

Talking Points for Regional Behavioral Health Governing Board Members 2022/2023

- 1. Six Regional Behavioral Health Authorities operate independently of the Nebraska State Division of Behavioral Health (DBH) with a portion of their dollars coming from Counties (property taxes).** The Governing Boards of each region are comprised of a county commissioner or supervisor from each county in the respective behavioral health region. This structure has been in place since the 1970s and was reconfirmed by the passage of behavioral health reform legislation in 2004.
- 2. The system offers a full continuum of care for persons with mental illness and substance use disorders and is available throughout Nebraska and includes crisis response, inpatient, residential and outpatient care.**
- 3. The six Regional Behavioral Health Authorities are the mental health and substance abuse safety net.** While many programs accept insurance and Medicaid, there remains a significant number of individuals that would not have access to needed services without Regional Behavioral Health Authority funds provided through contracts to community based providers.
- 4. All six Regional Behavioral Health Authorities are committed to supporting a Recovery Oriented System of Care, the foundational values of which include: Person-centered, partnership, voice and choice, strengths-based, and focus on health and wellbeing.**
- 5. While many provisions of this are clearly also supported by the Division of Behavioral Health, the second item – partnership – has been lacking in the last 6 or so years.** We have seen much more of a “top-down” approach.
 - Example: DBH has been unwilling to sign off on contract amendments that would allow for the movement of funds between services when needed by individual regions.
 - Example: DBH has been rigid in its interpretation of budget language designed to give flexibility to the regional behavioral health authorities.
 - Example: Historically, DBH would allow Regional Behavioral Health Authorities to shift a percentage of their budget lines between services without prior approval. This practice is no longer allowed.
- 6. Since 2018, DBH has engaged in a process of usurping local control.** The DBH is trying to take more control of decision-making over what was historically decided by local Regional Behavioral Health Governing Boards. This

takes the decision-making away from local elected officials in favor of bureaucrats in Lincoln.

7. **Flexibility would provide for local control, oversight of the use of behavioral health resources.** The reason we have regional system is to provide of local insight and control for individuals in need of behavioral health or addiction services. For example, the mental health needs for an individual in Omaha may not be the same as an individual in Scottsbluff or North Platte. There must be local control versus dictates from Lincoln to address needs.
8. **Asking for support of legislation that provides this flexibility to the Regional Behavioral Health Authorities.** The Legislation will provide a process whereby a Regional Governing Board, through its administrator, will request the movement of dollars within their contract to address a need in their respective region. The DBH will have time to act to approve that request. If the process is delayed, then the amendment is deemed approved. Fundamentally, we are looking to make sure that local officials have the resources they need to provide the services Nebraskans need.