumer outcomes using monthly, quarterly, and annual reports.

Consumer and Family Coordination: Ensure the development of regional recovery-oriented community-based services, which promote and facilitate educational opportunities and other activities to enhance recovery, resiliency, and whole health wellness for consumers and their families. This area of Coordination must engage in activities that promote quality improvement and provide technical assistance for recovery-oriented system of care and trauma-informed care. Utilize personal lived experience to advocate for voice and choice, integration of consumer as a priority, reduction of behavioral health stigma, facilitation of meaningful involvement of consumers and their families in the development of programs and policies. Implement formal and strategic system links with other key stakeholders to expand consumer and family involvement in service planning and delivery. Manage and maintain a behavioral health consumer advisory committee that meets quarterly. Provide assistance, coordination, and opportunities for consumer feedback and participation in statewide events. Report on engagement through the provision of education to consumers.

Housing Assistance Services: Provide leadership, planning activities and system problem solving for housing issues for persons with extremely low incomes who have behavioral health disorders. This includes collaboration with local housing partners and other system partners. Administer supportive housing program to serve as a funding source for target populations. This area of Coordination is required to participate in activities related to fidelity monitoring for Supportive Housing service and to ensure housing compliance with data reporting and outcome performance.

Justice BH/Emergency Coordination: Provides leadership and resource development with system partners to improve diversion, engagement, connection, and intervention of services by successfully promoting access, coordinating, and sustaining a community-based emergency system and crisis service system designed to meet the complex needs of individuals experiencing behavioral health crisis or an emergency by building robust prevention, treatment, and recovery. This includes identification of behavioral health crisis core services, capacity development with system partners for prevention continuum including suicide prevention, treatment, recovery, adult, youth, and integrated systems of care. This area of Coordination is required to strategize/recommend capacity development related to 988 “someone to call, someone to respond, and somewhere to go” partnerships and identify strategies to divert individuals from emergency rooms and jails. This Coordination is also responsible for ensuring that individuals experiencing a behavioral health crisis receive the least restrictive and most appropriate level of care. Collaboration with County Attorneys and local mental health boards on system issues, and partnerships to improve system flow to and from all levels of care. Review/monitor referrals made to LRC waitlist, partner in implementation of specialized discharge planning for consumers at LRC. Promote sequential Intercept Mapping and or Stepping Up initiatives.

Prevention System Coordination: The prevention system seeks to produce sustained outcomes in preventing the onset and reducing the progression of substance use disorders and mental illness and related consequences among communities. Prevention is designed to operate at the community level leading the development of strong, sustainable, community based prevention activities focused on pro-social and normative changes. The Region 1 prevention team coordinates and monitors local community coalitions, other community-based partnerships, and activities to ensure that prevention services are available, accessible and that duplication of efforts are minimized. Prevention activities must include protective factors, decrease risk factors, and build prevention capacity at the community level. Prevention must also include strategies that address priority population and use the analysis of data, evidence base or promising practices and be in alignment with the community’s strategic prevention plan.

Youth System Coordination: The Youth system ensures collaboration with youth serving agencies including Division of Children and Family Services, Managed Care Organizations, and AOC in planning,

and developing the system of care infrastructure for youth and families experiencing behavioral health disorders. This area of Coordination is responsible for expanding behavioral health services for youth in our region based on needs identified by stakeholders and any needs assessments conducted. Engage in activities that promote quality improvement by participating in statewide youth system coordination and providing technical assistance to providers. Coordinate 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. This area of Coordination also supervises and oversees the Professional Partner Program.

Disaster Coordination: Regions are required to have the capacity to respond to the psychological needs of people affected by a disaster with the Regions assigned service area and have a written plan prepared to meet the disaster-generated psychosocial needs for the people residing within our Region. The plan must reflect coordination of its disaster preparations and response with the other emergency responders. Regions must work in cooperation with the local emergency management organization and the DBH to organize, recruit, and train qualified behavioral health staff to respond in times of disaster. The behavioral health personnel designated to serve as part of the disaster response team must have received training to develop skills for providing psychosocial support after a disaster.