REGIONAL BEHAVIORAL HEALTH RECOVERY ORIENTED SYSTEM OF CARE

August 18, 2022

The six Regional Behavioral Health Authorities (RBHAs) are committed to supporting a *Recovery Oriented System of Care* (ROSOC) that consists of services that are trauma-informed, culturally responsive, community-based, co-occurring disorders competent, and incorporates person and family-centered and self-directed approaches to care that build upon the strengths and resilience of individuals across the life span, families, and communities. The underlying mission of this system is to improve the health, wellness, and recovery of individuals and families.

Service development and delivery, funding, and operational decisions are made to support services and activities that promote recovery for adults and resiliency for children, prevent problem behaviors across an individual's life span, and facilitate community competency, leadership, and partnership. The RBHAs are committed to ensuring that services are of the highest quality possible to meet the behavioral health needs of individuals served through their Networks.

To meet the complex needs of individuals and families across Nebraska who seek services through the RBHA Provider Networks, flexibility, service innovation, the provision of evidence-based and promising practices, and the support of an infrastructure that facilitates access, effective treatment, and quality are essential.

The Substance Abuse and Mental Health Services Administration (SAMHSA) has defined recovery from mental illness and/or substance use disorders as a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. SAMHSA has further defined the major dimensions of recovery as:

- **Health:** overcoming or managing one's disease(s) 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 a job, school volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society
- **Community:** having relationships and social networks that provide support, friendship, love, and hope

The following values are the foundation of a ROSOC:

- Person-centered
- Partnership
- Voice and Choice
- Strengths-Based
- Focus on Health and Wellness

The principles of the ROSOC include:

- Integrated
- Community-Based
- Individualized and Comprehensive
- Continuity of Care
- Outcomes-Driven Utilizing Data to Drive and Support Service Development and Delivery

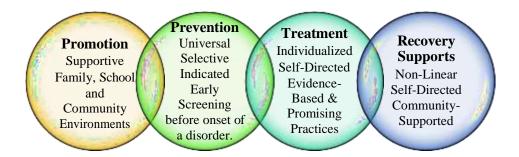
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- Adequately and Flexibly Financed
- Innovative to meet the Individualized and Emerging Needs of People seeking Services and Support
- Involvement of Individuals and Families in Recovery
- Collaborative Decision-Making
- Cross-Systems Stakeholder Involvement

The overarching outcomes of the system are to:

- Improve access to effective behavioral health services and supports
- Ensure quality
- Ensure effectiveness
- Reduce reliance on Regional Centers through the development and implantation of true alternatives at the community level

In collaboration with the Department of Health and Human Services, Division of Behavioral Health (DBH), the RBHAs are statutorily responsible for the development, coordination, and management of a comprehensive, community-based, trauma-informed, integrated recovery-oriented system of care and continuum of mental health and substance use disorder promotion, prevention, treatment, and recovery support services with sufficient capacity to serve all of Nebraska. The expectation is to fund a balanced array of services across the continuum of care that supports wellness, engagement, access, choice and early re-intervention to support life-time recovery.



Due to Nebraska's implementation of Medicaid expansion, the RBHAs are in a unique position at this time. Medicaid expansion has expanded eligibility allowing more individuals to qualify for Medicaid coverage of their behavioral healthcare. This has brought both challenges and opportunity. Funding traditionally utilized to support these individuals has been freed-up for other purposes that can enhance and strengthen the ROSOC at-large. As a result, the RBHAs have the opportunity to redirect and reinvest unused funding to enhance, expand, improve efficiencies, and boost access to behavioral health services across Nebraska.

In addition, there are COVID related emergency and supplemental block grant funds that can provide additional opportunities for further enhancement of the service delivery system. The RBHAs have been working with DBH to assess system needs, identify regional and statewide priorities, and develop plans to maximize funds to benefit the citizens of Nebraska.

The RBHAs are committed to furthering the strategic planning pillars of the Department of Health and Human Services, Division of Behavioral Health listed below and believe these pillars align with the values, principles, and overarching goals of the ROSOC to support the improvement of Nebraska's public

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behavioral health system. The RBHAs' comprehensive system enhancement and reinvestment plan aligns with the strategic pillars and will further these strategies across Nebraska.

- 1. Enhance Behavioral Health Influence
- 2. Implement an Integration Strategy
- 3. Promote Stakeholder Inclusion
- 4. Drive Innovation and Better Outcomes
- 5. Demonstrate and Drive Value

The ROSOC drives the system infrastructure and functionality through

- Innovation, which at its core is about solving problems. The current problems that impede access, continuity of care, and positive treatment and recovery outcomes need to be resolved through innovative and creative approaches to service development and delivery.
- Flexibility of service design, delivery, and payment methodologies
- Informed decision-making utilizing qualitative and quantitative information and data
- Service Definitions that reflect individual needs
- Collaboration with system partners to ensure access, payment, and continuity of care as
 individuals transition from one system and payer source to another and back so that care is not
 interrupted

Over the past several years there has been an erosion of the flexibility needed to effectively manage the behavioral health system and achieve desired system outcomes. As a result, there has been the decimation of the Nebraska Behavioral Health System (NBHS) resulting in the reduction of the RBHAs ability to respond to individual, community and system needs. Slowly and methodically, the ability to serve as the safety net of Nebraskans who experience a mental illness and/or substance use disorder has been diminished.

The expansion of the fee for service (FFS) environment has crippled our ability to be innovative and responsive to needs, both present and emerging. This FFS reimbursement method alone, without the opportunity for supplemental financial support to help cover operational costs, also endangers access, especially in rural areas, when providers cannot sustain service capacity. The RBHAs believe it is essential that our system and the Medicaid system, including Managed Care Organizations (MCOs), work together to support individuals as their eligibility changes and their need of ongoing services and support continues beyond an authorization. The practice of discriminating against individuals who experience a mental illness and/or substance use disorder who are Medicaid eligible is inefficient and inhumane.

A person-centered system strives to accommodate the holistic recovery needs, addressing gaps and barriers, of individuals regardless of their payer source in timely, seamless manner. Medicaid and the NBHS can and should be complementary and seamless. The RBHAs serve as the behavioral health safety-net of Nebraska and recognize the need for treatment, rehabilitation, and recovery regardless of payer source and beyond what is authorized by the MCOs for individuals who are Medicaid eligible.

Achieving greater health equity demands a fundamental rethinking of the ways in which care is organized and delivered, a more expansive view of what constitutes "basic health care," and payment reforms that support models that can serve as anchors in the highest-need communities and can ensure continuity of care. (Rosenbaum et al., 2022). The RBHAs support the strengthening of partnerships between Medicaid, the MCOs, the DBH and the RBHAs to better serve individuals who experience a behavioral health crisis, a serious mental illness, a serious emotional disturbance, and/or a substance use disorder. This will allow the NBHS to continue to address the treatment, rehabilitation and recovery needs of individuals and their families served through the RBHA Provider Networks.

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An individual's progression through treatment, rehabilitation and recovery calls for one payer source to be allowed to pick-up where the other leaves off. The NBHS must maximize payer sources to meet the needs of the individuals who seek treatment and support. Flexibility is a key component in effectively addressing the needs of individuals in their home community. Flexibility keeps individuals out of higher levels of care and ensures access to the services they need when they need them.

A ROSOC Service Array is comprehensive and individualized. It expands on the Core Services Document by including the following (though not all inclusive) list of services:

- Wraparound services and supports for adults (individualized, low caseloads, person-centered, culturally responsive, flexibly funded, co-occurring capable, unconditional care, interagency collaboration, and highly focused on community integration and community tenure)
- Clinically Managed Low Intensity Residential
- Psychiatric Emergency Services incorporated in community-based hospitals
- Assertive Community Treatment 'Like"
- Housing support
- Co-occurring services
- Suicide Prevention
- Early intervention in collaboration with community school districts
- Lower levels of care such as Community Treatment or Recovery Aids, Family Support Services
- Evidence supported services for transition age youth and young adults
- Behavioral health services for individuals with developmental disabilities

Continuing gaps in the system include:

- Safe, secure services for individuals who are aggressive and/or assaultive.
- Safe, secure services for individuals whose symptoms do not stabilize
- Easy access to long-term injectables
- Expansion of the substance use service array to address current needs of individuals including opioid use disorders, methamphetamine use disorders, and other drug disorders
- Emergency beds for system partners to utilize quickly

We acknowledge that some individuals require longer-term stabilization and structure; thus, developing true alternatives to utilizing the Lincoln Regional Center will require comprehensive strengths-based assessments to identify individual needs and plan for expanded and individualized services. Needs assessment includes living environment, type of staff support needed, medications, engagement in recovery/rehabilitation services, Activities of Daily Living (ADLs)/Instrumental Activities of Daily Living (IADLs), understanding current peer and staff interactions, and the preferences of individuals.

In conclusion, the Regional Behavioral Health Authorities envision a ROSOC that is accessible, effective, efficient, innovative and flexible in order to meet the current and emerging behavioral health needs of Nebraskans. We envision a compassionate system that is well-resourced, has adequate service capacity, provides comprehensive services across the continuum of care, and ensures continuity of care to support individual recovery regardless of payer source. We also envision a system where behavioral health equity is the expectation, prevention works, treatment is effective, and people do recover.

Reference:

Medicaid and Safety-Net Providers: An Essential Health Equity Partnership.

Www.commonwealthfund.org. https://www.commonwealthfund.org/publications/fund-reports/2022/apr/medicaid-safety-net-providers-equity-partnership