

ONE HUNDRED FOURTH LEGISLATURE

SECOND SESSION

LEGISLATIVE RESOLUTION 413

Introduced by Watermeier, 1.

Read first time January 15, 2016

Committee: Executive Board

WHEREAS, the Legislature finds that an audit of the behavioral health care system by the Legislative Performance Audit Committee found the need for additional study of the ways to reduce behavioral and mental health care service gaps; and

WHEREAS, the existing behavioral and mental health care system in Nebraska relies on a community-based approach requiring appropriate oversight and coordination; and

WHEREAS, the Division of Behavioral Health of the Department of Health and Human Services estimates that there are sixty-two thousand adults in Nebraska with a serious mental illness and that drug and alcohol abuse affects one hundred thirty-four thousand adults in the state.

NOW, THEREFORE, BE IT RESOLVED BY THE MEMBERS OF THE ONE HUNDRED FOURTH LEGISLATURE OF NEBRASKA, SECOND SESSION:

1. The Task Force on Behavioral and Mental Health is created. The task force shall consist of seven members, including the chairperson of the Health and Human Services Committee of the Legislature or his or her designee, the chairperson of the Judiciary Committee of the Legislature or his or her designee, the chairperson of the Appropriations Committee of the Legislature or his or her designee, and four additional members of the Legislature appointed by the Executive Board of the Legislative Council. The committee shall elect a chairperson from among the members who shall call the meetings of the task force.

2. The Task Force on Behavioral and Mental Health shall study the

following issues:

(a) The adequacy and needs of systems and services provided through the behavioral health regions and the adequacy of such services to meet the requirements and expectations of community-based behavioral health care services, including, but not limited to, prevention services, first episode psychosis services, supportive services, supportive housing, emergency services, and services for individuals with developmental disabilities;

(b) The adequacy and needs of the Lincoln Regional Center to provide services to individuals requiring a mental health commitment;

(c) The adequacy and needs of the behavioral health regions, the Lincoln Regional Center, local hospitals, and other service providers to provide care to the full continuum of individuals in need of behavioral health care services;

(d) The adequacy and needs of jails, youth rehabilitation and treatment centers, and the Department of Correctional Services in accessing behavioral health services to achieve public safety goals for individuals exiting the justice system and the ability of the current behavioral health care system in meeting those needs;

(e) The progress of the Division of Behavioral Health of the Department of Health and Human Services in developing a strategic plan, an adequate behavioral health workforce, and data collection initiatives; and

(f) The progress of the division in conducting a statewide needs assessment of the behavioral health system, either by the division or an independent consulting firm. In determining the progress of the statewide needs assessment, the task force shall examine the alignment of financing and delivery of physical health, behavioral health, and supportive services for individuals with behavioral health conditions. The examination shall include, but is not limited to:

(i) Data sources describing the health of the population, including trends, health issues, behavioral factors, environmental hazards, and social and economic conditions;

(ii) Infrastructure, including information technology, reporting standards, data access, and data analytics;

(iii) Provider rates, including reimbursement rates, integration and coordination of behavioral health and primary care services, risk-based versus no-risk models, and potential medicaid waiver options;

(iv) Current statewide workforce, provider shortages, and forecast of need based on growing populations;

(v) Delivery systems, including institutional placement and community alternatives; and

(vi) The ratio of qualified facilities to the state population.

3. The Task Force on Behavioral and Mental Health shall electronically issue a report with its findings to the Legislature no later than December 1, 2016.