

**GROENE** [00:20:09] We'll get started. Welcome to the Education Committee public hearing. My name is Mike Groene, from Legislative District 42. I serve as Chair of this committee. The committee will take up the bills in the-- but first we'll have some appointments, then we'll take up the bills on the posted agenda. Our hearing today is your public part of the legislative process. This is your opportunity to express your position on the proposed legislation before us today. To better facilitate today's proceedings, I ask that you abide by the following procedure. Please turn off cell phones and other electronic devices. Move to the chairs at the front of the room when you are ready to testify. The order of the testimony is introducer, proponent, opponents, neutral, and closing remarks by the introducer. If you will be testifying, please complete the green testifier sheet and hand to the committee page when you come up to testify. If you have written materials that you would like distributed to the committee, please hand them to the page to distribute. When you come up, if you are not going to publicly testify or need to leave early, you may turn in written testimony with a completed green testifier sheet. We need 12 copies for all committee members and staff. If you need additional copies, please ask a page to make copies for you now. When you begin to testify, please state and spell out your name for the record. Please be concise. It is my request the testimony limit to four minutes. Be using the light system: green, four minutes; yellow, one minute, and then wrap up your comments. If you would like your support or opposition be known but do not wish-- wish to testify, please sign the white form at the back of the room and it will be included in the official record. There's a-- you can check the box for a proponent, opponent-- or opponent. If you're not testifying in person on a bill, you needed to have your comments or letter e-mailed into my office by 5:00 yesterday. And how many members are here? I'll introduce the pages first and see if some more senators show up: Erika Llano, a sophomore at the University of Nebraska-Lincoln, studying political science and sociology; and Maddy Brown, a junior at the University of Nebraska-Lincoln, studying political science. They've been here all session. Where are you young ladies from?

\_\_\_\_\_ [00:20:09] I'm from Omaha.

\_\_\_\_\_ [00:20:09] And I'm from Lincoln.

**GROENE** [00:20:09] Please remember that senators will be coming and going during our hearing as they may have bills to introduce in other committees. We'll wait a little bit until some more show up. I will introduce my staff, the committee staff. To my immediate left is legal counsel Amara Block. To the right at the end of the table is committee clerk, Trevor Reilly. Would the senators like to introduce themselves, starting with Senator Murman?

**MURMAN** [00:20:09] Hello. I'm Senator Dave Murman from Glenvil, District 38, Clay, Webster, Nuckolls, Franklin, Kearney, Phelps, and southwest Buffalo County.

**LINEHAN** [00:20:09] Good afternoon. I'm Senator Lou Ann Linehan from Waterloo, Valley, and Elkhorn in Douglas County.

**PANSING BROOKS** [00:20:09] Hi. Patty Pansing Brooks from District 28 right here in the heart of Lincoln.

**KOLOWSKI** [00:20:09] Rick Kolowski, District 31, and that's southwest Omaha area, please.

**GROENE** [00:20:09] We expect Senator Morfeld and Senator Walz to be joining us. They have not indicated otherwise. Senator Brewer will not be with us today. He had an appointment out of state. So that will-- we will start with the appointments and they'll start-- and the appointments are to the Nebraska Educational Telecommunications Commission for a four-year term. We have three appointments. The first will be Patricia Kircher, and she will-- she represents the general public on the commission. So if she would come forward and tell us a little bit about herself and why she wishes to be reappointed.

**PATRICIA KIRCHER** [00:20:09] Good afternoon. My name is Patty Kircher. I'm a transplanted New Yorker who came to Nebraska 17 years ago. I live in Omaha and it's become my home; it's the children-- my children's home. When we came here, I had a small child who had some physical and educational disabilities, became very involved in schools, and recognized the value of public media, what it provides to children. Ninety-seven percent of kids who by the time they reach 8 years old have been exposed to and use public media and public education on a regular basis; it's a great resource for homeschoolers. And that's just one part of what public media does for the state of Nebraska. It's a real critical gift and treasure to this state. And I'm sure, Senator, you've noticed that recently with the floods and all that's happened with the public emergency broadcasting system. So there's three parts to what public media does, and it is for education, it's for public safety, and it is for, also, civics. We all have the opportunity to see what happens behind the scenes here, and I'm very proud to say that as a Nebraskan, we take great pride in bringing our story to the entire world, not just the state. And had it not been for NET, a lot of the story of what's happened last week with the flooding would not be told. The networks drop somebody in for a story and then they're gone, but NET has-- I have a list of all the stories that they've presented on national media. So it is, as far as it goes, education, public service, and-- and with an eye towards civics, that is a big part of what our kids need in school today too. So I'm just-- I'm just-- I'm passionate about all that-- that can be done by this group.

**GROENE** [00:20:09] Thank you. There any questions from the committee? So you're kind of like Nebraska's version of C-SPAN.

**PATRICIA KIRCHER** [00:20:09] Yeah. [LAUGH]

**GROENE** [00:20:09] That's covering the Legis--

**PATRICIA KIRCHER** [00:20:09] In certain--

**GROENE** [00:20:09] --covering-- covering the Legislature.

**PATRICIA KIRCHER** [00:20:09] In certain ways, yes, with the Legislature, um-hum, and-- and the Supreme Court.

**GROENE** [00:20:09] And the public knows you more as NET, Nebraska Educational Television.

**PATRICIA KIRCHER** [00:20:09] Correct. And a lot of people think of it, public TV, as Downton Abbey and things like that, but it's so much more. And publics-- and there are new standards coming to the industry. It's a very complicated and regulated industry from Washington with the Corporation for Public Broadcasting, and there's so much that goes into it. But every-- every person in the state benefits somehow from-- from this endeavor, so.

**GROENE** [00:20:09] Thank you. Any other questions? Senator Kolowski.

**KOLOWSKI** [00:20:09] Thank you, Mr. Chairman. Congratulations. And also wanted to ask you, your knowledge of the technology and the use of the technology, are we keeping up within the state or is there a regular turnover cycle of money and-- and machines that make this all possible--

**PATRICIA KIRCHER** [00:20:09] Yes.

**KOLOWSKI** [00:20:09] --because some things are very, very cutting edge.

**PATRICIA KIRCHER** [00:20:09] They are, and it's changing-- it's changing at breakneck speed. I had gone to Washington with our general manager a few weeks ago and learned about the new standards that are becoming up in broadcast, kind of like where you went from analog and then the government required you switch over to digital. There's another standard that's coming out that won't be mandatory, for a while, anyhow, but it will be something that we would have the opportunity to broadcast over our existing network, but then also over cellular data networks. So there's a lot of-- coming our way. yes, we are keeping up with it, and I was really thrilled to learn just how well thought of NET is in-- in the country for its cutting-edge digital content, some of its, you know, 360 content. Not everybody has that and it's unique for Nebraska in that it has a statewide network. There's only a few of those, so it's-- every single Nebraskan benefits from this, so.

**KOLOWSKI** [00:20:09] Thank you.

**GROENE** [00:20:09] Thank you.

**PATRICIA KIRCHER** [00:20:09] So, yes, they-- to answer your question, yes, they-- we are doing a good job of keeping up with technology--

**KOLOWSKI** [00:20:09] OK. Thank you.

**PATRICIA KIRCHER** [00:20:09] --thanks-- thanks to the support from the state.

**GROENE** [00:20:09] Thank you. Any other questions? Thank you. Any want to testify proponent? No, you're done.

**PATRICIA KIRCHER** [00:20:09] I'm done? OK.

**GROENE** [00:20:09] Opponents? Neutral? Thank you. That brings us to the second appointment, and that would be Paul Turman for a four-year-- it's his first-time appointee, I believe, and for a four-year term. And he represents the state college-- colleges, a representative for the State College System. Thank you.

**PAUL TURMAN** [00:20:10] Chairman Groene, members of the Education Committee, Paul Turman; that's spelled P-a-u-l T-u-r-m-a-n. As noted, I'm the chancellor, new chancellor of the State College System. I'm certainly honored to be nominated and fill the seat that was left by the former chancellor, Stan Carpenter, who served in this position for a good number of years. NET certainly serves a very critical role for the state in building kind of educational, regional partnerships in programming, and that content really does help, I think as the previous presenter had noted, then making those connections across the state and also regionally, making sure that individuals are very versed about the wide range of activities that are happening here in Nebraska. I think the State College System certainly plays a very structured role in doing that same thing, which is why it does seem to make sense to have my position or someone from our State College System be serving on that capacity with the board. Prior to arriving in Nebraska, I've never really had previous engagement with NET. I did, though, with our-- the South Dakota Board of Regents. The public broadcasting system in South Dakota was housed on one of our campuses, worked very closely with that entity in a variety of different areas. I've served in a number of boards, serving as a former elected school board member in South Dakota before transferring down here. I was on the high school activity association, which then had contracts with the-- the South Dakota Public Broadcasting, which is another place where strong connections are-- are being made with the activities that NET does provide. And I also think just the broad coverage that it provides of all the great work that you do, citizens here in Nebraska that have a difficult time of being able to come and listen to the-- the committee testimony listen to your deliberations on the floor, get the opportunity through NET to be able to be a part of that, so that they have their voice in-- in understanding what it is that you are able to accomplish for them. If confirmed, I'd look forward to serving Nebraska on the NET and stand by any questions that you have.

**GROENE** [00:20:10] Any questions for the-- Mr. Turman? Thank you, sir.

**PAUL TURMAN** [00:20:10] Thank you.

**GROENE** [00:20:10] Any proponents? Opponents? Neutral? This finishes nomination of Mr. Turman. We'll go to the third candidate, appointment of-- new-- he'll be a new appointee, of Greg Adams, to the Nebraska-- to the board, four-year term, and he represents the community college position.

**GREG ADAMS** [00:20:10] Thank you, Senator Groene. My name is Greg Adams, G-r-e-g A-d-a-m-s. I am currently the executive director of the Nebraska Community College Association and this would be my first appointment to the board. Actually, my contact with NET started long ago. When I was a high school teacher, I was asked to help develop some curriculum for NET. My next exposure to the group was when I was sitting where Senator Groene is, in '09, 2009 and '10. The Legislature had passed a resolution instructing every jurisdictional committee to review all the statutes under their committee's jurisdiction to determine what could be fixed, changed, fiscally amended. And so we took a-- we took a look at NET, because it falls under the Education Committee's jurisdiction, and learned a bit more about it. In this capacity, I am replacing Randy Schmailzl, who is currently the president of Metro Community College, as the community college representative on the board. You know, I wanted to say one other thing, and I'm not going to sit here and be able to tell you about all the technology at NET. I have enough trouble at home with technology. But when I was Speaker of the Legislature and attended a legislative conference in Madison, Wisconsin, I was a bit surprised at the number of legislative bodies at that point in time that did not broadcast their debate, and particularly their committee hearings. And to be able to say that Nebraska started doing that in 1977, they-- they looked at you like, really, why would you do that? And the question, of course, the answer is, why not? I'd take any questions that you have.

**GROENE** [00:20:10] Any questions for Mr. Adams? Thank you, Greg.

**GREG ADAMS** [00:20:10] Thank you.

**GROENE** [00:20:10] Any proponents? Opponents? Neutral? That closes the hearing on the appointments to the-- to the Nebraska Educational Telecommunications Commission. We'll Exec on it pretty quick and you guys will be taken care of. That takes us to LB676. That's a bill that I introduced for the Department of Education. Committee counsel Amara Block will present it. She's been working closely with the department on understanding what they are doing, so she will introduce the bill.

**AMARA BLOCK** [00:20:11] Good afternoon, Senators. For the record, my name is Amara Block, spelled A-m-a-r-a B-l-o-c-k, and I am the legal counsel for the Education Committee. LB676 was brought to us by the Department of Education, and Senator Groene has asked me to introduce it. The focus of LB676 is to clean up the statutes pertaining to the reorganization of school districts. For some background, there are two meth-- two methods to begin the process of reorganizing school districts. One is the petition method and the-- the second is the plan method, sometimes referred to as the election method. When the petition method is used, if at least 60 percent of voters or a majority of each affected school board supports the petition, it's

submitted to the State Committee. The State Committee then reviews the petition for approval or disapproval. With the plan method, the school boards submit a plan for reorganization to the State Committee and, if the committee approves the plan, it goes to an election of the-- in the affected districts. Over the years, provisions related to school district reorganization have been repealed and amended many times. Consequently, the process is disorganized and, arguably, a little bit confusing. LB676 seeks to bring more clarity to the reorganization process by merging the petition method and the plan method into one place but still keeping both methods. With that comes the opportunity for some policy changes. Most of the proposed policy-- policy changes are as follows. LB676 proposes to change the percentage of legal voters needed to support a petition from 60 percent to 50 percent. The bill allows voters to use the plan method if 25 percent of voters supported such plan, which would be in addition to school boards, as school boards are already permitted to use the plan method. LB676 grants the State Committee discretion to review all petitions. Under the law right now, the State Committee gets to review most qualifying positions-- petitions, except for ones in a few circumstances. The petition must be approved if 65 percent of voters support it, or 65 percent of the school board supports the petition and it involves the transfer or exchange of parcels between Class III or IV school districts and the land does not exceed 640 acres. LB676 proposes to change this so that the State Committee can decide what to do in these situations. Right now, the law requires that if a bond election is held and passes, the State Committee must approve it. LB676 proposes to change this so that the petition still goes to the committee to approve or disapprove, regardless of the bond election. The bill changes the deadline for names to be added or withdrawn from the petition. Currently, names can be added or withdrawn during the entire time the petition is held with the committee. This deadline is changed so the names can be added or withdrawn only until the petition is filed with the State Committee. The bill removes the Commissioner of Education as a member of the State Committee. The commissioner is currently an ex officio, nonvoting member. When a parcel of land is not attached to any district, right now, before the parcel is attached to a district, notice must be given by certified or registered mail to voters residing on land if their mailing address is known; by certified mail to school boards in the counties that are adjacent to the parcel; and published in the newspaper of general circulation in the county once a week for two weeks. The bill proposes to change this to only notice by publication in paper. Additionally, LB676 changes which calculation is relied on to determine the amount of students in Class III school districts for the purpose of determining whether the school must dissolve or develop cooperative programs with other schools from the average daily membership or the fall school district membership to relying only on the fall school district membership for this number. Finally, the bill also outright repeals section 79-470 and 79-598. Section 79-598 permits the school board of a public school to contract with a neighboring public school for the instruction of all or part of their students and for the transportation of such students to a neighboring school. These contracts are limited for up to two years. Similarly-- similarly, Section 79-470 limits the contract for instruction for all students up to two years. Under both statutes, if the school contracts for two consecutive years, the school district must dissolve and attach to a neighboring school district. There are some exceptions or provisions, which these can be waived in the statute. I just summarized for brevity. And I believe that Brian

Halstead is here and he can take you into more detail into this bill and the rationale behind anything. And I'd be happy to take questions if I can, but Brian Halstead is the expert.

**GROENE** [00:22:08] Any questions for counsel? Go ahead, Senator.

**KOLOWSKI** [00:22:09] Yes. Could you tell me who makes-- makes up the State Committee, how many members there are?

**AMARA BLOCK** [00:22:14] I believe there's six members, Senator. I would-- I would have to go look at the particular statute. I think it's in the bill.

**KOLOWSKI** [00:22:22] OK. And they're not part of this committee, are they?

**AMARA BLOCK** [00:22:26] The Education Committee?

**KOLOWSKI** [00:22:26] Right.

**AMARA BLOCK** [00:22:29] To my-- to my knowledge, no. I-- I-- Brian could--

**KOLOWSKI** [00:22:35] It wasn't clear when I was going through--

**AMARA BLOCK** [00:22:36] Sure.

**KOLOWSKI** [00:22:36] --reading things and I was trying to-- just trying to place where-- where things are with this.

**AMARA BLOCK** [00:22:41] Sure.

**KOLOWSKI** [00:22:42] Thank you.

**AMARA BLOCK** [00:22:43] Yep.

**GROENE** [00:22:45] This-- any other questions? To the layperson, this is the process of consolidation, right? Yeah.

**AMARA BLOCK** [00:22:52] Dissolution, consolidation, changing the boundaries, transferring parcels of land from one district to another.

**GROENE** [00:23:00] Thank you. Senator Kolowski.

**KOLOWSKI** [00:23:03] No, no-- if I could, how many times has this been used in the last year, for example, or the last two years?

**AMARA BLOCK** [00:23:12] I could find the answer out for you, but I think Brian Halstead would probably have that direct answer.

**KOLOWSKI** [00:23:19] OK. That's fine. Thank you.

**GROENE** [00:23:19] Thank you. Any other questions? Thank you. Proponents?

**BRIAN HALSTEAD** [00:23:37] Good afternoon, Senator Groene and members of the Education Committee. For the record, my name is Brian Halstead, B-r-i-a-n H-a-l-s-t-e-a-d. I'm with the Nebraska Department of Education here in support of LB676. The bill is intended to (1) get rid of outdated statutory language that's no longer needed this century for how school district boundaries can be changed or how reorganization of school districts can occur. The petition method has existed since the 1880s, and it's been amended probably at least 40 or 50 times in the history of the state of Nebraska. So it originally started out with county superintendents of schools being responsible for school district organization matters. In 1999, this Legislature did away with the office of county superintendent of schools and, in that bill, merely put the State Committee for the Reorganization of School District every place in statute where it said "county superintendent dealing with reorganization." The Legislature really did not, in that bill, look at how reorganization works, so for the past 20 years the statutes on reorganization have largely remained the same. In 1920, according to the Nebraska Blue Book, there were 7,240 school districts in the state of Nebraska; today, there are 244. So some of these statutes have been used quite a bit. The petition method has been the largest method used for reorganization and, again, that one goes back to the 1880s. The Reorganization of School Districts Act was created by the Legislature in 1949 as a methodology to help assist in reorganizing school districts at that time. It created county reorg committees and the State Committee for the Reorganization of School Districts that still exists today. The county reorg committees were done away with when the county superintendent was removed. The State Committee for the Reorganization of School Districts, as was indicated, the Commissioner of Education, by statute, is an ex officio, nonvoting member of that committee, which means he can appear and be counted for a quorum but he can't vote on any of the items that are before it. And one of the provisions in this bill would basically remove him from being a member of that committee. He'd still be the secretary who keeps all records of the State Reorg Committee, and those would be kept at the Department of Education. Statute currently provides that the other five members, two of those members have to be individuals who hold a certificate to teach or administer in school districts or in nonpublic schools in the state and the three others be laypersons in the state. The current membership of the State Reorg Committee has Dale Fornander from Chapell, Nebraska; Shad Stamm from Benkelman, Nebraska. Alan Garey, who's an administrator-- I believe it's Medicine Valley as the superintendent-- he's on the Reorg Committee. Ted DeTurk, who lives in Sarpy County but is the ESU 2 administrator, is the other educator on it. And Gerry Osborn, from Ainsworth, Nebraska, is the last member of the State Reorg Committee. Those would still remain the same under this bill. And to make it absolutely clear, there is a separate reorganization set of statutes that deals with school districts in a learning community in Nebraska, so the Douglas/Sarpy County Learning Community and those school districts are not



subject to any of the changes in LB7-- or LB676, nor do we intend that to be part of the Learning Community at that time. I'd be happy to answer any more questions you might have about school district reorganization and any of the particular changes that are proposed in the bill.

**GROENE** [00:28:08] Any questions from the committee?

**LINEHAN** [00:28:14] Thank you, Chairman Groene. Thank you, Mr. Halstead, for being here today. So the committee that we're talking about, the five members, what are they called again? The State Committee. Does the Governor appoint them?

**BRIAN HALSTEAD** [00:28:27] The State Board of Education appoints those, and that's been that way since the department was created in 1955.

**LINEHAN** [00:28:34] And are they on there forever or--

**BRIAN HALSTEAD** [00:28:40] No, they-- they serve a term of years. I want to say it's four years, but I-- the statute specifies the exact length of their appointment.

**LINEHAN** [00:28:52] So I-- I think we had a school merger last year, right, to--

**GROENE** [00:28:56] Yep.

**LINEHAN** [00:28:56] Another school--

**BRIAN HALSTEAD** [00:28:56] Last--

**LINEHAN** [00:28:57] --district went away up in the northwest--

**BRIAN HALSTEAD** [00:29:00] Boyd County School District was created by dissolving Lynch and West Boyd School District and putting them together for Boyd County Schools. That was the last reorganization that was done under these statutes.

**LINEHAN** [00:29:17] So how would-- so they had to get 50 percent of people in those districts to sign a petition that they could do it?

**BRIAN HALSTEAD** [00:29:24] So you pick a really unique one that kind of pointed out why some of the changes are in this bill. That started because patrons in West Boyd started circulating a petition to get signatures of individuals in both Lynch and West Boyd to get the boards to reorganize. They never got to 60 percent of the legal voters.

**LINEHAN** [00:29:50] That's a high, high bar.

**BRIAN HALSTEAD** [00:29:52] It's set by the Legislature, so, and--

**LINEHAN** [00:29:55] OK.

**BRIAN HALSTEAD** [00:29:55] --if you look at the history, some would argue the reason it's set so high is because we really don't want to reorganize school districts.

**LINEHAN** [00:30:02] Right.

**BRIAN HALSTEAD** [00:30:02] So that's part of the history of the state. They started with that. They eventually presented their petitions to the Lynch School Board and the Lynch School Board voted at a public meeting to support having the voters decide the fate of the two school districts. It is because Lynch approved it that it became a plan that could get to the State Reorg Committee. We had a hearing before the State Reorg Committee. We had proponents and opponents to the concept from both West Boyd and Lynch. The State Reorg Committee, because it was a plan calling for an election, did not have to approve it, and actually the committee made suggestions back to the people presenting it and asked the school districts to answer questions the committee had on it. And about a month and a half later, lo and behold, the West Boyd School Board and the Lynch School Board brought forward a petition that dissolved both school districts and created Boyd County Schools. So that's an example where the people got it started and because of some nuances, the boards decided it was time to put Boyd County together as one school district. But there was no way under the current plan method for the people to bring forward something to the State Reorg Committee. It had to be a school board that brought it to the Reorg Committee, which is why the 25 percent of legal voters is being added in here for a plan, so that you can at least have the issue brought to the State Committee to start the discussion about what should be a reorganization. Even if it comes to the State Reorg Committee, they don't have to approve it, so.

**LINEHAN** [00:31:50] So the 25 percent would-- then the school boards wouldn't have to be involved?

**BRIAN HALSTEAD** [00:31:56] Oh, I suspect on any reorg--

**LINEHAN** [00:31:58] Not-- "involved" is the wrong term. But if they had 25 percent of the voters, are those registered voters?

**BRIAN HALSTEAD** [00:32:03] Legal voters so, yes, they would be registered to vote and reside within the boundaries of the school district that's being affected.

**LINEHAN** [00:32:13] OK. Thank you very much. That's very helpful.

**BRIAN HALSTEAD** [00:32:13] Sure.

**GROENE** [00:32:15] Any other questions? Twenty-five percent of each school district, one district can't do a petition and force themselves on the other district, can they?

**BRIAN HALSTEAD** [00:32:24] For a plan, it could be a single district bringing it forward. But because there are criteria established for plans that the committee is supposed to review, it's a little difficult to approve something when only one-quarter of one school district wants to change it but not the others. Under the petition method, which is really more of either the elected representatives, the school board, who's elected, deciding that this should be something brought to the committee, or, under this bill, 50 percent of the legal voters signing that could do it without the school board acting. So we are lowering, as Senator Linehan pointed out, from 60 percent to more than a majority.

**GROENE** [00:33:07] So why do we even have a State Committee? If two school districts decide on the local level-- local government want to merge, why is the State Board of Education involved with an appointed committee?

**BRIAN HALSTEAD** [00:33:22] I believe it's because the Legislature felt someone at the state level ought to be making some input or decisions about political subdivisions and how they are going to change or not in that regard.

**GROENE** [00:33:36] Has the state-- has this committee ever turned anybody down?

**BRIAN HALSTEAD** [00:33:39] Yeah, it has disapproved plans for election and it has, in fact, disapproved petitions because the petitions didn't meet the statutory requirements for a petition at the time.

**GROENE** [00:33:54] So they didn't make a judgment on if the-- if the consolidation was wise. It was the process that they disapproved of.

**BRIAN HALSTEAD** [00:34:00] Well, it depends on which method you're talking about as it got to it. Under the plan method, this Legislature has established criteria one should use to make a judgment about it. There's absolutely nothing in the petition method as to how you know whether this is good or not for a petition. So this bill would use the same criteria for a plan, would also be the same criteria for a petition, and it's the same criteria that's been there since 1949. The bill doesn't make any changes to that. The idea was that there should be some type of criteria so everybody knows what you're looking at.

**GROENE** [00:34:40] So you-- one of the things, you're just lowering the barrier then, the hurdle, from 60 to--

**BRIAN HALSTEAD** [00:34:47] Fifty-- more than 50-- a majority, which would be--

**GROENE** [00:34:51] Then adding another 20--

**BRIAN HALSTEAD** [00:34:51] Correct.

**GROENE** [00:34:52] --another version of 25 percent.

**BRIAN HALSTEAD** [00:34:53] For the legal voters to bring something forward, yes. We felt that the legal voters should always have the opportunity to present the issue at that regard.

**GROENE** [00:35:04] On a sidebar, a unified school district, where does that fit in, the decision between two--

**BRIAN HALSTEAD** [00:35:08] That is covered under a separate section of statutes that-- not being amended in this bill.

**GROENE** [00:35:15] All right, just want to understand.

**BRIAN HALSTEAD** [00:35:16] Sure. That's a different concept--

**GROENE** [00:35:20] Area.

**BRIAN HALSTEAD** [00:35:20] --the Legislature came up with, I believe, in 1998. There are three unified systems currently operating in Nebraska. They would not be--

**GROENE** [00:35:28] One just dissolved.

**BRIAN HALSTEAD** [00:35:31] They wouldn't be impacted by LB676.

**GROENE** [00:35:32] Arnold and Callaway just dissolved theirs. Anyway, Arnold and Callaway just dissolved their unified district.

**BRIAN HALSTEAD** [00:35:39] No, Arnold is a school district, as is Callaway. They may have a cooperative agreement for athletics--

**GROENE** [00:35:46] In a cooperative, all right.

**BRIAN HALSTEAD** [00:35:46] --but their two school districts, the three unified systems are Nebraska Northeast Unified 1, which consists of Verdigre, Clearwater, and Orchard. They were the first unification. There's South Central Unified, which is made up of Lawrence-Nelson school district and Sandy Creek/ Clay Center, those two school districts, and the third is Bruning and Davenport are part of Bruning-Davenport Unified. I know Senator Murman--

**GROENE** [00:36:16] Thanks for-- thanks for correcting me. I was--

**BRIAN HALSTEAD** [00:36:17] --may represent some of the territory in one of those, so.

**GROENE** [00:36:22] I was misinformed. Thank you. Any other questions? Senator Linehan.

**LINEHAN** [00:36:25] Thank you, Chairman Groene. Since we brought that-- since you brought that up, which I appreciate very much, I was talking to somebody from Verdigre the other day and they said that the unified, it only lasts for so long and then they can split up.

**BRIAN HALSTEAD** [00:36:35] So the statute for unification sets a maximum of seven years for the interlocal agreement. I think there's a minimum of three years in that statute. So right now, northeast Nebraska Unified's agreement, I think, goes through 2021, the 2020-2021 school year, and then it has to either be brought back for renewal or it'll end and the school districts that are underneath it will go back to being school districts themselves or-- unless they propose some different reorganization. There has been a newspaper article about Clearwater, Orchard and Ewing talking about a reorganization when that unification agreement expires, but I've-- I've only seen a newspaper article on it. I don't know.

**GROENE** [00:37:25] So-- go ahead.

**LINEHAN** [00:37:25] So was the goal when the Legislature did that in '98 is the get them to merge the administration, right? At least that would be cost savings to merge the administration and then maybe in the long run they would become one school district. What was the goal in 1998 when the Legislature passed that, if you could remember?

**BRIAN HALSTEAD** [00:37:44] There were varying viewpoints. I think for some this was a way of-- the simplest thing I would say is this is an engagement--

**LINEHAN** [00:37:58] I see.

**BRIAN HALSTEAD** [00:37:58] --but it's not a marriage yet.

**LINEHAN** [00:37:59] All right.

**BRIAN HALSTEAD** [00:38:00] And you can always not get married. So I think it was an attempt. There were a couple more unifications that ultimately resulted in a reorganization in that regard, so it did--

**LINEHAN** [00:38:14] In a marriage, you mean?

**BRIAN HALSTEAD** [00:38:14] Yeah, in a marriage.

**LINEHAN** [00:38:14] And was there-- somebody just told me in the last month it seems the Legislature-- there was some-- there was a financial benefit, if the schools unified, from the state. Does that make sense?

**BRIAN HALSTEAD** [00:38:30] There was in the late '90s and, as recently as about four years ago, incentive funds. The Legislature provided that if school districts reorganized, there were payments they would get from the state as part of the transition from-- and once-- you know, three school districts, counting students and cost to one school district, with the TEEOSA formula, it sometimes had an impact. You moved out of equalization aid because you had all that value in one place. So the Legislature from time to time, from mid-'90s until about-- Senator Sullivan was Chair of the committee the last time when there were some incentive funds offered by the state to encourage school districts to reorganize. So I believe Central, Valley, and I want to say Riverside, took advantage of the last incentives, and they're located generally in central Nebraska by Cedar Rapids, Spalding, North Loup, Scotia, that area.

**LINEHAN** [00:39:36] OK. Thank you very much. Very helpful.

**GROENE** [00:39:39] Senator Kolowski.

**KOLOWSKI** [00:39:40] Thank you, Mr. Chairman. Just a very simple question: Does your boss and your board back this move?

**BRIAN HALSTEAD** [00:39:47] Oh, ab-- the State Board supported the bill.

**KOLOWSKI** [00:39:50] No question?

**BRIAN HALSTEAD** [00:39:50] And in some ways, this is the follow up to LB377 that this committee advanced and you enacted last session to eliminate the references to Class I, Class II, and Class VI school districts, because in 1949, when the Reorganization of School District Act, the plan method was first put into play, the Legislature also created the six classes of school districts that you modified last session. So in some ways, this is just the follow-up concept of that.

**KOLOWSKI** [00:40:23] Thank you.

**GROENE** [00:40:23] One more question so I don't have to do the research. On a unified school district, do they share a common levy?

**BRIAN HALSTEAD** [00:40:31] It is all budget financed and accredited as a single school district. The--

**GROENE** [00:40:37] So they fit in the formula, the TEEOSA formula--

**BRIAN HALSTEAD** [00:40:39] Right.

**GROENE** [00:40:39] --the total enrollment of the three.

**BRIAN HALSTEAD** [00:40:41] Correct, so in the sense of a unified system is considered a district for purposes of TEEOSA calculation, student count, valuation, all of that.

**GROENE** [00:40:50] They all have their same-- their own school board yet?

**BRIAN HALSTEAD** [00:40:52] They-- they still-- each school district elects a school board and then that school board votes on who will be on the so-called unified board. This is all spelled out in the interlocal agreement that's approved.

**GROENE** [00:41:05] In the--

**BRIAN HALSTEAD** [00:41:05] So generally speaking, in those, the underlying school districts are still responsible for the facilities so that it is the school district of Bruning that's dealing with the building, if they're using a building in Bruning, or the school district of Davenport paying for the facility in Davenport, if they're each using more than one facility.

**GROENE** [00:41:29] So one district could still have a bond election and build a new school or a gymnasium hoping, when they do consolidate it, it ends up in their building, in their town.

**BRIAN HALSTEAD** [00:41:36] I believe that's actually what Verdigre did was ran a bond issue and had new construction on a facility in Verdigre. And-- I don't remember-- it's about 30 miles or so between Orchard/Clearwater to Verdigre. I think it's a-- it's a little further north than Orchard and Clearwater are. I don't know the exact miles. Some of you may have traveled it more recently than I have.

**GROENE** [00:42:01] Thank you. Any other questions? Thank you, sir. Any other proponents? Opponents? Neutral? Received no proponent, opponent, or neutral correspondence. That closes the hearing on LB676. We'll go to LB725, Senator Walz.

**WALZ** [00:42:40] Good afternoon, Chairman Groene and members of the committee. For the record, my name is Lynne Walz, L-y-n-n-e W-a-l-z, and I proudly represent Legislative District 15. I'm here today to introduce LB725. LB725 creates the School Mental Health Resources Fund and allocates \$12 million from the General Fund to it. The money from this fund is intended to be used to reimburse schools for allowable mental health expenditures to equal the ratio of money in the School Mental Health Resources Fund available for re-- for reimbursements pursuant to this section, divided by the total allowable mental health expenditures for the preceding school year, except that if such ratio is greater than 80 percent, the reimbursement percentage shall equal 80 percent. This bill also defines what would qualify as an allowable mental health expenditure. Two things I would like to note before we begin. I

understand that we do not have room in the budget this year for a bill that has this large of a fiscal note, but I would like to encourage you to not discount this idea, as it has a number of benefits. The second is that if we were to pass this bill, I have a foundation that is willing to match these funds for the first two years. That's \$24 million someone is willing to invest in our state that we would otherwise be turning away. I have also handed out some information to all of you that highlights the amount of money each school is spending on mental health and support services in schools right now. I have asked for more detailed information, but the department was not able to separate 2130, which is health services, and 2140, which is psychological services, at this time. Even without that, I thought this data would be able to give you an idea of how much money this bill could save in your school districts. If we were to reimburse schools for the behavioral and mental health services they are now providing, it would provide significant property tax relief. My intent behind this is not only to provide schools reimbursement for these services but also encourage rural schools to expand their services. Rural areas in Nebraska are struggling from a lack of mental health resources. Eighty-eight of 93 counties in Nebraska are designated as a federal mental health professional shortage area; 78 counties have no practicing psych-- psychiatrist; and 32 counties lack a behavioral mental health provider of any kind. I believe we would need to put an additional mechanism into this bill to ensure these funds would not only be used by Omaha and Lincoln. If anyone is interested in this and would like to help, I would be happy to have that conversation. Mental illness is a problem that affects all Nebraskans in one way or another. One of five children age 13 through 18 experience a severe mental health disorder at some point in their life; however, less than half of these children receive the necessary care they need. Leaving children undiagnosed and untreated greatly hinders their academic ability to grow and develop in school. They are being left behind because no one is there to identify and offer services to those who need it the most. Mental health needs to be taken more serious because it also severely impacts an individual physically. Depression can weak-- can lead to a weakened immune system, insomnia, and even risk of a heart attack. The human body is so complex and it is all interconnected. A Harvard study showed that depression affects how the eyes function, causing colors to be dulled-- dulled and making the world look gray. Many of these kids struggle with these issues-- that struggle with these issues are no-- are at no fault of their own. It is often the environment they are growing up in. It could be the fact that the parent is not dedicating the necessary time to help them or they don't have the necessary time. It could be a catastrophic event that happened to them at a young age. One way or another, they are going to have to deal with it and research shows that these issues are not dealt with at a young age, individuals are more likely to turn to substance-- substance abuse later on in life as a method of dealing with it. I also feel that largely we are talking about mental health problems in the wrong way. We talk about it as if all children are troublemakers, and this mean-- and-- are troublemakers who need help. In reality, it affects kids across the spectrum. Kids may be doing extremely well in school but can be extremely depressed. The pressure that we put on some students to do well can make it seem like their work is never good enough. What you often hear about suicide victims is that they seemed happy and they were doing very well in school. They were the ones that you would-- that you would have never expected to do something like this. While we need to look out for troubled students, we also need to make sure-- need to make sure we are checking in on the students



who are doing well in school, the ones who are pulling their hair out over the stress-- out from stress over a test. Schools can-- school can be stressful and challenging, but an undiagnosed mental illness-- illness should not make it harder on our children. We should have individuals who are trained in identifying mental illnesses in their schools in order to better their educational experiences. You could argue that it's not the school's job to take care of this, but I would tell you that, whether it is their job or not, they are the ones that are going to have to deal with it, day in and day out. Students are in school oftentimes 40 hours a week and the teachers have their job to do, to teach them. They can't do this job if the student is so depressed that they can't pay attention. This is an issue that we need to begin to take steps in the right direction. Thank you. And with that, I would be happy to try to answer any questions.

**LINEHAN** [00:48:56] Because you're there and he left, so thank you very much, Senator Walz. Are there questions? Senator Patty Pansing Brooks.

**PANSING BROOKS** [00:49:05] Thank you. Thank you for bringing this, Senator Walz. It's an important bill. Just a couple of things. First off, on your sheet here that-- that you passed out, and you highlighted the specific schools, so the numbers on the back of each page correlate to the number of mental health practitioners and social workers. Is that correct or-- or were those--

**WALZ** [00:49:32] Are you on this page-- these pages?

**PANSING BROOKS** [00:49:35] On the very back there's a bunch of different zeroes and--

**WALZ** [00:49:40] Yeah, so--

**PANSING BROOKS** [00:49:41] Do those relate to each school as well, the--

**WALZ** [00:49:44] Yes.

**PANSING BROOKS** [00:49:45] It's corresponding?

**WALZ** [00:49:46] Yes.

**PANSING BROOKS** [00:49:46] So, I mean, Lincoln Public Schools, it shows that we have 12 mental health practitioners in the district and that we have 41.3 full-time social workers. Is that correct?

**WALZ** [00:50:05] Are you looking at this [INAUDIBLE]

**PANSING BROOKS** [00:50:07] I'm looking at the back of that.

**WALZ** [00:50:09] I don't have that breakout. Sorry.

**PANSING BROOKS** [00:50:12] No, that's OK.

**WALZ** [00:50:12] I don't know what happened to that page but--

**PANSING BROOKS** [00:50:13] I just didn't know if that's correct because there's an awful lot of without any.

**WALZ** [00:50:17] I have the-- the dollar amount. I'm missing that page.

**PANSING BROOKS** [00:50:22] Hmm? Oh, you're on the-- OK.

**WALZ** [00:50:23] Sorry.

**PANSING BROOKS** [00:50:25] Well, I'll talk to you afterwards about that. But if that's-- if those are correct on the back--

**WALZ** [00:50:29] Oh, I see. I see, I see.

**PANSING BROOKS** [00:50:33] See on the back, on the LPS.

**WALZ** [00:50:36] Yeah, now I do.

**PANSING BROOKS** [00:50:37] Lincoln Public Schools--

**WALZ** [00:50:39] Social worker FTE reported in the district or mental health practitioners reported in the district, yes.

**PANSING BROOKS** [00:50:43] Yes. So I'm trying to look at Lincoln Public Schools. Do you have that one listed? Because it-- it was highlighted. I don't know what page.

**LINEHAN** [00:50:57] What's the number--

**PANSING BROOKS** [00:50:58] The page number is--

**LINEHAN** [00:50:58] No, that-- that-- district number.

**PANSING BROOKS** [00:50:59] Oh, sorry, the district number is 55-001-000.

**WALZ** [00:51:05] Um-hum.

**PANSING BROOKS** [00:51:10] Do you see that 55 dash--

**WALZ** [00:51:14] Um-hum.

**PANSING BROOKS** [00:51:14] Anyway, I'm just interested, if those are correct, that those correspond to the number of full-time mental health and social workers. Is that correct?

**WALZ** [00:51:22] There may be a little bit of discrepancy on that because that could include all of the employees, the FTEs for the 2100 agency, which is support services for school. It may include-- that's why we need to narrow it down a little bit.

**PANSING BROOKS** [00:51:41] OK. OK.

**WALZ** [00:51:42] But it may include a bus driver for activities and things like that. The main two agencies that-- that we need to really look at and we-- we'll get in-- that's what I kind of talked about. They're going to try to divide that out in the fall is 21--

**PANSING BROOKS** [00:51:59] OK.

**WALZ** [00:51:59] --2110 and 2140.

**PANSING BROOKS** [00:52:00] OK, well, I'll talk to you more about it later. So on-- at the end of all these numbers, there's 93-0096-000. And the-- is that a cumulative number of-- what is the 120-- \$123,089,071 at the end there?

**WALZ** [00:52:23] Yeah, that would be the total amount in--

**PANSING BROOKS** [00:52:26] Of?

**WALZ** [00:52:27] --in the state of all districts of the amount-- of the amount of money that we're spending on 2100 support services.

**PANSING BROOKS** [00:52:33] OK. That's what I wanted to make sure of. So-- and then if you look at the very back of that page, it looks like it's 20, but the total is 20 mental health practitioners in the state. Is that correct?

**WALZ** [00:52:49] That would be correct.

**PANSING BROOKS** [00:52:50] And then 83.75 social workers--

**WALZ** [00:52:54] Social workers--

**PANSING BROOKS** [00:52:54] --full-time social workers, is that correct? Is that a total number?

**WALZ** [00:52:57] That would be-- yeah, that-- maybe Brian is coming up with that.

**PANSING BROOKS** [00:53:00] So this is pretty clear how-- how much we need this. So would-- I guess one of the other questions I have is, would the scope of practice for any of the-- the people who would be employed pursuant to this bill change at all?

**WALZ** [00:53:17] What do you mean Patty--

**PANSING BROOKS** [00:53:17] No--

**WALZ** [00:53:17] --Senator Pansing Brooks?

**PANSING BROOKS** [00:53:19] A scope of practice, they would-- that they're-- they're-- how-- and I'll-- I guess I can ask some of the people that are coming up later, but-- but you're not changing any of their roles?

**WALZ** [00:53:29] No.

**PANSING BROOKS** [00:53:29] OK. So their scope of practice is not changed?

**WALZ** [00:53:33] Right.

**PANSING BROOKS** [00:53:34] Yes. OK. Thank you.

**LINEHAN** [00:53:36] Thank you, Senator Pansing Brooks. Other questions from the committee? Senator Kolowski.

**KOLOWSKI** [00:53:39] Thank you, Madam Chair. Senator, the combination that we looked at, special education, instead of that 49 percent reimbursement, if we were at the 80 percent that we should be at-- at-- that has been projected that we do that this year, and if this was at a nominal increase, that would have to get up to at least \$12 million dollars that you-- you have in your budget. That helps us in getting toward what we would like to be, would it not, as far as the services to our schools?

**WALZ** [00:54:23] Yes, yeah.

**KOLOWSKI** [00:54:24] In both those areas--

**WALZ** [00:54:24] Right.

**KOLOWSKI** [00:54:25] --special education and mental health issues?

**WALZ** [00:54:28] Right. This does not include special education services.

**KOLOWSKI** [00:54:31] I understand that.

**WALZ** [00:54:32] OK.

**KOLOWSKI** [00:54:33] I know and I totally support what you're looking at here. I-- I've read at least three articles in the last month, all on mental health in schools, and for the outcry of what's going on and-- and the-- the need that we have that has been not-- has not been met in the past.

**WALZ** [00:54:54] Um-hum, yeah. And it's-- I mean, obviously, we all know it's a need; school districts across Nebraska know it's a need and they have identified those needs. And there are a lot of districts who are providing those behavioral and mental health supports, just not-- they are not being reimbursed for that.

**KOLOWSKI** [00:55:10] Thank you.

**LINEHAN** [00:55:13] Thank you, Senator Kolowski. Other questions from the committee? Is somebody else going to be-- speak to these numbers?

**WALZ** [00:55:25] Do--

**LINEHAN** [00:55:25] OK, well, then just for the record, I'm confused because there's-- the vast majority of schools have nobody.

**WALZ** [00:55:35] Right.

**LINEHAN** [00:55:36] Right? OK. And then-- but then there's some that have, like Senator Pansing Brooks pointed out, reading this, half of them-- half of them that are employed are in Lincoln. OK. And then so there's--

**PANSING BROOKS** [00:55:52] Good job, Lincoln. Sorry.

**LINEHAN** [00:55:55] So out of the-- if it's-- so there's a total-- say 104 people listed here and a cost of \$123 million, so each-- I mean, I know some of them are making less and some are making more. But that would be an average of-- of, what, like \$123,000 per FTE?

**WALZ** [00:56:17] No. So the-- the dollar amount-- and I hope-- I may need to get some clarification on that.

**LINEHAN** [00:56:23] OK, because there-- there's people that are showing a dollar amount spent but no person.

**WALZ** [00:56:29] Right. So the dollar amount comes from the 2100 support services, which includes attendants and social workers, guidance services, health services, psychological services--

**LINEHAN** [00:56:40] OK.

**WALZ** [00:56:40] --and other pupil support, so that--

**LINEHAN** [00:56:43] OK.

**WALZ** [00:56:43] --that includes all of those services.

**LINEHAN** [00:56:45] OK. OK. OK. It is, back to Senator Kolowski's, it's a little confusion because it-- activities concerned-- I'm looking under 2140-- activities concerned with administering psychological tests-- maybe I'm not looking at that one. I'm sorry. I thought there was one here that-- OK. I just misread it. I'm sorry. OK. Thank you very much. Back to you, Chairman Groene.

**GROENE** [00:57:10] Any other questions from the committee? Thank you, Senator Walz. Proponents?

**MADDIE FENNELL** [00:57:34] Thank you, Senator Groene and members of the Education Committee. My name is Maddie Fennell, M-a-d-d-i-e F-e-n-n-e-l-l. I'm the executive director of the Nebraska State Education Association. I'm here representing our 20,000 NSEA members in support of LB725. Surveys of Nebraska teachers and school administrators have identified mental and behavioral health challenges as the number-one unmet need in schools. Increasingly, schools must join forces with community health, mental health, and social service agencies to promote student well-being and to prevent and treat mental health disorders. The National Alliance on Mental Illness states that the start of many mental health conditions most often occur in adolescence. Half of individuals living with mental illness experience onset by the age of 14. This number jumps to 75 percent by the age of 24. One in five youth live with a mental health condition, but less than half of these individuals receive needed services. Undiagnosed, untreated, or inadequately treated mental health conditions can affect a student's ability to learn, grow, and develop. Schools provide a unique opportunity to identify and treat mental health conditions by serving students where they already are. School personnel play an important role in identifying the early warning signs of an emerging mental health condition and in linking students with effective services and supports. When I first started teaching first grade, in 1990, I had Charlotte in my class. Charlotte was a darling little girl with a smile like sunshine, but Charlotte struggled. She would often come into class shy and withdrawn. At some point, she would have a major outburst, screaming and yelling. She would exhaust herself falling asleep on the carpet in class. When she awoke, she would come and put her chin on my shoulder as she listened to a reading group. Soon, the cycle would start all over again. Charlotte was one of 28 students I had that year who had a cornucopia of mental health needs. As her teacher, I

needed help but had no idea where to get it. LB725 could help a young Maddie by requiring a school district to designate an employee as a community-based mental health resource liaison who can assist students, families, teachers, and schools in locating the resources needed to support the mental health res-- resources [SIC] of students like Charlotte. LB725 then defines an allowable mental health expenditure, creates the School Mental Health Resources Fund, and provides \$12 million dollars annually to reimburse school districts and ESUs for allowable mental health expenditures. This reimbursement will encourage schools to expand mental health services and will help reduce their reliance on local property taxes through state reimbursement of these crucial services. The fact that schools have become essentially the de facto mental health system for students is a daunting duty for educators, administrators, and district leaders. LB725 can shoulder some of that burden by providing needed resources. We ask you to vote in favor of advancing LB725 to General File. I'll take any questions.

**GROENE** [01:00:31] Questions from the committee? Patty-- Senator Pansing Brooks.

**PANSING BROOKS** [01:00:33] Thank you. Thank you for coming, Ms. Fennell. So I-- you probably heard my question before. Is it your understanding that this changes any of the scope of practice of the people-- of the practitioners or people within the schools?

**MADDIE FENNEL** [01:00:44] No, it does not. It provides a coordinator, which is an important role, but it would not change their scope of practice in schools.

**PANSING BROOKS** [01:00:50] OK, thank you.

**GROENE** [01:00:55] In statutes and in ethics of psychology, they have to have parental-- or a guardian's approval before they diagnose or treat. Do you see that in this bill?

**MADDIE FENNEL** [01:01:09] Well, in schools, we generally-- diagnosis is left to a doctor. This person, their-- the position would be coordinate to get people the services so that they have the right person who could diagnose and treat it. We--

**GROENE** [01:01:22] This LB727 [SIC]?

**MADDIE FENNEL** [01:01:22] Yeah, but we would-- this does not call for anybody within the schools to be doing diagnosis and treatment. It would call for them to help people find those resources.

**GROENE** [01:01:32] Well, I guess I misunderstood your statement then. "Schools provide a unique opportunity to identify and treat mental health," is what you said in your testimony.

**MADDIE FENNEL** [01:01:40] The treatment comes through telling me as an educator, for instance, when a child like Charlotte does that, gives me ideas of what I can do with her, so you

could consider that treatment. But it just gives me, a teacher, when Charlotte does this, if you notice this antecedent behavior ahead of time, maybe it could offset her doing that.

**GROENE** [01:01:59] In the classroom of today, who has the most contact with a parent, the administrator--

**MADDIE FENNELL** [01:02:07] Oh, the teacher.

**GROENE** [01:02:08] That's what I thought.

**MADDIE FENNELL** [01:02:08] That-- the-- it should-- yeah. It should be the teacher, yes.

**GROENE** [01:02:10] So it is the teacher in a parent-teacher conference, or I understand, talking to some teachers, they keep in contact with parents a lot. They'll call their parent. They don't wait for the-- so you-- you're seeing this as a teacher would say-- call up and say, we have a point of contact here that you might want to visit with at our school about your child?

**MADDIE FENNELL** [01:02:36] Right. Often I would talk to parents who would be stymied. They-- they were-- they were experiencing the same or even greater behavior problems at home, and they didn't know where to go to for help. They-- they felt their hands were tied. I mean, I was just talking with a friend the other day and they had a parent call school and say, I can't get my child to school, I don't know what else to do. And so par-- many parents are stymied by student behavior, and so-- their-- their own child's behavior, and so they're looking for help. So I always said that--

**GROENE** [01:03:02] So what you're telling me-- us that Charlotte, your example, you could call the parent or guardian and say, I've had some episodes with Charlotte that you might want to talk to this point of contact at our school.

**MADDIE FENNELL** [01:03:19] Right.

**GROENE** [01:03:19] And you couldn't do that back then?

**MADDIE FENNELL** [01:03:21] I didn't have a point of contact at that time.

**GROENE** [01:03:23] All right. Thank you.

**MADDIE FENNELL** [01:03:23] Yeah.

**GROENE** [01:03:25] Any other questions? Senator Murman.

**MURMAN** [01:03:30] Yeah, thanks a lot for coming in. So in the smaller schools, would this point of contact typically be through an ESU? Does that provide what you're looking--



**MADDIE FENNEL** [01:03:39] Yeah, I would think that-- that's why I like the language in here saying it's not just school districts, but again, school districts could combine services through the ESU or through other means to be able to provide it in that way.

**MURMAN** [01:03:51] OK. Thanks.

**MADDIE FENNEL** [01:03:52] Um-hum. I mean, quite honestly, some of this is going to be teleservices because of the statistics that were already quoted about the-- the lack of mental health providers physically present in many of these areas. Actually, it's one of the things that we're really worried about now, postflooding. I've had some conversations with administrators around how are we going to handle the mental health needs of students who are going to be suffering trauma, as well as adults who are suffering trauma and suffering secondary trauma from what they've seen and what they're going to experience and their losses.

**GROENE** [01:04:25] Thank you.

**MURMAN** [01:04:26] Just a follow-up question on that. So would the teacher typically try and contact the parents first and then the coordinator?

**MADDIE FENNEL** [01:04:33] Oh, yeah. Yeah. I-- I-- you would never contact-- you should already be having conversations with the parents about what do you see, you know, what could be a reason for this. So for instance, when I-- I have one student who is exhibiting behavior problems and we-- we started tracking it and I talked to the mom about it, and we realized that it was about 10:00 every day, whether they were in school or at home. We then realized this child had a blood-sugar problem, and so-- but it was because of that conversation that we were able to figure that out. And there's a team on every-- for every child and the members of that team are-- the crucial members of that team are the parent and the teacher working together for the betterment of the child. So, you know, parent-teacher conference is no longer the be-all, end-all of communication. As I was sitting here, I got a text from my son's teacher and I got an e-mail from another person on his team. So that kind of constant communication is really crucial, especially when you're dealing with a child who has higher needs.

**MURMAN** [01:05:32] Thanks.

**GROENE** [01:05:32] Doesn't every school district have a school nurse or am I missing something?

**MADDIE FENNEL** [01:05:35] And so I don't know what school-- what the whole play is on school nurses. Part of the problem, though, is a school nurse has so many physical needs to take care of. That's a lot more-- and-- and being trained to handle physical needs is different than being trained to handle the mental health needs. And so while she's dealing with the kids in the district who have lots of stuff--

**GROENE** [01:05:52] But she's not-- the point of contact is not handling the mental health needs. They are--

**MADDIE FENNEL** [01:05:57] They're referring people, right.

**GROENE** [01:05:59] --referring.

**MADDIE FENNEL** [01:06:00] But the school nurse already has so much on their plate and such a high student loan-- load that-- [LAUGH] Yeah, and probably high student loan too. It-- it would be very difficult for them to-- to add this to their work and still meet the physical needs of the students under their care.

**GROENE** [01:06:14] But they're there. ESU personnel is not always there, so.

**MADDIE FENNEL** [01:06:21] And some of them aren't physically there; they're shared between buildings. There's a lot of nurses that are shared between buildings; they're not physically there.

**GROENE** [01:06:28] Thank you. Any other questions? Thank you.

**MADDIE FENNEL** [01:06:42] Thank you.

**KRAIG LOFQUIST** [01:06:42] Good afternoon. My name's Kraig Lofquist, K-r-a-i-g L-o-f-q-u-i-s-t, and I'm here to express my strong support for LB725. Today I am present-- I'm representing Nebraska Council of School Administrators, the-- the Nebraska Association of School Boards, the Nebraska State Education Association, STANCE, Greater Nebraska Schools Association, NRCSA, the ESU Coordinating Council, OPS, LPS, and Millard. I'd like to, on behalf of all of us, thank Senator Walz for bringing LB25 [SIC] and the conversation to this committee today. I am currently the administrator of ESU 9, located in Hastings, Nebraska. Prior to my current position, I worked for Millard Public Schools from 2004 to 2011 as the director of student services. As the director of student services, I worked with 59 school counselors, 19 school psychologists, and 9 school social workers. In this capacity, I regularly heard about students' significant mental health needs, including stress, anxiety, depression, eating disorders, students who have cut themselves, and other mental health disorders that inflict our children. During my time in Millard, there were seven student suicides. There were also two staff members who took their own lives. There was even a school shooting. Clearly, all were tied to the issue of mental health. Each and every year, as the ESU 9 administrator, I've heard about the mental health needs of students. Over the past few years in south-central Nebraska, there have been a handful of student suicides. Last year, I visited ESU 5, located in Beatrice, Nebraska, and they had hired a licensed mental health practitioner for their schools. They were in the process of hiring two more. One ESU 5 school superintendent told me he could tell a difference when he walked into his building because that was the impact that the LMHP had

made. In February of last year, one ESU 9 school finally committed to paying for a licensed mental health practitioner if we could hire one. Four other school districts followed, so we now have a full-time professional who is extremely busy. About a month ago, each one of those ESU 9 schools committed to increasing their LMHP time for next year, so next year ESU 9 will employ two full-time licensed mental health practitioners. And the information I have at this time shows it may grow by another 0.6 FTE, which is three days a week, before the next school year even starts. Educators appreciate when students sit down and are cognitively engaged and ready to learn. What we know is that if a student's physical needs are not met, which includes adequate sleep, food, clothing, shelter, etcetera, they will not engage in learning. We also need a heightened-- we need to heighten our awareness to the unadulterated fact that if a student's emotional needs are not also met, learning will not occur. Schools and ESUs need consistent resources to address these needs. I can honestly say this problem is not going away. Thank you for accepting this testimony, and I would try to answer questions if you have them.

**GROENE** [01:09:39] Thank you. Any questions? Senator Kolowski.

**KOLOWSKI** [01:09:40] Thank you, Mr. Chairman. Kraig, on the bigger picture here, does the-- does the bill change the scope of practice for anyone who's providing mental health services to students at a school?

**KRAIG LOFQUIST** [01:09:57] While you were having your conversation just a minute ago, I started thinking about some of the credentials that they have. School-- schools' social workers, in my opinion, in my work, they are a conduit to agencies in the community. Now what's really unusual in some of those instances, and where I may be stepping out of bounds, some of those school work-- social workers have an LMHP credential also, so they might be able to work with students. But if they don't have that, they are a conduit to agencies in the community that can help kids. To answer your question directly, is this going to change, it's a consistency issue, I think. Schools would take more if it was available. Right now, we have one of our larger schools that has 1,200 kids, they have two days a week for a licensed mental health practitioner. They're pushing it to three days a week next-- next year. If-- if resources were available, what they do would be more consistent.

**KOLOWSKI** [01:11:05] Your-- your work, and we've worked together for years, when you look at the high schools and the sizes of our high schools in Class A, Class B, for example, I-- I mean, you might have 24, 25, 26 other kids. That's-- that's a lot of bodies and those-- it's a lot of hormones as kids are going through their growth and all the rest. Your-- the things that we could be doing, that we may not be doing right now, such as a home room on a daily basis where an adult sees that kid every day for four years as they go through high school and has a finger on the pulse of what that student's about, and-- and that's a different kind of structure, that's a different kind of calling, and that's a different kind of organization. And when you look at high school, whether it's a four-period day like we-- we had, or a seven- or eight- or nine-period day, varies in different structures. But there has got-- we've got to think in terms of what else can we

do to structure high schools to be more on target with kids and where they're coming from and what they're-- what they're doing. Do you believe that's true that we need to have that happen?

**KRAIG LOFQUIST** [01:12:31] Absolutely. I really respect a lot of things that you built at Millard West, having that student connection and building the relationships, some of the counselors that would-- that were there, and the social worker, but you also alluded to the numbers. When you have 2,500 kids, and as-- as Senator Walz has said that one in five students have a serious mental health condition, it-- it's hard to cover it all. Let me go back to some of the smaller schools. We-- we have a couple of schools that have 185 kids and they've agreed to buy one day a week. It's not ideal, but they're grateful for what they have.

**KOLOWSKI** [01:13:17] Thank you.

**KRAIG LOFQUIST** [01:13:18] Thank you.

**GROENE** [01:13:21] Senator Pansing Brooks.

**PANSING BROOKS** [01:13:22] Thank you. Thank you for coming. So I don't know if-- if I'm not hearing you exactly, but we had testimony previously from Ms. Fennell saying that this does not change the scope of practice. If this is a scope-of-practice issue, this is-- this changes the world. You're just talking about bringing in more people, and it isn't necessarily just counselors. Is that correct? We're not trying to change the scope of practice of specific people within the mental health profession.

**KRAIG LOFQUIST** [01:13:57] Here's the way I would answer that. Our-- the two people that we have, we have one full time now, and the goal is to get the student back into the classroom. That's the goal. It's not to sit down and do traditional therapy that you would see probably in a clinical setting.

**PANSING BROOKS** [01:14:14] Correct.

**KRAIG LOFQUIST** [01:14:15] That's what-- that's what we do.

**PANSING BROOKS** [01:14:17] So that answer should be yes, or that we are not attempting to change anyone's scope of practice.

**KRAIG LOFQUIST** [01:14:24] Correct.

**PANSING BROOKS** [01:14:24] That's all I'm asking.

**KRAIG LOFQUIST** [01:14:25] Yeah.

**PANSING BROOKS** [01:14:26] That's what I-- that's good, that's good.

**KRAIG LOFQUIST** [01:14:27] OK. And I-- I respect what Maddie said because teachers, they need strategies to-- to help kids.

**PANSING BROOKS** [01:14:35] Right, but scope of practice is a whole world of-- of a hornet's nest, if we are getting into that.

**KRAIG LOFQUIST** [01:14:41] I under-- understand.

**PANSING BROOKS** [01:14:42] So the-- so your answer is we are not attempting to change any professional scope of practice, is that correct?

**KRAIG LOFQUIST** [01:14:48] Not what we do, no, that is not what we do.

**PANSING BROOKS** [01:14:48] Thank you. That's all I needed. Thank you.

**GROENE** [01:14:52] Any other questions? I-- so where are the parents involved? Do you have it on file that every single parent this professional psychologist talks to is notified or has agreed to this contact?

**KRAIG LOFQUIST** [01:15:04] Yes, absolutely, Senator Groene. There is a permission slip that they sign off on. We're very clear what-- the work that's done.

**GROENE** [01:15:13] So they're not trying to-- you said they're just trying to get them back in the classroom. They're not doing a clinical analysis of them and treatment?

**KRAIG LOFQUIST** [01:15:20] No. In fact, somebody talked about, I believe, having a physician involved, that they-- they would have to have that involvement. Ours is just to get them back into-- to the classroom. But we do involve the parents. We get permission.

**GROENE** [01:15:39] So to just get them into the-- you are not treating them?

**KRAIG LOFQUIST** [01:15:44] We call it support services, student support. What typically happens is there's a gatekeeper so they're not overrun. The school counselor, for example, says, I do not have the expertise to work with this student, I have a relationship with them, they're severely depressed, they're cutting themselves or-- or whatever. I'm not a licensed mental health practitioner either. I need to make that abundantly clear. But the goal is-- is not to sit there for an hour and work through things. It's-- 15 to 20 minutes is ideal and you get the student back into the classroom.

**GROENE** [01:16:19] But isn't that what teachers used to do? They used to care, and a child was having problems, they'd talked to the-- to teacher or to somebody in the community? The-- you're-- you're claim-- you're saying they're professional people, but they're not treating the

people, you're not treating the child, so what are they doing that an average person who-- who cares about the kid isn't-- could do?

**KRAIG LOFQUIST** [01:16:41] I think you're getting into semantics--

**GROENE** [01:16:42] I'm interested.

**KRAIG LOFQUIST** [01:16:43] --the semantics. Educators are-- are experts in instruction. They're not experts in mental health.

**GROENE** [01:16:58] But to-- [INAUDIBLE] psychologists to talk to this child, somebody has to have identified that it's a mental health issue, or is it just a kid having a bad day or a bad relationship with somebody else in the class.

**KRAIG LOFQUIST** [01:17:12] I think that the frequency, duration, and the intensity of it. So everybody has a bad day. I have a bad day. Others have a bad day. You can't just come to this person if they have a bad day. It's that-- something that the counselor is made aware of, and I think it depends on the student, what-- what they're going through. Adverse childhood experience, somebody is going through a terrible divorce, it's affecting the-- the student. It-- it depends on the situation and the student.

**GROENE** [01:17:40] When you say counselor, but I think if you read Rule 10, a definition of a counselor is an academic counselor.

**KRAIG LOFQUIST** [01:17:46] Guidance counselor, yes, you're right--

**GROENE** [01:17:48] Guidance-- guidance-- when you look at the--

**KRAIG LOFQUIST** [01:17:48] Yes, guidance counselor, and that-- that-- that-- you know, I think back to the '60s when that-- when the guidance counselor became kind of a prominent position, it was to guide kids into the military or--

**GROENE** [01:18:01] [INAUDIBLE]

**KRAIG LOFQUIST** [01:18:01] --a four-year education, two-year education, that type of thing. But you get into semantics, too, that, you know, I think when they go through their training, they have some general ideas or general courses on-- on counseling kids.

**GROENE** [01:18:15] Thank you. Senator Murman.

**MURMAN** [01:18:17] Thanks a lot, Mr. Lofquist. If a student would be referred to you that is cutting themselves or having suicidal thoughts, what would you do?

**KRAIG LOFQUIST** [01:18:32] Well, in-- in my-- in my experience, we question the kids. It has been a few years since-- since I was directly involved in that. If they had a plan, you had immediate intervention. If they had a plan to carry out suicide or suicidology, you always involve the parents, and at that point we-- we call something-- we-- we call this model the multitiered system of-- systems of support. Everybody's in Tier 1; Tier 2 is when there needs to be more intervention; and then the highest level is Tier 3. That would be a Tier 3 where they would need further professional guidance. You'd make referrals to the community--

**MURMAN** [01:19:20] So--

**KRAIG LOFQUIST** [01:19:21] --and always work with parents.

**MURMAN** [01:19:22] So, yeah, through their parents--

**KRAIG LOFQUIST** [01:19:24] Yeah.

**MURMAN** [01:19:25] --you would suggest, strongly suggest--

**KRAIG LOFQUIST** [01:19:28] Yes.

**MURMAN** [01:19:31] --a continuation--

**KRAIG LOFQUIST** [01:19:30] Yes.

**MURMAN** [01:19:33] --with a professional. Thanks.

**GROENE** [01:19:37] I've got one more, because the reality is that-- what does a teacher or the school have with a child, six-and-a-half hours of contact, maybe seven?

**KRAIG LOFQUIST** [01:19:44] Um-hum.

**GROENE** [01:19:45] So if you start trying to treat them in the school on your suicidal kid goes home, he's at home and then he's off for a three-day weekend. So you do stress that the parents know what's going on?

**KRAIG LOFQUIST** [01:19:56] Absolutely. If you ever-- if-- if you ever have knowledge, of course you do that.

**GROENE** [01:20:01] Thank you.

**KRAIG LOFQUIST** [01:20:03] Thank you everybody.

**LAURA BARRETT** [01:20:10] Good afternoon, Chairman Groene and members of the Education Committee. My name is Laura Barrett, L-a-u-r-a B-a-r-r-e-t-t. Today I am here to testify in support of LB725. I'm the special services director at ESU 13. ESU 13 serves the 21 school districts in the Panhandle of Nebraska. Every day, students in schools across Nebraska are impacted by mental health conditions that can impede their ability to participate in the classroom. The National Alliance on Mental Illness reports that half of all chronic mental health conditions begin by age 14 and that lifetime cases of anxiety disorders can begin as early as eight years old. Within ESU 13 currently, students as young as six years of age are receiving the bulk of their education at home due to dangerous behavior at school. In many instances, there are few options for students exhibiting these dangerous behaviors and scarce community mental health resources available so that these youth receive the therapeutic supports they need to be able to return to school and engage in learning. You've heard some of the recent statistics that have shown that nearly 20 percent of our youth currently have or have recently suffered from mental-- a debilitating mental health disorder. Less than half of those students receive treatment. Of those students that do receive treatment, three quarters of those receive that treatment through school or through referral from the school district. Some schools-- or, excuse me, schools across Nebraska work very hard every day to meet the needs of these students. Some of the professionals that work to support the mental health needs of students include school psychologists, school counselors and, in a few schools, social workers and licensed mental health providers. In addition to direct services, family consultation, and the resource connection provided by these individuals and school districts, ESU 13 is currently providing intensive outpatient and therapeutic consultation through our System of Care Grant in partnership with our region. School districts use a variety of funding sources to pay for these services. They-- for students eligible for special education, a district can claim reimbursement through state and federal funds. There is also some reimbursement through Medicaid and public schools. Not all students with mental health needs are eligible for special education. In addition, associating mental illness and dis-- disability further reinforces the stigma of mental illness. For students not in special education, districts have utilized Title IV-A funding and the System of Care Grant, both of which could be reduced or limited-- eliminated, excuse me, once current cycles end. This remaining balance is paid out of local district or ESU funds. If enacted, this bill would allow districts to receive reimbursements for services that are not covered by other funding sources, it would allow currently established treatment to continue, and it would provide innovative opportunities for the provision of school-based mental health and services and allow for training-- reimbursement of training costs for key liaisons in schools, all of which promotes the development and potential expansion of a therapeutic work force across the state. I would encourage you to vote LB725 out of committee and welcome any questions.

**GROENE** [01:23:21] Questions? Senator Pansing Brooks.

**PANSING BROOKS** [01:23:22] Thank you, Chair. I'm just interested in one thing you said.

**LAURA BARRETT** [01:23:26] Yes.



**PANSING BROOKS** [01:23:26] Thank you for coming today, Ms. Barrett. You said that not all students with mental health needs are eligible for special education. Could you just talk about that at some point?

**LAURA BARRETT** [01:23:35] Yes. So in order to be eligible for special education, you have to be the [INAUDIBLE] of requiring services; you have to have an educational need based upon that. And so it has to be over time, so sometimes this is a short-term piece and can provide good-- some intervention and move on. When we talk about the multitiered system of support, we can provide some interventions at that level. It does not automatically move them straight into needing special education services.

**PANSING BROOKS** [01:23:56] OK, thank you very much.

**LAURA BARRETT** [01:24:00] Yes.

**GROENE** [01:24:00] I've heard this-- the new catchphrase is one out of five.

**LAURA BARRETT** [01:24:03] OK, yeah.

**GROENE** [01:24:04] Can you provide me with that study and-- and the peer review of it and how it was conducted and the-- and how it was conducted, this survey that came to this now. You say it often enough, it becomes the truth. One out of five?

**LAURA BARRETT** [01:24:17] Yeah, absolutely. I think that's important to look at that information. It came from the National Institute on Mental Health, but I would be happy to provide that information to you, Senator.

**GROENE** [01:24:24] And who conducted this study and what the parameters were--

**LAURA BARRETT** [01:24:27] Yeah.

**GROENE** [01:24:27] --and if it was peer reviewed?

**LAURA BARRETT** [01:24:29] Yes.

**GROENE** [01:24:29] I'd like to see all that. Thank you.

**LAURA BARRETT** [01:24:30] I would be happy to pass that along.

**GROENE** [01:24:34] Thank you. Any other questions? Senator Kolowski.

**KOLOWSKI** [01:24:36] Thank you, Mr. Chairman. Have you used or know of others that have used teacher effectiveness training, for example, Tom Gordon's work in-- in the classroom, and what the application would be from that perspective?

**LAURA BARRETT** [01:24:51] Yeah, so a lot of that would be within-- when we talk about that creating that culture within the school, that classroom environment that is safe for all students, high levels of engagement, and that educator effectiveness is that we are doing-- creating a classroom environment that makes it a ready-to-learn classroom, and for all students, and is important across the state. School districts are spending a lot of time and energy on making sure those supports are there, and so what we will-- that can help us get the needs of the majority of children met so that these specific services that we're talking about can meet those targeted individuals that need them.

**KOLOWSKI** [01:25:24] Thank you. And also the-- I'll stop there. That's fine. Thank you very much.

**LAURA BARRETT** [01:25:32] Sure.

**PANSING BROOKS** [01:25:33] I have another question.

**GROENE** [01:25:33] Senator Pansing Brooks.

**PANSING BROOKS** [01:25:32] Thank you. So it is the intent that the Nebraska Department of Education will create rules and regulations for these kinds of-- of mental health assistance across the state, so they would be doing it for districts as well as ESUs, because I know the ESUs are here today, so.

**LAURA BARRETT** [01:25:56] So there's already with the--

**PANSING BROOKS** [01:25:57] I don't know if you're the person to ask that to, so.

**LAURA BARRETT** [01:25:59] Yeah. I can kind of ex-- under-- from my understanding, I would say is that there are already pieces in place that define those services and I think this, this bill, continues to outline what those specific services are that can be reimbursed. Within the current certification pieces, it says who these people are and what those responsibilities are within schools and their scope of practice to say, so a school psychologist, here's what they can provide, and school counselors. That answer your question?

**PANSING BROOKS** [01:26:23] So-- no-- well, some-- yes., Some of the-- and I can ask others. But some of ESUs are currently providing some of this, these services.

**LAURA BARRETT** [01:26:32] Yes.

**PANSING BROOKS** [01:26:32] So is that pursuant to rules and regs that have been created by the Department of Education or where's the-- where's the authority or where is the direction that's coming out of-- is it coming out the Department of Ed or is it just that the ESUs have gathered and determined that this is best practices. What's happening?

**LAURA BARRETT** [01:26:52] So licensed mental health providers, they are licensed through DHHS, through that, so the state of Nebraska, so they fall under that license and then they're-- within the rules, in Nebraska regulations it says providers that can't be reimbursed for certain pieces. And so I know within the special education rule it would say, here are the people you can claim for reimbursement under that. So when there were the numbers that were provided to you that had here's the different costs that we had, a mental health provider, there's regulations tied to that part.

**PANSING BROOKS** [01:27:19] OK. I'll talk to the one of the ESU people coming up. Thank you very much.

**LAURA BARRETT** [01:27:25] OK. Thank you.

**PANSING BROOKS** [01:27:25] Appreciate your help.

**GROENE** [01:27:25] Oh. Senator Linehan.

**LINEHAN** [01:27:27] Thank you, Chairman Groene. So do you have a copy of the bill in front of you?

**LAURA BARRETT** [01:27:31] I do not, no.

**LINEHAN** [01:27:32] OK. So on page 3, for the rest of the people, on line 23, it says, "The department," which is the Nebraska Department of Ed, "shall calculate a special receipts allowance for each district equal to the amount of special education, state ward, accelerated or differentiated curriculum program, and mental health receipts." This is the-- I guess this is in the law now.

**PANSING BROOKS** [01:28:00] Page 3?

**LINEHAN** [01:28:01] Yeah, page 3 of the green copy. So this-- this is the law now, so I'm-- I [INAUDIBLE] Oh, I see. And we-- and it adds "and mental health receipts."

**PANSING BROOKS** [01:28:13] Yeah.

**LINEHAN** [01:28:14] OK. So-- and then at the top of that page, "The State Board of Education shall adopt and promulgate rules and regulations to carry out this section, including, but not limited to, criteria to further define allowable"-- "including, but not limited to, criteria to further

define allowable mental health expenditures." So part of my-- I'm-- I'm a little confused because you all-- it doesn't seem like everybody is on exactly the same page because some are saying-- they're testifying this is just for an individual who's identified in the school to be the liaison. And then we have some who are saying this is to help provide services. So I don't-- I don't know what we're doing here, except it's-- from reading this, it's pretty much whatever this Department of Ed decides to do and reimburse.

**LAURA BARRETT** [01:29:07] Um-hum, yeah, so they-- those department-- or the rules, it sounds like there are things to be established to say for these mental health services you can be reimbursed, and so from--

**LINEHAN** [01:29:16] So it's not just for a liaison. I-- that's my understanding.

**WALZ** [01:29:20] Right.

**LAURA BARRETT** [01:29:20] Right. It's services and liaison, yes.

**LINEHAN** [01:29:23] OK. So we are talking about having mental health, which was, the ESU said, having mental health providers in the schools.

**LAURA BARRETT** [01:29:30] Yes.

**LINEHAN** [01:29:32] Not--

**LAURA BARRETT** [01:29:32] Or-- or they could be based through an ESU or they could be-- but the school-based services.

**LINEHAN** [01:29:37] OK, but not-- this is not just referral services.

**LAURA BARRETT** [01:29:38] Correct.

**LINEHAN** [01:29:39] OK. Thank you very much.

**LAURA BARRETT** [01:29:39] That's my understanding as well.

**LINEHAN** [01:29:41] Thank you.

**GROENE** [01:29:42] Thank you for clearing that up.

**LAURA BARRETT** [01:29:47] All right.

**GROENE** [01:29:50] Senator Kolowski.

**KOLOWSKI** [01:29:48] Can I ask one question? Thank you, Mr. Chair. Why is there a need for ESUs to be involved in this?

**LAURA BARRETT** [01:29:53] So when we look at the school districts and we talk about the numbers of students and numbers of staff, in order to have a critical mass of people to be able to justify having a staff member, ESUs are there to be able to fill in those gaps so districts can do collaboratives, we can-- when numbers ebb and flow, we can help filter with that piece.

**KOLOWSKI** [01:30:14] So it varies by geography and size of districts and all those kind of factors come into play?

**LAURA BARRETT** [01:30:21] Yep, and so knowing that we all are of different areas, different sizes, different number of students, different resources available, different community agencies, so some of our communities are very rich with-- with providers that can provide that locally. Some need to contract outside of the ESU.

**KOLOWSKI** [01:30:35] Thank you.

**LAURA BARRETT** [01:30:56] Yep.

**GROENE** [01:30:56] Thank you.

**LAURA BARRETT** [01:30:56] All right.

**GROENE** [01:30:56] Proponent?

**DEB PAULMAN** [01:30:56] Good afternoon Deb Paulman, D-e-b P-a-u-l-m-a-n. I am the administrator at ESU 16, and I'm here this afternoon to offer testimony in support of LB725. ESU 16 serves a nine-county area in western Nebraska that includes 16 public schools across-- across 12,000 square miles. The ESU 16 mental health team includes three school psychologists, one behavior consultant, and the most recent addition to our team: two licensed independent mental health practitioners. Eleven of our 16 schools contract with the ESU to provide mental health services. Our practitioners work with Tier 3 students to provide direct, on-site, meaning in the school district, student services, including counseling students with a serious and persistent mental health diagnosis, evaluation and risk assessment, in-service training and consultation for school staff, students, and families. For those of that-- who-- who are not familiar with our region, most of our schools are rural. We have limited access to mental health care services and those that are available are centered in North Platte and on a very limited basis in Ogallala. If you are a family, say from Mullen, with a student requiring counseling services, it is a 90-minute trip one way to North Platte or a two-hour trip one way to Ogallala. Assuming a student requires a mental health-- mental health services on a weekly or even biweekly basis, that student misses at a minimum a half a day of school and more likely the full day. Our LIMHP program creates efficiencies in the delivery of mental health services across

the region by bringing a single mental health provider to multiple students in each district served. For the 11 schools that contract with us, we are able to keep 35 kids in their school setting with minimal disruption to their learning day. The program also provides services for children who might otherwise not have access. The problem is this work is just the tip of the iceberg. In a recent data review, district administration were asked to identify five priority concerns that if addressed-- in other words, if we could fix them-- would improve student learning among the top five mental health supports. We have identified the following components of a comprehensive regional response to the mental health crisis in our schools. We must equip classroom teachers with identification and intervention strategies for Tier 1 and Tier 2 behaviors, equip school counselors to provide school-based interventions for Tier 2 students, and expand on-site therapeutic mental health counselling supports for their Tier 3 students, as well as strengthening the link between schools, families, and community resources. The reimbursements proposed in LB725 would help districts and/or ESUs provide the necessary mental health resources to support all students. Thank you to Senator Walz for bringing this important work forward, and thank you to the committee.

**GROENE** [01:34:20] Any questions? Senator Linehan.

**LINEHAN** [01:34:20] Thank you, Chairman Groene. Can you tell me if the ESUs or the schools have worked with a licensed psychiatrist to put this program together? Is there a psychiatrist who's going to be here testifying that this is a good idea?

**DEB PAULMAN** [01:34:32] I'm not aware if there is a psychiatrist that will be here testifying, and I don't know the background on that. I would not know.

**LINEHAN** [01:34:46] So thank you very much.

**DEB PAULMAN** [01:34:47] Yeah.

**LINEHAN** [01:34:47] That's OK. Maybe somebody else will know. You said-- how many students get served by your ESU, total number of students?

**DEB PAULMAN** [01:34:56] In total?

**LINEHAN** [01:34:56] Um-hum.

**DEB PAULMAN** [01:34:56] There are right at 8,000 students.

**LINEHAN** [01:35:05] OK. And then one-- I was speak-- I was talking to somebody who is actually a mental health professional this weekend. Do you have to-- to be a mental health professional in schools, do you have to have a teacher's certificate?

**DEB PAULMAN** [01:35:19] No, the-- our licensed mental health prac-- our licensed independent mental health practitioners are-- have their licensure, their certification, through whatever agency, whatever oversight agency--

**LINEHAN** [01:35:32] Health and Human Services.

**DEB PAULMAN** [01:35:32] --provides their credentials.

**LINEHAN** [01:35:33] OK, so they don't have to be an educator.

**DEB PAULMAN** [01:35:34] So they are credentialed-- they are credentialed mental health providers.

**LINEHAN** [01:35:39] OK, because she was confused because she thought there was some reason you had to have a-- maybe that's just a school's-- maybe one school district  
[INAUDIBLE]

**DEB PAULMAN** [01:35:46] Yeah. And can I expound on your question about the students?

**LINEHAN** [01:35:50] Um-hum.

**DEB PAULMAN** [01:35:50] We have 11 of our schools that contract with the ESU for services. We serve 16 schools. Our two largest schools, Ogallala and North Platte, access local resources. Our two, I would call them, midsized schools, Hershey and Sutherland, also contract directly with a provider. And so the 11 schools that I am referencing are our rural districts farthest removed, in most cases--

**LINEHAN** [01:36:20] So you--

**DEB PAULMAN** [01:36:21] --from Ogallala and North Platte.

**LINEHAN** [01:36:22] So do you know how many students are in those?

**DEB PAULMAN** [01:36:26] I'm going to guess around 11 schools, hundred-- 1,100.

**LINEHAN** [01:36:32] So the 35 kids you mentioned aren't-- that would be just in those-- those--

**DEB PAULMAN** [01:36:37] Yes, yes.

**LINEHAN** [01:36:40] OK.

**DEB PAULMAN** [01:36:40] So our-- our practitioners will serve six or seven in this school and three in this school and--

**LINEHAN** [01:36:48] So-- and I don't think I'm getting into information you can't share, but if I am, just say you can't. So the 35 children that are students that you're serving are-- do you know what percentage of them have IEPs?

**DEB PAULMAN** [01:37:03] I do not.

**LINEHAN** [01:37:06] OK. All right, well--

**DEB PAULMAN** [01:37:07] I know that some of them will, but many of them do not.

**LINEHAN** [01:37:10] Thank you very much for being here. Thank you.

**GROENE** [01:37:14] Senator Murman.

**MURMAN** [01:37:15] Yeah, thanks a lot for coming in. Your services to that big of a geographic area must be from like distance-- distance services, something [INAUDIBLE]

**DEB PAULMAN** [01:37:23] Some of them are provided via distance technology. We feel like this kind of work, this particular work, requires a relational-- a relationship-- a foundation relationship before we enter into the sort of telecommuting kind of-- or telehealth kind of interaction. So we do a mix of provision models, if you will.

**MURMAN** [01:37:55] Yeah, that was my next question. How will-- I assume that it would have to be some kind-- type of a relationship to deliver those services. It must be a real challenge to do that with distance-- with the distance.

**DEB PAULMAN** [01:38:10] Our staff travel out-- I mean our-- we've worked in this area of providing multiple services beyond mental health services for many, many years. We are embedded in the school districts that we serve on multiple levels, and so relationship is kind of fundamental to all-- all facets of our work, including our mental health supports.

**MURMAN** [01:38:39] And then I've got one more question. Do any of these mental health services involve drug abuse? I mean we hear about how drug abuse starts in the junior high, high school, you know, alcohol, marijuana, you-- stronger drugs.

**DEB PAULMAN** [01:38:58] I am not actually privy to the contents of the-- the therapy sessions, the intervention sessions. If I-- if I said anything, I would be completely guessing as to what kinds of interactions our mental health providers are having with students.

**MURMAN** [01:39:21] OK. Thank you.

**DEB PAULMAN** [01:39:23] I'm sorry.



**GROENE** [01:39:22] Senator Pansing Brooks.

**PANSING BROOKS** [01:39:23] Thank you, Chairman Groene. Thank you for coming today. I-- I was wondering-- so on page 3, lines 1-3, it talks about the State Board of Education is going to be adopting and promulgating rules. So you're already doing some of this work in some of the ESUs. How-- I mean have you worked with the Department of Education? Have you figured out-- how is that going to change what you do? Is there an agreement that-- that rules and regulations will be similar to what you're already doing, or what is the plan on this?

**DEB PAULMAN** [01:40:00] As-- as statewide initiatives like this move forward and get legs, NDE and ESUs and school district personnel, representation from the school districts--

**PANSING BROOKS** [01:40:18] Yes.

**DEB PAULMAN** [01:40:18] --our-- the typical process is that those people will all come to the table to make those, to define the work further.

**PANSING BROOKS** [01:40:27] OK.

**DEB PAULMAN** [01:40:27] So I-- that would be what I would--

**PANSING BROOKS** [01:40:31] So--

**DEB PAULMAN** [01:40:32] --predict or forecast--

**PANSING BROOKS** [01:40:32] Yes.

**DEB PAULMAN** [01:40:32] --would be kind of the state-level response.

**PANSING BROOKS** [01:40:37] So I presume that the schools-- the school districts that have some of these professionals have-- are-- are working pursuant to some rules and regs and that the ESU is working pursuant to some of their own. Is that correct?

**DEB PAULMAN** [01:40:54] We-- yes. I mean we have procedural pieces in place that define how we interact with kids, at what-- what are-- what are the processes, what are the steps before our staff-- whether there are LMHPs or our school psychologists or our SLP, our speech-language paths, there are processes in place for getting our providers connected with kids. And those are subject to the rule-- what is it, Rule 51? Is there a SpEd person behind me that can help me out with that?

\_\_\_\_\_ [01:41:37] Yes.

**DEB PAULMAN** [01:41:38] Rule 51 would define some of how that has to happen or what pieces have to be in place.

**PANSING BROOKS** [01:41:44] OK, so this-- so having the Department of Ed create these rules and regs doesn't seem like that--

**DEB PAULMAN** [01:41:49] No.

**PANSING BROOKS** [01:41:51] --large an issue and should be pretty seamless.

**DEB PAULMAN** [01:41:54] No, it would be the piece that would formalize.

**PANSING BROOKS** [01:41:56] Yes, statewide, which is actually a good idea anyway. Thank you very much.

**GROENE** [01:42:04] Do you define, the way I understood it, a typical doctor-patient relationship between these three-- school psychologist, behavioral consultant, two licensed independent mental health practitioners-- where you-- you diagnose and treat? Who refers the patient to these licensed practitioners?

**DEB PAULMAN** [01:42:24] The-- the schools and-- our participating schools and our mental health team have come together to identify sort of a--- this is the first step and then this is the referral process, all of which has to, at every juncture, has to have parental permission. And so the first-- first point of intervention, if you will, would probably be at our school psych level. These are our staff that are in the districts, providing psychological testing services in some cases.

**GROENE** [01:43:08] Are you testing them prior to parental approval or--

**DEB PAULMAN** [01:43:12] No. No, that's not really how it--

**GROENE** [01:43:17] So who contacts the parents? And then the parents, it's in their hands.

**DEB PAULMAN** [01:43:21] That would be the school's responsibility.

**GROENE** [01:43:24] I don't think any administrator or any school official after that, once the parents are notified, has anything to do with it. Then they would contract or set up an appointment with the prof-- licensed professional. Is that not how-- I think, if I've read the code of conduct of the psychology profession and our statutes about parental approval, regarding approval, wouldn't that-- and then who do you report to? It's confidentially matter-- confidential matter here of a family and a child that I wouldn't think you're reporting to-- progress to the administration.

**DEB PAULMAN** [01:44:00] We are not. And in fact, our licensed mental health practitioners work in-- in partnership with the families. I think that's what's unique about this proposal. If I'm remembering correctly, there is reference to linking families with some of these support services that are available. And for our rural-most districts, this is a way to bring services to them and keep kids in school. So, Senator Groene, we never-- we never engage with a child without parent-- parental permission and--

**GROENE** [01:44:38] But the way that--

**DEB PAULMAN** [01:44:39] --everything happens--

**GROENE** [01:44:40] --the statute is written, "community-based mental health resource liaison and provide the appropriate training and resources for such employees to assist students, families, teachers, and schools in locating the resources necessary," wouldn't it stop right after families? Why are these other public employees involved in this, a health issue for a family and a child?

**DEB PAULMAN** [01:44:59] They are-- are you talking about my statement that they would be included?

**GROENE** [01:45:05] I was talking about the statute.

**DEB PAULMAN** [01:45:05] OK. The reason that I would say that they would be included is that before there's ever an interaction with a family, before there's ever reach out to a family, you have teachers who are dealing with students in a classroom setting or in a schoolwide setting; you have administration. And part of-- part of what our LI-- LIMHPs are qualified to do is also to provide some trainings and intervention supports for those district personnel in helping them respond to and continue to draw kids in. And it would be our choice that would be the first place that you would resolve any mental or behavioral--

**GROENE** [01:45:51] With the family?

**DEB PAULMAN** [01:45:54] In the school setting, the training for the teachers or-- or for the districts-- district-- other district staff.

**GROENE** [01:46:00] Does it concern you that maybe chasing after insurance dollar or federal money, that what we used to consider troubled children going through a bad time in life, the death of a pet, family member, broke up with a girlfriend, that we used to call a troubled child, dysfunctional family, now we're labeling them as a behavioral health problem?

**DEB PAULMAN** [01:46:23] I don't know that in our definition, in our service unit, that those are the kids that we're talking about. We're talking about-- our mental health practitioners intervene when we're talking about Tier 3 students. They provide support services and training and

professional growth opportunities for things that-- that could and should be taken care of at the school counselor level or in that confidential relationship with a teacher.

**GROENE** [01:46:53] Thank you. Senator Linehan.

**LINEHAN** [01:46:56] Thank you, Chairman Groene. Could you or maybe Senator Walz, I don't know, whoever, get us examples of what's Tier 1, what's Tier 2, and then what's Tier 3?

**DEB PAULMAN** [01:47:05] Yeah. Tier-- Tier 1-- I'll do my best. I'm not a I'm not a special education or an MTSS expert. Tier 1 would be the supports that would be in place for all children. And so in the case of mental health, it might be a districtwide behavior program; it might be common classroom practices that you engage in.

**LINEHAN** [01:47:35] But-- I'm sorry. What do you mean, "districtwide behavior program"?

**DEB PAULMAN** [01:47:38] When we come into the building, this is how we come in, this is how we behave in the lunchroom--

**LINEHAN** [01:47:45] Rules.

**DEB PAULMAN** [01:47:45] Rules, rules.

**LINEHAN** [01:47:45] OK. All right.

**DEB PAULMAN** [01:47:46] OK, yes, school rules.

**LINEHAN** [01:47:46] Got that. OK.

**DEB PAULMAN** [01:47:48] Tier 2 would be those kinds of interventions that you might need for kids who-- whose-- as Senator Groene said, whose dog died that morning or who just need some-- some kind of additional supports beyond what the baseline is in terms of behavioral expectations for all kids. And then Tier 3, in--

**LINEHAN** [01:48:15] So Tier 2 is not following the rules.

**DEB PAULMAN** [01:48:18] Right, but could be fairly easily addressed and corrected with some--

**LINEHAN** [01:48:24] OK.

**DEB PAULMAN** [01:48:24] --with some specific interventions or strategies.

**LINEHAN** [01:48:28] Correct.

**DEB PAULMAN** [01:48:28] Tier 3 are the children who have chronic, persistent mental health or mental illness-- mental illness.

**LINEHAN** [01:48:39] It's very-- I mean, I think part of why I sit here and cringe, there's not even-- the psychiatrists don't agree on the definition between mental illness and behavioral health. So I think part of what is frustrating here is you're throwing behavioral health-- and I realize we can't fix this; I tried all summer-- behavioral health, which could be-- in some people's would be like substance abuse. And with chronic mental illness, which is a diagnosed sickness, i-- I just-- so are we talking Tier 3 could be behavioral--

**DEB PAULMAN** [01:49:26] Yes.

**LINEHAN** [01:49:27] --versus a diagnosis of some serious mental illness?

**DEB PAULMAN** [01:49:29] Yes and yes.

**LINEHAN** [01:49:30] OK. All right. That's helpful. Thank you.

**GROENE** [01:49:34] Any other questions? Thank you for answering the questions.

**DEB PAULMAN** [01:49:37] Yes. Thank you.

**GROENE** [01:49:49] Next proponent.

**DAN SCHNOES** [01:49:52] Hi. Good afternoon. My name is Dan Schnoes, D-a-n S-c-h-n-o-e-s. I'm currently the chief administrator at ESU #3 and I'm speaking today in favor of LB725. Special thank-you to Senator Walz for bringing this forward. I want to bring this back into a little bit of a historical perspective. Five years ago, we were contacted by the Behavior Health Education Center of Nebraska, better known as BHECN, who works with schools and agencies all across the state of Nebraska. They asked ESU 3 to join to promote a conference about school mental health topics in the Omaha area, and we did that for several years and the conference continued to grow. They found that there was just a need. Four years ago, mental health became one of the main topics of discussion at virtually every superintendent meeting that we had in the Omaha metro area. And if you know ESU #3, we serve 18 districts which range-- range anywhere from about 300 kids at our smallest district to 24,000 in our biggest, and it doesn't matter which size of district that we're talking. One of the questions that came up earlier is, why are ESUs involved in this? Because, you know what, we help with a lot of kids that have not only behavior, but we have mental health needs. Just for example, our Brook Valley school programs, which are right across the street from our main building, we serve up to 100 kids that are bused in every day that have special-ed needs, they have behavior needs, and our school districts in the consortium ask us to help take care of them. Just a couple of weeks ago, we had a young man bring a gun to school. And so we're facing the same kind of issues in our

programs that are our-- our public schools are, and we're trying to work with them to have a better education system for all. During the past two summers, ESUs across Nebraska helped host two school mental health meetings. We held that at ESU 3. We beamed our sites out to Kearney and Scottsbluff so we could make this a statewide effort. We've had over 150 stakeholders. We had Department of Health and Human Services involved, had the Division of Behavioral Health. We had our regional offices. We had several of our senators there. We had school board members. We really reached out to all the important people across the state of Nebraska and we asked those questions: What can we do to help our school districts deal with the increasing mental health challenges? If you think of the history of ESUs, you know, we were developed way back in the year-- 50-some years ago when they said, we need help with professional development and we need help with technology and how about some library and media. It wasn't too many years after that they started saying, we need help with special ed. Well, now our school districts are saying, we need help with the mental health issue as well, and we're trying to answer those needs. This summer, June 11 and 12, we're holding our first statewide Nebraska Mental Health Conference in Kearney, and I hope all of you guys could make time to join us. There's going to be a blend of national experts, some local specialists, including a number of teachers with several current successful school programs, that are going to come together and share a wealth of information on mental health. One of our keynote speakers this-- this year is going to be Scarlett Lewis, who is one of the Sandy Hook parents. These sessions will focus both on the implementation of programs within our school districts and how to access and use community resources. And we know we need to have both of those programs alive. And, Senator Groene, I'm-- I'm glad you keep bringing up parents. They're the most important person that we need to have involved in this whole process. This legislation, LB725, was developed with the mental health needs of our school children in mind. If quality mental health programs are supported by the state, then our schools can direct more funding to add additional mental health programs that are desperately needed. I think, as you heard from several of the proponents in front of me, we don't have enough people out there to do the job and we're just trying to help as much as we can. The identification of a community-based resource liaison would be of great benefit. ESUs can help provide these services if so directed by the schools that they serve. Currently in the ESU #3 districts, we have-- about half of our districts provide staffing or contracts with outside agencies to help with the school-based mental health programs. This past year, we at ESU 3 held a series of school mental health trainings to help teachers deal with children who have mental health needs. Even in the Omaha area, mental health programs in school districts are limited, and LB725 would allow all districts to help more children in need. I hope you'll support LB725 and give us the opportunity to make a difference. If we can help one child, it is worth the investment. Thank you.

**GROENE** [01:54:35] Any questions? Thank you.

**SUSAN LINDBLAD** [01:54:55] Hi. My name is Susan Lindblad, and I am a member of the Nebraska School Psychologists Association, so I'm here representing approximately 340 school psychologists from districts across the state of Nebraska. I'm a different cat, too, because I'm also a doctorate-level licensed psychologist through the Department of Health and Human

Services, so I have the Nebraska Department of Ed certification and the Nebraska Department of Health and Human Services license, and I've spent approximately the last 20 years working with kids and families in both the educational and private-- private practice settings. I'm here today because the school-- Nebraska School Psychologists Association believes that funding for school-based mental health services is critical, and school psychologists can be at the forefront of those services. And I'm not going to read this verbatim because you do have it in front of you. But I did want to answer one of Dr. [SIC] Linehan's questions about the tiered supports, as it kind of ties into how this works. When we're talking about the multisystem tiered-- tiers of support, Tier 1 should support approximately 70 percent of kids in the school district. Whether you're speaking of reading difficulties, math, writing, behavior, any of that, 70 percent of the kids should get it from the typical curriculum that is offered through the school. One of the curriculums for behavior that many of our districts in Nebraska are using is Positive Behavior Interventions and Supports, or PBIS. So approximately 70 percent of kids should be able to follow rules by being explicitly taught here's how we walk in the-- in the hallway, here's how we sit at our desk, here's how we obtain our materials, procedures and routines. And then approximately 20 percent of our kids won't get it and they need some additional supports. In the area of behavioral health or mental health, that would be something like a check-in/check-out person, like maybe I really like Mr. Dale, so I'm going to meet with Mr. Dale at the beginning of every morning and say, how is your day going to go, what's going to be the best part, what's going to be the hardest part of your day, how can I help you, and setting up some supports with him that way; and then checking out: how did it go, you were really worried about that math problem and you didn't have a blowup in math, so it must have gone well; small-- small groups with your school psychologist or your school counselor. And then the last tier, the top tier that we're talking about today, is the Tier 3 kiddos who are not getting it with whole group or small group supports. So now we need some highly individualized training, and that's where we're talking about the school psychologist, the licensed mental health practitioner, someone who's working with those kids with the highest needs. School psychologists are someone who can be helpful in this-- in this bill. We're trained professionals who are situated in real time, working with students in the environment where they spend roughly 30 to 35 hours per day. We have expertise in mental health, learning, and behavior, and that helps children succeed-- and you succeed academically, socially, behaviorally, and emotionally in their school setting. We're uniquely positioned to recognize and intervene to help students effectively treat mental and behavioral health challenges, and that treatment starts by partnering with families, partnering with teachers, partnering with administrators, and making connections to strengthen the school, home, and the community relationships. We're trained members of a school team that can problem solve and address challenging student behaviors in the classroom, and that's going to look different depending on which student that you're-- we're dealing with. We can provide direct services to that child individually or small group services. We have specialized training in conducting functional behavioral assessments and developing evidence-based behavior intervention plans. We can partner with families and other mental health professionals to connect students with their resources. In conclusion, school psychologists across the state believe that mental health struggles for school-aged children frequently are going untreated, and individuals with poor mental health are at risk to struggle academically, have behavior problems,

drop out of school, have employment stability issues, have interpersonal problems, and be involved with criminal justice system. Schools are natural main entry point for students seeking mental or behavioral health services. The number of students at-- at need is staggering, and collaboration is required. Unfortunately, there's going to be more than enough work for all of us, even when working together. This is going to involve school psychologists, school counselors, licensed mental health practitioners, and licensed psychologists. Youth mental health is a real issue, and professionals from a variety of backgrounds must work together to meet these needs. Increased funding for school-based mental health supports is clear-- clearly needed. Please make our statement of support part of the public record for LB725.

**GROENE** [01:59:49] Questions?

**SUSAN LINDBLAD** [01:59:51] Oh, I did have one thing I wanted to add because you had been asking about parent interaction.

**GROENE** [01:59:57] Go ahead, answer.

**SUSAN LINDBLAD** [01:59:57] Always, when a child is moving from a Tier 1 to a Tier 2, where they need more than the general education help, that's when a parent has to be contacted. So they are notified: Little Johnny is struggling; we'd like to have him in a problem-solving group so he can learn how to manage his emotions when he's getting mad. Parents are notified and give permission for that, so they do start between that Tier 1 and Tier 2 where a parent is mandated to be involved.

**GROENE** [02:00:24] Kind of just a little frustration.

**SUSAN LINDBLAD** [02:00:25] Oh, I know.

**GROENE** [02:00:26] Today in the World-Herald, Harvard study came out with the conclusion that truancy, if a kid's in the classroom, they got a better chance of learning. You see how stupid that sounds? If two of--

**SUSAN LINDBLAD** [02:00:38] Well, if they're in the class, they can hear it, yes.

**GROENE** [02:00:41] Yeah, they didn't need a Harvard study. To those of us with functional families and three or four generations or grandmother, you're Tier 1?

**SUSAN LINDBLAD** [02:00:50] You probably are Tier 1 then.

**GROENE** [02:00:51] And I don't have a degree in psychology. Tier 2, teachers, the normal personnel at the school--

**SUSAN LINDBLAD** [02:00:59] Teachers, administrators, school psychs.



**GROENE** [02:01:01] --teaching them boundaries-- teaching them boundaries, what to do.

**SUSAN LINDBLAD** [02:01:04] Um-hum. Anybody in the school, I think, can be included for Tier 2.

**GROENE** [02:01:08] I'm confused why a trained personnel in psychology or counseling has to be involved in anything of Tier 1 and Tier 2.

**SUSAN LINDBLAD** [02:01:13] Well, I think your school psychologist is-- and your school counselor are really good resources at Tier 2. We-- we include our school nurse. We actually-- I'm going to step out. We include our janitors. We include our lunch ladies. We include everybody who might have a good relationship or interact with that child in a Tier 2 decision.

**GROENE** [02:01:33] And then when you get to Tier 3, that sounds like a health issue, no different than any other physical health issue of a child, and they should be referred to the private industry, not in a public school system. That's the frustration.

**SUSAN LINDBLAD** [02:01:47] It is a frustration and I've been-- this whole year my-- my whole job has been to connect students with mental health services.

**GROENE** [02:01:56] Outside of the school.

**SUSAN LINDBLAD** [02:01:56] Usually outside of the school, but we're bringing the professional into the school through memos of understanding. So we are connecting with psychologists and licensed mental health practitioners, always with parent support, parent consent--

**GROENE** [02:02:09] You could--

**SUSAN LINDBLAD** [02:02:10] --to come into the school because the parents have told me--

**GROENE** [02:02:11] And you provide a-- the school provides a location, a--

**SUSAN LINDBLAD** [02:02:14] We could--

**GROENE** [02:02:14] --room where they--

**SUSAN LINDBLAD** [02:02:15] Um-hum.

**GROENE** [02:02:15] --the relationship is between the student, the family, and the child, and then the professional charges the family for the services?

**SUSAN LINDBLAD** [02:02:23] That's what we're doing, and we almost have to because most of the parents I call saying, we've been struggling a little Johnny, or big Johnny if he's a high schooler: I can't get him to therapy; I can't take off work; how am I going to get him there; he won't go himself. Can we offer you therapy services in the school, if we could bring the therapist of your choice in? Absolutely.

**GROENE** [02:02:48] I keep hearing there's a shortage of the professionals everywhere, in rural Nebraska, but on other health issues we have plenty of dentists, plenty of doctors; no matter what they say, we have plenty of chiropractors. When there is a need, there's a-- there's-- somebody fills the service. Why isn't there a-- why isn't the psychology and mental health industry filling that free-market service if it's such a demand?

**SUSAN LINDBLAD** [02:03:13] Um-hum, that's a good question. I don't know if I have--

**GROENE** [02:03:14] Or does the parents don't think there's a demand, but--

**SUSAN LINDBLAD** [02:03:16] Right.

**GROENE** [02:03:17] --the school, school administration thinks there's a demand?

**SUSAN LINDBLAD** [02:03:27] Um-hum. There's-- there's a need, I can-- I can tell you that, with the number of students that we have referred, right.

**GROENE** [02:03:30] I'm not--

**SUSAN LINDBLAD** [02:03:31] But is it--

**GROENE** [02:03:31] There's mental health issues. I'm--

**SUSAN LINDBLAD** [02:03:32] Right.

**GROENE** [02:03:33] Don't think I'm not saying that but--

**SUSAN LINDBLAD** [02:03:33] I think part of what I have struggled with, or heard parents struggling with when I'm talking to them, is, how am I going to afford this? And for some reason, I think still in-- in our state and in the United States maybe, therapy is still seen as an extra expense that if I don't have to pay it, I'm not going to; whereas, if I've got a flaming toothache and I can't eat, I'm probably going to go to the dentist. So I think there's still some of that happening.

**GROENE** [02:04:01] Isn't it also the stigma that if you tell your-- John's mom that Johnny is troubled kid or a brat, they understand that. But if you tell mom or dad that your child has behavioral health problems, you just labeled that kid.

**SUSAN LINDBLAD** [02:04:18] Most of my parents have--

**GROENE** [02:04:20] And that-- that concerns me.

**SUSAN LINDBLAD** [02:04:20] Yeah, and most of my parents are saying, tell me more, I know they're-- they can be a pain, what do you want me to do, because I can't do anything about it. I've actually found that stigma to be much decreased since I started practice even 20 years ago, and I don't know if I could walk into the grocery store in Hastings without a kiddo going, there's Dr. Lindblad, and they're screaming and waving at me, and it's like--

**GROENE** [02:04:46] Are they-- are those records sealed?

**SUSAN LINDBLAD** [02:04:50] Are my therapy records sealed?

**GROENE** [02:04:51] Well, the school is; it's a school record.

**SUSAN LINDBLAD** [02:04:52] No, the-- the record, actually, we keep it with the therapist. If they're at a Tier 3 and they're seeing a therapist, that record belongs to that therapist and the private practice or the clinic in which the therapist works.

**GROENE** [02:05:05] So if that therapist or licensed psychologist leaves his-- leaves the employ of the school, those records follow that individual?

**SUSAN LINDBLAD** [02:05:12] The records stay in-- if it's a private practice, they would follow it. If the therapist is employed by a clinic, it would stay within the clinic.

**GROENE** [02:05:21] So I just heard ESUs say they're providing diagnosis and treatment, so there's--

**SUSAN LINDBLAD** [02:05:26] I think that's through their-- I'd have to check with the ESUs, because I don't know. But the-- the LMI-- LIMHP or the licensed psychologist should have those records. Now my MTSS records, Tier 1, Tier 2, and what we've done at Tier 3, are a school record and that's how I'm using to connect.

**GROENE** [02:05:45] Well, as with-- on Tier 3, is that a school record or is that believed to belong to the patient?

**SUSAN LINDBLAD** [02:05:49] That's a-- that's still a school record and-- and it's saying I've-- I've worked on some check-in/check-out, we've done small group for feelings and emotion regulation, we've had increased praise, we've had reinforcers throughout the day, we've done walking breaks, and they've met with a psychologist and now we're ready to move on.

**GROENE** [02:06:10] Think you've been very informal [SIC]. I was hoping you were going to say increased prayer instead of praise.

**SUSAN LINDBLAD** [02:06:13] Oh, you know what, there's always going to be prayer in school.  
[LAUGH]

**GROENE** [02:06:17] Thank you. Thank-- Senator Morfeld.

**MORFELD** [02:06:19] I'm sorry. I just got back from a meeting, so maybe you already answered this, but what's the difference between a school psychologist and the school counselor? I think I know the difference but--

**SUSAN LINDBLAD** [02:06:28] Yep, that's a good question. They're different degrees of--

**MORFELD** [02:06:28] Yeah.

**SUSAN LINDBLAD** [02:06:29] I'm a school psychologist, so I know that one a little bit better. For the school psychologists, the entry point into our field is a specialist degree, so a master's plus additional training. It's usually around 60 hours and a yearlong internship of around 1,200 hours working with mental and behavioral health issues in the school setting. And a school counselor, which I'm not but no one knows the difference, is someone who's been a teacher or held a teaching certificate, worked in the schools as an employee, then gone and-- and obtained the extra degree to become a school counselor, which is a master's degree.

**MORFELD** [02:07:05] Got it. OK.

**SUSAN LINDBLAD** [02:07:07] So, a little different but good question because no one really knows.

**MORFELD** [02:07:10] Yeah. OK. Thank you. That's all.

**GROENE** [02:07:11] A follow up: Under Rule 10, a counselor is an academic counselor. What are-- what are you referring to as a counselor?

**SUSAN LINDBLAD** [02:07:19] Now I work--

**GROENE** [02:07:21] Lutheran Family Services--

**SUSAN LINDBLAD** [02:07:22] Yeah.

**GROENE** [02:07:22] --Boys Town hires counselors, and is that what you're referring to?

**SUSAN LINDBLAD** [02:07:26] My counselors that I'm referring to are school-based counselors and I work all--

**GROENE** [02:07:30] For what services?

**SUSAN LINDBLAD** [02:07:30] --mostly in the elementary school, so they are mostly helping out kids with: how do I recognize when I'm safe; what do I do if someone tries to touch me inappropriately; how do I share my feelings using words; when is hitting good? They're taking normal problems that we all deal with growing up and teaching us how to-- how to address those.

**GROENE** [02:07:52] OK. Since you've been a very good testifier, knowledgeable, then tell us what-- and Senator Morfeld asked a good question, which he always does, but what's-- what then is a licensed independent mental health practitioner?

**SUSAN LINDBLAD** [02:08:05] OK, that's a good question too. They-- I'm trying to remember because I actually went through that program at-- once, but they usually have a bachelor's degree in a psychology-related field and then get a master's degree in community counseling or something similar to that. So--

**GROENE** [02:08:22] So a master's degree.

**SUSAN LINDBLAD** [02:08:22] Yes. So they are through the Department of Health and Human Services route.

**GROENE** [02:08:27] Then-- then Health and Human Services gives the license?

**SUSAN LINDBLAD** [02:08:33] Yes.

**GROENE** [02:08:33] It's an actual license approved by Health and Human Services?

**SUSAN LINDBLAD** [02:08:37] Piece of paper on the wall.

**GROENE** [02:08:38] All right. Thank you. Appreciate it. Any other questions? Thank you.

**SUSAN LINDBLAD** [02:08:43] OK. Thank you. Good luck, guys.

**ANN HUNTER-PIRTLE** [02:08:49] Good afternoon, Chairman Groene and members of the committee. My name is Ann Hunter-Pirtle, A-n-n H-u-n-t-e-r, hyphen, P-i-r-t-l-e. I'm the executive director of Stand for Schools. I want to thank Senator Walz and the several cosponsors of this bill for bringing it forward. We support LB725 because it addresses the growing mental/behavioral health needs of Nebraska's students, which teachers and administrators across the state have identified as the number-one unmet need facing Nebraska's schools.

LB725 would provide the funds necessary for schools to expand the mental health services they offer while also reducing overreliance on local property taxes to do so through the creation of and reimbursement from the School Mental Health Resources Fund. It's becoming increasingly common and necessary for schools to work with community service providers and social service agencies to promote the well-being of students who are coming to school facing growing mental health challenges. LB725 would designate a professionally trained community-based resource liaison. These individuals would be able to connect students and their families to necessary support within their own community, as well as improve students' access to mental health resources with minimal disruption to their instruction. Stand for Schools believes Nebraska should do all it can to remove barriers to student success and ensure schools have the resources they need to help students access mental health resources and promote safe school environments. For these reasons, Stand for Schools supports LB725 and urges you to advance it to General File. Thank you.

**GROENE** [02:10:18] Thank you. Any questions? Thank you.

**ANN HUNTER-PIRTLE** [02:10:19] Thanks.

**GROENE** [02:10:36] Any more proponents?

**JULIA TSE** [02:10:36] Good afternoon, Chairman Groene and members of the Education Committee. For the record, my name is Julia Tse, J-u-l-i-a T-s-e, and I'm here today on behalf of Voices for Children in Nebraska in support of LB725. You have my written comments before you. I don't want to repeat any of the points that have already been made, but I have attached to my testimony some data about mental and behavioral health needs, service utilization, and how that issue interacts with children who are abused or neglected in our child welfare system here in Nebraska and kids who are in our juvenile justice system, because I know there were some questions last year on a similar bill and some of the questions were raised today. So we really want to underscore how important this investment early on is for children and families in our state, particularly thinking about reducing more costly interventions in our child-serving systems, in our child welfare or juvenile justice systems. So I'd just wrap up and thank Senator Walz for her leadership on this issue and this committee for their time and consideration and be happy to answer any questions.

**GROENE** [02:11:47] Any questions? Thank you.

**JULIA TSE** [02:11:51] Thanks.

**GROENE** [02:11:53] Any other proponents?

**LOREN KNAUSS** [02:12:05] Hi. Loren Knauss, L-o-r-e-n K-n-a-u-s-s, with the National Alliance on Mental Illness. And I'm going to keep it very short. We were quoted twice during two of the statements. We support this. It's a great way to start connecting families in a more aggressive

way by helping the school districts with the funding that they need to bring in the professionals that can address these issues early on. And our organization will be one of the many organizations that will be force multipliers as the schools become more, I would-- I would say, be able to expand and find more people to come in and help these students when they need it. So we are very supportive of this. We agree and we want to thank you for all the questions. I waited until the end where all the questions were hopefully a lot less, and I was going to go for the yes, but that's how it plays out. So really, when we're looking at this, we appreciate the questions because, first and foremost, all of you have really pointed out the family angle. The parents need to be involved in this. We've spoke to a lot of teachers, a lot of counselors, and the parents are involved in these discussions. The parents, first and foremost, are struggling at home sometimes with these issues, mental health issues specifically, especially at an early age. And the schools become a very-- almost a support system for the parents, and then help to bridge the parents and the students to other services. So a lot of people out there that want to help, but there's got to be connectivity. We support the effort. Thank you very much.

**GROENE** [02:13:45] Any questions? So what does your organization do, again? I forgot.

**LOREN KNAUSS** [02:13:49] The National Alliance on Mental Illness, we're an advocacy organization and we also provide services for-- really, it's education classes mostly for adults. We do have some student programs for junior highs and high schools that work with parents, students, and teachers.

**GROENE** [02:14:07] So you put on seminars inside the school or what?

**LOREN KNAUSS** [02:14:10] Presentations. We do a 50-minute presentation for students, a 60-minute presentation for parents, and a 60-minute presentation for teachers, and it's a very evidence-based program that allows us to present the information to all three parties in an effort to be able to bring the connectivity. The highlight is the appearance--

**GROENE** [02:14:32] Give me an example of what you do. I mean there's different forms of mental illness. There's depression; there's suicidal combined with depression or whatever it is. So what do you do? Do you teach them, show them what the signs are?

**LOREN KNAUSS** [02:14:48] The-- the warning signs, symptoms, yes, and it allows them to-- I mean, as a parent, when we talk to a parent, we identify the-- the signs of mental illness that would allow them to either see it in themselves or in their child, and then we also discuss the-- that really-- the simple process of going to your-- your doctor, your personal doctor, and saying, we need some help, and then having their doctor help direct them through the course, because a lot of people do not just pick up the phone and call a psychologist or their school counselor. They'll call their personal doctor, and we really encourage them to do that because the person usually-- I mean, they obviously know the-- the physical health and, once they get into the-- the mental health, it really becomes a holistic approach.

**GROENE** [02:15:32] Thank you. Any other questions? Thank you.

**LOREN KNAUSS** [02:15:38] Thank you.

**GROENE** [02:15:39] Any other proponents? Opponents? Neutral? We had letters, proponents from the School Social Work-- Work Association of Nebraska and from the National Association of Social Workers-Nebraska; opponents, none; neutral, none. Senator Walz, would you like to close?

**WALZ** [02:16:13] Yeah. Thank you. I just wanted to quickly address the-- the data. Again, it is not fully accurate, and we are going to try to narrow it down as much as possible. But I did want to let you know that the number of those FTEs are school employees. That does not include the number of contracted FTEs that districts are using. I also want to reiterate to the committee that mental health does not mean that we have bad kids. There are a lot of environmental reasons why children have behavioral or mental health issues, and by no means would a teacher just pick up a phone, if they saw a kid misbehaving or having some type of issue, and call a psychiatrist to come to their classroom and diagnose and treat the child at that minute. Whether it's restraining or finding needed resources for kids, parental permission should always, always happen. If I notice a teacher or if I notice a student as a teacher who is isolating himself or herself and-- from other students or not engaged in the classroom studies or vomiting or whatever it is, and I see that it's been kind of an ongoing situation, as a teacher I would never ignore that behavior because it's pretty obvious that there's something going on and it's not normal. And at that point, I would contact the parent. That would be my first-- the first thing I would do is contact a parent and set up a meeting to find out if we could get together and come up with a plan for that child. The idea behind this bill would allow and provide funding for school districts to determine the types of supports they needed in their-- in their district. Maybe it's a mental health practitioner. Maybe it's a psychologist. Maybe it's a social worker. Maybe it's resources that they would be sharing with other districts through the ESU. I'm happy to work on any language that this committee wants to work on. I believe, actually, that that should be a really important part of this committee, to make sure that we are doing whatever we can to come together and provide supports for kids who are suffering from behavioral and mental health issues. And I would encourage our committee as a group to visit some of the schools and see firsthand exactly how they're handling these issues, the behavioral and mental health issues. And I guess with that, I would close and answer any other questions that you might have.

**GROENE** [02:19:16] Any questions? Thank you. That closes the hearing on LB725 and now we'll go on to LB488, Senator Howard.

**HOWARD** [02:19:48] Good afternoon, Senator Groene and members of the Education Committee. My name is Senator Sara Howard, H-o-w-a-r-d, and I represent District 9 in midtown Omaha. Today I'm talking to you about LB488, a bill that requires mental health and comprehensive drug education for students. I won't tell you the story of my sister because I feel like most of you know it and I don't enjoy telling it. So during my years in the Legislature,



combating the opioid epidemic has been a priority of mine. As this type of drug addiction becomes more prevalent in young people, educating about mental illness and addiction can provide a preventative measure that can help students recognize the signs and symptoms in themselves and their friends and teach these students to learn to seek help before they're in crisis. According to the National Institute on Drug Abuse, people with a mood or anxiety disorder are more than twice as likely to develop an addiction to opioids and other drugs; and not only do we have an opioid epidemic in this country, we have a mental health epidemic as well. According to federal data, the rate of adolescents experiencing major depression surged to nearly 40 percent from 2005 to 2014, rising to an estimated 2.2 depressed children ages 12 to 17. Teen suicides have also spiked. According to the CDC, the suicide rate among boys ages 15 to 19 increased by nearly a third between 2007 and 2015, and the suicide rate among girls the same age more than doubled. But that data only accounts for death. The CDC's 2015 Youth Risk Behavior Survey cited nearly 9 percent of youth in grades 9 through 12 attempted suicide the prior year. In Nebraska, suicide is the second leading cause of death for children ages 15 to 34-- 24, and the first leading cause of death for children ages 10 to 14. We asked the Department of Health and Human Services for the number of deaths by suicide in the age range of 10 to 24 and they were able to give us that in 2017, there were 145 completed suicides between-- in that age range. There are a few number of states who have started requiring education on these subjects at the state level. New York, Maryland, and Ohio are three. New Jersey has pending legislation. Ohio's drug education laws are opioid specific and serve as the basis of the language for this bill. So because Nebraska has become an anomaly in the country around opioid overdose deaths because of the work that we've done around making sure that providers have all of the information they need to make good choices when they're prescribing and dispensing medication, and so I-- I end up getting asked a lot to go to different conferences in different states and talk to them about what we've done so that they can try to mirror it, either by building their own health-- health information exchanges or making their prescription drug monitoring programs more robust. And so at a-- at a recent conference, another legislator from Ohio stood up and started talking about how some of their most effective work has actually been on the education side of making sure that children can identify what opioid abuse looks like, what opioid addiction looks like, and so really looking at making sure that kids can identify addiction and can identify addictive tendencies. This is especially important when we consider things like last year we passed a law that put a limit on the number of opioids that you can prescribe to a minor, so we gave them a week unless there was a chronic condition or they were in palliative care or hospice care. And what came out of that conversation last year was that there are physicians who are prescribing a month's worth, they're prescribing three months' worth for wisdom tooth surgery or for bunion surgery, to children. And so when we consider sort of opioid addiction, addiction as a whole, mental health, some of the best ways to combat it are to make sure that people can identify it. I know in my specific situation, we did not know what was happening with my sister. We thought that if a doctor was giving her medication, that she was always supposed to take it in the manner in which it was prescribed, even if it was five different doctors giving her multiple kinds of narcotic pain medication. And so had we had even just a modicum of education around what addiction was and what opioid addiction could be, that would have helped us quite a bit. So I-- I need to pass out an amendment to you-- thank you,

Erika-- that it-- this was requested by the NSEA. It's a small clarifying change that eliminates language that creates a complication that may arise when a student is absent from school and the duty to cover material could be unworkable. I feel that educating our children is an investment in the future and we owe it to them to arm them with the tools to ensure their own success. I thank you with your-- I thank you for your time and attention to this matter, and I'm happy to try to answer any questions you may have.

**GROENE** [02:25:04] Questions? Senator Pansing Brooks.

**PANSING BROOKS** [02:25:04] Thank you, Chairman Groene. Thank you for bringing this, Senator Howard. I'm just trying to look at what-- what the law has been-- I guess I need to see what the amendment is, OK-- and what you've added. Can you explain how, I mean I think you sort of did, but how you feel it's really making it stronger for us?

**HOWARD** [02:25:29] Sure. So one of the things that our statutes are silent on in terms of what we're teaching children about is specifically mental health education. So whether it's-- we don't talk about depression. We don't talk about suicidal ideation. We don't talk about schizophrenia. We don't talk about addiction. Even in our human growth and development courses, we're not really touching on mental health. And so I think if it's something where you would be able to say, oh, I feel sad today and this is how I feel today, or I felt sad every day this month and that's more of an indicator of depression, and so helping kids to identify the difference between "I feel sad today" and "I am depressed," I think, would be very helpful.

**PANSING BROOKS** [02:26:12] I think that is-- would be helpful, too; plus, it legitimizes and makes the conversations-- I mean, when some of us grew up, no one even talked about mental health issues.

**HOWARD** [02:26:26] Yep, yeah.

**PANSING BROOKS** [02:26:26] It was something that we hid or didn't want to talk about at all. And so if we can start teaching about how common it is and how it's not a bad person--

**HOWARD** [02:26:39] Right.

**PANSING BROOKS** [02:26:39] --it's really much more important to be able to do that. And I appreciate you bringing this because I haven't seen this before, so.

**HOWARD** [02:26:48] That's actually a very powerful comment because I think this-- this idea of a stigma around mental health services is something that is-- is insidious. And so one of the only ways to really, I feel, address it is to make sure that there's education. When my sister was sick and my mom was working here, we didn't talk about it.

**PANSING BROOKS** [02:27:04] Yes.

**HOWARD** [02:27:05] I mean, I don't think people knew how sick she was until even two years after, and-- and certainly people didn't realize that she-- she had an addiction issue. And so I think there is so much shame that accompanies mental health issues in our country that maybe the best way to address that type of shame and stigma is to make sure that kids know exactly what it is and know that there's no shame in it at all.

**PANSING BROOKS** [02:27:29] Absolutely. And we know that there are physiological things that are going on within the body of somebody that has mental health issues. And so we have no problem talking about cancer or diabetes or other things that-- that are actual diseases that-- and so if-- this is really important to be able to communicate about something that we've-- we've put behind us and, as you say, attached a stigma to for way too long. So thank you for doing this. This is much more than the discussion of 60 minutes of instruction and it's more about making all people aware of what's going on in our community. Thank you.

**HOWARD** [02:28:14] Thank you.

**GROENE** [02:28:15] Other questions? Senator Murman.

**MURMAN** [02:28:16] Thanks a lot for coming in, Senator Howard. We just got done discussing how we could expand mental health services to our schools. How do you see this fitting in with mental health services? Would this be a part of that or separate?

**HOWARD** [02:28:37] Well, I-- I listened to that hearing--

**MURMAN** [02:28:38] OK, good.

**HOWARD** [02:28:38] --because I'm on Banking now and we're completely done with all of our bills. You guys should visit Banking. They're finished; they've been finished for a couple of days. I view this as a complement to the opportunity to have mental health services in schools. It's very hard for a youth to say, hey, I need to go to a counselor when they don't really know whether or not they feel like they have a mental health issue. And so this would help them self-identify that, oh, this is something that I'm dealing with or working through that I can't handle on my own. Does that make sense?

**MURMAN** [02:29:17] Yeah, sure. Thanks.

**HOWARD** [02:29:18] Thank you, Senator.

**GROENE** [02:29:24] I'm confused, like I normally am. We've had the war on drugs for 50 years. This isn't anything new. An existing law prior to this said: Provisions shall be made for the proper local school authorities for instruction of pupils in all public schools in a comprehensive health education program which shall include, which you strike, as to this physiological,

psychological, and sociological aspects of drug use, misuse, and abuse-- it's already in there, the comprehensive plan-- and the prevention thereof through proper nutrition and the avoidance of consumption of drugs as defined in this section. For purpose of this section, drugs mean any and all biologically active substances used in the treatment of illnesses-- that's opiates-- or for recreation or pleasure. Special emphasis shall be placed upon the commonly abused drugs of tobacco, alcohol, and marijuana, which you struck and you do not put back in there, which is a entry-level drug and very-- vastly abused, hallucin-- hallucinogens, amphetamines, barbiturates, and narcotic-- narcotics. Now that's already in our statutes and we have a terrible drug problem. Have the schools not been following the instructions that we've given them? "Shall," shall have a comprehensive educational program, you know, I'm just playing devil's advocate here, Senator Howard. Why would yours make any difference? Yours is actually weaker language.

**HOWARD** [02:30:51] So I would argue that my language is significantly more clarifying. So in this instance, they're saying you should talk about how to prevent and avoid the consumption of. What we're talking about are strategies to reduce and eliminate the incidence or prevalence, to prevent the illegal use of alcohol, and so it really modernizes the language that had been put in place previously. And when we talk about drug abuse, we don't need to list out the drugs in particular, although I do specifically add a section around opioids because when the original section was put in place, we didn't see the opioid abuse that we see now.

**GROENE** [02:31:31] But wouldn't marijuana be just as dangerous as alcohol and tobacco? And you list those.

**HOWARD** [02:31:36] Well, marijuana is considered a drug; it's a scheduled drug.

**GROENE** [02:31:40] Yeah, which is legal if you're under an ounce, I guess. Anyway, I just-- it doesn't seem like we've done much good with the six hours a day that kids are around public schools now. Just curious why this would make a difference.

**HOWARD** [02:31:57] I believe it would.

**GROENE** [02:32:00] Thank you. I know you do.

**HOWARD** [02:32:02] This is the first time that I think this committee has really talked about opioids and opioid addiction, but I actually think that all of our committees get touched by it in some way. And because it's become so prevalent, while-- while our opioid overdose death rates have gone down in the state, that doesn't mean that our addiction rates have-- have altered. And so I think if there are any new tactics or new methods that we can use to prevent opioid addiction, I believe this committee should welcome them.

**GROENE** [02:32:33] Thank you.

**HOWARD** [02:32:33] Thank you.

**GROENE** [02:32:38] Any other questions? Thank you, Senator Howard.

**HOWARD** [02:32:39] Thank you.

**GROENE** [02:32:40] Proponents?

**ANNETTE DUBAS** [02:32:52] Good afternoon, Senator Groene and members of the Education Committee. My name is Annette Dubas, A-n-n-e-t-t-e D-u-b-a-s, and I am the executive director for the Nebraska Association of Behavioral Health Organizations, otherwise known as NABHO. We are a statewide organization advocating for behavioral health providers, hospitals, regional behavioral health authorities, and consumers, and our mission is to build strong alliances that will ensure behavioral health services, including mental health and substance use disorders, are accessible to everyone in the state. We thank Senator Howard for her leadership on this important issue and support LB488. Over the past last decade, we have taken steps towards the integration of physical and mental healthcare. We are understanding that what happens with our brains impacts our physical health, as well. By treating the whole person, you have much better health outcomes. The same point could be made about the way we educate our young people. Teaching them about how to care for our physical health should also include an understanding of mental illness and addictions. In our estimation, LB488 is better defining what is expected for educating our students in the area of mental health and addictions. And as I would tend to agree with what Senator Howard said, it really modernizes the existing statute and brings it up to what we're dealing with today. The current statute simply does speak to the health education program that refers to the psychological, physical, and sociological aspect of drug use and misuse and abuse. I think by requiring the health education programs to include age-appropriate material which addresses mental health, and I really want to stress the inclusion of mental health, and drug awareness and prevention, is an important step to help students with their understanding of how physical health and mental health work together. While Nebraska is not dealing with the same type of opioid crisis that other states are, we certainly are not immune to the devastating impacts of that addiction. The opioid crisis has helped definitely to raise the awareness, but for Nebraska, the use of alcohol is the number-one cause of addiction, followed by meth, marijuana, cocaine, and then opioids. Unfortunately, Nebraska leads the nation in binge drinking with 18- to 24-year-olds, the frequency of suicide is increasing for those 10 to 14 years old, and is the second leading cause of death for those 15 to 24 years old. Having educational programs in our schools that speak to all of these issues and more is critical to the overall health of our young people. A high percentage of our children that are in out-of-home placements are there in part due to a parent or caregiver's addiction. It is a confusing and scary time for them, and having access to a curriculum that provides accurate and nonjudgmental information can be helpful. This type of education fits into a comprehensive health education program. It helps our students understand their physical and mental health cannot nor should not be separated. The brain is an organ, just like our heart or kidneys, and it gets sick just like any other part of our body. There are steps you can take to ensure your entire body stays healthy and the sooner we can present that information in a comprehensive matter,

the better it is for all of our children and adults as well. So I thank you for your attention to this important piece of legislation and would be happy to try to answer any questions you may have.

**WALZ** [02:36:32] Thank you. Any questions? Thank you.

**MURMAN** [02:36:37] Yeah, I--

**WALZ** [02:36:38] Oh, I'm sorry, Senator Murman.

**MURMAN** [02:36:39] Thanks a lot for coming in, Ms. Dubas.

**ANNETTE DUBAS** [02:36:41] You bet.

**MURMAN** [02:36:43] You mentioned marijuana as being a problem in the schools, so would you agree that the language including marijuana should be included in the statute?

**ANNETTE DUBAS** [02:36:55] And I would reinforce, it's not just in the schools, it's-- it's across all age groups.

**MURMAN** [02:37:03] In society, yeah.

**ANNETTE DUBAS** [02:37:03] Without having the bill actually in front of me to kind of refresh my memory-- memory about the language, I mean, addictions are always evolving, and so trying to grab every addiction that has been, is, or will be in the future I think is important. So I think, remembering the language in the bill, I feel like this change encompasses all of that. But without having it in front of me, I hesitate to make a comment, one way or another, about having it included back in the language or not.

**MURMAN** [02:37:35] Yeah, we still do include alcohol, tobacco, I think some other drugs also.

**ANNETTE DUBAS** [02:37:44] I'll go back and-- and relook at that as well. Maybe I'll drop you an e-mail and let you know my thought.

**MURMAN** [02:37:50] OK. Thanks.

**WALZ** [02:37:55] Other questions? Thank you. Next proponent.

**MADDIE FENNEL** [02:38:05] Hello again. Thank you, Senator Walz and members of the Education Committee. My name is Maddie Fennell, M-a-d-d-i-e F-e-n-n-e-l-l. I'm the executive director of the Nebraska State Education Association and I'm here representing our 28,000 NSEA members in support of LB488. Knowledge is power, and with accurate information about a topic a person will be more likely to make a fact-based and informed decision. LB488 addresses two crucial topics that our students must know and that are actually very interrelated:

mental health and comprehensive drug awareness and prevention. While our schools have taught about drug misuse for some time, LB488 updates that language and includes explicit-- explicit instruction on the dangers of opioid use-- opioid use. We are in an opioid epidemic in this country. One of my best friends is a middle school assistant principal in Michigan. She has to carry Narcan in her purse, not just for the students but for the parents of her students. Just a few weeks ago, a school resource officer in Omaha administered Narcan to an unconscious student. For those who may not know, Narcan is a nasal spray that can revive people who have an opioid overdose, if given in time, by blocking the brain's opioid receptors. Nebraska has been a leader in combating this addition-- addiction, thanks to Senator Howard and others, by restricting access to opioids. But we must do more by arming our students with the information they need not just to make better choices for themselves but also to understand what may be happening with the adults in their lives. And I want to pause and tell a little personal story here. Both of my folks are recovering alcoholics, but they weren't when I was growing up. And we had a neighbor who talked to me about your parents are different and what they're doing is probably not real healthy, and she started taking me to Alateen and Alakid and, because of that, when I was in high school I confronted my parents and my parents eventually ended up in AA, and this year my dad will celebrate his 36th year of sobriety. My mom was sober until she passed away. That wouldn't have happened if someone hadn't given me the education. Sometimes this education is not just to protect our kids, but their parents are involved in this and they need to understand that what they're seeing is not normal. You know, when my mom said to me when I first started driving, you know, don't drive me down to the 6th Street liquor store, drive me over to the Red Barn, because I've already been to 6th street once today and I don't want them to think I'm an alcoholic, when you grow up in that, you think it's normal. And so it's important to give this information to our kids so that they can see that it's not normal. Physical education became compulsory in schools more than 100 years ago and is continually being improved in terms of teaching children. PE lessons are compulsory in schools because we view physical health as a crucial issue our children need to know about. We also need to be considering mental health as a crucial issue. The only way kids are going to learn to treat mental health better than we're currently doing is to educate them. Senator Groene had brought up the stigma around mental health, and breaking down the stigma and misconceptions about mental illness must start in the schools. Schools are where friendships begin and it's where teens hone their sense of self-worth, and some of these things can start small. For instance, we never say someone is cancer but we say someone is depressed. Small changes in just how we use our words can change how we look at things and make a real difference to people. It's also a place-- schools are a place where children need to learn that their behavior towards others can cause serious self-worth issues. Many students experience conflicts, bullying, and social exclusion at school. Mental health is something that everyone will have to deal with at some point in their life, whether in terms of getting help with mental illness for themselves, helping someone else, or we all deal with stressful moments and challenges. Schools need to be portraying mental health as equally important and crucial as physical health, and that starts with making mental health education a compulsory part of education across all schools. We ask you to vote in favor of advancing LB48-- LB488 as amended to General File. Thank you.

**WALZ** [02:42:04] Questions? Senator Linehan.

**LINEHAN** [02:42:05] Thank you, Vice Chair Walz. So I would-- defining mental health, OK, is there a definition?

**MADDIE FENNEL** [02:42:16] I think-- I like the fact that the statutes or that the-- what we're looking at, the bill, talks about doing it as a-- as age-level appropriate. So mental health in kindergarten may be helping kids understand you feel bad, what should you do when you feel bad; when you feel bad, that doesn't mean you get to hit anybody. I had a little child that used to--

**LINEHAN** [02:42:38] But is that mental health or is that behavior?

**MADDIE FENNEL** [02:42:40] No, that's-- that is mental health--

**LINEHAN** [02:42:42] OK.

**MADDIE FENNEL** [02:42:42] --because if a child is feeling anxious, knowing what to do with your anxiety, anxiety is a symptom of your mental health and knowing what to do with it-- now, when the child does-- you know, what they choose to do may be a behavior, but why they're choosing to do it is part of their mental health.

**LINEHAN** [02:43:00] OK. The other thing, this whole list here, it's mostly focused on abuse or-- what's the word? I don't want to use the wrong word, but dependence on drugs. Well, there's all kinds of other mental health we spent the last hearing talking about that's not included in this.

**MADDIE FENNEL** [02:43:19] Right, and I see these two interrelated in that I think a lot of what we're talking about here, if we're teaching kids about mental health, if we're teaching them, some of what we're going to be giving them is the tools that really are what we talked about, that Tier 1, right? What are the tools you need? So for me as a first-grade teacher, that was teaching kids how to breathe. I had kids who-- and I was just in a school the other day where they are-- they are teaching the little-bitty ones, the kindergarten and first-graders, about the parts of their brain and how when you feel stressed and you want to hit somebody or run right away, that's the-- this part of your brain and you need to take your thoughts back up higher in your brain. And they get those words to kids and-- which is great for creating new scientists, but it's also great in helping kids understand that what I'm having is a physical response and I can choose to control that physical response by how I react to it, so-- but these things are so interconnected with each other that they do go together. And I think that hopefully what we would see is that we give kids more tools to deal with the Tier 1, then we offset the need to get to the Tier 2 and the Tier 3, although some kids-- we also have to acknowledge, some mental illness, it does not matter what you do, there is a problem in the brain, there's a physical malfunction, there's a chemical malfunction, and those kids are still going to need some kind of-- you can do all the things in the world that you-- you know, to-- to get away from it that you want. But if you have a



genetic predisposition to that, you might be able to offset a little bit of it, but you're not going to stop it from happening.

**LINEHAN** [02:44:56] Thank you for this-- the-- I appreciate you bringing that very much, because part of the problem laying this out, and we're dealing with-- if we're dealing with people that don't really have a serious background in serious mental illness or behavioral health, you read this and it's like, well, as long as you behave and you don't get into drugs or abuse alcohol, you'll never have any problems.

**MADDIE FENNELL** [02:45:17] No, that's not true.

**LINEHAN** [02:45:18] That's not true.

**MADDIE FENNELL** [02:45:19] That's not true. And often we find that people who are abusing alcohol are-- are actually self-medicating from mental health issues.

**LINEHAN** [02:45:28] We-- we don't need to talk about that. I spent the summer on that already.

**MADDIE FENNELL** [02:45:30] Yeah, yeah, yeah, yeah.

**LINEHAN** [02:45:31] OK, because, I mean, there is the argument that, you know, people with serious mental illness, there's this huge overlap and it turns out to not be that huge. It probably is no more huge than an overlap with heart conditions or cancers when you abuse your body. So anyway, thank you, at least, for bringing that up.

**MADDIE FENNELL** [02:45:51] Sure.

**GROENE** [02:45:51] Anybody else? Senator Murman.

**MURMAN** [02:45:52] Yeah, thanks a lot for coming in.

**MADDIE FENNELL** [02:45:56] Sure.

**MURMAN** [02:45:57] I've got to disagree with you a little bit. I-- I of course do know that there is mental illness and it needs to be treated, but there's also right and wrong. And when you talk about maybe a young kid, especially that hits another kid, sure, there's, you know, the brain's involved and maybe even a genetic disposition, but I think the child needs to be taught that there's right and wrong also. I just wondered what your reaction is to that.

**MADDIE FENNELL** [02:46:25] I'm laughing because my husband and I had a very long discussion about this last night because we are helping a young man who is in the foster care system and he's been making some really poor choices lately. And my husband is like, you know, he knows the difference between right or wrong. And I said, yes, he does know the

difference between right and wrong, he's making some really poor decisions, I'm not telling you to-- to-- as I said to my husband, I'm not telling you to ignore what he's doing, I'm just saying let's understand why he's doing it. So, you know, if-- if you're somebody who hits someone else-- so for instance, my son, mentally handicapped, he hits people sometimes, right? It's wrong that he hits. How I respond to that, though, is going to be differently with him than probably with a kid who has full mental functioning--

**MURMAN** [02:47:12] Sure.

**MADDIE FENNEL** [02:47:13] --and really full comprehension of what he's doing. Although my son will start crying afterwards because he knows what he did was wrong, but in that moment he didn't have control of himself to stop, but-- so I think we have to look at the why of why kids are doing things. As I said to my husband, the young girl that we're also helping her family, sometimes she will offer her body for doing things, you know, if you-- I'll give you my body if you'll give me a ride here or a ride there. I said, is it wrong? Absolutely. There's no doubt that it's wrong. But do I understand why she does it? Yes, because she's been trained that her body is transactional. So in understanding why it happens, that helps me sometimes to look differently at how I need to respond to her. I'm not going to punish her for doing that because it's something that she's learned, but I'm going to try to substitute another behavior and help her understand why that's not right, so-- but I agree, we do have to have-- you know, in fact, we're an AA sponsor in a conference that we're going to. It's around disruptive learning and how do we get that right balance between-- as Senator Groene has in LB147, sometimes a kid just has to be out of the classroom. Sometimes we have to take a kid and say, you're not safe for others. But then how do we also take a step back and look at that behavior and go, OK, so what caused this, so it doesn't happen again. We have to be able to intervene for the safety of everyone, but we also have to figure out a way to stop the behavior so it doesn't happen again.

**MURMAN** [02:48:28] OK. Thank you.

**MADDIE FENNEL** [02:48:29] Yeah. You bet.

**GROENE** [02:48:33] One of the best things I've heard in this committee over the four years was-- can't remember who said it, maybe it was you-- these kids are coming to school with no boundaries. Parents aren't teaching them boundaries that there's right and wrong, as Senator Murman, that-- that there's consequences to behavior. Every human has to be trained from the time they're born to what is acceptable in a culture, in a civilized culture. Because they haven't been trained, the boundaries, that's not mental health. And I'm going to give a little lecture here, but in praising teachers, I had kids like that when I-- when I grew up, in my class. But the teacher was the defense. If the parents didn't teach them boundaries, we allowed the teacher to do it. And by the time they got to third grade, they were just like the rest of us. We have seemed to have taken that authority away from teachers and call it mental health now, and that-- that bothers me. Yes, there's mental health, and there's no exact science as-- just because you have a psychologist or a psychiatrist, that you're going to have good results. The Von Maur kid, I think

we spent \$380,000 through the system on drugs, on psychiatrist, and he went, took a gun, and shot people. So there's no exact science, so just because we claim we're putting it in the schools, that we're going to get the results we need.

**MADDIE FENNEL** [02:50:02] No, no, there's no exact science. But if we don't do something, there's going to be more kids who don't have the coping skills they need and who then do what's negative. And it's not-- there is no-- I mean there is no one fix for all of this. There's a lot of pieces to this puzzle, including what kids are on, on their social media, and, you know, what games they're playing and how much time they're spending. I mean, there's a-- there's a ton of stuff that go into all of this, but we have to be willing, I believe, to acknowledge that, yes, some of it is behavior and some kids are making choices, and if they haven't been taught the right thing by parents, you can show them a different way to behave. Like the child in my classroom, when he felt bad, and whenever that child felt bad, they ran. Well, we had to substitute a behavior and we showed them where they could go when they felt upset. But if I totally took away that skill from that child, that child lived in a crack house, and if I totally took away that skill and that child didn't know to run when they felt afraid, then they could end up putting themselves in greater harm later. So it's--

**GROENE** [02:51:02] You and I aren't going to solve it.

**MADDIE FENNEL** [02:51:03] No, we're not. We aren't going to solve it, but we're not going to solve it alone. I think working together we can deal with more kids. But it's kind of like-- sorry, but it goes back to the old starfish, which I don't mean to be trite, but we're not going to save every kid; but for the kids that we do save, they could be the one that makes a difference for others down the road.

**GROENE** [02:51:25] Thank you. Any other questions? Any other proponents?

**LOREN KNAUSS** [02:51:45] Loren Knauss, L-o-r-e-n K-n-a-u-s-s, with the National Alliance on Mental Illness-Nebraska, also NAMI; it's what our nickname is. Thank you for having me. On behalf of the National Alliance on Mental Illness-Nebraska, I want to thank you for the opportunity to speak to you today and add our support of LB488 as part of the public record. We use stigma, as senators have already discussed, to describe the fear and embarrassment that is often attached to discussing the issue of mental health. It's a problem that keeps millions of people in the United States from discussing or learning about potential mental health warning signs. It prevents people from reaching out for help. I've spoken to many people who have attempted or considered suicide in their teenage years. In my discussions, they often discuss the embarrassment of talking with their mental health-- excuse me, talking about their mental health, and in some cases they didn't see or understand the warning signs when they presented. NAMI Nebraska supports LB488 and its efforts to introduce age-appropriate mental health education into schools. By helping students to define mental health and helping them to recognize possible mental-- mental health warning signs, we feel this will allow students to have more open and productive conversations with their parents and school staff about their mental

health. By introducing an open, age-appropriate conversation about mental health, the schools will help to start the process of ending the stigma of discussing mental health issues. This is an important step forward. We respectfully ask that you support LB488 and all legislation that helps to educate the public on behavioral health and mental health issues. Thank you for your service to the state of Nebraska. And I want to thank you for bringing up the stigma and also, Senator, for there is a difference between behavioral and mental health issues, and we have to keep those issues clear. And from the National Alliance of Mental Health Issue side, we do believe that you have to look at both behavioral health issues and mental health issues. But once you start blurring and mixing the two, there can be concerns, and we try to keep them very separate. And if you have a person that is showing signs of schizophrenia, it could be behavioral or it could be schizophrenia. But a licensed professional must have the-- go through the process of identifying what that is. Teachers, parents, everybody are put into a lot of situations where they need help from professionals to help sort that through. And you might have an individual that presents with schizophrenia or some form of mental illness where counseling and medication can help that individual's, you know, ultimate behavior simply because those are the symptoms of the problem, whereas me, as a child, there were behavior issues. It wasn't mental health; it was behavior. And as you pointed out, my mom and dad intervened very quickly, and with the parents and teachers working together. But I also had friends that had severe mental illness and we acted the same. But I remember when I-- as I grew up, I realized my friend was receiving medication and going to counseling and his behavior was changing. Well, it wasn't behavior; it was the mental illness and the symptoms. Mine was behavior, so. And this type of work and having, you know, the schools be able to present this to students, you know, it won't be a teacher just all of a sudden randomly saying, today I'm going to talk about this. There has to be mental health professionals who are going to have to lead these efforts and have criteria and curriculum.

**GROENE** [02:55:24] Any questions? You're the first to bring up-- well--

**MURMAN** [02:55:27] Go ahead.

**GROENE** [02:55:28] You're the first to bring up medication. Individuals we're talking about here, psychologists licensed mental health, behaviors counselors, only a psychiatrist can do medication, right?

**LOREN KNAUSS** [02:55:40] Psychiatrists and psychologists, the both, I believe, so-- and your--

**GROENE** [02:55:44] Psychologists can do medication?

**LOREN KNAUSS** [02:55:47] --and your medical profession-- you know, like your-- any physician can do that. So my-- my personal physician could prescribe me with-- with--

**GROENE** [02:55:53] But not-- or would--

**LOREN KNAUSS** [02:55:53] Oh, yeah, yeah, as long as they're aware of what the symptoms are and they diagnose me, yes.

**GROENE** [02:56:00] So hyperactivity, which was-- we had an-- we created our own epidemic in the '90s of drug addiction with Ritalin every time a child acted up. Pretty soon the kid was given Ritalin. And I think we've backed away from that. We had-- created an epidemic. But you're telling me that medical doctors could diagnose mental health?

**LOREN KNAUSS** [02:56:21] Oh, yeah, a doctor, your-- your personal doctor can, you know, say, OK, I feel you're depressed and-- and diagnose you with depression and prescribe a depression med or refer you to counseling and discuss a nonmedical, you know, path, if you please. So, I mean, counselors don't do that, or at least counselors without a, you know, without a medical degree can't.

**GROENE** [02:56:47] I was always under the perception that psychologists were not able to prescribe drugs.

**LOREN KNAUSS** [02:56:51] You know what, and forgive me, I think it is psychologists, and, you know what, I'm going to have to look that up.

**GROENE** [02:56:57] Psychiatrists.

**LOREN KNAUSS** [02:56:57] I apologize. I-- I confused myself. I'm sorry about that.

**GROENE** [02:57:01] But you're the first one that brought that up and I just wanted to make--

**LOREN KNAUSS** [02:57:05] Well, and it's-- it's a discussion that a lot of people-- I mean, and part of the stigma that people have is, if I'm going to go to my doctor and say I feel like I'm depressed, they're going to load me up with medication and I'm no longer going to laugh and my personality is going to change, everything else. That's not the case, and it's part of the stigma issues where when you talk to people--

**GROENE** [02:57:23] My kids are at that age group where teachers, at parent-teacher conference, were recommending Ritalin to parents.

**LOREN KNAUSS** [02:57:27] Oh, right, right.

**GROENE** [02:57:28] It got way out of hand,.

**LOREN KNAUSS** [02:57:29] Right, and I don't disagree with you. I-- I attended a school that unfortunately teachers watched either 20/20 on Friday and by Monday, they were, you know, like that. But I believe the profession, you know, over the last 30 years, there is a lot-- you know, a different mind-set with that as well and-- or at least I hope. I-- I-- I'll say generalizations, but I

do-- I know what you're saying. I-- there is no absolutes. I mean, I can't sit there and say you're wrong for saying that.

**GROENE** [02:57:55] There's human nature and it will do what it does.

**LOREN KNAUSS** [02:57:56] Right.

**GROENE** [02:57:57] Thank you. Any other questions? Senator Murman.

**MURMAN** [02:58:00] Thanks for testifying again. Since you've brought up schizophrenia, would you agree that that's on the increase in our society?

**LOREN KNAUSS** [02:58:08] I-- I don't have the statistics to-- to show. And, you know, what I've learned and the friends that I have-- I'm-- by multiple friends that-- that have been diagnosed, they had been to doctors or were to doctors multiple times and they were misdiagnosed multiple times. So over the years, they presented and a doctor finally, you know, identified it as-- as schizophrenia.

**MURMAN** [02:58:32] OK.

**LOREN KNAUSS** [02:58:32] So, I mean, I-- I really can't say if it's-- it's on the increase or if doctors are better at identifying it and then treating it, because you'd be surprised at how many people you may know with schizophrenia who are on a medication, are on counseling, and you would never know, you really wouldn't know. They're-- the-- the treatment for people with schizophrenia have-- just looking at my friends, has changed so dramatically and they react to it so much differently.

**MURMAN** [02:59:00] OK, yeah, I've-- I've heard it's on the increase. That's why I asked, so thanks a lot.

**LOREN KNAUSS** [02:59:03] Yeah, and I-- I-- I mean, I can ask around, but I-- I don't know if I can give you any absolutes or--

**MURMAN** [02:59:09] OK. Thanks.

**LOREN KNAUSS** [02:59:12] Sorry.

**GROENE** [02:59:12] Thank you. Any other questions? Thank you.

**LOREN KNAUSS** [02:59:16] Thank you.

**GROENE** [02:59:16] Any other proponents? Opponents? Neutral? We've had proponent, the School Social Work Association for Nebraska and the National Association of Social Workers-Nebraska; opponents, none; neutral, none. You want to close, Senator Howard?

**HOWARD** [02:59:38] Thank you. Just-- just two quick points. If the committee would prefer to have the language of marijuana added to-- to clarify the drug language, I'm happy to do so. And then just for a point of clarification, psychiatrists are doctors; they can prescribe anything; they can diagnose anything. Any physician in Nebraska has an unlimited scope of practice, which means that a physician, a brain surgeon, can say you have depression and give-- and prescribe you with psychotropic medications. That would not be in their best practices, but physicians in Nebraska have the broadest scope of practice that we allow. Psychologists are not allowed to prescribe. They do-- they did put in a 407 to increase their prescribing privileges or allow for it in 2017, but they have not yet been able to have a bill be successful in front of this body in that regard.

**GROENE** [03:00:38] Senator Linehan.

**LINEHAN** [03:00:40] Thank you, Chairman Groene. Thank you for clarifying that, Senator Howard. In some states, physician's assistants can prescribe--

**HOWARD** [03:00:48] Can prescribe.

**LINEHAN** [03:00:48] --but they can't in Nebraska, can they?

**HOWARD** [03:00:47] So PAs and advanced-practice nurses who specialize in psych may be able to prescribe; however, they do that under the supervision of a-- of a--

**LINEHAN** [03:01:01] Psychiatrist.

**HOWARD** [03:01:01] --an MD.

**LINEHAN** [03:01:03] OK. All right. Thank you.

**HOWARD** [03:01:04] That's a good clarification.

**LINEHAN** [03:01:06] Thanks.

**GROENE** [03:01:07] Any other questions? Thank you, Senator Howard.

**HOWARD** [03:01:10] Thank you.

**GROENE** [03:01:12] That closes the hearing for today. And, everybody, we'd like to have an Exec maybe after tomorrow because we'll have six appointments and we'd just like to make sure we get those approved.