[LB260 LB556 LB605 CONFIRMATION]

The Committee on Health and Human Services met at 1:30 p.m. on Thursday, February 14, 2013, in Room 1510 of the State Capitol, Lincoln, Nebraska, for the purpose of conducting a public hearing on LB605, LB556, and LB260, and a gubernatorial appointment. Senators present: Kathy Campbell, Chairperson; Bob Krist, Vice Chairperson; Tanya Cook; Sue Crawford; Mike Gloor; Sara Howard; and Dan Watermeier. Senators absent: None.

SENATOR CAMPBELL: We have a few chairs in the front on the side here if you are looking for a place to sit down. I'd like to welcome you to the Health and Human Services Committee's public hearings this afternoon. I'm Kathy Campbell and I serve District 25, which is east Lincoln and eastern Lancaster County. I'm going to wait for a minute because we expect a couple of more senators to come. We also have senators who are presenting bills in other committees, so you kind of see senators come and go because of that. I'd like to cover some of the procedures for the Health Committee. If you have a cell phone, would you please double-check your cell phone that it is on silent or it is turned off so you do not disturb people who are going to testify? If you are planning to testify today, you must complete one of the orange sheets that...they're located on either side of the hearing room. Please print legibly. And when you come forward to testify, you will give the orange sheet to the clerk--the lady to my far left. And a page will be there if you have handouts, and they...the pages will distribute the handouts. As you sit down at the table we will ask that you state your name for the record and spell it so that the transcribers who listen to the tapes can hear you plainly say your name. I think those might be the housekeeping. We're going to start this afternoon with a gubernatorial appointment, and then we'll go to the bill hearings. So Eileen Dakan...is Eileen here? There she is. Eileen, would you have a chair, please? Welcome to the Health and Human Services Committee, and we are so pleased to have your gubernatorial appointment. What we do is sort of chat somewhat informally with you and then the committee takes a vote, usually at a different time, so you needn't wait. And if approved by the committee, then it goes to the full floor of the Legislature for their vote on your appointment. So tell us a little bit about yourself and how you came to be interested to serve on the Commission for the Deaf and Hard of Hearing.

EILEEN DAKAN: (Exhibit 1) Sure. My name is Mary Eileen Dakan. I'm from Kearney, Nebraska. I've been hearing impaired since I was about 2 years old and became deaf later in life when I was about 20. So I have firsthand experience being a hard-of-hearing individual in our school systems and know the challenges firsthand of what it's like to be a student in the state of Nebraska. I came to be involved with the commission just simply by way of some other people in Kearney that are also on the commission. And there was an opening, and they encouraged me to apply for it due to my interest in working with other hard-of-hearing individuals and also with education issues. [CONFIRMATION]

SENATOR CAMPBELL: Excellent. What kind of issues are you most interested in when you sit on the commission, some challenges that you think should be addressed? [CONFIRMATION]

EILEEN DAKAN: I think that hearing loss is really an invisible disability. We oftentimes do not know when others around us have a hearing loss. But I am particularly interested in education and making sure that children with hearing loss or who are deaf get the services and the help that they need in the school system to be successful. [CONFIRMATION]

SENATOR CAMPBELL: Yes. And you've worked with children's groups, have you not? [CONFIRMATION]

EILEEN DAKAN: Yes, I have. Uh-huh. [CONFIRMATION]

SENATOR CAMPBELL: That's excellent. Questions from the senators? Senator Gloor. [CONFIRMATION]

SENATOR GLOOR: Thank you, Senator Campbell. Thank you for your interest in serving on the committee. Did you have your own special challenges when it came to education? I notice you have an impressive resume when it comes to your educational background. [CONFIRMATION]

EILEEN DAKAN: Uh-huh. [CONFIRMATION]

SENATOR GLOOR: Were you faced with special challenges yourself? [CONFIRMATION]

EILEEN DAKAN: I have. And I was very fortunate to have parents that would advocate for me to make sure that I was in the front of the classroom or that were able to pay for hearing aids and that sort of thing. I was also very fortunate that the college that I went to was able to purchase an FM system for my use both during my undergraduate years and during my master's study. And that made it much easier for me to continue my education. [CONFIRMATION]

SENATOR GLOOR: How does an FM system work? [CONFIRMATION]

EILEEN DAKAN: Well, I went to college in the '90s, so it's kind of a loop system. And I think nowadays you can actually loop rooms and many people have looped schoolrooms now and looped classrooms. But at that time, it works on FM rays, kind of like a loop I would wear around my neck so that if you were speaking, the sound would come directly to my hearing aids. So it was very, very helpful to me. [CONFIRMATION]

SENATOR GLOOR: Okay. [CONFIRMATION]

EILEEN DAKAN: So it was very, very helpful for me. [CONFIRMATION]

SENATOR GLOOR: Thank you. [CONFIRMATION]

EILEEN DAKAN: Uh-huh. [CONFIRMATION]

SENATOR CAMPBELL: I first became familiar with that technology in that a number of churches are looking at that technology to ensure that people who participate in the service can fully hear what is going on. [CONFIRMATION]

EILEEN DAKAN: Uh-huh. [CONFIRMATION]

SENATOR CAMPBELL: And so it's a very interesting technology. I don't know that we've ever looked at it for the Capitol in some of the hearing rooms, which might be really good. Any other questions from the senators this afternoon? Ms. Dakan, as I explained the process to you, we just really want to thank you for your willingness to serve on commissions. I think all the senators are always so impressed with the talents that we have in Nebraska all across the state. And it's just great to see people come forward because particularly when you don't live inside Lincoln and Omaha, it's harder at times to be at hearings. And so we know that's an extra effort from you and your family. So thank you very much, and I'm sure that our office or the legislative office will be in contact with you. I don't see any problems with your appointment by any stretch, but I'm sure you'll get a confirmation. So thank you for coming today. [CONFIRMATION]

EILEEN DAKAN: Thank you for having me. [CONFIRMATION]

SENATOR CRAWFORD: Thank you. [CONFIRMATION]

SENATOR CAMPBELL: Thank you. With that I'm going to ask as we start each of the bills, I need to know on LB605, which is Senator Pirsch's bill to provide Telehealth Behavioral Health Services Program, how many people are here to testify in favor of LB605? Okay. Okay. How many people are here to testify in opposition to LB605? All right. And in a neutral position? Okay. And I'll ask that before each of the bills. Right. Senator Pirsch, welcome to the Health Committee, I don't think you've been here yet this year. [CONFIRMATION]

SENATOR PIRSCH: You know, I don't think I have. [LB605]

SENATOR CAMPBELL: So welcome. Senator Pirsch's bill, as I indicated, would provide for Telehealth Behavioral Health Services Program. So, Senator, please open. [LB605]

SENATOR PIRSCH: (Exhibit 2) Thank you, Madam Chair Campbell and members of the Health and Human Services Committee. I'm State Senator Pete Pirsch. For the record, the last name is spelled P-i-r-s-c-h. And I am also the sponsor of LB605. I'm not going to go too in depth over something that I know that this committee gets. And that is behavioral health services for children in Nebraska is important, and that we need to ensure quality in this area. I think the committee also well understands the absolute need for expanding telehealth services in the state in general, so that we can achieve meaningful access. It's essential, absolutely, and this bill--LB605--is intended as a pilot. It's narrowly targeted in scope and it addresses the most needy of populations. LB605 will create a Behavioral Health Services Program...Telehealth Behavioral Health Services Program by January 1, 2015, in which the Department of Health and Human Services would contract with telehealth service providers to provide behavioral health services to at-risk youth in the juvenile justice system. Unfortunately, in some areas of the state and in all areas of the state at certain times, having services...health...mental health services...behavioral health services delivered personally by providers can require great lengths of time to fulfill and can needlessly cost great amounts of money, much to the detriment of children and families involved as well as to the state. And so that is the harm by which this bill seeks to address. In closing, I know that there's a great number of individuals and a great number of bills before the committee, and so I'll be brief. It's...I'm very open to helpful concepts or amendments this committee may have with respect to LB605, if any. And I know certainly one of which I had been contacted by the Physicians' Assistants in Nebraska, the...and I have an amendment that I would have distributed to add them as a type of service providers who would be eligible to participate in the program. So I know that there are other...there may be other concerns expressed. I'm very open to looking at funding sources and alternative funding sources as well. But I think in closing, it is imperative that we do advance the bill this year to ensure that the most neediest of populations in Nebraska have essential access to behavioral health services. So I thank you. I would answer any questions that you have at this time. [LB605]

SENATOR CAMPBELL: Senator Krist. [LB605]

SENATOR KRIST: Thank you, Chair. Senator Pirsch, as I read through the text, you're asking for the pilot program to be established and then the report that you would wish to go back to would be the Judiciary Committee. Is there a reason why Judiciary as opposed to Health and Human Services? [LB605]

SENATOR PIRSCH: Well, and I must apologize. That I think was through Bill Drafting, I think that was an error. I would prefer to go back to this committee, of course, and I apologize for that oversight. It was something I meant to bring up with you. [LB605]

SENATOR KRIST: I just wondered. I mean, obviously we're talking YRTC, we're talking

Geneva, we're talking a lot of those facilities. But...so that's great. So you wouldn't be opposed to...I mean, obviously, we'd have to amend that to the Health and Human Services Committee. [LB605]

SENATOR PIRSCH: No. I'd absolutely insist that it came back. [LB605]

SENATOR KRIST: Okay. [LB605]

SENATOR PIRSCH: That is something that is, you know, obviously in need of amendment. [LB605]

SENATOR KRIST: Super. Thanks. [LB605]

SENATOR CAMPBELL: Senator Gloor. [LB605]

SENATOR GLOOR: Thank you, Senator Campbell. Thank you, Senator Pirsch. Can you talk to me or perhaps one of the testifiers that follows can about the funding through the Commission on Public Advocacy, your approach towards funding the pilot? [LB605]

SENATOR PIRSCH: Yes. And I would like to touch upon that. And again, that was an issue that I intended when I made the remark that I'm very open to the prerogative of this committee and flexible to the needs...and you're in a position to, I think, assess what is best in terms of funding sources. My thought in harnessing that particular entity was that to the extent that these services are implemented in the juvenile justice system, you know, they tend to represent on the back end those individuals who, you know, in past years may not have, you know...I think there's a clear correlation and tie between individuals who have behavioral health problems and later incarceration in our criminal justice system. I can personally attest to that as a prosecutor. And, you know, we had an individual who in the heaviest of rush hours in Omaha was standing on the side of the road and jumping in front of the cars and then...multiple times and just kind of rolling on the grass and laughing. And that caused a severe disruption to a number of individuals' lives. Brought him down to the correctional center and when he was there he...you know, threw some bodily fluid that he had put in a cup on several of the correctional officers which, you know, now that involves, you know, in terms of health considerations and shutting down, you know, the services of a number of correctional centers...so just one...I guess...it illustrates, obviously, this person had behavioral health problems. But it does illustrate how one person can personally add incredible expenses and be problematic not just to the public but actually cause a lot of cost to the criminal justice system. So the thought was, you know, if we can at a younger age--and many of these individuals who are in the juvenile justice system have severe behavioral health problems--if we can address those at a younger age more proactively, then we can prevent them from--my hope is--ever becoming involved in the criminal justice system. And to that end, kind of assuage the needs of the office of Public Advocacy to have that

level of funding. But I am, again, very open and not committed at all to that source of funding. [LB605]

SENATOR GLOOR: Okay. Thank you. [LB605]

SENATOR CAMPBELL: Any other questions? Thank you, Senator Pirsch. Will you be staying to close on your bill? [LB605]

SENATOR PIRSCH: I'm going to try. Unfortunately, I have four...I believe three or four other bills in another committee, but I will hopefully be here to close, yeah. [LB605]

SENATOR CAMPBELL: Okay. Okay. All right. Thank you very much. We will take the first proponent for LB605. And as that person is making their way up, let me explain. We do use the light system here in the committee. And we will start with five minutes and when it gets to yellow, that means you've used four minutes and you have one minute left. And when it goes to red we ask that you conclude your testimony. Today because of the large number of people in the hearing room, we will be very much watching when the red light...and I most likely will say your time is at end because we want to ensure that we can hear everyone who's come to speak today in a timely manner. Would you like to start your testimony and identify yourself, sir? [LB605]

JOSEPH KOHOUT: Absolutely. Absolutely. I hope that...the yellow light I do not believe will come on, Senator Campbell. So... [LB605]

SENATOR CAMPBELL: Oh, good. [LB605]

JOSEPH KOHOUT: Madam Chair, members of the Health and Human Services Committee, my name is Joe Kohout, K-o-h-o-u-t. I'm a registered lobbyist appearing today on behalf of the Nebraska Association of Regional Administrators, a coalition of the six behavioral health regional administrators across the state. I want to begin by saying we very much appreciate Senator Pirsch opening the door for this conversation about telehealth and behavioral health and a merger between the two concepts. We think these are great conversations and ones that need to begin. We certainly appreciate him bringing the bill forward. We spoke to Senator Pirsch last week about a couple of our thoughts on the bill. And first of all, it references the division being the lead contracting individual of the group to put this together. We obviously think--you'll hear a little bit more about thus under LB556 later is--the Professional Partners program would be the ideal sort of way to implement this. And that is run individually by the six regions. And I'd be...we'll get into that in some more detail under LB556 in a few minutes. But additionally...so we think we would be a better option. We've expressed that to Senator Pirsch as well. And second, the other concern that regional administrators had was the funding source. And Senator Gloor, you raised that concern. Obviously we think that that's not the best use of that money. We think the General Fund dollars would probably

be the best way to go about that. But those are the two thoughts that we had as we looked at this. But we certainly appreciate Senator Pirsch introducing the bill and bringing it forward. But at the same time, we do...and we appreciate the ongoing conversation that he wants to have about changes to the bill. So we look forward to those conversations. [LB605]

SENATOR CAMPBELL: Are there any questions? Thank you for your testimony today. [LB605]

JOSEPH KOHOUT: Thank you. [LB605]

SENATOR CAMPBELL: Our next proponent to LB605. I thought I'd seen another hand over here. Okay, we will go to opponents, those who oppose LB605. Okay. Is there anyone...oh, I'm sorry sir. You can go right ahead and start. [LB605]

JAMES MOWBRAY: Good afternoon, committee. My name is Jim Mowbray, and I'm the chief counsel for the Nebraska Commission on Public Advocacy. I've not had the pleasure of testifying before Health and Human Services. My time is usually spent in front of the Judiciary, so it's a pleasure to be someplace else. I support, certainly, the bill or the concept of LB605. Of course I'm here to oppose the funding source since it apparently would come out of our cash fund. A couple of reasons that I oppose it: one, I don't think it's really consistent with what the purpose of the fund is and that is for us to provide property tax relief for individual taxpayers in counties where they've had serious crimes have occurred where we will come in and defend them at no cost. The problem arises...and I was looking at the fiscal note as to, yeah, we have had a fortune of having more income or more revenue, I should say, over the years than we've had in expenses or operating expenses. And I take credit for that, actually. But because we've had a balance in the cash fund over the years--in fact, over the last four years a little over a $1 million the Legislature has taken from that for different programs--over the last...a little over the last year, $460,000 has been taken from our cash fund for different programs. The other program that we now finally...which I anticipated would occur and that is that the revenues decreased almost 11 percent over the last four years. That's due to filings have gone down consistently. And I think it's for two reasons: one, people are driving slower because of the cost of gas, and secondly, because of the cost of gas are driving less. And most of our filing fees come from traffic offenses. So our actual revenue is down 11 percent over the last four years. When we prepared our budget--we had to make an amendment to our budget--but it shows that we have reached the point where our operating expenses are now going to exceed the revenue. And so although they're talking about it at the end of or in June of 2012 there was $1.5 million, as I said, about $460,000 has been taken from that. But in addition to that, it now appears that at the end of fiscal year '13 we'll be down to $886,000, at the end of fiscal year '14 down to $800,000, and at the end of year '15 we'll be down to $710,000. So we're actually now using more money than we're taking in. And so if any money came out of the fund, it

would be...basically make it impossible for us to continue to do what we are doing and that's to provide indigent defense on serious criminal cases at no cost to the counties. We just finished a case up in Valley County that would have saved them approximately $200,000 in legal fees and expenses. So it certainly benefits the counties for having us available. And if our funds keep getting taken, we won't be able to continue to do our job. [LB605]

SENATOR CAMPBELL: Other questions? Senator Krist. [LB605]

SENATOR KRIST: I agree with you. It's not the right pot of money to be dipping into for the program, and I think it's something we need to look at in terms of alternatives, particularly when there are medical necessity for some of these...the telehealth, telecommunication. So I'm with you. [LB605]

JAMES MOWBRAY: Okay. [LB605]

SENATOR KRIST: We'll look...I'm sure we'll look at different options. But thank you for coming. [LB605]

JAMES MOWBRAY: I would appreciate it. [LB605]

SENATOR KRIST: Yeah. Thanks for coming. [LB605]

SENATOR CAMPBELL: Mr. Mowbray, you neglected to spell your name. [LB605]

JAMES MOWBRAY: I did. M-o-w-b-r-a-y. [LB605]

SENATOR CAMPBELL: Thank you very much. [LB605]

JAMES MOWBRAY: You're welcome. I'm sorry. [LB605]

SENATOR CAMPBELL: That's quite all right. Seeing no other questions, thanks for coming and your testimony today. [LB605]

JAMES MOWBRAY: Thank you. [LB605]

SENATOR CAMPBELL: The next person in opposition to LB605? All right, Senator Pirsch, I think we're back to you. Did Senator Pirsch leave? [LB605]

SENATOR KRIST: Neutral. Neutral. Neutral. [LB605]

SENATOR CAMPBELL: Pardon? [LB605]

SENATOR KRIST: Neutral. [LB605]

SENATOR CAMPBELL: Oh, thank you. Are there any neutral testifiers? Senator Pirsch...did Senator Pirsch leave? [LB605]

SENATOR KRIST: He left. [LB605]

SENATOR CAMPBELL: Okay. Then that...he would waive his closing. That means that we will move to the next bill on our list, is LB556. Can I see a show of hands of those who are planning to testify in favor of LB556? Can you count? One, two, three, four, five, six. Okay. And those who wish to testify in opposition? One, two, three, four, five, six. Six. And those in a neutral position? Two, okay. All right. Senator McGill, I think we're all ready to start. This bill, LB556, would provide for telehealth services for children, change the medical assistance program, and provide duties for the Department of Health and Human Services. (See also Exhibits 3, 4, 5) [LB556]

SENATOR McGILL: Thank you. [LB556]

SENATOR CAMPBELL: Welcome once again and please feel free to start. [LB556]

SENATOR McGILL: Thank you, Senator Campbell, members of the committee. I'm here today to introduce LB...or, goodness, I don't even know my own numbers, LB556, a bill regarding the behavioral health of Nebraska's children. I do ask for your patience as this is a much longer opening than I would normally have, but I want to be very thorough with this particular bill because I have a number of amendments that I'll be discussing during this opening. I don't think I need to tell anybody on this committee that this is the most important issue for me as a legislator. I was deeply, deeply moved by the safe haven parents because in so many ways we all know safe haven parents and their children. They are my best friend whose stepson was kicked out of preschool for throwing chairs and taking his belt off and whipping other kids at recess. They're my family members who struggle to get their own children the right behavioral health services. They're my sister's best friend from junior high who tried to commit suicide and, thank God, she told my sister so she could call the squad and pump her stomach. We all know people that we love who have suffered because they haven't been able to get the right behavioral health services. Some struggle because they're in denial of their need or they don't know who to turn to. And for others, it's because they've tried and they've been hit by brick wall after brick wall. Young or old, it has been my mantra since safe haven that mental health screenings and checkups should be as common and normal and routine as physical health checkups. This interim I followed up on an issue that I felt I'd left hanging while we dealt with the foster care crisis and that is how do we help our schools serve children with behavioral health problems. From Omaha to Scottsbluff, every district struggles to serve the complex needs of children and also provide quality education to all students. Teachers and principals have been forced to

become social workers, and all students suffer. My original intent was to work with teachers, parents, social workers, all kinds of stakeholders to craft legislation for next year, for 2014; but in light of juvenile justice reform that we have going on through Senator Ashford's bill, and through the national debate over gun violence and the causes of that violence, I felt that now was the time to work on this and to get a bill in place. My staff and I surveyed our stakeholders and included those provisions that we thought would make the biggest impact in the green copy of this bill. Because we originally anticipated this would be something for next year, the bill itself was not as fine-tuned as I would have liked, and I've been very lucky to have received an outpouring of input, and I will be drafting amendments accordingly. I didn't bring those amendments yet because we wanted to continue to incorporate feedback; but in this introduction, like I said, it's a little longer than normal, yet I want to go through many of the concerns I've heard and the things that I am contemplating. There was a lot of misinformation going around once my bill was introduced as to what it did and what it didn't do, and I do ask that the folks who are here to testify either for or against my bill pay very close attention to my introduction and my explanation of the different sections of the bill, because I think I have altered it in a way that people will certainly be less opposed to and maybe take away their opposition altogether. So I please ask that people listen and then testify based on my opening here today and my intentions with the bill moving forward. I do feel this is a step in the right direction through the expansion of community-based assistance, increased access to behavioral healthcare via telehealth, and increased awareness through regular behavioral health screenings. I'm going to go through the bill in an order which tells a narrative, as opposed to section numerical order. So I will start with Section 3 of the bill which creates an implementation and development team in each behavioral health region to implement the provisions of the bill and make further recommendations regarding children's behavioral healthcare in Nebraska. This team is not required to report to the Legislature, but yet make their findings public. My hope is that the work we have started through my office with kind of building a community-meeting sort of format will grow into something larger and statewide through this implementation and development team. Section 2 provides that telemedicine will be provided in physicians' offices and schools. While not explicitly in the green copy of this bill, it is also possible that telemedicine could be used to provide patients almost anywhere as...or provide services to patients anywhere as long as there is an Internet connection and privacy can be ensured for the patient. The intent is that the location is convenient for the parents and the child. Telemedicine services can be used for the purpose of treatment of the child or for the physician to consult with a behavioral health professional. Both consultations and ongoing treatment can be provided telehealth under this bill. The telehealth services are intended to make information and services available to parents. Some parents have expressed concern that this bill aims to circumvent parental authority and judgment. I want to clarify that that is not the intent. This bill does not change the requirement that parents must consent to all medical treatment. Parents have also expressed concerns that physicians, schools, children, and parents would be required to participate in telehealth,

and the reality is the services will be made available to these parties and does not require participation in any way. The University of Nebraska Medical Center has proposed a telehealth pilot project instead of the statewide initiative outlined in the bill draft. UNMC experts are here to testify today, and they will discuss this proposal further. I think a pilot project is the way to go; and I plan to include a mechanism to, of course, evaluate the effectiveness of that pilot. And so we would pick an urban area and a rural area, test out how it goes. I think that makes a lot of sense and the committee would agree. Section 6 provides that transmission costs or wireless Internet communication costs shall be covered by Medicaid. State law already specifies that HHS pay these costs. Even so, my understanding is that current Medicaid regulations do not cover these costs as they should. The bill also provides in Section 5 that health consultations shall be recovered by...be covered by Medicaid. These services are not currently covered. Private insurance does cover telehealth services, and the physicians that I have worked with do not think that any changes in law are necessary for the services in this bill to be covered by private insurance. Section 6 of the bill also changes the required mode of telehealth transmission per Medicaid regulations. Currently, telehealth is administered over a T1 line, a kind of landline that Qwest owns. These connections are used because of the federal requirements for medical confidentiality. My bill specifies that a wireless connection in compliance with federal standards shall be paid for by Medicaid. These wireless connections are less expensive and more efficient than the antiquated T1 connections. Current Medicaid regulation also requires that an individual trained in telehealth be present at the sending and receiving telehealth service site. This regulation exists because the current telehealth equipment and connection requires special training to operate. The bill would eliminate the need for a person trained in telehealth to be present at the receiving site and this would enable the patient to be served virtually anywhere. Current Medicaid requirements state that there must be no comparable service available within 30 miles of the patient's home in order for telehealth service costs to be covered. This bill removes this requirement so that access to telehealth services can be made available at locations most convenient for the child and family. Section 7 is arguably the most controversial section of the bill, and we're making major changes to this; so, particularly opponents should listen to my testimony right now. This part of the bill specifies that behavioral health screenings are to be part of childhood physicals. For Medicaid recipients this would be offered at the required yearly physical, and for non-Medicaid recipients this would be offered at the kindergarten and 7th grade physicals. I intend to amend these provisions to make the behavioral health screenings something offered to parents at the time of the physical and not mandatory, except as otherwise provided by federal law for Medicaid recipients, and that already happens for those folks. Both parents and physicians support this change. I also intend to amend this provision so that the results of a mental health screening may only be shared with a school as part of the child's physical with the expressed consent of the parent. I added an additional requirement for a physical to take place as a child enters 9th grade, but I also intend to remove this requirement as both parents and physicians feel that it would put too much of a burden, that they could

not accommodate, on the system. Section 4 of the bill provides that training on the administration of behavioral health screenings will be provided to physicians. HHS is the agency charged with the task under the current draft of the bill; but UNMC has constructed a plan for this training, and I plan to amend my bill to reflect this. And finally, Section 1(c) expands community services within the behavioral health regions. We all know that the heart of this problem is largely in access to the proper services in the variety areas of our state. The intent of this provision is to expand the Professional Partners Program. The regions estimate that they will need to double their capacity in order to meet the current need, and that goes to show how dreadfully insufficient our services are right now that there are that many kids out there that need support that they're not able to get to. While the language in the bill is vague about an appropriation, it is my intention to substitute it with a particular dollar amount, as we did in LB603 in 2009. I'm also considering an additional provision to specify the Professional Partners Program will reimburse behavioral health providers at Medicaid rates, since they currently reimburse at lower rates and some providers are not willing to provide services because of this. Otherwise, we just got the fiscal note from HHS this morning. I think about half of it deals with those 9th graders that I originally wanted to have screened. And when you take that part out, the fiscal note will go down significantly. And I haven't had a chance to fully digest the rest of it since we just got it this morning. Obviously, I'm very passionate about this. I'm looking forward to hearing the testimony today to figure out other ways to possibly amend the bill so we can come back with something really solid that I think will make a true impact for our families, our children, our teachers, our schools in the state. Thank you. [LB556]

SENATOR CAMPBELL: Thank you, Senator McGill. Senator Krist. [LB556]

SENATOR KRIST: Given the number on the bill, I'm assuming that you dropped it in the hopper a couple of weeks into the session. [LB556]

SENATOR McGILL: Yeah. [LB556]

SENATOR KRIST: Do you remember what date you put it in? [LB556]

SENATOR McGILL: I put this in on the tenth day. [LB556]

SENATOR KRIST: Okay. And you just now are hearing from the department about a fiscal note or did you tell them...? [LB556]

SENATOR McGILL: It was this morning. In fact, the original fiscal note was drafted last night without HHS's information in it, and it was this morning, from what I understood ...that they updated the fiscal note to reflect them. [LB556]

SENATOR KRIST: Did they tell you why they were so delinquent or...? [LB556]

SENATOR McGILL: I have no idea, sir. [LB556]

SENATOR KRIST: Thank you. [LB556]

SENATOR CAMPBELL: Any other questions? Senator Gloor. [LB556]

SENATOR GLOOR: Thank you, Senator Campbell. Thank you, Senator McGill. This is more of a statement to maybe reassure some of the folks who are concerned about the parental consent. But as you know, I've worked on student health issues, Senator Nordquist has worked on student health issues,... [LB556]

SENATOR McGILL: Uh-huh. [LB556]

SENATOR GLOOR: ...including a behavioral health component of school clinics, and parental consent has always been part of what's been talked about...has been very successful. Not all parents give consent, but at least in the program I'm aware of in Grand Island, I believe it was over 80 percent of the parents did sign the consent forms. [LB556]

SENATOR McGILL: Hmm. [LB556]

SENATOR GLOOR: And for those who did not, it was honored and adhered to. It has never been a problem in the programs that I know of. So I think your move in parental consent is an appropriate one, and I think a majority of students will benefit and a majority of parents who are concerned need not worry. Their children won't be drug into it. [LB556]

SENATOR McGILL: Uh-huh. [LB556]

SENATOR GLOOR: I do wonder, though, about the expense associated with having to have somebody to help with the T1 lines and the communication piece on both ends, because it would seem to me that when these services are needed the most, which won't be on a scheduled basis, you'll be trapped in the scenario of being limited with the technologists available to provide the services those hours when they're most needed. Have you thought through that? Has that been discussed? [LB556]

SENATOR McGILL: Well, that's where we're getting rid of the T1 line and not... [LB556]

SENATOR GLOOR: And going to... [LB556]

SENATOR McGILL: ...requiring that anymore, so then you wouldn't need the person on the receiving end. [LB556]

SENATOR GLOOR: So just on the one... [LB556]

SENATOR McGILL: Yeah, so you would only have it on the one end. And honestly, I think the UNMC folks will be able to answer questions about the logistics of... [LB556]

SENATOR GLOOR: Good. Okay. [LB556]

SENATOR McGILL: ...how that works for them. I know I've...it's been a steep learning curve for me, but I know they can talk very specifically about that. [LB556]

SENATOR GLOOR: Yeah, and I apologize. You did say that you had eliminated the T1... [LB556]

SENATOR McGILL: Yeah. [LB556]

SENATOR GLOOR: ...and were going to a wireless link. So thank you. [LB556]

SENATOR McGILL: Uh-huh. [LB556]

SENATOR CAMPBELL: Senator McGill, I know that some of the regions have used telehealth for adult services... [LB556]

SENATOR McGILL: Uh-huh. [LB556]

SENATOR CAMPBELL: ...so I'm assuming that the regions may testify in how they use it for adults. [LB556]

SENATOR McGILL: I hope they will. [LB556]

SENATOR CAMPBELL: So it's not like we haven't done this. [LB556]

SENATOR McGILL: I know they're going to talk about Professional Partners and I hope they can address that a little bit too. I guess I didn't think about having them talk about that, but that would be great. [LB556]

SENATOR CAMPBELL: It's okay. It's just that we have used it and have. [LB556]

SENATOR McGILL: Uh-huh. [LB556]

SENATOR CAMPBELL: Because I had a long conversation with one of the regional people at a conference and they were quite pleased with it and felt that it served the clients very well. [LB556]

SENATOR McGILL: I think it can be very useful in a lot of areas of our state,... [LB556]

SENATOR CAMPBELL: Uh-huh. [LB556]

SENATOR McGILL: ...including in Omaha and Lincoln, if you don't have the correct professional right there to get on that line and talk to someone at UNMC or wherever. [LB556]

SENATOR CAMPBELL: Right. Because we're all getting so used to being able to use Skype to communicate with people. [LB556]

SENATOR McGILL: (Laugh) Yep. And it's so much more secure too. [LB556]

SENATOR CAMPBELL: Than it used to be. [LB556]

SENATOR McGILL: Yeah. [LB556]

SENATOR CAMPBELL: Any other questions for Senator McGill? Oh, sorry, Senator Crawford. [LB556]

SENATOR CRAWFORD: That's all right. Thank you, Senator Campbell, and thank you, Senator McGill. I'm just trying to picture what this looks like at the school. [LB556]

SENATOR McGILL: Uh-huh. [LB556]

SENATOR CRAWFORD: So are you envisioning capabilities at most schools or...? [LB556]

SENATOR McGILL: Yeah, I mean...and I would envision it would be in their nurses' offices, which are already private locations. You know, I know there were concerns about HIPAA, but we have school nurses and we have that space in a school. And really, the schools are what's accessible for so many families. You know, I think moving school-based health centers are a great move in the right direction for the school districts that are big enough to accommodate that sort of thing. But, you know, our schools are so overburdened. I know there are teachers in the audience now that can contest...or, you know, provide testimony on that as well that that needs to be one of the locations that, you know, through the consent of a parent, you know, that maybe these services can be provided and consultations can take place. And again, I think that would all be part of this pilot project too. So we'll be in the process of drafting legislation on exactly what that pilot project should look like in terms of what it looks like in a school or in a physician's office and the BHECN trainings that take place for physicians, you know,... [LB556]

SENATOR CRAWFORD: Uh-huh. [LB556]

SENATOR McGILL: ...who aren't mental health experts but how do they help, how do we help them understand the implications and use this technology to get their clients help. [LB556]

SENATOR CRAWFORD: So that's included as well, so schools as well as other facilities. [LB556]

SENATOR McGILL: Yeah, and we haven't drafted anything in particular yet,... [LB556]

SENATOR CRAWFORD: Right. [LB556]

SENATOR McGILL: ...which is why we're here, to help work all that out. [LB556]

SENATOR CRAWFORD: Get the conversation started. That's right. [LB556]

SENATOR McGILL: Uh-huh. [LB556]

SENATOR CRAWFORD: Thank you. [LB556]

SENATOR CAMPBELL: Any other questions? Thank you, Senator McGill. I'm assuming that you're staying because you have the next bill. [LB556]

SENATOR McGILL: Yes, I will. [LB556]

SENATOR CAMPBELL: Okay. Our first proponent for LB556. Good afternoon. [LB556]

CHRIS KRATOCHVIL: (Exhibits 6 and 7) Good afternoon. My name is Chris Kratochvil, K-r-a-t-o-c-h-v-i-l, and I'm the associate vice chancellor for clinical research at the University of Nebraska Medical Center. I'm a child and adolescent psychiatrist, a professor of psychiatry and pediatrics at the University of Nebraska Medical Center, and a clinical professor of psychiatry at Creighton University Medical Center. I have served as a member of Council of the American Academy of Child and Adolescent Psychiatry, which is their national board of directors. I've also served two terms as president of the Nebraska Council of the American Academy of Child and Adolescent Psychiatry. I present today as a private citizen. Doctors Rice, Evans, Liu, and I have been asked by Senator McGill to testify today at this hearing of LB556, and we welcome the opportunity. We thank Senator McGill, and we thank all the members of this committee for this opportunity. There are five brief points I'd like to make today. One, mental illness is common. National surveys have identified that 13 percent of youths 8 to 15 years of age live with mental illness severe enough to cause significant impairment in their

functioning day to day. That number increases to 21 percent for youth 13 to 18 years of age. Half of all lifetime cases of mental illness begin by age 14, three-fourths of them by 24 years of age. The hope is that through early identification and intervention we can limit the impact of these disorders and improve the long-term outcomes of these youth. Two, mental illnesses are not adequately diagnosed and treated. Unfortunately, despite effective treatments being available, nearly 80 percent of youth with mental illness do not receive treatment. That's a national figure. Unidentified and untreated mental illness significantly impacts functioning. Examples include the fact that approximately half of the students 14 years of age and older that have mental illness drop out of high school; 90 percent of those who die by suicide have mental illness; and 70 percent of the youth in the juvenile justice system have mental illness. Number three...or four, there's a significant shortage of behavioral health providers in Nebraska for child mental health. Not only are current numbers of clinician resources inadequate for the state, but approximately three-fourths of our state's behavioral health work force live and work in the Omaha and Lincoln area, significantly limiting treatment availability for many of Nebraska's children and adolescents. Five, LB556 has the potential to help address this through statewide behavioral health resource development, providing support to local healthcare providers and the families that they serve in their own communities. Children's mental health disorders are real, they are common, and they cause significant impairment for the children throughout the state of Nebraska. Children are too often not identified, not treated, due in part to a lack of access to health professionals with mental health training, and that's why I testify today in support of LB556. In addition to my own written comments, I'd like to submit those written comments regarding telehealth on behalf of Michael Rice, who's unable to be here today. I'd also like to introduce Dr. Joe Evans, and then Dr. Howard Liu for additional testimony. [LB556]

SENATOR CAMPBELL: Are there any questions? Senator Gloor. [LB556]

SENATOR GLOOR: Thank you, Senator Campbell. And, Dr. Kradoechvil (phonetically), I'm sorry if I didn't get... [LB556]

CHRIS KRATOCHVIL: Kratavil (phonetically), that's okay. [LB556]

SENATOR GLOOR: Kratavil (phonetically), thank you. Here's one of the big questions for me on this, because I agree with you. From what I know, there is a significant shortage of behavioral health specialists of all kinds in the state. If there's already a shortage of behavioral health providers, it's hard to get appointments. How does this program do anything other than exacerbate the problem? I can't take that call now, I'm already busy with patients, seemed to be a common answer when the phone rings. So that's the question. [LB556]

CHRIS KRATOCHVIL: No, it's actually a very good question because I think we realize

that nationwide this is a significant issue we struggle with. So I think the key thing is how can we optimize the availability of the specialists we have. And one piece of this bill is what you'll hear proposed later, is screening training for primary care clinicians. So how can we partner with the primary care clinicians that work with the families, that work in the communities, to help them to screen and know what are some early steps that they can take to intervene; because I think there are many things that we can do to resource the primary care providers to be able to identify and intervene at an earlier stage. The American Academy of Pediatrics, for example, in 2010 came out in strong support for screening intervention at a primary care level, so I think one of the issues is training the primary care providers in how they can intervene, and then the mental health providers can be backup and really leveraging their availability for the children throughout the state. [LB556]

SENATOR GLOOR: But the challenge there is that the primary care providers are in no better shape in terms of availability than the behavioral health specialists. I mean whether it's nurse practitioners, PAs, primary care physicians, I like the concept behind the program; but I'm trying to point out, we have a shortage of care providers in this state. [LB556]

CHRIS KRATOCHVIL: Absolutely. [LB556]

SENATOR GLOOR: And increasing availability is a great idea, but if we have a limited number of providers of that service, we're still trapped in a staffing shortage or a trained professional shortage predicament. Maybe that's more commentary than it is question, but it's a predicament for us in a number of ways. [LB556]

CHRIS KRATOCHVIL: Absolutely. So I think at a minimum, if we can use our scarce resource and provide it throughout the state and prioritize for the children who don't just live in those urban communities, I think that in and of itself will be useful. But also I think by developing the relationship and the collaboration with primary care providers, there's a lot that they can do that they can at least do some of the earlier interventions and have the mental health professionals address the more significant issues. [LB556]

SENATOR GLOOR: Okay. Thank you. [LB556]

CHRIS KRATOCHVIL: Certainly. [LB556]

SENATOR CAMPBELL: Other questions? Doctor, I would have to say also that this continues the step, and Senator McGill alluded to it, but continues the step of BHECN that we saw in the LB603 package in terms of being able to reach out to the rural part of Nebraska. [LB556]

CHRIS KRATOCHVIL: Exactly, and you'll hear more discussion of that by the

subsequent presenters. [LB556]

SENATOR CAMPBELL: Thank you, Doctor. I'm assuming that then the other two physicians are going next. [LB556]

CHRIS KRATOCHVIL: Yes, if Dr. Evans and then Dr. Liu could present, I think that might be a nice segue. [LB556]

SENATOR CAMPBELL: Okay. That would be fine. Dr. Evans. [LB556]

CHRIS KRATOCHVIL: Thank you very much. [LB556]

SENATOR CAMPBELL: Uh-huh. Thank you, Doctor. Good afternoon. [LB556]

JOSEPH EVANS: (Exhibit 8) Good afternoon. My name is Dr. Joe Evans, E-v-a-n-s, and I am the director of psychology at the University of Nebraska Medical Center; and I'm involved in training of child-adolescent psychology interns to become behavioral health providers in Nebraska. Thanks to members of the Health and Human Services Committee for the opportunity to provide input about child adolescent behavioral health issues in the state and the need for improving access for children, adults, and adolescents and families. I'm speaking in support of LB556 today and it's important to note that I am not testifying in my capacity as an employee or representative of the University of Nebraska Medical Center, but because of the lack of service availability for children and adolescents in our state. As noted in earlier testimony, there is currently a significant shortage and maldistribution of child-adolescent providers. Let me just give you some figures on that. In our state, we have six counties that have a child-adolescent psychiatrist in them, and two of those are in Douglas and Lancaster. So that's 4 counties out of our remaining 89 counties that have child adolescent psychiatrists in them. We have only 23 counties that have a child clinical psychologist practicing in their boundaries. So you are correct, there are definitely shortages in that area. Eighty-eight of our counties have been designated as health...mental health profession shortage areas because of the lack of mental health professionals in those counties. In response to this, the American Academy of Pediatrics and the Maternal and Child Health Bureau of the HRSA at the national level have emphasized early diagnosis and treatment using what's called the medical home model. And in this approach the integration of behavioral health personnel into primary care practices basically improves, through the collaboration of primary...in the primary health setting, the services to families and children. We've been trying to implement a program like this at the University of Nebraska Medical Center since 1998, and the reason for that is because the first place that a parent takes a child with a potential problem is not to a mental health professional; it's to their family physician. We've obtained funds from the federal level to create what we call an integrated behavioral healthcare model. And to go back to Senator Gloor's point, what we found is that physicians can be 15 to 20

percent more effective in terms of seeing more patients if they have a behavioral health professional within their practice, because usually the amount of time spent is literally double for a behavioral health case than it is for your typical well-child or acute care cases. We've specialized turning learning into a model that's grown into 17 rural and 13 urban sites across the state, including Hastings, Kearney, Columbus, Grand Island, Fremont, Chadron, Plattsmouth, Gordon, Crawford, Beatrice, Rushville, North Platte, Wahoo, and Crete, all across the state. A review of cumulative data shows that we've been able to serve patients from over 250 Nebraska towns in these 17 clinics. And despite these promising developments, many areas of the state still remain underserved areas, both in rural and inner city areas. We support legislation that will support mental health service delivery in the child's medical home through integrated efforts of primary care physicians and on-site behavioral health providers. However, when a behavioral health provider is not available on-site or when there are more serious problems, there needs to be ready access, immediate access, and our approach to this would basically require that there be a hot line available 24 hours a day for access. So this is not something that would be on a scheduled type of basis. Access to child psychiatry, clinical psychology, psychiatric nursing, developmental and behavioral pediatrics is an avenue that will increase availability of consultation as well as eventually, if necessary, treatment from a remote site. To the degree possible, behavioral health services will be provided in the medical home by the child's physician and integrated health professional. When problems are too serious, however, or treatment has proven to be ineffective, referral can be made by the physician and the practice to the consultative services, potentially through the Medical Center. We support collecting of data to evaluate the overall quality of services being provided, in terms of cost-effectiveness in particular; screening, number of behavioral disorders that are identified and treated at the local level, and those. The question is then how much referral we need for external placement. So in summary, integrated care with backup from a telehealth system has great promise for the future in providing accessibility to mental health services for children in our state. [LB556]

SENATOR CAMPBELL: Thank you, Dr. Evans. And I appreciate you watching the light. [LB556]

JOSEPH EVANS: Yeah. [LB556]

SENATOR CAMPBELL: I could see you doing that, so thank you very much. [LB556]

JOSEPH EVANS: The little guy went off on me. [LB556]

SENATOR CAMPBELL: Yeah, it goes fast, it really does. Questions? Senator Gloor, you have a question? [LB556]

JOSEPH EVANS: Certainly. [LB556]

SENATOR GLOOR: Thank you, Senator Campbell. Thank you, Dr. Evans. One of the challenges with telehealth has always been the issue of the provider that is first contacted, who then picks up the phone and makes the call to connect with a therapist or the specialist, whoever, at the other end. Payers will only pay for one visit. They won't pay for the...where the call is being made and the phone call being contacted with the consultant. How has that been dealt with so far or how is it, would you see, going to be dealt with through this particular program? [LB556]

JOSEPH EVANS: Well, theoretically, we would see that screening could be done on referral from schools or from parents or from the physicians themselves and done right within the practice, and we have yet to establish the specific instruments to be used. But based upon that then the physician, behavioral health provider, in consort, would decide can we deal with this at the local level or does this need to be passed up the line. At that point then a call would be made to the...through the consultation line back to, let's say, the Medical Center or eventually we'd like to see this decentralized in each of the regions around the state so they would have their own access to either psychiatric nursing or child psychiatry or psychology. But as a first step out, we would propose this be done in a pilot and find out if, you know, what the feasibility is and what the costs would entail. We've had families coming from Emmet, Nebraska, all the way down to our clinic in Columbus. And we asked the family, why did you come this far? They said, because it's 100 miles closer than going to Omaha. But they know they need the service and they know they have to travel to get it. But in terms of the actual...hopefully, eventually we'd be able to actually bill Medicaid or Medicare for that or private insurance to handle that. [LB556]

SENATOR GLOOR: Sure. Well, and that's why I understand the pilot. There are dollars available to address that. But in terms of sustainability of the program, sooner or later you have to come to grips with who gets paid, of the call station... [LB556]

JOSEPH EVANS: And this has been done in other states. In Iowa there's a service out of the University of Iowa that does exactly this type of approach, and it...we've been using some telehealth over the years to actually see patients and have been able to successfully bill Medicaid for those. [LB556]

SENATOR GLOOR: I think it would be far easier with behavioral health than it would be with more acute care. And I've been away from this for a while, but I know one of the hang-ups was it would seem common sense that perhaps you would share some of the dollars both ways that get paid by the third-party payer. But then that falls afoul of bill splitting (laugh)... [LB556]

JOSEPH EVANS: Can't do that. [LB556]

SENATOR GLOOR: ...yeah, and you can't do that. So...but on the other hand, having been away from it for a while, maybe that's been looked at a little differently in recent years. [LB556]

JOSEPH EVANS: With the new technology, too, I think it's important to note that we have technology now, software, for example, something called Adobe Connect or video that doesn't require...really, you can probably train somebody up in two to three hours on doing this. So it doesn't really require having someone there to man the fort at the sending in. So a physician could, for example, come in, say here's the exam room, here's the set, push the button, and be able to talk without really having a whole lot of extra expense for the practice. [LB556]

SENATOR GLOOR: Good information. Thank you. [LB556]

JOSEPH EVANS: Okay. [LB556]

SENATOR CAMPBELL: I'm going to give an unabashed commercial here and that is that Senator Gloor and I developed a legislative resolution in terms of trying to bring healthcare providers across the state in many fields to talk about what innovations we could put together to ensure access and effective and good care. And so we certainly hope that people will be able to present creative ideas and we'll be looking at certainly these ideas to also bring to bear when we bring people together. [LB556]

JOSEPH EVANS: Terrific. [LB556]

SENATOR CAMPBELL: So we'll let you know when that is. [LB556]

JOSEPH EVANS: Okay. [LB556]

SENATOR CAMPBELL: Any other questions? Sorry, Senator Krist. [LB556]

SENATOR KRIST: Just...you remind me of the bill splitting. Went through an experience that I don't wish on anyone, but in an emergency room or in an ICU, three doctors surrounding a bed, four nurses surrounding a bed, and the doctor who was in charge of the entire triage, if you will, or I know I'm using...not using the right words, but seems to me like the hospital got to charge us for all of those doctors and nurses. So if it can work in that environment, one would think that if I were a doctor I could have my patient in my office and call you and facilitate this and I could charge for a combination. I don't know. But it is an interesting dilemma, although I know hospitals are doing it right now, I mean, and they're charging for the entire facility, the entire relationship. That's your bailiwick, but I'm just saying I think... [LB556]

SENATOR GLOOR: I'll educate. It's fee splitting. I used the wrong terminology. [LB556]

JOSEPH EVANS: Yeah. [LB556]

SENATOR KRIST: Fee splitting. [LB556]

SENATOR GLOOR: Fee splitting, yeah. [LB556]

JOSEPH EVANS: Can't...well, our hope would be eventually the physician would be able to simply say, okay, next week you've got an appointment here or tomorrow you've got an appointment, come on back, secretary will take you to the back room, turn on the set, and there wouldn't be any need...necessary charge at the front end, more at the receiving end. But I think most physicians would be in favor of this in order to get better services for their clientele. And again, part of this is also demonstrating that this can be done cost-efficiently for them, which frees up their time. [LB556]

SENATOR KRIST: Thank you, Doctor. [LB556]

SENATOR CAMPBELL: Thank...oh, Senator Crawford. [LB556]

SENATOR CRAWFORD: Thank you, Senator Campbell. And thank you. Do you...did any of these models include a school component? [LB556]

JOSEPH EVANS: We worked very closely with schools in terms of trying to follow up on visits. So, for example, if the family comes in, we don't work with schools unless the parents give us that permission. So if a school comes...excuse me, if a parent comes in and says, you know, my son is having difficulty at school, and you say, is it okay if we go to the school and do some observation. If that's the case, we may make some recommendations to the parent and the school at the same time, again, all with parent permission. [LB556]

SENATOR CRAWFORD: But the screening and diagnosis, all that work was happening in the clinic... [LB556]

JOSEPH EVANS: Right now that's...yeah. [LB556]

SENATOR CRAWFORD: ...or somewhere else, the (inaudible). [LB556]

JOSEPH EVANS: Right now we're doing the majority of that in the clinic because of parental permission requirements. [LB556]

SENATOR CRAWFORD: Okay. Thank you very much. [LB556]

SENATOR CAMPBELL: Thank you, Doctor. I think we'll follow the suggestion and go on

with Dr. Liu. Good afternoon. [LB556]

HOWARD LIU: (Exhibit 9) Good afternoon. My name is Dr. Howard, last name L-i-u, pronounced Loo (phonetically). Thanks to members of the Health and Human Services Committee for this opportunity. I'm giving testimony as a private citizen and a child and adolescent psychiatrist, not as a representative of the University of Nebraska Medical Center. I am the medical director of the Behavioral Health Education Center of Nebraska, an LB603-funded interprofessional training center for mental health and substance abuse topics for primary care providers and behavioral health providers across the state. I'm here today speaking in support of LB556. In 2012, BHECN trained more than 1,000 providers, which included also law enforcement officers, consumers, and many other stakeholders in evidence-based behavioral health topics. One of BHECN's jobs is to conduct visits with communities across Nebraska and ask about training needs. From Albion to St. Paul to North Platte, the lack of access to specialists in child and adolescent mental health has forced primary care to be the front-line providers for depression, anxiety, ADHD, and other mental health disorders. And as a result, one of the most consistent requests that we receive at BHECN from primary care is for training in child and adolescent behavioral health topics. LB556, in our opinion, is an amazing opportunity to meet child mental health training needs for primary care across Nebraska. Section 4 of LB556 states, "It is the intent of the Legislature that behavioral health screenings be part of childhood physicals." It also calls for "training for health care professionals on providing child behavioral health screenings." In my opinion, this training should include not only a discussion on screening but also how to interpret the screening results, particularly if they're positive, and then take care of identified children and adolescents. In my experience, primary care providers will feel anxious if they do not get this training due to the long wait time to see a child behavioral health specialist. BHECN could provide training to primary care providers in each region on screening and management of child behavioral health disorders. My suggestion would be a blend of the intensive REACH trainings, which involve something like 12 to 15 hours of training as well as multiple follow-up calls, that BHECN previously conducted, as well as more flexible training offering on-line and interactive activities in the clinics themselves. Participants would learn how to diagnose and manage common mental illness, such as childhood anxiety, substance abuse, uncomplicated ADHD, and mild to moderate depression while recognizing the need to triage and refer more severe illness, such as pediatric bipolar disorder, etcetera. The impact of this training would be measured by surveying the confidence level and practice pattern of the providers before and after the course. If LB556 is successful, family physicians, pediatricians, nurse practitioners, and physician assistants will know that they have the skills to manage or triage anything that they identify in this behavioral health screening process. And parents will feel confident that their children are receiving the best care when they need it the most. I thank you very much. I'll be happy to take any questions. [LB556]

SENATOR CAMPBELL: Questions? Questions? Dr. Liu,... [LB556]

HOWARD LIU: Yes. [LB556]

SENATOR CAMPBELL: ...Michelle and I traveled to Omaha to meet with some of the BHECN staff and you were most kind to have us over lunch hour and share some of the experiences. Could you talk just a little bit about, because I haven't forgotten the Kentucky program, "Call a Doc"? [LB556]

HOWARD LIU: Uh-huh. [LB556]

SENATOR CAMPBELL: Can you talk a little bit about that? I mean at some point could we get to that here? [LB556]

HOWARD LIU: Well, there actually...BHECN just received a grant from the National American Academy of Child and Adolescent Psychiatry in partnership with Boys Town and also our local chapter of AACAP as well, the Child Psychiatry Chapter, to hold a conference in August where we're going to bring in two experts to look at different states' models for telephone consultation and distance consultation for child psychiatric needs. One of the biggest programs in the state is from the state of New York. It's about a $2.2 million program and we're going to bring that director in. We're also bringing in Dr. Jennifer McWilliams from the University of Iowa, where it's probably closer to our state's demographics. Also, where I trained in Massachusetts is a longstanding program called MCPAP. I recently learned, Senator Campbell, from about a month ago that there's...I think Johns Hopkins now is hosting a national group that discusses these child telehealth consultation services and what's the best practices, so we're hoping to bring some of this into our model as well. [LB556]

SENATOR CAMPBELL: Good. [LB556]

HOWARD LIU: Yeah. [LB556]

SENATOR CAMPBELL: Good. Any other questions? Thank you for your work and commitment to BHECN. [LB556]

HOWARD LIU: Oh, my pleasure. [LB556]

SENATOR CAMPBELL: Oh, Senator Gloor, I thought you were coming forward with a question. Thank you, Dr. Liu, for being with us today. [LB556]

HOWARD LIU: Thank you. [LB556]

SENATOR CAMPBELL: The next proponent for LB556. [LB556]

TERRY TEACHMAN: Hi. This is a visual aid. Good afternoon. [LB556]

SENATOR CAMPBELL: Good afternoon. [LB556]

TERRY TEACHMAN: (Exhibit 10) My name is Terry Teachman, T-e-r-r-y T-e-a-c-h-m-a-n. I'm here as a concerned citizen. I thank you for this opportunity to express my views on LB556, which is currently under consideration. I'm speaking today in support of the bill with a caveat. I am advocating caution, which is the basis of my testimony today. And I hope that through my story I can help you understand why I'm advocating caution. My only area of expertise is my own mental illness, and I do have a bachelor's degree in elementary education with an emphasis in early childhood education and a minor in family life education, which is a combination psych-soc human sexuality and human development. So I do have a background in education and a mental illness. My journey to health and stabilization of my mental illness is only because of my own efforts, my own hard work, my own advocacy. No one else did it for me. And luckily, I was fortunate to have good health insurance; but I worked very, very hard and long, and this is just a very small portion of everything that is involved in my getting a correct diagnosis and treatment. And I have known since I was a small child that something was terribly wrong, that I was just not right, that I was not normal, and I just couldn't do things other people could do and it was so frustrating. And I couldn't remember information. I would read and reread and didn't understand what I was reading. And I would outline and read and underline with one color, and then I'd reread it and underline in another color. And you'd look at it and the whole thing would be (laugh), you know, a maze of colors. And I would make flashcards and then the next time I would go back and read it again and I didn't...I couldn't remember any of the information. I knew I had read it. I knew I had studied because I had outlines and flashcards and all this stuff, but I couldn't remember any of it. And so the day after I would take a test, if somebody asked me the same questions, I couldn't...I wouldn't have been able to pass the test. So I would walk into walls, I would walk into people, I would spill my books everywhere, and I just couldn't concentrate. And noises and smells would drive me crazy. And my father was a hospital administrator and so he was around medical people all the time, and despite the fact that his daughter had a mental illness, they did not recognize that I had a mental illness and seek treatment for me. And my grandparents were actually the people that approached my parents and said, you know, this kid can't see, she can't hear, and she has a host of other problems. So they didn't believe her, they didn't believe them, and she said, well, if we don't do something about this then we're going to take control and do something for you, you know? So it caused a major rift in my family, of course, but I was taken to some doctors. I got tubes in my ears, I got glasses. I had tubes in my ears when I was 11 and 26, so obviously I did have a hearing problem. I have hearing aids today, but I forgot to put them in. (Laugh) But the first time that I actually received an official diagnosis of a mental illness and treatment was when I first became pregnant with my first child. And over the course of a couple months I had graduated from college, I'd gotten married, which I graduated from

college summa cum laude, which is a small miracle because you can see all the problems I've had over the years. And then I moved and I found out I was pregnant, so I just totally fell apart. So I moved back home and talked to my minister, my former minister. He happened to have an association with a psychiatric facility and got me in immediately, and I was treated there for six weeks with no medication, because I was pregnant. So (laugh) my decline, of course, just accelerated, and it wasn't until 11 years later that I was treated again for a mental illness, which was in 1991. And although I continue to keep a record of everything, all my symptoms, all the drugs, you know, every doctor I went to, and I kept bringing it to doctor to doctor to doctor, and they'd say nothing is wrong with you, it's all in your head. (Laugh) And it was in my head. But the treatment I finally received in 1991 was from a family practitioner. He diagnosed me with depression. Now of course this was an incorrect diagnosis and so I was mistreated and had inappropriate medication, but of course we still didn't know that. They didn't know what it was. So... [LB556]

SENATOR CAMPBELL: Ms. Teachman, you're at the... [LB556]

TERRY TEACHMAN: I'm sorry. I'm sorry. [LB556]

SENATOR CAMPBELL: So you... [LB556]

TERRY TEACHMAN: Okay. Well, I went... [LB556]

SENATOR CAMPBELL: Because you have... [LB556]

TERRY TEACHMAN: ...to a psychiatrist and I found out... [LB556]

SENATOR CAMPBELL: ...to finish your story. [LB556]

TERRY TEACHMAN: ...I have five mental illnesses. It took eight years to get the right combination of drugs and the right dosages. I went through 50 drugs as a result in that time period. Then I continued to go to doctors and I have a diagnosis of central auditory processing disorder, visual processing disorder, sensory processing disorder, and finally Asperger's, which was just given to me last year at this time. So from my testimony you can see that access to mental health services is extremely important, but getting an accurate diagnosis is a very long and tedious and difficult experience and is a continuing process. So I'm just concerned about the fact that how much can you learn about a child in a teleconference, 15-minute, you know, teleconference. So we definitely need it because I can, you know demonstrate that I needed it and I even had access to it. So I just want to express caution. [LB556]

SENATOR CAMPBELL: Thank you. Questions? [LB556]

TERRY TEACHMAN: Any questions? Sorry it took me so long. I wish I could have gone through the rest, because it was a very, very, very difficult and long process and very excruciatingly painful. Any questions? [LB556]

SENATOR CAMPBELL: Thank you for coming today. [LB556]

TERRY TEACHMAN: Thank you. [LB556]

SENATOR CAMPBELL: And thank you for bringing the additional information, which we have to read. [LB556]

TERRY TEACHMAN: You're welcome. Sure. [LB556]

SENATOR CAMPBELL: That's appreciated. Our next proponent. Good afternoon. [LB556]

MARY BAHNEY: (Exhibit 11) Hi. Good afternoon. My name is Mary Bahney, M-a-r-y B-a-h-n-e-y. And first off, I want to thank Senator McGill for bringing these issues forward. As you can see, they are of great interest to me and my profession. I'm a licensed clinical social worker in Nebraska. Until I retired in June of 2008, I was a school social worker employed by the Millard Public Schools for 12 years. I'm a member of the School Social Work Association of Nebraska, SSWAN. This is a membership organization of approximately 60 professional social workers employed by school districts and educational-related organizations across the state of Nebraska. I'm also the president of the Nebraska Chapter of the National Association of Social Workers, NASW-NE, a membership organization of nearly 600 professional social workers in Nebraska. I'm here today to speak on behalf of both of those organizations. Both SSWAN and NASW support LB556. Licensed clinical social workers work in and out of school systems and provide a great deal of the direct mental health services to Nebraska's children and their families. The components of LB556 would make the delivery of these services to children and families more accessible. Through the use of telehealth, expansion of the services of the behavioral health regions' Professional Partners Program, and the regional implementation and development teams outlined in the bill, behavioral health services would be readily available to children and families who find accessing these services very difficult. The availability of these services could also be provided earlier to address areas of behavioral concern that would be exacerbated if services were delayed. The services provided in this legislation would assist the work provided by school social workers. Social workers employed by school districts provide solutions to many of the problems students and their families are facing. Social workers are licensed as mental health practitioners. We are trained extensively in mental health assessment, mental health treatment, and case management services. School social workers are usually the experts in community services in their school buildings and districts. Licensed independent clinical social

workers can independently diagnose and treat major mental disorders, making these services more accessible. As employees of school districts, we work closely with teachers, educational specialists, school psychologists, and school counselors. Our training brings a different element to the typical team of school professionals. We are effective liaisons between the school, home, and community. Because of this relationship, school social workers are invaluable in understanding the student in his or her environment. School social workers also seek to obtain an understanding of the student's culture and the impact that bears on all aspects of his or her life. Every day school social workers interact with students who are experiencing bullying, harassment, and trauma, along with diagnosed and undiagnosed mental disorders. The goal of all school social workers is to enable that students obtain services that they need in and out of school so that each student can be successful in their academic careers. LB556 would assist families in accessing behavioral health services. School personnel and Professional Partners often work together to support families. Increasing the availability of community-based health services will be helpful to families as they seek to obtain services that are not often readily available. The School Social Work Association of Nebraska and the Nebraska Chapter of the National Association of Social Workers support the efforts laid out in LB556 to increase behavioral health services to children and the families in Nebraska. Thank you so much to all of you and to Senator McGill for your commitment to improving the lives of children and families in Nebraska. [LB556]

SENATOR CAMPBELL: Thank you, Ms. Bahney. Are there questions from the senators? Seeing none, thank you for coming today and your testimony. [LB556]

MARY BAHNEY: Thank you very much. [LB556]

SENATOR CAMPBELL: Our next proponent. Good afternoon. [LB556]

CATHLEEN CAFFERTY: (Exhibit 12) Good afternoon. My name is Cathleen Cafferty, C-a-f-f-e-r-t-y, and I am an elementary principal in Hastings, Nebraska, at Longfellow Elementary in Hastings Public Schools. I've been in education for 25 years and I've been a principal the last 13 years; and I want to share and give you a little picture of my school and my program that I provide for students in our district. My school has about 375 students, pre-K-5. I have a classroom at this time that has nine verified severely BD and mentally ill students. These students come from all over our district. They have not been able to be successful in the regular classroom with the support of a resource teacher only. They range in age from six years old to ten years old. There are both boys and girls in the classroom, my youngest being a young girl of six years old. We have three adults with them at all times during the day. They are never left unsupervised. They are, for the most part, in danger of harming self and others or damaging property. Their backgrounds are varied. Some were born with mental disabilities, some are products of their environment, and most come from dysfunctional homes. Their families do not have the money or resources to get the private care, if that care were even

available. In Hastings, we are very limited on the number of licensed, skilled, and trained professionals in the area of children's mental health. My students have trouble with any expectation or task given to them. They go into meltdown/breakdown regularly with little or no provocation or warning. In an emergency situation, there is no one to call to get immediate help. Sometimes, because their pencil does not work properly or the teacher does not help them do something right away, they will start throwing chairs, turning over desks, tearing apart anything they can get their hands on. The schools have their hands tied when this happens. We are trained to restrain them, but for how long can you do that? We have a time-out room, but they must be supervised at all times, which puts staff in danger. School personnel are trained and qualified educators only. They are not trained or licensed mental health providers. Getting parents to come and get their children does not help these children. Many times we can't even find parents or get them there fast enough. And by law, they must be in school. Schools cannot afford to provide homeschooling for all of these children. Because they are on IEPs and because of special ed laws, they have to be provided a free public education. Laws make it very difficult to keep them out of school and very costly. But even if we could, we are not helping these children by doing that. They need intense daily therapy. They need facilities that are set up for therapeutic intervention. They need staff licensed and trained to work through the breakdowns. Schools do not have the facilities across this state, staff, resources, or money to help these children. We have a similar program at our middle school and high school as well. The police are called frequently; but they have no place to take the children other than their home, which does not address the matter at all...in fact many times elevates the problem. Parents do not have the skills or they themselves suffer from the mental illness so it becomes a vicious cycle. So even if social workers were put in every school, which seems like a daunting task, it does not solve the facilities issue, the emergency situations, and the medical needs of our students. Many times med changes are taking place with a therapist, that they see maybe once a week at best, to try and get them more stabilized. The schools are responsible at that time for managing their outbursts, personality swings, and dangerous behaviors for months at a time. Children with mental illness cannot be fixed in a few months; it could take years. Families do not have the finances to manage this and schools certainly are not equipped either. Our society will pay dearly in the future if we don't seriously look at treatment centers, day centers, and resident centers for young children. Schools are educational systems trying to take on the mental health community's work. All students must meet the state and federal guidelines for proficiency and schools cannot take on the additional mental health needs of our kids and families. It's a family situation, all need to be involved, that is intense and long term. I would invite you anytime to come to my building and district and visit what I call our "two and a half room." It's somewhere between resource services of two and day treatment services of three. The cost alone for nine students would be astronomical to send them...our district to send them to an Epworth for treatment. We do not have the money or the resources to do that, so we keep them at school. We've had students spend time at Epworth and come back to us not prepared. But the money has run out

and there's nothing for them, so they come back on the hands of the schools and we are not trained to handle that. Sorry, I can't finish. [LB556]

SENATOR CAMPBELL: Is there any...are you close or...? [LB556]

CATHLEEN CAFFERTY: I'm real close. [LB556]

SENATOR CAMPBELL: Okay. [LB556]

CATHLEEN CAFFERTY: I'm real close. I have about a paragraph,... [LB556]

SENATOR CAMPBELL: Okay. [LB556]

CATHLEEN CAFFERTY: ...if you don't mind. We had...we've had students from...at Epworth for 12 to 18 months. They get dismissed because Medicaid or insurances no longer pay, but the child is still at a very level one, high-level need. There is no place for them so they are sent back to the school with no support, no follow-up support, back to the same environment they came from and the problems start all over. They come to us very damaged and not fixed, and we again do our very best; but feel we are managing them and not making a difference. I urge you to come to the source, see the problems school face, and get an idea of the laws, the mandates, the funding that we are up against. Yes, parents must give us permission, but many times those parents do not give us permission to contact the medical personnel that we need to talk to, to help. We need to know what's going on; we're left out of the loop many times. And yet we are with them from 8:00 in the morning till 3:30 at night and have very little control over how any of that goes. Thank you. [LB556]

SENATOR CAMPBELL: Any questions? Senator Gloor. [LB556]

SENATOR GLOOR: Thank you, Senator Campbell, and thank you, Ms. Cafferty. I've had family members, I have family members who are in elementary education, including a sister-in-law who's a principal, so I have a lot of admiration for you and appreciation for the difficult situations you get put in. But I'm trying to connect the dots here with the difficult scenarios you described and the bill that's before us... [LB556]

CATHLEEN CAFFERTY: Uh-huh. [LB556]

SENATOR GLOOR: ...with telehealth. And tell me how does a principal, who is literally laying on top of a student to keep that student from hurting the principal, the teacher, other students, and themselves, reach for a phone and get help? I mean how does this program help you with the difficult behavioral students you have? A phone call, to me, doesn't seem to be helpful. [LB556]

CATHLEEN CAFFERTY: Right. You know, I agree. I guess what I feel like with LB556 is it's a start. You have to start somewhere and right now we have nothing. And so if we get some community-based kind of help, we do need, and again, like you said earlier, we have a very shortage of licensed, trained personnel and facilities, but we have to face, we need...I mean when I'm talking six- and seven- and eight-year-old children, they need. And if you know, everybody knows Nebraska schools. My building is 100 years old. They are not set up as therapeutic facilities at all. So when they are in meltdown mode, my school does not...so we need to look beyond that and go further at some point, but we've got to start somewhere. [LB556]

SENATOR GLOOR: Okay. [LB556]

CATHLEEN CAFFERTY: Does that make sense? I mean... [LB556]

SENATOR GLOOR: Yeah, sure. Yeah, when... [LB556]

CATHLEEN CAFFERTY: It's very long and deep, but I...and we do need to keep stretching further out because right now it is stretching the schools to the limits and we have our hands just tied. [LB556]

SENATOR GLOOR: Clearly. Thank you. [LB556]

CATHLEEN CAFFERTY: Thank you. [LB556]

SENATOR CAMPBELL: Any other questions? [LB556]

CATHLEEN CAFFERTY: I will leave you this if you'd like. [LB556]

SENATOR CAMPBELL: Thank you, Ms. Cafferty. Oh, yes, we'll distribute those for you. Thank you. [LB556]

SUSAN LINDBLAD: Can I go next because she's my ride? (Laughter) [LB556]

CATHLEEN CAFFERTY: Yeah. [LB556]

SENATOR CAMPBELL: You know, that's a pretty important reason. [LB556]

SUSAN LINDBLAD: Okay. [LB556]

SENATOR CAMPBELL: You know, I was told the other day that a state senator used to run hearings by saying, who has driven the farthest? [LB556]

SUSAN LINDBLAD: The farthest, absolutely. [LB556]

SENATOR CAMPBELL: And they got to go first. [LB556]

SUSAN LINDBLAD: Absolutely. [LB556]

SENATOR CAMPBELL: So you fit right in with that principle. [LB556]

SUSAN LINDBLAD: Thank you. [LB556]

SENATOR CAMPBELL: Go right ahead. [LB556]

SUSAN LINDBLAD: My name is Susan Lindblad, L-i-n-d-b-l-a-d, and I'm a licensed psychologist through the Department of Health. I've been fortunate to start children and adolescent services at Mary Lanning Hospital in Hastings and then joined Dr. Michael Skoch and start family services within the Family Health Clinic that is run in Hastings--wonderful opportunities because mental health and physical health coming together under one roof, as you testified earlier, was fabulously effective for those patients. Oh, there you go, sir. And then I'm also a certified school psychologist through the Department of Education, so right now I'm working full-time in the schools with the part-time practice for various reasons. I wanted to be here as a proponent for this legislative bill for a couple of reasons: the early childhood screening, and research has shown how effective that is to have the kids screened early for any type of developmental difficulty because early intervention is much more effective than later; and also for the strong consultation between the family, the therapist, and the physician. We were on the phone with a psychiatrist three times yesterday for a little boy--there's pictures in there of the room destroyed--after the police were called and helped us with him. So just us working together, we are able to move this child forward educationally. The concerns I wanted to just present was I don't want us to get into the point of confusing the family and the school. It is the family's job and responsibility to raise their child and provide health services for them. I don't want the school, whose job is an educational facility, to also become being the job of providing health services. We are not trained in that aspect and I feel lucky that I have been trained a little bit in both aspects, but that's pretty rare. There's not very many of us. So I want education to be in the Department of Education. I would like health to remain in the Department of Health. And I want families involved in both of those areas. Finally, I'm a little bit worried about telehealth. I have done a little bit of telehealth. In therapy it is not near as effective as being involved or being one-on-one in the room with the family. Anytime we're dealing with children, we have to involve the family in behavioral health. It will not work to do an individual therapy session with a child and send them back to a family that you have not worked with so they don't know the new skills to practice to help their child the other 6 days and 23 hours. So I really want us to make sure we're letting families do their job and that we are doing some one-on-one work with the family, not just with the child. And I'm a little worried about...I'm going to call it technology and therapy. We really need to

be in the same room. (Phone ringing) Oh, there's my timer. (Laugh) [LB556]

SENATOR CAMPBELL: That's a good cover for that person. You helped them out a lot. [LB556]

SUSAN LINDBLAD: So you can see, everyone brought these nice typed notes. I've got it on the back of my calendar because that's where I was prepared here. So that is basically just what I wanted to present and I didn't know if there's any questions or concerns from this committee. [LB556]

SENATOR CAMPBELL: Any questions? Thank you very much for coming. [LB556]

SUSAN LINDBLAD: Okay. Thank you. You guys have a great day. [LB556]

SENATOR CAMPBELL: We wouldn't want to keep you from your ride. [LB556]

SUSAN LINDBLAD: I know, my ride! [LB556]

SENATOR CAMPBELL: Our next proponent. [LB556]

JOSEPH KOHOUT: (Exhibit 13) Good afternoon, Chairwoman Campbell, members of the Health and Human Services Committee. My name is Joe Kohout, K-o-h-o-u-t, and I appear today as registered lobbyist on behalf of the Nebraska Association of Regional Administrators, a coalition of the six regional program administrators for behavioral health across the state. We support the concepts embodied in LB556, and I want to begin by expressing our appreciation for Senator McGill's efforts to bring this issue of telehealth and behavioral health together and to discuss the potential for how this can assist children all across our state. The regional administrators stand willing and able to assist with the implementation teams that are defined and discussed under Section 3 of the green copy of the bill. We would like to highlight two points. First as to the collaboration teams, we believe that there are certain essential parties that need to be part of these collaboration teams. The individual administrators as a group have been fortunate to collaborate with groups across the state on different projects and have seen success. However, one commonality among those successful collaborations have been those that include all of the essential parties. In this spirit, we view as essential parties of this conversation both the Division of Medicaid and Long-Term Care, and the Division of Children and Family Services. We base this statement on, first, the Medicaid-eligible services that are available and, second, the work and data possessed by the Division of Children and Family Services. Without the support and collaboration of these two departments, we do not believe that this effort will see the successes that it might otherwise see. Second, we view the Professional Partner Program as a natural part of the implementation of LB556. As many of you are aware, each region has developed its Professional Partner Program which provides intensive case management for children,

adolescents, and their families utilizing a wraparound process which is a widely implemented, outcome-based approach to the community-based treatment for youth with emotional and behavioral disorders. Due to their behavioral health disorders, these are youth at risk of out-of-home...high risk of out-of-home placement; becoming a state ward to access behavioral health services as a result of inadequate financial resources; inadequate insurance coverage or family inability to provide services; committing a juvenile offense; or school disruption, excessive truancy, or dropping out of school. The program also serves transition-age youth who have ongoing behavioral health needs and are transitioning from the child-serving system, including behavioral health, child welfare, or just juvenile justice into adulthood. The program assists these other adolescents in accessing needed services and supports to ensure a smooth transition into the adult system and being better prepared for adulthood. I provided you with a copy of a document that we have prepared discussing the strengths of the program as well as some highlights of the program in each of the six regions. To that end, whether Senator McGill is looking at a pilot program or implementation statewide, if the Professional Partner Program is going to be the vehicle for some of what this committee would like to achieve, that there is a need for additional resources to implement the program. I know that Senator McGill has expressed her support for this expansion in additional dollars. Just for your reference, the regional behavioral health authorities serve just over 1,100 youth at a cost of just over $4 million. However, we just do not have the resources to expand this program without an influx of additional dollars. Frankly, we believe that there is a need for an additional $3.5 million just to address current unmet needs within the system, but we would like to ask the committee to continue to view the need for these additional dollars as essential if this legislation moves forward. As to the question of, Senator Campbell, you raised a question with regard to how we address telehealth with regards to the adult component of the system, I don't have that. Mr. Johnson, who is actually the regional administrator for Region 5 who's out in the hallway, he does not have that. So unfortunately, some of our folks are traveling today and so I'd be happy to get a written response to that question,... [LB556]

SENATOR CAMPBELL: That would be great. Sure. [LB556]

JOSEPH KOHOUT: ...Senator Campbell, when I get...and get that to the committee early next week. In conclusion, Madam Chair and members, we support LB556 and I would like to thank Senator McGill for introducing this legislation and try to answer any questions that you might have. I would...some of the comments that we have heard so far with regards...I would encourage the committee to look over sort of what we've been able to do in some of these school-based programs. Obviously, one of the things is we try to do as much with the resources we have at our disposal, but it's obviously never enough. We'd like to do more, at the end of the day. [LB556]

SENATOR CAMPBELL: Thanks you. Any questions? All right. Madam Clerk, did you time Mr. Kohout? [LB556]

SENATOR KRIST: Yeah. [LB556]

DIANE JOHNSON: I shut it off at four. [LB556]

SENATOR CAMPBELL: Oh. [LB556]

DIANE JOHNSON: I thought he was done. [LB556]

SENATOR KRIST: And he kept going. [LB556]

SENATOR COOK: Uh-huh. [LB556]

SENATOR CAMPBELL: And he kept going. [LB556]

JOSEPH KOHOUT: Oh, I did? [LB556]

_____: Yeah. [LB556]

JOSEPH KOHOUT: Sorry. [LB556]

SENATOR COOK: Let's remember that. Thank you. [LB556]

SENATOR CAMPBELL: That will come off the time next time you're here. (Laughter) Our next proponent. Good afternoon. [LB556]

COURTNAY VANDEVELDE: (Exhibit 14) Hello. My name is Courtnay VanDeVelde, C-o-u-r-t-n-a-y V-a-n-D-e-V-e-l-d-e. I am a policy associate at Voices for Children. Access to appropriate and adequate children's behavioral health services is necessary to ensure that all of Nebraska's children have the opportunity to grow into healthy, productive adults. Voices for Children would like to thank Senator McGill for recognizing and addressing the need for the supports for children dealing with behavioral health issues. In 2009, the implementation of LB603 was a step towards addressing the behavioral health challenges children and youth face and the gaps in services that were revealed by the safe haven crisis. However, the work is not complete. LB556 offers potential for earlier intervention before behavioral health problems rise to the level of crisis situation. In Nebraska, it is estimated that as many as 90,000 children and youth have a behavioral health disorder. More than half of these 90,000 experience significant impairment from such problems, and about 21,000 suffer extreme impairment; 28,471 of Nebraskan children received mental health and substance abuse services through Medicaid in 2011. However, there are still children that are not being served. Below I have some numbers listed on the data of children being served with anxiety, ADD, ADHD, behavioral or conduct problems, and depression, and it's broken down into the

percentages for you, as you can see, by age. And as you can see, behavioral health screenings and preventative services are a part of...being a part of childhood physicals would be helpful at these critical times in children's lives. It is our hope that through LB556 these concerns can be identified, addressed, and treated early to better support the population of children with mental health issues, especially those who are not yet identified or diagnosed. As Nebraska continues to make necessary changes in the support system for at-risk children, challenges still exist in getting the correct services. While early screenings are helpful, additional reform is necessary so that all children can access the care they need without having to enter the formal child welfare or juvenile justice systems. Voices for Children requests that the committee considers this bill to help create a healthier population of Nebraska children. Thank you. [LB556]

SENATOR CAMPBELL: Thank you very much. Are there questions? Senator Crawford. [LB556]

SENATOR CRAWFORD: Thank you, Senator Campbell. And thank you for your testimony. I'm just wanting to find out that you have the percentage of... [LB556]

COURTNAY VANDEVELDE: Uh-huh. [LB556]

SENATOR CRAWFORD: ...children with...listed here for each of these conditions, and that's, I was just curious where that number comes from in terms of one of the issues we have is the need for screening. So this is numbers... [LB556]

COURTNAY VANDEVELDE: Uh-huh. [LB556]

SENATOR CRAWFORD: ...given that many children are not getting screened. Is that correct? Or is this some kind of estimate of what you think they would be if children were getting screened? [LB556]

COURTNAY VANDEVELDE: These are the already diagnosed. It's from the Data Resource Center for Child and Adolescent Health, from childhealthdata.org. [LB556]

SENATOR CRAWFORD: Uh-huh. So already screened. [LB556]

COURTNAY VANDEVELDE: So they're already, yep, so these are the children that already have these diagnoses. [LB556]

SENATOR CRAWFORD: Thank you. [LB556]

COURTNAY VANDEVELDE: Uh-huh. [LB556]

SENATOR CAMPBELL: Any other questions? Thanks for your testimony today. [LB556]

COURTNAY VANDEVELDE: Thank you. [LB556]

SENATOR CAMPBELL: Our next proponent. Okay. Those who oppose the bill. Oh, we need to have you come forward and testify. Good afternoon. [LB556]

BRENDA VOSIK: (Exhibit 15) Hi. My name is Brenda Vosik. I'm the director of Nebraska Family Forum, which is a grass-roots organization of 495 people statewide who are concerned about education, child welfare, and parental rights issues in Nebraska, and I'm representing this group's concerns with LB556. I originally planned to discuss our serious issues with the mandatory mental health screening requirements and the added mandatory physical at grade 9, and I'm very happy that Senator McGill has recognized the problems with those issues and plans to amend the bill accordingly. As long as she's willing to put an opt-in clause in the bill, our concerns about the mandatory screening are alleviated. I do want to emphasize, though, that the option needs to be an opt-in and not an opt-out, and I want to clarify the difference on that. It's very important. An opt-out situation means the screening would be done unless the parent proactively tells the doctor that they're declining it, and that would require every parent across Nebraska to know that it's being done and they have an option to decline, and that's probably not going to happen. So unfortunately, most parents would have no idea and the results of the screening would be in their child's permanent medical record and they wouldn't even know about it. So what we need is an opt-in, and in this case the doctor can tell the parents that the screening is available, it's part of the physical, the cost is covered as preventative care, and then the parent could ask any questions and, along with the doctor, decide if they want to do the screening and choose how they want to proceed with no repercussions. And that's the next thing I want to talk about, the phrase "no repercussions." We would like to see verbiage included in the bill so that if a parent makes a decision not to have the mental health screening done, or if they agree to the screening but decide not to pursue the recommended treatment, that there can be no future repercussions, such as accusations of neglect. This is a very important point, especially in this state where children are removed from their homes at three times the national rate. If there is any possibility that this will turn into another gateway law for DHHS to punish and break up families, we need to close that gateway with clear verbiage in this bill. Speaking of clarity, I've read the bill numerous times. There are parts that are still confusing to me. Senator McGill and her staff have referred to a mental health crisis in our state. Maybe that's true; maybe not. I don't know. But if there is indeed a crisis, it's not a crisis due to lack of screening or due to lack of telehealth services in the schools. It's a lack of providers and affordability. And I think several people have mentioned that issue. This bill doesn't address those issues at all. On the contrary, it would dump a bunch of newly screened kids with questionable diagnoses into the pool of families clamoring for services. That can only detract attention and services from the children who are suffering from truly serious mental health issues. And the reason I mentioned questionable diagnoses is because many of the mental

health screening tools on the market are created and financed by big pharmaceutical companies. Pfizer alone has seven mental health screening tools. I think we can all agree that the pharmaceutical industry definitely has a financial stake in getting mental health diagnoses on our children. This renders the screening results questionable at best and harmful at worst. I have provided you with an article on "The Dangers of Mental Health Screening" from the Journal of American Physicians and Surgeons, and I ask you to please take the time to read this short article. It's very important that each of you be informed on the pros and cons of the screening tools. I've also provided information on the most widely used screening tool, TeenScreen, which has now been shut down as of December 2012 because it's now known that they misidentified mental health issues related to suicide risk 83 percent of the time. A congressional investigation of their financial ties has been initiated, which maybe is why the program was shut down. Finally, we don't think mental health services belong in the schools. It's not the school's job, and the logistics of how the services would even work remain unanswered. Where in the world is the school going to find an environment that's confidential and soundproof for an uninterrupted therapy session? As a parent of four kids, I can assure you that the school nurses' offices are not that environment. Another question: Where are all the providers going to come from? Have hundreds of therapists agreed to participate in the practice of providing on-line therapy services in a school setting? I think the pilot program is a very positive step in the right direction to finding out if this is even going to work. So there are a lot of unknowns in this bill, and unknowns are dangerous when it comes to our kids. I really appreciate that Senator McGill intends to amend her bill to address some of those unknowns. I would certainly like to see those amendments firmed up in writing. And I urge you to vote against bringing LB556 out of committee until those amendments are submitted, and hopefully we'll have a positive result. Thank you. [LB556]

SENATOR CAMPBELL: Ms. Vosik, usually when a senator comes before the committee and says they intend to amend the bill,... [LB556]

BRENDA VOSIK: Uh-huh. [LB556]

SENATOR CAMPBELL: ...the committee will wait until those amendments are before us. [LB556]

BRENDA VOSIK: Okay. That's great. Thank you. [LB556]

SENATOR CAMPBELL: Okay. I just thought you should know that before you left today. [LB556]

BRENDA VOSIK: Yeah. Thank you. [LB556]

SENATOR CAMPBELL: Thank you. Our next opponent. [LB556]

VAUGHN CROWELL: (Exhibit 16) Thank you. My name is Vaughn Crowell, C-r-o-w-e-l-l. For the record, these opinions that I express are my own opinions and I do not represent any nursing or healthcare organization. I am a registered nurse, and I have experience in working as a registered nurse in a child-adolescent unit in Omaha. Senator Pirsch painted a picture for you regarding an individual that's jumping in and out of traffic. I'd like to paint a picture of a kindergartner that is going to go down to the nurse's office, which Senator McGill had indicated these telehealth conferences would be done probably in the nurse's office in the school. Here's a child that is a kindergartner. He's probably five or six years old. The kindergarten room is his sanctuary. He's there with the rest of his kids, the first experience he's had of this, unless he's gone to preschool or something else. So here we have the school nurse, a counselor, or an adult familiar with the child's treatment plan coming to collect the child and going down to the school nurse's office. So this child is going to stand up in front of his class and, as a kindergartner, he's going to stare at the floor because he knows, as a kindergartner, if I don't look at them, they won't see me leaving. That's just the way kindergartners think, is that concrete operational theory that we go by. So he gets up with this adult, they're going to go to the principal's office and think, you know, I haven't done anything today, I didn't eat my crayons, I didn't pull anybody's hair, why do I have to leave and go down here. And then he hears a couple other kids saying, I think he's going down to the scary room to talk to the man in the camera. That's the concept of these kindergartners. And there's no indication that these kindergartners won't be receiving telehealth services, because we're going to screen them. If you're not going to screen them or if you're going to screen them, then you certainly are going to provide telehealth services in the kindergarten room. Moving on to the adolescent, adolescents diagnosed with anxiety disorders are already going to be in those emotional states where a student body of 600 or 700 people is very difficult for them sometimes to deal with. So here now we have the adolescent going down to the same room and going to a telehealth service in the nurse's station. And those therapy sessions can become very emotional, by nature. They do. They do become very emotional. So now we have a student that their eyes may be so swollen up that they can't even see through them because they've been crying, and we're going to ask them to turn around and go back to class. They're going to be so mortified to even walk down that hallway that you have just created a crisis in that room, because that student ain't going to leave. Says, I'm not walking down that hall; I want to go home. You know, telehealth services that we didn't provide inside a public school wouldn't have created this issue. The other issue is that, you know what, they knew that their friend, they tweeted from their friend yesterday, jeez, you know, this was atrocious for me. So now all of a sudden, the other one is, you know what, I'm too sick to go to school, Mom, because they know they have a telehealth service in a public school that day. Guess what. Now you've just promoted more truancy throughout the state because this child will not go to school because they're going to have to have telehealth services in the school. I would like to talk a little bit about the three professionals that got up here and the proponents that spoke about it, and I

cannot come close to their credentials. And I agree with a lot of what they said. Four times they mentioned primary care office, twice they mentioned the medical home, and once they mentioned the family health practitioner's office, that I counted. What was noticeably absent was any support for telehealth communication or telehealth services in the public school. I didn't hear one of them say that was a good idea. And in fact, if you can read between the lines from what the principal from Hastings said, is that they can't handle those kids that are throwing chairs and stabbing other kids. And, Senator Gloor, you asked her to connect the dots there. You know, there's a huge gap between what those professionals said about, yes, we need these telehealth services in this state in a physician's office or wherever we need them, and the principal saying, you know what, we're having problems dealing with these kids. There's a huge disconnect because now if you're going to put telehealth services in the public schools, like you said, Senator Gloor, you got a principal laying on a kid or in a blanket roll or however you can control them, trying to grab a phone to see if I can, first, even make a connection and, two, if there's a mental health provider available to resolve this crisis. The fact is that mental health telehealth services in a public school are a duplication of services already provided by the tax dollars in the community. They have no place in a public school. [LB556]

SENATOR CAMPBELL: Any questions for Mr. Crowell? Senator Gloor. [LB556]

SENATOR GLOOR: Thank you, Senator Campbell. And thank you for taking the time to come down here, Mr. Crowell. [LB556]

VAUGHN CROWELL: Sure. [LB556]

SENATOR GLOOR: And just by way of clarification, I really didn't think that a principal would try and reach for a phone and make a call and get help. (Laughter) [LB556]

VAUGHN CROWELL: Sure. Sure, I understand. I understand. [LB556]

SENATOR GLOOR: But the issue here is what this program might be able to do to be helpful and the level of support that a lot of elementary school staff need, and we may be dealing with a whole different type of program that addresses the kind of needs that they face maybe in addition to the program that's being talked about here. But just so people didn't think I was a complete blithering idiot,... [LB556]

VAUGHN CROWELL: Sure. [LB556]

SENATOR GLOOR: ...I really didn't expect she'd do that. [LB556]

VAUGHN CROWELL: I understand. [LB556]

SENATOR GLOOR: But thank you. [LB556]

VAUGHN CROWELL: I understand. [LB556]

SENATOR CAMPBELL: Any other questions? Thank you, Mr. Crowell. Thank you for the testimony. [LB556]

VAUGHN CROWELL: Thank you very much. [LB556]

SENATOR CAMPBELL: Our next opponent. [LB556]

REGINA MILLER: Hello. [LB556]

SENATOR CAMPBELL: Go right ahead. [LB556]

REGINA MILLER: (Exhibit 17) Okay. Good afternoon, Senators. My name is Regina Miller, R-e-g-i-n-a M-i-l-l-e-r. I have two children in Omaha Public Schools, one in elementary and one in middle school. I am also a parent who has had occasion to have my children access mental health services, and I have a sibling with a severe mental health disorder. So mental health access is very important to me. First, I would truly like to thank Senator McGill for taking on this issue of mental health access for our children. It is definitely a discussion that needs to be had. With that said, I am here, unfortunately, to oppose LB556 as it is currently written. I have empathy for the Senator, given the short time frame the Legislature allows to introduce bills, to take on such an immense initiative. But a bill dealing with such a huge issue as mental health and something as sensitive as mental health for children needs to have time to be discussed; questions, concerns vetted; details ironed out; and detailed piece of legislation presented. I have had communications with Senator McGill, and she has wonderful intentions. Unfortunately, even with the amendments that she has mentioned today, many of my concerns are not detailed in the bill. And let me just cover a few. I am going to go a little off of...because Senator McGill did do a very nice job of listening to a lot of concerns that parents had addressed to her. I had concerns about my parental rights and mandatory screening. I appreciate Senator McGill's attention to this matter and will be very interested to see the specific language that actually comes out of that amendment. If I understand Senator McGill correctly, the screening will be done by a physician and not a tool, which was...seemed to be a little confusing in the original writing of the language. If that is the case, I appreciate the amendment to make that a physician-based screening and not a tool-based screening. I have concerns over telehealth services being administered in the school and not in a clinical setting and the issues that raises. As you heard from the principal, schools are not set up as clinical settings and how that setting would be addressed in each school is not covered in the bill and I think a huge problem with teleservices being provided within a school setting. I have extensive concerns over the myriad of privacy issues that this bill raises. For

example, who is involved with the treatment sessions, even those people that, if I'm understanding the people who have talked about this, the turning on and off of the equipment, the people that as kids walk in and out of the sessions if it's done in the school setting? How may all this information be utilized and for what purposes? Where will these sessions take place? Again, for those of us that have children in public schools, there is not any private spaces available. The principals' offices are very rarely private. There's people coming in and out of there. Nurses are definitely not any kind of a situation that you would ever want to do any kind of a telehealth screening within a nurses' office. That's the biggest role that everybody goes in and out of all day long. I do have concerns over the cost and funding for the bill. Senator McGill shared a lot of information today. But I'm still concerned with funding, and without seeing the specific language of what she ends up coming up with, I have some concerns on how all those dollars work from the training, implementation, maintenance of these services. Without knowing costs, I just don't know how the Legislature can agree to fund the program. My personal experience with the mental health system is not identification. I think we're really trying...I think one of Senator McGill's real big concerns is trying to identify folks that need assistance. A parent knows when their child is struggling. When you can't get the kid out of the car to get them into the school or when they're coming home crying or anything like that, that's not the issue. The issue I have, as you have heard, is access to qualified professionals and around cost of services. My family does not meet requirements for state aid. Until just in January, our insurance did not cover mental health costs. So the costs of the mental health services that my kids had to receive was all out of pocket. The other big costs that are not addressed are pharmaceuticals. Most of the children that do receive mental healthcare does need some kind of Medicaid (sic) medical treatment, and those can be astronomical. Again, we're not addressing that so we can have as many services provided as possible. If we can't institute something to help those kids get those services, it's null and void. As a parent of students in public education, a person whose children and family members receive mental health services, and a taxpayer, I am here to oppose LB556 in its current state. Again, I would really sincerely like to thank Senator McGill for addressing this issue and sharing, starting this conversation. I would like to thank her for listening to the many concerns that were presented to her throughout the amendments. I would just ask that we take a step back, go through the details so all parties are comfortable with what is being proposed, and go at it again. Thank you. [LB556]

SENATOR CAMPBELL: Thank you, Ms. Miller. Senator Krist. [LB556]

SENATOR KRIST: I just want to make a couple comments. I'm hearing loud and clear, school is not the right place to do this. We're hearing it. We're hearing it, okay? And I think with as much bullying as goes on in the public school system, in any school system, there's a risk to set a child up for more danger, more trauma. I heard Dr. Evans say, and I bring it loud and clear, if a primary physician has a place in their office, it is better served in the office. I'm hearing that loud and clear. I think you need to hear from

us. We're in a two-year session. This has been dropped in the first year. We're going to have an interim probably to work it out. I just want to say publicly now, before we go any further, this will not hit prime time until it's ready for prime time. [LB556]

REGINA MILLER: Great. [LB556]

SENATOR KRIST: Okay? So all of your comments are welcome, but I just want you to know this committee has dealt with a lot of pretty serious stuff over the last couple years, and under...with Senator Campbell's leadership, we've come through and made, I think, some pretty good decisions. So we're listening, we're hearing, not in the school; probably in a primary physician's office. My concern is, and I'll put this out there, I'm from Omaha, greatest care I think probably in the Midwest. If we don't have a doctor in Omaha that can't do it, it probably can't be done. My problem is the kid in Banner County and trying to get some service to them. And I think... [LB556]

REGINA MILLER: I agree. [LB556]

SENATOR KRIST: ...this telehealth issue is one where we can extend that service, but we're going to be careful about it. [LB556]

REGINA MILLER: I agree. [LB556]

SENATOR KRIST: Okay? Thank you very much. [LB556]

REGINA MILLER: Thank you very much. I appreciate it. [LB556]

SENATOR CAMPBELL: Thank you, Ms. Miller. [LB556]

REGINA MILLER: Anybody else? [LB556]

SENATOR CAMPBELL: Thank you for coming today. [LB556]

REGINA MILLER: Thank you. [LB556]

SENATOR CAMPBELL: Our next opponent. How many more people wish to testify on this bill? One, two, three, four, five. Okay. Please stay very close to your testimony, because we have another bill to go here. Good afternoon. [LB556]

LANI BRESLER: Good afternoon. My name is Lani Bresler, spelled L-a-n-i B-r-e-s-l-e-r, and first, Senator McGill, I want to say thank you for taking the chance at creating something that definitely needs to be addressed. But I would like to come and talk to you from the perspective of a parent that has already been put through the truancy law criminalizing process with my own child. My son has a severe medical condition and we

were brought into court and accused of a crime we did not commit, and we've had to go through a very stressful year this year to prove that we were not unfit parents who were neglecting our son. We are the ones that the truancy law said that they were not going after, but they went after anyway. So with that being said, I have also raised three other boys who are in college. One of them is actually a graduate student at UNO now. So I have had this success with three other boys; pretty sure I'm going to be okay with number four. (Laugh) So what I would like for you guys to...what I want to ask you now is that I'm concerned about the telehealth being provided inside of our schools, not so much that it's the actual building itself so much that it is who's going to be doing the administering? I don't believe that that's something we should be asking our teachers or educators to be providing or to be involved in. However, I do agree that the schools are a great resource for the actual facility maybe after hours, when the parents can be present and can be involved completely in this process. So my opinion about that is when I take my son to school, I want his teachers to teach him math, science, English, the basics, and that's where I want their job to go. I don't want them to be concerned with trying to deal with his medical issues or to be knowledgeable unless I make it their business to be involved with that process. And as a parent, that's my job. My job is to be involved with making the decisions of how much they need to know so that we can get him to be successful to move on and be a successful adult. So my concern is with the administrating and who's involved with the process of the telehealth system. I do not feel comfortable having my son's educators involved with the subject matter that is this personal. The involvement is very...this involvement would be very intrusive. And my children deserve to have the privacy and the trust that they share with their physician also to be respected and preserved. My job as the parent is to determine when the educators need to be brought into the subject so that I can work with them to develop a plan that would allow the best formula for success for my child. I am the child's greatest advocate and advisor every minute of the day, although I recognize that his teachers are with him for eight and a half hours of the day. I do not need or want the government to step into this role and to start making decisions for me, as I'm the parent, and I am also very concerned about the cross-referencing of the Department of Health and Human Services versus how much information is being shared. So the next question I have in regards to this bill is, what is the actual true agenda? I'm very concerned this bill does not address the needs for the underprivileged family or the very rural family without access without becoming an intrusive involvement with the Department of Health and Human Services, which could then, in turn, lead itself into criminalizing the parents just as the truancy law has done to me. The mental health and well-being of our children is very important, and both of these sectors of students are being underserved. But why would you...why would you need to share the information with Department of Health and Human Services if there isn't an alternative agenda? Why not allow our schools to just provide the facilities; but after hours with the complete privacy with the children and their parents, and complete involvement with the parents and their private physicians? If the bill is designed for the intent to circumvent the HIPAA laws and the parents' involvement while bringing Department of Health and Human Services and the

juvenile judicial system in, just as the truancy law has done, then this bill needs to not be allowed to go any further. Our children and the parents of this state deserve to be respected and to not have the state designing bills with the disguise of helping when in reality it becomes a bill full of information sharing between departments to further the intrusive nature of our current political environment. Why not provide the students' parents with the information of how they can receive the care while not being the facilitators? This might be a great step in the right direction, while not demanding the personal information regarding the kids. The goal is for underserved children to receive the care they need. It is not to force the parents to do something through mandates while sharing their personal information and then turning the parents into criminals. I have one more paragraph. Sorry. I want to say last that I'm in charge of my children and so are all the parents and taxpayers and citizens who just want to live a free and comfortable life without intrusiveness. We're the best advocates and the best facilitators for our children's care. I will, however, work with my government to help to keep this possible, but I will also stand in defense of the well-being and freedoms of these children and their families from an overreaching government. This bill, as it is written today, qualifies, to me, as overreaching, and I'd really like to work with you to help design a bill that changes this issue while providing the help to those who need it. Thank you. [LB556]

SENATOR CAMPBELL: Thank you, Ms. Bresler. Any questions from the senators? Thank you for coming today. [LB556]

LANI BRESLER: Thank you. [LB556]

SENATOR CAMPBELL: Our next testifier. [LB556]

MELANIE WILLIAMS-SMOTHERMAN: Good afternoon. [LB556]

SENATOR CAMPBELL: Good afternoon. [LB556]

MELANIE WILLIAMS-SMOTHERMAN: (Exhibit 18) My handouts include...well, first of all, my name is Melanie Williams-Smotherman, M-e-l-a-n-i-e, Williams-hyphen-S-m-o-t-h-e-r-m-a-n. I am the executive director and founder of the Family Advocacy Movement, which is a grass-roots group that believes children are best cared for by their own families and that, as a rule, the best way to keep children safe and developing into healthy people is by supporting the natural rights of families and respecting that parents are most qualified to determine what is in our own children's best interests. I come before this committee often to talk about my main concern in my role of advocating for families whose children are mostly caught up in the child welfare and juvenile justice systems. And I would like to say that when our organization was founded, when our group was founded, this effort was supported by Senator McGill in her care and thoughtfulness about what was happening during the safe haven crisis.

And for that I will be always grateful, and I consider Senator McGill a friend, and I appreciate much of the conscientious bills that she introduces. The reason that I'm here to oppose LB556, unfortunately, is just because of the language as it is written today. I look forward, as everyone else, to the amendments and a relook at that. I do have a couple of concerns still outside of the original worry that, first of all, this was going to be mandated screening in order for our children to be allowed into public schools. I think that they are diametrically opposed and conflicting interests, since our children have a natural right to be in school and that it's even mandated through compulsory attendance laws, and therefore anything that is required...is attached as a requirement to that I think is a violation of parental rights and the rights of the child. So I was mostly concerned about the fact that there was a lack of opt in for parents. I was concerned that it is already...that it's a threat against an already well-established right of citizens that we pay for, which is the right of our children to attend public school. And because of the bill's vagueness, before the amendments are offered, the lack of detail about the implementation standards of a mental health screening of children, and how the privacy of those children and families would be protected, and how the mental health screening follow-ups would be handled were very concerning to me. And one of...some of that is still concerning to me. You know, I think of the Somali child, the Hispanic or Native American kindergartner. How are these screenings, which, you know, I've been told they're kind of brief screenings, how are they going to be provided to these children with various cultural and developmental cognitive skills and communication skills in a way that honors those differences? And I'm worried that the types of red flags that could come up from a standardized type screening will also create a situation, especially for families of fewer means, to be able to reject the recommended follow-up. And I think it should be their right, whether or not they're receiving public funds, to remain as parents to their children and to make those very sensitive decisions for their kids with very serious possible ramifications. I'm going to jump through some of this. You all have my full testimony as it was written prior to the introduction that Senator McGill provided, so you can read that to get that sentiment, but I don't think that I need to go through all of that right now. I do want to say that a couple of the questions that were raised while I've been sitting here and listening have to do with collaboration teams. I'm extremely nervous about the idea of DHHS and all of these various professionals listed coming into the lives and privacy of families. This is the very thing that I try very hard to fight against, which is gateway laws or gateway opportunities for families to be stigmatized or to be found to be somehow medically or...neglectful of their children. And anything that rises...arises that suggests that there is a possible opening for that, I think we need to take a very close look at. Thank you. [LB556]

SENATOR CAMPBELL: Thank you. Are there any questions of senators? Thank you for your testimony. Our next opponent. [LB556]

JANELLE HEINE: (Exhibit 19) Hi. My name is Janelle Heine, first name J-a-n-e-l-l-e, last name H-e-i-n-e, and I'm an opponent for this. I appreciate, Senator McGill, you

talked about Sandy Hook. Well, I'm a parent whose child was at Millard South and had to go through that and waited till 6:00 to pick up my own child, so I understand. Almost everything has been covered. I do have a couple questions and so I'll just throw them out there. Private pay, you talked about screening. I know I have two children with mental health issues, and I have limited insurance. They have like 20 visits to a psychologist or something like that. That's not discussed about in here, so you're not helping people who cannot get state assistance and don't want state assistance with this without amending some of the insurance policies so that we can have regular visits. And somebody has addressed that, but I did want to make that clear. Also in the bill it was written that you could have just a layperson in the room with the child. Well, my 17-year-old is not allowed to go to the doctor without me, so I would not condone that for anybody. And I will advocate for anybody because I just don't feel that's a safe place. And it sounds like, you know, you guys are well-aware of our stance on and my stance on the school. And I think that covers all my complaints today. (Laughter) So... [LB556]

SENATOR CAMPBELL: Okay. I noted that emphasis on "today." I did note that. (Laughter) [LB556]

JANELLE HEINE: Well, I haven't seen the amended version, and if the amended version is not nice, then I guess I'll be back. I would rather not be because I really don't like to come and talk before people; but if I need to be, I will. [LB556]

SENATOR CAMPBELL: You did just fine, and thank you very much for providing the written testimony. [LB556]

JANELLE HEINE: Yeah. [LB556]

SENATOR CAMPBELL: That's helpful. [LB556]

JANELLE HEINE: Yeah. Thank you very much. [LB556]

SENATOR CAMPBELL: Thank you so much. Our next testifier. Good afternoon. [LB556]

CHRISTINE BATES: Hi. My name is...oh, pardon me. My name is Christine Bates, C-h-r-i-s-t-i-n-e B-a-t-e-s. I came down today from Omaha and everything that I had prepared and written has been changed, so thank you. (Laughter) I quickly wrote up what my few little concerns are. I do appreciate the change, and I really do look forward to reading it. My number one concern is parental consent, and I would like to see wording in the bill that it is strictly enforced. And the reason I wanted to bring this up, we moved here about five years ago and my school took it upon them to invite my children to attend a divorce class, because I am divorced--I'm remarried--and...but they did not inform me that my children would be attending this special class. Well, my children are

very...my youngest child especially is extremely...she listens a lot to power of suggestion, so she left this class being a very...she went in being a very well-adjusted child and we work well with the situation we have, and she came out saying, well, maybe I should start smoking; well, maybe I should start cutting myself. I mean this was like a how-to become a dysfunctional child. And I was not once informed that my child was going to be in this class. I was livid, and my school administrators heard about it immediately. And so that is a very big concern because I, myself, have had my children in counseling and have had plenty of talks and we have worked this out. I mean, unfortunately, divorce is a sad thing that has happened to my family, but they were very well-adjusted children. And now I've had to go back to therapy to try and undo what was done in a three-week course. I luckily got her out halfway through. But that is something that I want to see in the bill, that it's enforced that it has to be a parental consent, because there can't be closed-door meetings, there can't be we find it best...of your child's best interest. I'm the parent. I work very, very hard and I love my children and I believe that all of you that are parents love your children and you know what's best for your children. But I'm the parent for my children. The laws, there are a lot of laws that are already in place, and I feel a lot of times we come up with new laws to go on top of old laws and then...let's try and enforce what we currently have and make some of those...and have them go hand in hand. I do believe we should have an opt in because if I want help, I will come to you and say, help, please, I need some help. One of the things that Senator, is it, Gloor, that I do think needs to be addressed--and this is not just for children, but for adults, but especially for our children--we need more healthcare providers for mental health. If we're planning on doing anything for mental health, who in the world is going to be helping these kids? Because if you try to get an appointment, you wait three, six...I have waited nine weeks for an appointment. Okay, if it's an emergency, they tell you to go to the emergency room. They put you on a bunch of drugs, they dope you up, they send you home. That's all they do. We need good healthcare providers. Maybe we should use our taxpayer money to encourage people to become psychiatrists and psychologists, and the doctors we have, to give them those skills. I don't know why we'd want to be having all these special-interest groups that are making lots of money when we have to have someone who's going to do the work. So that's what I came to say. We need to feel safe sending our kids to school. I moved here five years ago. It has been an awful struggle living in this state. I have been down to Lincoln. This has actually been the most enjoyable time coming and testifying, so I appreciate all of you letting us each have a turn to speak. And I really appreciate you listening to our concerns before we even got here. So again, thank you very much for your time. Please put forth laws that will help us work hand in hand to raise good kids. Thank you. [LB556]

SENATOR CAMPBELL: Thank you, Mrs. Bates. Just so that you know, part of the BHECN program that the three physicians talked about, but a portion of those dollars that we set aside was also to increase the work force in behavioral health. So probably not enough, probably need more, but at least we started it. [LB556]

CHRISTINE BATES: Well, at least it's a start. I mean at least we can start somewhere. So thank you very much. [LB556]

SENATOR CAMPBELL: You bet. [LB556]

CHRISTINE BATES: And I appreciate all of your time. [LB556]

SENATOR CAMPBELL: Thanks for coming. [LB556]

CHRISTINE BATES: Uh-huh. [LB556]

SENATOR CAMPBELL: Our next opponent. Okay. Good afternoon. [LB556]

VIVIANNE CHAUMONT: (Exhibit 20) Good afternoon. Good afternoon, Senator Campbell and members of Health and Human Services Committee. My name is Vivianne Chaumont, V-i-v-i-a-n-n-e C-h-a-u-m-o-n-t, and I'm the director of the Division of Medicaid and Long-Term Care for the Department of Health and Human Services. I'm here to testify in opposition to LB556. I'm also here to apologize for the tardiness of the department's fiscal note. LB556 proposes to expand access to medical and behavioral health services by promoting the use of telehealth services in public schools. The bill requires the regional behavioral health authorities to establish an implementation and development team to assist in designing the telehealth system in the school. In addition, it sets forth several requirements to the Medicaid program related to payment and coverage of services. We had a difficult time drilling down to what exactly the impact on Medicaid would be, and I'm limiting my comments today to the impact on Medicaid. Medicaid currently pays for telehealth services, and school clinics could currently provide such services if they have the appropriate equipment. Medicaid can currently pay for telehealth services received by a child at a public school site. Medicaid can currently pay for transmission costs. It is unclear what "related services" are envisioned in Section 2 of the bill and, therefore, what Medicaid would be required to cover. If Medicaid is to cover the expenses associated with establishing telehealth technology in the schools, there would be costs associated with that requirement. Moving to Sections 4 and 5 of the bill, behavioral health screenings are already covered under the Early Periodic Screening Diagnosis and Treatment, EPSDT, Medicaid benefit as part of a comprehensive exam. It is unclear whether this bill envisions something separate than an EPSDT screen. Section 5 adds language regarding EPSDT, but that language that's added is already part of the EPSDT benefit. Again, this is already covered. Lastly, in Section 5, language is added to the mental health and substance abuse services coverage that is unclear. What exactly is meant by behavioral health consultations? If it means a therapy session between a Medicaid patient and a practitioner, Medicaid already covers that service. If it means consultations between professionals that do not involve face-to-face consultations or examinations between a Medicaid patient and a

practitioner, Medicaid does not cover that and such consultation is not coverable by Medicaid. Section 4 also requires the department to provide training for healthcare professionals on providing child behavioral health screenings. What training is intended is not at all clear. Training of healthcare professionals is not a service that Medicaid can cover. What is absolutely clear in the bill is that the expectation is to increase access and, therefore, increase services. In fiscal year 2010, Medicaid spent over $108 million on children's behavioral health services. What additional costs would result from this bill is hard to estimate. We can more easily estimate the costs of adding the requirement for a physical to include a behavioral health screening for children entering the 9th grade. The fiscal note assumes that 14-year-old children would approximate the 9th grade population for whom physicals will be required. Twelve percent of 14-year-old children received EPSDT screenings in FY '12. For the remaining 88 percent, additional Medicaid expenditures for physicals are estimated at about $1.1 million in fiscal year '14, and $1.1 million in fiscal year '15. Additional CHIP expenditures would be estimated at about $273,000 in fiscal year '14, and $287,000, fiscal year '15. The additional physicals would result in...could result in additional physical and behavioral health referrals which are also covered by Medicaid. Based on our FY 2012 data for 14-year-olds' referrals from EPSDT screenings, additional Medicaid expenditures for referrals are estimated at $117,000 for fiscal '14, and approximately $123,000 for fiscal year '15. Additional CHIP expenditures would be estimated at about $30,000 for fiscal year '14, and $31,000 for fiscal year '15. The total increased expenditures to the Medicaid and CHIP program is estimated for state fiscal year '14 to be about $1.5 million, and in state fiscal year '15 about $1.6 million. Due to the lack of clarity in the bill and the increased expenditures, the Department of Health and Human Services opposes LB556. I would be happy to respond to questions. [LB556]

SENATOR CAMPBELL: Director, I think that what might be helpful--I don't think the senators are going to ask you any questions--Senator McGill started her testimony today by indicating that she was not going to make the 9th grade mandatory. She was taking that out of the bill. [LB556]

VIVIANNE CHAUMONT: And we have to provide a fiscal note and testimony... [LB556]

SENATOR CAMPBELL: Oh, no, no, no. [LB556]

VIVIANNE CHAUMONT: ...based on the words in front of us, not what may or may not be introduced later on. [LB556]

SENATOR CAMPBELL: Right, and I understand that... [LB556]

VIVIANNE CHAUMONT: Uh-huh. [LB556]

SENATOR CAMPBELL: ...but just so that you know. [LB556]

VIVIANNE CHAUMONT: I heard that. [LB556]

SENATOR CAMPBELL: Oh. Okay. I just wanted to make sure that you had. [LB556]

VIVIANNE CHAUMONT: Uh-huh. Yes. Uh-huh. [LB556]

SENATOR CAMPBELL: Are there any questions for the director? Okay. Oh, I'm sorry, Senator Howard. [LB556]

SENATOR HOWARD: It's always me. I'm so sorry. Just a couple points of clarity: In your third paragraph you say "telehealth services and school clinics." Do you mean school-based health centers or do you mean nurse's office? I believe school-based health centers are billable... [LB556]

VIVIANNE CHAUMONT: Yes. [LB556]

SENATOR HOWARD: ...whereas a nurse's office in a school can't bill Medicaid. [LB556]

VIVIANNE CHAUMONT: I believe the school-based health clinics are the providers that can bill. You're right. Uh-huh. [LB556]

SENATOR HOWARD: Okay. Fabulous. And then in the next paragraph, you're trying to clarify what a therapy session for a Medicaid patient is allowable and billable. Can you...and this is for Senator McGill as much as it is for me. Can you specify which behavioral health practitioners are billable under Medicaid? [LB556]

VIVIANNE CHAUMONT: Oh, a whole slew of them. [LB556]

SENATOR HOWARD: Uh-huh. Maybe is it easier to say which ones aren't? [LB556]

VIVIANNE CHAUMONT: Are not billable for behavioral health services? [LB556]

SENATOR HOWARD: So, for example, a bachelor's in social work, is that billable? [LB556]

VIVIANNE CHAUMONT: Depends on what the service is. [LB556]

SENATOR HOWARD: Okay. So...okay, so I think maybe that would be helpful... [LB556]

VIVIANNE CHAUMONT: There are so many different services that are covered by

Medicaid and there's different criteria for the different kinds of service. [LB556]

SENATOR HOWARD: Okay. Thank you. [LB556]

VIVIANNE CHAUMONT: Yes. [LB556]

SENATOR CAMPBELL: Director, could we find that information if we looked in the state plan to answer... [LB556]

SENATOR HOWARD: Yeah. [LB556]

SENATOR CAMPBELL: ...to get at Senator Howard's? I mean because you can go on-line and look at the state plan. Would some of those professionals be listed there? [LB556]

VIVIANNE CHAUMONT: Yes. You must find the state plan way easier to read than I find the state plan to read. (Laughter) [LB556]

SENATOR CAMPBELL: Oh, I read it all the time. (Laugh) [LB556]

VIVIANNE CHAUMONT: So I would be happy to get together with Senator Howard and kind of be more specific... [LB556]

SENATOR CAMPBELL: Okay. [LB556]

VIVIANNE CHAUMONT: ...about exactly what her questions are... [LB556]

SENATOR HOWARD: That would be really helpful. [LB556]

VIVIANNE CHAUMONT: ...and provide that information to her. That would probably be the easiest way. [LB556]

SENATOR HOWARD: Thank you. [LB556]

VIVIANNE CHAUMONT: Uh-huh. [LB556]

SENATOR CAMPBELL: Most of the time I have to read the state plan and then I just call your office and say, what does that mean? [LB556]

VIVIANNE CHAUMONT: (Laugh) Yes. [LB556]

SENATOR CAMPBELL: So I identify with that. Other questions for the director? One personal note, we will note you are not wearing your cast. [LB556]

SENATOR HOWARD: Yeah. [LB556]

VIVIANNE CHAUMONT: I got the cast off yesterday, uh-huh, so it's... [LB556]

SENATOR GLOOR: Was that a friendly (inaudible). [LB556]

SENATOR CAMPBELL: It's looking better. [LB556]

VIVIANNE CHAUMONT: ...much better. [LB556]

SENATOR HOWARD: Full range of motion. [LB556]

VIVIANNE CHAUMONT: I kind of liked the closing of that testifier there: This is the only negative things I have to say today. (Laugh) [LB556]

SENATOR KRIST: Today. [LB556]

SENATOR CAMPBELL: Today. You have to remember that. [LB556]

VIVIANNE CHAUMONT: I'm changing my testimony from now on... [LB556]

SENATOR CAMPBELL: And I'm assuming... [LB556]

VIVIANNE CHAUMONT: ...to add that at the end. (Laugh) [LB556]

SENATOR CAMPBELL: I'm assuming that when Senator McGill puts the amendment together, then that amendment can also be reviewed by you so we can have a more accurate fiscal note. [LB556]

VIVIANNE CHAUMONT: Uh-huh. [LB556]

SENATOR CAMPBELL: Okay. [LB556]

VIVIANNE CHAUMONT: Okay. Sounds good. [LB556]

SENATOR CAMPBELL: Well, because it will frame the amendment, not the total bill I think. [LB556]

VIVIANNE CHAUMONT: Correct. All right. [LB556]

SENATOR CAMPBELL: Anything else? [LB556]

VIVIANNE CHAUMONT: Thank you. [LB556]

SENATOR CAMPBELL: Anyone else in the hearing room who wishes to testify in opposition? Anyone in a neutral position? Yes, sir. [LB556]

JAMES HOLT: Good afternoon. [LB556]

SENATOR CAMPBELL: Good afternoon. [LB556]

JAMES HOLT: My name is James Holt, J-a-m-e-s H-o-l-t. I practice here in Lincoln and Omaha. I'm a licensed mental health professional and a licensed independent mental health professional and a diplomat of social work. I belong to the NASW and I am thankful to appear before you today. I also want to thank Senator McGill and her staff for the vision that they have. I've done some research on the issue that we're discussing, and I believe that other states are in the process of piloting and implementing the program, and I do think that if it's done in a manner in which it's respectful, I think it could have positive effects. I have some questions more than anything else today. One is I heard that it's going to be physician-based rather than tool-based. If it's physician-based, I'd like to know or my concern is what is the training of that physician relative to the cultural components? We deal with children, I deal with children of diverse cultures. Behaviors are symptoms of problems. Sometimes they are looked upon as being diagnosed something that they're really not, and part of that issue is the family system. So if you're going to undertake the behaviors, I think you're going to have to look at the total system. That includes what goes on in the home, what goes on in the environment in which the child lives in, and I hope that you take a holistic look at everything that the child is around. Children that are of kindergarten age, that's a very difficult child to diagnose. And children are misdiagnosed so many times. They are diagnosed with something like ADHD, which they may not have, and so you want to give them medication that they don't need. And so I really caution the impulsivity of someone that's diagnosing a child that you want to give them medication for something they may not have. And it has a lifelong impact, not just a few days or a few weeks. It has a lifelong impact, and it goes into them thinking that they're sick. And, see, children that believe that they're sick will act sick, and so they start acting out in school, they start doing things that people become very fearful of. So as a mental health professional, I'd like to say that I'm in favor of this concept, but I'd like to also ask you to be cautioned as to how you implement it and the respect that you look at all cultures, because as you can see today, I'm the only African-American professional here. That concerns me because we have a practice in Omaha and we have children of color in Omaha that are being labeled something that they're not. I want to thank you for this opportunity, and I certainly hope that I can be of help in relation to this bill. Thank you. [LB556]

SENATOR CAMPBELL: Thank you, Mr. Holt. Any questions? Thanks for coming today.

[LB556]

JAMES HOLT: Thank you. [LB556]

SENATOR CAMPBELL: I believe I saw one other hand in a neutral position. Good afternoon. [LB556]

JUDY ZABEL: Hi. My name is Judy Zabel, J-u-d-y Z-a-b-e-l. I came here today just to listen. I wasn't going to testify at all because my friend did a very good job, Mrs. Teachman. But I wanted to thank Senator McGill for introducing this. I talked to her a lot about this bill, and I did not support it as I talked to her. I'm one of those people that changed my mind, Senator. I do support what she's trying to do with her amendments. I would advise as well, as already been said many times, be careful about who's in the room, who hears what, because children are good mouthpieces. And if it gets back to children, I'll tell you, the bullying that might go on or the making fun of a child will destroy that child. I know that because that happened to me; and it took me many, many years, actually until I was 50 years old, to get over that hump to realize that I'm okay, that I'm somebody, I'm getting help and nobody needs to make fun of me or I don't have to accept it. I learned to put boundaries around myself. And so I would really advise you, even siblings should not be aware of what goes on in that counseling room unless they are the guardian of that child, because my siblings were cruel. And I paid for it; they didn't. I'm the one that paid for it. So just be careful of who you allow to hear the counseling session. I'd be very concerned about that. But I thank you for this, for this hearing, letting everybody talk; very generous of you with your time on a long weekend. And I thank you very much. That's all I have to say. [LB556]

SENATOR CAMPBELL: Thank you, Ms. Zabel. Appreciate you coming. [LB556]

JUDY ZABEL: Thanks. [LB556]

SENATOR CAMPBELL: Senator McGill and closing. [LB556]

SENATOR McGILL: Thank you for your patience in this marathon. As you can see, this is an overwhelming problem. You're the Health and Human Services Committee. You know that there are problems with getting our young people the services that they need. You know, as being on the Judiciary Committee and seeing things, kids getting to be teenagers and it being almost too late to really help them as effectively as we could early on when we know from parents or teachers that they were showing signs at five years old. And sadly, you know, we have some great parents here with us, but as one of the...the principal testified earlier, you have a lot of broken families where parents aren't self-identifying the problem. There is a lot of denial. My own best friend I mentioned earlier, her husband and his ex-wife, I mean it took years before she could convince them to get their child screened, years of him acting up in the schools. And the teachers

are the ones who could say this isn't just a boy being a boy. His behavior is different than what they're seeing, you know, what they see from most kids. And so there are great parents out there who want to get their kids help and don't know where to go or have tried and hit brick walls, but there are also broken families that are very much in denial about their children's problems. Which brings me to discussion about the schools and whether or not the school should be an option for locations. And I completely respect the concerns that folks have, but as long as...everything, everything that we're suggesting in this bill requires parental consent. If for a particular family they do think that that school building is the best place for them in the convenience of their child's day and their family's day, then why shouldn't that be an option if it's up to the parent, and absolutely up to the parent? What we're seeing is that our kids are either being removed from school altogether for their therapy sessions. I mean that's happening in most schools. There are some kids who are leaving the building to get their therapy and then not coming back to finish the day. And so if they do have access to that therapy on the premises as opposed to leaving and then not coming back for the rest of the school day, I think that should be an option if a parent wants that to be the option. Otherwise it's like the principal said, or I was just visiting a school in York in November where they take the eight or nine troublesome kids and put them in a separate classroom because they distract from all the other children and the education they're getting. So kids are already being segregated. For better or for worse, that is happening. And so I completely understand the concerns about bullying and picking on kids who might be identified as, oh, they're going to the counselor, they're going to do this, but that's happening today because the school teachers don't know what to do. And I don't want to inundate the entire committee with the stories I've been hearing from principals across the state, and so if a parent chooses for that to be the location and maybe they can get a higher level of therapy than just being segregated by a group and trying whatever plan that school district has in place for those kids, that should be an option. You know, looking through some of the other thoughts, you know, I absolutely...you know, one of the reasons I think Professional Partners is so great is because they do emphasize the healing for the family. Telemedicine doesn't just have to be the child and that person on the other end. Hopefully it is the family in many cases. And if we can open up this bill to allow families to get their treatment within their own home, that's even better. You know, when the whole family is there and can get that treatment together, we do have national studies that say telemedicine is just as effective in person, you know, if you're still including all of the appropriate people in that therapy process. We have talked about the shortage of providers. You know, we've been working with BHECN. If there are any other suggestions we could throw into the bill, that would be great. Obviously, I want to put more money into Professional Partners, which would go into direct services. You know, I know we've talked a lot about telemedicine here; but expanding that program so that the schools I'm hearing from in western Nebraska, in particular, can better meet the needs of the schools that are calling...because I've talked to schools now where they said, we've called them and they were able to come once; but we're too far away from their hub and so they can't afford to come see us or they're full down in Region 3. And

so I think that is a direct way that we can start getting more of the services and to start investing and rebuilding the infrastructure for children's services that got a little messed up by child welfare. We saw some providers closing that could have also been filling some of these greater needs. We're working on, you know, if we can pass juvenile justice reform and take some of the monies that are currently in the YRTC and put them back into community-based services, then that builds the infrastructure of child psychologists or opportunities for community-based services that wouldn't just be available for those that have been in traditionally in OJS. But those same people could be there to be helping other children who have not become state wards, have not gotten in with the criminal justice system yet. And showing our willingness to invest in those services I do think is an important piece of this puzzle. And just to clarify, when we're talking about screenings, we're not talking about the primary care doctor diagnosing the problem based on the screening. The screening flags a potential problem that that family could then go to a professional in that field or use telemedicine to consult with them on...the expert on what exactly their child may be dealing with. Mental health issues aren't as easy to fix as physical health issues. You know, you break an arm, you know how to fix it. It does take a lot of time and effort, which is why I think we need to be starting so much earlier and finding ways to get those kids the treatment they need and get them identified. You know, I think that all of us of any age should be getting mental health screenings when we go in for checkups. We all struggle at some point in our lives, and so we also need to teach our kids that it's okay to ask for help and it's okay to identify something and try to work to change the behavior so that we can all be stronger adults and raise our own kids in more productive ways and create productive citizens who aren't going into shopping malls and schools and shooting at people or, I mean, the second leading cause of death for teenagers is suicide. We need to have...we need to create a society where we are willing to ask for help, and we're willing to teach our kids it's okay to ask for help. And I think that being open to screenings is one way of showing people it doesn't mean there's something wrong with you. It means that you just need some help to get on the right track. That's all I have to say. I look forward to working to create some amendments that hopefully we can all feel good about and push forward. And I would take any questions. [LB556]

SENATOR CAMPBELL: Any questions from the senators? Think not. We'll look for the amendment. [LB556]

SENATOR McGILL: Thank you. [LB556]

SENATOR CAMPBELL: (See also Exhibit 21) With that, we conclude the hearing on LB556. If you are leaving, would you please leave very quietly and take all conversations to the hall, because we have one last bill. Can we have a show of hands of people who are planning to testify on LB260? One, two, would you come to the front, please, if you're planning to testify on LB260. All right. We'll open the hearing on LB260, Senator Gloor's bill to change requirements for a data and information system under the

Nebraska Behavioral Health Services Act. Senator Gloor. [LB556]

SENATOR GLOOR: Good afternoon, Senator Campbell and fellow committee members. Senator Mike Gloor, G-l-o-o-r. Today I'm introducing LB260. I've introduced this bill on behalf of the Department of Health and Human Services. LB260 changes the Behavioral Health Services' requirements involving the data and information system and reporting. The bill eliminates reporting about persons receiving state-funded behavioral health services. The following requirements for this system are eliminated: number of persons ordered by a mental health board to receive behavioral health services, number of persons ordered by a mental health board to receive inpatient or outpatient treatment and receiving regional center services, number of persons ordered by a mental health board to receive inpatient or outpatient treatment and receiving community-based services, number of persons voluntarily admitted to a regional center and receiving regional center services, number of persons waiting to receive regional center services, number of persons waiting to be transferred from a regional center to community-based services or other regional center services, number of persons discharged from a regional center who are receiving community-based services or other regional center services, and number of persons admitted to behavioral health crisis centers. In addition, the bill eliminates the quarterly reporting requirement of such information. Behavioral health reform has taken place and the need for certain data elements has changed. There are new processes in place in the Division of Behavioral Health to capture the needed services. And I would tell you that you will remember the CCHD bill that's Senator Smith's that we just discussed. My being pretty adamant about the fact that reporting that data for data-reporting purposes that disappear into the giant vault of data collection was a pretty important thing of mine. I feel this bill fits into the same category, that is, pruning some of the dead branches off the tree when it comes to data reporting. I'd be happy to answer questions. However, I'd like to defer the technical questions you may have to testifiers who are behind me. Thank you. [LB260]

SENATOR CAMPBELL: Any questions for Senator Gloor at this time? Senator Crawford. [LB260]

SENATOR CRAWFORD: Thank you, Senator Campbell. Thank you, Senator Gloor. I don't think this is a technical question, but I'll ask it and you can defer it. [LB260]

SENATOR GLOOR: Okay. [LB260]

SENATOR CRAWFORD: If I heard you correctly, were you saying you think that with reforms that we've had, there's other, different data that we're collecting that's more important than this data, or is it the case that you just don't think this kind of data is necessary for us to have? [LB260]

SENATOR GLOOR: No. I think the data is still available, but not necessarily

response...not needing to be reported in the manner in which it gets reported. It'll still be reported, still be able to be pulled out, I believe. And I think that's some of what you'll hear in testifiers after me. [LB260]

SENATOR CRAWFORD: Okay. Thank you very much. [LB260]

SENATOR CAMPBELL: Any other questions? We know Senator Gloor will be here... [LB260]

SENATOR GLOOR: No place to go. [LB260]

SENATOR CAMPBELL: ...with our first proponent. Good afternoon. [LB260]

SUSAN ADAMS: (Exhibit 22) Good afternoon, Senator Campbell and members of the Health and Human Services Committee. I am Susan Adams, S-u-s-a-n A-d-a-m-s--sorry about that--network services administrator in the Division of Behavioral Health in the Department of Health and Human Services. I am here to testify in support of LB260, and I would like to thank Senator Gloor for introducing this bill on behalf of the department. The Nebraska Behavioral Health Services Act provides for the publicly funded behavioral health system. Section 71-810 of this act was in 2004 originally established to provide direction for the reduction of utilization of regional center behavioral health services and the coordinated transition of consumers to community-based behavioral health services. At the time of this initiative, specific data management and reporting features were required and intended to guide and monitor progress towards this effort. The reporting requirements have since been found to be of limited benefit. LB260 maintains the data reporting requirements from contracted providers for the purpose of system planning and management. The bill eliminates the language specific to the data management and reporting responsibilities that no longer have purpose for today's system. We support the termination of these reporting requirements for the following reasons: our system has transitioned to the next chapter of growth and has established new processes to collect data elements, coordinate care, monitor quality and capacity within the behavioral health system. The usefulness of initial reporting requirements, especially those focused on regional center data points, has expired and has since been replaced with more appropriate data. The reports initially developed have been discontinued and replaced with data reports shared with our regional behavioral health authorities and others. Community-based systems of care require new data strategies to ensure continued success. In closing, the behavioral health reform initiative that included these time-appropriate reports has since ended. The resulting focus on community-based care is ongoing; and the time spent with partners like regional centers, regional behavioral health authorities, consumers and stakeholders is better served in system progress than the development of these historical reports. Thank you for the opportunity to provide testimony regarding LB260. I would be happy to answer any questions you might have. [LB260]

SENATOR CAMPBELL: Questions from the senators? Ms. Adams, in the section that you quote here of the act in 2004, do you happen to know what LB number that... [LB260]

SUSAN ADAMS: LB1083. [LB260]

SENATOR CAMPBELL: In LB1083. Now, I'm not going to ask you to answer this question, I'm just going to try to give a little education for my colleagues here. Senator Howard has introduced a bill that has to do with the follow-up on rules and regs. And she gave...she introduced the bill and it was at the Executive Board the other day that we had a hearing on this and we talked about it. And one of the most fascinating things to me is it came out in that hearing that there are a number of bills related to LB1083 in which the rules and regs have never come out. And I have to say, I sat there and went, why? And so we are having some help following that up, and most likely we'll have a discussion with the department and the division on any rules and regs that have not been promulgated to try to figure out where we're at. But I have to say it was too good of an opportunity in your testimony not to mention Senator Howard's bill and for the committee to know that we are pursuing looking at this. So that would be helpful. There are a number of LBs that are all related to behavioral health there. I'm assuming that some of these that Senator Gloor has in his bill were related to those LBs originally. Is that what you're... [LB260]

SUSAN ADAMS: Uh-huh. [LB260]

SENATOR CAMPBELL: ...in other words, the requirements that we're getting rid of these reports were originally in some of these bills. [LB260]

SUSAN ADAMS: Yes. Yes. [LB260]

SENATOR CAMPBELL: Okay. And I would guess...I'm going to encourage my colleagues that we pay much more close attention to bills when they ask for rules and regs because with term limits, I surmise that all the people who were involved in some of these bills are no longer here. So there's no longer an interest or intent of the senators. So we'll probably be seeing some folks from the division in helping us know what happened to all those. Thank you. [LB260]

SUSAN ADAMS: Thanks. [LB260]

SENATOR KRIST: Just to follow-up on that comment because I'm on that Exec, we're saying that a reporting requirement that was tied to a particular requirement that's in statute which has not been promulgated in an appropriate amount of time, that the reporting process is going away. And I guess I need to tie...I need to connect the dots

on it because if the statute is still in place, and the reporting requirement should be there, and now we're suggesting that we're doing away with the reporting requirement because we never promulgated the rules initially, you see where I'm going? [LB260]

SUSAN ADAMS: Uh-huh. [LB260]

SENATOR KRIST: So I have some questions as well that I think we need to drive in. [LB260]

SENATOR CAMPBELL: But we will be back to the department so don't...you don't have to worry about that, that you need to get back to us. [LB260]

SUSAN ADAMS: Okay. [LB260]

SENATOR CAMPBELL: We have to do some work. [LB260]

SUSAN ADAMS: Okeydoke. Thank you. [LB260]

SENATOR CAMPBELL: All right, thank you. Our next proponent. [LB260]

JOSEPH KOHOUT: (Exhibit 23) Madam Chair, members of the Health and Human Services Committee, Joe Kohout. Once again, K-o-h-o-u-t. [LB260]

SENATOR CAMPBELL: I think you're down to two minutes. [LB260]

JOSEPH KOHOUT: Oh, okay. [LB260]

SENATOR CAMPBELL: I'm kidding. I'm kidding, Come on. [LB260]

JOSEPH KOHOUT: It's so nice being in front of the Revenue--I'm sorry--the Health and Human Services Committee at the late hour. The regional administrators voted unanimously to support LB260. I did provide...again, Mr. Johnson was here; but unfortunately had a commitment and was not able to stay, and asked me that I pass out a copy of the letter. One thing that I would just note in his first paragraph is that just because the reporting is going away doesn't mean that some of the regional behavioral health administrators aren't going to monitor the data that's coming forward. So with that, we appear in support, and I would try and answer any questions. But again, I'm not the expert that Mr. Johnson is. So... [LB260]

SENATOR CAMPBELL: I think that was two minutes, that's excellent. Questions from the senators? We'll take a look at this and we certainly will call you if we have any questions. [LB260]

JOSEPH KOHOUT: Perfect. Thank you. [LB260]

SENATOR CAMPBELL: Thank you. Our next proponent? Anyone else in the hearing room? Those who wish to testify opposed to the bill? Good afternoon. [LB260]

BRAD MEURRENS: (Exhibit 24) Good afternoon, Senator Campbell and members of the Health and Human Services Committee. For the record, my name is Brad Meurrens, B-r-a-d M-e-u-r-r-e-n-s, and I'm the public policy specialist for Disability Rights Nebraska, the federally authorized protection and advocacy system for Nebraska. Although I am here today to testify in opposition to LB260 as written, we see this legislation as an opening, an invitation to begin a discussion as to what extent the existing data requirements continues to be useful and what new data requirements would be helpful to the Legislature in fulfilling its oversight responsibility. At this time, we request that the committee withhold any action on LB260 and instead authorize an interim-study resolution to provide a forum for the discussion of what data, outcome measures, and other metrics the Division of Behavioral Health and the Regional Behavioral Health Authorities should provide to the Legislature. The Behavioral Health Services Act of 2004, LB1083, constituted a major reform of Nebraska's behavioral health service system, and the existing data requirements were established to provide the Legislature with information so that it could provide meaningful oversight of the implementation of said act. The data requirements are what the Legislature decided itself that it must have in order to discharge effectively it's oversight responsibilities. Just because the implementation of the Behavioral Health Services Act is well underway, it does not follow that the Legislature's oversight responsibilities should be diminished. We are also uneasy about simply turning over the entire operation of developing a system of data reporting to the Division of Behavioral Health and the Regional Behavioral Health Authorities. Part of our uneasiness stems from the repeated failure of the Department of Health and Human Services to be inclusive, open, and transparent. For the purpose of starting our conversation, we have identified a number of data elements or outcome measures that seem to warrant consideration. I've included those at the back of my written testimony this afternoon. Unfortunately, we do not share their optimism regarding the behavioral health system's successful transition to "the next phase of growth." While the system no longer relies almost exclusively on outdated, overly expensive, sprawling institutions to provide care for persons with mental illness, many lingering problems exist within the community-based system of care ushered in by the Behavioral Health Services Act. For example, one must ask if the "community-based" living conditions at the Hotel Pawnee in North Platte, the subject of a recent licensure hearing, are meeting the intent and spirit of the Behavioral Health Services Act. The Hotel Pawnee is a congregational-living setting serving approximately 37 individuals, which is basically nothing more than a mini-institution set in a smaller town further out west. The squalid living conditions and lack of treatment services provided to the residents of the Hotel Pawnee do not or should not give one a sense of quality improvement, nor is the Hotel Pawnee situation a singular example of the

continued segregation and isolation for persons with mental illness within the behavioral health system. Numerous other facilities such as Spring Creek in Inavale, Lifequest in both Palmer and in Blue Hill, these project problems of a more systemic nature. Moreover, the continued licensing of Hotel Pawnee, despite a wealth of obvious deficiencies, should not give anyone confidence that the Division of Behavioral Health has turned the corner on this next phase of growth. Consequently, we are seeking alternatives to remedy the situation such as were present at Hotel Pawnee and other facilities. The oversight capacity of the Legislature is, therefore, crucial in achieving a truly successful system transition, and data collection is the lynchpin. I'd be happy to answer any questions the committee may have. [LB260]

SENATOR CAMPBELL: Questions? You have also provided those data elements. Is that what the attachments are? I just want to be clear. [LB260]

BRAD MEURRENS: Yes, that is correct. [LB260]

SENATOR CAMPBELL: I'm flipping through them real quickly here. Could you tell me, Mr. Meurrens, when the hearing was held on Hotel Pawnee? [LB260]

BRAD MEURRENS: I do believe it was about a week or two ago. [LB260]

SENATOR CAMPBELL: Okay. [LB260]

BRAD MEURRENS: I don't have the date off the top of my head. I can get that for you, if you'd like. [LB260]

SENATOR CAMPBELL: That's all right, we can check on it. We have received a letter in our office and I didn't...you know, the letter did not provide any background in the sense of knowing what it was. [LB260]

BRAD MEURRENS: Uh-huh. [LB260]

SENATOR CAMPBELL: And so my legislative aide began doing a little work on it. And I think we turned most of that information over to Senator Hansen, obviously because of North Platte. [LB260]

BRAD MEURRENS: Sure. [LB260]

SENATOR CAMPBELL: But I didn't realize that there had been a hearing on the...and the... [LB260]

BRAD MEURRENS: Yes. And like I said, I think...I want to say off the top of my head it was about maybe a week to two weeks ago. [LB260]

SENATOR CAMPBELL: Okay. [LB260]

BRAD MEURRENS: But like I said, I can get that for you. We were involved in that hearing at some level. And our legal staff would have more... [LB260]

SENATOR CAMPBELL: Okay. [LB260]

BRAD MEURRENS: ...discrete and pertinent information on that issue if you would like it. I'd be happy to put you in contact with them. [LB260]

SENATOR CAMPBELL: It's sort of like Senator Krist saying you see one point, and then all of a sudden somebody comes and testifies and you're going, aah. The light bulb goes off and there's a connection there. [LB260]

BRAD MEURRENS: That's right. [LB260]

SENATOR CAMPBELL: But yes, that would be helpful. And you can just give that information to Claudia in my office. [LB260]

BRAD MEURRENS: Sure. Sure. [LB260]

SENATOR CAMPBELL: We're just double-checking on it, we didn't really know what it referred to. [LB260]

BRAD MEURRENS: Sure. I can...I will put our staff who has been working on that issue in contact with your office, and hopefully we can get the answers that you're looking for. Sure. [LB260]

SENATOR CAMPBELL: Okay, thank you. Any other questions? Thanks for coming today. [LB260]

BRAD MEURRENS: You're welcome. [LB260]

SENATOR CAMPBELL: Anyone else in the hearing room who wishes to oppose the bill? Anyone in a neutral position? Senator Gloor, would you like to close on your bill? [LB260]

SENATOR GLOOR: I'll try to be brief if I can gather my thoughts on this. But the bill's intention is, as I said, to prune dead branches off of a data system whose processes have been, I think, replaced by a more modern approach towards this. And although I'm empathetic with the testimony that there are a number of issues that remain to be taken a look at within our behavioral health system, that this bill was never to serve to

rejuvenate that dialogue or serve as a basis for an interim study. And I would not allow that bill to be used for this, frankly. So I think we may have some discussions to have about what the committee's interests are in this bill. And perhaps an interim study is appropriate, but not on the basis of what we're trying to do with a bill that is far simpler than that. [LB260]

SENATOR CAMPBELL: Okay. Senator Krist. [LB260]

SENATOR KRIST: Just to end the public conversation on it, our concern from the other day was that there are literally a half a dozen bills that were passed and have not...rules have not been put in place or promulgated by the department for up to six years. And if they've not been...if rules have not been promulgated and they haven't been doing what they should have been doing here, then we have fiscal notes that were attached to that, we have services that may have been provided for that, and all I want to see is that what we're doing here is not eliminating a requirement that gives us a telltale...the information that we need on the programs. [LB260]

SENATOR GLOOR: Sure. Yeah. [LB260]

SENATOR KRIST: And I didn't mean to challenge your bill. [LB260]

SENATOR GLOOR: No, no, no, no. I didn't take it that way. [LB260]

SENATOR KRIST: Okay. [LB260]

SENATOR GLOOR: Not at all. Don't...not the issue. [LB260]

SENATOR CAMPBELL: No, and it's not a reflection of what you have here. I think it's just that, aha...you know, again, it's like the connection point. There are six agencies, one of which is the Department of Health and Human Services, and under there I think there are six or eight. And there are lot of bills. There's more than six bills. I mean, there's a lot of bills contained in those. [LB260]

SENATOR KRIST: Yeah, I was just talking about the health... [LB260]

SENATOR CAMPBELL: So we're just trying to make sure. And I think this is a follow-up for the continuing senators. Senator Mello had a bill that started a point on rules and regs and following those. And Senator Howard is sort of continuing that effort to look at it. But that caused us to look backwards, and the Performance Audit people did that research. And you probably... [LB260]

SENATOR GLOOR: Yeah. And although I'm not as aware of it, obviously as you are sitting on the Exec Committee, I know that's an issue. I've been hearing discussions

about it the past year, and so I do understand where you're coming from. This bill, if it's linked, fine. If it's not linked, then it's one of those bills that might be appropriate for consent agenda. It may also be an inherent part of holding it up, taking a broader look at the whole issue of LB1083. [LB260]

SENATOR CAMPBELL: Yeah. [LB260]

SENATOR GLOOR: Yeah. [LB260]

SENATOR CAMPBELL: I think so. Okay, thank you, Senator Gloor. [LB260]

SENATOR GLOOR: You bet. Thanks. [LB260]

SENATOR CAMPBELL: With that, we'll close the hearings for the day. [LB260]