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To: Chairman Groene and Members of the Education Committee
From: Julia Tse, Policy Coordinator for Economic Stability and Health
RE: Support for LB 725 - Provide for reimbursements to school districts and
educational service units for mental health expenditures

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 725 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. 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. Left unaddressed, ACEs have been shown to result in increased risk for poor health outcomes and risky behaviors in adulthood. Indeed, national research shows that as many as 70% of youth involved in our juvenile justice system have an identified mental health disorder.

Adequate treatment of behavioral and mental health needs ensures that children can develop and function properly. However, barriers to access are significant for children and families. In 2018, 81 of Nebraska's 93 counties were identified as areas with a mental health professional shortage. To my testimony, I have attached additional data around the prevalence of mental and behavioral health needs among Nebraska children, service utilization, and how mental health interacts with our state child welfare and juvenile justice systems.

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 725 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 725. Thank you.

Child Behavioral and Mental Health Data

Mental and Behavioral Health Needs

Nebraska children with the following disorders:vi

Anxiety: 16,462ADD/ADHD: 25,323

Mental or behavioral health condition needing treatment: 44,543

Depression: 13,600

Autism Spectrum Disorder: 10,367

Suicidal ideation among Nebraska children in the last 12 months in 2017:vii

Seriously considered suicide: 16.1%

Had suicide plan: 14.1%Made a suicide attempt: 8.0%

11.1% of Nebraska children aged 2-17 have one or more emotional, behavioral, or developmental conditions: viii

- 45.8% of which had two or more conditions
- 47.6% of which received coordinated, ongoing, comprehensive care within a medical home
- 57.6% of which received mental health treatment or counseling in the past year

Mental and Behavioral Health Service Utilization

Mental health and substance abuse services through Medicaid or CHIP in FY 2017:[™] 27,254 Nebraska children

Children receiving community based mental health services through DHHS in CY 2017:x

Mental health: 3,371Substance abuse: 284

Mental health and substance abuse: 2

8.1% of Nebraska children age 3-17 years received treatment or counseling from a mental health professional xi

46.5% of Nebraska children age 3-17 years who needed any mental health treatment or counseling had a small or big problem obtaining mental health care^{xii}

Mental and Behavioral Health Interaction with Child Welfare and Juvenile Justice Systems

Number of times the following reasons were identified as a reason for the removal of a child from their home and into an out-of-home placement in CY 2017 on a 3(a) petition (child welfare):xiii

• Child's behavior problem: 283

Child's alcohol abuse: 24Child's drug abuse: 18

Diagnosed child's disability: 23

1,281 Nebraska youth served by juvenile probation received financial assistance for treatment services (substance use treatment, counseling, medication management, and mental health treatment)^{xiv}

Monthly average youth served by juvenile probation in a treatment-focused out-of-home placement in 2017:^{xv}

- Congregate treatment (PRTF and treatment group homes): 141
- · Acute inpatient hospitalization and short term residential: 14
- Average cost per youth for out-of-home services: \$20,497.96

Nationally, 70% of youth involved in the juvenile justice system have an identified mental disorder.xvi

- ix Data obtained from the Nebraska Department of Health and Human Services.
- x Ihid
- xi Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health, 2016 National Survey of Children's Health (NSCH) data query, retrieved 3/5/2018 from www.childhealthdata.org.

 xii Ihid
- xiii Kids Count in Nebraska 2018 Report, Voices for Children in Nebraska.
- xiv "Juvenile Services Division Fiscal Year 2017-2018 Detailed Analysis," Administrative Office of Probation, Juvenile Services Division, 2018, https://supremecourt.nebraska.gov/sites/default/files/files/14/12.2018_Juvenile_Detailed_Analysis.pdf.

 xiv "Juvenile Services Division Fiscal Year 2017-2018 Detailed Analysis," Administrative Office of Probation, Juvenile Services Division, 2018, https://supremecourt.nebraska.gov/sites/default/files/files/files/14/12.2018_Juvenile_Detailed_Analysis.pdf.

 xiv Ibid.
- xvi Kathleen R. Skowyra 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.

[&]quot;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.

Wincent 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.

iv Kathleen R. Skowyra 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.

vi Kids Count in Nebraska 2018 Report, Voices for Children in Nebraska, http://kidscountnebraska.com. vii Ibid.

viii Nebraska Mental and Emotional Well-Being Profile from the National Survey of Children's Health," *NSCH 2007*, Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website, retrieved 3/5/2018 from www.childhealthdata.org.