

Submitted online: Feb. 20, 2024

Senator Robert Clements and Members of the Appropriations Committee
State Capitol, Lincoln, NE

RE: LB931 (Fredrickson) – Change appropriations of Federal Funds for behavioral health purposes

NEUTRAL

Dear Senator Clements and Members of the Appropriations Committee:

The League of Women Voters of Nebraska supports an adequately funded behavioral health care system that provides comprehensive and coordinated services for children and adults with behavioral health challenges and disorders. We support state and local policies and programs that provide opportunities for persons with behavioral health challenges and disorders to achieve optimal management of their illness.

Therefore, the LWVNE stands neutral on LB931. We appreciate Senator Fredrickson’s ongoing support to increase access to behavioral health services in greatly underserved rural Nebraska. He is a champion and dedicated ally and we thank him for his work on this issue. However, we have concerns with this proposal.

While early detection, management and workforce development are paramount in creating a continuum of care for individuals facing behavioral health challenges, crisis stabilization remains one of the most pressing and immediate needs for Nebraskans. The LWVNE urges senators to use these funds for their original purpose in addition to funding the full continuum of care from an Olmstead Plan-based (1) crisis system to workforce development and telehealth services.

Patsy Burnett – a retired psychiatric/mental health nurse practitioner, active volunteer for NAMI Nebraska and a member of the LWVNE’s Disability and Behavioral Health – lives in Broken Bow. She says, “although they deliver excellent health care within their means, there are no such crisis beds. Many times I have wished for such services to be closer at hand. My professional and personal life provides an acute awareness of the shortage of mental health beds and services. Thankfully, the awareness of this growing problem is in public view, and people are better able to seek such services with less/no stigma.”

Burnett’s experience highlights a grim reality for many rural communities. The age-adjusted suicide rate for the most rural counties (20.0) was nearly twice as great (1.8 times) the rate for the most urban counties (11.1) in 2017 (2). This gap widened from 1999 to 2019, increasing 50% in rural areas compared to 31% in urban. In some states, the suicide rate in rural areas continues to rise whereas in urban areas it has remained stable (3).

In Nebraska, there were 283 victims of suicide in 2020. Of these, 63% were noted by others to be depressed at the time of their death (4). Crisis services are crucial in these situations and could make a lifesaving difference for some Nebraskans.

Thank you for supporting a strong continuum of behavioral health in Nebraska.

Aimée Folker, Co-Director of Disability and Behavioral Health, LWVNE
Patsy Burnett, Member, Disability and Behavioral Health Action Team

1. Nebraska Department of Health and Human Services. (2024) Olmstead Plan. <https://dhhs.ne.gov/Pages/Olmstead.aspx>

2. Hedegaard, H., Curtin, S., & Warner, M. (2018, November). Suicide Mortality in the United States, 1999–2017. <https://www.cdc.gov/nchs/data/databriefs/db330-h.pdf>

3. Rural Health Information Hub. (2022, May 9). Suicide in Rural Areas. <https://www.ruralhealthinfo.org/toolkits/suicide/1/rural>

4. Nebraska Department of Health and Human Services. (2020). Nebraska Suicide Fact Sheet. <https://dhhs.ne.gov/Documents/2020-Nebraska-Suicide-Factsheet.pdf>