

One Hundred Fourth Legislature - Second Session - 2016
Introducer's Statement of Intent
LB998

Chairperson: Senator Kathy Campbell
Committee: Health and Human Services
Date of Hearing: February 24, 2016

The following constitutes the reasons for this bill and the purposes which are sought to be accomplished thereby:

LB998 addresses an issue raised during a 2015 interim study hearing held by the LR34 Special Investigative Committee on the Department of Corrections on LR 295 introduced by Senator Bolz to look at the intersection of the behavioral health system with the correctional system. LR295 was introduced to follow up on a 2014 LR434 Special Committee on Corrections finding that there is seemingly an inordinate amount of inmates with mentally illness incarcerated in State prisons and county jails.

The behavioral health system in Nebraska is community based and administered by the Department of Health and Human Services Behavioral Health Division through six Behavioral Health Regions. The Regions provide the network through which State funds flow to pay for behavioral health services primarily for people who do not have health insurance and do not qualify for Medicaid. Each Region operates under the governance of its own independent board, the members for which are locally elected county board members appointed by the county boards on which they serve and located within each Region. The Legislature appropriated nearly \$100 million dollars for the current biennium to fund numerous contracts the Behavioral Health Regions have with behavioral and mental health providers who agree to provide in a mostly discretionary manner facilities and services for people living within the Regions. Each board operates with little oversight from the State. The disbursement of the funds appears to be largely discretionary action by an appointed administrator with very little practical supervision.

During the LR295 hearing it became evident there is a long standing disconnect between the Department of Health and Human Services Behavioral Health Division and Behavioral Health Regions on the one hand, and local law enforcement and county attorneys on the other, about the inadequacy of the system as it relates to contracts Regions have to evaluate Emergency Protective Custody (EPC) detainees pending mental health board proceedings. In all too many cases contracted facilities refuse to take individuals deemed to be a danger to themselves or to others who are particularly combative and belligerent leaving the burden of placement to County prosecutors and law enforcement. Prosecutors report spending hours negotiating placements for EPC detainees while law enforcement report spending hours babysitting detainees waiting for other arrangements and then driving several more hours to deliver detainees to facilities in other jurisdiction that agreed to take a detainee. In those cases where a place cannot be found law enforcement has no other choice than to charge a criminal violation and place the mentally ill in jail in order to protect both public safety and the safety of the mentally ill.

LB998 proposes to get at the root of the problem and begin to explore true costs. Under the bill, once an individual is detained by law enforcement for being mentally ill and dangerous, responsibility for the care and safety of the person shifts as quickly as possible to the mental health system, which is better situated and funded to deal with mental illness. This provision is also offered in LB780, which was heard by the Judiciary Committee, and given a \$14 million fiscal note; although notably, the fiscal note fails to calculate in the multi-million dollar biennial appropriations currently directed to Regions every biennium to pay for their duty to provide a place to take EPC detainees to for evaluation.

LB998 also authorizes and phases in up to five crisis centers to be located across the state to provide law enforcement with designated facilities to transport EPC detainees to. The bill also authorizes the crisis centers to provide services to people seeking mental health treatment through voluntary commitments, which contributes their financial feasibility. LB998 leaves unaddressed the issue of regional center capacity and step down facilities to be utilized upon discharge from the regional center, all of which represent additional significant costs if we are to have an adequate mental health system.

Principal Introducer: _____

Senator Paul Schumacher