

Recovery-Oriented System of Care in the Public Behavioral Health System

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Thomas Janousek, PsyD, Deputy Director, Division of Behavioral Health, Nebraska
Department of Health and Human Services

Patti Jurjevich, MPA, Regional Administrator, Region 6 Behavioral Healthcare

Patrick Kreifels, MSW, LICSW, Regional Administrator, Region V Systems



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 confirms the authority of the Regions and the Regional Governing Boards, matching fund requirements and procedures, services, powers and duties of the Regional Behavioral Health Authorities.

Regional Behavioral Health Authorities



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, recovery, and prevention activities for indigent, uninsured, and underserved populations with behavioral health needs.
- The Regional system provides strategies for local participation and local autonomy in the development and delivery of behavioral health services.
- Success of the Regions is rooted in the ability to represent and respond to local needs.
- The Region's efforts are enhanced through the partnerships it has created with consumers, local service providers, State agencies, and other care systems.

Regional Behavioral Health Authorities – Network Management and System Coordination

- Roles and responsibilities
 - Direct the planning, organizing, monitoring, and evaluation of services to assess needs, gaps and barriers.
 - Advocate for system improvements.
 - Provide strategies for local participation and local autonomy in the development and delivery of behavioral health services.
 - Provide technical assistance and consultation to organizations, groups, and individuals..
 - Develop process and outcome standards to measure quality service delivery: effectiveness, efficiency, satisfaction, and access.

Regional Behavioral Health Authorities – Network Management and System Coordination

- Roles and responsibilities, continued
 - Coordinate specialized efforts for emergency system, housing services consumer affairs, youth system, prevention system and transition services.
 - Contract with community-based service organizations to provide behavioral health treatment, rehabilitation, recovery, and prevention activities.

Regional Behavioral Health Authorities — Youth System and Prevention Coordination Initiatives

- 988 Awareness
- School Community Intervention and Prevention (SCIP) Program
- Suicide prevention (Hope Squad, Safe Homes and Lethal Means Safety Devices, Zero Suicide)
- Trainings (Mental Health First Aid, Question Persuade, Refer, Opioid Overdose Prevention)
- Support Community Coalitions to impact underage drinking, binge drinking, marijuana use, and nicotine prevention

Regional Behavioral Health Authorities — Funded Services for Youth

- Crisis Response (in-person, virtual, phone)
- Rental Assistance (19+)
- Assessment, Outpatient, and Therapeutic Consultation (includes school-based programs)
- Medication Management
- High Fidelity Wraparound (Professional Partners)
- Coordinated Specialty Care (First Episode Psychosis)
- Family Resource Center

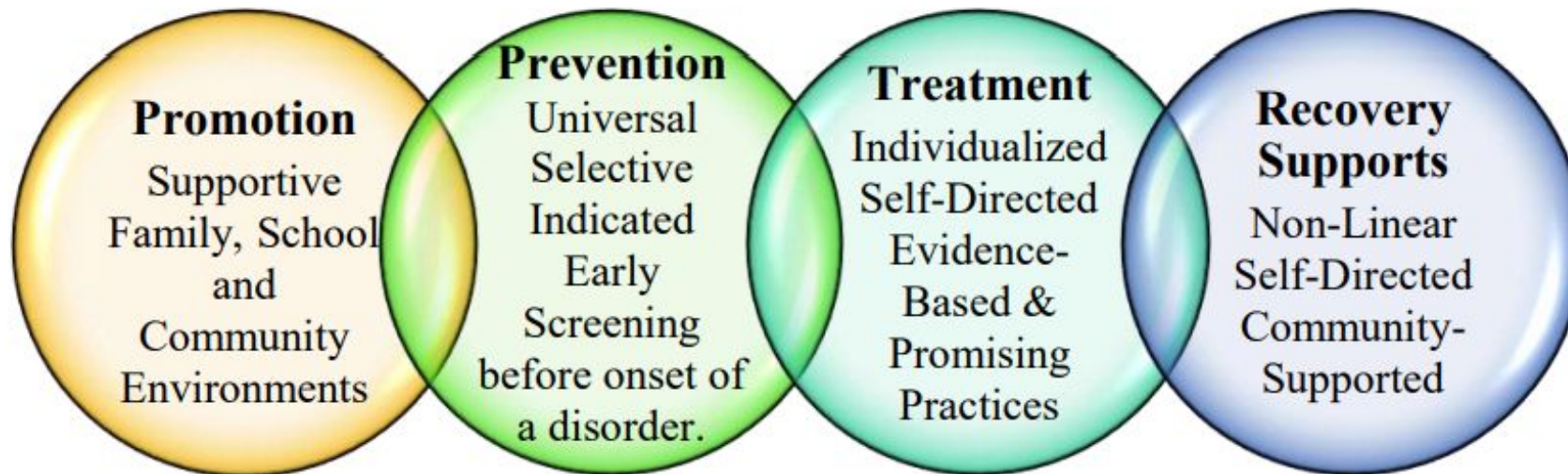
Regional Behavioral Health Authorities — New Initiatives

- Assessment study on substance use needs of youth
- Opioid Settlement Funds, planning on needs, gaps, priorities
- SAMHSA System of Care Grant with ESU#3
- Voluntary Crisis Stabilization/Mental Health Respite

What is a Recovery-Oriented System of Care?

- Maintain the goal of establishing coordinated networks of community-based services and supports that are person-centered, build on a person's existing strengths, and improves quality of life for individuals with or at risk of a substance use or mental health problem.
- It looks at opportunities for support beyond traditional clinical services and includes prevention efforts, early intervention efforts and activities that promote health, wellness and resiliency.
- Substance Abuse & Mental Health Services Administration (SAMHSA)-Major dimensions of Recovery:
 - **Health**: Overcoming or managing one's diseases) or symptoms, and making informed, healthy choices that support physical and emotional well-being.
 - **Home**: having a stable and safe place to live.
 - **Purpose**: conducting meaningful daily activities, such as job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society.
 - **Community**: having relationship and social networks that provide support, friendship, love, and hope.

Recovery-Oriented System of Care



State Level Initiatives:

988 and Certified Community Behavioral Health Centers (CCBHCs)

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Behavioral Health Crisis

A mental health crisis is a non-life-threatening situation in which an individual is exhibiting extreme emotional disturbance or behavioral distress, considering harm to self or others, disoriented or out of touch with reality, has a compromised ability to function, or is otherwise agitated and unable to be calmed.

- **The goal of crisis response is to return to pre-crisis functioning**

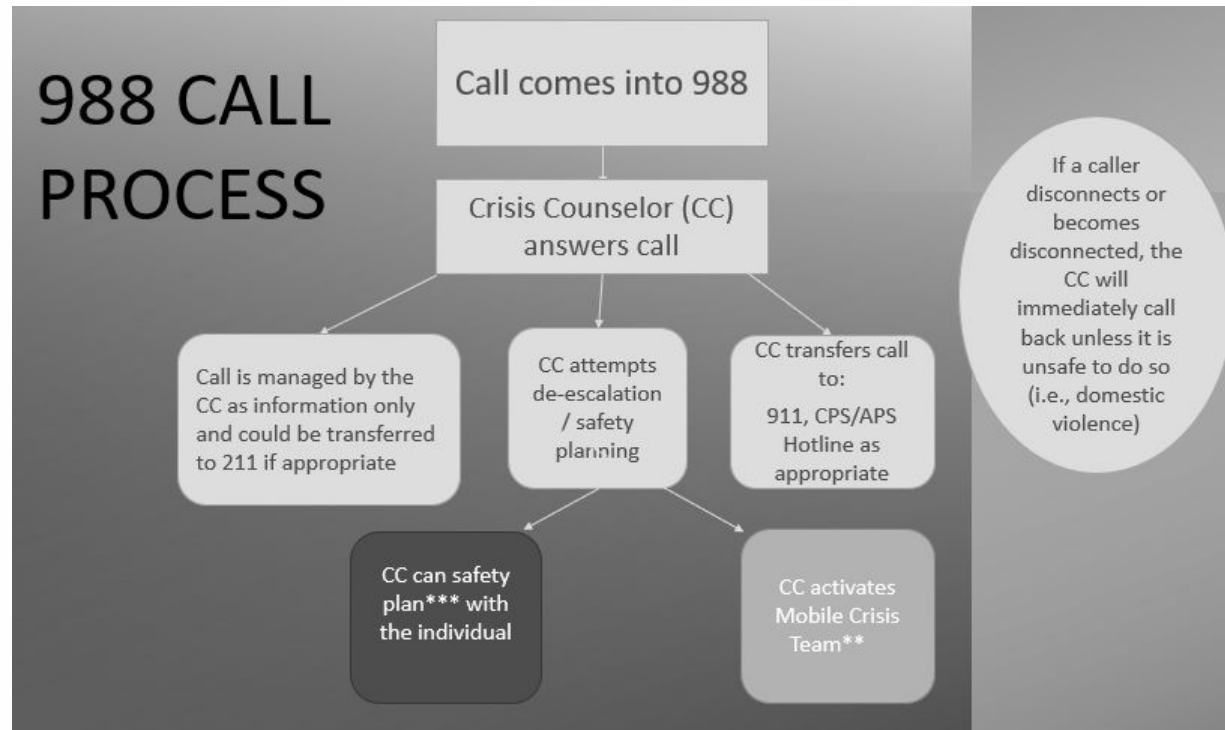
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Nebraska 988 Call Process



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Statewide 988 Call Volume by Month-Since Inception July 2022

| Month | Calls Presented | Calls Answered | Adj. Ans Rate | ASA | Abandon | Abandon % | Abandon <10s | Short Aband % of Abandons | Avg. Talk (mins) |
|---------|-----------------|----------------|---------------|------|---------|-----------|--------------|---------------------------|------------------|
| Jul | 1240 | 1126 | 95.10% | 0:11 | 114 | 9.20% | 56 | 49.10% | 13:18 |
| Aug | 1550 | 1426 | 95.20% | 0:11 | 123 | 7.90% | 51 | 41.50% | 12:46 |
| Sep | 1426 | 1298 | 94.50% | 0:10 | 106 | 8.90% | 52 | 40.60% | 13:58 |
| Oct | 1781 | 1645 | 94.80% | 0:09 | 136 | 7.60% | 46 | 33.80% | 10:22 |
| Nov | 1345 | 1246 | 96.00% | 0:10 | 99 | 7.40% | 47 | 47.50 | 14:23 |
| Dec | 1508 | 1416 | 94.80% | 0:10 | 92 | 6.10% | 15 | 16.30% | 14:43 |
| Jan '23 | 1482 | 1381 | 95.50% | 0:11 | 101 | 6.80% | 36 | 35.60% | 14:34 |
| Feb '23 | 1415 | 1311 | 94.90% | 0:10 | 104 | 7.3% | 34 | 32.7% | 14:44 |
| Mar '23 | 1647 | 1540 | 96.30% | 0:09 | 107 | 6.5% | 48 | 44.90% | 15:18 |
| Apr '23 | 1670 | 1569 | 96.60% | 0:09 | 101 | 6.00% | 45 | 44.60% | 14:53 |

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Statewide 988 Chat vs. Text Volume (7/16/22-4/30/23)

| Month | Chat | | | Text | | | Totals | | |
|---------------|--------------|---------------|------------------|--------------|---------------|------------------|-----------------------|------------------------|---------------------------|
| | Chat Offered | Chat Answered | Chat Answer Rate | Text Offered | Text Answered | Text Answer Rate | Total Digital Offered | Total Digital Answered | Total Digital Answer Rate |
| July '22 | 152 | 124 | 81.6% | 88 | 73 | 83.0% | 240 | 197 | 82.1% |
| Aug '22 | 222 | 200 | 90.1% | 200 | 168 | 84.0% | 424 | 370 | 87.3% |
| Sept '22 | 212 | 187 | 88.2% | 199 | 174 | 87.4% | 411 | 361 | 87.8% |
| Oct '22 | 192 | 165 | 85.9% | 301 | 263 | 87.4% | 494 | 428 | 86.6% |
| Nov '22 | 265 | 224 | 84.5% | 175 | 156 | 89.1% | 456 | 391 | 86.4% |
| Dec '22 | 181 | 152 | 84.0% | 246 | 208 | 84.6% | 427 | 360 | 84.3% |
| Jan '23 | 232 | 201 | 86.6% | 251 | 220 | 87.6% | 483 | 421 | 87.2% |
| Feb '23 | 214 | 189 | 88.3% | 264 | 228 | 86.4% | 478 | 417 | 87.2% |
| Mar '23 | 212 | 189 | 89.2% | 221 | 203 | 91.9% | 433 | 392 | 90.5% |
| Apr '23 | 205 | 187 | 91.2% | 214 | 197 | 92.1% | 419 | 384 | 91.6% |
| Totals | 2087 | 1818 | 87.1% | 2159 | 1890 | 87.5% | 4265 | 3721 | 87.2% |

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Regional Behavioral Health Authority 988 Call Volume (7/16/22-4/30/23)

| | Region 6 | Region 5 | Region 4 | Region 3 | Region 2 | Region 1 | Unknown | Nebraska |
|-------------------------|----------|----------|----------|----------|----------|----------|---------|----------|
| Inbound Contacts | 6546 | 3201 | 679 | 962 | 472 | 523 | 1084 | 13,467 |
| Percentage | 48.61% | 23.77% | 5.04% | 7.14% | 3.50% | 3.88% | 8.05% | 100.00% |

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Regional Behavioral Health Authority 988 Mobile Crisis Response (7/16/22-4/30/23)

| MCR Offers | MCR Declines | MCR Activations |
|------------|--------------|-----------------|
| 321 | 201 | 120 |

| Response Modality | Community | Phone | Telehealth | Facility |
|-------------------|-----------|-------|------------|----------|
| | 59 | 55 | 5 | 1 |

| Location | Region 6 | Region 5 | Region 4 | Region 3 | Region 2 | Region 1 |
|----------|----------|----------|----------|----------|----------|----------|
| | 68 | 33 | 7 | 7 | 1 | 4 |

| Age | Adult | Youth |
|-----|-------|-------|
| | 106 | 14 |

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Nebraska CCBHC Legislation: LB276

- Approved by Governor Pillen, May 25, 2023
- LB 276 initiates the state plan for establishing CCBHCs, as well as include them in an amendment of the state's Medicaid programs in legislation
- Aid development of at least five such clinics in Omaha, Lincoln, Fremont, Kearney and Hastings through the state's Medicaid program
- Would require CCBHC prospective payment system be in effect January 1, 2026

<https://nebraskalegislature.gov/FloorDocs/108/PDF/Intro/LB276.pdf>

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Who can be a CCBHC?

- A nonprofit organization, as long as all of its components satisfy the criteria.
- Private, for-profit clinic or organization cannot be CCBHC, but can enter into a formal agreement with a CCBHC to be a designated collaborating organization (DCO).
- One clinic in a larger nonprofit organization can be a CCBHC and another part of the organization can be a DCO.
- State-operated clinic can be a CCBHC.
- Clinic owned and operated by a local behavioral health authority can be a CCBHC.
- Tribal health organization, clinic, or health center can be a CCBHC.

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CCBHC Core Services

CCBHCs Provide Nine Core Services Directly or Through Formal Partnerships

Crisis Services



Outpatient Mental Health & Substance Use Services



Screening, Diagnosis & Risk Assessment



Person- & Family-Centered Treatment Planning



Psychiatric Rehabilitation Services



Community-Based Mental Health Care for Veterans



Outpatient Primary Care Screening & Monitoring



Peer, Family Support & Counselor Services



Targeted Case Management



CCBHCs must provide services to anyone seeking help for a mental health or substance use condition, regardless of their ability to pay, place of residence, or age - including developmentally appropriate care for children and youth.

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Significant Updates to Advance the Field

- **Crisis Continuum of Care**

Someone to Call, Someone to Respond,
and Somewhere to Go

- Required partnership with 988 suicide hotline & local Crisis Lifeline
- Crisis stabilization
- Mobile services
- Peer Specialists
- Zero Suicide Framework
- Emergency System Coordination
- Youth System Coordination

- **Improving Health Equity**

- Requirements to align training with Nation Standards for Culturally and Linguistically Appropriate Services (CLAS)
- Added focus on social determinants of health as part of diagnostics, treatment, and planning evaluation
- Added requirements for CCBHCs to have an explicit focus on populations experiencing health disparities.

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Contact Information

- Regional Behavioral Health Authorities:
 - Holly Brandt, Region 1 Behavioral Health Authority, 308-635-3173, www.region1bhs.net
 - Katie McCarthy, Region II Human Services, 308-534-0440, www.r2hs.com
 - Beth Baxter, Region 3 Behavioral Health, 308-237-5113, www.region3.net
 - Ingrid Gansebom, Region 4 Behavioral Health System, 402-370-3100, www.region4bhs.org
 - Patrick Kreifels, Region V Systems, 402-441-4343, www.region5systems.net
 - Patti Jurjevich, Region 6 Behavioral Healthcare, 402-444-6573, www.regionsix.com
- Division of Behavioral Health, Department of Health and Human Services:
 - Thomas Janousek, PsyD, 402-471-7732, Thomas.Janousek@nebraska.gov

