Report of the Mental and Behavioral Health Task Force

As established by Legislative Resolution 413

December 1, 2016

Task Force Members:

Senator Kate Bolz, Chairperson ……...…….. District 29
Senator Sara Howard, Vice-Chair …….…...…….. District 9
Senator Sue Crawford……...…….. District 45
Senator John McCollister ……...…….. District 20
Senator Heath Mello ……. District 5
Senator Jim Scheer ……...…….. District 19
Senator Les Seiler……....…….. District 33

Acknowledgements:

The Task Force would like to thank organizations that provided assistance and expertise including:

- The Mental Health Association of Nebraska (MHA-NE)
- The Nebraska Association of Behavioral Health Organizations (NABHO)
- The Department of Health and Human Services' Division of Behavioral Health
- The Department of Health and Human Services' Division of Medicaid and Long Term Care
- Nebraska Hospital Association
- The Nebraska Behavioral Health Regions' Administrators
- Northeast Nebraska Behavioral Health Network
- St. Monica's Behavioral Health Services for Women
- Nebraska Office of Public Counsel (Ombudsman)
- Legislative Research Office
- Legislative Audit Office
- Disability Rights Nebraska (DRN)
- Behavioral Health Education Center of Nebraska (BHECN)
- The University of Nebraska Medical Center (UNMC)
- Legislative Fiscal Office
- Nebraska Association of County Officials (NACO)
- Behavioral Health Support Foundation
- Other organizations and individuals who contributed to this report and the work of the LR 413 Task Force

Table of Contents

Introduction

The Behavioral and Mental Health Task Force was created by the Legislature in the spring of 2016 with the adoption of LR413. The Resolution was introduced by Senator Dan Watermeier, District 1, as chairman of the Legislative Performance Audit Committee. The Performance Audit office issued a report in November, 2015 that examined gaps within the state's Behavioral Health system.[1] The report specifically recommended that the Legislative Performance Audit Committee introduce a resolution to create an ongoing legislative behavioral and mental health oversight committee to monitor the progress and resolution of the issues addressed in the report. LR413 is the result of this recommendation.

The Resolution called on the created task force to study a number of issues including, but not limited to, 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[2]" as well as specific charges including an examination of "current statewide workforce, provider shortages, and forecast of need based on growing populations" and "the adequacy and needs of the Lincoln Regional Center to provide services to individuals requiring a mental health commitment.[3]"

[1] "The DHHS Behavioral Health Division's Role in Reducing Service Gaps," Performance Audit Report, November 2015: http://nebraskalegislature.gov/pdf/reports/audit/dhhs_bh_report2015.pdf
[2] Legislative Resolution 413: http://nebraskalegislature.gov/FloorDocs/Current/PDF/Intro/LR413.pdf
[3] IBID

Summary of Committee Work and Process

Following the adoption of the resolution, the Task Force met on March 22, 2016 and chose Senator Bolz as chairperson and Senator Howard as Vice-Chair. A series of stakeholder meetings were held with governmental agencies, behavioral health service providers, consumers of behavioral health services, advocates for rural areas, advocates for people with disabilities, and representatives from the hospitals.

In addition to those stakeholder meetings, the full Task Force held meetings on May 18, June 15, and August 3rd. The purpose of these meetings was to get the Task Force members briefed on the major topics in the behavioral and mental health public policy field and to choose the highest priority areas for specific focus and in-depth study. As a result of the stakeholder meetings and public meetings, the task force held 5 round table meetings, each with a specific area of focus. Round table meetings included:

- Behavioral and mental health workforce development, recruitment, and retention
- Re-Entry, peer support, and housing
- Emergency Protective Custody issues, rural-specific problems, and adequate availability of hospital-like settings
- Fiscal issues, medicaid, and service rates
- Special populations and their challenges with mental and behavioral health system

A public hearing was held on June 28th in the capitol. A transcript of the hearing can be accessed on the legislature's website at nebraskalegislature.gov.

In addition to the meetings, hearings, and roundtable conversations, Senators and staff have researched a wide range of topics relating to the behavioral and mental health system including national best practices, and locally sourced data on issues including law enforcement training and interaction, substance abuse prevention, funding sources for services, first episode psychosis treatment, and the historical role that deinstitutionalization of mental health services has had on the availability of treatment in the community and its effect on criminal justice. While no time limited legislative group could possibly examine the depth and breadth of the issue area, every effort was made to engage in a thorough examination of the research available.

Findings and Recommendations

SUSTAINABILITY RECOMMENDATIONS

1. **Finding:** Rates for services provided by mental health providers in Nebraska's Behavioral Health Regions and through the Medicaid Division are not reflective of the cost of providing services.[4]

- **Recommendation:** Develop a new rate methodology based on a complete re-base of existing services and rates, developed through a request for proposals from an independent technical assistance provider. The re-base would examine the real costs of providing each type of service. The re-basing analysis should be used to inform funding and address the discrepancies between rates paid and costs of services.

2. **Finding**: Services must be clearly defined and rates for specific services provided by mental health providers must be accurately assessed and appropriately adjusted.[5]

- **Recommendation:** The Division of Behavioral Health and the Nebraska Legislature should continue their work together in addressing rates for specific services that have fallen significantly behind- as was recently seen with the adjustment of rates for halfway houses and medication management. The Division of Behavioral Health should establish a process to identify rates that fall behind the costs associated with operation or rates that need to be adjusted to support or grow needed capacity, specifically in substance use treatment. The Legislature should fund those rates at appropriate levels.

3. **Finding:** Improved data collection is needed to make strategic systemic decisions.[6]

- **Recommendation:** The Task Force recognizes and appreciates the focus on data collection that the Division of Behavioral Health has undertaken. The Task Force recommends that the Division in collaboration with the Health and Human Services Committee of the Legislature establish a protocol for the regular sharing on key measures with the legislature to strengthen legislative cooperation with the Division of Behavioral Health. A formal agreement and data sharing are needed to enhance the efficiency of collaborative care.[7] Data collection should include utilization trends by service and geographic region, waiting list information by

---

[4] State of Nebraska Behavioral Health rates compared to inflation, Nebraska Association of Behavioral Health Organizations: http://i.imgur.com/4yyvzx8.jpg and http://i.imgur.com/u3d1Swc.jpg

[5] Division of Behavioral Health Cost Study/Rates Progress Report, July 31, 2016 http://nebraskalegislature.gov/FloorDocs/104/PDF/Agencies/Health_and_Human_Services__Department_of/596_20160802-131328.pdf

[6] Nebraska Behavioral Health Needs Assessment, September 2016, University of Nebraska Medical Center http://dhhs.ne.gov/behavioral_health/Documents/BHNeedsAssessment.pdf and "The DHHS Behavioral Health Division's Role in Reducing Service Gaps" Performance Audit Report, November 2015: http://nebraskalegislature.gov/pdf/reports/audit/dhhs_bh_report2015.pdf

[7] Nebraska Behavioral Health Needs Assessment, September 2016, University of Nebraska Medical Center http://dhhs.ne.gov/behavioral_health/Documents/BHNeedsAssessment.pdf P. 3.

service and geographic region, outcome data for specific vulnerable populations, and other data to track participation and quality.

4. **Finding:** Nebraska needs to keep pace with changing practices and demands in the area of mental and behavioral health.[8]

- **Recommendation:** A comprehensive needs assessment should be repeated regularly.[9]

5. **Finding**: Sustainable funding streams for behavioral health services could provide improved access to care and increased capacity in our system as a whole.[10]

- **Recommendation**: The Task Force recognizes the value that federal matching dollars could provide the behavioral health system in terms of serving individuals who do not currently have access. This could be accomplished a number of ways, including applying for a waiver under section 1115 of the Federal Social Security Act to utilize funds for behavioral health wraparound services. This option would provide sustainable, accessible services for a population in need that does not currently have access to behavioral health services.

6. Finding: The Task Force was charged in examining the adequacy and needs of the behavioral health regions. The Task Force finds that the regions provide a valuable measure of local accountability that is often lacking in centralized departments, however the Task Force also finds that services vary by region.[11]

- **Recommendation**: The Legislature should continue to examine the Behavioral Health Regions to increase accountability to both local needs and statewide trends as well as to ensure that quality services are available to consumers regardless of the region in which they live. The Nebraska Legislature should create an oversight committee to lead this work, including ensuring standards of care, assurance of service provider availability, and the establishment and maintenance of quality measures.

[8] Nebraska Behavioral Health Needs Assessment, September 2016, University of Nebraska Medical Center http://dhhs.ne.gov/behavioral_health/Documents/BHNeedsAssessment.pdf

[9] Nebraska Behavioral Health Needs Assessment, September 2016, University of Nebraska Medical Center http://dhhs.ne.gov/behavioral_health/Documents/BHNeedsAssessment.pdf P. 3.

[10] United States Department of Health and Human Services Assitant Secretary for Planning and Evaluation (ASPE) Issue Brief, "Benefits of Medicaid Expansion for Behavioral Health, March 28,2016: https://aspe.hhs.gov/sites/default/files/pdf/190506/BHMedicaidExpansion.pdf

[11] "The DHHS Behavioral Health Division's Role in Reducing Service Gaps," Performance Audit Report, November 2015: http://nebraskalegislature.gov/pdf/reports/audit/dhhs_bh_report2015.pdf

7. **Finding**: Nebraska has high rates of binge drinking relative to the rest of the country,[12] additionally, among those with Alcohol Dependence or abuse, only 7% received treatment.[13]

- **Recommendation:** The Division of Behavioral Health should examine gaps and barriers to treatment and other services, as well undertaking a reexamination of prevention efforts in the state to reduce the incidence of binge drinking including efforts from Medicaid, the Legislature, state and local public health agencies, and other stakeholders.

WORKFORCE RECOMMENDATIONS

8. **Finding:** Nebraska in general, and rural areas in particular, are facing significant workforce deficiencies throughout the behavioral and mental health systems.[14]

- **Recommendation:** Creation of publicly funded post-graduate fellowships in psychiatry for physicians assistants and psychiatric nurses with an emphasis on funding fellows pursuing service to minority health populations. In the state, there are 791 physician assistants, but only 14 are involved as psychiatric providers.[15]
- **Recommendation:** The Task Force recommends funding behavioral health internships for master's level students focused in rural and underserved areas of the state and students focused on integrated care, as proposed by LB 108 in 2016.
- **Recommendation:** The Task Force recommends expanding student loan forgiveness for behavioral health professionals operating in our underserved communities, particularly rural nebraska and communities with health disparities. Specific loan forgiveness programs should be considered for individuals well suited to work with special populations including non-English speakers and in substance use treatment.

[12] Centers for Disease Control and Prevention, Alcohol and Public Health: http://www.cdc.gov/alcohol/data-stats.htm

[13] Nebraska Behavioral Health Needs Assessment, September 2016, University of Nebraska Medical Center http://dhhs.ne.gov/behavioral_health/Documents/BHNeedsAssessment.pdf page 47

[14] Nebraska Rural Health Advisory Commission's Annual Report and Rural Health Recommendations, December 2015: http://dhhs.ne.gov/publichealth/RuralHealth/Documents/Annual%20Report%202015%20FINALWEB.pdf P. 22 and "The DHHS Behavioral Health Division's Role in Reducing Service Gaps," Performance Audit Report, November 2015: http://nebraskalegislature.gov/pdf/reports/audit/dhhs_bh_report2015.pdf P65-66

[15] Nebraska Legislature, LR413 Task Force on Behavioral and Mental Health Task Force, September 28, 2016. Transcript: http://www.nebraskalegislature.gov/FloorDocs/104/PDF/Transcripts/SpecialCommittees/LR413%20Task%20Force%20on%20Behavioral%20and%20Mental%20Health%20hearing%20.September%2028,%202016.pdf p 44

9. **Finding:** The state of Nebraska and individuals benefit from integrated behavioral health and primary care because it is a cost effective and efficient strategy.[16] The Task Force supports the integration of behavioral health with primary care, and is encouraged by the steps Nebraska Medicaid has taken for integration.

- **Recommendation:** In order to facilitate the expansion of integrated behavioral health, the Task Force recommends funding stipends for students interested in behavioral health programming to partner with primary care physicians in underserved areas of Nebraska- particularly rural and high needs urban areas and the creation of an intercampus "integrated behavioral health training" certificate.

HIGH NEEDS POPULATIONS RECOMMENDATIONS

10. **Finding:** There is a waiting list for services at the Lincoln Regional Center and need for additional inpatient beds as well as additional staff to serve the people in the facility, specifically nursing staff.[17]

- **Recommendation:** The Task Force recommends that an independent consultant or educational institution conduct a study to determine the right size and staffing levels for the Lincoln Regional Center to ensure that those who receive civil commitments, court ordered competency restoration, and those found Not Responsible by Reason of Insanity receive the treatment they need at the state hospital. Once the appropriate number of beds at the Regional Center has been determined, the Task Force recommends that the state seek to quickly reach that number through needed facility, funding, and staffing strategies.
- **Recommendation:** Due to retention of behavioral and mental health staff, especially as it relates to the Lincoln Regional Center, the Task Force recommends adoption of a mental health care provider shortage emergency act. In such legislation, if the regional center falls below a certain percentage of staff, a portion of savings produced through vacancy is to be repurposed for staff retention bonuses for those staff who remain.

[16] Nebraska Legislature, LR413 Task Force on Behavioral and Mental Health Task Force, September 28, 2016. Transcript: http://www.nebraskalegislature.gov/FloorDocs/104/PDF/Transcripts/SpecialCommittees/LR413%20Task%20Force%20on%20Behavioral%20and%20Mental%20Health%20hearing%20.September%2028,%202016.pdf p 44-46

[17] "The DHHS Behavioral Health Division's Role in Reducing Service Gaps," Performance Audit Report, November 2015: http://nebraskalegislature.gov/pdf/reports/audit/dhhs_bh_report2015.pdf PDF P 27, and information from the Nebraska Department of Health and Human Services September 2016

11. **Finding:** Nebraska faces acute needs in services to individuals who are violent or dangerous, but cannot be served at the Lincoln Regional Center or hospital settings.[18] One concern that the Task Force has heard relates to Emergency Protective Custody (EPC) - for particularly agitated and potentially violent individuals for whom hospital placements may be denied. When hospitals cannot serve people in crisis and in need of EPC, counties have limited options. Such options include jailing someone (if they have committed an offense, rather than just being dangerous and exhibiting symptoms of mental illnesses) or sending them to the Diagnostic and Evaluation Center (again, if they have committed some type of crime) or returning them home in the condition where they were taken into EPC.[19]

- **Recommendation:** The Task Force recommends a full evaluation and development of plans and creation of an EPC "No-Refusal-Center." Such a facility would have a set number of beds for very short stays, until either the person is committed under a mental health board commitment or is found to need other less restrictive treatment.
- **Recommendation:** A second concern that was raised relates to intermediate care and step down facilities. The Task Force recommends that a second portion of the EPC facility be designated as a No-Refusal high security mental health residential facility for patients who are transitioning out of the Lincoln Regional Center, the EPC facility or other high intensity care and are in the process of reintegration to the community. The objective of the facility is to provide intermediate levels of care with the intent of transitioning down to lower levels of care in the community.

12. **Finding:** Law enforcement and jail and correctional facilities do not have the capacity needed to meet mental health needs.[20]

- **Recommendation:** Develop centralized, evidence-based technical assistance opportunities for law enforcement and county jail facilities to develop and implement assessment, treatment, referral, and health and safety stability best practices.
- **Recommendation:** The LR 413 Task Force supports the work of the LR 34 Special Investigative Committee on the Department of Correctional Services to understand and promote appropriate mental health programming, treatment, and bed capacity for individuals with mental illness who are incarcerated. Promoting stability in this system helps individuals succeed after they have left incarceration and contributes to the capacity needed to serve individuals with mental illness statewide.

---

[18] Nebraska Legislature, LR413 Task Force on Behavioral and Mental Health Task Force, September 28, 2016. Transcript: http://www.nebraskalegislature.gov/FloorDocs/104/PDF/Transcripts/SpecialCommittees/LR413%20Task%20Force%20on%20Behavioral%20and%20Mental%20Health%20hearing%20.September%2028,%202016.pdf P. 22-24

[19] IBID P. 26-27

[20] Nebraska Legislature, Judiciary Committee Hearing on LR295, October 9, 2015. Transcript: http://www.nebraskalegislature.gov/FloorDocs/104/PDF/Transcripts/Judiciary/2015-10-09.pdf P21.

13. **Finding:** Greater access to medications and medication management is needed for individuals who are committed by a mental health board for outpatient treatment and therapeutic community, or residential service for substance dependent consumers. Wait lists exist to access these services, as well as for short term residential treatment for persons with co-occurring mental health and substance abuse issues.[21]

- **Recommendation:** The Division of Behavioral Health should prioritize adopting best practices in medication management therapy including medication therapy reviews, records, and action plans, and developing and incentivizing collaborations among physicians, pharmacists, and other members of the treatment team. Medication management services should be expanded for individuals reentering the community from an institution.
- **Recommendation:** Adjust medication rules for inmates exiting the institutions in order to have sufficient medication until a medical appointment in the community can be made, or to provide a prescription to the inmate for the same purpose.
- **Recommendation:** Extend limits in Medicaid on authorization timeframes and expand access for behavioral health services to ensure that individuals can continue services for the length of time needed to support recovery at the right level of care.[22]

COMMUNITY SUPPORT RECOMMENDATIONS

14. **Finding:** One major need for people experiencing mental health challenges is safe and affordable housing.[23] The lack of such housing often leads individuals to experience greater challenges maintaining a medication regimen, and keeping critical health care appointments.[24]

- **Recommendation:** One source of housing assistance for mentally ill and low income individuals in Nebraska is the Housing Related Assistance Program. The Technical Assistance Collaborative, contracted by the Division of Behavioral Health, has stated that the program appears to serve the top priority population well but lacks sufficient funding to assist second priority population. The Task Force recommends funding be made available to fund both priority one and priority two populations.[25]
    - Priority 1 Population: Extremely low income discharged from an inpatient mental health commitment or eligible to move from residential level of

[21] "The DHHS Behavioral Health Division's Role in Reducing Service Gaps," Performance Audit Report, November 2015: http://nebraskalegislature.gov/pdf/reports/audit/dhhs_bh_report2015.pdf PDF P 40, 59.
[22] Nebraska Behavioral Health Needs Assessment, September 2016, University of Nebraska Medical Center http://dhhs.ne.gov/behavioral_health/Documents/BHNeedsAssessment.pdf p 213.
[23] "The DHHS Behavioral Health Division's Role in Reducing Service Gaps," Performance Audit Report, November 2015: http://nebraskalegislature.gov/pdf/reports/audit/dhhs_bh_report2015.pdf PDF P 44.
[24] Nebraska Behavioral Health Needs Assessment, September 2016, University of Nebraska Medical Center http://dhhs.ne.gov/behavioral_health/Documents/BHNeedsAssessment.pdf and Nebraska Supportive Housing Plan, August 2016, Technical Assistance Collaborative housing report: http://dhhs.ne.gov/behavioral_health/Documents/TACFinal2016.pdf
[25] Nebraska Supportive Housing Plan, August 2016, Technical Assistance Collaborative housing report: http://dhhs.ne.gov/behavioral_health/Documents/TACFinal2016.pdf p 24-25

care to independent living, in order to make room for a person discharging from inpatient mental health commitment.

- Priority 2 Population: Individuals who are "at risk" of inpatient mental health commitment which would be at least in part due to a lack of affordable, independent housing. To be deemed "at risk" the individual may have had a history of inpatient mental health board commitments within the last five years, be subject to an EPC within the last five years, demonstrate that housing will clearly prevent a psychiatric hospitalization, and be homeless,as well as other factors

15. **Finding:** There is a need for more 24/7 drop in and respite centers for individuals with identified mental health needs. Peer supportive housing has shown promise in the locations in Nebraska where it has been used - both the Keya House, a short term crisis diversion home, and the Honu Home, a respite residence for people recently released from correctional institutions who also have behavioral and/or mental health challenges.[26]

- **Recommendation:** The Task Force recommends the expansion of both of these models throughout the state. Specifically the Task Force recommends the establishment of a home in each of the Behavioral Health Regions. Such homes are to be peer operated and maintain fidelity to evidenced based practices.

16. **Finding:** Peer support is an effective but underutilized service in Nebraska.[27]

- **Recommendation:** Nebraska should develop a Medicaid State Plan amendment to authorize reimbursement for peer support services. Nebraska should develop a training and certification process to ensure quality in the peer support workforce. Steps should be taken to expand and grow peer support services, especially in the area of substance use treatment.

SPECIFIC POPULATIONS RECOMMENDATIONS

17. **Finding:** Additional focus on preventative services is needed. Specifically, prevention activities should be expanded to high-risk populations and respond to exposure to adverse and traumatic childhood experiences.[28]

- **Recommendation:** Expand early interventions, possibly building on the "Connections" program in the Omaha area which is managed by the Omaha Child Advocacy Center and develops and accepts referrals from educational settings, links families to insurance and Medicaid, connects children to appropriate

[26] Nebraska Behavioral Health Needs Assessment, September 2016, University of Nebraska Medical Center http://dhhs.ne.gov/behavioral_health/Documents/BHNeedsAssessment.pdf and Nebraska Supportive Housing Plan, August 2016, Technical Assistance Collaborative housing report: http://dhhs.ne.gov/behavioral_health/Documents/TACFinal2016.pdf

[27] "The DHHS Behavioral Health Division's Role in Reducing Service Gaps," Performance Audit Report, November 2015: http://nebraskalegislature.gov/pdf/reports/audit/dhhs_bh_report2015.pdf PDF p. 65-66

[28] Nebraska Behavioral Health Needs Assessment, September 2016, University of Nebraska Medical Center http://dhhs.ne.gov/behavioral_health/Documents/BHNeedsAssessment.pdf P. 3

therapists, and develops a pool of highly trained therapists to implement best practices.

- **Recommendation:** Expand programs serving women in a setting where they may retain custody of their children like St. Monica's "Project Mother and Child" program.[29]

18. **Finding:** Disparities exist in Nebraska. There is a need to continue to research and develop initiatives to serve: veterans, individuals with developmental disabilities, Native Americans, and other populations. Specifically, increased responses are needed to meet the specific needs of Veterans in Nebraska including the prevalence of Post-Traumatic Stress Disorder, substance use, and military sexual trauma. Strengthened responses are also needed to better serve Native American populations in our state.[30]

- **Recommendation:** Develop a strategic plan to improve coordination among civilian, military and veterans service systems to increase access to and use of behavioral health services, housing, and social support services. Specifically, expand suicide prevention programs for veterans and military families and support appropriate trauma informed services especially for female veterans.[31]
- **Recommendation:** Support an ongoing commitment and additional analysis for the development of culturally appropriate mental health and substance abuse for Native American populations in Nebraska, including assessment of how to leverage public health, behavioral health Regions, Medicaid, and tribal partnerships to better provide mental health and substance abuse services, specifically peer support services.

[29] St. Monica's Behavioral Health Services for Women. http://www.stmonicas.com/about_us/services.html
[30] Nebraska Behavioral Health Needs Assessment, September 2016, University of Nebraska Medical Center http://dhhs.ne.gov/behavioral_health/Documents/BHNeedsAssessment.pdf P. 48-51
[31] Nebraska Behavioral Health Needs Assessment, September 2016, University of Nebraska Medical Center http://dhhs.ne.gov/behavioral_health/Documents/BHNeedsAssessment.pdf P. 159.

Conclusion

The LR 413 Task Force finds many strengths in Nebraska's Behavioral Health system, including many dedicated staff members, innovative programs, and strong collaborations.

At the same time, our analysis finds gaps and needs in areas including: sustainability, workforce and recruitment, services for high needs populations, expanded community support, and services for specific populations. Specific areas of concern include identifying appropriate funding levels and sustaining appropriate funding support, addressing the needs of individuals who are in a crisis, recruiting and retaining an adequate workforce in both medical and community based settings, expanding supportive housing opportunities, and meeting the needs of specific populations including children and veterans and addressing health disparities.

Ongoing collaboration is needed from the Behavioral Health Regions, the Division of Behavioral Health, the Nebraska Legislature, and others to continue to strengthen our behavioral health services and supports.

References

- Legislative Resolution 413: http://nebraskalegislature.gov/FloorDocs/Current/PDF/Intro/LR413.pdf
- Nebraska Behavioral Health Needs Assessment, September 2016, University of Nebraska Medical Center http://dhhs.ne.gov/behavioral_health/Documents/BHNeedsAssessment.pdf
- Nebraska Supportive Housing Plan, August 2016, Technical Assistance Collaborative housing report: http://dhhs.ne.gov/behavioral_health/Documents/TACFinal2016.pdf
- "The DHHS Behavioral Health Division's Role in Reducing Service Gaps," Performance Audit Report, November 2015: http://nebraskalegislature.gov/pdf/reports/audit/dhhs_bh_report2015.pdf
- Division of Behavioral Health Cost Study/Rates Progress Report, July 31, 2016 http://nebraskalegislature.gov/FloorDocs/104/PDF/Agencies/Health_and_Human_Services__Department_of/596_20160802-131328.pdf
- Nebraska Rural Health Advisory Commission's Annual Report and Rural Health Recommendations, December 2015: http://dhhs.ne.gov/publichealth/RuralHealth/Documents/Annual%20Report%202015%20FINALWEB.pdf
- Centers for Disease Control and Prevention, Alcohol and Public Health: http://www.cdc.gov/alcohol/data-stats.htm
- Behavioral Health Crisis Response Services map, created by Legislative Research: http://i.imgur.com/EMl8NlC.png
- Mental Health Professional Ratio map, created by Legislative Research: http://i.imgur.com/9gZ5V29.png
- United States Department of Health and Human Services Assitant Secretary for Planning and Evaluation (ASPE) Issue Brief, "Benefits of Medicaid Expansion for Behavioral Health, March 28,2016: https://aspe.hhs.gov/sites/default/files/pdf/190506/BHMedicaidExpansion.pdf
- SAMHSA: Behavioral Health Barometer, Nebraska, 2014: http://www.samhsa.gov/data/sites/default/files/State_BHBarometers_2014_2/BHBarometer-NE.pdf
- Nebraska Legislature, LR413 Task Force on Behavioral and Mental Health Task Force, September 28, 2016. Transcript: http://www.nebraskalegislature.gov/FloorDocs/104/PDF/Transcripts/SpecialCommittees/LR413%20Task%20Force%20on%20Behavioral%20and%20Mental%20Health%20hearing%20.September%2028,%202016.pdf

- Nebraska Legislature, Judiciary Committee Hearing on LR295, October 9, 2015. Transcript: http://www.nebraskalegislature.gov/FloorDocs/104/PDF/Transcripts/Judiciary/2015-10-09.pdf
- State of Nebraska Outpatient Behavioral Health rates compared to inflation, provided by the Nebraska Association of Behavioral Health Organizations: http://i.imgur.com/4yyvzx8.jpg
- State of Nebraska Inpatient Behavioral Health rates compared to inflation, provided by the Nebraska Association of Behavioral Health Organizations: http://i.imgur.com/u3d1Swc.jpg
- Data from Stacey Werth-Sweeney, Facilitating Operating Officer, Division of Behavioral Health at the Lincoln Regional Center, via email.
- St. Monica's Behavioral Health Services for Women. http://www.stmonicas.com/about_us/services.html
- Tri-West "Omaha Area Adult Behavioral Health System Assessment." January 2015: http://otoc.org/wp-content/uploads/2015/09/Omaha-Region-6-System-Assessment-Report-FINAL-TriWest-Group-2015_01_16.pdf