



7521 Main Street, Suite 103
Omaha, Nebraska 68127

(402) 597-3100
www.voicesforchildren.com

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February 12, 2018

Senator Groene, Chairman – Education Committee
Room 1525, Nebraska State Capitol, Lincoln, NE 68509

RE: Support for LB 998 – Create the Collaborative School Behavioral and Mental Health Program

Dear Chairman Groene and Members of the Education Committee,

Our state’s prosperity is determined by our ability to support the well-being of the next generation of Nebraskans. When we invest wisely and early in our children, we can best ensure that all children will be able to reach their full potential in adulthood. Voices for Children supports LB 998 because it would meaningfully address a rising need for mental and behavioral health among Nebraska’s children.

Positive experiences early in childhood creates the foundation for successful outcomes in adulthood. By contrast, stressful and prolonged experiences in childhood creates a weak foundation, and can lead to serious mental health problems.ⁱ Adverse childhood experiences (ACEs)—financial hardship, abuse, parental substance use—can wreak havoc on proper development. It is estimated that 42% of all Nebraska children have been exposed to at least one ACE, with half of those experiencing 3 or more ACEs.ⁱⁱ Left unaddressed, ACEs have been shown to result in increased risk for poor health outcomes and risky behaviors in adulthood.ⁱⁱⁱ Indeed, national research shows that as many as 70% of youth involved in our juvenile justice system have an identified mental disorder.^{iv}

Adequate treatment of behavioral and mental health needs ensures that children are able to develop and function properly. However, barriers to access are significant for children and families. In 2017, 83 of Nebraska’s 93 counties were identified as areas with a mental health professional shortage area.^v

Schools are uniquely positioned as an ideal environment for the provision of mental and behavioral health services, where trusted school employees can coordinate with parents to ensure that children’s needs are met. LB 998 creates the infrastructure for much-needed mental and behavioral health services within each Educational Service Unit in our state, ensuring that the program can be customized to the needs and strengths of communities. We thank Senator Walz for her leadership on this issue and this Committee for their work. We respectfully urge the Committee to advance LB 998.

Sincerely,

A handwritten signature in black ink, appearing to read "Julia Tse".

Julia Tse, Policy Coordinator

ⁱ “Adverse Childhood Experiences and the Lifelong Consequences of Trauma,” American Academy of Pediatrics, 2014, https://www.aap.org/en-us/documents/ttb_aces_consequences.pdf.

ⁱⁱ 2017 Kids Count in Nebraska Report, Voices for Children in Nebraska, <http://kidscountnebraska.com/health/#healthrisks>.

ⁱⁱⁱ Vincent J. Felitti, et al., "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study," *American Journal of Preventive Medicine* 14, no. 4, May 1991, 245-258, [https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8).

^{iv} Kathleen R. Skowrya and Joseph J. Cocozza, "Blueprint for Change: A Comprehensive Model for the Identification and Treatment of Youth with Mental Health Needs in Contact with the Juvenile Justice System," National Center for Mental Health and Juvenile Justice, 2007, <https://www.ncmhjj.com/wp-content/uploads/2013/07/2007-Blueprint-for-Change-Full-Report.pdf>.

^v "Health Provider Shortage Areas," U.S. Department of Health and Human Services, Health Resources & Services Administration Data Warehouse, <https://datawarehouse.hrsa.gov/topics/shortageAreas.aspx>.