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Health and Human Services Committee  
January 30, 2014

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[LB728 LB901 LB931]

The Committee on Health and Human Services met at 1:30 p.m. on Wednesday, January 30, 2014, in Room 1510 of the State Capitol, Lincoln, Nebraska, for the purpose of conducting a public hearing on LB901, LB728, and LB931. 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 want to welcome you to the hearings of the Health and Human Services Committee. And I'm Kathy Campbell and I represent District 25, east Lincoln and eastern Lancaster County. I particularly want to welcome all of you. This is a nice break for us. Yesterday we looked out to an overflow room. So today we can breathe a little easier and make sure we can get everybody in and still get home for dinner. It is a pleasure to have you with us, and I'll go through a few housekeeping things first. If you have a cell phone with you, would you please turn it off or turn it on silent. And I'd also encourage you if you use a tablet or an iPad to make sure the sound is turned down on it because it's amazing, it does make sound occasionally. And if you are testifying today, we need you to fill out the bright orange sheets on either side of the room and make sure that it's legible. When you come forward to testify, you can give that to Brennen, the clerk. If you are bringing copies with you, we would like 15. If you need help on copying that, either of the pages will be glad to assist you. Even though we have a slightly less than packed crowd today, we still use the lights in the Health Committee because I think it helps people to focus and make sure that the first testifier to the last gets the same amount of consideration. And with that, we'll do introductions and start on my far right.

SENATOR WATERMEIER: Dan Watermeier from Syracuse.

SENATOR HOWARD: Sara Howard. I represent District 9 in midtown Omaha.

SENATOR COOK: I'm Senator Tanya Cook from District 13, Omaha and Douglas County.

MICHELLE CHAFFEE: I'm Michelle Chaffee. I serve as legal counsel.

SENATOR GLOOR: Mike Gloor, District 35, Grand Island.

SENATOR CRAWFORD: Sue Crawford, District 45, eastern Sarpy County, Bellevue, and Offutt.

BRENNEN MILLER: I'm Brennen Miller. I'm committee clerk.

SENATOR CAMPBELL: And serving as pages today are Emily and Stuart. They both

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are at the University of Nebraska. Stuart is studying English and Emily is studying political science. And Emily is from Sioux Falls, South Dakota, and Stuart is from Lincoln. So they'll be glad to help you in any way that they can. With that, we will move ahead and open the hearing for LB901, Senator McGill's bill to provide for psychology internships through the behavioral health education center. Welcome, Senator McGill. I think this is your first...second time. [LB901]

SENATOR MCGILL: Hello. Second time. I don't think I'll be back though, so I'll try to make the most of it. Oh my goodness, this could be my last ever Health and Human Services Committee as a senator. That's devastating. [LB901]

SENATOR CAMPBELL: A mainstay for the committee. [LB901]

SENATOR MCGILL: I'll have to come back as an everyday person. [LB901]

SENATOR CAMPBELL: Absolutely. [LB901]

SENATOR MCGILL: Or maybe as Auditor. (Laughter) [LB901]

SENATOR CAMPBELL: In whatever role. [LB901]

SENATOR MCGILL: In one way or another. [LB901]

SENATOR CAMPBELL: In whatever role. I think that was an announcement or a commercial or...you know, Senator McGill, whatever role, you are always welcome here. [LB901]

SENATOR MCGILL: Why, thank you. [LB901]

SENATOR CAMPBELL: We've spent a lot of time on the bills that you've presented for children and families and adults and certainly you care very much and we appreciate that. [LB901]

SENATOR MCGILL: (Exhibits 1 and 2) Oh, absolutely. And I...well, for the record, I'm Amanda McGill, M-c-G-i-l-l, I'm here today to introduce LB901. Along the lines of what Senator Campbell was just saying, this is a bill to address Nebraska's critical shortage of mental health services. I'm not going to belabor the point too much about...this committee knows that we have a shortage and that it's a serious problem. Through strides that have been made, you know, even just during my time here since '08, we've still come up short in terms of really filling this professional gap. And as you know, a strong majority of mental health professionals in Nebraska practice in metropolitan counties or the larger ones, leaving only 28 percent of mental health work force to cover 70,000 square miles and serve nearly 900,000 people. This bill would create a

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psychology internship program under the existing structure of the University of Nebraska Medical Center Behavioral Health Education Center. The program would provide funding for five doctoral level psychology internships the first year and ten by year three. Upon completing orientation, each intern would be placed at one primary care delivery site in rural or medically underserved community. This bill will build on our mental health work force and reach thousands of patients that may not get treatment otherwise. I ask you to consider LB901 as a piece of the solution to increasing mental health services in Nebraska. I've given you a couple of handouts there, one just showing demographically, you know, the lack of service in areas, and then one that is much more descriptive about the program itself. And with that, I've got some other folks lined up to testify and I plan to stick around for closing to see if there are any questions. [LB901]

SENATOR CAMPBELL: Questions for Senator McGill on the bill? Will you be staying to close, Senator? [LB901]

SENATOR MCGILL: Yeah. I'll stick around. [LB901]

SENATOR CAMPBELL: Okay. [LB901]

SENATOR MCGILL: I do have a couple of bills in Judiciary coming up but I think I have enough time. [LB901]

SENATOR CAMPBELL: Okay. If they come and get you, we'll know. [LB901]

SENATOR MCGILL: Okay. [LB901]

SENATOR CAMPBELL: We will start with our first proponent for LB901. Good afternoon. [LB901]

JOSEPH H. EVANS: Good afternoon. [LB901]

SENATOR CAMPBELL: Go right ahead. [LB901]

JOSEPH H. EVANS: (Exhibit 3) Okay. Senator Campbell and members of the HHS Committee, I'd like to thank you for the opportunity to speak in support of LB901 which will provide state funding for doctoral internships in psychology, one of the major fields of behavioral health provision. My name is Dr. Joe Evans, that's E-v-a-n-s, and I am the director of psychology and a professor at the University of Nebraska Medical Center. I am also the associate clinical director for the Behavioral Health Education Center of Nebraska which has been legislatively funded to improve behavioral health services for all Nebraskans. I speak today as an individual who has some expertise in the field and I do not represent the University of Nebraska. I ask you to support the creation of a

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state-supported internship program that will provide psychology doctoral students with opportunity to remain in Nebraska and help address the significant shortage of behavioral health providers in our state. We estimate that with adequate funding ten interns can produce 7,000 to 8,000 patient visits that would not normally have been available to Nebraska citizens. More importantly, the opportunity to retain these providers in the state to future behavioral health needs of the population would be greatly enhanced. The Behavioral Health Education Center of Nebraska was created in 2009 by the Legislature with the mission of improving behavioral health services for Nebraskans through improving training, continuing education, work force development, and retention activities designed to improve access to care for children, adolescents, adults, geriatric patients, and families. A significant component of BHECN, as it's known in the vernacular, has been the financial support for additional residency positions for the joint psychiatric training program at the University of Nebraska and Creighton University Medical Centers. LB901 proposes to expand doctoral training to include internships for professional psychologists, an area in which there is clearly a health profession shortage area in our state. Considering the overall mission of the Behavioral Health Education Center, the ideal placement of this funding would be part of the overall BHECN project. Psychologists are behavioral health professionals with four to five years of doctoral graduate school preparation that's followed by an internship year in which the overall capstone of the psychology training experience occurs. There's three major branches of the profession, applied branches. That is clinical, counseling, and school psychologists, all of whom can be licensed as professionals in Nebraska. An approved internship involves 2,000 hours of supervised practicum experience under the mentorship of a licensed psychologist. Psychologists specialize in diagnostic assessment, psychological evaluation, psychotherapy, behavioral interventions, and consultation. Psychologists are trained to work with individuals, with children, and families and other health professionals of all types. Psychologists are increasingly integrating behavioral health services into primary care medical practices in Nebraska as part of the state's newest plan, which was developed by the Department of Health and Human Services here at...especially related to Title V, Maternal Child Health Bureau. Background information regarding the need for additional psychologists indicates that the ratio of psychologists to the general population is significantly below the national average in Nebraska, especially in rural areas. It's about actually only 18 percent of our psychologists practice outside of the Omaha and Lincoln areas. Data from recent behavioral health work force analysis published by the UNMC College of Public Health indicates that there are practicing psychologists in only 23 of Nebraska's 93 counties. Of the eight clinical psychology students who typically graduate from the doctoral program at UNL, only one typically remains in the state, and this is largely due to lack of internship availability for some of these students. Similarly, psychology students from UNL's Counseling and School Psychology training programs are often compelled to leave Nebraska for their internships, many of whom do not return. There's only one American Psychological Association-approved internship in the state. And at present, there are only two state-supported internships, those being both at the Beatrice

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State Development Center. There is an opportunity for Nebraska to be a national leader in the development of integrated behavioral health services with the addition of funds for expanded psychology internship training. This bill is one concrete method of addressing healthcare needs for all Nebraskans, especially in underserved areas of the state. And the return on investment for these new state resources will be significant. Please consider advancing LB901. And I'd be happy to answer any questions. [LB901]

SENATOR CAMPBELL: Thank you, Dr. Evans. Questions? Senator Howard. [LB901]

SENATOR HOWARD: Thank you, Senator Campbell. When you speak to...and thank you for your testimony. When you speak to ten interns producing 7,000 to 8,000 patient visits, approximately how many patients do you believe that would be? [LB901]

JOSEPH H. EVANS: The average...we have a primary care training program where we actually train individuals to work with physicians side by side in their practices, which, number one, reduces stigma but it also increases the attendance at sessions. Typically we see an average of four to five sessions. So if you divide that up it would be probably 2,000 families or 2,000 patients per year minimally. [LB901]

SENATOR HOWARD: And then when you're speaking to the psychologist working in a primary care physician's office, are you practicing sort of the SAMHSA recommended integrated behavioral health and primary care model? [LB901]

JOSEPH H. EVANS: Yes. That's correct. [LB901]

SENATOR HOWARD: Okay. Thank you. [LB901]

SENATOR CAMPBELL: Senator Gloor. [LB901]

SENATOR GLOOR: Thank you, Senator Campbell. Thank you, Dr. Evans. Are we actually adding...and as I understand, we start with five and grow to ten, is that correct? [LB901]

JOSEPH H. EVANS: That would be the hope. [LB901]

SENATOR GLOOR: Are those actually five more psychologists in training or are we taking from the pool we have of those being trained and just retraining them or training them in a different setting? [LB901]

JOSEPH H. EVANS: This would be new positions. [LB901]

SENATOR GLOOR: So we're actually adding overall numbers within the state. [LB901]

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JOSEPH H. EVANS: Yes, adding in, that's correct. [LB901]

SENATOR GLOOR: Is any component of this or is there any component of this that would then provide some degree of encouragement for those interns to stay in those communities or go back to those communities? Training there is a nice exposure but what we really need, obviously, is to increase the numbers overall in those communities. [LB901]

JOSEPH H. EVANS: Definitely. And the hope is that we will be able to recruit more individuals from the UNL training programs because all the doctoral training programs in the state run through...for psychology run through UNL. We have many students who are from the state, actually have two that will be testifying later on today, and who want to stay and remain in the...providing services in Nebraska. If we take a look at 80 percent of the physicians outside of the Omaha and Lincoln area are family medicine physicians, we have in the past we've really emphasized working with pediatricians in child areas, and I think we've done a relatively good job of doing that. We have 19 clinics out there now where we have either a psychologist or a social worker or a counsellor that we've trained to work side by side with the physician all the way from Rushville, Nebraska, to Grand Island to Valley and Omaha. So we think we've got the method for doing this. One of the issues is how do we get people back coming into the state, and it's not just a matter of keeping some people here, it's also attracting people from other areas... [LB901]

SENATOR GLOOR: Sure. [LB901]

JOSEPH H. EVANS: ...to come to our state and remain. So we have an internship year and then we hope to follow that up with a postdoctoral training with the idea that if you're there for two years and you're living in that community, there's a much higher probability that you might stick around. [LB901]

SENATOR GLOOR: A number of years ago I was involved in my previous life in helping with the development of the RHEN program when it first rolled out of the university for family practice residents, and I think eventually it's expanded to pharmacists and therapists and a few other components. But I think the track record with the RHEN program was pretty good. The one-year, two-year exposure, whatever it might be, did give the community a better opportunity in those practices and practitioners a better opportunity to present themselves to the student, to the intern in a manner that improved the chances that they'd come back when they went back to Lincoln to finish up their training. So it isn't as if this is a brand new approach. I think it's been tried through the RHEN program anyway and been successful. One last question if I might. There has to be a Ph.D. psychologist in the community that's the mentor through this whole thing, is there not? [LB901]

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JOSEPH H. EVANS: Yes. [LB901]

SENATOR GLOOR: Okay. [LB901]

JOSEPH H. EVANS: And we have a number of...as you can see, there's 23 different communities that we have out there. One of our goals is...and we know we're never going to get a Ph.D. psychologist in every town in Nebraska. One of our goals is to try to put a behavioral health provider in every community with at least a population of 5,000. That's been a RHEN...I mean, a BHECN goal, you know, for the last several years. And we know that you have to have a certain population base in order to support someone. [LB901]

SENATOR GLOOR: Sure. [LB901]

JOSEPH H. EVANS: And but that usually means at least three physicians that you can work with. So that's our goal and I think we've met about half of those for pediatricians now. Now we're turning to the family medicine physicians and trying to bring in people who can see folks across the age range, so all the way from birth through geriatrics. [LB901]

SENATOR GLOOR: Okay. Thank you. [LB901]

SENATOR CAMPBELL: Senator Crawford. [LB901]

SENATOR CRAWFORD: Thank you, Senator Campbell. So do I understand you correctly that an emphasis here is providing people with the experience in their internship really working with a primary care provider so they're practicing or seeing practice in this team setting? Is that true? [LB901]

JOSEPH H. EVANS: That's correct. Yes. [LB901]

SENATOR CRAWFORD: Okay. [LB901]

JOSEPH H. EVANS: And when we...we work side by side, see patients right in the exam rooms with the physician, take the, we call them the warm hand offs, so that families don't have to wait six months to get in to see somebody. If there's an urgent need, the physician can prioritize who needs to be seen and when. But it also gives us an opportunity to work with the physicians on things like related to measuring success for, for example, psychotropic medication. And that's an area that a lot of...come back in 30 days but without much really assessment of is that improved or not. So that's one of our, I think, one of our specialities. [LB901]

SENATOR CRAWFORD: Thank you. [LB901]

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SENATOR CAMPBELL: Senator Cook. [LB901]

SENATOR COOK: Thank you, Madam Chair. And thank you, Doctor, for joining us today. I have a question related to the current training for Ph.D. psychology candidates and practitioners as it relates to cultural competency, delivering culturally competent services, especially in greater Nebraska where our demographics are changing. Can you speak to that or maybe one of the students can? [LB901]

JOSEPH H. EVANS: Yes. That's clearly a major concern. And we just went through...I mean, just to give you an example, we just went through our interviews. We had 139 individuals interested in doing their internships here in...at the Med Center in our program. We had over 230 applicants overall to come to Nebraska. Out of that, we will have roughly 20 spots that people can apply to. So we went through a whole series of folks and had, I think we're at four individuals who were native Spanish-speaking. Had only two individuals that were of Afro-American descent and that's a problem. I mean, it's...our field in general doesn't have a very good track record in that area. On the other hand, we also do bring in a series of trainings that do address those issues because that is a huge issue for us. So we have trainers that come in from the Med Center as well as from the community to work with us on that. [LB901]

SENATOR COOK: And that's part of the curriculum for every student? [LB901]

JOSEPH H. EVANS: Yes, it is. [LB901]

SENATOR COOK: Okay. Thank you. [LB901]

JOSEPH H. EVANS: And we...when a student is out in the rural areas, we even will beam it in, you know, so that they can participate with the...through telehealth to...or distance learning to participate in those as well. And we had an individual, for example, who was in Lexington where the...more than half the population of kids in that school district is Spanish-speaking, so...and their families. So we had to really find some competent people to go up there and work with that group. [LB901]

SENATOR COOK: All right. Thank you. [LB901]

SENATOR CAMPBELL: Any other questions, Senators? I just want to say that I think BHECN has been probably one of the very best projects to come out of LB603. You have just accomplished a great amount of work and helping people in the whole healthcare across the state become a resource to them. [LB901]

JOSEPH H. EVANS: Thank you. [LB901]

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SENATOR CAMPBELL: And, Dr. Evans, that's terrific. [LB901]

JOSEPH H. EVANS: Thank you. [LB901]

SENATOR CAMPBELL: Our next proponent. [LB901]

WILLIAM SPAULDING: Good afternoon. [LB901]

SENATOR CAMPBELL: Good afternoon. [LB901]

WILLIAM SPAULDING: (Exhibit 4) I'm Dr. Will Spaulding. I'm a professor of psychology in the doctoral training program in clinical psychology at UNO. So... [LB901]

SENATOR CAMPBELL: Sir, would you spell your name, Dr. Spaulding? [LB901]

WILLIAM SPAULDING: I'm sorry. It's William Spaulding, S-p-a-u-l-d-i-n-g. [LB901]

SENATOR CAMPBELL: Thank you. Go right ahead. [LB901]

WILLIAM SPAULDING: So Dr. Evans and I are in a sense at opposite ends of the pipeline. My job is to prepare doctoral graduate students for the internship. His job is to train them on the internship. Obviously we have a lot of common interests and we work closely in developing the training infrastructure in Nebraska and nationally. I have a more detailed letter of testimony that's being passed out. I'll try to hit some highlights based on some of the questions that were put to Dr. Evans. First, let me make a comment about the role of the clinical psychologist in the mental health system. As many people have observed a major bottleneck in our mental health system is our ability to serve children and adults who have the most severe and disabling problems. In my practice, and I do practice as well as teach, the adolescents that I see have been in the system for years. They've been bouncing between correctional and psychiatric facilities in foster placements. They're from all over Nebraska. Often they're far from their homes. They have brain development conditions other than the familiar forms of mental retardation, so they are not served in the developmental disability system. They're at high risk for psychiatric institutionalization or imprisonment as young adults. By the time they get to me, they have accumulated a half a dozen psychiatric diagnoses. They are on a multitude of psychiatric drugs having dubious benefits. And they've seen a parade of therapists and counsellors with no success. We have the science and the technology to help these individuals but it requires specialized individualized and coordinated treatments. Doctoral psychologists bring to the treatment team in the advanced understanding of human development, cognitive functioning, and person-environment interactions that is absolutely necessary for successful treatment of such complex problems. The statewide proliferation of masters level therapists and the wider availability of drug prescriptions in the improvements of the child welfare case

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management system have done nothing yet to reduce this problem. And I should also say that although my job is at UNL, I'm here representing the Nebraska Psychological Association where I'm the chair of the legislative committee. As has been mentioned, Nebraska has been subsidizing psychiatric training at the medical school for some years now through BHECN. And this reflects the importance of government support of advanced professional training in mental health. Also, BHECN is doing some very important resource development throughout the state. However, these have done nothing to address our statewide shortage of psychologists which is statistically more severe than the shortage of psychiatrists or any other mental health professionals. We're fortunate, as has been mentioned, to have one of the finest doctoral clinical psychology programs in the country at UNL. But very few of its graduates stay in Nebraska, in part because they need to go elsewhere to complete their intern training. Those few that return do go to leadership positions throughout the state in the VA, in public and private mental health services, and the correctional system. But we need practitioners on the ground. Internship training is a major factor in attracting psychologist practitioners to geographic locations, and we've known this for some time in the psychology training community. A Nebraska example is the Norfolk area where the intern program at Norfolk Regional Center created the core of today's professional psychology community in Norfolk. That program was shut down by NDHHS, eliminating what should now be a major conduit of new psychologists into outstate Nebraska. My letter includes an excerpt that was provided by my colleague in Scottsbluff, Dr. Anne Talbot, a psychologist there. And I just want to quickly hit a couple of highlights of her input. Regarding her practice, she says we provide crucial evaluations, consultations, integrated treatment recommendations to district courts, mental health boards, juvenile court justices, child welfare case managers, and family courts. To do so, we must travel continuously in a 100 mile or more radius. Several more of us provide supervision and consultation to masters level therapists who are desperate for doctoral level help with the complex cases they are unprepared to managed independently. Also, all too often we are called in to evaluate and consult on train-wreck cases that have been misdiagnosed and inappropriately treated by insufficiently trained professionals. She says western Nebraska currently does not benefit from any of the current psychology training sites. Interns placed in eastern Nebraska don't come west. The single most effective way to bring psychologists to western Nebraska is to have an intern site here. My colleagues and I strongly support LB901, and when it is implemented, we will do everything we can to collaborate with our eastern colleagues--that's me I guess--to develop a western site for the BHECN program preparing new psychologists to live and practice here and confront the special challenges of mental health services in a rural western environment. [LB901]

SENATOR CAMPBELL: Thank you, Dr. Spaulding. Questions from the senators? Dr. Spaulding, I would say that members of this committee and certainly not the new members but several years ago we had the opportunity to meet Dr. Talbot in the child welfare hearings across the state, and she testified before the committee. So we're very

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aware and fortunate to have her talents. [LB901]

WILLIAM SPAULDING: We are fortunate to have her in the state. [LB901]

SENATOR CAMPBELL: Exactly. And certainly in that area of the state, as your testimony tells us. Any other comments? Thank you, Dr. Spaulding. [LB901]

WILLIAM SPAULDING: If I may quickly respond to... [LB901]

SENATOR CAMPBELL: Sure. Go right ahead. [LB901]

WILLIAM SPAULDING: ...a question from Senator Cook. The...for some years now we've been under the accreditation standards of the American Psychological Association which have put a priority on cultural competence in doctoral psychology training. When we get reviewed, we better...in our training program there's a lot of attention given to cultural competence. I am required as an instructor to include or address cultural and ethnic issues in every course that I teach and every supervisory practicum that I do in that context. I don't know how good our track record in psychology may be in regard to other professions, but I can tell you that cultural competence is at the top of the priority list in the national accreditation community. [LB901]

SENATOR COOK: Thank you. [LB901]

SENATOR CAMPBELL: Thank you, Dr. Spaulding, for bringing that up. Our next testifier. Proponent. Any other proponents? Good afternoon. [LB901]

LYNNE F. CLURE: (Exhibit 5) Good afternoon. Thank you, all, for the opportunity to speak on behalf of LB901. My name is Dr. Lynne Clure. I'm a psychologist currently completing my postdoctoral fellowship in the Munroe-Meyer Institute at the University of Nebraska Medical Center. I'm here today to speak as an individual and not on behalf of MMI or UNMC. I'm a native Nebraskan, originally from Omaha. And I recently graduated in August with my doctoral degree from the University of Nebraska-Lincoln School Psychology Program. During the last year of the training program, as you've heard from the other testifiers, students are required to complete a yearlong accredited internship in psychology. To obtain this internship, students must apply through a national matching service. And I completed my internship in Memphis, Tennessee. Following the internship training experience, we're of course required to complete an additional year of supervised postdoctoral training in order to become fully licensed. And because I was out of state, I received several offers outside of Nebraska for postdoctoral positions, but ultimately decided to accept the position with Munroe-Meyer and return to my home state because much of my family is still here. This decision was also largely influenced by the fact that I was offered an opportunity to work in the behavioral health clinic in Plattsmouth, Nebraska. And I have personal ties to Plattsmouth. My husband and his

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family are from Plattsmouth and have owned a business there for five generations. And so that was a big factor in drawing us back to the state. Unfortunately, I think that my story is a bit of an exception. Most of my colleagues who have received doctoral degrees in Nebraska in the school counseling and clinical psychology programs leave the state for internship training and never do return. With the limited number of internship positions available here in Nebraska, it's really a necessity for them to leave the state in order to complete their degree and become licensed. Once this has happened, most of them continue to work in the states that they have completed their internship in or decide to accept positions elsewhere. And it's often viewed as pretty difficult to network and find job positions back in Nebraska once they've left the state. I and my colleagues are supportive of LB901, and I'm hoping that creation of these positions would limit the number of psychology professionals who leave Nebraska, allowing for more quality behavioral health services to be provided to Nebraska families, particularly in rural areas. Even in the Plattsmouth clinic, I've had experience with families who are traveling over an hour to come to sessions with me. And so I know that this is more prevalent the further east you travel, and certainly retaining psychology professionals with ties to Nebraska would be a critical step in helping us meet behavioral health needs across the state. [LB901]

SENATOR CAMPBELL: Thank you, Doctor. Are there questions or comments? Welcome back to Nebraska and we are glad to have you. [LB901]

LYNNE F. CLURE: Glad to be back. [LB901]

SENATOR CAMPBELL: Absolutely. Well, we hope that the opportunities in Nebraska continue for you and your husband and that you stay with the state. [LB901]

LYNNE F. CLURE: Thank you. [LB901]

SENATOR CAMPBELL: Our next testifier. Good afternoon. [LB901]

SARAH SWANSON: (Exhibit 6) Good morning, Senators. My name is Sarah Swanson, S-a-r-a-h S-w-a-n-s-o-n. I am a parent and I also work at the University of Nebraska Medical Center's Munroe-Meyer Institute. Today I am here testifying as a personal citizen and my views do not reflect the University of Nebraska Medical Center. Sometimes I think you get to choose your life course and sometimes I think it's chosen for you. I'm not going to read through all of the testimony that I've submitted, but I'm going to tell you that I have three children ages 13, 12, and 9. My oldest has Type I diabetes and my youngest has asthma. And ironically it's my middle daughter that thankfully does not have a chronic illness. But it has only been recently that she, too, is thankful. For a long time she wanted to be sick because then she, too, would get extra attention from my husband and myself. She would be incredibly difficult at times and I was finding myself growing more and more resentful because I did not have the extra

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time to devote to her. I had to get assistance from a trained psychologist who could help my husband and myself understand why she was acting out and what we needed to do to intervene. It was not fun but thankfully we lived in Omaha and had access to professionals that had expertise in dealing with these issues and our health insurance paid for them. That is my personal story. Now in my work I work to help other families navigate systems and help them through the roadblocks. And I can tell you firsthand that Nebraska has many roadblocks that are in place. Behavioral health services are not accessible either due to the lack of professionals across the state or because our state does not make accessing them easy. Autism services are not reimbursed by private insurance. Medicaid in our schools are not uniformly providing these services as well. One of my first experiences with the lack of accessible mental health services--and I will never forget this case--was working with a mother who had a nine-year-old daughter who was both nonverbal and extremely self-injurious. I had to help the mother refer herself to CPS because she could not meet her daughter's needs nor access services. Every door she tried to enter she couldn't get through. Her daughter had such severe behavior that there was a risk that the daughter...of the daughter making herself blind. She was tearing her family home apart and the mother's arms were black and blue from being attacked by her daughter. Yet the mother was determined to take care of her daughter which ultimately meant that she had to relocate out of Nebraska. Today, I need to return a call that I received yesterday. A woman called and left a message saying that she attended a training that we conducted and she needs help. She has adopted a girl who has reactive attachment disorder and she is looking for specialists to help her. She shared that she lives in North Platte and has driven as far as Grand Island to receive services, but she's willing to drive further if that is what she needs to do. I have sat through many recent hearings of this committee, and I know that this committee is keenly concerned about the professional shortages that our state is facing. In addition, there have been concerns about how our state is able to meet the needs of individuals with dual diagnosis, those that have a developmental disability and also behavioral health challenges. Testimonies during that hearing, including by our Director Fenner, discussed the challenges of finding professionals that have the skill set to serve this population. LB901 provides funding for psychology interns to provide services in rural areas of our state. I think this bill will help to address the state mental health shortages and also help to support health reforms. I have been involved in the systems of care planning grant that the state was recently awarded, and in my mind this is a step in the right direction. The systems of care is a philosophy of providing wraparound services to those dealing with mental illness and helping the family access other applicable services such as voc rehabilitation and respite as examples. In addition, LB877...or, I'm sorry, LB887, the WIN bill, speaks of medical homes and health homes and having behavioral health professionals available to deliver these services. I have included a CMS letter to the state Medicaid directors on the requirements for the health home state plan amendment. Page 8 defines the health team to be interdisciplinary and includes behavioral health providers. Page 11 discusses the requirements of the state to coordinate this grant application with SAMHSA. I want to thank this committee for all

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their work and if you have any questions, let me know. [LB901]

SENATOR CAMPBELL: Thank you, Ms. Swanson. Questions or comments from the senators? Ms. Swanson, I did skip ahead... [LB901]

SARAH SWANSON: Did you? [LB901]

SENATOR CAMPBELL: ...while you were talking a little bit, and I really appreciate you bringing in the information. [LB901]

SARAH SWANSON: Okay. [LB901]

SENATOR CAMPBELL: We are really starting to get some education on health homes, and we certainly know from the LR22 process, and I don't know if you're aware... [LB901]

SARAH SWANSON: Yes. [LB901]

SENATOR CAMPBELL: ...Senator Gloor and I had sponsored that and we sponsored another one this year. But that topic is coming up more and more and more. So it's very helpful. Thank you for attaching that. [LB901]

SARAH SWANSON: And if you want any more resources, we are connected with a lot of the national resources that come down. So if we can be a reference to you, please let me know. [LB901]

SENATOR CAMPBELL: I will. [LB901]

SARAH SWANSON: I'm a huge believer in the health home and the medical home. So thank you. [LB901]

SENATOR CAMPBELL: Thank you. Our next proponent. Good afternoon. [LB901]

ANN CLARE: (Exhibit 7) Good afternoon. I would like to thank the committee for the opportunity to speak on behalf of proposal LB901. My name is Dr. Ann Clare, C-I-a-r-e. I'm a psychologist currently completing my postdoctoral fellowship at the Munroe-Meyer Institute at the University of Nebraska Medical Center. And I'm here today on behalf of myself, not MMI or UNMC. I'm a native Nebraskan, originally from Ashland. I recently graduated with my doctoral degree from the University of Missouri in Columbia, their School of Psychology Program. And as Dr. Clure said, during the last year of our training program, students are required to complete a yearlong internship in psychology. And students must apply through a national matching service. Each year, approximately 4,000 doctoral students participate in the match and approximately 1,000 fail to match

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and obtain an internship. Thus, there is a shortage of accredited internship positions. I completed my internship in Philadelphia, Pennsylvania. And, again as Dr. Clure said, after completing the internship, we're required to complete an additional year of supervised postdoctoral training in order to become licensed as a psychologist. I accepted the position with Munroe-Meyer for the opportunity to work in a behavioral health clinic and return to Nebraska where most of my family still lives. And many of my colleagues who received doctoral degrees in school counseling and clinical psychology apply to internship sites all over the country in order to obtain an accredited internship position. And often they continue working in the states where they completed their internship position due to the inability to network or find positions in their home states. And I'm very thankful for my postdoctoral position at Munroe-Meyer and the opportunity to move back to Nebraska. I and my colleagues are supportive of LB901, which would increase the number of internship positions within the state. It's my hope that the creation of these positions would limit the number of psychology professionals who leave Nebraska, allowing for more quality behavioral health services to be provided to Nebraska families, particularly in underserved and rural areas. My experience working in clinics in Omaha and growing up in Ashland have highlighted the need for me to...the need to expand services across Nebraska. And while this is certainly more prevalent in rural Nebraska, retaining psychology professionals with ties to Nebraska could be a critical step to meeting behavioral health needs across the state. [LB901]

SENATOR CAMPBELL: Thank you, Dr. Clare, and welcome back. [LB901]

ANN CLARE: Thank you. It's been a while. [LB901]

SENATOR CAMPBELL: We want you to recruit more people to come, and so you can go back to the University of Missouri and lure some of those people to Nebraska. Questions or comments from the senators? Dr. Clare, just exactly as I said before, I hope the opportunities continue to be here for you. [LB901]

ANN CLARE: Thank you. [LB901]

SENATOR CAMPBELL: Any we're glad you're back. [LB901]

ANN CLARE: Yes. [LB901]

SENATOR CAMPBELL: I'm sure that your relatives around Ashland are glad you're back. [LB901]

ANN CLARE: They are. [LB901]

SENATOR CAMPBELL: Take care. Thank you. [LB901]

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ANN CLARE: Thank you. [LB901]

SENATOR CAMPBELL: Our next proponent. Okay. Anyone in the hearing room who wishes to testify in opposition to the bill? Do we have any neutral testimony? Senator McGill, would you like to close? [LB901]

SENATOR MCGILL: I'll waive. Point made. (Laughter) [LB901]

SENATOR CAMPBELL: Point made. Absolutely. Well, come back and see us. And with that, we'll close the hearing on LB901. (See also Exhibit 8) And we'll open the hearing on LB728, Senator Harms's bill to change provisions relating to criminal history record information checks for certain employees at the Division of Developmental Disabilities of the Department of Health and Human Services. Senator Harms, I think this is your first time this year. [LB901]

SENATOR HARMS: Yes, it is. Yes, it is. And I'll have one more time, and that will be it, so... [LB728]

SENATOR CAMPBELL: Well, you know, it's sad to see the mainstays who have consistently been before the Health and Human Services Committee, who have brought great legislation on behalf of children and their families and adults...we'll miss your advocacy. [LB728]

SENATOR HARMS: Well, thank you very much. Senator Campbell and committee members, my name is John N. Harms, H-a-r-m-s. I represent the 48th Legislative District; that's all of Scotts Bluff County. I wanted to, before I start my testimony, I want to just take a moment to say thank you to this committee. For eight years I've had a chance to observe the committee. The faces have changed some; the leadership has changed from Senator Johnson to Senator Campbell. And I would tell you that I am just really proud of what you have done. You have taken on really tough issues, and you're a great role model for all the rest of us to look at and to follow. You've not backed away from anything. And, Senator Campbell, you, I know, have come under a lot of pressure, but you do what's the right thing. And I just wanted to say thank you. That's what we call leadership. So it's important. [LB728]

SENATOR CAMPBELL: Thank you, Senator Harms. [LB728]

SENATOR HARMS: And I may not get that chance again publicly to say this. So thank you very much... [LB728]

SENATOR CAMPBELL: Thank you. [LB728]

SENATOR HARMS: ...for what you guys do, and I appreciate that. The Department of

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Health and Human Services brought to my attention a concern regarding the current statutory language around criminal background checks for employees of certified developmental disabilities service providers. The issue specifically revolves around a current mandate to utilize fingerprint/background checks process through the Federal Bureau of Investigation and via through our own State Patrol. As the statute currently reads, once the results of the fingerprint/background check is received, the department then provides those results to the certified providers so that they can make a hiring decision. The FBI has found that the current statutory language is out of compliance with federal law. A state agency cannot provide the results of a fingerprint/background check to a third party. We are proposing to retain the use of the FBI fingerprint/background checks for employees of the department who provide developmental disabilities services--and that would be employees from the Beatrice State Developmental Center and the Bridges program--removing the requirement for community certified developmental disabilities service providers so that Nebraska can, in fact, come into line with the federal requirements. The Developmental Disabilities Services Act, 83-1217(9), will continue to require background checks for all employees of certified developmental disabilities services providers. While they will not be necessarily involved in fingerprint-based identity verification, they will be required to verify employees' identity and the eligibility through the standard--in what they call I-9--which is really an employee eligibility verification, and it's under the Department of Homeland Security. I-9 is something that you have to go through to meet the requirements of federal law. Jodi Fenner will...the director of the Division of Developmental Disabilities is here, and she can probably answer a lot more questions than what I can. But this is a simple bill; it just simply brings us into compliance with the federal law. I'd be happy to answer any questions, if I can. [LB728]

SENATOR CAMPBELL: Any questions from the senators? Senator Harms, you served on the special BSDC committee... [LB728]

SENATOR HARMS: Yes, ma'am. [LB728]

SENATOR CAMPBELL: ...so I know you're very familiar, and I appreciate you bringing the legislation forward. It will be interesting, from Ms. Fenner's testimony, exactly how that will play out as we look at the employees at BSDC. [LB728]

SENATOR HARMS: Well, one thing about the Beatrice issue and the Bridge program: that won't change; they'll still do the same thing, we'll do that through the FBI and that sort of thing. It's the local issue we will not be dealing with. [LB728]

SENATOR CAMPBELL: Okay. Excellent. [LB728]

SENATOR HARMS: So...and that brings us just into compliance. If you don't do that, to be honest with you, the criminal charges and the whole aspect gets pretty serious. And

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you need to...if we're going to use the FBI process...and I think we want to continue to use that; it's a great source of resources, and particularly at this level. I don't think we want to lose that. So I'd be happy to answer any questions. [LB728]

SENATOR CAMPBELL: Senator Harms, are you planning to stay to close? [LB728]

SENATOR HARMS: No, I'm going to waive my close. Our committee, Appropriations Committee, has members kind of spread all over today. And, in fact, John Wightman is now chairing that because I'm gone and Senator Mello is gone. So... [LB728]

SENATOR CAMPBELL: Okay. [LB728]

SENATOR HARMS: ...I could, if you'd like. [LB728]

SENATOR CAMPBELL: No. No, no, that's fine. If we have any additional questions, I'll get back to you tomorrow... [LB728]

SENATOR HARMS: Okay. [LB728]

SENATOR CAMPBELL: ...and let you know. [LB728]

SENATOR HARMS: I have a lot of information on it. I can probably walk you through the number of notices they've received and all those sort of things, give you copies of the letters, and Jodi Fenner could do the same thing... [LB728]

SENATOR CAMPBELL: Okay. [LB728]

SENATOR HARMS: ...and give you all that information, if you'd like to have it; it's really good material. [LB728]

SENATOR CAMPBELL: Excellent. [LB728]

SENATOR HARMS: Okay, thank you. [LB728]

SENATOR CAMPBELL: Thank you... [LB728]

SENATOR HARMS: Thank you very much; appreciate it. [LB728]

SENATOR CAMPBELL: ...Senator Harms. Our first proponent for LB728. Director Fenner, good to see you. [LB728]

JODI FENNER: (Exhibit 9) Good afternoon. Good afternoon, Senator Campbell and members of the Health and Human Services Committee. I'm Jodi Fenner, J-o-d-i

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F-e-n-n-e-r. I'm the director of the Division of Developmental Disabilities, and I'm here today to testify in support of LB728. The purpose of LB728, as Senator Harms mentioned, is to bring Nebraska statutes in line with federal regulations. Since 1997, the Legislature has mandated the Nebraska State Patrol fingerprint criminal history background checks for employees providing direct care to individuals in developmental disabilities services. These background checks are processed through the Federal Bureau of Investigation, and then DHHS shares the reports with certified developmental disabilities services providers for their employment decisions. In 2010, an audit was conducted by the U.S. Department of Justice, and concerns were noted about federal compliance with the practice of DHHS disseminating criminal history record information to private agencies. The Division of Developmental Disabilities then began allowing providers to use external resources for background checks in parallel with the background checks processed by the Nebraska State Patrol. And in 2012, the Beatrice State Developmental Center also began running parallel background checks through external resources. In 2013, another audit was conducted by the U.S. Department of Justice, and it was determined at that time that the current practice of DHHS disseminating criminal history record information to private service providers must stop, as it violates federal regulations. Pursuant to Section 83-1217 of the Developmental Disabilities Services Act, the division will continue to require DD providers to conduct criminal history record checks using external resources. While these background checks may not include a fingerprint component, providers will continue to ensure the identity of their employees through federally required document verifications. And, as Senator Harms mentioned, that's Form I-9. This requires documentation such as birth certificates or driver's licenses to be submitted prior to employment. In addition to the criminal history record checks by external resources and the I-9 process, the division will also continue to require providers to complete record checks of the adult protective services and child protective services registries and the Nebraska Sex Offender Registry. We intend to continue using the federal background checks concurrent with the external background checks at the Beatrice State Developmental Center. While we have not experienced any significant concerns utilizing this parallel process for the past two years, if future concerns arise, the division can address those through its regulatory certification process. LB728 will not put individuals with developmental disabilities at risk. The use of employment background check resources has grown considerably since 1997. The division's current regulatory requirements for service providers meet or exceed the background check processes for other healthcare industries. LB728, however, is required to ensure that Nebraska practices are compliant with federal law. We appreciate your thoughtful consideration of LB728 and your continued support for people with developmental disabilities throughout Nebraska. And I'd be happy to answer any questions that you have. [LB728]

SENATOR CAMPBELL: Thank you, Director Fenner. Questions from the senators? This legislation, then, in a nutshell, puts us in compliance with the feds, in response to the Department of Justice. [LB728]

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JODI FENNER: It does. It does. And we were very blessed...again, we've known there was an issue since 2010. The Department of Justice has allowed us to work with the State Patrol to look at other resources. They didn't make us change immediately in 2010, so we've had some chance to explore other options since then, so... [LB728]

SENATOR CAMPBELL: And I think that message has also gone out to child welfare agencies, if I remember right. I mean, I think they're...some of them are now using external checks, because they're required to ensure that. [LB728]

JODI FENNER: Yes, that is correct, I believe, so. [LB728]

SENATOR CAMPBELL: Lots of changes in that area for everyone. Any other comments? Thank you...oh, sorry. Senator Cook. [LB728]

SENATOR COOK: And thank you, Madam Chair. And thank you, Director Fenner, for coming. I'm recalling a conversation that we've had since I've been here about a lag time in terms of the turnaround for the background checks. I cannot remember the context; I'm not certain the applicability to this situation. But is that something that you talked about or considered, or is there another testifier, do you think, that could speak to that? [LB728]

JODI FENNER: It...well, it isn't part of this decision-making process. This is strictly driven by the federal requirement. There has been a consistent lag time with the FBI background checks that is outside of the State Patrol's control. [LB728]

SENATOR COOK: Um-hum. [LB728]

JODI FENNER: Even at BSDC, when we...we will continue to submit the fingerprints. It takes approximately a month to get those back, which means we don't let individuals work with clients until we get those back. [LB728]

SENATOR COOK: Okay. That would have been my follow-up question. [LB728]

JODI FENNER: Yeah. And I...kudos to the State Patrol. They've done a lot of work to process those quickly and work with us and other providers so that we can expedite the fingerprint processes. But the federal government works at its own pace, and we have to... [LB728]

SENATOR COOK: Yes, it does; or not. Yeah. [LB728]

JODI FENNER: ...and...or not, and we have to be patient with that, yes. [LB728]

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SENATOR COOK: Thank you. [LB728]

JODI FENNER: So thank you. [LB728]

SENATOR CAMPBELL: Any other follow-up questions? Director Fenner, thank you, and for your commitment... [LB728]

JODI FENNER: Thank you. [LB728]

SENATOR CAMPBELL: ...in this whole area. I know it's been a long journey, but thanks for your work. [LB728]

JODI FENNER: Well, thank you. Appreciate it. Have a good afternoon. [LB728]

SENATOR CAMPBELL: Our next proponent? Do we have opponents to LB728? Anyone in a neutral position? As Senator Harms has waived closure, we will close the public hearing on LB728, and we will move to open the hearing on LB931. And...okay, that's fine. We'll just stay at ease. Senator Bolz, go right ahead. Busy day. [LB728]

SENATOR BOLZ: I'm sorry to keep you waiting. [LB931]

SENATOR CAMPBELL: No, that's all right; we hear Appropriations is going here, going there, going everywhere today. [LB931]

SENATOR BOLZ: It's the place to be, I'm telling you. [LB931]

SENATOR CAMPBELL: Yeah, I guess so. We will go ahead and open the public hearing for LB931, Senator Bolz's bill to adopt the Nebraska Mental Health First Aid Training Act. Senator Bolz, good to have you back. [LB931]

SENATOR BOLZ: (Exhibits 10, 11, and 12) Thank you. Thanks for having me, committee. This bill was inspired by constituents in my district, and I wish it were inspired in a different way. But I have had three constituents that I've known personally take their own lives over the course of my short term in office. And so I was inspired to look into opportunities and ideas about mental health promotion and suicide prevention from that personal experience. And certainly additional and deeper actions need to be taken to address this significant and solemn issue. But I believe that LB931 is a smart, strategic step towards providing mental health services in our state. The bill provides for "train the trainer" sessions for something called "mental health first aid." Mental health first aid training teaches people to identify, understand, and respond to individuals showing signs of a mental illness or a substance use disorder. While in a mental health crisis, individuals need professional assistance, of course; however, an immediate response is essential. Like CPR, mental health first aid training helps an average

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person learn how to respond to needs until the individual in need of assistance can access professional help. We can all think of circumstances in which this training might be invaluable, ranging from recognizing a friend who's struggling with depression to dealing with a worst-case scenario crisis response. This bill provides resources to the behavioral health regions to train certified mental health first aid trainers, creating a broad impact where training could teach veterans, students, emergency responders, and others crisis-response skills. I believe you have a fact sheet in front of you, and I'd also like to submit for the record two letters. One is from an individual who you might have read about in the newspaper recently, inspired by the loss of a young man in the Wilber community. Darin Fikar organized a walk around this very State Capitol a few weeks ago to bring awareness to suicide prevention. His testimony will be coming around as well as testimony from the Nebraska Association of Professional Veterans Advocates. We lose a veteran a day to suicide. And particularly veterans returning home from Afghanistan and Iraq struggle with depression and posttraumatic stress disorder. And they are of particular importance to individuals who might be able to provide assistance. So with that, I'll wrap up my introduction and offer an opportunity to ask questions, should you have any. [LB931]

SENATOR CAMPBELL: Questions from senators? Senator Bolz, will...oh, I'm sorry, Senator Gloor, you have a question? [LB931]

SENATOR GLOOR: Go ahead. [LB931]

SENATOR CAMPBELL: Senator Bolz, so the idea here is that people will be trained in a community to train other people... [LB931]

SENATOR BOLZ: That's right. [LB931]

SENATOR CAMPBELL: ...correct? [LB931]

SENATOR BOLZ: Um-hum. [LB931]

SENATOR CAMPBELL: And so any citizen could take the class... [LB931]

SENATOR BOLZ: Um-hum. [LB931]

SENATOR CAMPBELL: ...just like you'd take... [LB931]

SENATOR BOLZ: Right. [LB931]

SENATOR CAMPBELL: ...a CPR class, right? [LB931]

SENATOR BOLZ: That's right. And just like CPR, there's a national certification...

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[LB931]

SENATOR CAMPBELL: Okay. [LB931]

SENATOR BOLZ: ...that a trainer would need to earn. [LB931]

SENATOR CAMPBELL: So the training would be offered...could be offered from any number of agencies... [LB931]

SENATOR BOLZ: Um-hum. [LB931]

SENATOR CAMPBELL: ...or departments, is that correct? [LB931]

SENATOR BOLZ: Um-hum, absolutely. [LB931]

SENATOR CAMPBELL: Southeast Community College, for us in Lincoln... [LB931]

SENATOR BOLZ: Um-hum. [LB931]

SENATOR CAMPBELL: ...that type of thing? [LB931]

SENATOR BOLZ: Sure. And the idea in the bill is that the regions would distribute funding to train up the trainers. [LB931]

SENATOR CAMPBELL: Ah. Okay. [LB931]

SENATOR BOLZ: But certainly university settings, veterans administrations, all those areas would be places where we might want to place trainers. [LB931]

SENATOR CAMPBELL: In the constituents that you spoke about, do you think that they would have been in circumstances that someone in their daily lives would have been able to identify that? [LB931]

SENATOR BOLZ: With all... [LB931]

SENATOR CAMPBELL: And I don't mean...you don't have to go into the... [LB931]

SENATOR BOLZ: Yeah. Yeah. With all three... [LB931]

SENATOR CAMPBELL: ...personal stories. [LB931]

SENATOR BOLZ: ...I can say yes, with certainty...that they were all three people I had a personal relationship with. They were all three people who had faced challenges or

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faced troubles. And in some circumstances people tried to help, and in other circumstances people knew that something was wrong but didn't know exactly what to do. I guess I would take it one step further and say, I think this kind of initiative also applies to prevention and could have prevented some of the things that happened from happening, as well as things like school shootings, which, you know, we don't want to be...I don't want to be overdramatic in this chair but there are certainly some very serious situations in which we can identify a need. [LB931]

SENATOR CAMPBELL: Senator Cook. [LB931]

SENATOR COOK: Yes. I have a question. The first time that I heard about the concept of mental health first aid was in the context of schools and identifying... [LB931]

SENATOR BOLZ: Um-hum. [LB931]

SENATOR COOK: ...issues with students. [LB931]

SENATOR BOLZ: Um-hum. [LB931]

SENATOR COOK: Is this kind of aimed at...the "train the trainer" curriculum would be kind of... [LB931]

SENATOR BOLZ: Um-hum. [LB931]

SENATOR COOK: ...to grownups, to everybody... [LB931]

SENATOR BOLZ: Um-hum. [LB931]

SENATOR COOK: ...to... [LB931]

SENATOR BOLZ: Um-hum. [LB931]

SENATOR COOK: Do you know? [LB931]

SENATOR BOLZ: Yep, yeah. [LB931]

SENATOR COOK: Okay. [LB931]

SENATOR BOLZ: So let me give you an example. I'm an adjunct instructor at Nebraska Wesleyan University, and I know that on that campus, the counseling center, one of the individuals there as well as one of her peer...her student assistants, peer-to-peer assistants, have participated in a mental health first aid training section. And so it was both the counseling staff and someone who had an interest and a position on campus in

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counseling but was a student. So we all know that, especially with young people, sometimes the peers are the most influential. [LB931]

SENATOR COOK: Oh, yes. [LB931]

SENATOR BOLZ: So from the campus experience I have, both work. [LB931]

SENATOR CAMPBELL: Okay. Any other questions? Senator Gloor. [LB931]

SENATOR GLOOR: Thank you, Senator Campbell. Thank you, Senator Bolz. This is interesting. I mean, I'm...I'm trying to decide...I've had enough exposure to substance abuse so that I have interacted with friends who I knew were struggling with substance abuse to try and help them and steer them to a 12-step program, as an example. But now, if I were to take this training, I'm clearly better qualified to be able to do this, but now do I put myself in a position of a lawsuit if as a result of reaching out to them and having some training to do it... [LB931]

SENATOR BOLZ: Um-hum. [LB931]

SENATOR GLOOR: ...and they commit suicide... [LB931]

SENATOR BOLZ: Um-hum. [LB931]

SENATOR GLOOR: ...is...am I at greater risk? I'm trying to look for... [LB931]

SENATOR BOLZ: Um-hum. [LB931]

SENATOR GLOOR: ...unintended consequences... [LB931]

SENATOR BOLZ: Um-hum. [LB931]

SENATOR GLOOR: ...of somebody, armed with a training certificate, thinking... [LB931]

SENATOR BOLZ: Um-hum. [LB931]

SENATOR GLOOR: ...I can save my friends who I now... [LB931]

SENATOR BOLZ: Um-hum. [LB931]

SENATOR GLOOR: ...realize... [LB931]

SENATOR BOLZ: Um-hum. [LB931]

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SENATOR GLOOR: ...are struggling in... [LB931]

SENATOR BOLZ: Um-hum. [LB931]

SENATOR GLOOR: ...in different ways, and... [LB931]

SENATOR BOLZ: Um-hum. [LB931]

SENATOR GLOOR: ...and maybe aren't as commonsensical about it as they ought to be. [LB931]

SENATOR BOLZ: It's a fair question. And one of the things that the training does provide is a, I guess, a description of your "scope of practice," under your certificate. [LB931]

SENATOR GLOOR: We've heard that one before. (Laughter) [LB931]

SENATOR BOLZ: So one of the important things that the training provides is an ability for individuals to know their limits. This is not meant to make the average person an armchair psychologist; it's not to substitute for training. Rather, it's to help someone understand the difference between someone who's "blue" and someone who's depressed. An example that might be helpful to you is, it might be particularly helpful to someone like an officer in the Lincoln Police Department. Could that person be able to respond to a crisis differently if they're able to identify dilated pupils, manic behavior in someone who might be a manic-depressive, versus assuming that that person has only ill motives? So I think the training provides for limitations and teaches people their own limits but also helps someone who's in a crisis, and in the moment, respond well, versus, you know, thinking about someone who might be trying to provide counseling. [LB931]

SENATOR GLOOR: Does...that helps. Does Mental Health USA...Mental Health First Aid USA screen people? In other words, if I'm just Mike Gloor and I've always wanted to get involved in mental health and think I can help all my friends at church, as an example, get this certificate and then not "hang out my shingle"... [LB931]

SENATOR BOLZ: Um-hum. [LB931]

SENATOR GLOOR: ...so much as park myself in the church lobby and... [LB931]

SENATOR BOLZ: Um-hum. [LB931]

SENATOR GLOOR: ...see if I can interact with people who (laughter) I've always known are struggling, versus the example you gave, which is a perfect example of people who,

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given their positions and given what they do, you know, educators, law enforcement, even some people who are involved in acute care, those folks being a little better equipped to deal with it. [LB931]

SENATOR BOLZ: It's a fair question. And what I understand the root of your question being is, how do we make sure that people don't overstep what's appropriate? [LB931]

SENATOR GLOOR: Sure. [LB931]

SENATOR BOLZ: And...and I guess I would maybe come at that from a different angle and say...for example, what I'm most familiar with is that I'm a social worker, and that is...it's a protected title. I have to pass a test, and I have a scope of practice. And someone with a mental health first aid certificate would not be allowed to call him or herself a social worker. So I don't know that there are oversight functions in place with a mental health first aid certificate. But if someone were trying to get Medicaid reimbursement for counseling and what they had to offer you was a mental health first aid certificate, there would be limitations there. So, I mean, I guess, some of the professional structures might have some protections in place. And at the end of the day, just like CPR, this is crisis response; this is a low level of functioning. And just like CPR, that doesn't mean that you should trust someone to give you heart surgery. [LB931]

SENATOR GLOOR: No, but with CPR, somebody has collapsed and is lying on the ground... [LB931]

SENATOR BOLZ: Um-hum. [LB931]

SENATOR GLOOR: ...and you can make mistakes and misidentify that this person is actually taking a nap in the shade and hasn't collapsed. And you're not going to do CPR on them, in which case you're going to assume they're going to fight back a little bit. But in this case, it's not quite as clear that the person that needs help needs help. And, in fact, maybe they don't. That's the part I'm trying to get comfortable with. [LB931]

SENATOR BOLZ: Yeah. Yeah. And I guess I would say two brief things. One is, there are circumstances in which it's very clear; if someone called me and said, "Kate, I'm going to jump off a building"... [LB931]

SENATOR GLOOR: You bet. [LB931]

SENATOR BOLZ: ...I would still need a skill set. But the other thing I would say is that there are mental health professionals who will testify today, and my hope is that they might be able to respond to some of those questions... [LB931]

SENATOR GLOOR: Good. [LB931]

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SENATOR BOLZ: ...in a little bit more depth. [LB931]

SENATOR GLOOR: Okay, thank you. [LB931]

SENATOR CAMPBELL: Senator Crawford. [LB931]

SENATOR CRAWFORD: Thank you, Chairwoman Campbell. And thank you, Senator Bolz, for bringing this... [LB931]

SENATOR BOLZ: Um-hum. [LB931]

SENATOR CRAWFORD: ...very interesting idea. I imagine, just like CPR first aid, part of the instructions are when to call for help. I think you said that before, that part of the training would be trying to encourage people to get help or recognizing when to call help and which are the situations when you should call 9-1-1, versus a situation when some other type of call may be more appropriate. [LB931]

SENATOR BOLZ: Um-hum. [LB931]

SENATOR CRAWFORD: Is that true? [LB931]

SENATOR BOLZ: That's exactly right. [LB931]

SENATOR CRAWFORD: Thanks. [LB931]

SENATOR BOLZ: Um-hum. [LB931]

SENATOR CAMPBELL: Any other questions or comments? Senator Bolz, are you staying... [LB931]

SENATOR BOLZ: Um-hum. [LB931]

SENATOR CAMPBELL: ...to close? [LB931]

SENATOR BOLZ: I'll stay. [LB931]

SENATOR CAMPBELL: Okay. All right, we will go to our first proponent. Good afternoon. [LB931]

BETH BAXTER: (Exhibits 13, 14) Good afternoon. Good afternoon, Chairwoman Campbell and members of the Health and Human Services Committee. I am Beth Baxter, B-e-t-h B-a-x-t-e-r. And I'm here on behalf of the Nebraska Association of

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Regional Administrators, a coalition of the six regional behavioral health authorities across the state of Nebraska. I serve as the administrator for Region 3 Behavioral Health Services, which encompasses 22 counties in the central part of Nebraska. And I appear before you today in support of LB931, which you've heard earlier, is the Nebraska Mental Health First Aid Training Act. And I, too, would like to thank Senator Bolz for introducing this important bill. It's been said that many people experience mental health or substance abuse disorders. They do not get help or they delay in getting help because they simply don't know what to do or where to go. If there is someone in their social network or place of work who is informed about the signs and symptoms and knowledgeable about the options available for professional help, that trained person becomes the catalyst for the person in need getting the help that they need. Research demonstrates that the sooner a person gets help, the better their outcomes are going to be. Mental health first aid is an extension of the concept of first aid response, only that mental health first aid responds to mental health and substance abuse problems. The training is aimed at nonbehavioral health professionals and specifically seeks to aid in reducing social distance of people who have a mental health disorder, with other folks. It's also increasing "helping" behaviors, so that people know how to reach out when it's appropriate to reach out and how to help others. And it also seeks to aid in providing strategies to assist a person who's in crisis. While mental health first aid is not a substitute for professional help, it does serve as an extension of the formalized service delivery system in that it helps the nonprofessional increase their confidence in providing help to other people, directing others to appropriate treatment, and decreasing the stigmatizing attitudes that are barriers to treatment. I personally believe that mental health first aid training is really an opportunity for us to equip communities to take care of their own. Through LB931, the Department of Health and Human Services will establish the mental health first aid training program through the regional behavioral health authorities who have the infrastructure to coordinate, to monitor, and support the training statewide, in both rural and urban areas. The behavioral health regions have long-established relationships with law enforcement, school personnel, college and university leadership, advocacy organizations, criminal justice, child welfare, veterans organizations, business and industry leaders, and the local health districts, which I believe will support opportunities for training various community stakeholders. The bill also includes an evaluation component to measure the efficacy of the training and which will tie in nicely with the evaluation process available through the National Council of Behavioral Health as part of their support for mental health first aid nationwide. Nebraska can gain from the experiences of other states while also participating in informing the behavioral health field of this effective program. Region 3, the organization that I'm a part of, we currently have only three mental health first aid trainers for a population base of approximately 223,000 people. So I think you can imagine the limitations that we have in providing this important training to a number of individuals. We found that those who have participated in our trainings have shared that they feel better equipped to help their family, their friends, their coworkers, other people within their faith communities and their social circles who

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experience a mental health or substance abuse problem. We've trained high school students in mental health first aid, and these young people state that they're better equipped to help their friends and classmates by understanding what their signs and symptoms are and supporting their friends and classmates in getting the help that they need. Nebraska has a shortage of behavioral health professionals, and several of these high school students have even stated that by taking the mental health first aid training, it's really created an interest in them to maybe go on and pursue a behavioral health field. So it serves as a dual purpose, in helping us expand our work force. Mental health is essential to overall health. Therefore, investing in the Nebraska Mental Health First Aid Training Act really is an investment in improving the health and well-being of all Nebraskans. I would like to thank the committee for the opportunity to testify in support of this bill and would be happy to answer any questions that you might have. [LB931]

SENATOR CAMPBELL: Senator Gloor. [LB931]

SENATOR GLOOR: Thank you, Senator Campbell. And Beth, thank you for your testimony. Thank you for once again driving a long way to come in and testify in front of us. You've got a ways to go, and I hope you get home before the weather gets a little dicey for you. So as I'm listening to Senator Bolz in her opening, I'm looking at you, wondering whether you're here to testify as a proponent or an opponent, not sure that maybe from a standpoint of this program there were some concerns within the regions about whether some of the concerns I expressed were real or not. So I'm relieved that...for a couple of reasons. One is you're here as a proponent; the second is, this clearly isn't a new program. [LB931]

BETH BAXTER: No. [LB931]

SENATOR GLOOR: You've got trainers already. We're talking about expanding a program or at least putting in statute a program that's already in place and tested. So this is in place in Region 3... [LB931]

BETH BAXTER: Um-hum. [LB931]

SENATOR GLOOR: ...and you've already done training. How do you pick who to train? How do you decide where you want these folks to get this training? Or do you just have trainers for anybody who happens to knock on the door and says, "I want to do this"? I'm guessing you're proactive on this, not reactive. [LB931]

BETH BAXTER: Well, currently our trainers are three of my staff members... [LB931]

SENATOR GLOOR: Yeah. [LB931]

BETH BAXTER: ...who serve in various roles within the organization: one is a

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manager/supervisor; one is a direct-care worker who is a case manager that works with individuals who experience psychiatric crisis; and the other is one of our consumer leaders and has the opportunity to share her experience. I think your question earlier about how do we identify who these are, I think that that's a good question, and I think it's one that I certainly, as we expand this, will take a look at. I think what we've done previously and what I've heard other organizations do, is you really go out and try to recruit people. So you have some individuals in mind, maybe based on their relationship within the community; they're well respected, they're articulate, those types of things. So we've been in a position to recruit for trainers and probably will continue to do that. And my sense is, as the training grows--that we have more trainers, other people are exposed to it in a training session--that we will generate more interest in it. [LB931]

SENATOR GLOOR: Well...and I would guess any of us in the committee, if given a few minutes, could come up with a short list of people we'd think would be a good fit... [LB931]

BETH BAXTER: Yeah. [LB931]

SENATOR GLOOR: ...you know, guidance counselors in school, Scout leaders. I mean, you could put together a list pretty fast, I think. The question is, do they come to you? Do you go to them? If we have this set up, clearly, we want it to be used, because we think it's... [LB931]

BETH BAXTER: Um-hum. [LB931]

SENATOR GLOOR: ...beneficial to society overall. How do we make sure that it's used and where do we get the most bang for our dollars? [LB931]

BETH BAXTER: And I think, you know, probably a simple strategy would be to ask people to provide some reference letters, you know, and we can check through those and see what the interest is. I think also, the training, it requires a real time commitment. As Senator Bolz said, it's a five-day training...daylong, you know, for five days. So people have to be pretty committed to do this. It's not an inexpensive training program, and so the dollars provided through this bill will pay for that training, and then we can help support those people in participating. [LB931]

SENATOR GLOOR: The training we're talking about is training the trainers. [LB931]

BETH BAXTER: Train the trainers, yes. [LB931]

SENATOR GLOOR: Okay. [LB931]

BETH BAXTER: And that really is the...it's worked well with other training concepts. You

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kind of start small, and then you're able to grow that constituency out across the state. [LB931]

SENATOR CAMPBELL: Senator Howard. [LB931]

SENATOR HOWARD: Thank you, Senator Campbell. And thank you for your testimony. If you have three trainers on staff, how many people have they trained so far? [LB931]

BETH BAXTER: We haven't kept track, because I asked them that the other day. (Laughter) But I would...and I'm sure they'll start to keep track now. I would safely say that we've probably trained at least 200 people. [LB931]

SENATOR HOWARD: Annually? [LB931]

BETH BAXTER: Well, we've only been doing it about a year and a half. [LB931]

SENATOR HOWARD: Okay. [LB931]

BETH BAXTER: So...it's very popular. And there is a curriculum that's specific for young people. We utilized, kind of, the adult training--we didn't know that there was one for young people--and kind of geared it towards...for kids. And it's really exciting to see their enthusiasm. And I think we can, you know, kind of carry that along and really realize the impact that that can have in our schools and with the young kids. [LB931]

SENATOR HOWARD: Do all of the regions have trainers on staff? [LB931]

BETH BAXTER: No, we don't. Region 4 has some. I believe that there are some in the eastern part of the state and probably in Region 5. Also, the Panhandle, Region 1, has some. But we're really hoping that we can expand this. And, as Senator Gloor said, it's not new. And I'm here supporting it because we've seen it work. You know, we've tested it out; it has great national research behind it. And we've seen the impact that it's had on others. [LB931]

SENATOR HOWARD: Thank you. [LB931]

BETH BAXTER: Um-hum. [LB931]

SENATOR CAMPBELL: Any other questions or concerns? I would have to say, Beth, from all the times you've testified here, if you put your stamp of approval on something... [LB931]

BETH BAXTER: Thank you. [LB931]

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SENATOR CAMPBELL: ...for some of us that's probably the best testimony there is.  
[LB931]

BETH BAXTER: Thank you very much. [LB931]

SENATOR CAMPBELL: Your long history of advocacy and work in this field, so we appreciate you taking the time to come and testify. Our next proponent. Good afternoon.  
[LB931]

RUSS UHING: Hi. My name is Russ Uhing, the director of student services for Lincoln Public Schools. First name, Russ, R-u-s-s; last name is Uhing, U-h-i-n-g. As part of my role as director of student services, I help oversee our attendance and student management procedures as well as our counseling program and our social workers. Thank you for this opportunity to share some information regarding the LB931. It was stated in the bill that one in four Americans face a mental illness at some time in his or her lifetime. I'd like to just share a couple of other statistics. And again, representing Lincoln Public Schools, I'll spend more time talking about it from the student perspective. But the National Federation of Families for Children's Mental Health shares that one in five young people will have a mental, emotional, or behavioral challenge. And despite these high rates, four out of five of them between the ages of 6 and 17 do not receive any help for these challenges. And the vast majority of those individuals are minority children. We support this bill because we believe that educating a wider group of people may lead to earlier detection and support of children, which will improve resiliency, and ultimately to a successful life. It's been mentioned several times that...comparing this to medical first aid, and we kind of see the same type of thing, to where it's going to increase not only our community but our staff's ability, knowledge, and capacity to help identify mental health systems, potential problems, short-term interventions and help build that bridge to professional help. Beth, the previous presenter had mentioned that preventing illness...the importance of preventing mental illness early in a child's life to help teach coping strategies and provide support helps to prevent difficulties later. Many of those difficulties manifest themselves in behavior problems in high anxiety, withdrawal. There's a number of different ways that those difficulties are shown. We really believe that this will help reduce stigma of mental health. And when that is reduced, it will entice children and families to be more likely to seek help and be able to recognize that help and to seek help. We also know that with our juvenile justice system as well as our adult system, that a very large percentage of people within those systems have mental health issues. Again, the belief and the hope that increasing this awareness, increasing our school and community response to that can help not only the education piece but also if we can reduce those numbers, that would be great. We appreciate the criteria within it to measure the efficacy of the training programs. We appreciate, as a school system, being one of the groups mentioned, that we would be able to have those services available to us. We recognize and would greatly appreciate being able to be a part of that and see how we could use

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that. Thank you to Senator Bolz for sponsoring this bill to contribute to young people getting the mental health they need to help improve their social and emotional lives, which, hopefully, leads to improvement of academic skills, graduation rates, and leading a more productive life. Thank you. [LB931]

SENATOR CAMPBELL: Thank you very much. Questions or comments from the senators? Thank you, Mr. Uhing, always good... [LB931]

RUSS UHING: Thank you. [LB931]

SENATOR CAMPBELL: Our next proponent. Good afternoon. [LB931]

PAUL GREENWELL: (Exhibit 15) Good afternoon. My name is Paul Greenwell, P-a-u-l G-r-e-e-n-w-e-l-l. Good afternoon. Thank you to Senator Bolz for introducing this bill and to the committee for considering it. My name is Paul Greenwell, and I'm the program supervisor for Lutheran Family Services At Ease program, which focuses on providing trauma treatment and therapeutic support to active military members, veterans, and their loved ones. I'm happy to speak in favor of LB931 and to speak specifically about its potential benefits for our state's military members and veterans as well as their families. Recent statistics regarding veterans state the following. There are over 2.3 million American veterans of the Iraq and Afghanistan wars. At least 20 percent of Iraq and Afghanistan veterans have posttraumatic stress disorder and/or depression. Fifty percent of those with posttraumatic stress disorder do not seek treatment. And of that 50 percent, only half of those will receive minimally adequate treatment. It's estimated that more than 19 percent of veterans may have traumatic brain injury. Recent studies will show that veterans suicide is higher than thought, with estimates suggesting more than 22 suicides per day; that equals to 1 suicide every 65 minutes. And in 2012, more active-duty personnel died by their own hand than in combat. Specific to Nebraska, the National Council for Behavioral Health reports that there are over 15,000 OEF/OIF veterans living in Nebraska and more than 4,600 of those are likely struggling with a mental health disorder. These statistics remain despite increased funding and support for the Veterans Administration and the development of community-based treatment centers. It's clear, to me at least, that the solution to supporting our veterans and their families will require more than just increased funding to the VA or to professional services. We need citizens who can understand mental health issues, intervene and advocate on behalf of those who are struggling with mental health issues, and be a part of battling the stigma and misunderstanding associated with mental illness and mental health problems. In my work with military members, veterans, and their loved ones, I frequently speak with individuals whose loved one is struggling; and they speak about not knowing how to talk to them, not understanding how to support them or how to encourage them to seek the help they need. These loved ones do the best they can, but they frequently do so by themselves, out of fear and respect for their loved one. This pattern leads to family members, including children, who walk around their homes on

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eggshells, trying to avoid doing or saying the wrong thing. Over time, this pattern can lead to something we call "secondary trauma." This is illustrated through numerous stories from Korean War and Vietnam War veterans who state that their loved ones avoid speaking about the war and who avoid startling their loved ones. As a Korean War veteran told me, quote: She still knows not to wake me up, because she doesn't know what I will do. This bill provides a real opportunity to empower those in our state who are confronted with the reality of mental illness every day in the lives of their family and friends. This bill opens the door to identifying mental illness or psychological struggles before they cause someone to lose a job, ruin a marriage or relationship, or, worse, lead to someone committing suicide. Through this bill, I see the opportunity to train teachers, pastors, employers, friends, family members, social service workers, and everyday Nebraskans who would like to be able to help but don't know how. In my work with veterans and their families, I see an opportunity to help family members better understand mental illness and how they can support and advocate for their loved one. In this bill, I see the potential for saving families and saving lives. It's a privilege to be able to speak here today on behalf of Lutheran Family Services and the Nebraska Association of Behavioral Health Organizations in support of this bill. Our military members and their families have sacrificed so much in caring out their duty; in this bill, I see an opportunity for us as a state to support them and to thank them for all they've sacrificed. I'd be happy to take any questions. [LB931]

SENATOR CAMPBELL: Thank you. Are there questions for Mr. Greenwell? Senator Crawford. [LB931]

SENATOR CRAWFORD: Thank you, Chairwoman Campbell. And thank you, Paul, for coming and for all your work... [LB931]

PAUL GREENWELL: Thank you. [LB931]

SENATOR CRAWFORD: ...in our communities, including Bellevue. (Laugh) Now, I'm thinking that, then, the...not the trainers but the people who get the training from the trainers, this could very well be spouses of military members, knowing how to deal with these issues in the house or knowing how to help their kids with these issues, is that fair? I mean, is that kind of what you have in mind when you talk about people walking on... [LB931]

PAUL GREENWELL: When I read the bill, that's what I...that's what I'm hoping. [LB931]

SENATOR CRAWFORD: ...eggshells? [LB931]

PAUL GREENWELL: The family members that I run into are frequently blaming themselves. [LB931]

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SENATOR CRAWFORD: Yeah? [LB931]

PAUL GREENWELL: And when you start to talk about the community system, you talk about the schools, you talk about...you talk, even economically, the cost of services to a lot of these folks, this bill makes sense all the way around. I think it needs to start with family members. It needs to start with the people who are actually interacting with people on a daily basis. I don't get to see everybody in my office, because of things like stigma and misunderstanding. [LB931]

SENATOR CRAWFORD: Um-hum. [LB931]

PAUL GREENWELL: If we can intervene before then, I think that can only be good. [LB931]

SENATOR CRAWFORD: Excellent. Thank you. [LB931]

SENATOR CAMPBELL: Any other questions or comments from the senators? Thank you very much... [LB931]

PAUL GREENWELL: Thank you. [LB931]

SENATOR CAMPBELL: ...for your testimony. Other proponents of the bill? Anyone in the hearing room who wishes to testify in opposition? Or in a neutral position? Senator Bolz, we're back to you. [LB931]

SENATOR BOLZ: The only thing I have to say is that I think this bill would make a difference. So I ask for your support. [LB931]

SENATOR CAMPBELL: (Exhibit 16) Thank you, Senator Bolz. We should note that we received a letter of support from the Nebraska Association of Behavioral Health Organizations. So thank you. And with that, it concludes the hearing on LB931. And we're going to ask our guests to leave as quietly as you can because we will be going into executive session. (See also Exhibit 17) [LB931]