Appendix A-1:
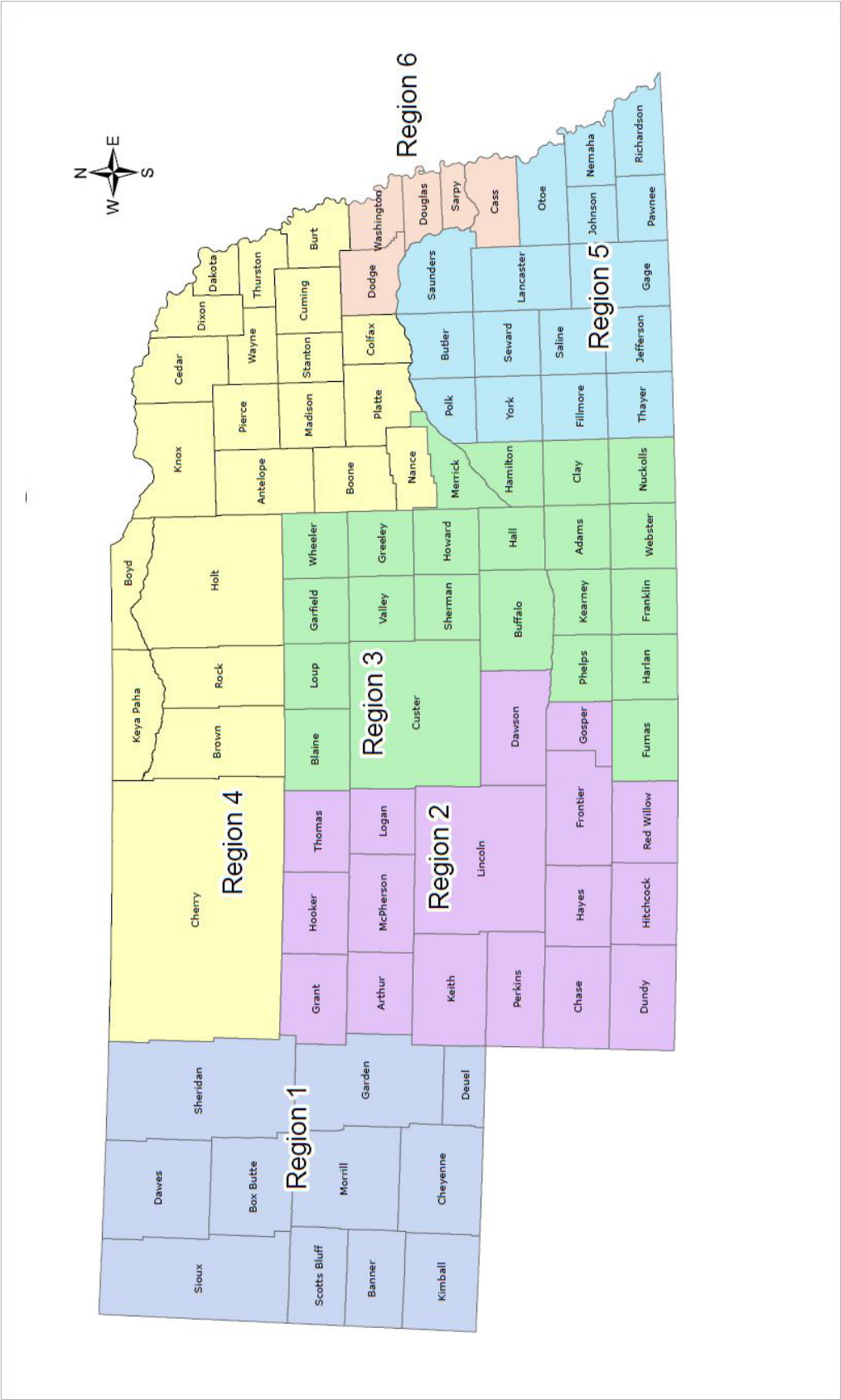**Nebraska Behavioral Health Regions**

Appendix A-1 (Cont.):
Nebraska Behavioral Health Regions

Region 1 Behavioral Health Authority
4110 Avenue D
Scottsbluff, NE 69361
Phone: (308) 635-3171
FAX: (308) 635-7026
region1bhs.net

Region 2 Human Services
110 North Bailey Street
P.O. Box 1208
North Platte, NE 69103
Phone: (308) 534-0440
FAX: (308) 534-6961
www.r2hs.com

Region 3 Behavioral Health Services
4009 6th Avenue, Suite 65
P.O. Box 2555
Kearney, NE 68848
Phone: (308) 237-5113
FAX: (308) 236-7669
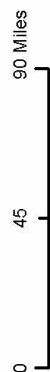www.Region3.net

Region 4 Behavioral Health System
206 Monroe Avenue
Norfolk, NE 68701
Phone: (402) 370-3100 x 120
FAX: (402) 370-3125
www.region4bhs.org

Region 5 Systems
1645 "N" Street
Lincoln, NE 68508
Non-Emergency Phone: (402) 441-4343
Disaster Line: (402) 434-9888
(*For Public Health, Emergency Management & State Behavioral Health Coordinators*)
FAX: (402) 441-4335
www.region5systems.net

Region 6 Behavioral Healthcare
4715 South 132nd Street
Omaha, NE 68137
Phone: (402) 444-6573
FAX: (402) 444-7722
www.Regionsix.com

Appendix A-2:
Nebraska Local Health Departments Map

Source: Nebraska Department of Health and Human Services

*LB 692 passed during the 2001 Legislative Session and provides funds to qualifying local public health departments.

Legend

Local Health Department that does not Qualify for LB 692* Funding

Map updated by:
Public Health GIS Analyst
DHHS GIS 12/16

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Appendix A-3:
Map of Healthcare Coalitions in Nebraska

Rural Region One Medical Response System

Office:402-336-2406
Cell:402-369-3019
Email:rromrs@ncdhd.ne.gov

Omaha Metropolitan Healthcare Coalition
Office:
402-599-9413]

Southeast Nebraska Healthcare Coalition
Office:
402-274-3993

TriCities Medical Response System
Office:308-995-4778
Cell:308-991-9842

Nebraska Plains Healthcare Coalition
Cell:
308-883-0786

Panhandle Regional Medical Response System
Office:
308-633-2866
Cell:
308-262-5764

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2019

Appendix A-4:
Nebraska Medical Reserve Corps Regions
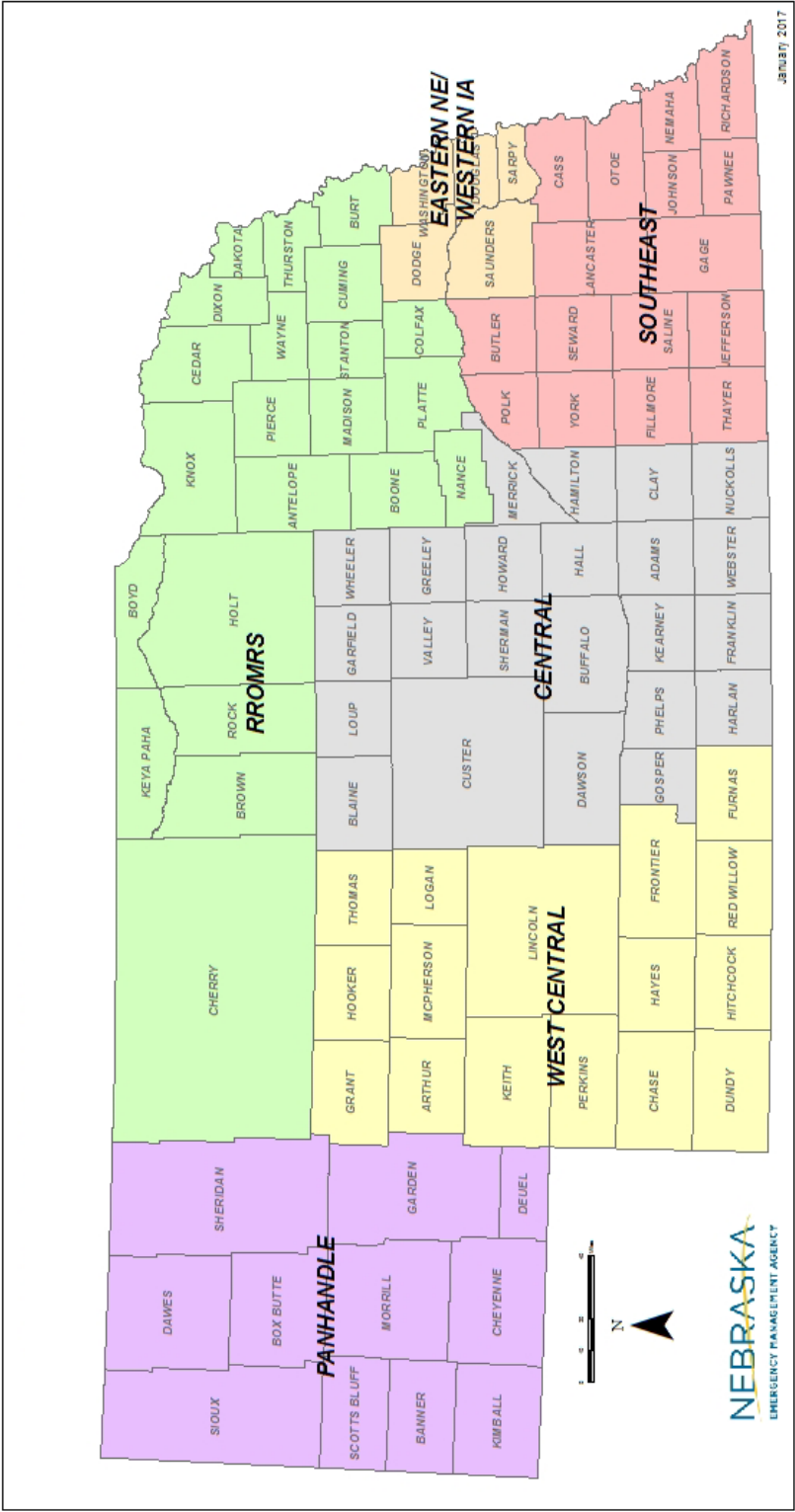
Appendix A-5: Requesting Critical Incident Stress Management (CISM) Services

How to Request CISM Services

How to Request an Intervention

1. Following the incident, contact the State Patrol Troop requesting the need for a Critical Incident Stress Management session. Call 402-479-4921.

2. NSP dispatcher finds out the name of the community involved, nature of the incident, and the name and telephone number of the contact person.

3. Information regarding the incident is distributed to designated team members who do the call-outs.

4. The designated team member will call the point of contact to confirm the need for a CISM intervention and request further information, (i.e., date, time, location, and number of participants).

5. The designated team member will determine what type of intervention is needed (e.g., one-on-one, defusing, debriefing, community management briefing, rest information transition services (RITS), or public education).

6. A CISM session is conducted at the designated location and time.

Appendix A-6: Memorandum of Understanding (Template)

Use this template as a basis to formalize a working relationship with any disaster services agency, institution or group and to describe how the two organizations will work together.

BETWEEN

_____

(Your Agency Name)

AND

_____

(Partner Agency)

I.   PURPOSE: Describe the reasons for this agreement between the two parties.

Example: The purpose of this Memorandum of Understanding is to define the working relationship between Agency X and Agency Y. This agreement will clarify the collaborative roles and responsibilities of the two agencies with respect to disaster response.

II. AUTHORITY OR LEGAL STATUS: Provide a citation of the legal authority the two agencies are operating under and reference documents as appropriate.

Example: Your agency, (Agency X) is mandated under state statutes x, w, and z to coordinate all non-aviation disaster services.

III. ROLES AND RESPONSIBILITIES: Describe in detail all the roles and responsibilities that define the working relationship between the two parties. This will include any coordinated training or planning related to disaster preparation as well as the relationship during an event.

IV. GENERAL TERMS AND CONDITIONS: This section contains the aspects of the agreement related to the execution of the agreement between the two parties. This could include:

• Avenues for periodic review
• Process for cancellation of the agreement by either party
• Procedure for Amendments to the agreement (if any)
• Statements related to any liability
• Terms of the agreement

V. SIGNATURES: Include signature lines and date for all signatures required by Agency X and Agency Y.

_____   _____

Signature, Agency X   Date

_____   _____

Signature, Agency Y   Date