AMENDMENTS TO LB595

Introduced by Walz, 15.

1. Strike the original sections and all amendments thereto and
insert the following new sections:

Section 1. The Legislature finds that:

(1) Early intervention is essential to developing life-long well-
being for children facing mental health needs;

(2) Mental health challenges are frequently identified in the school
setting;

(3) The findings of the Adverse Childhood Experiences Study
conducted by the federal Centers for Disease Control and Prevention make
it clear that childhood experiences have a tremendous impact on life-long
health and opportunity;

(4) Best practices are available for children and families to
promote health, stability, and well-being through treatment and therapy,
prevention, and early intervention. Such best practices can prevent entry
into the child welfare and juvenile justice systems as well as promote
mental health; and

(5) Creation of Children’s Connection program initiatives in each of
the behavioral health regions established pursuant to section 71-807 will
provide the best practices described in subdivision (4) of this section.

Sec. 2. A Children's Connection program shall be created in each of
the behavioral health regions established pursuant to section 71-807.
Each program shall be a partnership between the behavioral health region
and Nebraska schools serving children in kindergarten through grade
eight.

The goals of the programs are to identify children with social and
emotional difficulties and to work with parents, schools, and health care
providers to provide timely, effective, and family-centered services in
order to prevent child welfare or juvenile justice system involvement.

Sec. 3. The Division of Behavioral Health of the Department of Health and Human Services shall administer the Children’s Connection program. The division shall:

1. Solicit annual program plans from each behavioral health region and ensure that the plans meet initiative requirements;
2. Identify evidence-based best practices in interventions for children and provide evidence-based training to mental health coordinators and community mental health providers on at least a biannual basis; and
3. Complete an annual evaluation of the program in each region based on number of children referred and assessed, number of children served, implementation of evidence-based practices, and improved health and academic outcomes for children.

Sec. 4. Each behavioral health region shall develop a Children’s Connection program initiative with the following components:

1. Formal agreements with specific referral sources, including, but not limited to, public and private schools as well as the Nebraska Help Line;
2. Training for referral sources to recognize and refer children who could benefit from the program;
3. Formal agreements with community mental health providers to serve children referred to the program with evidence-based strategies;
4. Implementation of strategies to utilize available health insurance or the medical assistance program;
5. At least one mental health coordinator who shall meet with families, assess needs, identify barriers to accessing services, and assist with making connections to the health care provider;
6. Funding specifically allocated for children who are assessed to require treatment but do not have the means to pay for such treatment;
7. Plans for collecting and submitting documentation of outcomes.
and to participate in evaluation activities as required by the division;

and

(8) A budget including a local match of at least one-fourth of the total cost of the initiative.

Sec. 5. It is the intent of the Legislature to appropriate two million dollars each fiscal year to the Department of Health and Human Services for distribution to each of the behavioral health regions to establish a Children's Connection program.