Children's Behavioral Health Oversight Committee

(LB 603 - 2009)

Report to the Governor and Legislature

December 1, 2010

Committee Members

Senator Kathy Campbell, Chair .... Lincoln
Senator Annette Dubas, Vice Chair.. Fullerton
Senator Bill Avery .... Lincoln
Senator Colby Coash .... Lincoln
Senator Tom Hansen ....North Platte
Senator Gwen Howard .... Omaha
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INTRODUCTION

This is the second report required of the Children's Behavioral Health Oversight Committee. The committee was created by LB 603, passed by the Nebraska Legislature in 2009. LB 603 included the Children and Family Behavioral Health Support Act. The act authorized the Executive Board of the Legislative Council to appoint members of the Legislature to serve on the committee as follows: (a) Two members of the Appropriations Committee, (b) two members of the Health and Human Services Committee, (c) two members of the Judiciary Committee, and (d) three members of the Legislature who are not members of such committees (at-large). The committee terminates on December 31, 2011. *LB 603, Sec. 11 (1)*

COMMITTEE RESPONSIBILITIES

The committee is to monitor the effect of implementation of the Children and Family Behavioral Health Support Act and other child welfare and juvenile justice initiatives by the Department of Health and Human Services related to the provision of behavioral health services to children and their families. *LB 603, Sec. 11 (2)*

New Programs:

- Children and Family Support Hotline *LB 603, Sec. 6*
- Family Navigator Program *LB 603, Sec. 7*
- Post-adoption and post-guardianship services *LB 603, Sec. 8*
- The Behavioral Health Education Center *LB 603, Sec. 13, 14*

Expanded Programs:

- Professional Partner Program *LB 603, Sec. 10*
- Medical assistance (Medicaid) – the bill directs the Department of Health and Human Services to submit a state plan waiver to the federal Centers for Medicare and Medicaid Services to provide coverage for community-based secure residential and subacute behavioral health services. *LB 603, Sec. 1*
- Medical assistance (Medicaid) – for access to the State Children's Health Insurance Program (SCHIP), the bill changed eligibility for children under 19 from 185% to 200% of the office of Management and Budget income poverty guideline. *LB 603, Sec. 2*

Program *evaluation:* LB 603 requires the Department of Health and Human Services to evaluate the Children and Family Support Hotline program, the Family Navigator Program, and post-adoption and post-guardianship services.

The committee is required to provide a report to the Governor and the Legislature no later than December 1 of each year. The report shall include, but not be limited to, findings and recommendations relating to the provision of behavioral health services to children and their families. *LB 603, Sec. 11 (5)*

COMMITTEE MEETINGS

April 7, 2010

Committee members met with representatives of the Department of Health and Human Services and Magellan Health Services for an update on Magellan's efforts to improve its relations with providers and those who use behavioral health services. This was a public meeting which was held at 11:30 in room 1126 of the Capitol. The committee heard from Ms. Sue Mimick, Dr. Deborah Happ, and Mr. James Stringham.

May 19, 2010

This was a joint meeting with the Health and Human Services Committee and was held in Room 1510 of the Capitol at 10 a.m. Committee members heard from Mr. Kerry Winterer, Chief Executive Officer, Department of Health & Human Services and Mr. Todd Reckling, Director, Children and Family Services Division, Department of Health and Human Services who had been invited to brief the two committees on child welfare reform and foster care

The two committees then heard from the following people on the status of LB 603 programs: Dr. Jerry Davis and Mr. Nick Juliano, Boys Town - Family Navigators Program and Children and Family Helpline, and Ms. Jessyca Vandercoy, Director, Lutheran Family Services - Right Turn (Post-Adoption/Post-Guardianship Services)

June 16, 2010

The June 16 meeting was held in Room 1507 of the Capitol at 9 a.m. The agenda included reports on access to services, funding, and the Professional Partners Program and pilot projects in the state's Behavioral Health Regions.

Committee members heard from Joyce Schmeeckle, Ph.D., Schmeeckle Research, Inc., Lincoln; Mr. Denis McCarville, President/CEO, Uta Halee & Cooper Village, Omaha; Mr. Topher Hansen, Executive Director, CenterPointe, Lincoln; Ms. Liz Hruska, Legislative Fiscal Analyst's Office, Lincoln; Scot Adams, Ph.D., Director of the Division of Behavioral Health, Department of Health and Human Services, Lincoln; and Mr. C. J. Johnson, Regional Administrator, Behavioral Health Region 5, Lincoln.

September 22, 2010

The September 22 meeting was held in Room 1510 of the Capitol at 1 p.m. At this meeting, committee members heard from people who had used any or all of the LB 603 programs and services: Family Navigator, Children and Family Helpline, Professional Partners, State children's Health Insurance Program, and community-based secure residential and subacute behavioral health services.

The following representatives of family groups spoke to committee members: Ms. Joan Kinsey, Nebraska Foster & Adoptive Parent Association; Mr. Earl Richardson, Healthy Families Project; Ms. Candy Kennedy, Federation of Families for Children's Mental Health; Ms. Janay Bahnsen-Price, Parents Speak Out; Ms. Andrea Rodriguez, Families Care; Ms. Melanie Williams-Smotherman, Family Advocacy Movement; Ms. Trish Blakely, Healthy Families Project; Mr. Bob Gereaux, Parent to Parent; Ms. Sharon Dalrymple, Families Inspiring Families/Region V; Ms. Mary Thunker, A.S.K. (Alphabet Soup Kids); Ms. Judy Domina, Nebraska Family Support Network; Ms. Candace McLemore, Nebraska Helpline and Family Navigator; Ms. Brenda Le, Family Navigator Team Leader; Ms. Jonah Deppe, National Alliance for the Mentally Ill Nebraska; Ms. Samantha Taylor, Right Turn.

Committee members also heard a status report on Magellan Health Services which was provided by Ms. Sue Mimick, General Manager, Nebraska, and Deborah A. Happ, Vice President, Operations, Public Sector.

November 16, 2010

This meeting was held in Room 1507 of the Capitol at 9:30 a.m. Committee members heard updates on programs from Susan Boust, MD, Interim Medical Director, University of Nebraska Medical Center College of Medicine - The Behavioral Health Education Center of Nebraska; Ms. Jessyca Vandercoy, Director, Right Turn, Lutheran Family Services - Post-Adoption/Post-Guardianship Services; Ms. Shellie Gomes, Boys Town - Family Navigator Program and Children and Family Helpline. The committee also heard the initial evaluation report of LB 603 programs from Ms. Helaine Hornby, Vice-President, Hornby Zeller Associates, Inc.

COMMITTEE OBSERVATIONS

Funding for LB 603 Programs Generally:

Initial funding for all programs was set in light of the fact that these were pilot programs. As the programs proceed in the future, additional funding will no doubt be necessary.

Programs Created by LB 603:

Children and Family Helpline, Family Navigator Program, Right Turn (Post-Adoption/Post-Guardianship Services), and Behavioral Health Education

Funding:

Helpline, Family Navigator, Right Turn, and Evaluation
FY2009-10: $2,900,784, State General Funds
FY2010-11: $4,934,017, State General Funds

The Behavioral Health Education Center of Nebraska
FY2009-10: $1,385,160, State General Funds
FY2010-11: $1,563,993, Sate General Funds

Children and Family Helpline ($1,015,000 FY09-10; $1,700,000 FY10-11)

In the first three quarters of 2010, the Helpline received 2,559 calls and made 1,520 follow-up calls.

Demographics show that for the first three quarters, the median age of callers was 40; 4% of callers were under age 18; 74% identified themselves as parents; 81% were female.

Approximately 40% of families in the third quarter of 2010 reported that their children had undergone at least one form of mental health treatment prior to making the Helpline call, with counseling or therapy being the most-reported treatment types.

Callers reported limit success with previous community-based outpatient counseling and/or medication interventions because of

- children refusing or not participating
- children refusing medication
- not being able to afford continued treatment

This limited success led parents to ask for referral to residential treatment.

Callers were often in crisis when contacting the Helpline, which led to a significant number of requests for services that would remove the child from the home (residential placement, formal respite services).

In the third quarter of 2010, the Helpline began separately tracking caller requested and counselor suggested referrals. In that quarter, the most-requested caller referrals were for community based (outpatient) mental health help and residential treatment for mental illness. The most-suggested counselor referrals were for community based (outpatient) mental health help and mental health evaluation, assessment, and diagnosis.

Family Navigators ($611,984 FY09-10; $1,056,047 FY10-11)

Of the Helpline calls received in the first three quarters of 2010, 24% of families were offered Family Navigator service, and 17% of those families accepted the service.

The average number of families served per month was 64 in the first six months of the program. In the first five months of the program, there was a steady increase each month – 15 families in January and 107 in May. The June figure was 106. This may mean that the trend is flattening out and that about 100 families can be expected to be served

every month. This reflects the lower than expected call volume to the Helpline.

In the first six months, the majority of children in families referred to the Family Navigators program were White (68%), African American (18%), two or more races (7%) and Hispanic/Latino (4%).

Right Turn ($1,198,800 FY09-10; $2,027,970 FY10-11)

Almost 70% of families referred to Right Turn report their child is currently receiving mental health services or has a history of mental health treatment. At the initial contact with Right Turn, 82% report aggression or out of control behavior in a child.

Core service components include case management services for up to 90 days, help in locating respite care, peer mentoring, mental health referrals, training and education, and support groups. Data presented to the committee on November 16, 2010 show the following:

- Case management services
  - 339 referrals were received January through October 2010
  - Nearly 20% of these are not eligible for Right Turn
  - Of the 272 eligible referrals January through October 2010, 84% need and follow through with case management; 6% needed significantly more time than 90 days of services and reengaged for an additional 90 days

- Help in locating respite care
  - 6% of families use Right Turn funds to pay for formal respite care
  - Requests for respite decrease when the family is engaged in Right Turn services, connected to community supports and informal support networks.

- Peer mentoring support
  - Right Turn partners with the Nebraska Foster and Adoptive Parent Association
  - Peer mentors are adoptive parents or legal guardians of former state wards who establish supportive relationships with Right Turn parents
  - All Right Turn families are offered peer mentor support

  - 65% of Right Turn families engaged in case management services have also used peer mentors

- Mental health provider referrals
  - There is a lack of adoption-competent mental health practitioners across the state
  - Right Turn is trying to set up a network of practitioners across the state who are trained and experienced in work with adoptive families

- Training and education
  - Adoptive parents and guardians need ongoing training to handle children's grief and loss issues, and to manage behavior challenges of special needs children
  - Right Turn made over 400 referrals for education and training

- Support groups
  - Twenty-one support groups meet monthly throughout the state in partnership with Nebraska Foster and Adoptive Parents Association and other groups.
  - Right Turn support groups in Lincoln and Omaha
  - Right Turn is trying to establish more groups across the state.

Gaps and barriers to services:

- family lacks training and understanding
- there are not enough providers through the state
- not enough community-based services throughout the state
- distance for families to get special specialty services
- family does not have current mental health diagnosis of the child
- individual and family services that are available to state wards are not available to children who are in the care and custody of their parents/guardians
- mental health services available to state wards are not available to children who are in the care and custody of their parents/guardians
- child with a mental health diagnosis and a developmental disability diagnosis can be refused for treatment in both the behavioral health system and the developmental disabilities system.

Behavioral Health Education ($1,385,160 FY09-10; $1,563,993 FY10-11)

Funds have been used by the University of Nebraska Medical Center to create The Behavioral Health Education Center which has accomplished the following:

- hired two additional medical residents (this will continue each year until a total of eight additional psychiatry residents have been added by 2013)
- provided psychiatric residency training to serve rural and underserved areas
- contracted for a workforce analysis of the geographic and demographic availability of behavioral health professionals in Nebraska
- established interdisciplinary behavioral health training sites (this will continue until a total of six sites have been developed, four of which will be in counties with populations fewer than 50,000 residents
- held two Behavioral Health Information Technology summits
- started a pilot project in Region 4 at Faith Regional Hospital for telehealth education, training and service delivery
- established a website for consumers, providers, and students
- contracted with the National Alliance for the Mentally Ill to provide consumer perspective on the center's initiative

Committee observation: The Helpline, Family Navigator, and Right Turn programs are effective and valuable to children and families who need help with behavioral health. These programs should continue to be supported through General Fund appropriations. Behavioral Health Education is a critical element of meeting behavioral health needs of Nebraska families and children and The Behavioral Health Education Center of Nebraska is using LB 603 funds to increase the number of providers in Nebraska, which is an important component of workforce development.

Program Evaluation (Family Helpline, Family Navigators, and Right Turn):

Funding:
FY2009-10: $75,000 State General Funds
FY2010-11: $150,000 State General Funds

Hornby Zeller Associates, Inc. is evaluating Family Helpline, Family Navigator, and Right Turn programs. The initial report, using information from the first six months of the programs, was presented to the committee November 16, 2010. This first evaluation found that

- Helpline callers appear satisfied with the interaction they experienced.
    - 50% of families contacted in follow-up said their situations had improved.
    - On a scale of 1 to 5, with 5 being most helpful, the average rating was 4.3.
- Family Navigators feedback was limited (only 14 families responded to Hornby Zeller's survey)
    - Most of the 14 were positive as to number of contacts, respectful treatment, sensitivity to cultural and religious beliefs, timeliness of services, and length of time in services
    - Three families did not think the Family Navigator understood their issues and did not believe the Navigator "shared helpful experiences with the mental health system."
    - One family felt it got the services it wanted but did not think the length of service was right, felt disrespected and did not feel the navigator understood its issues.
        - While more information from more participants is necessary, the range of responses suggest there may be at least two different populations receiving services:
            - one with issues that can be handled through some standard service provision along with support and encouragement.
            - one with issues that are more serious perhaps because the services are not as accessible – they may be nonexistent, eligibility requirements exclude this group, or short supply creates waiting lists are too long for families in crisis.
- Right Turn feedback was also limited (24 families responded) but early information suggests that
    - Families are generally appreciative of the support from the program's specialists who meet with them, accompany to meetings, advocate for children in school, and help families understand their children's behaviors
    - Negative comments tended to be more concerned with the service system to which the Specialists tried to refer them
    - Eight respondents said that the Specialist did not get them connected with the providers they were seeking
    - Seven did not feel they got as much help from the service providers as they needed.

- Only six disagreed that the length of time the Specialist was available was about right.

Committee observation: Hornby Zeller and Associates data collection activities and analysis appear to be adequate.

Programs Expanded by LB 603:

Medical Assistance (Medicaid)

Funding:
FY2009-10: $2,451,476 State General Funds, $6,000,329 Federal Funds
FY2010-11: $3,375,816 State General Funds, $8,250,450 Federal Funds

To expand access to the Children's Health Insurance Program (SCHIP), LB 603 changed eligibility for children under age 19 from 185% to 200% of the office of Management and Budget income poverty guideline.

The number of children being served by CHIP increased by 4,917. Enrollment went from 24,524 in September 2009 to 29,917 in November 2010, a 20% increase. While a portion of the increase can be attributed to LB 603, a certain percentage reflects a troubled economy.

Behavioral Health Regions Professional Partners and Pilot Programs

Funding:
FY2009-10: $500,000 State General Funds
FY2010-11: $1,000,000 State General Funds

Funds went to Nebraska's six behavioral health regions. Some regions used the funds for their existing Professional Partners programs, and some used them for pilot programs. At its June 16, 2010 meeting, the committee received written reports from Regions 1, 3, 5, and 6.

Region 1 (Nebraska Panhandle) received $25,662 in LB 603 funds. These were used to try to help two groups who have historically been missed by local services: Youth displaying developmental trauma disorder (DTD), and youth who had not responded to multiple services. Nine youth were enrolled for services initially, and that number dropped to seven by the time Region I reported to the committee (June 16, 2010). Work with these children renewed staff awareness of the need for preventive services, leading Region I staff to

collaborate with local schools in the hope of initiating a school-based wraparound program.

Region 3 (central and south-central Nebraska) used $66,950 to expand capacity of the Professional Partners Program. During the first eleven months of FY2010 this Region 3 program served 155 youth, of which ten were served with LB 603 funds. Risk factors of the youth served included psychiatric hospitalization (30%), having been physically abused (20%), running away (30%), attempted suicide (10%), and/or history of substance abuse (10%). Family risk factors for these ten youth included a history of mental illness (80%), a history of domestic violence (60%), a history of substance abuse (60%), and/or conviction of a crime (40%). Youth enrolled in the program with LB 603 funds demonstrated functional impairment in two or more life areas on the Child and Adolescent Functional Assessment Scale. Some of the more problems for these youth include physical aggression, academic problems, non-compliance, and extreme verbal abuse. For youth enrolled using LB 603 funds, overall average score at intake on the Child and Adolescent Functional Assessment Scale was 121.7 (moderate to severe impairment). After six months in the program, the average score was 71.7 (moderate impairment), a fifty point improvement.

Region 5 Systems (Southeast Nebraska) set up a pilot project, Prevention Professional Partners and Linking Individuals/Families in Need of Community Supports (LINCS). This was in response to priority concerns presented by families and system partners: Families are unaware of available community resources and where to access them; families are contacting the local county attorney's office asking for a filing to make their youth state wards in order to access services and supports; families are asking for assistance in evaluating /assessing their children's needs. The pilot program's primary goal is to prevent and reduce formal juvenile justice and child welfare involvement while generating community supports and services for youth and families. Between July 2009 and June 8, 2010, 97 youth were served, ages 7 to 18. Most were referred by the Lancaster County Attorney's office, other region county attorneys' offices, LPS SMART teams, and Juvenile Probation. Approximately one-third of the families referred to LINCS did not follow through with assessment, or declined services. Twenty-four families completed the comprehensive family assessment; twenty-eight were referred to the Prevention Professional Partner Program. Child and Adolescent Functional Assessment Scale intake and discharge (or most recent assessment) scores for youth in the pilot project showed clinically significant change.

Region 6 Behavioral Healthcare (Dodge, Washington, Douglas, Sarpy, and Cass counties) used LB 603 funds to support its Mobile Crisis Response and Rapid Response Professional Partners programs.

The Mobile Crisis Response program was supported by $80,000 from LB 603 funds as well as $419,450 in state General Funds. This program serves youth and adults in Douglas County. Its purpose is to resolve immediate behavioral health crises in the least restrictive environment and to help with post-crisis planning and resource linkage. It is designed to be activated by law enforcement officers and is intended to provide on-site crisis stabilization, evaluation, and recommendations for possible treatment and placement. The program served ten youth aged 11 to 18 between January 4, 2010 and June 2010. As of June 2010 eight youth remained at home following the mobile crisis call.

The Rapid Response Professional Partners program is intended to provide short term (up to 90 days) services for severely emotionally disturbed youth up to age 19 to achieve stability, improved functioning, and reduce the need for involvement with the juvenile justice system. Its LB 603 allocation was $115,069 in FY2010. Two full-time positions are dedicated to this program. The program is voluntary for families and youth not currently using a state Department of Health and Human Services case manager. The partners meet one to two times weekly with the family. The program provides community resources and promotes the use of strength-based strategies. The partner will contact the family within 24 hours of referral, set up an intake meeting within 48 hours of referral, create an individualized plan with strategies and goals, maintain contact with the county attorney's office, and hold monthly team meetings with the family. Upon discharge the partner will inform the county attorney, may refer the family to the program for ongoing voluntary case management if required, and provide additional resources to the family help maintain stabilization. Forty-nine referrals were made, of which thirty were not admitted (some families moved, refused services, or could not be located; others were referred to other programs; two youth entered the juvenile justice or child welfare system). Of the 19 families admitted, three had been discharged because services were no longer needed, four families chose not to continue, and one youth was placed out of home at the time of the Region's report to the committee on June 16, 2010.

In addition to these reports, the committee received notes on LB 603 funding from the Department of Health and Human Services, Division of Behavioral Health. These notes indicate that as of June 16, 2010, all regions had

increased the numbers of youth served. Regions 1 and 2 had used all the funds appropriated to them while Regions 3, 4, 5, and 6 had not. Region 5 was expected to use all funds and Region 6 was not expected to do so. The division reported no problems were identified for use or program success for FY11.

Committee observation: Increased funding for the regions allowed more youth and families to be served. There was a high rate of family engagement, service connection, and crisis stabilization. At the same time, regions with fewer funds were limited in their expansion of services.

Other Issues the Committee Heard:

Access to Services: Residential Treatment

The Schmeeckle Research study was presented at the committee's June 16 meeting. Though based on limited data, the study was intended to give a snapshot in time of some elements of children's behavioral health in the first year that LB 603 programs were operative.

The study showed that there was a decrease of about 5 percent in residential treatment rates, from 94 percent to 89 percent, in the first five months of the current fiscal year as compared to fiscal year '08-09. Outpatient rates declined only slightly. The report also showed that wait lists were very short, indicating that there was available capacity. This suggests there were fewer admissions to residential treatment.

The study looked at average length of stay, which had decreased from a year ago, from 209 days, on average for the group of providers that provided data, to 149. There were 66 reauthorization denials and 7 state appeals during that time frame.

When asked about Magellan approval of recommended treatment, of the 14 providers who responded, 85 percent indicated that it's more difficult to receive approval from Magellan now than it has been in the past, and 67 percent indicated that this has led them to recommend lower levels of treatment.

At the committee's September 22 meeting, Magellan presented its data on appeal/denial rates using information from July 1, 2010 to August 30, 2010. The data showed that in Nebraska

- for residential treatment, the monthly averages were 282 requests received, 261 (93%) approved and 21 (7%) denied. For second level requests, the monthly averages were five received and none approved.

- for treatment group home, the monthly averages were 148 requests received, of which 129 (87%) were approved and 19 (13%) denied; for second-level requests, the monthly averages were three received and none approved.

- for enhanced treatment group home, the monthly averages were 66 requests received, 58 (88%) approved and 8 (12%) denied. For second-level requests, the monthly averages were one request received, and one denied.

- These monthly averages, based on only two months of data, are quite similar to those for the full 2009 contract year (Magellan Health Service's *Briefing for Children's Behavioral Health Oversight Committee*, September 22, 2010).

Committee observation: The Schmeeckle and Magellan data reports that were presented to the committee are based on limited information or limited periods of time. Magellan data demonstrate approval rates for first-time requests of between 86% and 93% for a two-month period in 2010, with similar approval rates for twelve month period of the company's 2009 contract year (July 1, 2009 – June 30, 2010). The Schmeeckle study data demonstrate that a significant percentage (67%) of a very small sampling of providers (14) state that they automatically ask for lower levels of care rather than be denied a higher level. Neither set of data provide enough information on which to base recommendations at this point. Future issues that the committee may want to consider, however, include the following:

- Are providers automatically requesting a lower level of care?
- Are lower levels of care effective, or are children coming back into the system?

Family Mentoring and Peer-to-Peer Support

In addition to those who testified at the September 22 meeting, committee members received numerous e-mails and phone calls from people who work with the state's family advocacy groups. At the meeting, members heard from

more than a dozen representatives of separate family groups that provide mentoring and peer-to-peer support for families with children in behavioral health programs. Their testimony is compelling evidence that family groups play a vital role in the state's system of behavioral health care. Many families that benefit from peer support are in the foster care system. Some family groups are subcontractors in Nebraska's child welfare reform which began January 1, 2010. Funding for family groups – which is traditionally quite modest -- has diminished since that date. For some groups, funding that came from the Department of Health and Human Services has been redirected to private contractors; for others, private contractors in the reform effort have cut funding for family groups, reduced referrals, or both.

Committee observation: Family advocacy groups are crucial to the success of Nebraska's behavioral health system of care. Meaningful funding for these groups is essential for the success of LB 603 programs. Agencies that contract with the Department of Health and Human Services for foster and guardianship care should fund family advocacy groups adequately and refer families to them appropriately.

Magellan Health Services

In response to concerns expressed to committee members about access to behavioral health services through the state's Medicaid administrator, Magellan Health Services, the committee heard updates from Magellan representatives on April 7 and September 22.

At both meetings, the committee heard of Magellan's efforts to improve provider relations. These included holding quarterly town hall meetings in various Nebraska communities, setting up a web site (May, 2010) for provider feedback, and conducting customer service training for employees. Magellan representatives briefed committee members on its actions to improve consistency and its actions resulting from feedback at the town hall meetings.

Committee observation: Magellan leaders at the state and national levels have recognized challenges in Nebraska and have led efforts to address them. These include actions to improve provider relations, to improve consistency, and to use feedback. Spontaneous comments from providers and a reduction in the number of complaints received in senators' offices suggest that Magellan's actions have produced the desired results. Magellan should continue its successful strategies to hear and to address problems.