

The *mental health crisis* in Nebraska is at a critical state and demands immediate *solutions*.

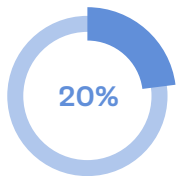
Mental health challenges have become an increasing issue statewide as rates of anxiety and depression increase and the number of providers lags behind. Action is needed to address the growing challenges related to mental health for Nebraskans.

Alarming Trends and Systemic Gaps



Mental Health Rates are Increasing

The number of individuals reporting mental health challenges has **doubled since pre-pandemic levels**. Rates of **loneliness, depression, and anxiety** continue to surge.



1 in 5 Nebraskans Struggle

Nearly **20% of Nebraskans** experience mental health issues annually, leaving no community untouched, yet access to care is severely limited.



Nebraska is Lagging Behind

Nebraska ranks **44th in the United States** for mental health care access, with especially poor rankings for youth.

Workforce and Access Challenges



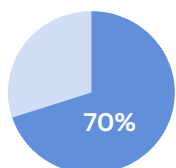
An Aging Workforce

Over **50% of Nebraska's mental health professionals are over 50**, highlighting a looming shortage.



Care across the State is Limited

88 of Nebraska's 93 counties are designated as mental health professional shortage areas, leaving rural communities particularly underserved.



Provider Burnout is a Problem

Nearly **70% of mental health providers** cite low compensation, high stress, and burnout as key barriers to sustaining the workforce.

Cost to the Criminal Justice System



Douglas County Jail: Our Largest Mental Health Facility

Approximately 44% of individuals in Douglas County Jail suffer from a mental health condition, and 20% have a serious mental health disorder, such as schizophrenia, bipolar disorder, and severe depression.



Longer Stays & Higher Recidivism

Individuals with mental health challenges stay in jail nearly twice as long and are much more likely to return due to the root issue not being addressed.

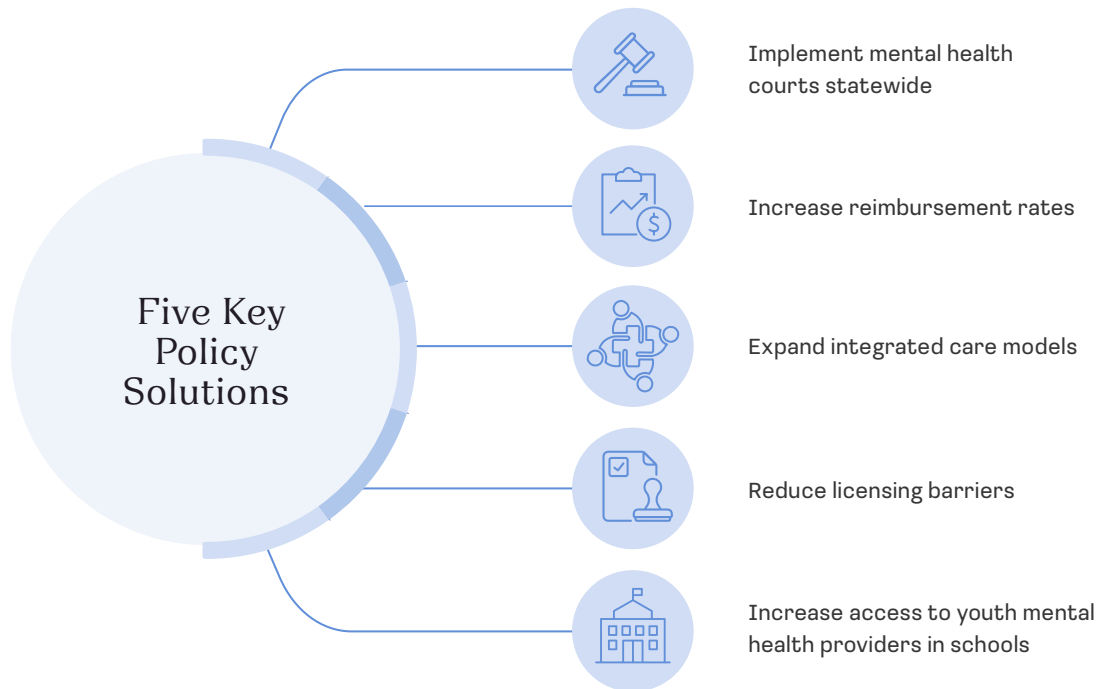


A Significant Financial Toll

Housing and supporting individuals with mental health needs in Douglas County Jail costs the county \$2 million annually.

A Collaborative Path Forward: Nebraska Mental Health Policy Convening

To tackle these challenges, the Nebraska Mental Health Policy Convening brought together more than 100 participants from over 80 organizations across the mental health field and related sectors. Through collaborative discussions, stakeholders identified five key policy solutions to address the state's most urgent mental health care needs.



Call to Action

Our collective ask is that you:

- 1 Explore the Details**
Dive into the following pages for a more detailed look at the five proposed policies.
- 2 Amplify the Message**
Share this brief to build widespread support and drive meaningful change for all Nebraskans.
- 3 Take Legislative Action**
Propose or back legislation aligned with these solutions.
- 4 Engage Stakeholders**
Consult mental health providers and community members to ensure policies are impactful and free of unintended consequences.

Policy Proposal #1: Implement Mental Health Courts Statewide



As Adrian entered his early twenties, he started experiencing intense periods of energy that left him feeling excited, euphoric, and agitated all at once.

During these periods, his behavior would start to become very erratic. After a couple of weeks, he would start to come down and seem more like his normal self. Despite having no criminal intent, and often not even remembering why he did what he did, Adrian found himself in trouble with the law during these periods and cycling in and out of jail, never really getting the help he needed to address the root cause of the issue.

Based on real stories, with names and some details adjusted.



Proposed Solution

Fund the creation of mental health courts throughout the state to divert individuals from the criminal justice system into treatment in order to help address the root causes of criminal behavior.



Why it Matters



Approximately 44% of individuals in Douglas County Jail suffer from a mental health condition, and 20% have a serious mental health disorder, such as schizophrenia, bipolar disorder, and severe depression.



Individuals with mental health challenges stay in jail nearly twice as long and are much more likely to return due to the root issue not being addressed.



Housing and supporting individuals with mental health needs in Douglas County Jail costs the county \$2 million annually.



While Nebraska spends approximately \$38,627 annually to incarcerate a single individual, problem-solving courts generally cost significantly less while yielding better outcomes.

Key Considerations

- **Utilize an Integrated and Specialized Approach.** An effective mental health court will need to address both mental health and substance use issues, recognizing the frequent overlap between the two.
- **Address Community-Specific Needs.** The mental health courts will need to have a flexible model that can fit both urban and rural needs. In rural areas, for instance, the system would likely require a judge who could serve multiple counties and adapt the court's structure to the community's specific resources and limitations.
- **Ensure Timeline Access.** Waitlists for treatment could lead to individuals staying in jail despite the court's recommendation for diversion. Adequate resources will be needed for effective implementation.
- **Build Robust Support Systems.** The state will need to develop a strong network of supportive services including a network of certified peer support specialists who can provide support across the state, especially in areas where licensed providers are scarce.
- **Sustain Housing Stability.** Housing stability is crucial for stability and is something individuals often lose if they need to enter a hospital or rehabilitation program. Allowing people to maintain stable housing, even during temporary setbacks, is a necessary component for the success of mental health courts.

Policy Proposal #2: Increase Reimbursement Rates

“



Tasha, a licensed mental health provider in Nebraska, was passionate about serving her community, particularly the rural clients who had so few options.

For years, she accepted the state's low reimbursement rates, knowing her clients couldn't afford private practice rates. But as the cost of living rose, Tasha could no longer support her family with her income and ultimately had to transition to private practice where she primarily took self-pay. She hated to leave her clients underserved, but the pay and amount of work she was having to do was no longer feasible for her.

Based on real stories, with names and some details adjusted.

”



Proposed Solution

Act on the interim study and raise reimbursement rates for behavioral health services, ensuring these increases are reflected in the state budget to help attract and retain providers.



Why it Matters



Administrative hurdles and low Medicaid reimbursement rates are driving many mental health providers to transition to private, self-pay practices, reducing access for vulnerable populations.



A recent survey revealed that 1 in 5 mental health providers in Nebraska are considering leaving Medicaid due to excessive audits and administrative burdens.



Increasing reimbursement rates is essential to attract and retain providers, ensuring underserved communities receive the care they need.

Key Considerations

- **Full Cost Coverage.** Good policies will ensure that reimbursement rates fully cover the costs of providing services, including direct service costs and essential support roles. This would alleviate the need for nonprofits to continuously fundraise to bridge funding gaps and encourage providers to continue taking Medicaid insurance.
- **Standardized and Timely Review.** Implementing regular and systematic rate reviews (e.g., every 3-5 years) ensures that reimbursement rates remain aligned with current costs and service demands. This process would help prevent long review gaps and keep rates relevant to market conditions.
- **Competitive Salaries.** Increased reimbursement rates would allow providers to offer competitive salaries that can match or exceed those in for-profit sectors. This would help attract and retain skilled clinicians, addressing issues like high turnover and loss of staff to higher-paid jobs.
- **Simplified Process.** Policies should improve the reimbursement process by reducing unnecessary bureaucratic barriers, such as requiring extensive service re-validation. Simplified processes could reduce administrative burdens and ensure providers are paid promptly and fairly for services rendered.
- **Comprehensive and Flexible Support.** A good policy would provide the flexibility to bill for multiple wraparound services simultaneously, especially when they enhance patient outcomes. This approach recognizes that multiple interventions can be beneficial and encourages comprehensive and person-centered care.

Policy Proposal #3: Expand Integrated Care Models



Maria, a single mother, had been struggling with both chronic back pain and anxiety for years. She saw a doctor for her pain and a therapist for her mental health, but never at the same time. One day, she was prescribed stronger pain medication, but the side effects made her anxiety worse. She went to her therapist for help, but the medication wasn't discussed, and the therapist didn't know about her increasing pain. Without a unified approach to her care, Maria's symptoms worsened, and she found herself missing work, unable to care for her children, and stuck in a cycle of frustration.

Based on real stories, with names and some details adjusted.



Proposed Solution

Provide funding for integrated care models, combining primary and behavioral health services for a more holistic approach to patient care.



Why it Matters



Integrated behavioral health models in primary care reduce overall healthcare costs by 5-10%, with savings exceeding **30%** for high-cost patients with comorbid conditions, according to the Agency for Healthcare Research and Quality.



The **collaborative care model**, which integrates mental health into primary care, delivers a **\$6 return on every \$1 invested**, reducing high-cost service use and improving patient outcomes.



Integrated care for individuals with **depression and diabetes** improves depression symptoms and glycemic control by **30%** compared to usual care, showcasing the dual benefits of addressing mental and physical health together.

Key Considerations

- **Sustainable Reimbursement Models.** Current reimbursement models exclude many essential care activities, with many services remaining non-billable. Effective policy should provide sustainable reimbursement to support holistic care and enable payments for behavioral health services in primary care settings.
- **Inclusive Definition of Integrated Care.** Define integrated care broadly to support varied models, including behavioral, physical, and social determinants of health (food, housing, etc.), as well as culturally responsive practices tailored to community needs and spanning all stages of care.
- **Skilled Workforce with Livable Wages.** Success requires a skilled workforce trained in integrated care and compensated at a livable wage. Policies should support workforce training for both licensed and non-licensed roles, with a focus on growing talent from within the community.
- **Flexible and Patient-Centered Access.** Effective integrated care should offer straightforward and flexible access to services, minimizing bureaucratic barriers that prevent patients from getting the right care at the right time. Policies should avoid rigid protocols that make it harder for patients to access direct care.
- **Outcome Tracking and Data Transparency.** Transparency in outcome data, particularly around population health, should be a policy priority. Payers and providers should collaborate to monitor and improve health outcomes, ensuring that integrated care shows tangible results across the continuum of care.

Policy Proposal #4: Reduce Licensing Barriers



Samuel completed his training as a mental health counselor and was ready to serve clients in his hometown. However, due to the state's complex licensing requirements, he spent nearly a year completing paperwork, waiting for approvals, and navigating bureaucratic delays. During this time, local clinics were turning away patients due to long waitlists and hospitals were struggling to manage mental health crises without enough staff.

Based on real stories, with names and some details adjusted.



Proposed Solution

Simplify the licensing process to reduce gatekeeping and administrative burdens, allowing more providers to enter the behavioral health workforce to better meet the expanding needs of the community.



Why it Matters



Nebraska urgently needs to expand its mental health workforce to address current demand and prepare for the impending retirement of over **50% of providers** who are aged 50 or older.



Licensing delays create unnecessary barriers to filling workforce gaps, hindering the ability to meet immediate needs.



88 out of 93 counties in Nebraska are designated as mental health professional shortage areas, leaving large portions of the population underserved.



With 66% of organizations reporting waitlists for services, timely action is critical to ensure an adequate workforce so individuals are able to get the care they need.

Key Considerations

- **Across-State Licensing.** It is essential to streamline the process for professionals licensed in other states to practice across state lines. This includes simplifying requirements for services such as prescribing controlled substances and easing the hiring of out-of-state professionals. Licensing reciprocity should be faster and less cumbersome, enabling providers to effectively serve patients across multiple states.
- **Faster Licensing Timelines.** The licensing process needs to be significantly faster. Examples include processing reciprocity licenses in a matter of days (e.g., 48-hour timelines in New Mexico) and provisional licenses within 30 days. Reducing delays would help professionals begin work more quickly, preventing lost opportunities for hiring and service provision.
- **Student to Provisional License Transition.** The transition from student status to provisional licensure should be expedited. Currently, the wait can be several months, which disrupts services and creates gaps in care. The system should allow students who have completed their practicum to begin working sooner, without prolonged delays.
- **Licensing Complexity and Scope Differences.** There is a need to clarify and simplify the distinction between different levels of licenses (e.g., LM vs. LI) to avoid confusion and bottlenecks. Licensing requirements should be aligned with the scope of practice, especially regarding Medicaid eligibility and service provision. This would help mitigate backlogs and streamline service delivery for clients.
- **Balancing Safety with Efficiency.** While reducing administrative burdens is key, it is also important to maintain patient safety. A well-designed system should not sacrifice safeguards in the interest of speed. Ensuring that licensure processes are simpler and faster while still protecting the public and ensuring competence is essential.

Policy Proposal #5: Increase Access to Youth Mental Health Providers in Schools



Aria had always done well in school, but after her parents separated, her mother noticed troubling signs. Aria started making harsh comments about herself over small mistakes and would hit her head when frustrated. Teachers grew concerned, too, especially after a classroom outburst and noticing self-inflicted scratches on her arms. The pressure Aria placed on herself was becoming overwhelming, but with her mother stretched thin caring for two other children, she struggled to figure out how to help her daughter.

Based on real stories, with names and some details adjusted.



Proposed Solution

Ensure that all schools have access to youth mental health providers, enhancing early intervention and reducing barriers to care for students.



Why it Matters



10% of Nebraska youth have been diagnosed with a mental or behavioral health condition requiring treatment, yet only **65% of those in need** receive the care they require.



Schools offer a unique opportunity for **early intervention**, reaching youth before mental health issues escalate.



Many families face barriers to mental health care, including **financial challenges, transportation issues, and a shortage of providers**. On-site services in schools can help eliminate these obstacles, providing accessible care where it is needed most.

Key Considerations

- **Sustained Workforce Development.** A well-functioning system prioritizes building and maintaining a robust local mental health workforce. This includes training and licensure opportunities, particularly in rural areas, and addressing barriers to licensure that may impede professional growth. Efforts should also integrate outside professionals where local staffing is insufficient.
- **Early Intervention and Prevention.** Good mental health systems invest in early intervention and prevention programs, focusing on addressing issues before they escalate into more severe conditions. This proactive approach should be backed by funding and policies that shift the mindset toward the value of preventative care, demonstrating long-term cost savings and reduced burdens on crisis care.
- **Community-Driven Solutions.** Mental health programs should be tailored to the specific needs of each community, with local stakeholders (such as schools, districts, and community organizations) empowered to design and implement solutions that best fit their unique context. This ensures that mental health care is accessible, relevant, and effective in addressing local challenges.
- **Collaborative Systems and Coordination.** Effective mental health care relies on collaboration between schools, mental health providers, and other local organizations. Breaking down silos and improving communication ensures that services are more accessible and integrated into the broader support network of the community, helping to fill gaps in care and reduce fragmentation.
- **Sustainable and Predictable Funding.** A good mental health system needs long-term stable funding that supports prevention, intervention, and ongoing care. Rather than relying on one-time grants or short-term funding, systems should secure consistent financial support to ensure that mental health services remain available and can grow in response to community needs.