

Last session, the legislature created a Children's Behavioral Health Task Force ([LB 542, 2007](#)) to plan "for the development of a statewide integrated system of care to provide appropriate educational, behavioral health, substance abuse, and support services to children and their families." As part of this effort, the Department of Health and Human Services developed a plan ("[Creating Change and Providing Hope for Nebraska's Children, Adolescents and Their Families](#)") to create a "fundamental shift in behavioral health services for children and adolescents" in Nebraska. Public Policy Center staff worked closely with the Department to develop the plan and report.



State gives plan for children's behavioral health

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The state offered its plan Friday for implementing recommendations on fixing the child behavioral health system.

It offered a vision, provided a general list of key elements, outlined opportunities and listed strategies.

But the plan — with a couple of exceptions — lacked specifics.

"My big concern is that much of this continues to be focused on guiding principles and values, rather than getting down to the street level and saying, 'This is how this is going to roll out,'" said Kathy Bigsby Moore, executive director of Voices for Children of Nebraska.

Moore served on a task force created by the state Legislature to make recommendations to improve the system.

The next step — which was due Friday — was a plan from the Department of Health and Human Services on how to implement and fund the recommendations.

Moore saw the plan as vague.

The exception was developing a highly secure facility for high-risk, violent offenders tried in the courts as juveniles. The department is talking to Hastings officials about putting it there, but no decisions have been made, said Scot Adams, HHS director of the division of behavioral health.

Omaha has a secure facility for juvenile offenders who were tried as adults.

The state closed the mental health unit for adolescents at the Hastings Regional Center, as recommended by the task force, on Jan. 1.

Adams compared the children's behavioral health picture to a puzzle that now has all the pieces in place to improve.

Instead of children entering the system already in deep trouble, they will be helped with early intervention, to prevent escalation of behaviors, he said.

The state will implement an assessment plan for families who enter the system.

And in the next few years, the system will move the vast majority of kids — 70 percent — to in-home care, placement with relatives or permanent placement.

"Children are going to grow and develop best as they grow and develop in families," said Todd Landry, HHS director of the division of children and family services. "The state is not the ideal family."

Now, 70 percent of kids get services outside the home.

Sen. Joel Johnson of Kearney, chair of the Legislature's health and human services committee, said that with the reorganization of HHS, the behavioral health system changes are off to a good start.

One continuing need is for mental health workers, especially in rural areas. He and others will work on incentives or other ways to increase the number of those workers, he said.

Landry said the money for the behavioral health plan exists, or can be obtained through federal or private funds.

State's goals for children's behavioral health

- Go from 7,000 state wards with 70 percent in out-of-home care to 5,000 state wards with 70 percent in in-home care by 2011.
- Secure high-risk juvenile offenders, facilitate private treatment when possible and coordinate the behavioral health system.
- Implement family assessments, work with the juvenile court system, strengthen community supports and finish revising the data system.
- Support reduction of out-of-home and out-of-state placements of children.
- Develop a uniform system to collect and analyze data regarding youth served, the quality of services and outcomes.