

Health and Human Services Committee

LB 260

February 14, 2013

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Good afternoon, Senator Campbell and members of the Health and Human Services Committee. I am Susan Adams (S-U-S-A-N A-D-A-M-S) Prevention and Treatment Network Services Administrator in the Division of Behavioral Health of the Department of Health and Human Services. I am here to testify in support of LB 260 and I would like to thank Senator Gloor for introducing this bill on behalf of the Department.

The Nebraska Behavioral Health Services Act provides for the publicly funded behavioral health system. Section 71-810 of this Act was, in 2004, originally established to provide direction for the reduction of utilization of regional center behavioral health services and the coordinated transition of consumers to community based behavioral health services. At the time of this initiative, specific data management and reporting features were required and intended to guide and monitor progress towards this effort. The reporting requirements have since been found to be of limited benefit.

LB 260 maintains the data reporting requirements from contracted providers for the purpose of system planning and management. The bill eliminates the language specific to the data management and reporting responsibilities that no longer have purpose for today's system. We support the termination of these reporting requirements for the following reasons:

- Our system has transitioned to the next chapter of growth and has established new processes to collect data elements, coordinate care, monitor quality and capacity with the behavioral health system.
- The usefulness of the initial reporting requirements, especially those focused on regional center data points has expired, and has since been replaced with more appropriate data.
- The reports initially developed have been discontinued and replaced with data reports shared with our regional behavioral health authorities and others. Community based systems of care require new data strategies to ensure continued success.

In closing, the behavioral health reform initiative that included these time appropriate reports has since ended. The resulting focus on community based care is ongoing; and time spent with partners like the regional centers, regional behavioral health authorities, consumers and stakeholders is better served in system progress than in the development of historical reports.

Thank you for the opportunity to provide testimony regarding LB 260. I would be happy to answer any questions you might have.