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Children's Behavioral Health Task Force
January 18, 2008

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JIM JENSEN: Good afternoon. I think we will begin. I want to thank everyone for coming on rather short notice. On January 4, the department presented to us the report. I think that everyone has got theirs with them, I hope, and I hope you've had an opportunity to read through it. I as chairman was contacted by a few members that really felt that we should get together and talk about the report and that probably sooner would be better than later, and so I hope everyone has had the opportunity to do that. First of all, I'd just like to say a few things. I really think that we have an opportunity, and when I say "we," the entire state of Nebraska, to really make some significant strides in how we treat youth in this state, not by the legislative action and the Governor's certainly putting children and families at the forefront of his administration, but what's happening in other communities, and I'll particularly mention Building Bright Futures in Omaha, which is an organization that has been formed by a group of private citizens and have hired an executive director, John Cavanaugh, who was a former state senator and former U.S. congressman, as executive director, and they also have another staff, and they've employed other people. But there is some private investment behind that, and they...we got their draft report, which was similar to our draft report that we had before the final one, and they make several references to LB542. They make several references and talk about the same things that we're talking about, and I think also that there's an opportunity that we--and when I say "we," again, I'm talking about the government, the Legislature, the state of Nebraska--can partner with them. And by partnering with them, also there is some private funding that could maybe do some things that can only be done in the government if you issue RFPs and all of that stuff that we're very familiar with and then get responses back, and so it takes a great deal of time. But we have so many kids in this state that are falling through the cracks, and it starts with, many times, a poor family environment and it goes from there to...one of the initial things it always seems to be truancy in school, and then from there gang activity and building a new family, and into the correction facilities and still if no adjustment is made, why, they end up at our adult correctional centers and many people are hurt along the way, including

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these individuals themselves. So I think there's a real opportunity that we have to make some significant changes in the state to correct that whole circumstance. But the reason for today's meeting is for we as members of the task force, I think, to respond to the department on what they presented. And both on January 4 and then 5 to the...in the way of a press release, and I believe, Scot, that you said that there were some things in here that were somewhat vague, and I remember when we put this together that we removed dates because they thought they would be cumbersome. But yet in the same token, I kind of feel almost like LB1083, originally when I initiated that, we had dates when regional centers should close and we took those out, and maybe it's been good, and on the other hand, maybe it hasn't. But at least with dates you've got a target, and as long as we've got a target, I don't think removing the dates is a problem, as long as we have some proximity anyway. And so we don't have dates; certainly there aren't expenses. There's a great deal of conversation and written material to establish more community-based services, but yet again, as a member, I'm saying okay, is the funding there to do that? How is that all going to be done? And so after reading the report, I ended up, I guess, with more questions than maybe before we ever even wrote the report. So that's the main reason to get together, and I'd just like to have this be a dialogue, if we could, between members of the task force and perhaps the department. Scot is here; Todd is not. Senator Johnson is down the hall but is having a problem with a nerve or something and having difficulty walking, and so he will not be here. But anyway, without saying anything more, I'd just like to open it up for any questions that any of you might have, and what direction you would like to go at this point in time with LB542.

KATHY MOORE: Well, and the person of whom we probably have the questions just walked out the door, so I'm not sure (laugh) how to proceed, unless Terri can answer questions.

TERRI NUTZMAN: He'll probably have to answer those questions for you.

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TOM McBRIDE: You know, there were some things in it that, you know, that I agreed with tremendously. I think there were some things that came out of the, you know, all of the discussions. There were some things in there, some, just wordage things that I had questions about and would like, you know, to consider, you know, changing. And then there was a couple areas in there where I...and I think predominantly I think they identified where the biggest departure was, you know, from the task force initial recommendations, which would be the HRC programs. And you know, we certainly would need to cut back here that, you know, to discuss those.

TERRI NUTZMAN: Well, why don't I go get him?

KATHY MOORE: That's a good idea, yeah, because I would echo what Tom said. When I laid our report down alongside of the HHS report, to some degree some of the words in our report grew from the very language in LB542 initially, from the language in the SIG process, those philosophical and guiding principal words, continue to be there. And so from that perspective, I would agree that there is a philosophy, if you will, set forth that I don't think any of us disagree with. However, the specificity that we wanted...I think we all believed that either the next step would be a very comprehensive needs analysis to really set in place a staged process for implementing the meat of what we proposed, or they would come back and say, on this day we will seek these dollars or redirect these dollars from the back end of the programs to the front end, etcetera, etcetera. And so what I see are those philosophical words, but the only specificity...and even in the report there are only specifics referred to in terms of the Level V facility with no definition of what that facility is, and words like "expansion of chemical dependency" and in "exploring development of needed infrastructure," but what was in the media release and what we've all heard at subsequent meetings are really honing in on 25 beds for Level V, 50 beds in Hastings or some other centralized location, which felt to me like the polar opposite of our four months of discussion. So that...to me that's really where I would hope to hone in, and I've been in two or three meetings where I've asked some of those specific questions and have gotten some answers, but it wouldn't do very

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much good for me...and some of us...Tom and I actually were in a meeting last week where we both got some answers, but I think this body needs to receive that information and see whether those answers give us more assurance or less assurance, because right now I'm very troubled that that report is what will go forward to the Legislature or whomever, the Governor...continue to be used by the administration as a document springing from our four months of work, because I do not feel that it's an accurate reflection.

LIZ CRNKOVICH: That does seem to be the greater concern, not so much that the department can't come up with their own plan, but that this purports to be the plan that is directly related to this task force, and so I think that, again, with the very specifics concerning this Level V, there are a lot of questions. I've consulted with my colleagues on the juvenile bench, and through our discussions we continue...this Level V addresses delinquency kids, and I have, I know, consistently on this task force, raised the issue of the needs of those delinquent youth who are placed in the custody of the Office of Juvenile Services. We did as a group come up with some points, particularly that a court places delinquent youth in the custody of Nebraska Department of Health and Human Services, Office of Juvenile Services, when it is determined that a particular youth will best benefit and thereby be rehabilitated by a unique combination of social services not otherwise available to delinquent youth, and accountability, and that this is served by the combined role of OJS caseworkers, and that is, that they are providers of services but also are parole officers. As parole officers, youth behavior is monitored for compliance with court orders, for acceptance of and development of personal responsibility, and for the safety and well-being of the community. As judges we agreed that this dual role within the department is a specialized role, that it may require specialized caseloads. Additionally, this dual role requires additional and specialized training to include, but not be limited to, appropriate incentives and responses, also known as sanctions, adolescent behavior, chemical dependency, criminal justice, etcetera. The department does recognize and support the service provision role, but there seems to be a lack of vision understanding or acknowledgment of the dual role

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and the accountability role. The judges as a general rule are not necessarily opposed to what one would call a Level V placement. Our concern is number one, that we don't know what that means. That has not been defined. Number two, what does that mean in the context of the Youth Rehabilitation Center in Kearney? Because we don't know what that is in terms of levels, and that seems to...while I respect the folks who work there, that program seems to be stuck in the old days of the traditional training schools. That is a concern. There is a concern about, again, the definition of a Level 5. What would it mean in the context of our state? How would it be defined? What security level? What type of kid would be appropriate? One of my...someone responding on behalf of the department said it would just be a short-term, interim kind of placement, and one of my colleagues was worried that that would make it a glorified youth center, which I know the department doesn't wish to do. So those are a great many questions that the juvenile judges had, including a concern that before we would build such a building that we would need a needs assessment, that many more secure facility would only be in the context of a complete continuum and array of services that would also include the community-based and in-home services. However, we are concerned about the quality and the substance of those services, because as yet we're not quite sure of the effectiveness of the in-home services that are being provided to the delinquent kids and that, again, there was support among my colleagues for a more collaborative approach, including everyone involved in juvenile justice court, probation office of juvenile services and providers, so as to best determine what are the needs of our kids in the state, period. That having been said, we absolutely support all of the communities within the state, but our primary concern as juvenile judges is with the children within all of the communities of the state. So that's a concern of the court, and I wanted to address that and perhaps seek holding off on any immediate creation, unless and until those questions can be answered or we can even know how many kids are under what circumstances, or what such a facility would mean, and again, in the context of the whole continuum of care.

JIM JENSEN: LB542 didn't...I don't know. Were we empowered to do studies beyond

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the meetings that we've had? Jeff?

JEFF SANTEMA: It's right over here, sir. The authority in LB542 essentially related to the plan. Now that that had been done, there is a continuing oversight role that the task force has, as related to the HHS plan through 2010. And the statute is...doesn't have a lot of detail about what specific roles the task force can have in that oversight role. I would think there would be some flexibility there, depending on what it was.

JIM JENSEN: Well, I also feel that a needs study needs to be done, and when I mentioned the Building Bright Futures, they looked at SRI and their master plan, and they did come up with some figures for Douglas and Sarpy County. But I don't know. Has the state done a needs study, Scot?

SCOT ADAMS: You know, beyond the data from juvenile court and other places, we don't have...we have not commissioned a study, a particular external study. Really, the information from the case records and disposition of judges of different cases, and our conversations with them.

KATHY MOORE: Maybe, Scot, for the purpose of the committee, some of the discussion we were having when you were out was, can you give to the body the...whatever definition you've got of Level V. I know what Todd told me in the meeting last Thursday, but I'd rather have you all be a spokesperson. So what can you define for us related to the Level V facility proposed?

SCOT ADAMS: Well, again...and I don't disagree that it lacks some particularity with regard to that, and so it's targeted for a group of people who are treatment refractory, have been through multiple treatments for whom their violent behavior has endangered themselves and others, and for whom the juvenile court judges we have talked to have asked for another option.

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KATHY MOORE: And...

SCOT ADAMS: And so it would remain to have additional conversation and definition. It would be considered a highly secure facility.

KATHY MOORE: And what about the length of stay and the element of treatment?

SCOT ADAMS: Both of those pieces are less well-defined than really the target population, Kathy, at this moment. I don't...I was surprised when Judge Crnkovich spoke about short term.

KATHY MOORE: Well, that was what...

LIZ CRNKOVICH: That's what Todd Landry said.

KATHY MOORE: That's what Todd had said last week to me, and I think in a couple of other...

SCOT ADAMS: Yeah. That gives you the indication of this being a point of need for further conversation and discussion. And my only sense of that, while I could see it used for, perhaps in some cases for that, I'm sort of thinking of these as a place that would have a moderate term stay, because again, these are going to be young people who have--and at this point, men--who have had multiple treatment experiences already in a lot of other systems. And so by virtue of that fact, they're going to be an older crowd and probably close to aging out.

TOM McBRIDE: When they would get that, Scot, is it something like say, Judge Crnkovich commits them to YRTC and then through the classification process that's determined at the YRTC, or could she say...

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LIZ CRNKOVICH: Go and stay till you're 19? []

SCOT ADAMS: Yeah. I think that's an element to be discussed. I think (inaudible) present law, as you read through that, Judge Crknovich, probably that would be a classification decision, but that's not to say that one of the recommendations coming out of this might not change that. You know, that's one of the elements that needs further conversation and elaboration. I think there's pros and cons to both of those. []

LIZ CRKNOVICH: Isn't one concern that not all delinquent youth...the need...let me see how to phrase this. We cannot meet the needs of all delinquent youth, or not all delinquent youth are amenable to the medical model of treatment that is provided by Medicaid funds; isn't that an issue in this state, and we're trying to put the square kid into the circular hole of Medicaid funding?

SCOT ADAMS: Well, and not only that. I would add to that, that not all behaviors that we don't like by young people are behavioral health disorders--sort of saying the same thing, perhaps, with different words. And so the...

LIZ CRNKOVICH: Well, they fall within...if it falls within conduct disorder and oppositional defiant disorder, then how do we separate that, since those are defined as behavioral diagnoses, and yet what that amounts to, from my layman's understanding, is delinquent behavior.

SCOT ADAMS: Yeah. And what you end up there is sort of the catchall phrase for everything else. []

LIZ CRNKOVICH: Precisely, mm-hum.

SCOT ADAMS: And so what I'm...and that's why we think that many of the people would be treatment refractory, there's nothing really to treat, that is to say, of substantial

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mental disorder, perhaps. May be the explanation for why there have been prior treatment failures.

LIZ CRNKOVICH: Can I ask, kindly, why the immediate press, and by that I mean push, for a building, without really looking at...because again, in 20 years we've never addressed concerns about Kearney, and again, kindly, we still have this sort of mixed view about the role of OJS. Is it one of merely providers of service, or is it an accountability/public safety role, e.g., parole, and when...again, at a time when what I'm seeing in my court is that people are...workers are not allowed to hold kids accountability, to bring them in on violations, to seek detention or anything like that. It does seem ironic that the first recommendation is to go to a Level V, so I just...again, I'm not criticizing, I'm questioning how that can be. And that...again, I have spoken of a need, and so have my colleagues, of a whole array of services, including accountability. And I think the term "Level V" was just thrown out, but whether it's security accountability, containment, whatever, but that it has to be a part of the whole array, and so would not a study or a more thorough assessment of that need--I don't know--kind of make sense? I'll throw that...make that rhetorical, if you like.

KATHY MOORE: Yeah, I think the why the haste, is probably the key element of that question. Why is this the first step to be taken?

SCOT ADAMS: I don't know why...how you come to it being the first step to be taken. I think perhaps there have been multiple steps already taken. Vicki Maca is an example of one, and so I'm not quite sure what you mean there, Kathy.

KATHY MOORE: Well, I think what I'm...in reading the report that you provided, the Vicki Maca position is a reality and was a reality before our report was issued, but beyond that, both in your report and in the media and in the meetings that are occurring apparently with Hastings, the 50-bed chemical dependency program and the 25-bed Level V program are the only specific elements that we see, the only place that we see

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a possible change or a possible new direction of dollars. And that's what I mean, and I think what Judge Crnkovich was meaning. Why move quickly on this?

SCOT ADAMS: When we had talked about the possibility of this meeting, I had recommended a somewhat later date, and one of the reasons for that was I thought we would have the advantage of being able to see some reactions to LB542 and our report, legislative bills that may have been dropped in, and the opportunity for Vicki to have developed a "next steps" sheet. That is not ready today. It's been just a little bit, you know, since it unfolded. And so I think that I can understand from your point of view that it looks like perhaps this is one of the action steps going on. I mean, I hope you would also recognize that we also closed the mental health services at Hastings and have been in sort of perfect fit with the recommendations on a lot of things. And so I guess I sort of disagree with the sense that this is the only thing we're doing, which I hear in your question, and maybe I'm misunderstanding that. But by calling it the first thing, you know, that's clearly not the case. So I guess all I can say is that we intend to have further conversations. Clearly we've talked about one small piece of the report in terms of the array of services. We really argued for a large array of services and a balanced array of services overall and a lot of activities, and this single piece, relatively small piece in the whole array of things, is causing this much conversation. Imagine when we get to the bigger pieces; thus, one of the reasons for lack of particular dates and times with some things. If we get hung up on a small item, comparatively small to the overall plan, imagine what will happen when we get to the other parts.

JIM JENSEN: Well, I think, though, in response to that, that I really felt that perhaps the state and Hastings are looking at doing a facility, either one or off their campus--I don't know which--but of building a facility, entering into some sort of an agreement that would probably be long term, that then if we go down the road a little bit and find out, well, that's...maybe we don't need 50 beds, maybe we need 100 beds, maybe we need 30 beds. But we build a facility for 50, and we don't really know for sure exactly how many chemical dependency slots should be there, and should they be all in one

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location? And I've been told that because these are adjudicated individuals and because that is a state facility, it should be all in one location rather than regionalized.

LIZ CRNKOVICH: You're told by whom? I'm just curious, Senator.

JIM JENSEN: Well, I think, Scot, that that's what you said, that it...

LIZ CRNKOVICH: That's the position of the department, oh, okay.

JIM JENSEN: Right, a position of the department.

LIZ CRNKOVICH: Thank you, I'm sorry.

JIM JENSEN: Well, anyway, I kind of thought that perhaps even that might come back to this committee for their input or at least their thoughts before entering into a contract, and boy, these contracts can, you know...I guess what I'm saying is, what might come from the community and the state in entering into an agreement may be right and it may be wrong, but once it's done, it's done and we're going to live with it. The state is going to live with it for a number of years. And so that's...the only thing I want to make sure is we do it right, whatever that is. []

LIZ CRNKOVICH: And again, respectfully, the notion that a building that is a secure facility that does not exist in the state of Nebraska, nor does any level of security for delinquent youth exist in the state of Nebraska, I would suggest that is not a small item. That is a major item, and again, just not to nitpick or to fight, but just say, what is the concern of judges? And I talked to ten. There are 11 separate juvenile court judges in the state. I've spoken with ten of them. I'm the eleventh. (Laugh) They know how I feel, as do you all, that really, again, with respect to this population, the delinquent population, there really is not a full continuum of care that exists within the Office of Juvenile Services, nor does it exist in the state of Nebraska. We remain concerned

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about the lack of adequate programming and minimal length of stay at the YRTC, particularly in Kearney; the lack of concrete and substantive after-care plans, including the lack of accountability of completing any after care; not the absence, mind you, of community services, but the lack of services within the state to meet the needs of all delinquent youth, including those whose needs may not be met by the medical model of treatment provided by Medicaid funds; concern about the community-based and in-home services and their effectiveness, particularly in that it appears that those treatment providers who provide these services have a tendency to be very young and very inexperienced--in fact, right of school, very often, and addressing very complicated matters that again, it's a challenge. I respect the challenge that is faced by the Department of Health and Human Services, and Office of Juvenile Services, without a doubt, and the state of Nebraska. But again, if we're going to do it, do it with substance. If we're going to do it, do a true, a forthright and honest assessment of all of our youth and the needs of our youth. We don't know yet what adequate and supportive services could eliminate the number of beds in a more secure facility. We've not had a youth treatment center operate in any substantive capacity for 20 years, although it is getting some improvement, I acknowledge. So it seems a bit chaotic. We're here, and we're there, and we're up and we're down, and it's having less and less to do with the needs of our population of young people, and more and more to do with we as adults, which means we're not any better than the parents that we're suggesting have not provided for them adequately. It's as simple as that. []

KATHY MOORE: And I think LB542 gave the state an opportunity to do...to take these next steps in a very thoughtful, "planful" way, with buy-in from a very large, diverse group of people--professionals, a diverse array of communities and service providers, and to some degree, grew out of a concern that Nebraska has been overly reliant on centralized, institutionalized services. And when I've done review and we all toured and repeatedly asked Hastings where the population comes from, a very small percent comes from the geographic area right around Hastings, which leads one to believe that those youth, particularly the youth in the chemical dependency program, so if I can

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move us to that element of discussion for a minute, what I had really hoped was that we would be able--and I am not a person who has supported extensive study, because I feel like we've done a lot, and so I'm not...I think we need to be careful that we're not asking for another huge, lengthy, protracted study. We have gotten some data. We've seen some profile information about some of the youth at...about all of the youth at Hastings, but even some of that information wasn't very comprehensive, when we look at the statement that youth have been...attempts have been made to treat youth in other facilities. Was that out-patient or in-patient? We haven't done a real quantified look at all of that. And I guess my concern remains that again, there seems to be a moment in time where we're looking at a community, a Hastings community, because that's where business has been done for the last seven years, or 20 years, or depending on which program you're talking about at Hastings. And many of us had hoped that we would be looking at the whole state and the whole population of youth, and be designing the program that best fit the whole population, not just continuing to discuss around a particular community. And I think in terms of the lack of specificity, while I appreciate the date of this report and the date of the response and Vicki's hiring, I also know that to some degree, some of this has been contemplated for a longer period of time, both through the seat that three of you had on this task force, through the regulation hearing that was held last fall, where the HHS proposed exempting government facilities from the two 20-bed Medicaid units. Some of us as providers opposed that, again because we didn't want to see growth in government-run facilities. But as you indicated to me a couple of weeks ago, that proposal is still alive and is in the Governor's Office to be considered for signing--has not been signed. So I guess my point is, I think some of this has been considered and we are, I believe, offering this more diverse body of people to contribute to the discussion. Rather than picking up the newspaper and learning that meetings are occurring in Hastings, we had hoped that there would be a more "planful" process, I guess. []

TOM McBRIDE: You know, when we talk...you were talking about making a point out of this, or making a thing out of it. One of the things...and I think you had stepped out to take

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a call...we talked about, you know, comments earlier, is by and large, a lot of what is in here is agreeable, and it's things that we had talked about. I think where this becomes an issue is this, is this is the single point where the divergence, you know, took place, and somewhat what the task force grew out of. And while on one hand--and this is where I think that we need to continue to look at some things before we, you know, put all the eggs in one basket, so to speak, is if that is still sitting on the Governor's desk for signing, about the 20-bed rule, and we build a facility that exceeds that, that sunsets in two years, correct?

KATHY MOORE: That's my recollection.

TOM McBRIDE: And so then we would have a, you know, a building sitting there that perhaps, okay, you've got to move forward to that again or make it permanent or whatever. And also, in doing so, that that, you know, that action only applied to state-run facilities. It didn't give providers (inaudible). On the one hand, as we talk, you know, all around this and that triangle of...

_____: The pyramid?

TOM McBRIDE: ...hierarchy of services, the money was going to, you know, flow down into the communities and like that. And in so much of the discussion it was, you know, regionalized, community-based care and stuff, except for when it got to this issue and what we were hearing, then, all of a sudden that was a different discussion, and I think that's just where...you know, everybody is looking for clarification on, you know, what is that Level V? How do people access that? And as we look at...you know, I was looking at one of the reports. The information was provided from the Douglas County Youth Center, and the Sarpy County...what do you call that?

KATHY MOORE: Youth Center?

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SCOT ADAMS: Detention center.

TOM McBRIDE: Well, they do...

KATHY MOORE: They call it a different thing. The assessment center or the...

TOM McBRIDE: It's got one of those big SCJJs.

KATHY MOORE: (Laugh) It's still a rose.

TOM McBRIDE: And one of the questions was asked as...and they looked at the Sarpy County program as why some of...they said the key to the success of that program, first, the maximum capacity of the SCJJ is 36 youth, while the maximum capacity of the DCYC is 144. Communicating with HHS multiple case managers concerning 36 youth seems to be more manageable than with 144. And you know, I think you could draw that comparison down, you know, also from 50 youth to 10 in the Panhandle, where they lived, 10 in the middle where they lived, and 20 in the east where they lived. You know, so it's just...so it's kind of questions and observations that...

SCOT ADAMS: And you know, to that point, Tom, the rationale for a centralized facility was just the sheer cost of developing this in a couple different ways. There's not going to be an operational efficiency of three facilities, as opposed to one in this. And everybody would, I think, acknowledge that the 16-bed rule for adult stuff is seen as an inefficient model, but the rules of the games with regard with Medicaid, and so that's why that becomes that. It doesn't necessarily mean that it has to be designed such that you have a ward of 50 people, for example, like we do now at Hastings. That's part of the reason for wanting to move out of that facility, as example, and part of the thinking. And secondly, we wanted to engage a community/state conversation with regard to the capital construction of this, such that the community would have investment in it. And part of the reason for looking to Hastings is they have a stake in the game to begin with,

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in terms of things, and that seemed to make some sense. We're in conversation with them because of that, and because of the skilled work force that exists there. It doesn't mean that it's going to necessarily end there. I don't know what Hastings will say about that. It may well be that it ends up being built in Omaha, should there be that, or Scotts Bluff. But right now we're dealing with Hastings.

TOM McBRIDE: So would that be an RFP that would come out? How would they do that?

LIZ CRNKOVICH: Well, I thought there was an article in the Hastings paper.

_____: Um-hum.

SCOT ADAMS: I'm not sure I get (inaudible) respond to.

LIZ CRNKOVICH: Wasn't there a public announcement in Hastings, and the mayor...and there was an article in Hastings that they're supporting it, that they've been working all along on this?

KATHY MOORE: Um-hum, and meeting.

SCOT ADAMS: Yes, we've had conversations with them since Decemberish or so.

_____: Oh, okay.

BETH BAXTER: But isn't this something we talked about? And I'm trying to think back, if there were any decisions made. But I mean, I recall that we had a conversation around Hastings, around the inefficiency, you know, of having a smaller program in this larger campus, and the cost, you know, efficiencies there. And I mean it seemed like we had a discussion around--it isn't in the recommendation--but we did discuss having

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conversations with the state and the community of Hastings around, you know, looking at something more efficient. []

SCOT ADAMS: We did. In fact, we had a number of people, both present here today and not, spoke about as long as we can get out of that building. That might not be the top of the line in terms of their preferences, but could make some sense. And how we got the 50 number was, we thought that we might build for a little expansion--who knows?--but we knew we didn't have any long-term commitment of operational...increased operational resources, so we had to stay about where we were. And through the new facility in the sort of analysis that we did, and research we did on that, because of the savings in some of the other costs, we can come in at about the same operational costs as we have currently. So that's how we got to our numbers, anyway.

BETH BAXTER: I think one of the, you know, maybe the challenges for me, too, you know, reading the plan and those kinds of things, I mean, I appreciate the lack of specifics. I mean, I appreciate the intent to get greater input, you know, that the department didn't put together a plan that just came from the department, that you know, laying out a framework that really the intention is, then, to get, you know, youth involved, families involved, providers, you know, stakeholders across the state. So I appreciate that lack of specifics in order to get that greater input by others and hopefully take an opportunity to have a thoughtful planning process and so forth. So maybe some of the challenges that the bigger plan, you know, is just a framework, and then there are some very specific things, you know, around the facility at Hastings or looking at that type of thing. But I must say...I mean, I do appreciate the intent to take this plan out and, you know, ask kids what they think, you know, get families involved and those types of things, and you know, laying out a plan for how that might happen.

KATHY MOORE: And I would agree. I think what we're seeking is a similar process for the beds, and that's...I think that's what is really at the crux of the discussion today.

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BETH BAXTER: So it's broad here, and then very specific.

KATHY MOORE: Right, um-hum, right. And I think the urgency was that it seemed to be...the discussion seemed to have gone out in front on these two points, and we wanted the opportunity to try to pull that back, if you will, and level the discussion. Nebraska, it's always a chicken or an egg, you know. We've got such a high proportion of our population in out-of-home care and in other restrictive circumstances, and to some degree we have...while it appears to be out of our control today, you've been in your position six months or whatever, we do have opportunities at moments in time, and this would be one of those moments, whereas I think Senator Jensen is saying, if we build a new building in a central location, it seems to foreclose--and I realize you're premising this on the community partnership and the community building the building, but I think also it would be understood it would be a long-term leasing relationship. If we do that, in some respects children could end up almost in a worse position, because we'd have a brand-new, presumably state-of-the-art building, but the beds would be there, dollars would be committed to be spent on those beds on a pretty regular basis, and then we live in an environment of no new money, that tends to limit opportunity for the rest of that array.

SCOT ADAMS: You know, I didn't hear a question in there, and so I guess there's nothing just to say back. So let me just go down this road, and I think we explained this at the prerelease meeting for LB542. But again, the rationale was to seek a community, perhaps public-private partnership, perhaps public-public partnership, but certainly a partnership with the state on the development of services, really related to the capital side of construction of facility. Secondly, we did see this as a very specific sub-segment of the population of children's behavioral health--those in YRTC; those who were treatment refractory; those who have great issues of violence, many of whom are served out of state now, and so in state is closer to home and closer to the community than out of state; and with the idea of safety principally for both communities and

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(inaudible). We have also heard from judges about wanting other options for services, and also...we'll get you this data, but on any particular day at YRTC or Hastings, excuse me, Hastings, has been through treatment, residential and out patient, three times minimally, in community-based settings. This is not first-time-through kid. So...

KATHY MOORE: Well, the profiles we were given in this committee didn't all reflect that. That's what I'm basing...

SCOT ADAMS: On two different occasions, there were three kids that I looked at...there were three kids at Hastings who had been in treatment three times, or three times before. Every other kid was 5 to 12 times in treatment experiences in the community previous to Hastings. So...

TOM McBRIDE: I don't disagree with that, Scot, but you know, I'll go back...

SCOT ADAMS: It's an unusual group is my point.

TOM McBRIDE: You know, what I'll say is that at Hastings, that's one of the prerequisites also of getting in there, is you had to have failed at a previous treatment facility.

SCOT ADAMS: Yeah, we didn't let...and when you're talking...

TOM McBRIDE: With substance abuse, you know, drug abuse kind of things, I don't, you know, I've been around it for a long time, and I don't know very many people that it worked 100 percent the first time they went through. I mean, it's just...that's a multiple...I agree.

LIZ CRNKOVICH: When you're using "treatment" in the context of kids who have been through 5 to 12 treatment programs, are you referring specifically to chemical

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dependency treatment, or just treatment services,...

SCOT ADAMS: Multiple. Treatment services, broadly defined, yeah.

LIZ CRNKOVICH: ...such as individual therapy, evaluations? []

KATHY MOORE: Oh, okay. That's different. Okay.

SCOT ADAMS: So it could have included mental health treatment, dual treatment, but it was inclusive of in-patient, out-patient, in state, out of state.

LIZ CRNKOVICH: Okay, I just wanted to clarify in my mind.

_____: Yeah, (inaudible). I appreciate that.

TOM McBRIDE: And I don't think that's a much different population than if you went to a adult facility, or if you went anywhere in the state.

LIZ CRNKOVICH: But in that case, then, doesn't a Level V need to address those who simply are not amenable to treatment? They're not necessarily violent, but they repeatedly are antisocial and refuse to cooperate with...I mean, that's another question, see, so that raises...I mean, how many are truly violent, and how many persist in a behavior that is not benefited by treatment because they refuse to cooperate or internalize any treatment, and yet remain a risk to the community and to themselves? So again, those are questions, too, about any other kind of facilities or how to blend. Frankly, a Level V as you describe it would make Kearney I don't know what--next to home, I think. I'm kind of teasing, but not much! (Laugh)

KATHY MOORE: Maybe this is the time to ask, since you had a different view than the short term. I think I had also asked Todd about the access into this facility, whether it

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would be through the juvenile justice system or the mental health, and he indicated both; is that...would you agree to that, as well?

SCOT ADAMS: I think it's certainly a possibility. Real honestly, my view is it ought to be as restricted as possible. This ought to be restricted the very last dot, several standard deviations from the norm of kids. This ought not to be an easy place to get into, and so while it may be good sense for crisis situations or other situations, that a nonjudicial order would place a kid there--I'm most certainly open to that--I think it ought to be as narrowly...it ought to be hard to get into this place.

CANDY KENNEDY: Okay now, please forgive me if I don't have this 100 percent, or I'm not speaking correctly, but when I think about Level V what I think about is that Thursday phone call. I think about the Thursday phone call, and Thursday phone call where every facility in our state is saying, we won't take this youth, so we ship him to Timbuktu. So when I hear the conversation about Level V, what I'm thinking--and I don't know if this is correct, because I don't think...it doesn't sound like we have a definition quite yet, but I do hear a positive in one way, that we are speaking of keeping our youth here in Nebraska. We're not sending them all over the place, so am I right when you're saying Level V, this is the youth that we're speaking of, that phone call?

SCOT ADAMS: It could be, although, you know, I hate to say that such a facility is going to be staffed with all of the particular medical, psychological, social work, and other professional credentials necessary to handle each and every kid. So this plan does not guarantee that every kid in Nebraska is going to be served in Nebraska. It's not intended to do that. It does, we think, reduce the number of out-of-state kids and brings many of those folks back home and therefore closer to their communities, hopefully. But it is not a guarantee and is not designed for every, every kid in that regard. []

CANDY KENNEDY: Okay, so is it for more than the youth that you're speaking of on that phone call? Is it for a larger population that would cover the Level V? That's what

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I'm trying...I'm trying to figure out if this is the specific youth, or we're talking about... []

SCOT ADAMS: I'm not sure that all of the YRTC kids go in the Thursday phone call all the time, especially if they're on their way to...yeah, yeah. So that's a...

_____: No, probably not.

_____: No, they do not.

_____: I don't believe (inaudible).

CANDY KENNEDY: Okay, so it's two different populations, then?

SCOT ADAMS: Yeah, yeah.

CANDY KENNEDY: Okay. And the other population, what would that...where is that decision-making process? Is that through the judicial system and the judges decide that they need the Level V care, and is it because of multiple placements? []

LIZ CRNKOVICH: I believe that's a question that remains yet to be answered.

SCOT ADAMS: Yeah. And that was one of the questions that the judge had asked earlier, and I think today it's within our authority by statute to make an administrative decision about that kind of thing, placement, though not all judges, you know,...there's different interpretations of that statute across the state. []

TOM McBRIDE: One of the notes I took on a previous meeting says Level V could come out of hospital, caregiver, YRTC. It's not intended to be an option for judges to sentence to, so yeah, it's mental health; yeah, it's...

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KATHY MOORE: Well, and that kind of...and that's part of why I'm trying to get my hands around short-term, long-term treatment.

LIZ CRNKOVICH: Then it will not be helpful to the kids in Nebraska, because it's what we already...I mean, it doesn't make sense. If you're...it doesn't make sense. That's why...it doesn't make sense per the definition that you give. I think that's why we really need to think about, what are our kids? What are their needs? Indeed, Mr. Adams, you are correct that judges are consistently saying we need more. And we need more in the way of...I keep calling it accountability, you know. You will or else, and that doesn't negate treatment or anything, but again, you know, what is this facility? If it's a treatment facility, then that is a whole different animal. Is it a quasi-jail? Is it a...we don't know. If it's for violent kids, that's a whole nother thing. If it's the most secure facility that's ever existed in the state of Nebraska, do the citizens want an administrative body placing kids there, or do they want a judicial body? Who knows? These are all of the questions, I think, that are vital to be answered. Are we complaining about the lack of resources? Absolutely. Are the judges saying, no, this is inappropriate? No. They're saying we need to look at it more closely, collectively. That means all of those within the context of juvenile justice, and somehow be united in this way. This is the same population of kids, be they before OJS, probation, they all come before the court, providers, etcetera. Is there no way to put those collective minds together to determine the need? And not necessarily another study,...

KATHY MOORE: Right, right.

LIZ CRNKOVICH: ...but what, given the studies and our collective brain power and support and experience, can we come up with, in terms of a continuum of care and accountability for this particular (inaudible).

KATHY MOORE: And I think with adolescents in particular, there's pretty clear evidence that security and accountability do not have to be and should not be as far removed

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from treatment as with adults, that children who have perhaps not been amenable to one kind of treatment, indeed can be to another. And I guess that's...

LIZ CRNKOVICH: Well, you don't send to their room without giving them the lesson about why you sent them to their room! (Laugh)

KATHY MOORE: Right, right, right. And so I think the judge and I are saying similar things but differently. We may be on completely opposite ends of the security spectrum, but I think we both want the same thing for kids, and when I look at the Hastings location as a potential treatment location, I also am reminded of the difficulty in keeping a psychiatrist there. And so again, it's just one more reason to be careful and thoughtful and make sure that we're taking the right next step.

TOM MCBIRDE: You know, one of the things...maybe, you know, we're hanging up some, too, just on the designation of, you know, what (inaudible), Level V has got to come through Kearney kind of aura about it, and according to that definition, that's not absolutely accurate, you know, so maybe we can get off of that and...

JIM JENSEN: Yeah. Well, you know, I...and by the way, we got into this. I didn't even use the protocol of going through the agenda and getting approval, and the minutes and all that. (Laughter) We just kind of jumped right in, and I apologize for that. I guess more than anything, you know, the role of LB542, I'm trying to decide what is our role, and Senator Heidemann certainly is the only one of this group who has really any power to do anything (laugh). But as a citizen, more than anything,...and let me just digress a little bit, in that I'm a contractor. And so I'm always looking at construction and what is going on, and I remember here a few years ago when the state built a new bridge on Q Street over Interstate 80. And in less than five years they tore that bridge down--it was a two-lane bridge--and made it a four-lane bridge. Well, to me, all I'm saying is, boy, did the taxpayers get hooked here! We spent a lot of money, from something...if we would have given it a little more thought, we would have gone ahead and built a four-lane

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bridge there the first time. And it always, you know, as a taxpayer, gets me when you don't do proper thought ahead of time. Well, I really appreciate the fact that we would go to Hastings and get that, again, community/state partnership. I think that's great. I think we need to do that, we need to look for that all the time throughout the state. And it's just like I think we have an opportunity here that we could get some of the dollars going into Building Bright Futures that could, perhaps, do some surveying for the state as a whole, without using state dollars to do so. I think there's an opportunity there, and the only thing is, here we are looking at how we address this whole thing, and at the same token, I haven't been here but I understand Missouri has got a whole different approach that they have, that is completely different than from locking kids up and trying to make citizens out of them. And the approach is totally different. So I guess if we're going to do the Hastings deal, and if that's the proper thing, great. But if we do it and then two or three years later we say, boy, that's not the way we want to address kids in the state of Nebraska, then it's wrong to do a \$12 million--whatever that figure is--\$12 million capital, and another \$10, \$11 million a year operational cost for the state, when maybe that's not the direction in a few years that we really want to go. And yes, I understand we got a facility out there that's very expensive to operate, and to get off into perhaps a different facility, that part is great, if that's what we're going to do, is continue that same type of thing. You know, the rest of the study, I really don't have a great deal of problem with. I love some of the things that are in here, that we put together. But...

BETH BAXTER: But one thing, if we're going to move to maybe a little different area--and I had a chance to visit with Dickey Make (phonetic) about this and really appreciated that opportunity. What I didn't hear, you know, in the...when kind of the prerelease of the report, and then looking through the report, was the...it seems that the report focuses on really children who are currently...you know, the child welfare, OJS kids, you know, and just, I guess, want to say that I know we had discussions, you know, in our task force around a broader group of children, you know. What is that unifying factor of children and adolescents, and it is they have behavioral health, you know, disorders, behavioral health needs. What I didn't see the plan address was that. I

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mean, you know, on page eight it identifies, you know, maybe the, kind of the prevalence study, the 21,000 youth who have some, you know, severe impairment because of a behavioral health disorder. And I just didn't see the, you know, the plan or the opportunity to address. It's not all kids, you know, but it's kids who are the responsibility of the department, I mean, through the behavioral health division and working with, you know, kids who have serious emotional disorders and so forth. So it just...you know, and maybe we'll have opportunity to look at that when there is additional planning and looking at needs and so forth.

SCOT ADAMS: You know, Beth, I appreciate that, and a couple of thoughts about that. One, by sort of changing that pyramid around in terms of the services and placing greater emphasis on the services at the front end, we think the system becomes a whole lot easier. By reducing the number of services to a more coherent array that we speak to, we think it becomes a whole lot easier to navigate. Right now there's such emphasis on out-of-home care that for the person who is not in the system anywhere--not a ward of the state, nowhere--that it becomes such a severe choice for folks and a confusing kind of thing. The funding becomes so very expensive at that point. By placing greater emphasis on the in-home care and out-patient kinds of services which we speak about developing, we think it becomes much more accessible for the average parent who is not in the system, who's not talking to a judge, not talking to Kathy, doesn't have to talk a Tom on his residential services. And so perhaps more by implication than explication--and that would be our fault, in terms of how it was written--but we think by simplifying the whole dang thing, that it becomes much more accessible to everybody, with regard to that. So...

BETH BAXTER: And I agree with that, but I think we have say...I mean, I do. I think we have to say that, because if we, you know,...what's here is children who are, you know, they've already penetrated into the system, in terms of custody relinquishment and those types of things. So if we just keep saying that,...

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SCOT ADAMS: There is great emphasis on that side, yeah.

BETH BAXTER: ...and identifying those children without, you know, identifying, at least mentioning that we have these other children who have, you know, severe impairments because of their serious emotional order, they're still living with their parents, there's interventions that have worked for those children and families, I think we just...you know, what we talk about is what we focus on.

LIZ CRNKOVICH: Can I...

SCOT ADAMS: I appreciate that very much. There's two other things I'd like to add that go back to the other point that I want to make pretty clear. We have tried to talk about this as not a plan set in stone, and maybe that's one of the pieces that needs to be set out front here. So 50 and 25, you know, I don't think it's going to be 30 from 50; I don't think it's going to be 100, but I think there's room for variation and, you know, part of that will be who can come up with what financing, and what the need is, and more conversations to come. So there's flexibility in there. I think the range is relatively narrow, but we knew that 50, at least, worked from an operational standpoint, so that became a reasonable and realistic number we thought to put into the plan, and similarly with the 25. Not exactly sure that's the right number; look forward to more conversations from people who know more about this stuff. And then we're open to other kinds of input. If Building Bright Futures wants to develop some things in cooperation with us, that's great. I've had conversations with Mr. Cavanaugh and with others, and I'm going to certainly applaud and encourage their efforts--happy to work with them.

LIZ CRNKOVICH: I'm sorry to keep...I have to...I share Beth's concern. I do think we have to mention all of the kids whose needs are to be addressed by this. But you do have to categorize them in some ways. Those kids who have mental health problems, whose parents bring them before the court because they have no other resources, are different in many ways, including this important fact: Their parents are amenable to

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services and seeking the services and committed to the services. There is...I would somewhat argue with the notion that we have an overemphasis on out-of-home placement. A major concern among judges is that when we state that in the press and elsewhere, it doesn't take into account how many of these kids are in out-of-home placement under the 3A or neglect cases; e.g., foster care, and how many are in out-of-home placement as a result of being delinquent and placed in the Office of Juvenile Services. Those are important distinctions to make. Additionally, I'm all...as a judge, and my colleagues, are absolutely supportive of community-based services, in-home services closer to home. But those services have to be available, they have to be competent, they have to be substantive. And additionally, they can't be provided to fulfill a philosophy; they have to be provided to fulfill the unique needs of each child and family. So while we have that overriding premise that kids are best served at home, when they can be, and/or best served in the community, when they can be, we also have to recognize that not every youth can be served in that capacity, and not every family can be served in that capacity. And if you want to wonder why that is, we are not any different than these families. We want them to communicate, we want them to collaborate, we want them to make changes, and we're having a hard time even communicating among ourselves. I have to express that concern, because what happens is that the services come first, the kids' needs come second, or there's not an ability to think critically, in terms of advocating for services, and then it becomes a Catch-22, in terms of out-of-home placement or anything else. So I...that's not a criticism of anyone; that's an emphasis based on--you'll have to trust me--what I see every single day in the courtroom. That's why it has to be that whole array. That's why it has to be individualized. That's why we have to support in-home and/or community-based, but we also have to recognize the other end, but make it flow and then have some assistance in terms of how to critically make those decisions on behalf of kids. We're missing that in our thought processes and our concerns.

JIM JENSEN: Scot, you had mentioned that you thought by the end of the month that Vicki would have her stuff together.

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SCOT ADAMS: Well, I wouldn't quite put it that way. (Laugh)

JIM JENSEN: That's a poor statement. I think you've heard some of the comments anyway, that the task force has today. And by the end of the month, could we have from you a more clear picture of what you envision as Level V, and how that then coordinates with the things that Judge Crnkovich is talking about, and can we have at least some idea of what array of services are. You had said that you would even like to have these more specific than what we have today.

SCOT ADAMS: Well, what I said was that today, there is...talk about an array of services. There are well over 100 different services available,...

JIM JENSEN: Right.

SCOT ADAMS: ...identified in the report. We can to simplify that,...

JIM JENSEN: Right.

SCOT ADAMS: ...and actually reduce and focus those, so that there's greater clarity about what they need. The difference between treatment group home, treatment group home two,...what's the other one, with the...enhanced treatment group home. It's like...

TOM McBRIDE: Enhanced was previously in the oppositional, defiant, and control disorder kids that didn't qualify for Medicaid, and then were extended into Medicaid so we could access those services.

LIZ CRNKOVICH: Could you talk about the unique role of an Office of Juvenile Services case manager, the possibility that when you reference in-home services you're talking about trackers, you're talking about electronic monitoring, you're talking about,...you

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know, we need to do less service management in that context and more direct-line services. An OJS worker may need smaller caseloads. They may need to be the one that's going to the house and checking on the kid, not just contracting with a Visinet or some other service that doesn't...I mean, it's about relationship building and monitoring. They need understanding about, you know, drug treatment and the need for drug testing, and to understand how long meth stays in your system, or how long marijuana...I mean, community-based things are going to depend on those very detailed and unique sorts of training needs that I worry are impairing the caseworker's ability to manage, and in fact, they're being...you may not be aware of this, but they're being thwarted in those efforts rather than supported in their efforts. It's about we're providing services, and if someone doesn't agree with services, then the answer is, well, gosh, we're done providing services; there's nothing more we can do with this family. So it's a frame of thinking, too, I fear, that is interfering and creating more of a need for the Level V, rather than less of a need. So all along the way is where change needs to occur. One interesting thing about Missouri, and in fact they did have secure places but they had smaller ones that were regionalized, but they also have what is called a youth services advisory committee that was created by the legislature. Members are appointed and it's not to watchdog the department but to support youth services in the state of Missouri, to advocate because department directors change, legislators, governors change, judges change. These are a consistent...some have served for 20 years, some for 14. There are lay people, there are judges, there are caseworkers, and they make sure and advocate to senators, to politicians, to department, to others, for not only a continuum of services, but for the continued need of these services. I was very intrigued by that notion. It's very...it would be worth looking into, as an aside.

BETH BAXTER: And just another comment. I mean, and I know that things are done differently across the state and that, but when we talk about individualized planning and that, I mean, I can't help but think about in developing the Integrated Care Coordination Unit, I mean, at least, you know, in central Nebraska, and taking this system of care approach, that was the fundamental premise of doing that, was looking at the individual

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needs of children, and I think maybe one of the reasons why there aren't a lot of central Nebraska children in the mental health facility or--I'm not saying there aren't any in the CD program--but it's because we've worked really hard on that premise of individualized care and to, you know, to do this team approach with the youth, the family, all of the stakeholders with this kid. And I mean when we started the unit, we had...I think we had 990 state wards. We took that number down. We reduced it by 33 percent. You know, I mean wasn't just...I mean it was this collective, collaborative effort of the System of Care to do that. We've seen, you know, we've lost one of our kind of preventative programs. We've seen that number kind of creep up about 9 percent, but we look at it. So I think there are mechanisms, you know. We don't always have...I mean, it's good to look at Missouri, it's good to look at others, but I think there are mechanisms that we can support, and you know, my understanding through the System of Care grant application, you know, it's looking at how do we bring those principles statewide. But I think there...you know, there's been some demonstration that we can do things differently, and you know, having the array of services is extremely important.

KATHY MOORE: Well, and I think--I'm not sure--we may have not let Senator Jensen go where he was going to go. So I'm not sure where you were going to go, but I guess I would...I think several of us, not all in exactly the same way, are expressing a desire for HHS not to move forward with the two-lane bridge or whatever it is we're going to call this. So I don't know if we need some kind of a formal motion, how our minutes can reflect this in a...after having reviewed the report, I guess I would turn to you. I'm not sure where you were going with your statement to Scot, but I would be happy to make a motion like that, if that's where we should go.

JIM JENSEN: Well, my thought was that we need more clarity as to what Level V is; then, yes, I would hope that we don't enter into contracts for any facility, particularly one that large or that...those kind of dollars, without some buy-in at least from this committee, not that we have that authority. But we do have the authority to either approve or reject or go to the public and say we don't think this is the proper role.

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But...and I guess what I was going to say is that we would give Scot until the end of the month to make some...or the department, anyway, to come up with some clarifying roles of what Level V is and what do they see on the chemical dependency unit and so on and so forth, before we enter into contracts. I don't know how the rest of you feel about that, or I'll be glad to take any motion anyone has, too.

TOM McBRIDE: You know, I think that goes along with...and I refer back to something that you had said to Scot about the array, and how the...you know, the 100 different kinds of services. I think one of the things that LB542 task force does, and one of the things that I see coming out of here is a much greater, in writing,...we're going to have a public/private conversation about how we build services and what the whole system looks like. And I just...I will applaud that until the day I die. As you talked about, you know, looking at the different group home services, and that kind of goes with the Hastings thing there, too, is if we don't have that dialogue up front, if all of a sudden there's just an edict that this is what the services now, we've lost that, you know, that dialogue. And so as you develop the 50 bed and the 25 bed...because I've got some feelings that perhaps even the 25 bed would be small. But you know, and all the array of services and stuff, you know, I think the whole context of this is, you know, let's do it together so it's not a...everybody is waiting for react thing, but rather a proactive thing. []

SENATOR HEIDEMANN: I've got a 3 o'clock, so I've got to get out of here, but the one question I had: With what you come up with, how much was driven on what you thought the need was, and how much was driven on what you thought the resources were going to be? []

SCOT ADAMS: You know, Senator, first of all, there are lots of opinions that came at us. Clearly the task force was one set. Even today you hear people sort of talking at opposite ends of a continuum, even when they start off sort of on the same page. So it's a fascinating opportunity and a great place to listen to all of those voices. With regard to your particular question, we felt that the state was sort of in a direction, for a time, where

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we could not anticipate significant, dramatic increase of new resources, that that would be poor planning, if you will. And yet also, the plan does anticipate some additional resources coming into play at times. With regard to those, the two facilities, if that's your particular question at hand, we felt that we were operating 40 beds, through efficiencies we can probably 50 at about the same cost or a little less, and achieve this 25-bed unit as a brand-new service within about the same operational cost as we're doing now--not exact, no...it's way too premature to be able to have a great of that. But it does expand the cost of operation slightly, but by probably less than a million dollars of current expenditures. And so we're sort of close to where we are now. Seemed to be a reasonable number, and yet we were able to find ways to get an expansion of services within existing resources.

SENATOR HEIDEMANN: In your opinion, then, what you have come up with you feel is adequate?

SCOT ADAMS: From what we have heard, what we've looked at, we thought it was a reasonable number. Will it be the last number? Like I said, that could move up or down as we have further conversations with providers, the juvenile and other judges across the state involved in this work, and take a look at some of the other data. It's not a...those are not numbers frozen in stone. Well, there's a mixed metaphor--excuse me.

SENATOR HEIDEMANN: I agree with you. Sometimes we do things driven on what we need. Sometimes we have to do things on how much we have available. And sometimes that's not the best way to do things, but sometimes that's what we have to do. I will agree with you, and I had a talk on the floor today, that we are looking at probably coming into some tougher times in the state of Nebraska, and we look at our next biennium budget and we have a shortfall of \$240 million. We're going to have to address that, so sometimes what we would like to do or what we need to do doesn't always get done, so. I have to get going. Thank you very much.

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TOM McBRIDE: What did they...and you looked at that, then what was the operational cost?

SCOT ADAMS: Oh, you know, it was under \$12 million, \$11.8 million maybe.

TOM McBRIDE: That wasn't construction; that was just...

SCOT ADAMS: No, operations.

JIM JENSEN: Operations.

LIZ CRNKOVICH: And that was for both the 50 and the 25?

SCOT ADAMS: Yes, Ma'am.

LIZ CRNKOVICH: Okay. Can I ask a question, Senator Jensen.

JIM JENSEN: Yeah.

LIZ CRNKOVICH: That would be helpful to give the department an opportunity to more clearly define what they're talking about. Would that still give an opportunity to suggest we need further study before we determine whether that's the best approach, or simply have a...and if this committee's role is not to propose further study, is our concern that this particular piece of it doesn't quite the spectrum of what we proposed as a committee, and so do we--I don't know--separate it or make it clear that...I guess those are three different questions.

JIM JENSEN: Well, if I understood what Jeff Santema said, our role at this point and time is oversight, and so with that, I would say that if we think there should be further study, that that's our purview to make that known. We're kind of...have kind of an

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unknown quantity here, as far as I'm concerned. We do have a report, the department has responded. I thought it would be...when I initially...I asked Scot at a meeting earlier how long he needed, and he said, well, he thought the first of February. And in visiting with a couple members, they thought, well, maybe that's too far out, and so that was the reason for the meeting today. I hope and I feel that this has been productive, at least for us to tell the department, or give them some kind of idea of our concerns, and I would hope that we would have a meeting very shortly after the close of this month, again with the department, to further clarify what Level V is, the number of beds, is that what it is? And then also, perhaps, some numbers behind that, and then also some kind of an outline as to how the other services...what those 16 services are. It would appear to me that we need more definition, classification of the array of services, and what is distinctive about one to the other. And certainly that juvenile justice that you're talking about is very important to me also, as to understanding how this all goes. You know, when we got into this, there was some talk about, well, you shouldn't be just looking at the two regional centers, that we should look at all of the 24/7 facilities of the state, the YRTC's, and...well, the vets' homes are kind of a entity of their own. But that's, I think, for another study to be done, and not ours.

KATHY MOORE: But it seems to me that we need at least the minutes to reflect or something, that we're really asking HHS not to formalize or finalize or enter into any contractual agreements until we've had an opportunity to review the plan with more specifics. Does that...and I don't know if that can simply be reflected. I don't know if others agree.

JIM JENSEN: We can ask for that. You know, like I said, we're not the Legislature.

KATHY MOORE: Exactly, exactly.

JIM JENSEN: So we don't set policy here. We really are that of an oversight committee that, I think, has some weight, but...

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LIZ CRNKOVICH: So we could, however, ask them to more define what they mean, not necessarily to hold off on any contracts or anything.

SCOT ADAMS: Here's what I have, and Senator, I apologize, but I have got to get rolling. I was told it would be till 3. What I've heard is define more clearly Level V, identify next steps of the conversation, and starting planning implementation steps, identify the unique role of OJS officers; not entirely clear of (inaudible) about their judgment, but we'll take a stab at that.

LIZ CRNKOVICH: I can help make it more clear by further meetings (laugh), if you want.

SCOT ADAMS: Yeah, I'm afraid of that. (Laugh)

LIZ CRNKOVICH: It's pretty obvious.

SCOT ADAMS: Give them more operational and capital cost estimates...how does that phrase go? Once burned, twice careful?

LIZ CRNKOVICH: They separated us today, Scot. (Laughter)

SCOT ADAMS: I saw that. (Laughter) I saw that. And further identify and define the array of services. I think that we can come up with that. Given that we've got a holiday on Monday, I'm out of town for three days between now and the end of the month, I'd sort of like to beg for early February, but before mid-February. I'd like to beg a little more time on this.

JIM JENSEN: Okay. And then in response to Kathy's comments,...well, there won't be any contract entered into that quick anyway.

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SCOT ADAMS: Not a chance.

JIM JENSEN: Okay. All right.

BETH BAXTER: So are we probably looking at the week of February 11; is that what you're...because February 4 is the first week.

SCOT ADAMS: Yes. That would be (inaudible).

BETH BAXTER: So you're requesting this.

SCOT ADAMS: Yes.

BETH BAXTER: Okay.

SCOT ADAMS: Thank you.

JIM JENSEN: I'm assuming that everyone approved the agenda, everyone approved of the minutes? Is there any public comment from anybody? I don't see any. Well, thank you for your attendance, and if you do have anything you want to put in writing, please do so and forward it to Senator Johnson's office and we'll distribute it from there, okay?

LIZ CRNKOVICH: Are we going to look at another meeting date or just wait until we get something...

JIM JENSEN: Well, as soon as we get a date, sometime around February 11 to the 15th.

KATHY MOORE: Eleventh to the 15th. On the 15th, I have another meeting at 1:30. I think both Tom and I do, that we're missing. So if we can avoid 1:30,...

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JIM JENSEN: Sure.

KATHY MOORE: ...on the 15th, we could do...that's our legislative recess day. I don't know if that's a plus or a minus.

JIM JENSEN: It doesn't bother me now. (Laugh)

KATHY MOORE: But Wednesday, Thursday, Friday, I don't know if people have preferences, but...

_____ : I have a standing meeting in the...this actually worked really good. I can send someone else to the other meeting.

JIM JENSEN: Well, thank you for your attendance and your participation.