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Health and Human Services Committee
February 05, 2009

[LB275 LB346 LB519 LB540 LB619]

The Committee on Health and Human Services met at 1:30 p.m. on Thursday, February 5, 2009, in Room 1510 of the State Capitol, Lincoln, Nebraska, for the purpose of conducting a public hearing on LB346, LB275, LB519, LB619, and LB540. Senators present: Tim Gay, Chairperson; Dave Pankonin, Vice Chairperson; Kathy Campbell; Mike Gloor; Gwen Howard; Arnie Stuthman; and Norman Wallman. Senators absent: None.

SENATOR GAY: All right, thank you. Thank you all for...thank you all for coming today. If I could--are we on here--thank you all for coming today. We have got a lot of people here, and if we could bring down the volume, appreciate it. Thank you all for coming today to be at the Health and Human Services Committee meeting. We have several bills, and I know many of you were interested in the first ones on the agenda. We do have a few ground rules here that I'd like to go over and, if you could, there's a lot of people testifying, if you could silence your cell phones, turn them off or turn them to vibrate, that's always...sometimes somebody forgets and that goes off. We'd appreciate that. We do implement a light system here, and we have many controversial issues and many bills and the reason we do that is because if you are testifying early in the day like today at 1:30, many times we are here much later. And it's only fair that that person at 5:30 get the same kind of attention as the first person we get. So, in order to do that, we did implement a light system. I know many of you might be testifying for the first time, and we will work with you there. But the way this works is when the green light's on, it's going; when yellow goes on you're at 4 minutes; and then when the red light's on, of course, you have reached 5 minutes. And we try not to just cut somebody off, if you can finish your statements we'd appreciate that. But if that red light is on, we can summarize it. We received many comments and letters. We have received several and we have turned those over to the clerk and those will be put in the record too. If you are going to testify, there's testifier sheets right over here. And if you could fill that out, spell out your name, is very helpful to the clerk, and then when you come up, if you could state your name and spell it out again. Because what we do, all this is being transcribed, and it's much easier for the transcriber later when they're going back over the testimony, so that's very helpful as well. Today we do have NETV is broadcasting today's hearing as well. So that doesn't happen all the time but they are here today so I wanted to bring that up. We also have a live Webcast going on, so I wanted to put that in everyone's attention just so you are aware of what is happening there. This is, of course, also broadcast throughout the Capitol on our own line. We do have an overflow if somebody is out in the hallway and looking for an overflow. That's in Room 1023. If they are in that room now and want to testify, the same rules would apply to fill out a testimony sheet and come forward. With that, we're going to make some introductions. I'm state Senator Tim Gay, I'm the Chairman of the committee, from Papillion/La Vista. And we'll start over here with our committee clerk or legal counsel.

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 05, 2009

JEFF SANTEMA: Thank you, Senator Gay. My name is Jeff Santema, I serve as legal counsel to the committee.

SENATOR GLOOR: I am Senator Mike Gloor from District 35, which is Grand Island.

SENATOR CAMPBELL: I am Kathy Campbell from District 25, which is east and north Lincoln.

SENATOR PANKONIN: I'm Senator Dave Pankonin from District 2. I am from Louisville.

SENATOR STUTHMAN: Senator Arnie Stuthman from District 22 which primarily is the Columbus area, Platte County.

SENATOR HOWARD: I'm Senator Gwen Howard from District 9 in Omaha.

ERIN MACK: I'm Erin Mack, the committee clerk.

SENATOR GAY: All righty, and also on the committee is Senator Norm Wallman. He's testifying on another bill so he will be joining us later. And also, just while I bring that up, sometimes senators will be getting up and going in and out, not that they don't...aren't paying attention. But they are testifying on other bills they have in other committees, so they may be called out of the room to do that throughout the day. But it's not that they are not interested, so we will go from there. We are going to combine Senator McGill's bill and LB346, which would be my bill, combine those into one, so we will have an opening on LB346 and also Senator McGill will discuss LB275. I'm going to turn this over to our Vice Chairman, Senator Pankonin, at this time. [LB346 LB275]

SENATOR PANKONIN: Thank you, Senator Gay. Senator Gay will take the seat and open on LB346. [LB346 LB275]

SENATOR GAY: Thank you, Senator Pankonin, members of the Health Committee. For the record, my name is Tim Gay. I represent the 14th Legislative District, and I am here today to introduce LB346. LB346 represents a collaborative effort by many members of the Legislature, the Governor, and the Department of Health and Human Services, and individuals who have dedicated their lives to helping children and families. As we had learned last year during the safe haven crisis, there are flaws in our system when it comes to providing services for children and families battling behavioral health issues. We also learned our state is not alone when it comes to those difficulties associated with addressing this problem. However, I think we are doing what is responsible in recognizing these flaws and tackling them head-on. I'd like to thank Governor Heineman and the Department of Health and Human Services for bringing forth this comprehensive measure, and I particularly want to commend the Division of Children and Family Services headed by Todd Landry and the Division of Behavioral Health

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 05, 2009

Services headed by Scot Adams for working closely together on this matter. I also want to recognize Senator Amanda McGill, who is also introducing legislation today, for her efforts on this issue, keeping this issue in the forefront and for taking the initiative to form the Children in Crisis Task Force during the interim. Those members of the task force who are here today should also be thanked for their time and that they sacrificed meeting and listening to stakeholders and for their dedication and commitment to finding a solution. Senator Gwen Howard, Senator Dave Pankonin, and Senator Arnie Stuthman also serving on this task force during the summer. But in other hearings today where Senator Annette Dubas and Senator Brad Ashford who also served on that committee. I would also be remiss, too, to...if I didn't mention the families who provided very good testimony, I know, along the way, and I'm sure you will hear from some of them today. In summary, LB346 would require the Department of Health and Human Services to establish a Children and Family Support Hot Line, which would include, one, serving as a single point of access for children's behavioral health triage through a 24-hour, 7-day-a-week telephone line, providing screening and assessment and providing referrals to existing community-based resources. The bill also calls for the department to establish Family Navigator program. The program will consist of trained individuals who will provide peer support in connection to these services. Finally, LB346 requires the department to provide, on a voluntary basis, postadoption and postguardianship care...case management services for families. We are all aware of the difficult economic environment that currently exists. LB346 reallocates scarce existing resources and this challenges not only us in this committee but hopefully the full Legislature to clearly define our priorities and review how we deliver the most effective government services in the most efficient manner. LB346 also requires a report evaluating these services and how they were established under this bill to be reviewed annually by the committee and by the department. It is my intention that Senator McGill follow me and introduce LB275 and then that we take testimony on both bills. I then request that we first hear from Mr. Adams and Mr. Landry, who will further follow-up on this bill, following by other experts who have been diligently working on this issue in cooperation with the Legislature and the administration. Thank you, Senator Pankonin. [LB346 LB275]

SENATOR PANKONIN: Thank you, Senator Gay. Are there any questions for Senator Gay? Seeing none, we'll have Senator Gay come back. I want to remind folks that are here that plan to testify, there are testifier sheets in the corners. And the clerks or pages can...or the Red Coats can help you with those. But we do need to have you fill out a testifier sheet and turn them into the box to the left of the committee clerk when you do come forward. Thank you. [LB346 LB275]

SENATOR GAY: Welcome, Senator McGill. [LB346 LB275]

SENATOR MCGILL: I'm glad to be here, Senator Gay. Chairman Gay and members of the Health and Human Services Committee, I'm Senator Amanda McGill. I represent

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 05, 2009

District 26 in northeast Lincoln. I'm not going to take much time here on opening because the intent of my bill is very similar incorporated in Senator Gay's bill, which he just opened on. I'll tell you about the process, though, leading up to that piece of Legislation and why I am so excited about his bill that has been brought to us by the Governor. During the Special Session, we decided to form a Children in Crisis Task Force so we could get together with 40 or 50 folks from different elements of the behavioral health community, parents, teachers, hospitals, providers, HHS, and try to find what things we could do here and now, this session, to start to make a difference in the lives of families who really need help. Through those two, three meetings, we were able to see that one of the most practical things we could do right now is to create an access point for families through a statewide hot line. My proposal is slightly different than that in the Governor's plan, and I look forward to hearing the testimony about the pros and cons of both. But for me, the most important thing is that we get that access point created this year. And I was pleased to see that the plan in Senator Gay's bill goes beyond just the hot line and incorporates different elements that I think will truly make lives better for families. I don't think that that fixes the entire problem, I want to make that clear, there is more that needs to be done in the future. But this is a fabulous first step moving forward, and I look forward to working with the committee and the rest of the senators to get the job done this year. Thank you. [LB346 LB275]

SENATOR GAY: Thank you, Senator. Are there any questions from the committee for Senator McGill? I don't see any. Thank you, Senator. [LB346 LB275]

SCOT ADAMS: (Exhibit 1) Good afternoon. Senator Gay and members of the Health and Human Services Committee, my name is Scot Adams, S-c-o-t A-d-a-m-s, Director of the Division of Behavioral Health, Department of Health and Human Services. I would like to thank Senators Gay and Howard for introducing this bill at the request of the Governor. I am here today to testify in support of LB346. The proposed legislation would enact a new \$5 million annual three-part program to address children's behavioral health. First, a single, statewide point of contact for families and guardians of a youth with behavioral health needs would be created. The greatest benefit of this hot line is the ability for families and guardians across the state to have one phone number to call for information, assistance, and support. We have heard many family voices over the course of the last several weeks that have indicated a desire for such services. This hot line would be staffed by behavioral health professionals, trained to triage a behavioral health crisis, screen and assess needs, and assist the family in identifying existing resources to access. In addition, a single statewide number would be easier to promote and increase the likelihood of a family in need to know that such a service existed. A single point of contact creates a simple, straightforward way of accessing services, which can seem overwhelming for some families, and especially in times of perceived crisis. Another great benefit would be the ability to gather statewide data to track the needs of youth and families with behavioral health concerns and to monitor success and progress. The second component of this proposal is a Family Navigator program that

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 05, 2009

could be recommended to families after calling the hot line. This would be a rapid response for those identified as needing additional assistance and support in the near-term. The Family Navigator is a trained peer-support specialist who also is a parent or family member of a youth with a behavioral health disorder. It can bring much encouragement, support, and hope to another family in distress. This navigator can also empower the family by locating the appropriate existing services. The utilization of a Family Navigator in addressing a youth's behavioral health needs, is not only cost effective, but it is often requested by families as we have heard from families themselves. This does not replace the need for professional services, but rather compliments the delivery of clinical services as evidenced by state and national data. It also is a best practice embraced in national trends to increase family voice and treatment successes. This approach supports our efforts for a fuller service array that is least restrictive, culturally competent, and family centered. The third component of this proposal is the case management and support services that are offered to families who have completed adoption or guardianship of a youth with behavioral health issues. My colleague, Todd Landry, director of the Division of Children and Family Services, will follow my testimony to provide further information on this aspect of LB346. But before Todd speaks, let me also address another important dimension of LB346. This bill envisions a significant independent evaluation component to provide objective feedback to the legislative and executive branches on the efficiency and effectiveness of these new services. This, too, would be put out to bid. With regard to the Division of Behavioral Health fiscal side, this bill was developed within the state's current fiscal constraints and so existing funds have been identified to fund these services. If you will turn to the attached chart with the testimony you have, I will walk through the financial aspects of the bill. Specifically, 1 percent from regional behavioral health authorities would be redirected to this service or about \$750,000. Two, reallocation of \$100,000 from contracts used in 2009 to develop a consumer and family-friendly behavioral health Web site. By the way, that Web site should be operational in mid-March of this year and I think will also be a dramatic increase in the accessibility for services. Two hundred and thirty thousand dollars from a contract with a Nebraska tribe for services that would be moved into this category. Thirty thousand dollar decrease in 2010 and \$18,466 in 2011 for redeployment of contracts. And zero funds in 2010 and \$1.4 million in 2011 from General Fund savings to the Medicaid program as the result of including all medications on the Preferred Drug List. This assumes passage of LB661. These represent priority shifts we believe they are reasonable in order to develop these new services for families and children. Overall, this bill provides for the development of some critical components that we feel will be highly beneficial, are supported by our partner, the Nebraska Federation of Families for Children's Mental Health and complement the efforts outlined in the department's Children's Behavioral Health Plan that was published in January '08. In continuing to strengthen our system of care for children, youth, and families, this proposal supports a framework that can be advanced in the future. In addition, the statewide implementation will allow for an evaluative process that will provide for data driven decision making and strategic planning in the future. It is our

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 05, 2009

intent to utilize a competitive bidding process to ensure the selection of the most effective and efficient services available. I fully anticipate that a region or an existing private provider could be the successful bidder to implement this hot line program. In conclusion, I ask for your support of this proposal. Thank you for your time and I would be happy to answer any questions you may have regarding the behavioral health components of LB346. [LB346 LB275]

SENATOR GAY: Thank you, Director Adams. Questions? Senator Stuthman. [LB346 LB275]

SENATOR STUTHMAN: Thank you, Senator Gay. Director Adams, you know I'm very supportive of making available a 24-hour crisis hot line. I am aware of situations in the state of Nebraska that have developed in smaller areas, a four county area, in my area, that have developed a 24-hour, 7-day-a-week crisis hot line which is answered by an individual and then directions are given. What is the plan for those established areas already? Is there...are they going to have to be, have to stop existence or is this going to complement that? [LB346 LB275]

SCOT ADAMS: Well, I think that's part of the implementation planning process that will have to go on. The Division of Behavioral Health currently funds regions, and many of those regions have hot lines of one sort or another currently. Whether or not, as a result of the decrease in funding proposed here, two regions for a centralized service, those hot lines could go away. They could be modified in some fashion if they had a particular niche that was effective and useful. But our purpose here, really, is that the LB346 intention is that there is a single, promotable, statewide, recognizable hot line for all Nebraskans to be able to access. [LB346 LB275]

SENATOR STUTHMAN: Director Adams, do you think one hot line will be sufficient for all the calls or do you think there's going to be more calls than they will be able to answer and satisfy? [LB346 LB275]

SCOT ADAMS: You know, as we have talked about this, Senator, first of all our intention, of course, is to build an appropriate and sufficient capacity into the system. As we have considered what that might be, we think that there may be an initial flourish of calls and then perhaps a subsiding down to a maintenance level over time. We don't know what those numbers are yet, and we hope to be able to get some ideas from others who work in this area to help us to develop the bid package in a way that it can be appropriate and meet the capacity demands. [LB346 LB275]

SENATOR STUTHMAN: Okay. Thank you. [LB346 LB275]

SCOT ADAMS: Yes, sir. [LB346 LB275]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 05, 2009

SENATOR GAY: Senator Pankonin. [LB346 LB275]

SENATOR PANKONIN: Thank you, Senator Gay, and Dr. Adams, thanks for being with us today and for working on this important plan. A question I had from someone actually today was, even though the focus here is on children, you know children can be of all ages, and if we have this behavioral health hot line, we won't ask someone if they call what their age is. It could be a parent talking about a child, it could be a child that's a teenager, it could be someone in their 20's or 30's. I mean we will help people that call this line try to find appropriate services knowing that the emphasis is on children but people won't be turned away if they just call in and they are under 19 or something? [LB346 LB275]

SCOT ADAMS: Senator, thank you very much for pointing that out because it's a great moment. Our...the genesis of this, the intention, the energy was with children but you notice that it is called the Children and Family Support Bill. And so it is intended to be able to be a responsive hot line to all levels of that kind of family, including adults in need. Our particular focus will be to make sure that we nail down the accuracy on the kid's side. Because that is the energy, the intentionality, the purpose, the origination. But we will not miss this opportunity to develop something bigger and better than that. We will not let that hang us up, either. I mentioned earlier in my testimony about the Web site coming up, the Network of Care Web site that is coming up. That also will have both children and adult services available through that Web site, so that there is a single source to be able to get there easily navigable. [LB346 LB275]

SENATOR PANKONIN: Thank you. I'm very encouraged to hear that because we know there's people of all ages and different circumstances that need services or guidance and help, so I am very appreciative that you've considered that. [LB346 LB275]

SCOT ADAMS: I'm reminded of my knucklehead kid right now, so. (Laughter) [LB346 LB275]

SENATOR GAY: Hold on one minute. Senator Gloor. [LB346 LB275]

SENATOR GLOOR: Thank you, Chairman Gay, and thank you, Dr. Adams. And I thought I was the only person with knucklehead kids, so. (Laughter) [LB346 LB275]

SCOT ADAMS: Yeah. No. [LB346 LB275]

SENATOR GLOOR: Who are wonderful adults, I should say. [LB346 LB275]

SCOT ADAMS: Yeah, yeah. At least they are gone. (Laughter) [LB346 LB275]

SENATOR GLOOR: My own experience, and some of the dialogues I've had with

Health and Human Services Committee
February 05, 2009

parents, guardians, caregivers, the sort of people who may be in this audience as professionals, kind of reaffirms my concern that we have a lot of wonderful organizations and agencies in this state who are providing some wonderful services to children and adolescents. But there is a degree of silo building sometimes that goes on, with people who feel their program is the best program, and that quite frequently the hand-off of those children or let's say that the family decides to move to another community, you end up with a gap of service. Not that the service isn't available, but the hand-off hasn't occurred. So I am glad to see this navigator system, if I understand it, is this navigator system a way that we hope to bridge some of that territoriality, honestly, as well as people who may move from community to community? [LB346 LB275]

SCOT ADAMS: Well, the intention of the Family Navigator portion, which I think is a very special part of this bill, is intended, especially at the front-end, when people are at the end of their ropes and going, oh, my goodness. What is next? To be able to have another family who has gone through that, provide the comfort, the concern, the hang on, whew, boy this is tough, let's go together to a resource or a service provider, can I come over and have coffee with you? A variety of things in that fashion. It is intended as a front-end service. So to the extent that a person engages in service and later on moves to another part of the state or different part, that's really not it's primary intention at this point in time. However, that's not to say that things might not unfold, disconnect at a later point and reengage in some fashion. And I suspect that the friendships made and the relationships developed will also continue on. What I am trying to say here is, the focus and intention of family navigator is at the front-end crisis portion of this as we envision it. So it's not intended to be a lifelong kind of thing nor is it intended to be months long or that kind of thing. Really, a short burst, intensive kind of thing. But I suspect that there will be, that people will make themselves available on an ongoing basis. That's just the nature of Nebraska families, to reach out and to help in multiple ways. [LB346 LB275]

SENATOR GLOOR: But what you're telling me is we may still have children being dropped because there is no continuity out there of handing people off from one agency, one organization, one not-for-profit to another. [LB346 LB275]

SCOT ADAMS: Well, let me go further with that piece of it. It's a bit different issue than the hot line, the crisis side of things. But it is incumbent upon all professional services, whether by virtue of licensure, accreditation, or certification, to ensure a proper, thorough, and complete aftercare, discharge, and transfer plan when services are not yet complete and a person will be moving. So it's incumbent upon the family and the service provider to consider what's going to happen upon the move to another community. And so together, the service provider would be really responsible with the family to make the connection, to go forward with that. And so this hot line could be of assistance, the Web site could be of assistance in those planning kinds of things, but it's going to be between the family and that provider to make sure they get the phone

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 05, 2009

number, make the call, understand the connection to the new location. [LB346 LB275]

SENATOR GLOOR: Okay. Thank you. [LB346 LB275]

SENATOR GAY: Senator Howard. [LB346 LB275]

SENATOR HOWARD: Thank you, Mr. Chairman. Scot, you and I have talked about this, and this might be helpful to Senator Gloor as well. One of the important secondary features of this bill is that we're going to learn a lot. I mean, and documentation is a critically important piece of this. So when someone calls and is referred to a service, it's important to know how effective that was, how easily accessed it was, how user friendly it was. And also to know what's not available so that we can use this as a continuing building process and a way to put more effective, possibly missing surfaces into place as time goes on. I see this as a great point where we will start and we will learn, and hopefully we're going to be able to be effective for families but also will continue to improve as time goes on with this. So I think it's got a lot of potential plus I especially like...the side effect is that we won't be requesting studies on these things. We will have actual information. [LB346 LB275]

SCOT ADAMS: Yeah, yeah. I'm very pleased with that element of the bill as well, Senator, and think that it offers the opportunity to do the things you say as well as to increase accountability and visibility on one of the very few sources of new programming proposed this year by the Governor and others in a very difficult fiscal time. And so, when we change priorities, we want to make sure it works, and so we thought that the evaluation component was a very important component here. [LB346 LB275]

SENATOR HOWARD: Absolutely and I appreciate that and I appreciate, as you pointed out, at a time when we're being very cautious about spending, that to make this a priority...for the Governor to make this a priority speaks volumes. So thank you. [LB346 LB275]

SCOT ADAMS: Yeah. Thank you. [LB346 LB275]

SENATOR GAY: Any other questions for Director Adams? I don't see any. Thank you. [LB346 LB275]

SCOT ADAMS: Thank you very much. [LB346 LB275]

TODD LANDRY: (Exhibit 2) Good afternoon, Senator Gay, members of the Health and Human Services Committee. My name is Todd Landry, T-o-d-d L-a-n-d-r-y, I'm the director of the Division of Children and Family Services within the Department of Health and Human Services. And I'm here today to offer testimony in support of LB346. You have already heard from my colleague, the portions of the bill regarding the triage line

and Family Navigator portions of the bill. I will speak today to the postadoption and postguardianship portion. As you know, over the past few years, the entire child welfare system in Nebraska has recommitted to safety and permanency for children. And one of the outcomes that we've seen has been a dramatic increase in the numbers of adoptions and guardianships of children who were wards of the department. In terms of calendar years, there was an increase from 456 adoptions in calendar year 2006 to more than 550 in calendar year 2008. The average number of finalized guardianships per federal fiscal year from '06 to '08 is about 250. And while these numbers are cause for celebration, they also bring the need to look at what happens to children and families after the judge signs the guardianship or adoption order. Studies show that while the majority of adoptions and guardianships are very successful, somewhere between 1 to 10 percent dissolve after finalization. Meaning that the adoption or guardianship is legally terminated and permanency for the child is once again broken. Research has also found a significant relationship between the use of postadoption services and positive adoption outcomes. Parents who receive postadoption services report higher satisfaction with parenting, a better understanding of their children and how to parent them, and an ability to create a warm and nurturing family climate as well as the ability to access the resources that they need. In a recent study done in Illinois, 84 percent of families that had adopted or assumed guardianship of children who were former wards, said that they were doing well without additional supports. But that still left 16 percent that reported that they were struggling or feeling frustrated. Gaps in services most commonly identified by these adoptive families and guardians nationally include support groups, crisis intervention, child and family advocacy, behavioral health care, adoption searches, case management, counseling, therapy, and respite care. Now, in Nebraska when a child qualifies for an adoption or guardianship subsidy, the child and family are entitled to some services that adoptive parents and guardians in other states might not have. These include Medicaid coverage which includes mental health services for the child, childcare when the parents are at work, adoption services within Nebraska's statutory guidelines, and an ongoing maintenance payment. But even with this range, we know that some families need additional support and assistance for various reasons. The family might not know how to access services or providers might not understand the issues that are unique to adoption and guardianship families. Case management and the provision of support services offered through this bill will help fill this gap. They will be available to persons who have finalized an adoption or guardianship of a child who was a ward of the department, and have a subsidized adoption or subsidized guardianship agreement. At their request, and on a voluntary basis, these families will have case management and a variety of other services such as assessment and evaluation, family counseling, adult support groups, child counseling, child support groups, therapeutic summer camps, and other services. Services we intend will be of high quality and provided by persons who have the needed knowledge base of guardianship and/or adoption in order to effectively resolve or mitigate the issues that otherwise are likely to result in the dissolution of the family. The department has identified funding to enable provision of these services without requesting additional

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 05, 2009

General Fund dollars. From the child welfare side of the picture, in fiscal year '10, the funding will come from child welfare funds reimbursed from child support payments, from savings anticipated through passage of LB345 and from federal funds the department will be able to draw down for certain subsidized guardianships under newly enacted federal legislation. In fiscal year '11, funding will consist of continued savings due to LB345, from the same federal subsidized guardianship drawdown, and from another federal drawdown which becomes available in federal fiscal year 2011 for eligible 18-year-olds in foster care. I believe that the services provided for in this bill are important in order to help ensure the futures of many Nebraska children and families. I urge your consideration in support of this bill. I'll be happy to answer any questions that you might have. [LB346 LB275]

SENATOR GAY: Thank you. Any questions for Director Landry? Senator Howard. [LB346 LB275]

SENATOR HOWARD: Thank you, Mr. Chairman. This isn't really a question, but you and I have talked about this issue a number of times and the need for continued support services for families that step forth and adopt children from our system, from Health and Human Services. And in my opinion having done adoptions for a number of years, so often people adopt from love and because they can't imagine not having that child in their family. And I think we have a responsibility to be with those folks as the child grows and problems may surface that may be beyond their ability to address. And so I really appreciate the work that you've done on this and the recognition that this problem often can occur and that the department has a commitment to these families. The second part of this is I'm very glad to see that part of the funding for this is going to come from the bonus dollars from the federal government for the special needs adoption. That's a reinvestment in our adoption program which is terrific so thank you. [LB346 LB275]

SENATOR GAY: Senator Stuthman. [LB346 LB275]

SENATOR STUTHMAN: Thank you, Senator Gay. Mr. Landry, first of all I want to thank you for all the work that you've done in the time...in the short time that we've had since the first child was dropped off under that safe haven law. And I also want to thank Senator McGill, you know, for the efforts of the crisis team. It tells me that a little bill, like LB157, you know the safe haven bill that was for the protection of an infant or for protection of other children, has really surfaced in something that has developed an interest where we have a lot of people that are very concerned about the youth of today. And I want to thank you, you know, for working together with us and we would, without that happening, the effects of LB157, we would not have this amount of people here in the room today. We would really not be discussing it. But since that has happened, you know, we are concerned about it and I think it's very...I'm very proud of what has happened because of the safe haven bill, and I am proud of you for what you have done and the tasks that you have done. So thank you very much. [LB346 LB275]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 05, 2009

TODD LANDRY: You're welcome. [LB346 LB275]

SENATOR GAY: Thank you, Senator Stuthman. For the record, Senator Norm Wallman has joined the committee. Any other questions for Director Landry? Senator Gloor. [LB346 LB275]

SENATOR GLOOR: Thank you, Chairman Gay. And I also would add my compliments to Senator Stuthman's to you, Mr. Landry. That's the second time today I've complimented you. (Laughter) You probably deserve to be spoiled with some of what you have to deal with. I don't argue the fact that there are gaps in service and that this is directed towards focusing on filling some of those gaps, but I'm going to ask you the same question I asked Dr. Adams, which is I still have this overriding concern that we don't do a good job with hand-off. Do you see this in some way helping with tying together the various agencies with the needs of specific parents, specific guardians? [LB346 LB275]

TODD LANDRY: Right. Specifically for the adoptive and guardians, which my piece of the testimony is addressing, I do believe that it will assist in that gap and covering those situations. Once we actually will put this out for competitive bid, we'll have a better idea of whether or not it's going to be one statewide provider doing this or in fact it will be done on a service area or regional basis. We'll have to see what the best value for the taxpayers and the best value for our clients is going to be. But I do believe that one of the things that we will require for these families in particular, because they are coming forward on a voluntary basis and these can be longer term versus shorter term in nature, that there can be that effective hand-off and switch in case the family does in fact choose to move around the state of Nebraska or, you know, wants to go with a different provider versus the one that they're having. The one cautionary note I would put in there is keep in mind that these are voluntary services that we're offering. Once an adoption or guardianship is finalized, it is really the prerogative of the family to decide what kind of services they want to access and how they want to access it. I believe there will be many adoptive parents and guardians who want to receive these continued services, but it will be on a voluntary basis. So that's the one cautionary note I would put on there. [LB346 LB275]

SENATOR GLOOR: Thank you. [LB346 LB275]

SENATOR GAY: Any other questions? I've got one for you. So we go out for a request for these proposals coming in, and can you just walk us through the time line and how you prepare those,... [LB346 LB275]

TODD LANDRY: Um-hum. [LB346 LB275]

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Health and Human Services Committee
February 05, 2009

SENATOR GAY: ...how you're going to look at approaching these? And I know, I'd also say with the Director Adams... [LB346 LB275]

TODD LANDRY: Right. [LB346 LB275]

SENATOR GAY: ...and the whole department actually working on this, but can you walk us through that time line a little bit because a lot of this is contingent on possibly other bills passing or not... [LB346 LB275]

TODD LANDRY: That's right. [LB346 LB275]

SENATOR GAY: ...and actually this bill passing because this is just a committee hearing, and there's a lot of work ahead on this bill. But can you walk us through that process? [LB346 LB275]

TODD LANDRY: The assumptions that we have made and that are embedded within the fiscal note, is the fact that because this does have connections to other bills and obviously there are funding implications with this, and we recognize that many of those funding decisions will not be made until quite relatively late in the overall legislative process, the conservative assumption that we made is that assuming this bill passes and the funding options are enabled, then once in June, once the session finishes and those appropriation bills are done and the bills are all completed we will then begin that process of developing the requests for proposals, whether it through an RFP, an RFQ, or some other state-allowed form of accessing competitive bids, and then we will put those out for bid. We'll develop the request, we'll put those out, provide an adequate time for responses, and then we will award those contracts either, as I said, on a regional basis or perhaps on a statewide basis, depending upon the situation specifically for these services I'm speaking to. Our assumption is that given some amount of start-up time, that we'll have full implementation of these on 1-1-2010, and therefore the appropriation and the budgetary assumptions are based on six months of full implementation in the first year of the biennium and one full year in the second year of the biennium. So those are our basic assumptions depending upon what happens during the legislative process of course and the appropriations process those could be modified, either moved up or pushed back slightly, but those are the assumptions that we have built in. [LB346 LB275]

SENATOR GAY: Okay, thank you. Any other questions for Director Landry? Just one comment, Director. You heard a few kudos from members, but I would speak for the whole committee, those of us that had a chance to work with you. I think you've done a fine job, and your commitment to children and families of Nebraska is not to be questioned at all. I know interesting situations that we all had to deal with, and I know you always do the best you can and we appreciated that. [LB346 LB275]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 05, 2009

TODD LANDRY: Thank you, Senator. [LB346 LB275]

SENATOR GAY: And we're looking forward to moving on and getting this done as well. But for the committee, we wanted to say that. [LB346 LB275]

TODD LANDRY: Thank you very much, I appreciate it. [LB346]

SENATOR GAY: You bet. Other proponents who would like to speak on LB346 and LB275? [LB346 LB275]

JIM BLUE: (Exhibit 3) Senator Gay, members of the Health and Human Services Committee, my name is Jim Blue, that's B-I-u-e. And today I speak to you in my role as president of the Children and Families Coalition of Nebraska or CAFCON. One of my roles as president is to be the spokesperson for the views and opinion of this organization, and I will try to fill that role well today. CAFCON is an association of some of Nebraska's oldest and strongest children and family services organizations in our state. Our members include: Boys and Girls Homes of Nebraska; Catholic Charities; Child Saving Institute; Epworth Village; Heartland Family Services; Nebraska Children's Home Society; Uta Halee; Cooper Village; Cedars Youth Services; Child Connect; Christian Heritage Homes, Family Services of Lincoln; Lutheran Family Services of Nebraska; Richard Young Hospital; and Boys Town. We are in support of this initiative to bring better services to families who are in significant need in our state. We have six principles that I'd like to briefly review with you. You will see that one of these principles comes with a reservation, though; I'll save that for later. To begin with, all new services should be competitively bid by nationally accredited organizations that is included in this bill. The one consideration we would add, though, is the nationally accredited organizations. This is the standard of programmatic quality and organizational integrity in our state. It is a standard that we must not back away from and needs to be included in bid requirements for any new services for the children and families who are in need in our state. We support fully one telephone triage line, hot line, whatever one would want to refer to it as, but one number which is promoted throughout our great state. The network of trained and compensated individuals to work hand-in-hand with families who are in desperate need of help will be a wonderful assistance in this time of crisis. Not necessarily master's level or Ph.D. staff saying this is what we can do to help you, but peers, going hand-in-hand, foot-in-foot, footstep-in-footstep to find help. Intervention and support for families experiencing postadoption, postguardianship challenges. In a short while, Karen Authier, the executive director of Nebraska Children's Home Society, which is a member of CAFCON, will be testifying in more detail on that. For now, that is desperately needed and we fully support increased services for families involved in postguardianship, postadoption challenges. The one reservation that we have has to do with the financing. We understand that this \$5 million would be arrived at through both strategic reinvestments by the Nebraska Department of Health and Human Services and pulling down some additional federal money. That's great, we support that. But we

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Transcriber's Office

Health and Human Services Committee
February 05, 2009

believe, as an organization, new services should be supported with new dollars. Current services which are operated by the Nebraska Department of Health and Human Services should be funded through efficiencies and better means of pulling down federal support. Right now, and I want to make this point as clear as I can, Nebraska's behavioral health system is underfunded. We rank very, very low per capita in funding for mental health services, substance abuse services, the kind of help that these services would provide people better access to. Without better funding, Nebraska's mental health services, substance abuse services, behavioral health services, I am afraid that by instituting what is in these bills, we are creating better access to longer waiting lines. I'd be happy to try to answer any questions you have or expand on any themes. [LB346 LB275]

SENATOR GAY: Thank you, Mr. Blue. Senator Gloor. [LB346 LB275]

SENATOR GLOOR: Thank you, Chairman Gay. A simple question. [LB346 LB275]

JIM BLUE: Yes, sir. [LB346 LB275]

SENATOR GLOOR: I believe in accreditation. I ran an organization that was accredited by a number of entities. But with limited dollars, what's the state to do to use limited dollars to provide services through ND (phonetic) entities regardless of accreditation? Or does the state get better quality service and spend its dollars wisely by using only accredited organizations? What's your state supposed to do? [LB346 LB275]

JIM BLUE: Not all of the members of CAFCON are accredited at this point. The organization that is not is working on achieving accreditation. They have seen the value of accreditation and are working on it, and I am confident we will achieve it soon. I believe that the state should competitively bid this to organizations which have achieved national accreditation, and there are enough organizations with the capacity to do this work. And not all of them are members of CAFCON. This is not, you know, just about CAFCON. There are non-CAFCON members that have achieved national accreditation and operate with great programmatic excellence and organizational integrity. [LB346 LB275]

SENATOR GLOOR: Okay. Thank you. [LB346 LB275]

SENATOR GAY: Other questions? No, don't see any. Thank you. [LB346 LB275]

JIM BLUE: Thank you, Senator. [LB346 LB275]

SENATOR GAY: Other proponents? [LB346 LB275]

CANDY KENNEDY: (Exhibit 4) Good afternoon, Senators. Forgive me if I stutter, this is

my first opportunity to testify. So I'm a newbie at this. My name is Candy Kennedy, C-a-n-d-y K-e-n-n-e-d-y. I'm the executive director of the Nebraska Federation of Families for Children's Mental Health. My office is located in Hastings, Nebraska. I am honored to speak to you today about LB346, which the federation strongly supports. I'm here today with my affiliate directors, board members, and family members from other organizations across the state. I have a lot of information I'd like to share today, but with my limited time I'm only verbalizing a portion of it. The rest is in the handouts for your consideration. By now you have heard from many different family organizations that have been sharing messages about LB346 as well as other bills. The federation is not just one of the family organizations, it is the only statewide organization that consists of a network of independent family-driven organizations that exist throughout the state and that collaborate to serve families. We are family members who have been there and done that, and we value peer-to-peer support tremendously. The federation and its members have the joint purpose of sharing the collaborative collective voice of youth and voices for families across the state. Many of whom are here today or have sent letters of support. Nebraska's system of care philosophy...well, actually I'd like to first...you can see a list of the family organizations on the handout that I gave you. I would like to offer a brief overview of the recent evolution of behavioral health services from our perspective. Nebraska's system of care philosophy is developed on the premise that the behavioral health needs of children, adolescents, and their families can be met within the home, school, and community environments. These systems are also developed around the principle of family-centered practice, community-based, individual, youth-guided, being child-centered, family-driven, strength-based, culturally competent, and always involving interagency collaboration. What is offered in LB346 is truly in line with the philosophy and the work being done throughout children's behavioral health. The strong focus, positive movement to improve children's behavioral health began with legislative changes to integrate services within HHS. Then came LB542 and the Children's Behavioral Health Task Force that created recommendations to guide further enhancements to the system and that was aligned with the evolving infrastructure initiated through the Statewide Infrastructure Grant, otherwise known as SIG. HHS responded a year ago with a plan to incorporate the recommendations into its operations basing the future services on the system of care philosophy and with the desire to create a dynamic service array. With LB346...synthesizes these efforts, building on the momentum and the significant advances the service array towards the plans envisioning jointly by HHS and the families and youth they serve. From the perspective of families and children who have behavioral health challenges, the significance of LB346 is crucial to addressing their needs. But when...but what are the most subtle but crucial insights to help us understand how we have come to this point in time discussed in LB346? During the safe haven crisis, we diligently worked with our families, communities, and partners to prevent further instances of desperation. Beyond that, I want to share the insights that some people may not be aware of. But there was very important from the perspective of underscoring our commitment to our system of care partners. It would be...it would have been easy for the federation and the family

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Transcriber's Office

Health and Human Services Committee
February 05, 2009

organizations to have taken advantage of this safe haven situation to create more of a media frenzy and to use the situation to leverage against our partners. Not only would a negative media campaign have been against our partnership philosophy, it would have been unethical for us to use families this way. Instead, as a network of family organizations we spent a lot of energy stepping up our efforts to educate our families about what services are available to find...to help them with that. LB346 builds on the accomplishments by providing many services that would truly benefit families and youth in a way that compliments and enhances and evolves the great work that has already been done. The hot line, of course, is all families access to assistance, perhaps in a way that would prevent many families from needing to enter the HHS system. The Family Navigators of peer-to-peer support of course, been there, done that philosophy so us as family members can help each other navigate through the system and understand what that's like. And of course, just because a paper, a piece of paper is signed does not mean that the needs from the adoptive families or guardianship has ceased. So to continue this work and support them is a very necessary piece of what's...thank you very much for your time. [LB346 LB275]

SENATOR GAY: You bet. Thank you. Let's...we'll see if there's any questions. I saw you had four pages of small typed... [LB346 LB275]

CANDY KENNEDY: Yes. (Laughter) [LB346 LB275]

SENATOR GAY: I was getting worried, but you got the hint and wrapped it up. Thank you very much. And, by the way, just on that, we do read these after. When the letters come in, we take a lot of time to read these on our own time and it's very effective. [LB346 LB275]

CANDY KENNEDY: Oh, thank you very much. [LB346 LB275]

SENATOR GAY: So we've got some questions for you. Senator Stuthman. [LB346 LB275]

SENATOR STUTHMAN: Thank you, Senator Gay. Thank you, Candy, for your testimony. [LB346 LB275]

CANDY KENNEDY: Sure. [LB346 LB275]

SENATOR STUTHMAN: As serving as the executive director, do you find that you...are you getting services for all the need that is out there for the families? Are you able to find services for the need, the amount of need? [LB346 LB275]

CANDY KENNEDY: That's a very, very big question. No. Do we have gaps in our system? Absolutely. And it's a big set of blueprints that we're working off of so what I'm

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Health and Human Services Committee
February 05, 2009

saying is there are some areas that do seem to have most of the gaps--most, I'm not going to say all--but talking about the different regional challenges the farther west we get the less services there are available, of course. So the answer to that would be no, but we're working to address all of those. [LB346 LB275]

SENATOR STUTHMAN: But your attempt is to hopefully direct those families to a service and... [LB346 LB275]

CANDY KENNEDY: Absolutely. Absolutely. [LB346 LB275]

SENATOR STUTHMAN: And to provide them with a service? Okay, thank you. [LB346 LB275]

CANDY KENNEDY: Two things, not only direct the services but a lot of the times have we spoke, I don't...we don't want our families to enter into the system if it's not necessary. If we can do informal supports or, you know, it could simply be a matter of them not feeling abandoned or alienated or just working with them with the school. You know, sometimes it's smaller things that mean a lot instead of having to fail up. [LB346 LB275]

SENATOR STUTHMAN: Okay. Thank you. [LB346 LB275]

CANDY KENNEDY: Okay. Thank you. [LB346 LB275]

SENATOR GAY: Other questions? [LB346 LB275]

CANDY KENNEDY: I have a letter of support as well. Okay. [LB346 LB275]

SENATOR GAY: You bet, just give it to her. All right, could I see a show of hands? We're going to listen to proponents, opponents, and then neutral. How many proponents in this room? So quite a few. And then also I'll ask...we'll have somebody check in if there is an overflow room how many opponents or proponents there are. And then, are there any opponents here that are going to be speaking? We've got a couple, all right. And then anybody that just wants to talk neutral, we will do that. Okay, so we can see we have quite a few people just in this room alone and then we, I think we have more people in another room. So the best way to do that, quite honestly, is be concise and try not to cover what someone else has covered. Quite honestly, if you change your mind and say well, it's been covered, that's fine too. If you want to be on the record either a proponent, opponent, or neutral, you can also just sign one of those sheets and turn it in and it will be in the public record as well, that all the other senators can see your position on that. So just to get that out of the way. So we'll just start working, and I know it's a crowded room but we'll listen to other proponents come on forward. Well, not all at once. (Laughter) But anyway, just kind of...we'll hear from everyone so. [LB346 LB275]

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Health and Human Services Committee
February 05, 2009

MORGAN KELLY: (Exhibit 5) Good afternoon Chairman and senators of the Health and Human Services Committee. I appreciate the opportunity to speak today on behalf of the Nebraska Families Collaborative, an organization that was put together recently between my organization, OMNI Behavioral Health, Boys Town, Child Saving Institute, Heartland Family Services, Boys and Girls Home and, importantly, the Nebraska Family Support Network. We've come to bring information both about evaluation, and I want to also talk about some of the human component. And I'm hopeful that following me, either immediately or shortly given that you have a lot of people here, the Nebraska Family Support Network may follow-up. What I've handed you is four documents. Obviously we're not going to go through all of those. I've got a cover sheet. Yes? [LB346 LB275]

SENATOR GAY: Hey Morgan, do you want to put your name in for the record? [LB346 LB275]

MORGAN KELLY: Thank you, Senator. Yeah. For the record, my name is Morgan Kelly, M-o-r-g-a-n K-e-l-l-y. Thank you. These documents...the three larger documents are evaluative research and I want to present...I want to amplify the importance of the evaluation that Senator Howard brought up and try to give you an idea of what that looks like in terms of the human symptoms that are presented when a crisis call comes in. So if I could direct you to the single sheet, and there's two studies that I'm going to talk about. One is part one, nonsuicidal crisis callers, and then further down is part two, suicidal callers. These are large studies and the presenting problems of people when they call include things relating to abuse and violence, addiction issues, basic human needs, interpersonal problems, mental health, physical health issues, problems relating at work, and other. What the researchers found with respect to crisis calls with respect to the immediate reduction in symptomology in those presenting problems was significant reduction in the severity of the symptoms. Not only immediately, but those improvements were sustained for maybe as long as two weeks. And it's the reductions in stress in those areas, persons feeling confused, depressed, angry, anxious, helpless, overwhelmed, hopeless, there was again, statistically significant improvement in all of those areas. And what I want to emphasize is that reductions in those kinds of stress lay the groundwork for improved coping with crisis. I want to come back to that concept in a second. The second study related to suicidal callers. The first group that I talked about was nonsuicidal, the second group is suicidal. Many of the same presenting problems with about the same frequencies, issues relating to abuse and violence, addiction issues, mental health, physical health and other. In addition this group, over half had suicide plans, almost 10 percent had taken some action towards suicide, well over half had prior attempts, close to half had multiple attempts. At the point at which they would call, 10 or 11 percent indicated they had thought that at that point they intended to die. They also showed they had addictions and other kinds of needs, and what the crisis call allowed these people to do is to reduce the intensity of those feelings. And it buys time. And I want to emphasize that although there's that window there, that's all we're doing

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Transcriber's Office

Health and Human Services Committee
February 05, 2009

until we make a connection with services. And what I would really hope that comes through with respect to the passage of the bill is that the crisis call needs to be tightly integrated with child welfare, Medicaid, and other mental health services. All we're doing is buying some time and I really appreciate Mr. Landry having found some additional money to obtain and to fund this crisis hot line concept. The...well, I'm going to leave it there insofar as we don't have much time and we have a lot of speakers or testifiers. If there's any questions... [LB346 LB275]

SENATOR GAY: Thank you, Mr. Kelly. Any questions from the committee? I don't see any. Thank you. [LB346 LB275]

JUDITH BRENNAN: (Exhibit 6) Hello, Senator Gay and members of the committee. My name is Judith Brennan and I'm here as a parent. I'm here as a grandparent. And I'm a retired teacher, and I've had a lot of experience with children with behavioral needs. I've got a very short thing that I wanted to say to give you some ideas that we had in several parent meetings that I attended lately. And it says first, this bill does address real needs existing throughout our state, especially the hot line triage. For example, to illustrate this need, we have the Lincoln Action Program locally. LAP has a huge book that lists all the programs of all kinds, not just behavioral health and many offices staffed with people who can answer specific questions of other kinds too. But they are not always available being often in meetings or out to lunch. Many other places in our state do not have access to this type of resource, and such resources should be local, that is to say that if somebody needs help, that help should be local. I wanted to make that clear. Okay, second, things that need to be added to the bill include, I believe, the following: Independent oversight of the Navigator program by appropriate people involved in working with the people who need the resources mentioned in LB346 but are also not members of the Health and Human Services program nor of this legislative committee. Other people should be in on this, people who are important people too. Okay. And resources and helps that are immediately available, need that. And three, better appropriations for funding, which I think has been already mentioned. I also believe that training should not rely solely upon Health and Human Services and that other professionals working in existing programs have a more appropriate and hands-on type of experiences to draw upon. That's it. [LB346 LB275]

SENATOR GAY: All right, thank you. Any questions from the committee? Senator Stuthman. [LB346 LB275]

SENATOR STUTHMAN: Thank you, Senator Gay. Judith, you stated that you were a teacher? [LB346 LB275]

JUDITH BRENNAN: Yes, I was. [LB346 LB275]

SENATOR STUTHMAN: In the school that you taught in, did they have counselors

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Transcriber's Office

Health and Human Services Committee
February 05, 2009

there that could work with children that were in some type of crisis? [LB346 LB275]

JUDITH BRENNAN: Yes, as a matter of fact I have taught in different schools having been in Illinois and then Nebraska and they did, once in a while they...I was in on that. I taught music and art, so I taught everybody. And I made the plans for them, and I was in on many of those discussions of children who had health...plus both my child and grandchild have had special needs of this type. [LB346 LB275]

SENATOR STUTHMAN: Okay, thank you. [LB346 LB275]

JUDITH BRENNAN: You're welcome. [LB346 LB275]

SENATOR GAY: If you could hold on one minute, let's see if...any other questions from the committee? [LB346 LB275]

JUDITH BRENNAN: Anybody else? [LB346 LB275]

SENATOR GAY: Nope, I guess you...thank you. [LB346 LB275]

JUDITH BRENNAN: Thanks. [LB346 LB275]

SHARON DALRYMPLE: (Exhibit 7) Good afternoon, Senators. Thank you for giving me this opportunity to speak. My name is Sharon Dalrymple, S-h-a-r-o-n D-a-l-r-y-m-p-l-e, and I am the executive director of Families Inspiring Families and I am here today along with members of the board of directors, family advocates, and family members from our organization in support of LB346. Families Inspiring Families is one of five family organizations which are affiliates of the Nebraska Federation of Families for Children's Mental Health. Through our programs we offer support, education, resources, advocacy, and hope to families whose child or youth have emotional, behavioral, and mental health issues in the Region V area. The safe haven issue has brought many concerns and opportunities to the forefront and we thank you for hearing the desperation of our families and making a commitment to meeting their needs. We believe the 24/7 crisis line, the peer-to-peer support, and the postadoption care are all critical supports that will have a positive impact on the families, youth, and communities. During this past fall when safe haven brought to light the concerns and issues families were facing, Families Inspiring Families received several calls from families who were considering using the safe haven as an option for their child. We were able to talk with them, gave them support and resources, and/or we set them up with our family advocates, which is a navigator in LB346. As a result, the families were able to keep their children in their homes. We have found that often what families are looking for most is support from someone to talk to, to have someone to talk to that has lived their life and give them a meaningful support. Families want to know that they are not alone and there is hope for their child and family. Our family advocates are family members

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Transcriber's Office

Health and Human Services Committee
February 05, 2009

who have raised kids with emotional, behavioral, and/or mental health issues and have a unique understanding of the hopelessness, isolation, and desperation families feel. I, too, am a parent who has raised a child who had emotional and behavioral health issues and I have lived the life of being hopeless and feeling isolated the same as other families feel. With the support from other families who were going through the same situation I was at the time, I was able to make it through each day. And now my son is a successful young adult. Families Inspiring Families feels no family should ever be put in a position of making the difficult decision of making their child a state ward in order to receive services. The decision is devastating to the family and to the youth. We, at Families Inspiring Families, are committed to doing whatever we can to help families and to help meet their needs in any way we can. And we appreciate that LB346 is providing solutions to truly help the family and youth and to keep the family unit intact. By working together to implement these three critical supports, we will strengthen the family, the community, and the state. Thank you for listening to our families and for your dedication to finding solutions which are in the best interest of all involved. I have given you a folder of information on our organization as well as our letter of support. Thank you. [LB346 LB275]

SENATOR GAY: Thank you, Sharon. Are there any questions from the Committee? I have one for you. We had talked...accreditation has been an issue, and earlier a testifier, it sounds like a very good organization you have. Is there some kind of accreditation that you go through or is there not that available? [LB346 LB275]

SHARON DALRYMPLE: No, we are nonprofit organization. [LB346 LB275]

SENATOR GAY: Okay. So there's no...I mean, it sounds like a pretty unique, great organization, so. [LB346 LB275]

SHARON DALRYMPLE: Yeah. And we base, our employees are family members who have been there. We base of lot, experience means a lot to us and education is not what we really look for. We look for the living the life. [LB346 LB275]

SENATOR GAY: Yeah, right. You got experiences that you can share. [LB346 LB275]

SHARON DALRYMPLE: Because we believe that until you live it, you really don't know it. (Laugh) [LB346 LB275]

SENATOR GAY: You bet, you've got some good experiences you can share with people, that's for sure. Senator Pankonin. [LB346 LB275]

SENATOR PANKONIN: Thank you, Senator Gay. I just really probably more comment than question but I appreciate the work you've done. And I think it is encouraging that maybe this is a first step and as we go down that road of trying to make things better,

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Transcriber's Office

Health and Human Services Committee
February 05, 2009

and I think we had a very tough experience, obviously, with safe haven. But as Senator Stuthman had brought up that issue, you know, maybe there is a, somewhat of a good thing that can come out of it. And so we appreciate your work and are encouraged by hearing stories like that. Thank you. [LB346 LB275]

SHARON DALRYMPLE: Thank you. Thank you. [LB346 LB275]

SENATOR GAY: Senator Wallman. [LB346 LB275]

SENATOR WALLMAN: Thank you, Chairman Gay. Yes, ma'am, thank you for testifying. In these, you know, peer help peers or parents help parents, in these situations is much to do with substance abuse or is it just mental health issues? [LB346 LB275]

SHARON DALRYMPLE: Our main focus has been mental health but we do have some families with the substance abuse also involvement. We don't... [LB346 LB275]

SENATOR WALLMAN: Okay. Thank you. That's tough too. [LB346 LB275]

SHARON DALRYMPLE: We don't discriminate one against the other. We work with families with both. [LB346 LB275]

SENATOR WALLMAN: Okay. Thank you. [LB346 LB275]

SENATOR GAY: Any other questions? Oh, sorry. (Laughter) Senator Howard. [LB346 LB275]

SENATOR HOWARD: Thank you, Mr. Chair. [LB346 LB275]

SENATOR HOWARD: Just throw that bottle at me. [LB346 LB275]

SENATOR HOWARD: Just a quick question. I hadn't heard of your organization before so I was just wondering how long you've been together and been providing services. [LB346 LB275]

SHARON DALRYMPLE: It's been six years. Six years, yeah. [LB346 LB275]

SENATOR HOWARD: Okay. Thank you. [LB346 LB275]

SENATOR GAY: Thank you. Any others? Nope. Thank you. [LB346 LB275]

SHARON DALRYMPLE: Thank you. [LB346 LB275]

SCOTT DUGAN: (Exhibit 8) Senator Gay, senators of the Committee, my name is Scott

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Health and Human Services Committee
February 05, 2009

Dugan, S-c-o-t-t D-u-g-a-n. I'm the president and CEO of Mid-Plains Center for Behavioral Healthcare, primarily located in Grand Island, Nebraska, and serving 22 counties in central Nebraska as part of the Region 3 behavioral health network. I've handed out testimony. I'm not going to read it in the interest of time, but there's a couple of points I really do want to clarify. Included with this testimony is actual data. In 2003, we began operating a 24/7 live staffed crisis line as part of an initial implementation predecessor to LB1083, behavioral health reform for the adult services. We developed the crisis line which now at this point includes a on-site crisis stabilization unit. This was intended and developed specifically to help the adult system transformation to community-based services. However, as the data I've shared with you, what we've done is we've pulled out the data on children and families that have used this service in central Nebraska and you'll see of the counties listed, there are lots and lots of counties. It's not just a Hall County thing, even though we're located there. Of course, lots of them are there, but lots of folks in central Nebraska are accessing this for the 225 children that we've been able to help families find appropriate services for. So we are in support of the concept of a hot line, whether it's a statewide one number or whether it's regionalized. You know, I certainly hope that everyone is taking a look. There's technology out there that exists that it can be one number, that based on your area code and prefix can be routed to a regional setup station such as we're operating. Whether we operate it or not, I'm glad to see it happening, and I can attest to the fact that it does make a difference. We had one safe haven case out in our neck of the woods. I can't prove to you but I would certainly hope that, and think that, having this available in central Nebraska prevented other potential safe haven cases that may have happened during that time. On average, we receive anywhere from 90 to 100 calls a month. Adults, youth, elderly, all kinds, all kinds of issues. The data shows you specifically the youth, what their presenting issues were, and what the outcome was. So I hope you'll use that and I do want to, again, just reiterate that the support for this concept. The other thing I want to note about this is that we have never operated it solely using licensed mental health practitioners. I believe that's the one thing I would take exception on LB346. We have a shortage of mental health providers, licensed providers in this state. To expect that we're going to operate a hot line based solely on response of licensed mental health practitioners answering the phone, I think is almost setting us up for failure. Because it's going to be hard to recruit and retain those kinds of folks. We have not had any issues having properly trained technicians, psychiatric registered nurses, with the backup of a licensed mental health practitioners available 24/7 as well as psychiatrists and psychiatric trained APRNs. It can be done without the use of solely licensed mental health practitioners intervening, and it can be done successfully. Our consumer feedback has been 98 percent extremely satisfied with the services they received through our crisis services. So it can be done and it makes it a little more fiscally palatable, I think, given the wages of a master's level professional versus a properly trained nonmaster's level professional. It could, potentially, be done more. And the last thing I'd leave you with is that I just want to reiterate the point that Mr. Blue made earlier. Shifting money out of behavioral health regions is destructive. I

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Transcriber's Office

Health and Human Services Committee
February 05, 2009

can sit here today as a member, a long-time of a region, and say that I can't think of one dollar that these regions spend that is not absolutely critical to what's happening to help people out there. To take away \$700,000 out of the Region Behavioral Health System is a catastrophe that this committee should not allow to happen. [LB346 LB275]

SENATOR GAY: Thank you. Senator Pankonin. [LB346 LB275]

SENATOR PANKONIN: Thank you, Senator Gay. Mr. Dugan, thanks for coming today and I appreciate your comments. We've had some other people comment about...and you've had good success if folks are properly trained and supervised. That's a good point for us and, you know, as I talked to you during the Crisis Task Force, some of your experience has been, I think, was critical in thinking about this concept of statewide and having...and I would appreciate if you could, if you have a couple others to share with Mr. Landry, Mr. Adams, some of your initial data. I know they were taking some notes, but this is some real rural things and as Senator McGill has stressed along the way and others have as well, this is the type of information I'm sure you've made good use of in your organization that we need to on a statewide basis to evaluate our services in response, so appreciate that. [LB346 LB275]

SCOTT DUGAN: And actually part of, you know, being a nationally credited organization for the last 14 years, these are the types of things we are required to do to maintain our accreditation. We've used this data to refine our process of triage. You know, looking at our initial thoughts on what types of calls we'd get, then looking at the data and making adjustments because we were seeing more substance abuse. We were seeing more intense suicidal ideations, so. [LB346 LB275]

SENATOR PANKONIN: Thank you. [LB346 LB275]

SENATOR GAY: Thank you. Other questions? Senator Gloor. [LB346 LB275]

SENATOR GLOOR: Thank you, Mr. Chairman. Scott, good to see you down here. I would reiterate something that you mentioned and that is, I'm a little worried that if come up with a statewide hot line and break it down on a regional basis, we're taking a good half dozen or so quality, I'm going to assume we'd pick some of the best and the brightest to put in these positions, out of circulation providing direct care and put them on phone lines where they provide a form of direct care but it's 24/7. It would seem to me that trying to centralize that in one location might be a wiser thing to do. That's more of a commentary. You're welcome to respond to it. The other thing I would ask you specifically though, do you know has there been over the past six months or so, meetings of all of the various organizations and entities involved in behavioral health with children and adolescents? Have there been discussions, dialogs, formally held both public as well as private entities to talk about this issue without the government's involvement, intervention? [LB346 LB275]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 05, 2009

SCOTT DUGAN: Yeah, I know in Region 3 we have...we actually have a provider network that has a regular every other month meeting and this has been a specific topic the last two months or we met monthly. As providers, we work together and try...you'd made comment earlier about this hand-off between service agencies and making sure that happens smoothly. That's what bred this group to come together a couple of years ago to make sure that whether they're coming from a hospital to a community provider that we are all sharing the right information. We've talked about this out in our area in the central part of Nebraska. We certainly have seen the benefits of having a hot line and we can't think that it wouldn't benefit the rest of the state as well. [LB346 LB275]

SENATOR GLOOR: But just on the grander scheme of issues, related to the...what was unearthed and brought to light as a result of safe havens. I'm just looking to...have the regions been talking about this issue amongst themselves? Have the various coalitions and federations been brought into those discussion? [LB346 LB275]

SCOTT DUGAN: Absolutely. The regions have quite extensively met and I believe you may hear from some of the regions yet this afternoon. As well as we're a member of Nebraska Association of Behavioral Health organizations, which is a very broad group of providers of mental health and emotional behavioral type services, which you'll hear from Topher Hansen just shortly here. All those levels...in fact, two weeks ago, we internally within our organization in our area had a consumer focus group. We talked to provider, Health and Human Services workers, and then we separately talked with the consumer's families and children that have experienced our services, have experienced some other services from some other providers, and were looking to give us input on what we can do in our next steps of the evolution of our services. [LB346 LB275]

SENATOR GLOOR: Okay. Thank you. [LB346 LB275]

SCOTT DUGAN: Um-hum. [LB346 LB275]

SENATOR GAY: Any other questions? I don't see any. Thank you. [LB346 LB275]

SCOTT DUGAN: Thank you. [LB346 LB275]

SENATOR GAY: For the record, I've got to...I have another bill. I will turn this over to Vice Chairman Pankonin and he will continue on. [LB346 LB275]

SENATOR PANKONIN: Welcome, Mr. Hansen. [LB346 LB275]

TOPHER HANSEN: Senator Pankonin, thank you. Members of the committee, my name is Topher Hansen, T-o-p-h-e-r H-a-n-s-e-n. I'm the president of the Nebraska Association of Behavioral Health Organizations, also known as NABHO. I also serve as

Health and Human Services Committee
February 05, 2009

executive director of CenterPointe Treatment Center for co-occurring disorders here in Lincoln. The NABHO organization has discussed this bill and voted to support it with certain provisions and one is, that we have concerns about the professional requirement and staffing. And we have concerns about the fiscal note. Specifically, the concept is one that provides a piece of the entire system. I should note that I was also a member of the Children in Crisis Task Force. So I have had the opportunity to be involved in some of the discussions around what the issues have been with regard to safe haven. And one of the issues that we heard over and over and over and over again was, I couldn't get in. I was there. I was standing at the front door, but I couldn't get in. I was told I just couldn't get in. And it wasn't that I wasn't looking at the service opportunity, it was that I couldn't get in, and I had to relinquish to have my child made a ward of the state in order to get access to services. So a piece of what we talk about, is the crisis moment. The 2 a.m., the 10 p.m., the moment when services aren't readily available to talk to, to call a CenterPointe or a Cedars or another organization and say, help. But it's the later hour, and so the crisis assistance is important to help people get through that moment as Morgan Kelly pointed out earlier. It provides a little bit more of a window. But the thing that is critical here, is that we look at the entire system and that a piece of that is the crisis, and a piece is access to services. If a starving person comes up and says to the community, I am starving at one loaf of bread per day. I need a second loaf or I will starve. And the community responds by saying, we have good news, we're going to provide you more bread. The second, the bad news is, we need you to pinch off a piece of yours so we can collect it for your second meal. It doesn't do any good to take from the current system and try and add a new service. We need new service money. Pinching off a piece of the behavioral health system or other places that aren't sustainable new dollars, does not make any sense to begin new services. It does make sense to develop a continuum. And I think Todd Landry spoke well of the postadoption guardianship issue when he said we have to support the folks who were in these postadoption guardianship positions by then supporting the services that are going to be naturally needed in those moments following to make them successful. The same is true here. Crisis connected to maybe a navigator to help because it can be confusing sometimes, but importantly to be able to access services. If you cannot access services, then you have a crisis line to nowhere. And I operated at CenterPointe, we operated a crisis line that originally started in family service but came to CenterPointe in the eighties, for 34 years. I was there when it started in '75, I was the first paid director. I supervised it in its last day, last Friday. We shut it down. We got 1,500 calls a month and we shut it down because we could not get any funding in this community. And it was parents calling about their kids and crisis moments for families and adults and the funding disappeared. What we know is, from that experience, is having that piece is critical. You have to have some response to help people in that crisis moment but if you cannot make the connection, then you have an incomplete system. The other issue that we have concern about is the way that it's implemented. That we believe that our regional system that we've adopted in Nebraska by statute is a smart system because it allows the local control to fine tune to the needs of that geographic area. And each one,

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Health and Human Services Committee
February 05, 2009

as you all know, is different than another. And so to have a system, as Scott said, that might filter into a regional system or just having a regional system itself with an advertised number for that system, we think makes most sense. The technology exists today to be able to do either. But we think having the sensitivity of local control and developing those outcomes, no matter which way it's developed, developing the outcomes to understand what the results are is critical. And Scott, I think, addressed that very well. If you don't the outcomes, you don't know if you're helping or hurting. [LB346 LB275]

SENATOR PANKONIN: Thank you. Any questions? Senator Stuthman. [LB346 LB275]

SENATOR STUTHMAN: Thank you, Senator Pankonin. Mr. Hansen, thank you for your comments,... [LB346 LB275]

TOPHER HANSEN: You're welcome. [LB346 LB275]

SENATOR STUTHMAN: ...and I think this is a big project. And we can develop a hot line that is a 100 percent that answers all the calls but if those individuals can't get a service after they're directed to a place, the hot line fails, in my opinion. [LB346 LB275]

TOPHER HANSEN: They'll call back over and over looking for the same thing because they can't find the answer. [LB346 LB275]

SENATOR STUTHMAN: Yeah, yeah. So it needs to be both. [LB346 LB275]

TOPHER HANSEN: Yes. [LB346 LB275]

SENATOR STUTHMAN: It has to be both. Thank you for your comments. [LB346 LB275]

SENATOR PANKONIN: Senator Wallman. [LB346 LB275]

SENATOR WALLMAN: Thank you, Chairman Pankonin. Thank you for being here. I referred a mother to your...with a child to your CenterPointe and I want to thank you for what you did to that family. They called up last night and you actually did some good, so thank you. [LB346 LB275]

TOPHER HANSEN: Very good. Thank you. [LB346 LB275]

SENATOR PANKONIN: Any other questions? Senator Campbell. [LB346 LB275]

SENATOR CAMPBELL: Thank you. Mr. Hansen, if you've shut down your line and your...I'm assuming that you're still going to, your agency is still going to get calls, where

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 05, 2009

are you referring them then? [LB346 LB275]

TOPHER HANSEN: We have set up a response on our line that we've been advertising for all these 34 years to direct people either to 211 for information purposes, to 911 for emergencies, or to the Community Mental Health's crisis line for behavioral health issues and they don't...there isn't anybody who specializes in drug related, drug-alcohol related issues that I'm aware of in this area. And so we have tried to then pass information to the Community Mental Health Center to help educate their responders on drug-alcohol issues so they can be more responsive to the calls. [LB346 LB275]

SENATOR CAMPBELL: Thank you. [LB346 LB275]

TOPHER HANSEN: Um-hum. [LB346 LB275]

SENATOR PANKONIN: Thank you, Mr. Hansen... [LB346 LB275]

TOPHER HANSEN: Thank you. [LB346 LB275]

SENATOR PANKONIN: ...for coming today. Next proponent testimony. Welcome. [LB346 LB275]

PAMELA ALLEN: (Exhibit 9) Good afternoon, committee members. My name is Pamela Allen, P-a-m-e-l-a A-l-l-e-n. I am testifying in support of LB346. I am the executive director of the Nebraska Foster and Adoptive Parent Association. Personally, I have been a foster parent for 11 years. We have had 60-plus children through our home. We have adopted three children and have done guardianship on two. My husband and I also have six biological children. Professionally, NFAPA serves all the foster, guardianship, kinship and adoptive families in Nebraska, which is over 3,600 families. We provide mentoring for foster parents throughout the state. In fact, our mentoring program is the only formal mentoring program recognized nationally. We facilitate four annual conferences in collaboration with the Department of Health and Human Services serving over 800 foster and adoptive families. Parents earn in-service training hours required to maintain their license by attending the educational seminars. Additionally, we produce a bimonthly newsletter mailed to over 4,000 licensed and approved families and agencies. A full description of all of our services is attached. Of the 36 safe haven children, 20 or 56 percent were previously or currently a state ward and 39 percent were adopted, in guardianship or placed with a relative. This is alarming but not unexpected. Children who have been placed in foster care have suffered the worst of abuses and neglect. The effects of abuse and neglect do not go away when a child is placed in foster care or receives permanency through guardianship or adoption. In fact, once a child feels secure that is often when the behaviors begin to surface and the real work of keeping children safe and helping them learn a better life begins. NFAPA appreciates that LB346 provides a 24/7 crisis line for families. We hope that trained providers will be

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 05, 2009

able to connect to immediate crisis assistance in each region when needed for each family. We are very pleased to see the proposed Family Navigator Program. Expanding the existing peer-to-peer, family advocate and mentoring programs makes logical and fiscal sense. We hope that these existing programs will be included in developing the training with the Department of Health and Human Services. We enthusiastically support the inclusion of postadoption services and case management. This is critical for our children and families. Adoption is a complex relationship full of grief, loss, feelings of abandonment, often abuse and neglect in addition to genetic mental illness. It really has its own issues and needs skilled practitioners to help families cope and children develop with healthy identities. Thank you for your commitment to finding solutions for Nebraska's families in need. I'd be happy to answer any questions. [LB346 LB275]

SENATOR PANKONIN: Thank you. Are there any questions for Ms. Allen? Seeing none, I just want to thank you on behalf of the committee for what you've done personally for children and we appreciate that. [LB346 LB275]

PAMELA ALLEN: Thank you. [LB346 LB275]

KAREN AUTHIER: (Exhibit 10) Good afternoon, my name is Karen Authier, K-a-r-e-n A-u-t-h-i-e-r, and I'm executive director of Nebraska Children's Home. And I think the fact that I'm here today testifying on these bills is a real credit to the state of Nebraska for getting...moving this far, and listening to families who have been in crisis and responding with some very proactive and positive approaches to reduce the stress for those families and stabilize those families. We are a statewide child welfare agency with ten offices across the state and we've been providing services to families for 115 years. I will echo what Mr. Blue said. We are members of CAFCON. I won't got through all of his points again but want to emphasize the importance of the provisions related to services for families that were formed by adoption. It was no surprise to our organization that those families were over represented, as Ms. Allen said, in the number of parents that used the safe haven option. We have been providing those services for 115 years and do recognize that there are unique blessings but also challenges when families adopt, and especially adopting children out of foster care. We were aware of these needs to the point that our board approved a strategic initiative this fall and led us to launch a postadoptive center that is based in Lincoln but coordinates services across the state. We are already delivering some of those services and we are working with other agencies and organizations to try to put some additional services into place. We have had phenomenal response from some donors and we are offering these services without cost to families. So wanting to make you aware that the private sector is also stepping up to meet the needs. We would like to make some suggestions related to the postadoption services and express a few concerns. We would like to see that the postadoption case management services be provided by licensed adoption agencies. And I think that is reflective of the previous testimony. I think Ms. Blue or Ms. Allen said much more clearly than I can having lived through it, the issues that those families

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Transcriber's Office

Health and Human Services Committee
February 05, 2009

experience. Adoption agencies who are licensed by the state have extensive experience in working with that overlay of mental health adoption issues. There's definitely an interface, but a child who...it's not that every child who has been adopted has a problem but families who have adopted do reach stages in their family formation and in the development of the child where the adoption issues can confuse and complicate other behavioral health issues that might be there. So we see this as a very specialized service, not just a service that can be provided by anyone and would like to see that recognized in the movement forward to implement. So it was reassuring when Director Landry was talking about this being bid separately. I think we're very aware that privatization is underway and that will be a challenging process to all agencies and will change the way contracting is done. And I had thought that this was going to be part of the out-of-home reform in the new contract, but I think that the licensed adoption agencies have the lead in experience in providing these services. We'd certainly want to echo what has been said by others, certainly by Topher Hansen, and that we're a bit concerned about the robbing Peter to pay Paul to put these services together. So thank you for your time and thank you for your interest in these issues. [LB346 LB275]

SENATOR PANKONIN: Thank you for your testimony. Senator Howard for a question. [LB346 LB275]

SENATOR HOWARD: Yeah, thank you. Thank you, Senator Pankonin. Karen, welcome. Karen and I have known each other for many decades,... (laughter) [LB346 LB275]

KAREN AUTHIER: A long time. [LB346 LB275]

SENATOR HOWARD: ...in the field of child welfare. I want to really commend you and the Children's Home because you've provided many services to the state at no cost. I think back to when I was doing adoptions and took relinquishments and Nebraska Children's Home always provided the adoption relinquishment counseling at no cost to the state, which I think was very notable. [LB346 LB275]

KAREN AUTHIER: Um-hum. [LB346 LB275]

SENATOR HOWARD: So thank you for coming down and offering to be there for the postadoption services as well. [LB346 LB275]

KAREN AUTHIER: Thank you. [LB346 LB275]

SENATOR PANKONIN: Senator Wallman for a question. [LB346 LB275]

SENATOR WALLMAN: Thank you, Chairman Pankonin. Yes, thank you for coming and I do appreciate what you do. As far as cost for adoption, I know that costs a lot of

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Transcriber's Office

Health and Human Services Committee
February 05, 2009

money. Do you have a lot of...a figure on this here? [LB346 LB275]

KAREN AUTHIER: We do not charge for adoption, so. I could tell you what it costs us. (laughter) [LB346 LB275]

SENATOR WALLMAN: Yeah. I'd like...yeah. [LB346 LB275]

KAREN AUTHIER: It costs us for every adoption, you know, depending on how many we do per year, it runs from \$40,000 to \$60,000 per adoption, so. And I also know that the agencies that do charge for adoption don't recover the costs. It's a very expensive service to provide because you're recruiting families and you're preparing those families and educating those families. And I think that with children who are adopting or the children who have special needs and state ward children who are being adopted, that requires even more work. [LB346 LB275]

SENATOR WALLMAN: That's why I appreciate what you do. Thank you. [LB346 LB275]

SENATOR PANKONIN: Thank you, Senator Wallman. Any other questions? Seeing none, thank you. [LB346 LB275]

KAREN AUTHIER: Thank you. [LB346 LB275]

SENATOR PANKONIN: Welcome. If you could state your name and spell it for us, please. [LB346 LB275]

REBECCA STEVENS: My name is Rebecca Stevens, and R-e-b-e-c-c-a S-t-e-v-e-n-s. I'd like to thank you for taking the time to listen to me and for caring about Nebraska families and...things in life are challenging for me. It's my visual impairment but for...I'm challenged because I can't see very well but others are challenged because they can't find help. Have you ever went to Wal-Mart looking for something and they didn't have it so you go to K-Mart and they didn't have it either? So you go to Walgreens and so on. Finally, you get mad because you're tired of looking everywhere and not finding what you're looking for. This is the same way with Health and Human Services. You call the number you're...you call the number you're given and explain the problem just to hear them say, I'm sorry, my department doesn't handle this problem. You should call department three, here's their number. This usually happens over and over again. Why does everything have to be so complicated? One of my best friends went to treatment and still...she's still there. Her mom contacted the Health and Human Services to get her questions answered. Every time she called they gave her a different number and said to contact them. Sadly, this happens to many people and like my friend's mom, their questions never get answered. This is the reason why the LB346 should be passed. If the Health and Human Services had a hot line, people wouldn't have to call 20 different numbers to get the help they need. Whatever it is--behavior, school, food, or anything

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 05, 2009

other problem--they would have one number to call and get the help that they need when they need it. If LB364 was passed, many people would be more satisfied with Health and Human Services. Families in Nebraska would be closer together and they'd have better schools. Parents would be able to understand their children better and to help them succeed. If there was a way for parents to ask questions about parenting, children and teenagers would be less rebellious. The answer to families in need is that they can learn and ask questions without all the hassle. Having this bill passed would do exactly that. It would offer help to families who need it when it's needed. This bill will help families all over Nebraska. Nebraska will be looked up to as a caring and helpful, caring and helpful to its citizens and the entire country. If this bill is passed, it will reduce the struggle of parents and families. [LB346 LB275]

SENATOR PANKONIN: Thank you very much for that testimony. You did a great job and we appreciate it. Senator Campbell wrote me a little note and I'm going to just pass this on and then we'll see if there's any questions. We want to make sure we hear from everybody today. This is the first of five bills (laugh) we're working on, so if we don't ask questions, it's not that we're not interested. We appreciate the handouts. I'm going to have enough reading material for this weekend, no problem. But we just wanted to make sure that you understand that we want to hear from everyone so if we don't ask questions, don't think that we're not interested. But we, especially, appreciate your testimony. Thank you. Oh, there is questions for you. You'll have to sit there for a little longer. (Laughter) Senator Stuthman. [LB346 LB275]

SENATOR STUTHMAN: Thank you, Senator Pankonin. Rebecca, I'm proud of you. To me your testimony, you know, was really listened to. I mean, we really care about individuals like yourself that have the ability to come forward and talk to us and give us your situation. And I'm very proud of you because we really take the time and your interest, because I think, you know, calling the crisis hot line, you know, will help. But I'm sure you may get, people may get passed down on several different calls, but I just want to thank you and I think everyone here on the committee, you know, has listened to every word that you had to say. And keep up the good work. You're wonderful. Thank you. [LB346 LB275]

REBECCA STEVENS: Thank you. [LB346 LB275]

SENATOR PANKONIN: Any other questions? Seeing none, now you can go. (Laughter) Thank you. Welcome. [LB346 LB275]

DUSTINA BARNHOLTZ: Good afternoon, Senators. My name is Dustina Barnholtz, and it's D-u-s-t-i-n-a B-a-r-n-h-o-l-t-z. I represent the family organizations of Region 1 and we have come forward today to allocate how important it is to us to have the opportunity for the hot line to be available to us. Right now I'm a mother who my child is in the system and I didn't have the chance for the hot line before that, so it's very important for

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 05, 2009

the rest of the families that are trying to go through this. Excuse me. But it's very...anyway. The family support that we get with the families that are here, if it wasn't for our support in our area...like our DHS workers they don't tell us the truth, you know. They're more for what they want in our area and not the kids, but our SPEAK OUT, our hot lines, and right now the postguardianship adoption. One thing that we'd like to see added in is reunification because that's not always told, you know, and...I can't do this. Excuse me. You know I've been fighting over a year and I want reunification, but my caseworker is always guardianship adoption, okay. And it really hurts because there are kids out there that, you know, need the adoption more than most of our families. And if it wasn't for Genae (phonetic) here and others, they're like our family. They're all we have and I really think that all of Nebraska needs to know that these sources are available and just because there's a hot line, one hot line, you know, that people on that hot line can say, okay, well you live in Scottsbluff, well, you know, here's the number for...you know, the support for Scottsbluff that you need or here in Lincoln or where ever. And it's...and we'd also like to know that the LB346 is a step forward for families like us. And we'd just, you know, I guess that's in a nutshell, that's really all we have to say and I apologize again, so. But we do feel that it's not only helpful for us as the parents but as our children and our children's children when they become available. They're going to have problems and they...you know, a lot of families are scared right now to even call DHS because the first thing on their mind, if I call DHS I'm giving my kid up right away. You know, we need to make the parents know that there is something out there besides DHS as well. You know, because I mean, if it wasn't for these guys, I would probably sit there and just be fighting with my kid. Okay, go ahead and run away from school or, you know, go smoke whatever with your friends over here, but it's not that way. And we need to know that we're there and there's somebody out there that feels the same way as we do. And that's all I have to say. Is there any questions? [LB346 LB275]

SENATOR PANKONIN: Thank you, first. (Laughter) Senator Gloor. [LB346 LB275]

SENATOR GLOOR: Could you wait just a second? [LB346 LB275]

DUSTINA BARNHOLTZ: I certainly can. [LB346 LB275]

SENATOR GLOOR: I'm trying to...Mr. Chairman, could you please introduce these guys. I'm trying to understand who it was that provided this assistance and help to you. [LB346 LB275]

_____: I'm the executive director of SPEAK OUT in Region 1, and Dustina works with us. [LB346 LB275]

SENATOR GLOOR: Okay. Thank you. [LB346 LB275]

SENATOR PANKONIN: Thank you. Senator Stuthman. [LB346 LB275]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 05, 2009

SENATOR STUTHMAN: Thank you, Senator Pankonin. Ma'am, I've got one question for you. (Laughter) [LB346 LB275]

DUSTINA BARNHOLTZ: Okay. [LB346 LB275]

SENATOR STUTHMAN: When you had a family member that was in crisis and you were in a crisis, did you feel that the only way that you could get a service was you had to put your child in the system? [LB346 LB275]

DUSTINA BARNHOLTZ: Yes, I did, because I had nobody out there to tell me, you know, hey look, we have SPEAK OUT out here until after I went to our city and told them everything. You know, I was just at wits end. I did not want my kid to be out on the streets wondering if he was going to be floating dead in the North Platte River or, you know, if he was out actually doing the drugs, having sexual intercourse with whoever, and I just had enough of it and I was like, well, where do I turn. And my family, my personal family was not a very big help either because they've had past problems, too, and most...they're like, here, just do this and take your child and do this, you know. And I know it hurts but it gets better, but it really doesn't get better because you have that certain bond with your child, you know. And my son does come visit me every weekend but it's not the same as if he was living at home. I see a difference for the fact that, you know, yes, I have a foster parent that he's with right now, but the foster parent was also my family support which to me at that time got yanked out. And nobody ever said, well, here, you know, go to this place because they're here to help you as well. So I was sitting and walking on eggshells and then no matter what you say or you try to do with...and your case is, and not to elaborate, but you...as a parent you try your best to do what the state asks of you so that you may keep your child but when they get put in the system like that, nobody tells you, okay, just, you know you have to do a, b, c, d, e, f, and your child will be back home. They wait until, you know, like six to seven months down the road, oh, you haven't done what we expected of you so now we're going to the guardianship adoption and I'm dumbfounded, saying, you know, nobody has ever told me what to do. But, you know, kids that are 15 years old right, I mean, and a lot of people here could probably agree, there's not a lot of people around any area that want to adopt out a 15-year-old. I mean, I'm sure there's some out there but they would rather, you know, the five on up. Well, my 15-year-old isn't a bad child. And to me, I'm not a bad mother but HHS has portrayed to me as I'm the reason why my son or child is there, and that's not really the case. But where as my family support back here, they help me realize that, no, it's not actually me and there is somebody out there that I can actually call up on the phone any hour of the night, any hour of the day, and say, okay, Christine, so and so told me this or you know, Genae, (phonetic) or even my family support that I had accumulated back here, we could call each other up and say, you know, I just learned this. And that's a big help even if you cannot get to this hot line as long as you know there's a peer group out there in your area that you can call, and it

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Transcriber's Office

Health and Human Services Committee
February 05, 2009

makes a world of difference. [LB346 LB275]

SENATOR STUTHMAN: So if, if you still want to be a part of your son's life. [LB346 LB275]

DUSTINA BARNHOLTZ: Oh, yes. Very much so. [LB346 LB275]

SENATOR STUTHMAN: And you want your son to be part of your family but you need services. [LB346 LB275]

DUSTINA BARNHOLTZ: Well, I have the services that I need right back here, but what I'm saying is, what we'd like, us families would like to see added into this bill is not just the postguardianship or guardianship adoption. The families also need to know whether reading this bill...just because you have that hot line, you also have a chance if your child happens to be removed, you have the chance to work towards reunification. It's not like the state is going to say, okay, you guys were bad because you let your kids cut on theirself. We're going to take them and you're never seeing them again. But that's what we're asking is...you know, through the whole thing we have not heard this be brought up this way and us as the parents feel because if I came to the state right now and I just seeing postguardianship adoption and my child wasn't in the state but it was a problem child, you know, I would be hectic to call anybody. I'd just rather have my child even if he was beating on me, I'd rather have him doing that to me instead of risking the state just taking him out of my hands. [LB346 LB275]

SENATOR STUTHMAN: Okay. Thank you very much. [LB346 LB275]

SENATOR PANKONIN: Senator Howard. [LB346 LB275]

SENATOR HOWARD: Thank you. Thank you, Senator Pankonin. This is going to be just a quick question and a brief answer is fine. Do you have a good relationship with your child's foster parent? [LB346 LB275]

DUSTINA BARNHOLTZ: I do. [LB346 LB275]

SENATOR HOWARD: Good. [LB346 LB275]

SENATOR PANKONIN: Thank you for your testimony. I'm just going to take a show of hands. How many more proponent testifiers do we have? Okay, we will try to keep moving. We've got a long ways to go here so if you could be as brief as possible, we'd sure appreciate it. Welcome. Good to see you. [LB346 LB275]

EVE BLEYHL: (Exhibit 11) Hi. Eve Bleyhl, E-v-e B-l-e-y-h-l. I'm here representing the Nebraska Family Support Network independent 501(c)(3) family organization serving

Region 6. I was going to read it. It's going to be short and sweet. LB346 has some real nice aspects. Nebraska Family Support Network is particularly impressed with the acknowledgement of the efficacy of peer mentoring, the commitment to ensuring that a trained professional is available to respond to crisis calls via the hot line, the very vital aspect of appropriate screening and assessment being available to all who need it, and the annual effectiveness evaluation. Overall, what a great start. We do have some reservations however, as the bill doesn't address parents having to make their child a ward of the state in order to receive needed services, the current inadequate array of services, funding challenges for accessing what services are available, or challenges parents face with Magellan, specifically not having a voice or viable means of working with this managed care system to help ensure that an appropriate level of care is available for their child. NFSN looks forward to helping launch this exciting new approach for enhancing the Children's Behavioral Health System as is outlined in LB346 if this is the direction the legislation elects to go, and to looking at how we can collectively address the issues that we all know still remain beyond the scope of this bill. To assist you in getting a sense of the very tangible outcomes we can bring to the navigating-peer mentoring component, I'm submitting NFSN's midyear survey results. We designed our survey to correlate with criteria listed in the Children and Family Service Review. The survey was designed this way to have a tangible means of evidencing how our services help the Nebraska Department of Health and Human Services meet their objectives. The results presented here reflect a 40 percent response rate from families served by Nebraska Family Support Network July, 2008, through December, 2008. Last year's survey results are available as well if you're interested. The results showcase the very tangible outcomes we help families achieve as well as the very valuable role we play in moving families towards reunification and stabilization. When respondents verify that our program helped them communicate better with their children, find housing, find employment, access legal help, secure substance abuse treatment, just to name a few outcomes, it is fully evident that these families did better with our support than they would have done on their own. The broad scope of our measured outcomes reflects the fact that we meet the families we work with right where they feel their needs exist and help them move forward from that point. We collect a comprehensive level of specific data which fully supports the family's feedback in these survey results, regarding the scope of our services and we'd be happy to share any of that with you as well. One more thing I'd like to mention. I forgot to write it in here is that we are participating with a national group that is working to move the practice of peer-to-peer mentoring toward evidence based status. That's the National Federal of Families and SAMHSA. We're one of seven programs across the nation selected to participate in this group. [LB346 LB275]

SENATOR PANKONIN: Congratulations. [LB346 LB275]

EVE BLEYHL: Thank you. [LB346 LB275]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 05, 2009

SENATOR PANKONIN: Any questions? Seeing none, thank you. [LB346 LB275]

EVE BLEYHL: Okay. Thank you. [LB346 LB275]

SENATOR PANKONIN: Good afternoon. [LB346 LB275]

PATRICIA BLAKELY: (Exhibit 12) Hello. My name is Patricia Blakely, P-a-t-r-i-c-i-a, Blakely, B-l-a-k-e-l-y, but I go by Trish. I am the director of family mentoring and support advocacy program called Healthy Families Project. I am glad to see that we are finally looking at addressing what resources and navigation for families in the systems. I would like to say that nine years ago our program was developed for that purpose. It was developed by a federal SAMHSA grant called Families First and Foremost. I'm a parent of a daughter who had extensive problems in the systems, multiple, multiple, multiple, for many years. And as a result of the problems that occurred, was well aware that there were tremendous problems navigating through the systems and finding resources. So as a result, we were funded for development through Families First and Foremost to develop Healthy Families Project. We are a nonprofit and an independent organization. I would like to say that we have been providing service for many, many years, have been a nonprofit for seven years and currently through our program serve 220 families a month throughout the community through many different contracts. Some of the things I'd like to comment on are with regard to a training program through Health and Human Services. I think it would be...or I would like the opportunity to show the kind of training program that we have. We use parent per mentors that have had extensive, have had problems in the systems and have overcome their problems. We have an extensive training program which I would be willing to share with anybody who's interested. I would like to comment on the data collection. We have been collecting data for many years and we, as Eve does, use the same survey to give to our families. This is the data collection that we have on our database. It is the same data collection as the survey that we ask families for. So I guess what's important for me to let you know is we have family organizations who are doing, doing what you are asking for, have been doing them for a very long time. And are fully aware that this is a problem that's been going on for a long time. And I would also like to make a comment with regard to the staffing for the professionals to provide the crisis services with families. Years ago I did the crisis line for CenterPointe on a voluntary basis and was trained to do that for a really long time. Did it for a couple of years and so I just wanted to comment that he don't know that it's, that a professional is necessarily needed. However, people that are trained to provide that service, I think, is what is definitely needed. And knowing what to expect and who to make the resources to and the level of what's going on with the family and how to figure that out I think is what's the most important and training does provide that. I guess that's really about all I wanted to say. If you have any questions. We currently have our survey out. This is data that we've collected as far as what we do. We have our surveys out right now to our families and will provide the survey back that complements what are database has shown. [LB346 LB275]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 05, 2009

SENATOR PANKONIN: Thank you. [LB346 LB275]

PATRICIA BLAKELY: Um-hum. [LB346 LB275]

SENATOR PANKONIN: Any questions? Senator Gloor. [LB346 LB275]

SENATOR GLOOR: Thank you, Chairman Pankonin. Ms. Blakely, two quick questions. What's your main source of funding? [LB346 LB275]

PATRICIA BLAKELY: We have funding through Region 5. [LB346 LB275]

SENATOR GLOOR: Okay. [LB346 LB275]

PATRICIA BLAKELY: We have funding through the state. We have funding to a different source of funding through the state to help family drug court. Our funding through the state is broader, that's families that may or may not be in the systems. Our regional funding is for the ICCU. As this report I'm showing you right now, not done with our overall report as specific to the ICCU,... [LB346 LB275]

SENATOR GLOOR: Okay. [LB346 LB275]

PATRICIA BLAKELY: ...we also have funding for the FYI program, Family Youth Investment, through Region 5. So did I cover.... [LB346 LB275]

SENATOR GLOOR: Okay. [LB346 LB275]

PATRICIA BLAKELY: Oh, we have a contract to begin funding, working with Cedars Services [LB346 LB275]

SENATOR GLOOR: Also with Region 5. [LB346 LB275]

PATRICIA BLAKELY: With Cedars. We haven't begun but we have a signed contract, so those are our sources. [LB346 LB275]

SENATOR GLOOR: And this is a nonjudgmental question, believe me. [LB346 LB275]

PATRICIA BLAKELY: Okay. [LB346 LB275]

SENATOR GLOOR: I'm just trying to gather information. Are you accredited? Is there a accreditation that you could get if you wanted to seek accreditation? [LB346 LB275]

PATRICIA BLAKELY: No, we're not accredited. Like I said, we have an extensive

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 05, 2009

training program. We do have supporting documentation through our program through the ICCU that supports the families that we worked with in the ICCU. It's a comparative, it's comparative data that they are, they are out of the program much faster when they have a parent partner that works with us. Those are families that are in the system though. [LB346 LB275]

SENATOR GLOOR: Okay. Thank you. [LB346 LB275]

SENATOR PANKONIN: Senator Wallman, you have a question. [LB346 LB275]

SENATOR WALLMAN: Thank you, Chairman Pankonin. Yes, ma'am, thank you for coming. Do you think our public schools, you know, are you tied in with the public schools with behavior, you know, problems or... [LB346 LB275]

PATRICIA BLAKELY: We get referrals through our state program which is, kind of encompasses all different areas. At this time, although, it's not nearly enough to serve. We always have waiting lines. We get referrals from the schools. We get referrals from the mental health people that work in the schools, yes. [LB346 LB275]

SENATOR WALLMAN: And school counselors and that aren't capable of doing this, you think, or... [LB346 LB275]

PATRICIA BLAKELY: Well, I think they do something different than we do. I mean, we provide...what we do is we connect with the families and we provide that having been there sort of help, understanding, you know, how you can get to a different place from having been there. And then we walk them through. We go with them to wherever they're trying to get services. First, we find the services and then we go with them. So we help them access those services and so it's kind of two-fold. You know, it isn't just a referral, it's a...now let's help you. And we also work with the families to provide the stabilization. We go out to their houses, and you know, we're available. [LB346 LB275]

SENATOR PANKONIN: Thank you. Any other questions? Seeing none, thanks for testifying. [LB346 LB275]

PATRICIA BLAKELY: Uh-huh. [LB346 LB275]

SENATOR PANKONIN: Next testifier, please. Still taking proponent testimony. [LB346 LB275]

ANNE ROHAN: (Exhibit 13) Good afternoon. I'm Anne Rohan, A-n-n-e R-o-h-a-n, and I live in Hastings, Nebraska. And I have a letter that I will be dropping off so I'm going to just be giving you the very shortened version of that in the interest of time. I support LB346. And I want to share a brief story with you about my personal family. I found out

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Transcriber's Office

Health and Human Services Committee
February 05, 2009

something tragic regarding my children and immediately called the local hot line to ask where I could find assistance. The volunteer took my phone number and called me back in a few minutes. Her message that was delivered in a fairly gleeful voice was, here's what you're going to do. Tomorrow morning send your children to school as if nothing happened. Then call Social Services and set up an appointment. Then Social Services will decide if your son will be jerked, I mean, removed from your home. If you don't do this we will contact Social Services and the police because we have your number and we know who you are. I wanted to put my children in a car and head for the border. I regretted making the phone call. However, even though I was frightened, for the safety of my children if I followed her instructions, I did seek help, and a trained mental health professional would have prevented the trauma that I and my children had that evening. I know there have been many improvements in the HHS system since our crisis 15 years ago, although there is still not a professionally staffed statewide hot line to prevent this traumatization that my family felt, you have the power to change that by advancing this bill. Partly because of my personal experiences, I accepted a position as executive director of Families CARE, a peer-to-peer family organization in central Nebraska's Behavioral Health Region 3. Our Families CARE staff provided over 3,000 individualized parent and children services last year through our various programs. Those were our unduplicated services. These families deserve better treatment than I got 15 years ago and this bill will help. So I ask you to please help me help them. [LB346 LB275]

SENATOR PANKONIN: Thank you. Any questions? Seeing none, we appreciate you coming. [LB346 LB275]

ANNE ROHAN: Thank you. [LB346 LB275]

SENATOR PANKONIN: Welcome. [LB346 LB275]

RACHAEL ROHAN: Thank you. [LB346 LB275]

SENATOR PANKONIN: You can start anytime you want... [LB346 LB275]

ANNE ROHAN: Okay. [LB346 LB275]

SENATOR PANKONIN: ...by stating and spelling your name. [LB346 LB275]

RACHAEL ROHAN: (Exhibit 14) Okay. My name is Rachael Rohan. My first name is spelled R-a-c-h-a-e-l, my last name is spelled R-o-h-a-n. I support the bill 346 for many reasons. The first one is, obviously, I'm the daughter of, one of the children that my mom was just testifying about. She actually did go to the HHS office the next day where she was given the option to make all of her children a state ward. Thank God, she did not decide to do this. I was lucky, no matter how hard it was for me to find the services

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 05, 2009

that we needed, my mother never gave up on us. That is the only time that our family needed a 24-hour hot line staffed by the mental health professionals. There are times that we also needed the Family Navigators that were also provided for this in the legislative bill. Nebraskans have had many services that provide for their physical health that can be accessed 24-hours a day. The LB346 provides necessary services so Nebraskans can also better access the services for their mental health. The other thing that I'd also like to talk about is counselors in school. That's been brought up a lot. I have used the counselors in schools. I do not believe that they're trained properly to help with these kind of situations. And you know, there's been times that I have talked to the counselor, they would just pretty much say, well, you know, we, you know, they would talk to me for about an hour, send me back to class, call my mother and make sure that she knew and then, you know, from there they would say, well, your daughter really needs to be in counseling. And so, the school counselors, honestly, they don't do anything, I don't think. And, you know, I just want to make that clear to everybody here. [LB346 LB275]

SENATOR PANKONIN: Okay. Thank you. Any questions? Senator Wallman. [LB346 LB275]

SENATOR WALLMAN: Thank you, Chairman Pankonin. Thank you for coming. And I feel this, too, in our high schools we do not have adequate counseling in our budgets and also trained staff. So thank you for saying what you did. [LB346 LB275]

RACHAEL ROHAN: No problem. [LB346 LB275]

SENATOR PANKONIN: Thank you. You did a great job. Appreciate it. [LB346 LB275]

RACHAEL ROHAN: Thank you very much, sir. [LB346 LB275]

SENATOR PANKONIN: Good afternoon. [LB346 LB275]

SHERRI MARCHMAN-DAY: (Exhibit 15) Hi. Good afternoon, again. My name is Sherri Marchman-Day, spelled S-h-e-r-r-i M-a-r-c-h-m-a-n-D-a-y. I am here on behalf of myself and on behalf of Families Care. I am the east coordinator for Families Care, Rebecca is one of the youth in many of the groups that we have, that we provide services for, supporting and networking groups. I do want to thank all of the Senators that are here today and the Health and Human Services committee for hearing all of us. But I'm going to give you a little human side of this story, not so much of the work end and the numbers and the business end. I want to thank everybody here for their leadership and for all the others that sitting behind me for their leadership and commitment regarding the many concerns and opportunities that have stemmed from the safe haven issue. The events surrounding the safe haven law brought to light the need for more changes that are necessary in order to bring security, safety, and a sense of well-being to all

Health and Human Services Committee
February 05, 2009

families in the state of Nebraska. The proposed 24-hour, seven-day-a-week hot line, peer-to-peer support for both youth and families, and the postadoption care, are all essential services that are needed now and me, personally, I wish they would have been put into place previously. My real daughter sits behind me and speaking from personal experiences with my own family, I believe there is a strong possibility my children and myself would never have entered into any of the state behavioral healthcare systems had there been such a hot line or such services 10, 15 years ago. As an educated woman with a bachelor's degree in human services and counseling, and armed with the skills of a behavioral health system, there were many times when I was forced to remain on the phone for many hours, days at a time, making call after call, agency after agency, referral upon referral, and would eventually wind back up at the same place that I called in the first place. Most times when my children or my child was in a mental health crisis, meaning a pretty big full blown out behavioral breakdown, it would result in the police being summoned for help, leading to the juvenile court system and that's a situation which I wish no parent to ever be in now or in the past. Today I'm concerned as a parent and I am now full-fledged guardian of my daughter and I'm also her rep payee for her safety and here well-being. She's now in recovery and successfully completed a three-quarter way program with the CTP at the Heather here in Lincoln. My daughter is now living on her own with my supervision and her support team. However, with all the best safety plans in place, where is she going to call or where am I going to call if she's unable to reach her supports or call me in a crisis. I can't be there for her 24-hours a day. For her, a person whose community status is as a Mental Health Board Committal, a crisis call to the wrong place at the wrong time is going to place her back in the Regional Center. That terrifies me. She's received too much success. She's come too far to have us have to start all over again. So why do I want to hinder the progress and success that she's made because there might not be the right person talk to on the other end of the line? I'm terrified that a hot line is going to give her volunteer and that volunteer is going to make the wrong judgment call. I'm concerned for the families that I serve through my work as well. I've heard countless requests for more information, questions of who do I call for help and who can I trust. Big key word there. Who can I trust that's going to help us and more? We all need to know that there is help and hope. I need to know personally that my children, even as adults now and others in their position, are safe and that there is a place to call, a place my family, myself and others know that is there. Just as 911 is there to help many others, I need to know that there's a number that she or myself or others can call. I support the proposed bill LB346 and believe it is the right choice to begin addressing the true needs of our children and all our families in the state of Nebraska. Thank you for listening to me and to what is really needed by the residents of this great state, and also for your time and efforts to address this need. [LB346 LB275]

SENATOR PANKONIN: Thank you. Any questions? Seeing none, thank you very much. Welcome. [LB346 LB275]

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Transcriber's Office

Health and Human Services Committee
February 05, 2009

JESSICA MARCHMAN: (Exhibit 16) Thank you. I'm Jessica Marchman, J-e-s-s-i-c-a M-a-r-c-h-m-a-n. And I forgot to put this over there. [LB346 LB275]

SENATOR PANKONIN: Go ahead. [LB346 LB275]

JESSICA MARCHMAN: I attend...I'm, obviously, Sherri's daughter. I attend a place called Unity House as well as a part of my recovery, and this is what we all got together and wrote, and we all had it signed. It says, "Dear Senators, As consumers and staff at the Unity House in Kearney, Nebraska, that have been or worked with the mental health system support this bill because it will make services known to those of us who are in a time of need instead of bringing in the law or sending those of us who have a mental illness or/and a behavioral health problem every time we have a crisis to the hospital. Also now that the safe haven law has changed to just infants we need to provide a service for children, teens, and adults that are too old for the safe haven law. Hence, the LB346 Children and Families Support Bill. So if you would, please support this bill as well. It would be greatly appreciated. Thank you for your time. Sincerely, consumer and staff at the Unity House." [LB346 LB275]

SENATOR PANKONIN: Thank you for your testimony. Any questions? Thank you. Appreciate you coming. Okay. Any other proponent testimony? [LB346 LB275]

LOLA HOOVER: (Exhibit 17) Good afternoon, almost evening. My name is Lola Hoover. I live in Grand Island with my husband and my two adopted children, ages 15 and 16. I'm here to support LB346 which will provide a way for parents who need access to help when they experience a crisis with their child's behavior or mental health. I have experienced not being able to find services when my child was in crisis and felt valuable time was wasted being passed from agency to agency. Our 16-year-old son was adopted through the Nebraska foster care system and our 15-year-old daughter was adopted through a private agency. Both of our children were seen at the Genetics Clinic through Munroe-Meyer Institute of Omaha and by our local pediatrician. Our son is diagnosed with Attention Deficit Disorder and Reactive Attachment Disorder. Our daughter is diagnosed with Fetal Alcohol Effects. None of these things can be cured. We simply had to find ways to help our children succeed. I have a bachelor's degree and a master's degree in education from Concordia University in Seward and have been teaching elementary school for 28 years. I have served on Grand Island's Foster Care Review Board for over ten years and we were previously a licensed foster home. None of this experience or my degrees prepared me for the battle of finding help for my own children. We started asking for help early in their lives. We asked the school system for an educational evaluation and they said, "What do you want that for?" Our son saw a therapist who worked with Reactive Attachment. We could not leave him unattended even as he became old enough, and it's hard to find a babysitter for a 13-year-old or 14-year-old who cannot be left alone. Our therapist recommended we ask for Respite Services through Health and Human Services, but we were told since it was not in place

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 05, 2009

at the time of the adoption, we could not receive that. When our son became defiant and aggressive as a preteen, I again called Health and Human Services. I was told to call the Toll Free Child Abuse Hotline. I called and was told since I wasn't abusing him, they couldn't do anything. Then they said I should try either Mid-Plains Center for Behavioral Services or Region 3 Behavioral Health Services. I went to Mid-Plains the following morning and filled out a lengthy form and never heard a word back from them. I called Region 3 and we were later provided with a Wraparound Team for my son at school and home and received a referral to a psychiatrist. We became involved with Families Care through Region 3. We attend the monthly social networking groups attended by youth and the parent support group offered there, and this process took many months once we finally found help. I consider myself knowledgeable about school systems and where to go to get help, but the hot line established by LB346 would allow parents a place to go when they don't know where to start looking. Time can be saved with one source of help and parents can be connected with existing resources. Please support LB346. [LB346 LB275]

SENATOR PANKONIN: Ms. Hoover, thank you for coming and we'll see if there's any questions. Senator Gloor. [LB346 LB275]

SENATOR GLOOR: Thank you, Chairman Pankonin. Ms. Hoover, I need to ask a quick question. Which of the type of services being proposed do you think would be most beneficial, are you speaking in favor of Navigator or hot line or postadoption? [LB346 LB275]

LOLA HOOVER: Can I say all of them. I mean, the adoption follow-up, a place to go to get help. [LB346 LB275]

SENATOR GLOOR: Sure. You bet. All of the above. [LB346 LB275]

LOLA HOOVER: I mean, I thought I was savvy knowing what I needed to do and I asked the people that should have been there to answer for me and they didn't have the answers for me. [LB346 LB275]

SENATOR GLOOR: Okay. Thank you. [LB346 LB275]

LOLA HOOVER: So all of them. [LB346 LB275]

SENATOR PANKONIN: Thank you. Senator Howard. [LB346 LB275]

SENATOR HOWARD: Thank you. I'm just going to make this quick. Did you know your children's diagnosis when you adopted them? Did you have any clue? [LB346 LB275]

LOLA HOOVER: Oh, heavens no. [LB346 LB275]

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Transcriber's Office

Health and Human Services Committee
February 05, 2009

SENATOR HOWARD: You didn't have that? [LB346 LB275]

LOLA HOOVER: No. And we didn't know what a subsidy was at that time. You know, they were babies. [LB346 LB275]

SENATOR HOWARD: Well, right and the child who was adopted through Health and Human Services... [LB346 LB275]

LOLA HOOVER: Um-hum. [LB346 LB275]

SENATOR HOWARD: ...would have been the one eligible for a subsidy. [LB346 LB275]

LOLA HOOVER: Right, didn't know about it. [LB346 LB275]

SENATOR HOWARD: But I'm glad to hear you say that you feel these services would have been beneficial to you. Thank you. [LB346 LB275]

LOLA HOOVER: Yeah. [LB346 LB275]

SENATOR PANKONIN: Thank you. All right, how many more proponents? One. All right. (Laughter) [LB346 LB275]

KATHY LEWIS: (Exhibit 18) And I'm sure you'll be pleased to know this is a flyby testimony. My name is Kathy Lewis, K-a-t-h-y L-e-w-i-s. I am a parent of an adult son with behavioral health challenges, and I am here to thank Senator Gay for proposing LB346, and to let you know I support this bill. My son is now 21 years old, and has had major difficulties for at least 17 of those 21 years. I became a single parent just as he entered his teenage years. At the age of 16 in order to get our family the help we needed, I needed to have my son made a state ward. It would have been extremely beneficial to me to have had a hot line available during those years to have the immediate expertise of a professional during times of crisis. The help of peer-to-peer support for both of us would have been of great assistance and support also. Knowing that there are many, many families out there dealing with children with a large variety of behavioral health challenges, I strongly support LB346 in order to get these families the assistance and support they so badly need. I do believe that it is the right choice to begin addressing the true needs of our children and families, and I thank you for listening and responding to our needs. [LB346 LB275]

SENATOR PANKONIN: Thank you. [LB346 LB275]

KATHY LEWIS: You're welcome. [LB346 LB275]

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Health and Human Services Committee
February 05, 2009

SENATOR PANKONIN: Senator Gloor. [LB346 LB275]

SENATOR GLOOR: Thank you, Mr. Chairman. Thank you, Kathy. I've been sitting here all afternoon waiting for that testimony. Thank you. (Laughter) [LB346 LB275]

KATHY LEWIS: You are welcome. [LB346 LB275]

SENATOR GLOOR: I'm serious. For reasons you and I know, that means a lot to me. Thank you for taking the time to come down. [LB346 LB275]

KATHY LEWIS: Thank you. [LB346 LB275]

SENATOR PANKONIN: Senator Howard. [LB346 LB275]

SENATOR HOWARD: Thank you, Senator. Again, as a quick question, what filing did your child come under? Was it a dependency filing, no fault of the parent? [LB346 LB275]

KATHY LEWIS: Yes. Yes. [LB346 LB275]

SENATOR HOWARD: Thank you. [LB346 LB275]

KATHY LEWIS: Thank you. [LB346 LB275]

SENATOR PANKONIN: Thank you for coming. [LB346 LB275]

KATHY LEWIS: You're welcome. [LB346 LB275]

SENATOR PANKONIN: All right. We'll now take opponent testimony, if there is any opponent testimony. [LB346 LB275]

SARAH HELVEY: (Exhibit 19) Good afternoon, Senator Pankonin, and members of the committee. My name is Sarah Helvey, S-a-r-a-h, last name H-e-l-v-e-y, and I'm a staff attorney and director of the child welfare program at Nebraska Appleseed. We oppose these bills because we do not...we believe they do not address the existing gaps in our foster care system and the lack of behavioral health services raised by the safe haven law. Specifically, a hot line to existing services will not address the needs of children if it is not coupled with the creation of a coordinated behavioral health services for children outside the foster care system. Furthermore, we fear that these bills could lead to more frustration and desperation among families if we simply are creating a doorway that doesn't have the appropriate and necessary services on the other side. In addition, while we believe that many families could and do benefit tremendously from the peer support through the Family Navigator Program, we have concerns that this may not be

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Transcriber's Office

Health and Human Services Committee
February 05, 2009

the best place to direct any additional limited state resources at this time. Finally, we have concerns as others have mentioned, about the way this bill is proposed to be financed. And specifically, we just don't understand what will be gained by cutting, making cuts to the behavioral health regions and in particular, eliminating truancy as a status offense. With that said, however, we do believe that these bills include some positive provisions. First, we recognize that concerns have been expressed throughout the safe haven process about the lack of a clear access point or triage for services. And although we're not convinced that an additional hot line is the best method of addressing that, we do support the concept of providing families with access to licensed mental health practitioners to provide screening and assessment services. And I guess I wouldn't necessarily say that LMHP needs to answer every single phone call, but I think it is valuable to have those types of professionals available. So to the extent that these services, and to the extent that these services would be comprehensive enough to diffuse an acute family crisis, we support those provisions. Finally, we support the postadoption and postguardianship provisions in LB346. This has been a longstanding gap in the system and obviously came to light through a number of the safe haven cases. At Appleseed we get a lot of calls about this. And so these provisions would provide some important assistance to those families. Although, also a caveat there, it is only case management services and so that does little good if families then aren't able to access the behavioral health services that they need. So I guess, therefore, what we're asking is that you look at amending these bills to address a broader array of issues identified through the safe haven law, and advance a bill out of committee that will truly address the crisis facing our children and families and our community. Was that fast enough? (Laughter) [LB346 LB275]

SENATOR PANKONIN: That was fast, all right. (Laughter) [LB346 LB275]

SARAH HELVEY: Okay. My mom watched the last safe haven testimony that I gave and she said, you talk too fast, so. [LB346 LB275]

SENATOR PANKONIN: No. We appreciate that. [LB346 LB275]

SARAH HELVEY: But in the interest of time...(laugh) [LB346 LB275]

SENATOR PANKONIN: Well, I'm going to ask you a question, Ms. Helvey, because I, you know, understand what you're saying but you'd like to go further with this, but when you come in opposition, would you rather see us do nothing? [LB346 LB275]

SARAH HELVEY: You know, I guess I think when I look at the resources that are being dedicated to this bill, I think that those could be better managed and...to provide more direct behavioral health services for children. [LB346 LB275]

SENATOR PANKONIN: Okay. We'll take that as an answer, I guess, but...Senator

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Transcriber's Office

Health and Human Services Committee
February 05, 2009

Howard. [LB346 LB275]

SENATOR HOWARD: I just have a couple of quick questions. How many years did you work in child welfare as the case manager? [LB346 LB275]

SARAH HELVEY: I have not been a case manager. I've been an attorney for four and a half years and two of those years I was providing direct representation to parents and to children as a GAL. [LB346 LB275]

SENATOR HOWARD: Have you adopted? [LB346 LB275]

SARAH HELVEY: I have not. [LB346 LB275]

SENATOR HOWARD: Okay. Thanks. [LB346 LB275]

SENATOR PANKONIN: Senator Campbell. [LB346 LB275]

SENATOR CAMPBELL: Thank you, Chairman. Ms. Helvey, can you just delineate real quickly, are there any parts of the budget that have been set aside here that you think in the transfer of money would work? Or do you think all of the costs needs to be in new dollars? [LB346 LB275]

SARAH HELVEY: I don't. I think it's certainly a positive that we're going to get a windfall from the passage of the federal child welfare legislation. And as I understand that, that's actually going to free up what we were using before from state General Funds and so I think that's certainly positive. And there are certainly, you know, if in fact we're doing better with child support enforcement collections, that's a great source of funds as well. Primarily, we have concerns about cuts to the behavioral health regions. We have concerns about relying on the passage of...I can't remember the number of the bill, but the bill that removes truancy as a status offense, and also the bill that affects whether a certain drug, I believe antipsychotics, antidepressants and anticonvulsants are a Medicaid, on the Medicaid preferred drug list. And so those are particularly concerning to us. [LB346 LB275]

SENATOR CAMPBELL: Thank you, that helps. [LB346 LB275]

SENATOR PANKONIN: (Exhibits 24-29) Any other questions? Seeing none, I just want to mention right now that the clerk has asked me to let everybody know that we have letters, besides all of the materials that we've passed out, in support from the League of Women Voters, the ARC of Nebraska, the Nebraska Psychiatric Society, Nebraska Catholic Conference, Family Solutions 360. We have a letter in the neutral capacity from Alegent Health. Seeing no other questions, thank you, Ms. Helvey. [LB346 LB275]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 05, 2009

SARAH HELVEY: Thank you. [LB346 LB275]

SENATOR PANKONIN: Welcome, sir. [LB346 LB275]

JOE MILLER: (Exhibit 20) Senators, my name is Joe Miller, J-o-e M-i-l-l-e-r, and I am just a grandpa concerned for kids. And in a way I oppose this bill but in another way I support it, because parents need a place to go to call to get help. And the way I oppose it is that I don't see where they are getting anything different in the help what has been done in the past. And the handout I give you is a nutritional research for...I don't know if you have it already, but it's a research article that was published last, a year ago and it relates to mental health. And one shocking thing that I, when I first started reading it that America has 26 percent of the population is listed as mental health. That is shocking. And they contribute that to our decline in our diet. And how can our body function properly if we are not giving it the right nutrition to function properly? And this is why I'm here. I hope you can look outside the box in the treatment for these kids. I had a grandson that went through the program. It's been, I think, eight years ago when he started and when he was released at 18, he was still a 14-year-old. And a couple of months ago he related to his mother and said that he didn't know how to cope with his problem, because they never taught me how to cope with it and what I could do to help myself. And he says, all I know is when I can't cope, I either go find drugs or get drunk. And he's started realizing that after we got him on a quality nutritional program and he has been doing quite well since. He is working, holding a job now for a while, which we are thankful for in that. And that is what I would like you to implement in the program to help parents and these kids that they have...the parents have some education on nutrition and what they can do differently to feed their kids, and in that area most parents don't know. And another area that I am concerned about is our medical profession. I...don't get me wrong. If I'm in an accident, I want to be here and go to the hospital. They know how to put our bodies back together and keep me alive. But when it comes to degenerative disease and that, they are a failure. And in that because they treat a symptom when it comes to disease, mental health, they treat a symptom and treat it with drugs. And that is something mental health people do not need because they have chemical imbalance or malnourishment. And the medical profession does not look into that area of the problem. And with overtoxicity of toxins in our system, and the malnourishment that overtoxicity can cause these actions and malnourishment, certain nutrients can cause the same action. And I would like to see you implementing in some area where the parents would get some education in that area in that. And I think as you're reading this report in there, it is for mental health problems, and each one it says the simple fish oil will do much for the problem. And I thank you. [LB346 LB275]

SENATOR PANKONIN: Well, we thank you for coming. We'll see if there's any questions? Senator Wallman. [LB346 LB275]

SENATOR WALLMAN: Yes, thank you for coming. What do you sell? [LB346 LB275]

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Transcriber's Office

Health and Human Services Committee
February 05, 2009

JOE MILLER: Pardon me. [LB346 LB275]

SENATOR WALLMAN: No, besides this nutrition, there's a Web site in England you might find intriguing. It is tied to mental health and nutrition, and even autism. And I think it's Oxford. So if you look on the Web site, I might have it at home, but we cannot really refer...I mean, we can't force people to eat certain things. [LB346 LB275]

JOE MILLER: I know. I know that but you can have somebody to give training to the parents on nutrition and help them that way. I know you can't force people to eat certain things. [LB346 LB275]

SENATOR WALLMAN: Thank you. [LB346 LB275]

SENATOR PANKONIN: Well, we thank you for testifying and for your concern for Nebraska's children. Thank you. [LB346 LB275]

JOE MILLER: Okay. Thank you. [LB346 LB275]

SENATOR PANKONIN: Any other opponent testimony? Going to flip for it or what? [LB346 LB275]

MELANIE WILLIAMS-SMOTHERMAN: Good afternoon, my name is Melanie Williams-Smotherman, that's M-e-l-a-n-i-e W-i-l-l-i-a-m-s-S-m-o-t-h-e-r-m-a-n. First, I'd like to thank this committee for prioritizing the discussion of children's mental and behavioral health services in Nebraska as well as focusing on the need for viable solutions for families who are in desperate need of a higher level of professional understanding and support for the families, who should as citizens of Nebraska and the United States, be treated with seriousness and respect afforded to parents in the family structure by our constitution, and reaffirmed over and over again by the U.S. Supreme Court. And if there's time, I have two of those quotes from the Supreme Court that supports my testimony. But if we don't, I won't read them. My husband and I are parents who called Senator McGill's office desperate after having contacted many organizations, many mental health services within Nebraska, and finding that they were very dispirit. That no one could actually see us through and our child through until the inevitable, which was an escalation of behavioral problems with one of our children, and false allegations being made, and our daughter becoming a ward of the state. Of our children, our two oldest were honor students through high school and are current college students. Our two youngest are both 13. One is a seventh grader at Westside Middle School in Omaha and doing very well. One is a freshman in high school with the international baccalaureate program and a 4.0 student. It is the condition of my now 17-year-old stepdaughter who has been in the system for about two years that has forced us into a subjugated position with the Department of Health and Human Services

and the juvenile court system. You may wonder why I feel the need to provide you with this referential information about our family and children's successes and our characters as parents. But for those of us who have struggled to help, to find help for our emotionally troubled children, especially once becoming prone to HHS and juvenile court, there is no mystery. The system is so adversarial, so suspicious, so disrespectful, and generally belligerent that the most functional families and individuals cannot escape the requirement to prove our stories, and our innocence, and our commitment to work in the best interest of our own children. Although my husband and I had been following the advice of professionals and therapists for months, and had been offered many wonderful letters of support from the superintendent of schools in Yutan, the Yutan principal, teachers, civic leaders, church leaders, etcetera, we were made to fit the mold of the HHS case forms. Our lives became a series of standardized boxes to be checked off by a disinterested and presumptive case manager with the power to make irreparable and life changing decisions for our family. Our futures were determined by paragraphs of text that had been copied and pasted from one HHS case plan to the next. There was no real judicial oversight or accountability. I'm here to voice concern regarding the present system that approaches mental illness as a crime and the parents of mentally ill and behaviorally challenged children is either criminals or suspects or incapable of offering the most relevant input regarding our own children. I'm here to ask to be heard because parents and families who experience raising troubled children within such a system are most often brushed aside, marginalized, and shut out of the very process that we ourselves initiate in our search for appropriate, adequate, and accessible services. This leadership role for our children and families is our responsibility and we have the highest knowledge and greatest vested interest in positive outcomes for the health and well-being of our own children and families. Our family didn't fall through the cracks as some tend to suggest when hearing about our case. That happens when, as a rule, the system is working well. But in fact, we have learned over time and through the stories of many others, that we were, in fact, pushed into a chasm that represents business as usual in a broken and dysfunctional system. We were told over and over again that we should just give up because our daughter would "age out of the system before she would ever come back home," because she would "just run away again." Our requests for an alternative for her to be placed in a residential treatment program where she could be better monitored went unheeded. She talked the case manager out of having to see a therapist any longer and was removed from medication. The case manager placed her with the maternal grandmother in a different county from ours, switched schools, and did not put into place the safeguards we requested coming out of family mediation in Lincoln. She is now missing. Sorry. She's now missing. Fewer than three months after being placed with her grandmother against our wishes, and in spite of our warnings, she's finally gotten to where she was working to go all along, to drop out of school, and to emancipate herself from parents and family expectations and oversight. So in a sense, the state of Nebraska through HHS helped a troubled child run away from home, a committed home, leave therapy, and drop out of school, and no one knows where she's at. So now

were left in the wake of this disaster. Nothing we did, no efforts we made, ended up helping her or helping us. We're still having to pick up the pieces. The case manager has been able to just sweep aside the case and move on. We're neither abusers nor neglectors. We're concerned, responsible parents who have been denied the right to have real input in the lives of our own kids. HHS seems, too often, to be on the wrong side of these issues. It's too frequent to be accidental. There's a mentality that suggests no accountability and I believe that reality ensures a misuse of public funds while not properly serving the public. And it is for this reason that I give testimony in opposition to LB346. I think we all want to believe that LB346 will be the solution to what we have experienced and what we all know we need. While some good ideas are offered in this legislation, I believe it doesn't go far enough, and at the risk of torturing a tired cliché, it's putting HHS in this process appointing it in the same way as one would appoint the wolf to be in charge of the hen house after the momma hen has reported that hens were missing. We call for a real independent oversight to any program that has the power to either lift up families or throw them overboard without life preservers. On the topic of funding, it should be noted that the state has a lot more resources than the families who are made so vulnerable to the perspective and attitude of even individual case managers. If there was proper oversight for cases where children inappropriately were removed from homes by DHHS, and supported within their families, I think the state of Nebraska could save a lot of money. And this is why, I think it is essential that any organization that is so responsible and when there's so much at stake, be questioned. In contradiction to a comment made earlier that Mr. Landry should not be questioned in his care and his concern for the well-being of children, I would like to be afforded that same consideration by the state of Nebraska as a parent. If it weren't for a few brave and desperate families doing whatever possible to seek help for their children, in spite of the failings of the current system during the safe haven notoriety, we would not be here today. Only a few weeks ago we all had the opportunity to read and hear Mr. Landry's comments, which while maybe not intended, were perceived as blaming the families for not accessing what he suggested were plenty of adequate services available. So now we are in this Legislative Chamber being asked to believe that HHS is capable and has the foresight to lead in this area, and that we, as families who have been through this, should believe that, we should just trust in the genuine nature of HHS when really anyone of us on the front lines feels differently. Thank you. [LB346 LB275]

SENATOR PANKONIN: Thank you for your testimony and we appreciate that compelling story. Appreciate it. Any questions? Seeing none, thank you. [LB346 LB275]

MELANIE WILLIAMS-SMOTHERMAN: Thank you. [LB346 LB275]

SENATOR PANKONIN: Is this...okay, is this still opponent? Neutral? All right, well, is there anymore opponent testimony then? We'll make sure. All right, we will start with neutral testimony. [LB346 LB275]

GEORGIE SCURFIELD: (Exhibit 21) Good afternoon, Senators. My name is Georgie Scurfield, G-e-o-r-g-i-e, Scurfield is S-c-u-r-f-i-e-l-d. I'm a social worker and the CASA coordinator in the Sarpy County Juvenile Court. And after the testimony you just heard and the fact that I'm testifying neutral is clear to me, it's clear to me why, because in the juvenile court we work with children who have been through abuse and neglect and we also work with children who have broken the law in some way. And when we have kids who come in because their primary need is behavioral healthcare, it becomes very complex and difficult for the court to deal with that in any clear way. There needs to be a divide between the system that supports parents who are doing their very best to meet the needs of children who have behavioral healthcare challenges and those parents who failed their children because of abuse and neglect has occurred. We need to put those systems in different places which is why I really believe that although there are great strengths in looking at having a statewide hot line and a place for parents to go, we need to place the responsibility for behavioral health with the behavioral health regions. We need to put that right there because as we've heard from all these people, the regions are the ones who are doing this work. They're the ones that providing the peer navigators already and they are the ones who have the expertise in behavioral health. The child welfare system looks at parents as people who need to improve their parenting skills, rather than people who are struggling to do the best they possibly can for the children they love. And this is now very clear, particularly after all the testimony that has been heard today. I do want to say there are important pieces in LB346 that I do support. We do need to have support for postadoption and postguardianship services. Some of the most painful work that we do in the juvenile court is when we have to dissolve adoptions or guardianships because we know that children are then moving on to at least their third family and probably more. And it is very difficult for us to do that work well and to know that those children or to believe that those children can really be successful. I think it is really important that we have the Family Navigators. Clearly, we've heard this afternoon that peers are great support to families who are struggling. I have a letter that has been sent to look at the fiscal note. This is a letter from one of my colleagues, Larry, Judge Larry Gendler, who is most concerned about the bill and LB345 which would take truancy at the jurisdiction of the juvenile court. And the prediction is it would save money and money could be spent here, but this is a letter that I'll submit to you all from Judge Gendler who is not at all in support of that, because truancy is one of the ways that we see a symptom that other problems are happening to kids. When they start not to attend school, something else is going on and it gives us a gateway and an access and a way to look at that. So in finishing up, I just want to say I do appreciate that this is a doorway, the possibility of a statewide hot line is a doorway to access. But we don't just need access to services. We need the availability of services. There has to be services that you can open a door to or it becomes, as we have heard just now, a doorway to despair. And I also know that we have to address the issue of who pays for those services, which is why I want you to pay attention to LB356 which has been introduced by Senator Dubas, which actually puts in a 90-day presumption of eligibility for Medicaid services, so that for 90 days at least, families

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Health and Human Services Committee
February 05, 2009

could get services in place, and have some evaluations and some support offered to them which would make it more than a doorway to despair. Thank you. [LB346 LB275]

SENATOR GAY: Thanks, Georgie. Any questions? Senator Gloor. [LB346 LB275]

SENATOR GLOOR: Thank you, Senator Gay. Thank you for providing your testimony. So do you see a...am I hearing you right, you see delineation between children and family services and behavioral health services, and... [LB346 LB275]

GEORGIE SCURFIELD: Yes. There are families who need behavioral health services, but there are good parents doing everything they can. They haven't failed their children in any way. [LB346 LB275]

SENATOR GLOOR: Do you think the state's role in both of those arenas should be equal? [LB346 LB275]

GEORGIE SCURFIELD: Yes, I can see that we can...well, no, I mean, I think the state has a responsibility to protect children but the state also has a responsibility to make sure that sick people get services in some way and that's why we have behavioral health. And we need health insurance, we need other ways to access that. But if people don't have that health insurance or the health insurance doesn't meet the needs of those children, somebody needs to step in. These are children we're talking about. [LB346 LB275]

SENATOR GLOOR: Thank you. [LB346 LB275]

SENATOR GAY: Any other questions? Georgie, I have a question for you, more of a comment. I received your e-mail and passed it on, forwarded it, and, you know...we've talked and have talked to Judge Gendler on other components of this bill and at this point rejoining the discussion. But that's why we have these public hearings for input and I think possibly there's, hopefully, there's options, I think, working together so that's not abused, but yet I understand the use of that. So but I did want to tell you we acknowledged receipt of that and I appreciate your comments on that and we'll follow up with you on it. [LB346 LB275]

GEORGIE SCURFIELD: Thanks, Senator Gay. [LB346 LB275]

SENATOR GAY: You bet. Any other questions? Senator Campbell. [LB346 LB275]

SENATOR CAMPBELL: Thank you, Chairman Gay. Georgie, do you keep track of the young people that you work with in the CASA programs? [LB346 LB275]

GEORGIE SCURFIELD: Yes. [LB346 LB275]

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Transcriber's Office

Health and Human Services Committee
February 05, 2009

SENATOR CAMPBELL: And how many of them have come through a gateway of truancy? [LB346 LB275]

GEORGIE SCURFIELD: It's...I don't know numbers. I absolutely don't know numbers, but it is something that we look at. We're looking particularly at little children who are not attending at school. We always consider if they're kind of below 6th grade, this is a parent's responsibility, not their own. It may be, if we have a child who is kind of middle school, as you know older, and then missing some school that they may have some responsibility for that too. But younger ones we see it always as a symptom that something else is happening in that family. [LB346 LB275]

SENATOR CAMPBELL: It might be an issue that we would discuss with the juvenile judges. [LB346 LB275]

GEORGIE SCURFIELD: Yes. I think they would be very good people to talk to. [LB346 LB275]

SENATOR GAY: Any other questions? I don't see any. Thank you. [LB346 LB275]

GEORGIE SCURFIELD: Thank you. [LB346 LB275]

SENATOR GAY: Other people in neutral, that would like to speak. [LB346 LB275]

RUTH FEW: (Exhibit 22) Good afternoon, Chairman Gay and committee members. My name is Ruth Few, R-u-t-h, F as in Frank e-w. I'm a social worker and I'm testifying today on behalf of the Nebraska Chapter of the National Association of Social Workers. Our position is neutral in regards to LB346. However, we want to be clear that unless appropriate funding is available without detracting from existing supportive programs and entities, and unless provisions for appropriate direct services are addressed, we cannot support further efforts on this legislation. Multiple references have been made today in testimony to activities and services that are being paid for, underwritten by regions at this point. And therefore, we would be concerned about that fiscal note that would remove any funding from regions. We uphold not only the provision of voluntary postadoption and postguardianship case management services, but would also advocate for the inclusion of direct services adequate to the needs of those families as well. LB346 establishes that referrals to the...excuse me, establishes that referrals to existing community-based services be made. However, recent and newly proposed changes in funding, efforts to remove truancy is an indicator of concerns and the proposal of LB661 that threatens provision of antidepressant, antipsychotic and anticonvulsive medications to meet the very core needs of youth in our state, whom this bill is purported to assist. The restrictions and limitations imposed on services provided by Medicaid and their managed care contractor, Magellan, is resulting in increasing

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 05, 2009

shrinkage of community-based services and hardship to those who suffer from mental illness. And I'm going to mention three concerns. First, in Nebraska, Magellan's definition of family therapy, and there is a copy of that in the packet that I distributed, is restricted. It states in part that family psychotherapy is not an encounter between a family member and a licensed therapist in which the family members briefed that they are just about the behavior, symptoms, and problems of the member. When we challenged this, we were told that it had been taken out of context. However, you have before you the written definition which has not been amended to reflect any context. Magellan will only authorize family therapy for one member of the family even when siblings are adoptive, half, step, or foster siblings who do not share the same issues, parents, or residences. Authorization for family therapy without client is for all practical intents and purposes unavailable. Second, several of the safe haven parents noted that they knew by the age of three that their child had a significant problem. However, Magellan will not authorize individual therapy for children under the ages of four years and nine months, restricts their initial family therapy authorization for this population to half the number of sessions available to other persons, and requires a higher level to review to obtain additional sessions. Not only is this practice discriminatory, but it is extremely counterproductive in ensuring that negative behaviors, the effects of trauma and neglect or negative coping strategies do not cement or flourish into the teen and adult years. Neuroscience has documented repeatedly that the brain is most plastic and malleable at younger ages. And I invite you to look closer at a handout that is attached to the testimony for further information on this. Third, it is also important to note that Medicaid Magellan has made a determination not to reimburse provisionally licensed mental health providers for their services. This is of grave concern to us because if people who have come out of graduate school programs and are needing to work for two years under supervision of licensed mental health practitioners in order to become licensed, if they cannot be reimbursed by Magellan, we're draining away the future of those people who might provide services that are needed that we're talking about today. So this creates additional shortages in the healthcare work force and it's a disincentive to recruitment and training of qualified providers. It doesn't foster or support creation of needed services, a hot line, navigators, case management and other such stipulations will not answer the needs if mental health services and providers are not available. As social workers we support any and all measures that will improve the health and well-being of Nebraska's youth, who, depending on whether or not their needs are met today, will either be service consumers or service providers. Thank you. [LB346 LB275]

SENATOR GAY: Thank you. Are there any questions from the committee? I don't see any. Thank you. [LB346 LB275]

RUTH FEW: Thank you. [LB346 LB275]

SENATOR GAY: Other people. [LB346 LB275]

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Transcriber's Office

Health and Human Services Committee
February 05, 2009

KATHY BIGSBY MOORE: (Exhibit 23) Thank you, Senators. I'm Kathy Bigsby Moore, K-a-t-h-y B-i-g-s-b-y M-o-o-r-e, executive director of Voices for Children in Nebraska. And first of all, I'd like to thank you for your patience. I know the hour is getting late. I think for those of you that were Senators last session, I think we may have just had the safe haven hearing that got cancelled due to the special session, so I think there have been many people that had important things to say. And secondly, I would say that I am here in a neutral testimony as well. I think many of us pondered long and hard about what our position on these two bills should be. And I feel strongly that there is the need to separate behavioral health from child welfare services and that combining those two in LB346 is part of what confuses the issue. LB275 has some strengths as I see them. One is that it puts this in clearly the behavioral health division of Health and Human Services and I prefer that. It maintains the regionalized, localized approach, and I prefer that. It does call for staffing of the hot line to be trained behavioral health personnel. I support that. It does not, as does not LB346, really ensure the provision of services. And you've heard plenty about the fact that services in many instances don't exist, and so to do the hot line or navigators without services, is providing a detriment. Which then takes me to LB346 and, Senator Pankonin, it's always easy to sit back and listen to questions being asked of someone else rather than yourself, so in the first paragraph of my testimony I did say, yes, that I do think children would be worse off if LB346 passed in its current form in part because of the fiscal note. And I think it drains the very few resources that we do have today. I'm specifically referring to the truancy bill, perhaps even to LB661 which, as I understand it, puts drugs on a preferred list which would guide people to the generic forms, which in behavioral health situations often are not the preferred form, if you will. So I think to have that go forward in its current state with its current fiscal note would, in fact, leave children in worse circumstances. Having said that, I'm very supportive of the federal child welfare provisions, the postguardianship. I worked to pass the fostering connections act and so I'm pleased to see this bill utilizing those funds. And so that really takes me to page 2 of my testimony which begins to look at what could we do with this. My suggestion might be to advance LB275 putting the behavioral health components of the navigator and whatever in that bill, finding resources if they are new resources or whatever that do not rob Peter to pay Paul, as a previous testifier indicated. Secondly, to advance LB346 with the strengths that I think there's unanimity around related to the postguardianship, postadoption services, and the funding source for that bill. I also toward the bottom of the second page and the third page of my testimony indicate that there are several bills before this body that if all of those bills were passed, I would shout from the mountain top and feel as though indeed, we had responded to the safe haven children that were brought forward last fall. And those would include LB91 that Senator Howard introduced that is rolling forward very quickly that creates the opportunity for subsidized adoption following subsidized guardianship. LB356 which Senator Dubas has introduced which then does put in place those services at least for the first 90 days. LB136 which will be heard in this committee soon which increases eligibility for Kids Connection following the federal legislation that passed. I think that is necessary and would provide services to around 17,000 more

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Health and Human Services Committee
February 05, 2009

children in the state. LB247 which was heard here does provide for accreditation and I believe that would give you the oversight that seems to be lacking. LB519, which presumably will be heard sometime today, addressing rate methodology, is important because we do have provider rates that are a concern. And finally LB540, which also will be heard today, which changes the composition at Senator Gay's introduction of the Behavioral Health Task Force. And it occurs to me, and I don't have this noted in my testimony, but when I talked about the evaluation components in Section 4 of LB346, perhaps amending those to require a report back to the Legislature and the Behavioral Health Task Force would be a good direction to take, presuming that that task force will have a long-term responsibility over this area. So thank you. I'd be happy to respond to any questions. [LB346 LB275]

SENATOR GAY: Thank you. Are there any questions? Don't see any. Thank you, Kathy. [LB346 LB275]

KATHY BIGSBY MOORE: Thanks. [LB346 LB275]

C.J. JOHNSON: I think I'm the last one on this. And I hope somebody ordered pizza. (Laughter) Chairman Gay, members of the Health and Human Services Committee, my name is C. J. Johnson, C. J. J-o-h-n-s-o-n. I'm the regional administrator with Region 5 Systems and I'm here to testify today in a neutral position on behalf of the other regional administrators with the regional behavioral health authorities. I apologize for not having a typed testimony. I wasn't able to get some specific information that I would have needed for that until earlier this morning. So I will put together any documents that I reference in a packet in the testimony and get that to you in the next couple days. We had a hard time deciding if we were going to testify as a proponent or a neutral, so we chickened out and said we're going to do neutral. But I think throughout the day you've heard from the proponents the same stance that the regional behavioral health authorities have. We believe that the basic concepts in LB275 and LB346 are good. We believe that many of the recommended services will be helpful to the development of an improved system for children and their families. What we do have some concern about again is the fiscal note, which ironically was brought up not only by proponents but also opponents and other neutral individuals. I just want to share with you, you know, why this kind of gets going is...right now, right now the Division of Children and Family Services has entered an RFQ process to provide in-home and out-of-home services for state wards and then also some noncourt involved cases. That's approximately...that's about 6,500 families, children and families. And that contract, when they're all done, is going to be \$119 million total. Now the reason I'm bringing that up is, I just want to share with you a letter that went out or a memo that went out in September of '08 from the Division of Long-Term Care and Medicaid, the Division of Behavioral Health, and the Division of Children and Family Services describing the regions to numerous people, providers, partners, counsel members. Funding to the Regional Behavioral Health authorities by the Division of Behavioral Health increased by \$17.1 million effective

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 05, 2009

5-30-08, with the goal being to expand current services, to create new services, or to meet identified infrastructure needs. Of the \$17.1 million, \$5.4 million is ongoing funding the regions will continue to receive in addition to their current budget allocations and \$11.7 million in one-time funding targeted for one-time purposes only. These ongoing and one-time services and system enhancements should begin to be realized beginning in late summer, early fall of 2008. In fact, many of the...especially the one-time funding have already been committed in different ways in multiple plans. I do want to point out though that at least Region 5 and 4, and I'm not sure if Region 6 has yet, but we have yet to receive our contract amendments for some of the ongoing funding for this fiscal year, which simply means, we haven't been able to begin to access that and use that money yet this year, even though we were told first of October that this money would be available to us. We had plans submitted in mid-October and we yet to have contract amendments with us. So when you hear that the regions have all this money, I just to point out that we've been working diligently, we've committed this money, we're working with it but at some levels it's just not, hasn't been accessible to us in some ways. I want to point that out because it seems like, and I'll just finish why this is, it seems like the regions have become a big flush fund or flex fund for all the rest of the divisions in DHHS. And let me go on to read this. The additional \$5.4 million and ongoing funding the regions recently received will increase their total combined annual funding amount from \$64 million to \$69.4 million. In addition to the \$69.4 million, \$8.8 million annually is used as Medicaid match. And I want to make that clear. It says, in addition the reality is \$8.8 million in the last two years has been pulled out of behavioral health contracts to act as Medicaid match which has enhanced the Medicaid budget. It has increased services, but again it's helping the division of Medicaid. It's not around the division of behavioral health for individuals who have no other insurance, etcetera. Providing to the community. And another \$6.55 million...okay, I'll go on with that. Despite the amount of funding--now here is where it is--it is the role and responsibility of the regions to provide substance abuse and mental health community-based services to clinically and financially eligible adults who do not have private insurance, cannot pay, and are not covered by Medicaid. Thus, the regions should always be contacted in these situations. So everybody is saying, hey, contact the regions, they got all these bucks. The Division of Children and Family Services, now this is child welfare, should not be utilized to fund adult substance abuse or mental health evaluation or treatment services. The reason I'm pointing this out is, the Division of Children and Family Services has in the last year stressed with their case managers that they are not to recommend or suggest that child welfare would pay for parents of state wards to receive substance abuse or mental health service. Now, the reason I'm making that point is, these are not adults who are seeking behavioral health services until their children got involved and it was identified that they needed those services to return their children to home. So the regions have suddenly gotten burned over the last couple of years with this. So this is one of the reasons we're...support of everybody that says, don't pull it from the regions because we're getting beat up on now. Now, I'm going to quit...oh sorry, I got to do this. [LB346 LB275]

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Transcriber's Office

Health and Human Services Committee
February 05, 2009

SENATOR GAY: Yeah, summarize what you've got. [LB346 LB275]

C.J. JOHNSON: Okay, I'm sorry. I want to point out in 2006 a letter from Governor Heineman said, a portion of the cost savings will be set aside for the expansion, okay, of the ICC, etcetera. The reason I use that cost savings is I want to point out to all of you that as we talked about new money, new money, new money, I really think we need to step back to the original behavioral health reform in LB1083. They looked at psychiatric hospitals, said, hey, what if we moved people in the communities, shifted the focus, what could we do? The reality is, we have served thousands and thousands of more individuals, not just the hundreds that were in the hospitals. I really would ask as you're looking at reform for children services to really visit child welfare. Visit the \$119 million budget that they have. We are funding the ambulance right now and if we really going do reform and we're really going to reduce state wards, which has been said is being done, then why can't we shift that money from child welfare into behavioral health to bring up additional services. The state has already said that they have reduced state wards and noncommitted individuals or involved individuals, by 886 families. [LB346 LB275]

SENATOR GAY: C. J., I've going to need you to wrap it up. [LB346 LB275]

C.J. JOHNSON: Eleven million dollars. I'm done. [LB346 LB275]

SENATOR GAY: Thank you. (Laughter) Any questions? [LB346 LB275]

C. J. JOHNSON: Eleven million dollars in savings, sorry. [LB346 LB275]

SENATOR GAY: Any questions? Senator Howard, has a question. [LB346 LB275]

SENATOR HOWARD: Thank you, Chairman Gay. Just a quick question. So you are providing the adult counseling for families whose children are in out-of-home care? [LB346 LB275]

C.J. JOHNSON: Well, we are but only in the sense that they have to be on the waiting list just like anybody else coming in. [LB346 LB275]

SENATOR HOWARD: How long is the waiting list? [LB346 LB275]

C.J. JOHNSON: It does depend on the service. It could be anywhere from a week, sometimes a couple months. Now I will say in Region 5 we have taken the behavioral health funding and created a voucher program and try to help people get off the waiting list faster. [LB346 LB275]

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Transcriber's Office

Health and Human Services Committee
February 05, 2009

SENATOR HOWARD: That's good to know because I know there are some case managers that are really seeking that service for adult family members or siblings, other family members and have been frustrated with that. So I'll let them know that you can handle it. (Laugh) [LB346 LB275]

C.J. JOHNSON: But previously, those services were being paid. [LB346 LB275]

SENATOR HOWARD: I know, I know they were. Thank you. [LB346 LB275]

C.J. JOHNSON: I know they were. Okay. Any other questions? Thank you. [LB346 LB275]

SENATOR GAY: Thank you. Anyone else neutral that would like to speak? I don't see any. All right, with that we will close. I will waive my close. Senator McGill, do you have anything? (Laugh) But I think, speaking on behalf of everybody we've heard a lot of great testimony. Thank you, Senator Pankonin, when I had to be out of the office per se, but thank you for taking control. With that, thank you all so much for coming on that bill and Senator McGill, boy, you're up now on LB519. I think...has everyone had a chance to...do we want to break at all? Let's take a 5 minute break. Okay. Thanks. [LB346 LB275]

BREAK

SENATOR GAY: If we can get you to...we're going to get started with LB519. If you could take your conversations outside, we would appreciate it. We will get started and open the public hearing on LB519. Senator McGill is here to open with her opening remarks on that, so go ahead, Senator McGill. [LB519]

SENATOR MCGILL: Good afternoon or almost evening. (Laugh) [LB519]

SENATOR GAY: It's still early. [LB519]

SENATOR MCGILL: Well, just barely. Once again, I'm Senator Amanda McGill. I represent District 26 here in Lincoln. I'm here to introduce LB519, legislation that establishes a rate methodology to help in determining market adjustments for behavioral health providers receiving payments for their services through the Department of Health and Human Services. Nothing in this bill requires any appropriation of funds. What the bill does do is establish a process in statute using our biennium budget cycle to ensure that provider rates are reviewed and a determination is made by a provider reimbursement rate commission as to appropriate reimbursement. A report is prepared and distributed to the department, the Governor, and the Legislature. Recommendations can then be used to develop a budget or a decision can be made to not include any rate recommendations, but at the very least, a review has

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 05, 2009

been conducted and decisions by both the administrative and legislative branches can be made with facts. Unfortunately, behavioral health provider rates decisions in the past are based solely on the bottom line in the budget. Behavioral health providers, psychiatrists, psychologists, social workers, counselors, hospitals have all had to fight to get any kind of incremental rate increases. Over the past ten years, many providers have had to go out of business, particularly in rural Nebraska, because rates have not kept up with the cost of doing business. Access to behavioral health services is a critical piece in our safe haven dilemma. To provide services, those who provide them must be paid enough to keep those services available. That is why I brought this bill to you this year. It is an issue that has surfaced many times before, and the Legislature has found it necessary to increase rates in the budget bill to keep services available in our communities for some of our most vulnerable Nebraskans. It is time now that we step up and ensure that some kind of process is in place to review the costs and services available, and make a decision based on facts in the marketplace. LB519 is a key part of the solution to safe haven and to ensuring that mental health and substance abuse services are available all across Nebraska for both our children and adults. With all we have learned this past year, now is the time. Thank you. [LB519]

SENATOR GAY: Thank you, Senator McGill. Any questions from the committee? I've got one. [LB519]

SENATOR MCGILL: Okay. [LB519]

SENATOR GAY: On Section 7, it says: "Nothing in Sections 1 to 6 of the act requires the Legislature to appropriate funds recommended by the Provider Reimbursement Rate Commission." So the commission is getting together, giving a professional opinion of what they believe rates should be to be competitive in the marketplace? [LB519]

SENATOR MCGILL: Yes, and it doesn't lock our actual Appropriations Committee into following that recommendation, but at least it gives an accurate depiction of what the rate should be in the market. [LB519]

SENATOR GAY: If...in my discussions with other members on both Appropriations and just throughout the Legislature, I think people recognize those rates. As a matter of fact, probably every day I hear that, I'm sure people in Appropriations do. Why would this...I guess, even if we do that, we know the rates if there is no enforcement of that... [LB519]

SENATOR MCGILL: Well, it would be great if there was enforcement of it. (Laugh)
[LB519]

SENATOR GAY: But, so you're saying just as transparency, here's what the true costs are? [LB519]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 05, 2009

SENATOR MCGILL: Yeah, to make that really clear in a very formal way. Because right now it's really out of control in terms of...you know, providers are shutting down or we have heard from providers during the safe haven experience that they would offer more of these services, they just can't afford to because the rates have just gone so out of whack that they can't offer the services. And I'm sure there are some folks behind me that will make a good case for why this is necessary. [LB519]

SENATOR GAY: Yeah, you bet. All right, any other questions for Senator McGill? I don't see any. [LB519]

SENATOR MCGILL: I will waive my closing as well. Thanks. [LB519]

SENATOR GAY: Okay, thank you, Senator. [LB519]

SENATOR MCGILL: Thanks. [LB519]

PATRICK CONNELL: (Exhibits 1, 2, and 3) I have copies of my testimony I would like to pass out. Good afternoon. My name is Pat Connell, and one of my roles is...just a second. This is for this. All right, let me just start over with a new beginning. Chairman Gay and members of the Health and Human Services Committee, my name is Patrick Connell, C-o-n-n-e-l-l, and one of my roles at Boys Town is as vice president of Behavioral Health Services and Government Relations. I am here today as the chair of the Nebraska Behavioral Health Coalition. The coalition members include the organizations that are listed on your report, but it's quite inclusive and it's approximately ten statewide associations in every aspect of healthcare. We strongly support LB519 and very much appreciate the efforts of Senator McGill in introducing this needed bill. Our coalition has taken a leadership role in fighting for equitable rates for services in order to ensure accessibility to behavioral health services across the state. We would like to emphasize two major points. States have used the absence of equitable rates to directly ration mental health services. They do that by suppressing the capacity of the system which directly reduces the availability of services to patients, families, children, and others. Because the state has set mental health rates to cover only a portion of the real cost of providing services during the last decade, we have seen the closure of rural, urban, large, and small behavioral health providers across the state. Additionally, during the same period, we have also seen other nonprofit behavioral health organizations cut back on services due to insufficient rates. There's going to be a number of speakers who are following me who will succinctly address that issue. Additionally, we have attached testimony submitted this fall that illustrates the effects of rates and funding on system capacity and ultimately on access to services. Second, LB519 will provide a methodology to evaluate proposed behavioral health rate increases against a national benchmark. This benchmark will frame our discussions with the Unicameral and the executive branches to how the proposed rate increases compare with the everyday reality of providers in trying to balance inflation and other cost increases. There are

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 05, 2009

various other related methodologies in place for some hospital services, nursing home, developmentally disabled services. We believe it is time to take the next step with behavioral health services in Nebraska. The state will likely speak to the need for providers to become more efficient. We would argue that if we are not efficient, we do not survive. Our organizations raise funds every year from donors to cover the cost of uncompensated care and to subsidize the Nebraska Medicaid Program and for costs that do not...are not covered under the rates. For all of us, this is an enormous challenge and becomes even more so due to the current economic crisis. The methodological process for rates laid out in LB519 is a responsible system for funding behavioral health rate...services. In respect to...for your time, I am going to defer to other testifiers who will speak in more detail about the constant challenges we are facing. Finally, we would recommend that on page 2, line 15, that the word "nongovernmental" be taken out of this bill. Thereby all behavioral health providers would be getting a rate increase if you approved that through your actions. I would also like just to submit for the record a letter of support of LB519 by NAMI of Nebraska, the Good Neighbor Community Health Center from Columbus, Nebraska, and with that, I will complete my testimony. [LB519]

SENATOR GAY: Thank you. Are there any questions? I don't see any, thanks. [LB519]

PATRICK CONNELL: Thank you. [LB519]

TOM McBRIDE: (Exhibit 4) Good afternoon, Chairman Gay, members if the committee. My name is Tom McBride, T-o-m M-c-B-r-i-d-e. I am...I would like to also thank Senator McGill for bringing forward LB519. I'm speaking today not only as a provider of services within Nebraska, but also as immediate past president of the Children and Family Coalition of Nebraska. Every day when we get up and go to work, we have to figure out what we are going to raise...20 percent of that day's budget over an annual period. For our purposes, we go out and find donors, we find people who will give in-kind gifts, cash donations, whatever. In essence, we subsidize the care for hundreds of children and families every year. As a rural provider, we face obstacles that perhaps some other programs don't that are unique to our level of programming. The most important part of that is finding, and more importantly, keeping, qualified professional staff rather than...you know, there is a tendency to run to the big cities and, well, everybody has heard about the shortage of professionals, mental health professionals in rural areas. When we have those great staff, we have to have an ability and a way to keep them there. Currently, we have in our programs, we have staff coming in to provide those services from 13 different counties that drive in to provide those services. We have to provide a wage and a benefit package that allows them to not only, you know, do that, but also have a quality of life for their own family and, you know, their own needs. We utilize technology as much as possible and most recently we've even had some rulings which curtail the ability for us to use some of that technology. Just as a quick historical perspective, and I wanted to fly through things, maybe not as quickly as the young lady

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 05, 2009

did in the previous testimony--I don't think I can talk that fast--but we went six years at one point. All providers in the state of Nebraska went six years with no rate increase at all. And that gap, even when we got a rate increase, that gap gets wider and wider and wider. The only relief we have had in any kind of rate increases, any ability to pass along some of the, you know, the coverage of the cost, has come from actively lobbying the Legislature. You folks have been our heroes as far as our ability to gain whatever kind of rate increases that we have. We realize that there are budget constraints. There always probably will be budget constraints, but even in the good years back in the nineties when we were seeing large interest...you know, larger interest rates, you could go get a certificate of deposit with double digits. In those good years, behavioral health was left along the side of the road. Programs and something you may not realize are programs such as residential treatment centers have what they call rate phasing. So if a youngster comes into treatment, and these are generally the more acute behaviorally, you know, impaired children, the kids with mental health issues that require, you know, removal from the home. More acute levels of care that every 90 days from the time that child comes in, every 90 days the rate, then, is reduced arbitrarily by 5 percent. And it's, you know, so, you know, it's very tough to even to build on that. LB519 really ensures that our services are reviewed every year. That's something that we've never had the ability to have done before. It also really acknowledges, it's an acknowledgement to providers that our services are important, being recognized. It gives us the opportunity to work alongside the Legislature and not come in every year, just, you know, with our, simply with our hands out. It calls for evaluation and review not only of costs but also of the services given. I can guarantee you that there are no providers out there that are taking any increases in funds and buying jets or going on junkets or providing golden parachutes. Our only intention, and I'm going to speak for our agency, is, our intention is to fight, to chew, to scrap, to do whatever we can to continue for another 120 years of providing quality services for children and families in Nebraska. We would encourage you to support LB519 and move this forward. And the one question that Senator Gay, you asked about the...you know, how the...you know, if there's a requirement for the Legislature then to say, you know, we have to follow this amount every year. And I think the intent was that there can't be legislation which binds the hands of future sessions. So, with that, I'm out of time, and I defer to my colleagues. [LB519]

SENATOR GAY: Thank you. Any questions? I don't see any, thank you. [LB519]

TOM McBRIDE: Thank you. [LB519]

SENATOR GAY: Other proponents? Any other proponents who would like to speak on this issue? I know we did receive several letters of support. [LB519]

TOPHER HANSEN: (Exhibit 5) Chairman Gay, members of the committee, my name is Topher Hansen, I am the president of the Nebraska Association of Behavioral Health Organizations, and I am also the executive director of CenterPointe. I'm here to tell you

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 05, 2009

about NABHO's review of this legislation. First, though, I want to thank Senator McGill for bringing this bill forward. We think this is important for a couple of reasons that I will go into and to say, again, that NABHO is supportive of this. This has been a bill that we have been interested in for quite some time. As Mr. McBride points out that you all have been our champions in terms of helping us survive and by engaging with you we've been able to increase rates in order for many people just to stay alive. I've given a couple of handouts here that I'll point to, but I first want to say that this bill really is about bringing you the truth and the facts about information-based decision making. This bill does not say that you must, it just simply provides you accurate, objective information to tell you what the circumstances are so you can make an information-based decision. That's what it is. What you see in front of you, first of all, in the packet there is, on the left-hand side, there are charts that are the result of a study conducted by Seim Johnson to look at, since 2003, look at what the rates are in the different services versus what the cost of business is. And they didn't just use anything, they tried to take medical CPI--consumer price index--rates to get as close to what our cost of doing business would be to give as accurate a reflection of those increases. What you'll see is roughly 9 percent increase in rates and roughly a 25-26 percent increase in cost. That since 2003. As Mr. McBride points out, you can go back another decade or two decades and find big gaps of time where no rate increases were given. So, just in the 2003 to 2008 time frame, we have that kind of gap. So I think that's illustrative of the kind of situation we face. The other document that you have is from, it's an internal document that CenterPointe generates, and the red mark, the red part of the bar is the amount that we fall short from behavioral health rates as to our cost of doing business. And you can move the red anywhere you want as overhead costs of this, that, and the other thing, but the fact of the matter is, add up all the red and the black, you're still short. What we have to do is figure out creative ways to make that gap up, including what's been said earlier by Mr. McBride about donors and other resources to help fill the gap. It simply falls short however you slice it. So we need to continue to have rate increases to meet the costs of doing business. My light bill goes up, my comp bill goes up, my health insurance goes up; you all understand these costs. What we're asking for is a fair opportunity and accurate information to come forward so we're not just shooting from the hip as to what the rate increases should be and don't want to bind your hands, we want to give you solid information to make decisions. With that, I'll conclude. [LB519]

SENATOR GAY: Thanks, Topher. Senator Howard. [LB519]

SENATOR HOWARD: I just had...I'm going to make this quick because we're here a long time. If I were to call you and I'd say, you know, I just wonder what your costs are and how much it has increased over X number of years, you'd probably give me that, wouldn't you? You'd be glad to give it to me. You'd say, yeah, I want you to know. [LB519]

TOPHER HANSEN: I just gave it to you. (Laugh) [LB519]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 05, 2009

SENATOR HOWARD: Well, that's my question. Why do we need a bill for it? [LB519]

TOPHER HANSEN: Why do you need a bill, is to direct...because this isn't just about CenterPointe, it's about aggregating the costs of doing business for the wide array of behavioral health providers to then give information about what average costs would be and what the providers are facing versus where the rates are. So it's more than just me. It's trying to gather the information. [LB519]

SENATOR HOWARD: But chances are, anyone that I would call, and I'd identify myself and I would say, you know, I'm looking at this issue. Would you provide me information? Correct? [LB519]

TOPHER HANSEN: Well, what... [LB519]

SENATOR HOWARD: But you don't have to speak for other people, I don't want to put you on the spot, but... [LB519]

TOPHER HANSEN: Yeah, I can give you CenterPointe's information but I'm...I operate a particular service, and so my service isn't necessarily related to the dozens of others that exist. But the commission, the idea of the commission is to try and aggregate the information and provide a fair and accurate reflection of that. The other piece is, that you always have to be careful on looking at costs is, if I operate a business at let's just say \$300 a day, and somebody else operates the exact same business at \$250 a day, then what you have to do is say why...what are they doing and what am I doing? And what it turns out is, I have donors that are making up that difference, whereas the other agency may not. And their actual cost of what they're spending actually may be different than what the cost model would be to properly run that operation. Is that... [LB519]

SENATOR HOWARD: Yeah, I do understand that, but yet you all are paid the same provider rate that...the reimbursement that we provide. [LB519]

TOPHER HANSEN: Right. Right. [LB519]

SENATOR HOWARD: Okay, thank you. [LB519]

SENATOR GAY: All right, thank you. Are there other questions from the committee? I don't see any, thank you. Other proponents? [LB519]

DENIS McCARVILLE: (Exhibit 6) Senator Gay, senators of the Health and Human Service Committee, this is...my name is Denis McCarville, that's Denis with one n, M-c-C-a-r-v-i-l-l-e. I am the president and CEO of Uta Halee Girls Village and Cooper Village in Omaha. I'm here carrying the letter from the National...I mean the Nebraska

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 05, 2009

Association of Homes and Services for Children, and that's been distributed. I'll be very brief. We sat here all day, and I could characterize what we've heard all day...all afternoon, anyway, as an infrastructure issue. We don't pay service providers enough to provide the services that the families that were before you need. So we have seen an erosion of that infrastructure. We continue not to pay for it. Now, if this were a bridge or if this were a road, you'd have constituents calling you, complaining or at least the county would if it were a county road, you know, to say, that the infrastructure is crumbling. Well, the infrastructure of behavioral health has crumbled, and the only way we found out about it or that the state and the community found out about it, was these parents that came forward during safe haven. You know, we have an infrastructure issue. We have neglected behavioral health services for years and years and years in this state. This bill will raise the awareness. It will show how we're not paying for services and how difficult it is, because we don't pay for services, to attract quality professionals to our field and to attract service providers in rural areas and to continue to support service providers all over our state. So this will give us, everyone, the opportunity to peek into where that infrastructure has crumbled. And, hopefully, we can begin to do something about it, not just during the good times, but during the bad times. Because as has been said earlier, you know, during the good times we didn't correct this, and now we are during...we are in the bad times and, you know, we are looking at how can we correct it today? If we had before you a methodology that would show you what the real cost should be, maybe we could eke away and begin to fix that infrastructure that's so broken. Thank you, and I'll accept questions. [LB519]

SENATOR GAY: All right, thank you. Are there any questions? Senator Gloor. [LB519]

SENATOR GLOOR: Chairman Gay, thank you, and thank you, Mr. McCarville. But I want to make sure I understand your comfort level with this and going back to Mr. McBride's comment about the monies aren't going to be used for Lear Jets or anything of that sort, clearly not because we're not talking about monies, we're talking about a study that would show where the gaps are in the system. And to use your metaphor again, it would be as if we had a commission that went out and decided we needed to replace this infrastructure, this bridge, showed a picture of the bridge and say, someday this is the bridge we will build for you. [LB519]

DENIS McCARVILLE: Correct. [LB519]

SENATOR GLOOR: You're comfortable with that philosophy is what I am trying to ascertain? [LB519]

DENIS McCARVILLE: It is much better than what we have today. Right now we have no way of showing that this bridge needs to be replaced. It just crumbles, and we lose another service or another service provider decides to go someplace to sell real estate because it is more lucrative. [LB519]

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Transcriber's Office

Health and Human Services Committee
February 05, 2009

SENATOR GLOOR: Okay. Thank you. [LB519]

SENATOR GAY: Thank you, Senator Gloor. I've got a question for you. So you represent the Nebraska Association of Homes and Services for Children, who you're speaking for today with 12 to 14 agencies. And then I look at the fiscal note for all this and it doesn't seem to be, you know, it's a long fiscal note, but I just see no immediate direct cost. Why couldn't...why didn't you do this before, come with a compilation and say, here is where it is? Because it looks to me like Siem Johnson has one that they did. Why wasn't this done before that the Legislature needs to do this to present data to make a decision which probably would go to the Appropriations Committee, why wasn't this done before or has it been done before? [LB519]

DENIS McCARVILLE: We've been producing that kind of document that it's been, you know, ignored. Or, if it's not been ignored, it's been...it has just been a footnote in other testimony. This, we believe, raises up this issue. It brings it back to the Legislature, it brings it to the executive branch, it raises up this issue so that everyone can see where the infrastructure is and what needs to be done to correct it. [LB519]

SENATOR GAY: So you're saying it just carries more weight, then, if we were to do it is what you're saying? [LB519]

DENIS McCARVILLE: Yes. Yes, sir. [LB519]

SENATOR GAY: Okay, thank you. Any other questions? I don't see any, thank you. [LB519]

DAVID BUNTAIN: Senator Gay, members of the committee, I am David Buntain, B-u-n-t-a-i-n, registered lobbyist for the Nebraska Medical Association. We are in support of LB519. I think the other proponents have covered all of the key points, and I will just state our support and ask for any questions. [LB519]

SENATOR GAY: Okay, while you're here, let's see if we have any questions for Mr. Buntain? Oh sorry. Senator Gloor. [LB519]

SENATOR GLOOR: Chairman Gay, I'm going to ask the same question of Mr. Buntain. You, too, are happy with a picture of a bridge, so to speak? [LB519]

DAVID BUNTAIN: Well, I think the problem is that there is no institutional system for gathering this kind of data, and the way provider rates have been set is it's a budget balancing number. It's a plug number to make the state budget balance without regard to what the provider rate should be given the economic environment. And unless you have a systematic way for gathering that data and considering it, I think that will

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 05, 2009

continue to be the system. And that's what is behind this. [LB519]

SENATOR GLOOR: I appreciate that answer. That helps, thank you. [LB519]

SENATOR GAY: So that helps to get to my answer, so what...are you saying then, that we could get you more data than maybe that's available? Is that part of this thing too? [LB519]

DAVID BUNTAIN: Well, I think you'll get... [LB519]

SENATOR GAY: Because the data...earlier when Denis was up, the data...I mean you can...you just did present showing the reimbursement rates and the differences. Did I hear you say, then, we have data that you...that is not available to an organization or a group of organizations, to compile this on their own and then come back, which is what you would do anyway. Come back and say, here's the rates versus, you know, medical costs in other states and vice versa. Because to me, I'm with Senator Gloor, there is a certain point that is fine but it's just more information. So, are we not giving you data? [LB519]

DAVID BUNTAIN: I think you're right. I mean, it's one thing for advocacy groups to come in and say, here's what are figures show. It's something else to have an institution, I mean, I was sitting listening, you know, it strikes me, you have other groups, you know, that come in, state employees, other groups that have an argument that what we hear...you know, the comparability is for other similar employees. That really is not discussed in this area, and part of the reason is you got...you've got a structure for making those kinds of comparisons, and there is nothing comparable within this field. [LB519]

SENATOR GAY: All right. All right. Thank you. Any other questions? Senator Campbell. [LB519]

SENATOR CAMPBELL: I know this is dangerous but it's almost like...it's almost like saying the roads area, you want a one and six, and you want to know the...no really. I mean for the commissioners, for the former county commissioners that's really what you are looking at so that each of these, the bridges or whatever, are looked at in a similar fashion and you get a picture every year. [LB519]

DAVID BUNTAIN: Right. Right. [LB519]

SENATOR GAY: Although, Senator Campbell, in our county when we did that we always said those were done in pencil, because you could quickly erase them off your list, too, so. (Laughter) [LB519]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 05, 2009

SENATOR GLOOR: I would like to apologize for starting this into a Transportation Committee meeting. (Laughter) [LB519]

SENATOR GAY: Yeah. I know. Now look what you did. [LB519]

SENATOR CAMPBELL: I apologize, I said it was dangerous. [LB519]

SENATOR GAY: Yeah, all right. Any other questions? I don't see any. Thank you. [LB519]

DAVID BUNTAIN: Thank you. [LB519]

SENATOR GAY: Other proponents who would like to speak? It's getting late, I'm going to call...any opponents who would like to discuss this issue? [LB519]

SCOT ADAMS: (Exhibit 7) Good evening, my name is Scot Adams, S-c-o-t A-d-a-m-s, I am the director of the Division of Behavioral Health at the Department of Health and Human Services. I'm here to testify in opposition to LB519. And thank you for your time and for your service so long on this long day. This proposed legislation would require that the Health...the Department of Health and Human Services provide an annual rate increase opportunity based on the compounded change in the consumer price index for payments of behavioral healthcare services for adults and children. Behavioral health services include psychiatric, mental health, substance abuse, developmental services, and all such services provided as part of child protection and safety and juvenile justice services. The bill requires the establishment of the Provider Reimbursement Rate Commission. This commission, comprised of ten individuals, selected by the DHHS CEO, would develop a methodology for determining necessary market adjustments for behavioral healthcare services. The charge of the Provider Reimbursement Rate Commission would be as follows. To develop a methodology for determining necessary market adjustments for behavioral healthcare services under provider reimbursement amount for all behavioral health services reimbursed by the department. Secondly, to review and report to the Legislature necessary market adjustments above and beyond the CPI for reimbursement. Thirdly, to conduct a survey of behavioral health providers' costs of service delivery. Fourthly, to review costs of service delivery versus the reimbursement rates. Fifthly, to make recommendations for future rate adjustments. This bill requires DHHS to file an annual report to summarize the state of behavioral healthcare services specifying the rates of payment for behavioral healthcare. The department would then calculate projected increase in General Fund appropriation necessary to fully fund the cost of provider reimbursement after the increase is enacted. This legislation also requires the department to submit a report on August 1 of each year to identify the final rates to be used for the upcoming fiscal year under each category of funding. Final rates are to be determined by utilizing the provider reimbursement rates during the previous 12 months and calculating the average

compounded consumer price index for the same period to increase the provider rates at a minimum, in an amount equal to the exact percentage of the average compounded consumer price index, plus any necessary market adjustments identified by the Provider Reimbursement Rate Commission. This report would then be provided to the Appropriations Committee. I oppose this legislation, this proposed legislation because, first of all, the Division of Behavioral Health operates within a capitulated funded system. That is, with an annual appropriation from the Unicameral, the Legislature, after public hearings with consumers, providers, and others who make their case for the rates to be paid to the providers of various services. All services within the state operate within this framework. Secondly, it is inappropriate for the executive branch to research and staff this function. The functions outlined here are properly those of the private sector as they seek to make their case for funding increases. Look at what you've heard here today. Wonderful research, good data, important information, and I suspect by the time the Appropriations Committee hears their case, it'll get even better. It's inappropriate for us to be doing that. Thirdly, annual increases granted in a near automatic fashion is not good government. Elected representatives must make decisions on funding needs in the context of all public spending needs and requests. This year is a good example. Providing increases based on last year's inflation rate would not be good public policy at this point. The process described would redirect agency staff to perform additional duties that would not otherwise be considered a priority of the department. In summary, I do appreciate the intention to strengthen the network of behavioral health providers. However, we oppose this legislation on the basis that it is out of sync with the rest of government appropriations processes, is overly complicated, and transfers responsibility from the private sector to the executive branch. Be happy to respond to any questions you have. [LB519]

SENATOR GAY: Thank you, Director Adams. Any questions from the committee?
Senator Gloor. [LB519]

SENATOR GLOOR: Thank you, Mr. Chairman. Thank you, Dr. Adams, you must know what I am going to ask. [LB519]

SCOT ADAMS: Does it have to do with a bridge? [LB519]

SENATOR GLOOR: Yeah, and your objection is that you not only are not comfortable with the showing of the picture of the bridge, you're the one who has to draw the bridge to show to everybody. I mean, there is no money involved in this, it's simply an exercise, as we've been told, that hopefully sets a standard or provides some degree of legitimacy to what that gap may be. [LB519]

SCOT ADAMS: Well, yes, and as I think Senator Gay mentioned with the last person to testify gives additional oomph or makes the request somehow more special than others. I think you have to weigh all of those on an as needed basis, and that's why you have

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 05, 2009

an Appropriations Committee. [LB519]

SENATOR GLOOR: Okay. Thank you. [LB519]

SENATOR GAY: Thank you. Any other questions? I don't see any. Thank you, Director Adams. [LB519]

SCOT ADAMS: Thank you. [LB519]

SENATOR GAY: (See also Exhibits 8 and 9) Any other opponents who would like to speak? Anyone neutral on this? Senator McGill waived her closing and we'll close LB519. Thank you. Senator Howard will introduce LB619. [LB519]

SENATOR HOWARD: (Exhibit 1) Thank you, Chairman Gay and members of the committee. We're going to get this rolling, because you probably have a dog like I do that needs to be let out eventually. For the record, I am Senator Gwen Howard, and I represent the 9th Legislative District. Today I present LB619 for your consideration. LB619 was brought to me on behalf of the Marriage and Family Therapists for the purpose of expanding the language that defines the types of professionals that must serve on the mental health boards. And my legislative aide has distributed an amendment to you as well as a summary. The white copy amendment that has been distributed replaces the language in the bill to address concerns expressed by some of the bills' stakeholders. I would ask the committee to consider this amendment, so that the language of the bill is as inclusive as possible. The amendment is a result of cooperation among my office, the marriage and family therapists representatives, and other stakeholders. I appreciate them bringing forward their concerns in advance of this hearing, so that we would have a compromise to present to you today. Under the existing statute, the presiding judge in each district court, judicial district, is required to create at least one, but not more than three, mental health boards in such district, and to appoint sufficient members and alternate members to such boards for the purpose of carrying out the duties as prescribed in Section 71-915. As amended, LB619 expands the description of those individuals qualified to serve on mental health boards established under the Nebraska Mental Health Commitment Act to include licensed, independent mental health practitioners. In addition to filing the enumerated professional criteria for membership, members and alternative members of a mental health board are required to take and subscribe to an oath to support the United States Constitution and the Constitution of Nebraska and to faithfully discharge the duties of the office according to law. Following my testimony, you will hear from representatives of licensed mental health practitioners who will share their reasoning for the proposed expansion of the mental health board membership. I would ask you to defer any questions about the technical nature of this bill to those professionals. My understanding is that there is some concern from some of the professional members currently enumerated in statute regarding whether or not licensed mental health

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 05, 2009

practitioners possess the experience required to carry out the duties required of a member of the mental health board. While I certainly respect their expertise, I would just point out to all of you on the committee that a layperson with a demonstrated interest in mental health and a substance dependency issue may serve on a mental health board, according to existing statute which translated, that would mean, if you were someone that had experienced a mental health or substance dependency issue, but not a professional, you could serve on this board. With that, I will thank you for your attention and ask that you carefully consider the information presented in the testimony today. [LB619]

SENATOR GAY: Thank you, Senator Howard. Any questions? Don't see any. [LB619]

SENATOR HOWARD: Good choice. [LB619]

SENATOR GAY: Proponents who would like to speak. And thank you all who have waited this late date to testify on this bill, and thank you, Senator Howard. It is very important, though, I think earlier on that...on these other bills, very important that everyone be heard. And we appreciate everyone's patience today. [LB619]

ANNE BUETTNER: (Exhibit 2) Okay. Chairperson Gay, Senator Howard (laugh), and Senator Gloor, my senator from Grand Island, and other committee members. Good evening or good afternoon, I don't know. I am Anne Buettner, A-n-n-e B-u-e-t-t-n-e-r. I am president of the Nebraska Association for Marriage and Family Therapy. We approached Senator Howard, who graciously consented to introduce our bill, LB619. This bill is primarily about the inclusion of licensed, independent mental health practitioners in the mental health professional definition. Now, in the state of Nebraska, there are 2,442 licensed mental health practitioners, of whom we have about 522 licensed independent mental health practitioners, so is the independent, the i that makes the difference. And the state of Nebraska issued the license to us which indicates that we can diagnose and treat all mental disorders including major mental disorders. And this law is in place since 2007, and Nebraska is the only state that has this layer. Nebraska is very quality conscious. The Mental Health Commitment Act is designed to provide treatment for people who are mentally ill and dangerous on an involuntary basis. Now, the mentally ill and dangerous are usually considered as major mental disorder such as major depressive disorder, psychotic disorders, and so on. Licensed independent mental health practitioners are clinicians who are an integral part of the diagnostic and treatment team in the psychiatric hospital settings. So we are already doing the work. It's just that in the past, you know, it is mandated that we need to consult with psychologists and psychiatrists. Now, we are independent. Okay. Now currently, the mental health professional, this definition, only includes physicians, psychologists, or advanced nurse practitioners who have proof of certification in mental health capacity. The licensed independent mental health practitioners, we have very vigorous and very high standards to reach in order to become independent. And we

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 05, 2009

have to come from, first of all, accredited again (laugh), you know, accreditation...accredited programs of each of our discipline, in a master's or doctoral program. And we must have 3,000 hours of supervised clinical experience, half of which has to be major mental disorders. Now, if the practitioner does not come from an accredited program, they have to have 7,000 hours which means ten years. Ten years of supervised clinical experience, half of which has to be major mental disorder in order to qualify, to become licensed, independent mental health practitioner. The Division of Medicaid and Long Term Care has already recognized us, our qualifications has already made us supervisors, clinical supervisors, alongside with qualified physicians and licensed psychologist. And we know we are the new kids on the block officially, and we understand that when it comes change, there is some trust issue. And our position is that let's trust the law, let's trust the lawmakers who are you. I mean, the law states that we can do it, so what more do we need to prove? What more do we need to do to accomplish that? We, the licensed and the independent mental health practitioner, we can conduct diagnostic evaluations and assessments as we do every day within our scope. We all have to practice within our scope. The psychologists have to. The physicians have to. The advanced nurse practitioners have to. We do not do psychological testing. We do not treat biological disorders. Now, let's look at reality here. There are 12 judicial districts, and there are 26 commitment boards. And just to give you a few examples, for example, Adams County in Hastings, an area near where I come from, and they have contracted approximately ten counties or more to share one commitment board. Buffalo County is a county, and they shall do the same, you know, in March, 2009. And we have Madison County also have, you know, one commitment board, and they contracted with other counties that are less populated to share one board. Now there are a number of reasons for this kind of arrangement, one of which is the shortage of mental health professionals. And just to give you some very general data, Nebraska has 93 counties, one-fourth of which have only one mental health professional. Another one-fourth have no mental health professional. So the change proposed by LB619 increases the number of qualified practitioners available for membership of the commitment board as well as conducting evaluation within our scope of practice as well as providing treatment, all within the Mental Health Commitment Act. The public is served by the increase of access, so we sincerely hope that the committee will advance the bill to the full Legislature. [LB619]

SENATOR GAY: Okay, thank you. We'll see if there's any questions for you. Any questions from the committee? I don't see any. Thank you. [LB619]

ANNE BUETTNER: Okay. [LB619]

TERRY WERNER: (Exhibit 3) Good afternoon, Chairperson Gay and members of the Health and Human Services Committee. My name is Terry Werner. That's spelled T-e-r-r-y W-e-r-n-e-r. I'm the executive director and lobbyist for the Nebraska Chapter of the National Association of Social Workers, and today I am speaking in support of

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 05, 2009

Senator Howard's bill, LB619, with the amendment attached to it. Of course, social workers always have an interest in mental health legislation, but in this case we were already included as able to serve on mental health boards. When the marriage and family therapist asked if I could support a change to take out the terms "psychiatric social worker" and "clinical social worker" and replace them with "licensed independent mental health practitioner," I agreed to do so as this actually would raise the standards. The state, right or wrong, when licensure was implemented, decided to have one category of license--licensed mental health practitioners. Social workers felt at the time that our practical and academic training was such that we should have separate licensure to treat and diagnose major mental illnesses as the case in so many other states. This did not happen. Since that time, along with marriage and family therapists, we worked successfully to have the Legislature recognize our highly trained skills. Licensed independent mental health practitioners were created and granted in the scope of practice the right to treat and diagnose major mental illnesses. The requirements to achieve the LIMHP are very high and only the most qualified are able to receive this designation. Today you will hear testimony that will say, yes, they are qualified to practice in certain therapeutical settings, but not when it comes to committing the mentally ill who may be a threat to their own life or others. But to this, I would point out that currently in statute, a person licensed to practice medicine and surgery may, in fact, have far less mental health training than a newly graduated master of social work. Social workers, by some estimates, do over 70 percent of the mental health therapy in the entire country. We work with the most difficult clients on a daily basis. We are not only qualified, but may be the most qualified to perform commitment duties. Additionally, as you are aware, due to the mental health crisis throughout Nebraska, there is a severe shortage of mental health practitioners. LB619 would ease the burden of rural and urban Nebraska by providing more qualified mental health professionals who can competently perform these duties. In conclusion, I want to reiterate three points. One, this is not a turf war for social workers. We already have designation to serve on the board. Two, LIMHPs are highly trained and competent to be designated as a mental health professional and perform duties necessary to commit someone. This change in statute will not compromise quality and will increase providers in rural and urban Nebraska. Thank you for your consideration, and I urge you to advance this bill to the full Legislature, and I'd be happy to... [LB619]

SENATOR GAY: Thank you, Mr. Werner. Any questions from the committee? I don't see any. Thank you. [LB619]

TERRY WERNER: Thank you. [LB619]

SENATOR GAY: Other proponents. [LB619]

TOM VICKERS: Senator Gay and members of the Health and Human Services Committee, for the record, my name is Tom Vickers, T-o-m V-i-c-k-e-r-s, here as a

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 05, 2009

registered lobbyist for the Nebraska Nurses Association. I would just say ditto to everything that's been said on this bill from the two previous testifiers. I know how hard those chairs can get, so are there any questions? [LB619]

SENATOR GAY: Thank you, Tom. Any questions for Mr. Vickers? I don't see any. Thank you. Any other proponents who would like to speak or give testimony on this? Any opponents? [LB619]

WILLIAM SPAULDING: (Exhibit 4) Good afternoon. My name is Dr. William Spaulding. I'm here to testify on behalf of the Nebraska Psychological Association in opposition to LB619, and to the recently proposed amendment. NPA is the only professional organization representing doctoral psychologists across Nebraska. There are 425 psychologists practicing in the state, and we are subjects of the statute that you're discussing. I'm also testifying as a clinical practitioner and a scientist whose entire career has been devoted to serious mental illness. I've been licensed as a clinical psychologist in Nebraska for 29 years. Virtually all of my patients are people who are or have been committed by a mental health board. As a professor of psychology at UNL, I have published in a scientific and professional literature on issues related to mental health commitment. I'm a former chair of the American Psychological Association's task force on serious mental illness, and in that capacity, I was responsible for developing the APA's national policy on outpatient commitment. The current requirements of the Mental Health Commitment Act regarding what professionals may testify as experts are meant to ensure that identified experts have the training and education necessary to provide truly expert opinions. The current mental health board membership requirements are to ensure expert professional perspective in mental health board deliberations. The training of marriage and family therapists or other master's level practitioners does not qualify them for a professional or expert role in mental health commitment. Mental health commitment is a legal mechanism for depriving people of their civil rights. It is arguably even more restrictive than a prison sentence, because there's no prescribed time frame. It is one of the most serious judgments against individual people that we make in our society. The stakes are very high. When the judgments are wrong, someone will get hurt. It is, therefore, a good thing that mental health commitment is complex and difficult. Determining whether a person meets the necessary criteria of being mentally ill and dangerous requires broad and deep knowledge of mental illness, assessment of risk, and prediction of dangerousness. The inception of the outpatient commitment option further complicates these determinations. Outpatient commitment allows a person who is mentally ill and dangerous to be released to the community, but only if there is a treatment plan in place that sufficiently manages the risks and protects the patient and the public. Evaluating outpatient commitment proposals requires comprehensive knowledge of mental health treatment and a working familiarity with providers involved. Historically, the mental health professionals whose training and education is sufficiently broad and deep to make these assessments are recognized to be doctors of psychology, and psychiatrists who are

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 05, 2009

doctors of medicine with specialty training in mental health. This level of expertise takes several years to achieve, much more than can be done in the two years of master's level training required for the LMHP license. It requires formal advanced study of psychopathology, psychological assessment, and legal processes far more than can be provided in a master's level curriculum. Although advanced nurse practitioners with specialty training in psychiatry are not doctors, they are arguably qualified, in part, because of the sheer length of their training and, in part, because so much of their training is directly pertinent to assessing risk and dangerousness in mental illness. The independent LMHP credential does not change a master's level provider into a doctoral provider. Until LMHPs accumulate several years' experience, they are not allowed to provide services to people with major mental illnesses without doctoral oversight. Their independent status is recognition that they have enough experience to know the limits of their expertise and get help when they need to. It means that they can practice within their master's level training, doing marital counseling or social work with people with major mental illness. It does not mean that they can function fully as a doctoral level clinician. Most importantly, there is nothing in the independent LMHP credentialing process that would ensure that the person gets any exposure, much less expertise, in the issues and processes that characterize outpatient commitment. The rest of my testimony is in the letter, and I will stop now. [LB619]

SENATOR GAY: Thank you. Any questions from the committee? Senator Campbell. [LB619]

SENATOR CAMPBELL: Thank you, Chairman Gay. Are you aware of any...of the mental health boards in the state who have had difficulty fulfilling a full complement of people to serve on that board? [LB619]

WILLIAM SPAULDING: Our organization has looked at that...or has looked into that, and we are unable to find any indications of that. There are a lot of problems with the mental health commitment process, but that's not one of them. We're not running short of experts to testify, and we're not having problems meeting the quorums of mental health boards. [LB619]

SENATOR CAMPBELL: Thank you. [LB619]

SENATOR GAY: Any other questions? Senator Wallman. [LB619]

SENATOR WALLMAN: Thank you, Chairman Gay. Yes, thank you for testifying. As far as quality and that, do you have any oversight of your psychologists or psychiatrists? You know, do you actually assess, you know, if there's a problem with a practice or anything? [LB619]

WILLIAM SPAULDING: The quality of practice of psychologists and psychiatrists are

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 05, 2009

overseen by peer review processes and by licensing boards. [LB619]

SENATOR WALLMAN: Okay. Thank you. [LB619]

SENATOR GAY: Any other questions? I don't see any. Thank you. Other opponents? [LB619]

DAVID BUNTAIN: (Exhibit 5) Senator Gay, members of the committee, I'm David Buntain, B-u-n-t-a-i-n, registered lobbyist for the Nebraska Medical Association. I do have a letter that I'm going to share from the Nebraska Psychiatric Society in opposition to LB619. The Nebraska Medical Association also is in opposition for the reasons that were well summarized by Dr. Spaulding. We have the same concerns that the psychologists do, and I would just leave it at that. [LB619]

SENATOR GAY: All right. Any questions for Mr. Buntain? I don't see any. Thank you. [LB619]

DAVID BUNTAIN: Thank you. [LB619]

SENATOR GAY: Any other opponents who would like to speak on this issue? [LB619]

ERIC A. EVANS: Good evening, Senator Gay and members of the committee. My name is Eric A. Evans. That's E-r-i-c initial A., E-v-a-n-s, and I'm the chief operating officer at Nebraska Advocacy Services, the center for disability rights law and advocacy. And to keep it short, our organization is of the same position as Dr. Spaulding in regard to the qualifications of individuals making these assessments in terms of mental illness and dangerousness for commitment under order of the Mental Health Board. [LB619]

SENATOR GAY: Any questions? I don't see any. Thank you. Any other opponents? All right, I don't see any. We have one letter neutral for the Department of Health and Human Services, Dr. Schaefer, that's submitted to the record. Anyone else that would like to speak neutral on this issue? I don't see any. Senator Howard, would you like to close on this? [LB619]

SENATOR HOWARD: I want to thank the members of the committee, myself included, for our stamina and perseverance (laughter). You have heard from individuals representing both sides of this issue. I wanted to comment on the department's letter. They had made recommendations, even though they came in neutral, they had made recommendations for the amendment, and that's actually the amendment that was drafted, and that you now have. With that technical change put in place, I noticed at the end of that they stated the changes are congruent with a licensure type authorized within the Mental Health Practice Act to diagnose and treat major mental illnesses/disorders, so I would personally interpret that as supportive of the change.

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 05, 2009

Again, I'd ask you to carefully consider all of the information presented here today and support LB619. Thank you. [LB619]

SENATOR GAY: Thank you, Senator Howard. All right. With that, we'll close the public hearing on LB619 and open the public hearing on LB540. Is there anyone that's going to speak as a proponent on LB540 or...you are? Okay. Any opponents to LB540? Any other opponents to LB540? Anyone neutral on LB540? All right, so we have one. Jeff, go ahead and introduce. We'll have two, whatever... [LB619 LB540]

JEFF SANTEMA: Two proponents. [LB540]

SENATOR GAY: Two proponents, quickly on that one. And then we'll waive closing. Go ahead. [LB540]

JEFF SANTEMA: (Exhibit 1) Thank you, Senator Gay, and the Health and Human Services Committee. For the record, my name is Jeff Santema, S-a-n-t-e-m-a. I serve as legal counsel to the committee, and I appear before you today at Senator Gay's request to introduce LB540. The bill changes membership of the Children's Behavioral Health Task Force. The task force was originally created in 2007 with the passage of LB542. The task force has met approximately 14 times since July of 2007. The task force, pursuant to Section 43-400.2 submitted a children's behavioral health plan in December, 2007, containing several recommendations. The Department of Health and Human Services submitted a Children's Behavioral Health Plan in response to the task force's plan in January, 2008. Copies of both of those plans are being submitted to you. The bill makes two changes. It makes representatives of the department on the task force to be nonvoting ex officio members. The bill also adds the probation administrator or his or her designee as a member of the task force. Current law requires the task force to, quote, oversee implementation of the Children's Behavioral Health Plan until June 30, 2010, at which time the task force shall submit to the Governor and the Legislature a recommendation regarding the necessity of continuing the task force. LB540 also contains an emergency clause. The Department of Health and Human Services has recommended removing department representatives from membership on the task altogether. An amendment has been distributed to you for your review which accomplishes that. And I would be happy, Senator Gay, to answer questions from the committee. [LB540]

SENATOR GAY: Thank you, Jeff. Are there any questions from the committee? I don't see any. Thank you. Proponents? [LB540]

TOM McBRIDE: (Exhibit 2) Senator Gay, members. Tom McBride, T-o-m M-c-B-r-i-d-e. And I've had the distinct honor of serving on LB542 task force since its inception, and have enjoyed working with Jeff and in so doing with Senator Gay as he takes over chairmanship. I can tell you this, task force has done a lot of very good work. It's put out

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Health and Human Services Committee
February 05, 2009

some great...a great report, it's had great discussion, but one thing that we noted from the time very, you know, closely after we'd started was the absence of state probation. And we would support this and support the amendment as included. I also have a letter of support from Voices For Children in LB540. [LB540]

SENATOR GAY: Thank you, Mr. McBride. Any questions from the committee? I don't see any. Thank you. [LB540]

TOM McBRIDE: Good night. (Laughter) [LB540]

SENATOR GAY: All right. Thanks for your patience. [LB540]

COREY STEEL: (Exhibit 2) And I will close out, hopefully, and we'll be done. Thank you, Senator Gay and thank you, Jeff Santema, for bringing this bill back. My name is Corey Steel, C-o-r-e-y S-t-e-e-l, and I'm with the Administrative Office of Probation Administration. And I'm here to talk about the proponents of LB40 that adds probation administration to that task force. One thing that probation has done the past several years has really made its presence in juvenile justice. We realize that the juveniles have been neglected in the past with probation, and now we're here, myself on staff as a juvenile justice specialist to deal with those concerns. We roughly deal with over 6,000 juveniles on supervision in a year. If we would take the intake process and the predisposition investigation process, we touch the lives of over 10,000 juveniles in a year. So we are in juvenile justice, and we'd like to be a part of that task force. Submitted is some reasons why in the documentation, and I'll leave it at that if there's any questions. [LB540]

SENATOR GAY: Thank you, Mr. Steel. Any questions from the committee? I don't see any. Thank you very much for your patience today. [LB540]

COREY STEEL: Thank you. [LB540]

SENATOR GAY: You bet. All right, with that, any opponents? I don't see any opponents. Neutral? No one neutral. With that, we'll waive closing on that. And thank you all very much for your patience today. I think we had a good day, got a lot of things covered. But thank you all for your patience today. [LB540]

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Disposition of Bills:

LB275 - Indefinitely postponed.
LB346 - Placed on General File with amendments.
LB519 - Held in committee.
LB540 - Placed on General File.
LB619 - Held in committee.

Chairperson

Committee Clerk