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Children's Behavioral Health Task Force
October 31, 2007

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JIM JENSEN: If everyone would take their seat, I think we'll begin. Senator Heidemann is in the building and will join us, I think, shortly. Scot Adams has got a conflict. He'll be here part of the time. But I think it's incumbent upon us to move things along. First of all, you have before you a copy of the agenda. And if there are no additions or corrections, it'll stand approved and we'll conduct our meeting upon that agenda. Don't see any. The minutes were circulated from October 10. Any changes, corrections, additions to those minutes? Seeing none, they'll stand approved as presented. We do have with us today Corey Steel, who is the juvenile justice specialist from the Probation Administration. And if I don't have that title right, Corey, let us know. But I thought it would be good to introduce you to him and then allow him to say a little bit about what his position is and the goals of where he thinks he would like to go with this. And if there's any questions that any of you might have, go ahead and direct those to him. This is a new position and I think it's one we need to become familiar with. So Corey? []

COREY STEEL: I won't take up too much of your time. Thank you for allowing me to come and introduce myself. I'm Corey Steel. I've been with the Office of Probation Administration since October 1, so a very short time. Hit the ground running and I already hopefully have talked to some of you or you're on my list to talk to. One of the things that probation has seen a need for is somebody specifically to focus in on juvenile justice issues. Ellen Brokofsky two years ago came on as our new administrator and her vision was that we have somebody in particular for that population. It's taken two years to come to fruition and have a position that just focuses on juvenile justice issues for Probation Administration. It's been their goal since Ellen came on to have that. It's just taken some time to come to. One of the goals of the juvenile justice specialist is, A, to bridge that gap between HHS and probation. Terri, somebody that is on my short list to contact, I've already talked with Todd Reckling and him and I have e-mailed a couple different times regarding some of those issues, particularly around OJS evals, over the use of OJS evals for treatment purposes. And those are some

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things that we deal with statewide. We have partnered, probation and HHS-OJS, with the YLS. It's been a great endeavor. We're actually going to do another training session with the department here shortly for probation and the department are coming together to do that as a statewide assessment for the betterment of all the youth realistically. So that's a big priority that...come together with HHS and let's sit down and see where we could go together. We're both working with these youth. Sometimes they're duly adjudicated when working with...both of us are working with the same families. So those are issues that we're going to sit down and talk about. Other things are, is we're implementing the new evidence-based practice throughout probation. There's eight core principles that we're looking at and supervision is one of them. We're really looking to target our high-risk offenders. And what our hope is, is that will help the judges see that there is more supervision that can be in place. And if we have treatment dollars somehow where we can pay for that, we won't have to make as many youth state wards just for treatment purposes. We could keep them in the home with the correct supervision level with probation if there's access to some treatment services. So we're launching that starting January 1, evidence-based practice across probation, adult through juvenile. Those things are going to be accomplished very quickly. I've been brought in also to help with the three separate juvenile courts. Judge Crnkovich isn't here but she's on my short list. Ellen Brokofsky has already talked to her twice. And I'll be coming up and meeting with her and the other juvenile court judges in Omaha and in Sarpy County. I am familiar with the Lancaster County court room because that's where I had worked the previous 12 years. So I'm familiarized with that court system, but see what the differences and the similarities are between the three court systems and how we can, as probation, be an arm of the court and give the court what is needed. So that's another task. And then the third is look at the rural communities. Being a county court judge and a juvenile court judge is very difficult, and how we can assist and provide them some leadership on the juvenile end, whether it be the rural communities have a specialized juvenile probation officer, that that's their task instead of spreading juveniles across the whole probation office, may be something that's beneficial. So we have one person that's focusing on juvenile offenders. We know the needs of juveniles

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are different. We know it's not just working with the offender, it's working with the family. So those are things that we're going to implement in probation. So that's the short list of things I have to do, which is by no means going to be done tomorrow. But those are areas that we're going to work on. One reason I had touched base with Mr. Santema was I read through this legislative bill and it seemed that it talked about adjudicated and non-adjudicated youth and treatment services and treatment resources. Those are still...some of those youth are probation youth that would be involved in that. So I felt that was a need and I talked with Ellen to see if I could come forward and see if there's anything that probation can do to help out this committee because we're talking about the same youth. It would affect our population, any recommendation that would come out of this committee. So that's why I reached out and came forward, to see what we can provide and what we can help with. That's the nutshell version of what I'm (inaudible). []

JIM JENSEN: Thank you, Corey. Any questions from any of the members? []

TOM McBRIDE: Can I...what's your e-mail address? []

COREY STEEL: It's corey.steel@nsc.ne.gov. []

TOM McBRIDE: Thank you. []

JIM JENSEN: And by the way, I had asked Jeff if there was a connection between Corey and Joe Steele, who was here in the state for many, many years. And he said no. And I believe Joe Steele had an E on it. []

COREY STEEL: Yes, he did. (Laughter) And my comment was that would be very nice and be helpful for me, but no. []

_____: You decided not to change your name at this stage, huh? (Laughter) []

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JIM JENSEN: Corey, Monday afternoon, Jeff and I had a meeting with the five juvenile judges up at Douglas County. I'd really recommend that you do the same and Judge Crnkovich set that up. And it was...their comments really, I think, would tie in very succinctly with what you're trying to do. They were concerned about training and the connection between HHS and the judges. You know, we've taken some of their power away as far as designating where individuals go for treatment. And now that kind of goes back to Magellan and also to HHS really. But they really felt that some of these kids need specific care and treatment, that they have had experience with providers where they can get that. And right now when it's just thrown out there, they have no idea of where it's going and how that's working. And I think, you know, that is something also hopefully that we, even within this committee, that we can begin to work on that. It was an excellent meeting. I wished afterwards that we all could have been there because they really had some concerns and some of those Liz has expressed to us also. But they got a tough, tough job and, boy, the kids coming in there seem to...the problems are bigger and tougher and more of them. And so anyway, if you can arrange that meeting, that would be very, very good. And maybe we can talk about that at another time, too. Any other...yes? []

KATHY MOORE: I think there...you know, I know I talked to Ellen early on about why this process didn't include probation. And I think there...I think it grew originally from a behavioral health perspective, not just a juvenile justice perspective. But I...and I don't know that our report document is going to encompass this. But it feels to me, as I've continued through this last year, to have discussions related to probation and HHS and parole as it exists, juvenile parole under HHS, there clearly is a need to come to grips with this. And some of that ties back to the issue...unfortunately over the last 25 years, the statutory pendulum has swung, at least four, maybe five times in terms of who has final placement authority and even sometimes when the statute was changed, practice didn't change or there would be a reversal. So that's a lot of words. But to say that I don't know if it's through you, I don't know if it's through this task force or a subsequent

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piece of legislation that we might be looking at having introduced, but I clearly think there is a huge need to clearly define the role and the funding for probation, HHS, parole, and whatever else is out there. []

JIM JENSEN: Kathy, I really agree. I almost look like...juvenile justice so many times has been like the wayward child or whatever that's being kicked back and forth between divorced parents, if you might use that analogy... []

KATHY MOORE: Yeah, exactly. []

JIM JENSEN: ...without really looking at how important that piece is. And if we don't do it correctly, it just bumps on up to the adult version, which is more expensive. So we have an opportunity, I think, to change lives at a younger age and we sure...it's also less expensive, too. []

KATHY MOORE: And maybe in our final report, what is needed is a statement to the fact that because there's been an absence in the past in Nebraska of a behavioral health system, that much of the behavioral health discussion has occurred in the context of juvenile justice, because that's the place that services and funding were needed. And so maybe that's the point, that we haven't developed this full system of addressing children's needs and therefore we keep having to frame it differently. []

SENATOR JOHNSON: Jim, I just want to, I guess, agree with the people here, because had two...one rather long e-mail relatively recently. And just going through these various pendulum swings that this family had occur, happened to them. And the...kind of admired the person, says I know you can't do anything about what has happened to us, but I'd like to encourage you to see as much as we can to build one uniform system that works together. And I think that's kind of what our basic flaw has been. So let's...thanks for coming, Corey. Glad to have you on board. And I'd kind of like to go along with you, meet with the five judges. Maybe a few other people would as well. []

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COREY STEEL: Definitely. That's something on the plate to do, is visit each judicial district and see how things are done. So when that does take place, maybe in Omaha, Sarpy, and Lancaster, I can e-mail that out to people and if others would like to attend, I think that would be beneficial for everybody. []

KATHY MOORE: Excellent, good. []

JIM JENSEN: Thank you for coming. []

COREY STEEL: Thank you very much. []

JIM JENSEN: Well, we have two more meetings after today, and which really puts a lot of pressure on us as to where we come from and where we need to go. And setting down after last meeting and we decided that I think perhaps if we could present to you a draft document, strictly a draft document, that we then will spend the day on going through, in some cases section by section. And then as we proceed through that, when we break for lunch, we'll continue to discuss that. And after that we would then like to get approval, a vote if you will, on those sections. And we've taken certainly some...or I have, and Jeff has too, some...certainly some...what is the right word? (Laughter) Anyway, we have written this out and (laugh) it is strictly for your discussion. But I think it is the only way that we could do this and still meet our time line. And so Jeff will pass these out. When we conclude today, we'd like to have these back because these are draft documents. They're certainly not documents to be circulated to the press or to anyone else. And it is a working document, nothing is final. And so as we go through this, we'll be proceeding that way. Anything, additions or corrections you would like to make, anything you'd like to see added, we can do that at this time. And so with that, I'm going to let Jeff go ahead, as the author of this, with the input of all of you and others, and we'll see where we go from this point on. So Jeff, go ahead. []

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KATHY MOORE: But I would just like to, before we look at it, say thank you, because it takes courage to put things down on paper first and allow people to scrutinize it. So thank you, before I've looked at the words. []

JIM JENSEN: And I know none of you will be particularly bashful about making comments. (Laughter) That's why you're here. Yes, Jeff. []

JEFF SANTEMA: Thank you, Senator Jensen. Well, what you have in front of you is, as Senator Jensen said, a draft discussion document. Senator Jensen had asked that a fairly well-developed kind of document be presented to you. And the purpose of the document is to provide, hopefully, some kind of template to help facilitate your decision making as a task force. As Senator Jensen mentioned, he would like to have copies left here when you leave today. Copies...if I could, we'll just walk through the document. And Senator Jensen would like to, as we walk through it section by section, to have your comments and discussion simultaneously with the introduction of each section. So instead of two different items maybe on the agenda, it'll be a combined situation. The document is given to you as sort of...and I'll try to describe it rather clearly, hopefully on the record, so that those also who are in the audience today can get a sense of what's in this document, even though they don't have copies of it. It's given to you sort of as an initial draft of a report, of the report and structured sort of in that way. So you'll see after the cover sheet, the first thing that you have would be a draft cover. The next page is the table of contents. The table of contents, I think, will hopefully look familiar to you as reflected...reflective of the large outline that you had seen earlier and sort of the big outline, the big picture for the organization of the report. Page 3 then would be the...we'll call it Section I or the introduction section. And I'd like to highlight for you the kinds of things that...the subjects that I included in this version of it and what the thought would be surrounding this part of the report. I know you expressed in earlier meetings that really it wasn't as great a concern to you what necessarily went into this introductory section in the background. But nonetheless, wanted to let you know and hear your thoughts about it. The first thing it does is simply repeats the essential portions of LB542

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and why you're here and what you need to accomplish. The second thing I did is try to describe a little bit about the task force's proceedings, how you conducted your meetings, how often you met, those kinds of things. And that can be further expanded. And then there are two other things that I included as important to highlight in this up-front matter in the report, and that is the reference to the SIG process and LB1083 passed in 2004. So in the introductory section, all these areas could be expanded on some more. As Senator Jensen said, we welcome your comments as to what additional kinds of things that you think are important in the introductory matter. And so I'll give you just a moment to read through that section if you haven't already done so, and just give you some time to reflect on that and discuss if you like. []

TOM McBRIDE: Those first eight are the same ones that we had since the inception. []

JEFF SANTEMA: Yes, sir. Yes. I think those eight are almost verbatim from the statute. You'll notice on the first page toward the very bottom, the second to the last paragraph on page 3--I'm sorry, it's the first page of the introduction section--there are footnotes there. And the intention would be to include some of this things that have been done in the past... []

_____: Oh, good. Thank you. []

JEFF SANTEMA: ...former legislations and in appendices. And you'll see that later on in this draft document. And that will be a discussion point for you, too. You know, what else do you want to see in appendices to this report? Yes, Ruth. []

RUTH HENRICHS: On the section about the SIG grant, I wonder if it would be good to include in there, Jeff, what has happened during this process that now it's under Scot. I mean, there's been some restructuring... []

JEFF SANTEMA: The administrative (inaudible). []

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RUTH HENRICHS: ...of how it's going to be managed, because I think that was concern of a lot of us in the community. I think it ought to be noted. []

BETH BAXTER: Maybe another comment, just wordsmithing, maybe a suggestion that the title, it's really the Children's Mental Health and Substance Abuse State Infrastructure Grant, so it identifies what it is. []

JEFF SANTEMA: Thank you. []

BETH BAXTER: And I don't...I mean, I just thought when Ruth mentioned it, I don't know if it would be worthy to include as an attachment. I know the one...we received that fairly large document that really took all of the activities of SIG to date and organized them. So I don't know if that would be a good... []

JIM JENSEN: That HHS piece that we got? []

BETH BAXTER: Yeah, but it's, you know, like about (inaudible). Yeah, it's like a 50-some page document. But they've done a good job of summarizing all of the activity. So I don't know if that would be a good reference or an attachment. []

RUTH HENRICHS: It seems to me, Beth, like there's some value in putting at least an executive summary. Because my understand has been that now that it is in the behavioral health unit, that there is real opportunity for some of those dollars in the remaining years to be used to support whatever recommendations might come out of this. And I think the public has...ought to know that that's part of our thinking in this introduction, even if it's just a sentence or two, Jeff. []

KATHY MOORE: And is that document now that we got on the web site under SIG? In other words, it would be much more practical to cite a link to the web site. But I know

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through the last year or two, there often was reference to materials being on the web site that in fact weren't on the web site. So we need to make sure. But that might be an option rather than adding 50 pages to... []

_____: Yeah. I mean, it's a significant document. []

KATHY MOORE: Yeah. []

TOM McBRIDE: Is it this one that you're...okay. []

BETH BAXTER: Yeah, the August 22. []

RUTH HENRICHS: Was there any kind of executive summary to it, Beth? []

BETH BAXTER: Well, there's, you know, about a page and a half. And it looks like Jeff used a little bit of the information. Well, I think maybe you could address maybe the five priority areas. There may be a little bit more information you could glean out of it to provide a broader...without going into lots of detail. []

JIM JENSEN: Do you know, is it on the web, Jeff, or do you know? []

JEFF SANTEMA: I'm not exactly sure, Senator Jensen. I think a number of things related to SIG are on the web. But I just don't know exactly what they are. []

BETH BAXTER: Well, and probably most of what's in it is on the web site. But somebody did some work to organize it all into one document. []

JIM JENSEN: We'll certainly, I think, to make reference of it and elaborate on it a little bit would be good. []

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KATHY MOORE: Going back to the appendices, I'm really glad you're looking at this and I, you know, we are putting a brief list that (inaudible) that you're aware of, I think, in a report that Voices is going to be releasing in a month. I wonder, as you look at statute, at bills that have been introduced, if you could look at legislative resolutions as well. Because I know that there were a few dealing with particularly the issues that we were just discussing between probation and parole and what have you. So it seems like the more comprehensive that can be, the better reference document this is going to be for future legislation action. []

TOM McBRIDE: Were you going to detail out all of the reports that we have received, the Chin Report (phonetic), all of those things that... []

JEFF SANTEMA: The intention was a rather lengthy bibliography in the back and then to get your further guidance on what actual documents you wanted in an appendix. []

TOM McBRIDE: Okay. []

JEFF SANTEMA: And I'll just summarize back what I've heard then. As far as the SIG portion of the introduction, my apologies, correcting the title to say Mental Health and Substance Abuse...I'm sorry, Substance Abuse and Mental Health Service? []

BETH BAXTER: It's the Children's Mental Health and Substance Abuse. []

JEFF SANTEMA: I'm sorry. Right. Children's Mental Health and Substance Abuse, make reference to administrative changes to SIG, maybe expand a little bit the summary of SIG and what it does, include those five priorities possibly, tie in the work of SIG with the work of the task force and highlight the importance of that, and maybe include a SIG summary in the appendix, depending on size. And then in the appendices, just a related question, in addition to a summary of legislation, legislative bills, also maybe include legislative resolutions as well, summary. There will be...the

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intent would be to further expand the substance on LB1083 as well, further explain a little bit what that bill did and some of its policies, but not in a lengthy way. I think your direction earlier was don't spend a lot of pages on introductory matter. Is that still your sense? []

JIM JENSEN: Ruth, did you have a comment? []

RUTH HENRICHS: Well, I just think on LB1083 it might be good to be clear that that was really related to adults, but it did set the stage for... []

JEFF SANTEMA: But to make the connection to children and how it... []

RUTH HENRICHS: Right, right. And some of the restructuring, some of the...there have been some really good things that have come out of that that have obviously positioned us for the work. I mean, the restructuring and some of that, so I think it...but I do think for the reader it just ought to be clear, Jeff. []

KATHY MOORE: Yeah, you could reference the...and there's a couple of sentences in LB1083 that include children in the scope. []

JEFF SANTEMA: Yeah. []

KATHY MOORE: And it so it seems like putting those in and then indicating that all funding and intention was directed to the adult side, but it probably would be appropriate to also reference the consequence of the LB1083 move of the adults into Lincoln which resulted in the youth from Lincoln moving. I mean, that's really where this, much of this connection as well as disconnection...in other words, they are disconnected but there was a consequence of LB1083, whether intended or unintended, that affected children.
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JIM JENSEN: That's true. []

KATHY MOORE: And I think this is an important place to somehow draw that link. []

JIM JENSEN: I think that would be good. []

JEFF SANTEMA: Maybe an implementation summary that includes that history of adults being moved from Hastings and kids being moved to Hastings. []

KATHY MOORE: Exactly. Good, good. Yeah. []

RUTH HENRICHS: That's probably the most important section. (Laughter) []

KATHY MOORE: Yeah. What we did with adults, right. []

RUTH HENRICHS: And the decisions to move adults out, we responded my moving kids in. (Laughter) I mean, don't say it like that, but...(Laughter) But if that isn't in there, (inaudible) won't make as much sense. Oh, do it say it like that. (Laughter) []

BETH BAXTER: Ruth, that's one of the nicer ways of stating it. (Laughter) []

RUTH HENRICHS: Then don't be so polite about it. Don't mention my name. (Laughter) []

BETH BAXTER: I took a Calvin and Hobbes little comic and refrained it to address the kids moving to HRC. But I kind of hid it so nobody (inaudible). []

JEFF SANTEMA: Are there any other comments or suggestions related to the introduction section of your draft discussion document? If not, page 5 starts, well call II, Section II the current system of care in your outline. The intention of this section would

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be to describe the current system of care for children and adolescents. I'll give you just a moment to read the two introductory paragraphs to that section, and then I can explain a little bit more about the organization of that section and how it will be filled in and get your input on that. But I'll give you a moment to read that. This section then would be organized as...beginning with a discussion of the role the Department of Health and Human Services and the many different ways in which the department touches the topic of children's behavioral health. The courts, the private sector, a brief discussion of relevant legislation that pertains to the topic, and a discussion, an overview or a summary of funding to the system. You recall, I think it was in your first meeting, Mr. Adams presented a PowerPoint in which he summarized the current system with some funding information and so on. And then the last topic on that list to cover within the section would be the issue of some demographic and data related to the prevalence and penetration. That is, how many children are in need and how many of them are receiving some type of services, that type of thing, and in what context, that type of...we've had discussions with Mark DeKraai and Pat Lopez with the SIG grant, who have been very helpful in offering their assistance and filling in a description of the current system of care. The intention would be to be brief and to the point, to be more factual than it would be to be analytical, necessarily, of the system at this point. And so I'd like to hear your comments and discussion on Section II. Are there any other areas that should be...yes, Kathy? I'm sorry. []

KATHY MOORE: It seems as though...well, first of all, it seems like there has to be a section devoted to the regions. And that part of when you up top say that the current system of care is multifaceted and complex, probably fragmented needs to be added in there as well, or something that really says there isn't a system. And a part of...in all of the behavioral health discussion that I've been involved in for the last 20 years, the regional system--and I don't mean regional centers, I mean the regions--is a piece of that. It's like the good news and the bad news, because it localizes it and yet it also makes it happen so differently and it makes it difficult for us to see a system, statewide system. So somehow it feel like that needs to be referenced. Probably we also though

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need in here to put the...and that might need to go back in your legislative appendices also, but the establishment of the youth specialist position in each of those regions. And Beth could probably help more than...in other words, anything that speaks to what has been done from the statewide level to attempt to draw attention to children's needs in those regions. So there probably needs to just be a section on the regional behavioral health system. And then someplace, and maybe it can be under courts, but probation probably needs a section as well, either separate from courts or under courts. And then it does seem like this might be the place to try to add a comment. And I appreciate when you're trying to be more factual than analytical. But I do think that this might be the place to say the lack of a behavioral health system causes children, causes families to seek behavioral health services through other avenues, through the courts, through Health and Human Services, through child welfare and juvenile justice systems. []

CANDY KENNEDY: Through many doors, yeah. And I agree with that. And I would be concerned that...do we actually, in Nebraska, do we have a current system, a statewide system of care? We may have a system but I don't know that it's really a definition of system of care. We want that to be, but... []

KATHY MOORE: And we certainly would include the good news of the new position being created under the behavioral health agency. But yeah, I think should really look at what is the current law of the land. We may have to frame that a little differently. []

JEFF SANTEMA: So I think, Candy, what I hear you saying is more using the term "system of care" more as a value statement of describing something that functions in a way that reflects the desired way that a system of care should function rather than... []

CANDY KENNEDY: Right, that's the desire, but not necessarily what's happening at the moment. []

TOM McBRIDE: Would there be a need to mention anything here, too, on the

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relationship of the department as it relates to the executive and the legislative functions of government? I mean philosophically, you know, every time there's been a change in the Governor's Office, generally there's a change, you know, at the head of this, which is a...which kicks loose the change in philosophy and planning and that as well. []

LIZ CRNKOVICH: Keep politics out of children's health and welfare. Is that what you're saying? (Laugh) I'm teasing. []

TOM McBRIDE: Well, I would just...you know, I mean what it does is it really influences consistency of, you know, how things are delivered. []

BETH BAXTER: I think it contributes to the complexity and the fragmentation (inaudible). I was just going to make a comment (inaudible) and Jeff, I can provide you some information if that would be helpful around the regions and the youth specialist and kind of that system of care. But I think also...and then a reference to the family organization, that's an important facet of our current system, and that commitment to try to get those going and support them across the state. []

TODD LANDRY: I would assume that there would be a significant breakout in the private sector. I mean, obviously the family organizations are in the private sector, providers are in the private sector, hospitals, other direct care providers, etcetera. So obviously I think all of those pieces fall within that broader, quote unquote, private sector. []

RUTH HENRICHS: Above that listing, Jeff, in that paragraph it says that, you know, within the department there are several distinct roles and functions performed by various divisions that impact kids. And then to just go to this list, those are really not the divisions and they're really not the roles and functions. So I would agree that we need...I think probation needs to be there, the regional behavioral health, HHS protection and safety caseworkers, because they're a huge part of what goes on, juvenile justice, the

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family. Because otherwise it's... []

JEFF SANTEMA: What I think the intention would be, we've been starting under the topic of Department of Health and Human Services there, starting this way as those two paragraphs do, the intention would be then to go into the detail of the divisions and what each of them... []

KATHY MOORE: Okay. []

JEFF SANTEMA: ...and how each of them relate to...and so that has to be expanded significantly to flesh that out more, exactly right. []

TOM McBRIDE: Would it...I'm going to jump...I'm jumping ahead with what I'm anticipating is going to be part of the recommendations and stuff later on, but accountability and our data processes indicating in here that there really isn't a system in place right now that we can do a lot of the, you know, end result measurements... []

JEFF SANTEMA: There is a place for that later on in the recommendations. []

TOM McBRIDE: Yeah, I didn't know if we needed...you know, when we talk about the system... []

JEFF SANTEMA: Did you want to mention it up here? []

TOM McBRIDE: ...of care, identify that as a whole. []

RUTH HENRICHS: Maybe it's the fact that all of those...all of these things we just named can't talk to one another. You can't get data out of the current system to compare to anything or that you can verify and...in all cases, you can in some cases. But that's a big part of the problem with the current system. []

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JEFF SANTEMA: And maybe that should be a separate point then under that. And what I have added is after the Nebraska Department of Health and Human Services, I've added regional behavioral health authorities. Under the courts, probation, making sure that that's included. The private sector, relevant legislation, funding, prevention, prevalence and penetration, I've added family organizations, and I'll add data and information. So there's a specific point for data and information describing the systems that exist now and the fact that...is that what you're...would that be helpful? []

KATHY MOORE: I think it's data, information sharing, and accountability. And those are probably all under... []

JEFF SANTEMA: Data, information sharing, and accountability. []

TOM McBRIDE: Yeah, it can go in but it can't come out. We don't know what outcomes are. []

JEFF SANTEMA: Okay. Would you like to see a separate subsection then that just deals with a description of the current lay of the land with those systems? Because it is somewhat separate just from Department of Health and Human Services. It's separate from any piece that we're...it's a different... []

KATHY MOORE: And it's on the same plane that funding is. And Pat Lopez and those folks may be able to help, because at the beginning of the SIG grant when we did this, one of the challenges was when you took the name of one child and trying to find out all the different places, there was no way that those systems talked to one another. And so you couldn't even find out how much the state was spending on one child because they were in so many different pots that didn't...there was no common record to say that. So they might be able to provide a lot of that. []

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JEFF SANTEMA: Thank you. []

BETH BAXTER: Maybe Todd's comment about the private sector, I mean, that obviously is an important component of it. And one around...I think one of the areas is kind of how that is organized within our current system. You know, it's different how the behavioral health authorities, you know, they have a network of providers on, you know, with child welfare, let's say, those contracts are individual contracts with providers. And...so there's some differences there in terms of how the organization and utilization...because we all use the private sector. You know, that's the foundation of...but the way it's organized in the different...in behavioral health or within child welfare, you know, children and family services is different as well. And I think that leads to some of the fragmentation and the complexities of the system. []

KATHY MOORE: Well, and this section, it seems to me, needs...when I said data, I was talking about what has been discussed here, that we don't know how much is being spent on one child, we don't...we can't really talk about how many children are being served by the behavioral health system because they're...so that's data. Then information sharing gets at the case level, where we've heard that, you know, if somebody has serve done child for a certain need and now they're moved to another...there's always barriers to who can share what information for what purpose. And then third is the accountability. And we just can't ever seem to measure...I think there's been discussion at a couple of our meetings that just because a child leaves a treatment program and then has need six months later for treatment again doesn't necessarily mean that treatment program failed. But we don't have a good way to really measure or document that. And we haven't decided whether six failures, you know, what really would lead to failure versus just the normal addiction process. []

CANDY KENNEDY: Or failing (inaudible) I think is the terminology we used before. []

KATHY MOORE: Right. Yes, good. Thank you. []

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_____: Failing (inaudible) is that what you said? []

CANDY KENNEDY: Um-hum. []

_____: But you always have to increase... []

JEFF SANTEMA: What I have, the changes I have made then based on your comments, the bold subsections then under this section were expanded. There are now nine of them, as I have it: the Nebraska Department of Health and Human Services; regional behavioral health authorities; the courts; the private sector; relevant legislation; funding; prevalence and penetration; family organizations; data, information sharing, and accountability. The other comment I heard was make sure to reference under the regional behavioral health authorities the function of youth specialists in each region and their role. Mention up front in the first paragraph, not only is the current system multifaceted and complex, but we should probably use the word "fragmented" up front to describe. And then two other things I heard; somehow mention that the lack of a system causes families to seek services through many different doors. And secondly, I think Tom's point that executive branch changes do affect changes in policy, etcetera, which contribute to flux in the system. Those are the things that I have down. Is there any... []

TOM McBRIDE: Good job. (Laughter) []

SENATOR JOHNSON: Didn't realize you were so smart, did you? (Laughter) []

RUTH HENRICHS: I think, picking up on what Kathy said, I hope that our language at least, and maybe in this section or somewhere, picks up on the word "accountability." But make sure that both accountability and transparency are not one-way streets. I mean, I agree with Beth. The private sector needs to be held accountable to those

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grants, and I think that's coming in better ways. I mean, Todd's leadership and others, just the way we restructured. But I think we need to be clear that accountability and transparency have to be both ways. And it's...because my position would be that it isn't always at the current time and that in our new system, or what's lacking in our current system is accountability and transparency for both the state itself and for contractors. We need a better system than that. []

JIM JENSEN: Well, and particularly for state contracts, because you can't control those. There really shouldn't be any state contract that is issued without that accountability factor right in the RFP or whatever. I mean, it just should be there. And not only...excuse me, from those that are contracted but by the state itself for those services. []

RUTH HENRICHS: That's my point, Senator. It's...both have to be held to the same accountability, both have to be the same and both must be measured...they have to both be measured. []

JEFF SANTEMA: So relating back to the point that Candy made earlier in her question, do we really have a system? Would you like to see in the second paragraph, where the system of care for purposes here is defined, would you like to see this definition distinguished from the value-based definition of system of care which describes the preferred or a coordinated, well-functioning... []

CANDY KENNEDY: If I were someone reading this, I would probably make an assumption that we have a system of care right now, and we do not, as far as the definition of system of care that we've been using. []

JEFF SANTEMA: So maybe a contrast, just making that point in that second paragraph? []

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KATHY MOORE: Yeah, and I think you perpetuate that in the title. It says the current system of care, you know, perhaps if you want to use that, if you just put quotes around system that might say it. Then you go on in the next two paragraphs, again by starting the current system of care. I think... []

RUTH HENRICHS: Could we use delivery of services instead? Because I think we do have a current delivery of services. And I would not even put it in quotes. I think that, for people who don't live in this world... []

KATHY MOORE: Yeah, that's too subtle. []

RUTH HENRICHS: ...even in quotes it's too subtle. []

KATHY MOORE: You're right, you're right. Yeah, I agree. []

RUTH HENRICHS: But it is the current delivery of services. We do deliver (inaudible) services in many ways. We don't want to blast what the state and the communities are doing, private, public sector. []

KATHY MOORE: But I wouldn't even then say the system for delivering services. I would just say behavioral health... []

RUTH HENRICHS: Right, the delivery of service. []

KATHY MOORE: ...the delivery of services in Nebraska currently. []

JEFF SANTEMA: Okay. And maybe don't...would your request be, your preference be not to use the phrase "system of care" then, but use something that's a system for delivery of behavioral health services or system for delivery of services instead? []

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RUTH HENRICHS: I would suggest we not use the word "system" in the current description. []

LIZ CRNKOVICH: Current method, or what... []

RUTH HENRICHS: When we get to what we want to recommend... []

LIZ CRNKOVICH: The mechanism. The mechanism for the delivery of services. []

KATHY MOORE: And you could someplace further on, if you wanted to, put out a definition of system of care. []

RUTH HENRICHS: Didn't Beth bring one to us at an earlier meeting? []

KATHY MOORE: Yes, she did. []

TODD LANDRY: I think the second paragraph. That is what is currently (inaudible). System of care as used here means, dot dot dot. []

TOM McBRIDE: They're going to have to describe it because LB542 says you have to do it. []

_____: Well, yeah. Jeff was describing... []

_____: And I think there...as you move either into planning considerations or, you know, obviously a recommendations, then... []

CANDY KENNEDY: But with that change, Jeff, then you would probably use the other terminology with the definition there? []

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JEFF SANTEMA: Right. Yes, Candy. So I think what...because this suggested changed would affect the entire document the way we refer to things and use words. So could I work on that then, the fact that you'd like to not use the terminology "system of care," I mean, in (inaudible) in describing what the current state is, what the current mechanisms are and processes are. And I will then work on alternative ways of referring to that, that... []

TOM McBRIDE: Well, you know...would it be okay to say that as defined, our current mechanism is not an integrated system of care, which LB542 says we are to create? []

JEFF SANTEMA: So in describing the status quo, your preference would be not to use system of care in describing the status quo, but to distinguish that from what the preferred out come would be of a planning process and development of a system of care would be that ultimate end. []

KATHY MOORE: Yeah. And I think Tom's suggestion gets to...gets us to that aspiration in this section, which I think is a good thing. I think we don't need to say that to the recommendations. I think it's important to remind us that it was the responsibility of this task force. []

JEFF SANTEMA: I will work on the language change. Were there any other comments regarding Section II, the current status quo? []

TOM McBRIDE: You know, I really appreciate the discussion and stuff, bringing that up, and the way that you synthesized that all together. Because to me, this is driving what the following pages are doing. And if we oversimplify it here, it doesn't do justice to what we're... []

RUTH HENRICHS: So should there be mention here about the children in Hastings? []

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JEFF SANTEMA: That, to me, would come under Department of Health and Human Services. And that's the role of the Division of Behavioral Health within the department.

[]

RUTH HENRICHS: Seems to me that would be here then. []

JEFF SANTEMA: Yeah, it will. Yes, it would be. []

KATHY MOORE: And it probably needs to look...yeah, I think that's a good point, because it needs to look at what's transpired there for the last year, year and a half, which has been a reflection of not having a system. So good, okay. []

JEFF SANTEMA: It seems like what you're describing that concerns languagewise in this section won't necessarily affect the following sections because there you are describing a system of care and you're not describing the status quo. And so maybe it's not as great an effect. But I'll be very sensitive to it here then in this section. If there are no other comments regarding that section, page 6 begins, we'll call Section III; planning considerations and objectives. And the intention of this section would be to provide a general context for reform...or not reform, but planning recommendations and would give a bigger picture summary of issues and considerations. I'll give you...since this is a little bit longer, just give you a few moments to read those 3 pages, and that's pages 6 to 8. Again, the purpose of this section would be to lay some general groundwork. The three specific topics that I tried to address in this section are a very...a general description of those five topics that are listed in the second paragraph there; the need, responsibility, resources, etcetera. The other two things I was attempting to describe there, the two points are the issues that you brought up in your previous meetings that realistic expectations in the planning process and that we won't achieve perfection, those kinds of things, in addition to the fact that this task force is not able, in the time period that they've been given, etcetera, to develop a full, you know, a more fully developed children's behavioral health plan. So to make those kind of points as well in

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terms of scope. And then thirdly, to make the point of implementation as a priority, that the focus of this group and this document would be to assist in meaningful action and progress, not just adding additional information. And those were the three points that this section was trying to make. And again, each part of it could be...would need to be expanded upon, of course, or changed. So that's the general outline of this particular section. As you finish reading it, and then anytime that you'd like to begin making comments, feel free. Yes, Beth? []

BETH BAXTER: Would this, and maybe this is what you said just a little bit earlier, maybe this would be an area to introduce the system of care values and principles, in terms of how, you know, that...you know, discuss those, looked at those, and really felt a commitment to those values and principles. []

LIZ CRNKOVICH: Do you think if you went to the general public and talked about children's behavioral health, they would know what you were talking about? Would they know what kinds of behaviors you're talking about? Would they know that it meant mental health and substance abuse? Would they know that it meant, you know, shoplifting and criminal behavior but it might mean not being able to sit still in class at school or being disruptive or getting suspended or...is this for the public? Because I, frankly, don't know that they would understand what the hell any of us are talking about. And therefore, in that way, not really understand everything that flows therefrom or the complexities of it, because their eyes would glaze over. And then it would be something only you guys, professionals understand and it's all alien to us. But don't want we want General Joe Schmoe to kind of get this is what we're...and not in a way where they all have to go, oh my god, I think my child is...you know, (laughter) recognizing that these are beyond the norms of what might be... []

_____: I don't know, I just throw that out as a question. Do we need some sort of description of what the... []

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_____: I think that's a (inaudible). []

_____: With some specific examples of kinds of behaviors? []

CANDY KENNEDY: Not only a description but maybe (inaudible) when we're talking about implementation and everything is actually to get out to the families and the people, what we're talking about. []

LIZ CRNKOVICH: And that we might be talking about major mental health disorders such as personality disorders, such as conduct disorder. What does that mean? I have lawyers and caseworkers and probation officers and judges who don't know what a conduct disorder, oppositional, defiant. And then some specific...you know, we say truancy. What does that mean? What does it mean to have attention deficit? You know, I don't know. Even if it's an appendix or something (inaudible). []

KATHY MOORE: Well, I think would be great. And no disrespect, but last I checked, the Unicameral legislative body was a bunch of General Joes and Josephines. I mean, the truth of the matter is, it's jargon, behavioral health is jargon. []

LIZ CRNKOVICH: And if we ant to bring it down to the family and the public, we have to define because we all know the jargon and that closes the door rather than opens it. []

KATHY MOORE: But each legislator...I think Senator Heidemann in particular has really pointed out that when you come into this job, you don't have a definition of all these terms. []

SENATOR HEIDEMANN: (Inaudible) there's no way that you can come up to speed on every issue. []

LIZ CRNKOVICH: So we're going to be asking people to buy into something that, you

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know, that they're blindly going to say, well, I guess if you came up with it I'll trust you, or those secret people, the hell with them, I don't trust anything they do. []

BETH BAXTER : (Inaudible) articulate it for sure, but I think the need and the responsibility, too, and when you talk about, you know, children's system of care, we have to acknowledge the family and the community and the responsibility of the family, the caregiver, and the community. Because all of our goal, if these kids are in the community, they're going to go back to their community, they're going to grow up in a community and so forth. So I think there's some areas maybe we can infuse a little bit of that in there. But that's foundational. So if we want the general...that's the community. []

LIZ CRNKOVICH: And somehow to define it in a way that doesn't indicate that all child and adolescent behavior is pathological, you know. (Laugh) I could worry about that. But somehow you have to...I don't know. That's a task. (Laugh) []

JEFF SANTEMA: Would that better belong up in the introduction then, using that part to just describe what we mean by children...in the scope of the spectrum? Okay. I've made a note to that effect up in the introduction section, if that seems to make sense. []

_____: Because our goal really is to increase the capacity and the...I always look at it as the confidence of the community to basically take care of their own children. []

_____: So we have to take the secret out of it, you know. []

_____: And we have to put the respect back in so that it's more than lip service to the fact that the church or the community, not only do we say that they have an important role, but that...I mean, we've had conversations here about wraparound services that actually would have the flexibility to reimburse for something that a youth did at some unlicensed community organization. []

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_____: And if they had a definition, they could...I think they could see that because it would be like, oh yeah, (inaudible) that kid, you know, that comes to church and does (inaudible). []

CANDY KENNEDY: Yeah, even on page 6 when we were talking about, under need, to go along with that. I think...know that we spoke of this, but some verbiage saying when we talk about centered and his needs and those of the family would be probably the verbiage, family-driven, community-based. Right? Is that what the need is? []

JEFF SANTEMA: And where are you looking, Candy? []

CANDY KENNEDY: Underneath on page 6. []

LIZ CRNKOVICH: Not to dick with you, I kind of like the way it was raised because I believe in family-driven but sometimes the way I'm seeing it is that it isn't the child. There's a contradiction. And for example, in terms of the court cases, it's the needs of the child within the context of the family and having the family put child first before family, as opposed to family first before...you know, does that make sense? []

CANDY KENNEDY: Yeah, and when I said family-centered, I... []

LIZ CRNKOVICH: Because then I'm getting recommendations that have to do with the needs of the family and kind of ignoring, well, wait a minute, you're meeting their needs but this is the...yeah. []

CANDY KENNEDY: What's best for the child, yeah. Well, I guess the philosophy though, that...which is not always true, but the family first, family knows best about their child is what I was getting at with family-driven. []

LIZ CRNKOVICH: Yes, I understood. And it's a matter of...I'm just requesting, I guess,

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that we phrase it in a way that doesn't make it... []

KATHY MOORE: I wonder if somehow this...I think the two of you are speaking about two differing children. And so what I think...when I talk about kids presenting themselves to the child welfare system or the juvenile justice system, it feels to me that what we're...that we're needing somehow to say is that children's behaviors are often what causes the child to be presented to the system first. The system then needs to look at the child's needs in the context of the family and determine whether family-centered practice, in your context, is the best approach. In other words, you need...what I fear often doesn't happen is a child acts out, comes to the courtroom, and we continue to address this child's behavior... []

LIZ CRNKOVICH: Right (inaudible). []

KATHY MOORE: ...(inaudible) without ever going in and looking at the family. Some of those families have done everything positive and imaginable and it truly is the child's diagnosis. Others of those families have had sexual abuse and physical abuse and things that have either caused or exacerbated. []

LIZ CRNKOVICH: And so you miss that by just...yeah. []

KATHY MOORE: So however...so go forward, yeah. []

_____: That complexity piece. (Laughter) []

RUTH HENRICHS: And sometimes, Kathy, what we've had to do historically is diagnose the child who comes with behaviors because diagnosing the child is a way to access the treatment or the services. And maybe it's not such intensive behavioral health services, but we've had to go that route. []

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KATHY MOORE: Exactly. []

CANDY KENNEDY: To get around that. And a lot of the times it may be, you know, not to be judgmental of the families, sometimes they're just lacking a tool to make that. And that's not... []

LIZ CRNKOVICH: (Inaudible). []

_____: That's because we have to diagnose to get... []

_____: But when you do it that way, too, you run that risk of a family who gets to say that's the problem (inaudible). []

KATHY MOORE: So some...I like in the context of the family. I think that's good language, and that somehow we need to keep saying that the presenting factor isn't always the behavioral health problem, but sometimes we continue to focus on the presenting factor. And we need, instead, to step back and do a full assessment. Maybe this is a place to use the word "assessment" somehow. []

BETH BAXTER: (Inaudible) and I think along with families there's that responsibility of communities. And as I read this responsibility section, it really is kind of, I guess, supporting what we currently do, that the state or the, you know, government is responsible for children and families. []

LIZ CRNKOVICH: Do you need a flowchart or something? []

BETH BAXTER: And we're not. I mean, we are but that has to be within the...in the...so I think maybe just, a little suggestion here, the second paragraph where it says "Behavioral health planning must clearly identify responsibilities and expectations of various parts of the system of care." And maybe we could add, including families,

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caregivers, and communities. []

_____: That would be good. []

BETH BAXTER: And then when we identify the Department of Health and Human Services plays a dominant role, I think that's true. But we also have to infuse in there the notion, you know, families and communities. []

LIZ CRNKOVICH: When families, and somehow...I kind of agree with you, Beth, in terms of everybody is looking to the system instead of... []

BETH BAXTER: (Inaudible) the government and we're not good parents of children. []

LIZ CRNKOVICH: So is it a preface that when some...I'm not articulating this well, but somehow when families and...when somehow those attempts to address the needs either fail or have not been productive, then the department becomes...or something like that. I don't know. []

_____: Another option... []

BETH BAXTER: Well, I think so. But it's...you know, we have a role to support families and communities. And that's probably our most important role, is not to take over or to replace, to be the surrogate... []

LIZ CRNKOVICH: Or to leave them hanging out there until it gets so bad that they have to come in. []

JIM JENSEN: Can we just say that? The role is to support the family and the community. []

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RUTH HENRICHS: Right, not to assume their role, but (inaudible). []

_____: When that's in the best interests of the child. []

JIM JENSEN: In the best interests of the child. I like that. []

RUTH HENRICHS: I want to change the topic, so... []

KATHY MOORE: I do, too, so go ahead. []

RUTH HENRICHS: I like, in that first section, Jeff, your introduction where you do mention, you know, at a minimum we need an assessment that has those five bullets. But there's been an awful lot of discussion, I think, by the task force in terms of need for some kind of common assessment. And I would like to see that in the needs section, actually, stated as part of the need. I mean, we've talked a lot about you can enter the system at a lot of points. But we've also talked about kind of one stop or places to go where you can enter one-stop shop kinds of things. But I would like to have something in the needs section about a common assessment that is portable from funding source to funding source and program to program. And I think it's probably in your draft, mentioned in resources, but I don't want us to lose sight of the fact that when you're talking about behavioral health, the need is for more child...I mean, we have offices in parts of the state that don't even have psychiatrists. And so I know it's over in the resource section, but it's a huge need to do this. []

TOM McBRIDE: How do you define what you want in this section as opposed to what goes in the recommendations section? Because it seems to me like we're making recommendations, too. []

JEFF SANTEMA: I think that's...it is important to distinguish the two, Tom. My sense was here in this section it would lay the groundwork for the recommendations that

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follow. As an overarching philosophy, this is what the goal of planning should try to reach. Therefore, these are the planning recommendations to get there. I think it is an important distinction, in my opinion. And going back to Beth's comment earlier about introducing the system of care values and principles here in this section, in the second paragraph of the beginning of that section, the last sentence, system expectations must be clearly stated. And would that...my reference there and my thinking was to those system of care values and principles. Could they be then right...could they...I guess the direction I'm taking is that expand upon that and articulate the system of care values and principles more specifically in this section. That's the one thing I'm taking away. And from that earlier comment, I'm also taking the comment about right now, right now government is dominant, families and communities are less so, and that type of...my conscious thought was recognizing that fact, not validating that fact necessarily. And I was wanting to say that it is the current state of affairs, but it has...there has to be an assessment, a description of that. So it wasn't intending to validate the current necessarily. And then emphasis on our role being to support families and communities, that the various parts of system of care, including families, caregivers, and communities, those comments I have written down. Family-driven I have written down. And in reference to...reference to a common assessment that is portable, I have written down in the needs subparagraph there. My intention in organizing those five bullet points was to give a simplified, maybe oversimplified, description of the elements of a system of care. And then that being followed by a more detailed description then of system of care values and principles that you've talked about. So that's what I've been taking away thus far in my understanding. []

TOM McBRIDE: Can I ask for one, and the rest of the committee here can run me out of the room. Under the need, when we talk about in the third paragraph identifying, you know, the goal of behavioral health systems, most effective manner, utilizing best practices, least restrictive environment possible, period. Maybe I'm overly sensitive to the "i.e. in a non-institutional setting whenever possible and appropriate." Least restrictive environment says that. []

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LIZ CRNKOVICH: Right. []

TOM McBRIDE: And you know, we've talked about as a system of care you've got to have top to bottom services. And you know, there is no more difficult area to get a child into than some of, you know, through that process, you know, into a residential... []

JEFF SANTEMA: So you would strike the parentheses there, Tom? []

TOM McBRIDE: Yeah. So I just, you know, I don't want to point it out that, you know, with this that, you know, everything is going to be, you know, pushed down. You know, as a residential, we do a lot of residential stuff, but we are huge in outpatient and day treatment and that stuff, too. []

LIZ CRNKOVICH: Actually, it's in the least restrictive environment possible that meets the best interests of the child. []

SCOT ADAMS: At the same time, you know, (inaudible) run you out of the room. I can't even argue with what you're saying. At the same time, we're looking for a changed document and we have arguably too many people in out-of-home care. []

TOM McBRIDE: Out of home does not mean institutional residential. []

SCOT ADAMS: I understand. That's why I'm raising the question, not in opposition, but really sort of in tangent. (Inaudible) to, as a policy direction, encourage a change in the state of Nebraska along those lines. []

TOM McBRIDE: Absolutely. And I think it says that, least restrictive environment possible. If you want to change something in the parentheses, put out-of-home placement. []

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SCOT ADAMS: Yeah. And that's sort of what I'm saying because, gosh, how many times has that sentence been written and read in this state? Five hundred, six hundred times maybe? Maybe more; different documents, different groups, different testimony. That almost goes verbatim and where we are today. So I'd like a stronger statement. []

CANDY KENNEDY: So that already is the standard that's being used, that verbiage, in the least restrictive way. []

SCOT ADAMS: Yeah. It's become meaningless, in my mind. []

_____: I disagree. []

TOM McBRIDE: But when they say that, they also point to residential care, when if you looked at strictly numbers, how many of those out-of-home placements, how many do you have in foster care, Todd? []

TODD LANDRY: Four thousand. []

TOM McBRIDE: Four thousand? You don't have anything close to that in residential care. You know, that's just my...it's a... []

LIZ CRNKOVICH: I would kindly suggest that it isn't meaningless and that it has the potential of turning the other way, kindly, which we are observing where recommendations are not based on the unique needs of each child, but are based on various policies or philosophies. So if you say non-institutional, then it is no child should be institutionalized. If you add something different, it will be every child should be home no matter what. It seems that the best place to put the philosophies is in those guidelines, which could read that as a general principle, every child is best served within the home. And then a recognition that sometimes, due to various circumstances, a

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child's needs cannot be met in the home. When such circumstance exists, it is the responsibility to look at the least restrictive that meets the needs of the child. And you could even add, always with the ultimate goal of assisting in, whether it's returning health or rehabilitation or whatever, a return home as soon as is possible. And if those are guiding principles, then this has more meaning. If we keep dickering over should it be institutional home or whatever, and I'm not trying to criticize you, it's a worry that then the statement either way has less meaning. It seems, it seems to be absolutely paramount that we attach something that says these are guiding principles. These are things we believe in as a community. And then it goes from there and then when you look at this statement with the period after it and you have the individual child, you have these guidelines to assist you in making those decisions. And then you start saying, for this child home, yes, it'll work with A, B, and C. No, it won't...but otherwise I guarantee a policy is going to dictate no child should ever leave the home, therefore you're going to put the square in the hole. Or no child should ever be home if they're a gangbanger, and then you're putting the hole in the square, but you're missing the point of each individual child. []

BETH BAXTER: Group 3 provided a policy statement. Remember, we kind of got hung up on that policy statement. And that may be worth looking at, because I think it tries to articulate what we're...I mean, it may not be strong enough or all inclusive, but... []

JEFF SANTEMA: And I will try to work that into here, Beth. []

BETH BAXTER: ...maybe that would address...it's family-centered and providing the least restrictive environment based on the individual and unique needs of the child and his or her family. It's kind of... []

LIZ CRNKOVICH: If you include...if you keep the language...I'm not trying to be obstinate, nor am I claiming to be prophetic. But my experience, for whatever it is worth to anybody, indicates that if you leave that in, there will become a policy that no child

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will end up in a placement like yours, because it will be deemed to be an institution and they will say we are not allowed to do that. And yet there are...we will be very foolish on behalf of our children to presume that no child will end up with a need to be at an Epworth Village. We're hoping to...that could even be a guiding principle, because I think...what I'm guessing, Scot, the concern is what we really want to do is buck up those community-based services and make sure that we have an array of them that really meet the needs so as to minimize any need to utilize any other placements. But to prevent them would be...where's that statement where we're not looking for perfection or something? (Laugh) []

RUTH HENRICHS: So Judge, really maybe what you're saying, none of us argue that least restrictive environment language. We all agree with that. But what we buck up against is for how long. I mean, really, least restrictive environment, we all agree with that. It's just, I think the argument with residential care comes that kids go there, and then there's no community-based step-down available. I mean, and so that is that meets the needs of the child, or that's what's missing. []

LIZ CRNKOVICH: Least restrictive environment, and maybe that meets the needs of the child at any given moment because those needs change. They can change in six months and it's not... []

_____: But also, Judge, I really value what Scot says on this level. I understand, I agree with deleting that. But what Scot is telling us, is that that verbiage is being used and it's not necessarily what we think it is happening... []

LIZ CRNKOVICH: Because policy is dictating this, not the needs of the child. That's why it is scary and meaningless. []

SCOT ADAMS: The...I agree with much of what... []

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LIZ CRNKOVICH: And community safety is the other piece. []

SCOT ADAMS: ...the judge has said. The only pieces I think I'd quibble with would be, not sure that we're speaking for the community as much as a committee. I think community will come to greater definition in the Legislature. I think they're better situated to speak for the community. []

LIZ CRNKOVICH: You missed the part about... []

SCOT ADAMS: So our work is as a committee...so we have the opportunity to recommend to the representative body of the community some ideas that, I think, can help steer and stir more strongly a new direction. And that's the piece, I think, that with which we both agree. I have no problem if it's in guiding principles, philosophy, some place else. And I'm certainly not arguing for inclusion of these words at this point. As I said to Tom, so my point is simply that in general, I think we have had this language around for quite some time. The parentheses seems to indicate the opportunity for a stronger, different attitude. Without it, we have, I think, quite similar attitude and direction suggested in the language from which the same kinds of policies will flow.

?????: Before him we talked about defining behavioral health for the community, because, again, I'm not wishing to be argumentative, but if we went out to the community, I suspect you would find two (inaudible). For example, if you went out to the community and described the child who is the gangbanger with the gun who is 13, the community might say, lock that kid up and throw away the key. So it's our responsibility to describe to the community that we believe in rehabilitation. And we want to provide that but in the least-restrictive...that meets the needs of the child and the community. And we have to describe to them what we're talking about. []

?????: And the needs of the family and the abilities of a family, I mean, there's just so many layers. []

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?????: Right. At the same time, you might go out to the community and talk about that same kid and the other half of the community is going to say, that poor dear child, how can you keep him as an adult and throw away the key? You have to give him services. So that is why it really...this is

KATHY???: Maybe a fourth of the community would say that.

LIZ CRNKOVICH: Yeah, right. (Laughter)

KATHY MOORE: And then they'll say, was it Judge Crnkovich?

LIZ CRNKOVICH: Exactly, that's right. (Laughter) So this really is a great responsibility to define it in a way that allows a clear understanding of the broad array of kids, makes it understandable to the general public, but does not make it vulnerable to the politics that Tom was talking about.

JIM JENSEN: Can I say...I'm concerned about our time. Now we can break for lunch at any time, and we can continue our discussion...with the exception is we can't eat in this room. So we have to go to another room, which would be 1126. And we can do that, and we can continue the discussion, but it would be minus the record, which doesn't bother me, but according to what we do here in the Legislature, we can't do that. So I'm trying to figure out how we can do this, to break for lunch. We can certainly discuss things []

LIZ CRNKOVICH: Talk about football? []

JIM JENSEN: I don't want to go there. (Laughter) In order to get through, I had really hoped that we could go through this section and perhaps down to the planning recommendations. And those just have general conversation, so that then we could

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come back, because that's really where we're going to make some

CANDY KENNEDY: Basically you're saying, hush, and move on. (Laughter) []

JIM JENSEN: Pardon? Well, yes, I'm saying to move on somewhat. But it is the planning recommendations that we actually need to come to consensus on. Jeff... []

KATHY MOORE: I have a thought. I'm wondering if...I had two or three other directional thoughts that I wanted us to discuss. I wonder if we could each throw in this section, if we could each throw out those other topics or thoughts, so that she could get them recorded. We could then have some discussion, if we wanted to, at lunch, about them, and then come back with some kind of perhaps concluding thoughts that could go back on the record. Would that work? []

JIM JENSEN: Jeff, is that acceptable? []

KATHY MOORE: And I don't know if anybody else...I can throw three out. If we just kind of go around and see if others do...and one thought was...I don't think needs too much discussion, but it was: in the needs section, because of the expedited nature of this process, we've not gone out and sought community input, focus-group input, but a couple of times we referenced focus groups that had been done by other entities through SIG, through the family group, etcetera. And under the needs section, is this a place where we might want to reference some focus group input that has been sought? So that's point number one. And people could just say yes or no, and if yes, then it should be this, this, and this. Point number two was: under need, and it begins to get at what the discussion is right now, I wondered if we wanted to include some reference to the brain development research that is so prevalent right now, that talks about the brain development of adolescents, because that then leads to the need for institutionalization. It leads to the direction that Nebraska is going to need to take in terms of life without parole and some of the waiver....exactly. So it feels to me like we need some reference

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here to adolescent brain development. There is some clear research that we can cite...and how it needs to be contemplated, both in statute and in practice. []

TOM MCBRIDE: Are you...I'm still getting confused over what the planning consideration objectives are and what the recommendations are. And where that... []

LIZ CRNKOVICH: Well, in order to understand our recommendations, the general public has to understand the developmental needs of kids, and our definitions, and what behavioral health means. I think isn't that what you're suggesting...(inaudible)....would be preliminary to the recommendation []

KATHY MOORE: Yeah, I thought under...if we say here, children with behavioral health disorders and their families have a variety of needs. Various studies and reports have attempted to describe the types, acuity...what does that mean? If somebody just reads that and doesn't know what... []

TOM MCBRIDE: Kids are different than adults...(inaudible) []

KATHY MOORE: But it doesn't say that. []

LIZ CRNKOVICH: That's what I think it has to say. []

KATHY MOORE: And we're assuming that people outside of this world understand that. []

LIZ CRNKOVICH??: Or even inside

KATHY MOORE: Or even...right, and they don't.

CANDY KENNEDY: So, but...and you guys...then if you talked about brain

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development, to include that in there, I think another very important piece would be in people is trauma, just trauma in general. []

KATHY MOORE: Exactly, exactly, good, good. And so what I was saying is we...this is minus the voice of some families that I think have spoken in other venues. So I was just saying, let's add the voice of some children and families. But let's also add a little research. []

JEFF SANTEMA: Kathy, would it be acceptable if we footnoted some of these things in here? []

KATHY MOORE: It would be if we included a sentence or two...I mean, this doesn't really say kids are different than adults. It doesn't really say it that clearly. And so maybe it just needs a sentence. []

JEFF SANTEMA: Okay.

JIM JENSEN: I just wondered how inclusive we're going to start to get here. I mean, are we also going to talk about ADHD and drug treatment, and all of those things for adolescents? []

LIZ CRNKOVICH: Well, but we do have to describe...I thought that we had agreed that we need somehow to describe what we mean by behavioral health. Otherwise this...the whole thing is meaningless, frankly. []

BETH BAXTER: Well, and one thing we talked about, I mean, I don't know that it's not the full definition, but, you know, the behavioral health...and we defined that, and children with behavioral health needs come to us through different doors, you know, through...it's a law violator, through...it's custody relinquishment, you know, I mean...(inaudible). []

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KATHY MOORE: And you may be right. I just think there is such a current...if we were writing an early childhood report, we would absolutely be including the brain development and the importance of quality early childhood care and education. And what I'm saying is that the adolescent brain development work is even more current and less known about. And so it...anyway, that's what I want us to discuss...at lunch. And the third little thing that I think we should discuss... []

CANDY KENNEDY: Kathy...little thing...(laughter) []

KATHY MOORE: At lunch is Magellan, because when we look at funding we don't have any reference to Magellan or managed care, and I think that needs to be factored in, because it's part of... []

LIZ CRNKOVICH: I lost my appetite. (Laughter) []

JEFF SANTEMA: Are there some other additional comments then before lunch on other parts? []

TODD LANDRY: I will try to make this brief and retain most of my comments or thoughts to further editing. In the "Need" section I would potentially just throw out in addition to the words effective and least-restrictive environment, I also think we need to talk about efficiency. []

JIM JENSEN: Efficiency? []

TODD LANDRY: Efficiency of services provided. And...resources, I would challenge us as I read that section, I think it seems to be talking about services and supports versus resources. And if that's truly what we're talking about, I think we have potentially left out some important constituents, such as churches, schools, and others...formal or informal,

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yeah. And then the last thing, I guess I would say in that same section earlier we talked about the needs of children in the context of the family. And here we talk about the needs of Nebraska counties. I think they're two different things. []

KATHY MOORE: Where are you seeing that? []

TODD LANDRY: In the first...second sentence of the current resources section. It talks about a shortage of services and supports currently exist in most Nebraska counties. It seems like there we made a switch between the needs of children and youth to the needs of counties. []

JEFF SANTEMA: I think that is kind of indirectly referencing the federal designated shortage areas, those types of things...(inaudible)...but thank you for that point. []

RUTH HENRICHS: Todd, maybe this is where you were going, but one of (inaudible) in the resource section was...it didn't seem clear to me that one of the resources is really the private-public partnerships like Building Bright Futures, which is only one. But I think that's a major resource that is going to make this all happen. And maybe you meant that. []

TODD LANDRY: Yeah, I do mean services and supports in the broadest context, including those private opportunities in the private sector. And I don't know if those were as much indicated. []

JEFF SANTEMA: A couple of additional quick comments then before we break, Senator Jensen, the next session, which will be the last session: in planning recommendations it would not be the intention that you specifically approve specific recommendations today. But there will be...you will be asked to look carefully and give your direction on the first two paragraphs and how that planning recommendation section is introduced. And then the bullet points underneath there are meant to get your feedback as to what

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recommendations need to be made about. And over lunch we'll give you a sheet of paper which outlines the kind of motions that Senator Jensen would like to entertain after lunch. And you'll have a chance to look at that over lunch as well, and come prepared with your feedback about that. And we'll just hand those out right now. []

JIM JENSEN: All right. So you might want to take this with you as we go down to 1126. []

JEFF SANTEMA: Yes, sir. []

JIM JENSEN: Are we all okay? We'll meet down... []

JIM JENSEN: Well, why don't we come back together if we could please, and we'll pick up from where we left off, if we may, and see how we can move through the rest of this. And I think where we...where did we leave off? []

JEFF SANTEMA: I think that if there are any closing, other additional comments to close out the task force's discussion of Section 3 on planning considerations and objectives. And I think, Senator Jensen, if we were not finished, we were finishing up feedback from that particular portion. []

JIM JENSEN: Okay. Then on planning consideration and objectives, were there any more comments anyone wanted to make? []

KATHY MOORE: We didn't really do any discussion, so are we going to discuss any of those other points that were...that we threw out right before going to lunch? The Magellan, the brain development, and the group data. Did you...? []

JEFF SANTEMA: Does anyone else have further input or comments to those points that Kathy raised? []

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TOM McBRIDE: One of the issues in funding, and I know that...and I don't know if you'll examine that later on in the study, but speaking specifically to Medicaid, because that funds such a huge amount of the services we're talking about, we always are hearing about runaway Medicaid costs. And I think it's important that we also identify in there that increased Medicaid expenditures in some fashion were purposeful in an effort to relieve some drain on some of the General Fund budget. []

CANDY KENNEDY: I don't know how this fits in with Magellan, but a lot of time when you talk about system of care, you talk about flexible funding. And I don't know how that works into the system that we have now, or... []

JEFF SANTEMA: It is raised as a bullet point later, Candy, in the recommendation section as an issue to make recommendations about. So if you'd like to bring that up again there. []

TODD LANDRY: I was just going to pick up on Kathy's comment about Magellan. I don't know if it necessarily belongs in this section, or the prior section that describes the current state, but I think it needs to be described, potentially, in that current state, at least, about the way that we currently operate from a funding perspective for services of the use of the Magellan-structured contract, which I believe Scot had referred to in his initial presentation to the task force, that we could then make sure that gets in there. I think that it definitely needs to be mentioned, if not in this section, in the current state section. []

JEFF SANTEMA: And any additional assistance that your staff could be (inaudible) in providing some information on that would be helpful. []

KATHY MOORE: And I think when I raised it, I was thinking of, I think it was a point that either Scot or Todd made at a behavioral health coalition meeting, maybe the last

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meeting, where...maybe, Scot, it was you at the children's meeting last week, where we were talking about the statistic, the mythical statistic, if you will, that Nebraska ranked so low in General Fund expenditures, but we have such a large sum in our Medicaid expenditures. I mean, it's really both points. The Magellan point is, how we do our decision making, but the fact that we spend so much of our mental health money out of Medicaid rather than General Fund speaks also to the need for those diagnoses and pigeon-holing children, it diminishes the ability for wraparound services. There's various aspects to it. So I agree with Todd; it could be either place or some elements in both places, I imagine. []

LIZ CRNKOVICH: But it needs to be in there somewhere. []

JEFF SANTEMA: Any other comments on Section 3? []

BETH BAXTER: I was just wondering if maybe in the last statements somehow there under the funding section, if there could be some recognition of, well, that there are reinvestment strategies, that as there are efficiencies within the system, that we reinvest those dollars to further the system. []

JEFF SANTEMA: And could you just restate that again, Beth? []

BETH BAXTER: Well, that we...as...and I don't know if it's in here but maybe it's in the next one, but as we...you know, we've talked about effective and efficient services, and as we reach efficiency, that we have this commitment to reinvest dollars in our service delivery system or within our system. []

TOM McBRIDE: So save dollars; don't go somewhere else. They go back into the... []

BETH BAXTER: Right.

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JEFF SANTEMA: LB1083 speaks to that directly, of course, with regional center downsizing that money, it stays in. But we also talked about a reallocation of current dollars into more prevention or whatever the case might be, which is more efficiency. And that's fits into that. Any other comments on Section 3? []

TODD LANDRY: One just quick clarifying question for you, Jeff. The very last paragraph on page 8, or section on page 8, around implementation. Is that an initial jumping-off point, or is that intended to be all that say in this section on implementation? []

JEFF SANTEMA: It's a jumping-off point. []

TODD LANDRY: Thank you.

JEFF SANTEMA: So to summarize in a little more lengthy discussion on this section which, rightfully so, just to let you know what I've done and what I've written down. I got a new subsection under this section, and need, responsibility, resources, funding, prevention. That system of care values and principles I've added to give a little more lengthy articulation of those core values. It's number...it's first thing. Somehow to address the issue of what do mean by children's behavioral health that Judge Crnkovich raised earlier. And I've made a note to add that to the introduction section to try to further describe what we mean by that and the spectrum of kind of behaviors, etcetera, that that would include. Then I have...I'm adding in under need, I am adding the word "efficient," as well, you know, "effective." And a reference to common assessment that is portable. I have stricken the parenthesis after "least restrictive environment possible," and have added the words something to the effect that meets the best interests of the child.

LIZ CRNKOVICH: Wait. The words that we needed stricken were the parenthetical, right? []

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JEFF SANTEMA: Correct. They're stricken, the parenthetical language. That is in a noninstitutional setting, etcetera. That's been stricken. And I've inserted that meets the best interests of the child" and have not created a new parenthesis (inaudible.) []

LIZ CRNKOVICH: And the community. Sorry, I didn't say that one, but it has to (inaudible). []

JEFF SANTEMA: Child and the community. []

LIZ CRNKOVICH: In some...yes. []

JEFF SANTEMA: So community interest, as well, (inaudible) address. []

LIZ CRNKOVICH: That's what the juvenile code states in terms of youth who are found to be...to fall within the meaning of the juvenile code.

JEFF SANTEMA: Okay.

LIZ CRNKOVICH: It's already in this...in the statute.

JEFF SANTEMA: Okay. And Kathy's three points on focus group input, other input. And then brain development research and Magellan. The first two I'll try to include in the needs portion, possibly appropriately footnoting that and mentioning some other things as examples.

KATHY MOORE: And I'll send you some brain development stuff that we're just putting together, and you can choose if you want to use some of that. []

JEFF SANTEMA: Thanks. Thank you. And with your permission, I thought I would move the Magellan discussion over into the description of the current state of affairs under the

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Department of Health and Human Services, that discussion on Magellan, under there as a contractor, the department. []

BETH BAXTER: This is probably (inaudible) Scot's consideration, but knowing that there's...I think there's an RFP out for a managed care company. I don't know if that's the ASO or whatever. So I don't know if we address at some point what would be appropriate or...? []

CANDY KENNEDY: Is there a change coming with the Magellan? []

SCOT ADAMS: The Magellan contract comes to the end in the end of June, I believe, in '08. And the law requires at this state of the contract, if we were to continue with that model, to rebid it. And so there is an effort to planning going on with that. But really, I'm sort of surprised you knew about it. I hadn't known that it was that far out. But the Division of Medicaid and Long-Term Care will be the organization that will be doing that. The Division of Behavioral Health Services is going to work cooperatively with them because they really are two contracts. One, for the managed care portion of Medicaid, and then Magellan also does some work for DBH, as well. We're going to try to jointly do this. And the exact structure of that has not yet been finally decided at this point, but we're looking for maximum flexibility with this, will be one of the elements. I know that sounds a little cryptic, but rather than just a straightforward five-year contract, we might be looking at different kinds of time frames is what I mean by that. []

TOM McBRIDE: Still looking at an ASO-type of structure? []

SCOT ADAMS: Yeah. I think we don't have enough time, Tom, to really tackle the whole issue of managed care. We've got this group's and this group's opinion and recommendation in that regard, and to be able to give companies time to really respond in an appropriate manner, we just didn't think there was enough time, with all of this in the air, to be able to shake it up one way or another. So it will probably be very similar to

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what is now, but probably for a shorter committed time frame with options for renewal, if needed, or options out if we want to take a different route. []

But taking the lead on it is the Division of Long-Term Care? []

SCOT ADAMS: Medicaid and Long-Term Care.

_____: Okay. And so the option of bringing it in internally is not...

SCOT ADAMS: Not today, going to be July 1, '08. But...

_____: But it's not off the table.

SCOT ADAMS: But it's not off the table, yeah. Yeah. We just don't think we've got enough time to do something like that, July 1 of '08.

JEFF SANTEMA: And the last two things that I bring down from this section under the resources subsection, define that more broadly, you know, including churches, families, etcetera, public/private partnerships, to make sure that that's a more broadly inclusive section. And then under funding, making sure to reference reinvestment of funding into the system. And there's a mention of Magellan in managed care there, (inaudible) as well, I have written down here. Is there anything else on that? Yes, Candy.

CANDY KENNEDY: When we talked about the brain development, we also talked about trauma (inaudible) formed care involved with that.

JEFF SANTEMA: Yes. I'm sorry, I didn't have a note on that and I didn't mention that. Section 4 then: planning recommendations. Really, I think I'll let Senator Jensen, and I would like to ask for you to give input on today, are two things with respect to this section, and maybe this will guide you as you read through it and hear briefly (inaudible)

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in just a second. To look very carefully at the first two paragraphs and the tone that that sets and the way that describes the approach taken to making the recommendations. And then under the planning areas that are listed there following, if you would look at the bullet points and see if there are recommendation areas that are not listed there that you think recommendations should...there is for which recommendations should be made by the task force, if there are gaps in those lists somewhere or you want to refine something in the bullet points or do something differently there. So really there are two things to ask of you as you read this section. Look at the lead paragraphs and look for gaps in the bullet points that follow in those topic areas please. And so if you would just take a moment then to read through that. (Pause) I should also mention too, as you are reading too, you'll notice that there is a particular subsection here, or so, that is written like specific recommendation and so on. It's not intended to write that for you, but it's a reflection of some things that Senator Jensen has mentioned in that, and I think some of the subgroups came up with respect...and you'll notice that topic (inaudible). Again, this is very, very sketchy language, hopefully to give you some, the template again, to give your input. (Pause) Could I ask for your input then on the two lead paragraphs that are just given to you to review and help prepare for the next stage of your review again?

JIM JENSEN: On page 9. []

JEFF SANTEMA: Yes, sir.

KATHY MOORE: I'm wondering, in the second sentence, "The task force has not had sufficient time or expertise..." and then leading to the first sentence of the next paragraph, I wonder if instead of saying they hadn't had enough time, if you could say something like, due to the expedited nature of the LB542 mandate...in other words, the recommendations will be somewhat specific on some points but less on others. To me, that just feels like...again, if it was preceded by saying, due to the expedited nature of the planning process... []

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LIZ CRNKOVICH: And if we lack expertise (inaudible) concept (inaudible) recommendation (inaudible). []

KATHY MOORE: Yeah, the statement, lacking expertise, and if you really reviewed a lot, and it doesn't acknowledge that. So I think we could acknowledge the short amount of time we've had, but I don't want to discount the file cabinet drawer that we've reviewed. []

LIZ CRNKOVICH: Actually it's the back seat of my car.

KATHY MOORE: Right, that too. (Laughter) Or the crate or the three bags or wherever we have it all.

TOM McBRIDE: You know, at the same time though, you know, in reading that and reading that statement, it sounds like there is sufficient information out there for us to detail a plan; and there's not. And I think that, as I would look at that, I would go, you know, that currently there is not sufficient data available to detail out a behavioral health plan. However, you know, with what we have...kind of paraphrasing with what we have, we can base these recommendations, you know, moving forward. []

JIM JENSEN: I like that.

KATHY MOORE: I like that, Tom. Yeah. So if you acknowledge that in paragraph one, and then take (inaudible). Yeah. And then in paragraph two, you could say, again, either due to the expedited nature, but due also to the lack of comprehensive... []

TOM McBRIDE: One of the things that we would recommend is to develop a system so we have that, that information. []

JEFF SANTEMA: And given time and available resources, you were saying this...yeah,

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given... []

BETH BAXTER: Jeff, is the Family Policy Act still...? Has that ever been...? []

KATHY MOORE: Oh, my goodness. []

JEFF SANTEMA: I don't think so.

_____: The poster still hangs on our wall.

_____: You know, it was chipped at, but I don't know that it was ever fully rescinded. I remember...I'm looking at Senator Jensen because I remember testifying...

RUTH HENRICHS: Because the reason you asked that is...? []

BETH BAXTER: Well, I was just thinking of some of the...I had actually thought about as I was eating potato chips, that...you know, it was a philosophical kind of foundation that still holds true, that we've been... []

SCOT ADAMS: That one sentence was in there. []

KATHY MOORE: But it also was a pendulum swing. I mean, it really also got to what Liz was bringing out earlier. Because some people took that to mean all children had to be left with all family (inaudible). []

BETH BAXTER: Right, but that's not what it said (inaudible).

SCOT ADAMS: Here's my recommendation for those first two paragraphs. Make paragraph two the first one; delete the first two sentences out of current paragraph one. It just sounds whiny. You know, (a) when do you ever have enough data? Did

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everybody ever go, okay, we've got it all? Nobody ever says that. It doesn't stop the Legislature; it doesn't stop committees. You just keep going. Quit whining, you know? []

TOM McBRIDE: I think...you know, I understand where you're coming from, but I think you have to say something in there about that because we're saying later on that we need data information systems. []

SCOT ADAMS: And so say it that way.

RUTH HENRICHS: So you're not opposed to his sentence? []

SCOT ADAMS: I'm just...I would just...I'd drop out the first two sentences altogether, including (inaudible). []

JIM JENSEN: We're really making recommendations, are we not, on the information that we have? []

SCOT ADAMS: Yeah, that's right. It's incomplete; of course it is.

JIM JENSEN: And you know, I don't know how we can get any more information. Or if we get anymore information, is it going to make any difference from the recommendations we're making?

TOM McBRIDE: Well, that's what I would thinking. Based on the information we have, we can make these recommendations. You know, down the road then, when we identify specific data elements we want to look at, we can make other ones. []

JIM JENSEN: I can say this in deference to my colleagues on each side of me, that we make a lot of decisions in the Legislature without as much information as we have here.
[]

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SCOT ADAMS: Exactly.

JIM JENSEN: And I don't mean that to be (inaudible) by any means. (Laughter)

SENATOR JOHNSON: I was kind of glad to hear somebody say that.

JIM JENSEN: I'm just saying, the information that we have I think is indicative of the system, and I don't see a problem with that. And to make recommendations based on that, the same thing: I don't see a problem with it.

SCOT ADAMS: That's why I think that third sentence makes great sense. "The task force is mandated to consider the following.... (Inaudible) go. []

LIZ CRNKOVICH: But put it after the... []

CANDY KENNEDY: Well, Scot, that's just because you're a man of few words. []

KATHY MOORE: Yeah, I think sounds...I like that. []

JEFF SANTEMA: Okay. I will attempt to rewrite those first two paragraphs. Are there gaps in the...? []

_____ : Be it known that Scot and I agreed on a matter. (Laughter) Scary.

_____ : So we're still just on the first two paragraphs. (Laughter)

JEFF SANTEMA: Are there any additional comments just on the lead end there? Otherwise, then we'll ask for your comments on the list of recommendation points that follow. And where... []

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JIM JENSEN: Beth, do you have any comments on the second paragraph then, or no?
[]

BETH BAXTER: No.

JIM JENSEN: No. Okay. All right, thank you. Go ahead.

JEFF SANTEMA: Where you see gaps or additions or corrections that you would like to make to some of those things, or points that you'd like to clarify. You notice the motion of sheet if you have that...do you have that handy? That was given to you just before lunch. And as you notice there, one of the motions that will be brought to your attention is related to the development of (inaudible) final recommendations for you to consider, but...so I welcome your comments on the listing of things. []

CANDY KENNEDY: On the interagency coordination, governance: It seems...I'm trying to figure out where OJS, YRTC, probation, kind of fit? Does it fit under DHHS, courts, corrections? []

TODD LANDRY: Well, OJS is a part of DHHS. Probation is a part of the courts. []

CANDY KENNEDY: Okay.

TODD LANDRY: And so I don't know...what was your third one?

CANDY KENNEDY: YRTC. []

TODD LANDRY: YRTCs are a part of OJS, which is part of DHHS. []

CANDY KENNEDY: Okay. So what would fit under corrections?

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_____: Nothing.

KATHY MOORE: Well, there's a secure youth confinement facility in Omaha that only houses adult-prosecuted youth. You know, it depends on whether you're defining youth by age or conviction. []

_____: Yeah.

_____: Whose system is it in now? Who...?

_____: It's in adult corrections. When it was originally created, it was assigned to OJS, but OJS was in corrections. And then during the first HHS redesign, OJS was moved out of corrections but the facility was left there, and that's where it really...so there are kids there who are as young as 14.

_____: Being tried as adults.

_____: They've been convicted as adults.

LIZ CRNKOVICH: And rather...you know, this is...the more we talk, the more it kind of, from a historical perspective, gets honed in on. There really is no corrections piece in juvenile justice now. But I did note...but we can't ignore...and it keeps getting thrown out and everybody's eyes glaze over...there is a very important community safety piece that is a part of behavioral health, particularly...not just with youth who have violated the law, but because of the mental health issues. So I wondered if under policy...I don't know where it would go, but when I was looking at policy, I added community safety and expectations. Because corrections is kind of what...but there is no...I mean, anything that...so I don't know. []

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CANDY KENNEDY: So should we take corrections off this list? []

KATHY MOORE: Well, I would probably lobby for leaving it on. I could be persuaded otherwise. But the truth of the matter is, it was created to serve a need, both to address community safety, but also to address appropriate confinement of individuals by virtue of age. I visit that facility on a regular basis. It, in many respects, I have, at times...and my last visit I wasn't quite as pleased...but most of the time I have felt better about their programming than I did about the Kearney YRTC programming. They have some very unique programming. And there were times that I was proposing that in its original design it was intended to be a colocated juvenile-prosecuted and adult-prosecuted facility for your most serious offenders. Today, there are issues of Medicaid dollars and what-have-you, because of where it's housed. I think it should be left under corrections. There needs to be some acknowledgement of its existence, and probably some historical reflection. I don't have a recommendation to... []

TOM McBRIDE: Would those kids otherwise...? Are they felons? They're in there. Otherwise they would be... []

LIZ CRNKOVICH: If they were misdemeanants in Douglas County, they would be in the county correctional facility. []

TOM McBRIDE: Otherwise they would be in the...without that facility they would be under protective custody in the adult institutions. []

KATHY MOORE: Correct; right. That's what it was designed to accommodate those, to take those kids out of the protective custody area. []

BETH BAXTER: You know, one area that I don't think we've addressed, and maybe we could address it in the policy piece here, it's that transition, that smooth transition piece, you know, from you transitioning to the adult system. []

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KATHY MOORE: Well, that really gets at the whole issue there, is there was a legislative hearing last week about Nebraska's waiver process. There are other states that have the ability to sentence a kid to the juvenile system, knowing that they will then transition into the adult system (inaudible)... []

JIM JENSEN: Rather than just age out and...

KATHY MOORE: Right. So, again, I suspect when we got to recommendations if we were doing a hard-hitting correctional set of recommendations, it would somehow address...

BETH BAXTER: But this is the behavior...I mean, not a correctional recommendation but a behavioral, really truly. []

JEFF SANTEMA: And I think if I can try to clarify, and Senator Jensen, you could add some further clarification to this if I'm not accurate: I believe that Senator Jensen's intention would be that the task force would not entertain recommendations then, or make recommendations that fall outside of this list; that this would form the four walls of what you would make recommendations about. And so this would be, if you have additions onto this, I have (inaudible) to the transition to the adult system in community safety and expectations written down. I just wanted to make that clarification if I'm accurate. []

TODD LANDRY: If I could just ask one question. You have in there the interagency coordination piece advisory groups. Is that also intended to encompass advocate groups, or is that what you meant there? []

JEFF SANTEMA: It is. That's meant to include exactly those kinds of groups. []

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TODD LANDRY: So it's not necessarily meant to be those formal advisory groups and committees established by statute, but would be inclusive of them? []

JEFF SANTEMA: Not just that, but that is included. []

TODD LANDRY: And then the one piece under funding that I would recommend that we potentially consider putting in there, and this may not be worded right, but somewhere in here I think we have to remember that we need to adhere to federal law and regulation, recognizing the impact that that has on everything that we do, particularly as we have discussed around Medicaid and CMS rules and regulations. []

JEFF SANTEMA: We're going to get the federal funding; there are strings attached to the federal funding. []

LIZ CRNKOVICH: Can I ask this, and this is, again not meant to be...could that include or should it, I think some of the challenges in that? And the only reason I keep focusing on this one area is because it's kind of a different animal, those youth who are law (inaudible), and yet at the same not. But that's where funding is an issue because...and the money is for other people to figure out...but that's where we're not quite fully able to meet the full complex of needs of those youth because of our absolute reliance on the Medicaid dollars which follow a medical model by our...that's the way Nebraska wanted to do it, but inadvertently then, have missed opportunities to address these other needs. And I don't want to get way off, but the more we're sitting here, the more I'm thinking about it from a historical...in juvenile justice, it's only been in about the last 30, all right, maybe 40...'60s...years that the delinquent youth have been determined to have all the due process rights of an adult. And I think when they determined that, then some of the rehabilitative repercussions were to model adult-type systems in terms of the monitoring of the youth, and the provision of services, i.e. corrections and probation. Then when it was recognized 20 or 10 years...20 years ago...that those correctional needs didn't meet the behavioral and mental health needs of the children, the Office of Juvenile

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Services was created, and now we have this, not by design, but by accident, this sort of who are we and where are we and how do we best bring that community safety that, this issue of delinquencies and the fact that they are growing more...not only more prevalent, but more serious by virtue of lots of things--guns, drugs, blah-blah-blah--and how to best meet those needs together and inadvertently what else has happened by this historical perspective is that it has set up a situation where the services and the court are almost, by design, adversaries, rather than cooperative partners in meeting the best needs of these kids. And I don't want to get this committee way off, but if you don't kind of see this historical perspective, then we don't know how we got to this place where this judge won't shut up and she keeps (inaudible) have to do something about it. (Laugh) But we do desperately...but collaboratively, not adversarially, but we have to recognize...we have to recognize this. And so that is a key issue, not that somebody doesn't want to give this to that to that, but the model somehow has left out a piece and how can we fix it? The model...anyway, all right. Sorry. []

SCOT ADAMS: You know, Liz, I think what you're saying is sort of on page 1 of the Chinn report in terms of the recommendations. []

LIZ CRNKOVICH: I haven't even read the damn report. (Laugh) No, I have; I'm kidding. []

SCOT ADAMS: Well, the...but I think the very first recommendation of the Chinn report was to establish a separate office of juvenile services in the DHHS structure, and think that's what you are sort of talking about. []

LIZ CRNKOVICH: Right. Well, but in this way though... []

TODD LANDRY: No, it...she's going much, much further than that. It is the historical...one piece of it is that we have gotten to the point, as we have talked about in previous task force meetings, where a portion of juvenile services is being served

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directly by the court through the court system through probation. Services are being rendered through the Office of Juvenile Services, if I may say so largely because that's where the money for those services resides, and the inherent conflict that sometimes comes up--not always, but sometimes, however frequently or infrequently that it comes up, of a conflict between a desire of the court/probation and the monetary ability of OJS and the desire and responsibility of OJS to fund. []

LIZ CRNKOVICH: Well, here's what I'm saying, and I'm getting here through a process because I'm not quite saying that either. I am, through observation, this is something I think about all the time, everyday on the bench, through listening, through this historical perspective, it isn't about should it be probation or should it be the department. It should be...should it be...should we look a system that is about juveniles in the context of the court, and the probation model is the adult system, the Health and Human Service model is the service system. There isn't anything...it should be kind of emerged, if you will, where you might have a service provider who has expertise in accountability, and expertise in the provision of behavioral health services, that can monitor the youth, a system providing services, and be an animal that isn't the department, it isn't OJS, it isn't probation; it's something different. Now, that's a big thing. And it might seem way to huge, but if you think that in the life of the state, in the life of juvenile justice, 40 years really isn't that long ago, and is not a system so set in place that we cannot look at it in this new millennium. []

TODD LANDRY: So let me ask this question: Are you intending... []

LIZ CRNKOVICH: I'm not advocating it. I'm just saying, somehow we're...

TODD LANDRY: ...are you proposing or at least...or is what you've drawn out there the creation of a new entity?

LIZ CRNKOVICH: I really don't know because I can read that and it will be on Rush

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Limbaugh tomorrow, and I...(laugh). []

TODD LANDRY: I'm getting used to that, but go ahead. (Laugh).

LIZ CRNKOVICH: I know. Frankly, I'm not advocating the answer because that would be presumptuous of me to suggest that I have the answer, and I'm not doing that. But what is all too clear is that we...is that there is a great, through not be design, through history and through practice we have reached a crisis where we don't really know how to address them. And if we do it in a, this is my bailiwick, this is your bailiwick, that's your bailiwick, and the none shall...we will not help the kids and the community. And I was just giving those different ideas to give some picture or understanding to what I think has happened historically, and brought us to this place.

TODD LANDRY: To try one more time and then I won't try anymore. What you are really talking about is a lack of a coordinated approach to meet the needs of those juvenile offenders between the entities that all have responsibility for (inaudible). []

LIZ CRNKOVICH: Thank you, Mr. Landry. You've nailed it. []

KATHY MOORE: Is it a process rather than a place? []

LIZ CRNKOVICH: It's not a place if you're talking about a building or a service. It's a process if you are talking about the ability...this is where Pollyanna comes in...for government agencies like HHS, probation, judges, and others, to sit together to set aside agendas and to really talk about how can we truly collaborate to meet the needs of the kids, and then come up with a plan where we have to kind of negotiate, but one that we are all a part of, that we all buy into,... []

KATHY MOORE: That's the hard part. []

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LIZ CRNKOVICH: ...and if it needs some legislative change to make it work, to be open to that. []

SCOT ADAMS: I like what you're saying, and I think a structural answer is... []

LIZ CRNKOVICH: Fantasy land. []

SCOT ADAMS: No. No, I think they are real-world suggestions. I think the Chinn report's first recommendation in the separate office is a structural answer to that, provides for a structural answer. The process answer to that is managed care, and that's what managed care companies do all the time. The third I would make is we collaborate in a current system all the time. It is on the times when we disagree that we think this is (inaudible). []

LIZ CRNKOVICH: I have to disagree on this (inaudible.) I said to Senator Jensen the other day, Magellan is the court. And he looked at me, shocked. Magellan is the judge. So it isn't working in a collaborative way and it isn't just when we're disagreeing. We have to sit and say how did we accidentally create a managed...we need managed care. We have to be fiscally responsible. []

SCOT ADAMS: Which we don't have, by the way. []

LIZ CRNKOVICH: Well, whatever. But how did we accidentally create it in a way that made it, by its very nature, adversarial to the court, and therefore not an assistance to the court but an adversary to the court. How did we make it in a way where a worker has to sit in front of a judge and say, I cannot do this because Magellan told me no. And a judge is saying, not out of ego, this is a court of law designated by the constitution and the Legislature, to order certain things, and you're telling me you cannot do this because Magellan's...? How about telling me why, and why Magellan said no? []

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KATHY MOORE: And you're mandated to meet the best interests of the child, and Magellan is not. []

LIZ CRNKOVICH: Right.

KATHY MOORE: And I think those summarize some of the (inaudible). []

LIZ CRNKOVICH: So those are not...I don't...those are not things to say, to continue the adversarialness of it. They are things we have to sit and be able to acknowledge in order to problem solve. []

TOM McBRIDE: It goes back to the silo effect. []

LIZ CRNKOVICH: And it isn't enough to say, well, Judge, you're still in charge; order what you want. Because then you've set up a whole another adversarial. You've got a poor worker who goes back and cries, and then a supervisor says, well, (inaudible); and then the kid is sitting in the youth center and then the (inaudible) is calling us, saying, hey, get him out of the youth center. That's what I'm talking about. []

KATHY MOORE: Let me ask a question about our process. (Inaudible). Let me...maybe this will help. I'm trying to look... []

TODD LANDRY: (Inaudible) to go out and (inaudible). []

KATHY MOORE: I'm looking at this list, and I hear Jeff say this is the box outside of which we won't go. But I'm still looking at the list and I'm trying to envision...if we assume that each of these...what might we say about each of these things? I wonder if that would help us. []

JEFF SANTEMA: I don't think necessarily Kathy means that every one of those line

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items is going to have a recommendation attached to it. []

KATHY MOORE: Okay; okay.

JEFF SANTEMA: (Inaudible) saying that these are...this is a subject matter list...

CANDY KENNEDY: This is the area that we're going to focus on. []

JEFF SANTEMA: ...that could be the potential for a recommendation (inaudible). []

KATHY MOORE: Okay. So if we think there's potential for a recommendation... []

JEFF SANTEMA: These just reflect the kind of topics that I've heard you talk about. []

KATHY MOORE: Got it.

JEFF SANTEMA: And so it's...

BETH BAXTER: Just a minute. In terms of the funding, just a clarification. It says, "maintain existing state appropriations." What does that mean? I mean, does that mean we're absolutely not looking for additional resources? []

JEFF SANTEMA: It's reflecting the discussion that the task force had earlier about starting with doing this within... []

_____: This was the area of our focus, yeah.

JEFF SANTEMA: Doing planning within existing appropriations, and maybe reallocating and so on. It doesn't preclude the seeking of additional.

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JIM JENSEN: To go back with the judge's comment however, you haven't signed a contract with Magellan at this point in time, is that right? []

SCOT ADAMS: We're in the midst. We're in the (inaudible) pendulum. []

JIM JENSEN: You're in the midst of that. And that is not on our sheet here. []

JEFF SANTEMA: Well, there is a current conflict, Senator, (inaudible).

LIZ CRNKOVICH: Well, it was Options...it doesn't matter if it's Magellan or not. It was Options a few years ago. It's Magellan today. Tomorrow it will be podunkin' don't spend the money company. So it's not about Magellan. It's about the concept and the... []

TODD LANDRY: Is that Inc. or Corp.? I didn't get to look at that...(laughter).

BETH BAXTER: Well, and I think, in addition,... []

LIZ CRNKOVICH: I used to be articulate. Now, I'm over 50 and I can't remember the words, but...(laughter).

_____: In addition to what the Judge is saying too, I mean, even in those many instances when you have a child and family team sitting around the table with the family...you know, the parents in the driver's seat, and the child in this process, in this team process, this team can make recommendations based upon what they believe is best for that child, and Magellan will deny it. But when you've had this whole group (inaudible)...

RUTH HENRICHS: They determine what the service is, by authorizing it or not. []

_____: Right. And you build...you learn how to...you learn how to get a child

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treatment (inaudible)...by finessing. []

LIZ CRNKOVICH: By finessing it. Because over time you learn how they...what they will authorize and what they won't, and you learn how to...and does not that then (inaudible)?

_____: It's not (inaudible).

JIM JENSEN: However, what they do is always within their contract. And that's what I'm saying, is there a time period here, Scot, to examine that contract and to make some adjustments? That's maybe not for this committee decide, but maybe it is. []

BETH BAXTER: Well, it may be something to take into consideration, as we look for an opportunity to make the system better, or I mean to make this process better. []

SCOT ADAMS: You know, a couple...you raised a number of questions. Let me see if I can respond to them as best I can recall. We're in the midst of sort of developing the renewal or the bid for Magellan or somebody in that regard. Our intention is that it will look similar to today, but that certainly can be tweaked and I will make sure that this conversation gets fed into that process. Secondly, I think what the missing part of this conversation is, why would Magellan think this is a good idea? In other words, what's the other point of view? And I think it is the piece that got missed on the funding side, that talks about diversity had flexibility. That conversation, I recall in here, quite clearly was diversity and accountability. And in the case of Medicaid, which is what Magellan guards, they guard medical necessity. And so there becomes a difference of opinion about social interventions as opposed to medical necessity. Medicaid is a medical program. It's health insurance. And sometimes some of the interventions that are called for are things that you would expect your health insurer to pay for. Now that's a larger issue beyond the scope of Nebraska and the state, but it's a big deal in that Medicaid at the national level, through the focus on Medicaid rehab options, a particular piece, is in

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the midst of backlash currently on that topic. A number of states have expanded the use of Medicaid into things like child welfare, juvenile justice, in particular I would mention here, and education--have Medicaid pay for those things. And Medicaid at a national level has been very clear, it ain't going to happen, and that there is movement back away from that to medical necessity. So I absolutely...love the conversation. I'm not conceptually opposed. But technically we can run into some problems in some of this, and I think it is a long that side that sometimes--I suspect not always--that there has been disagreement on medical necessity of a particular authorization of a service. []

LIZ CRNKOVICH: Right. And that's the very thing I was talking about earlier, that we have no room then within that particular system for those times when we need to deviate from the medical model.

SCOT ADAMS: Agreed.

LIZ CRNKOVICH: And so that's where a lot of the conflict...and it's creating animosity and adversarialness unnecessarily among the agencies that need to work so closely together.

SCOT ADAMS: Let the record reflect we agreed twice today.

KATHY MOORE: Well...and then under funding, it seems like either as part of diversity and flexibility, or as another item, that we need something that references the authority of managed care and lack of alternative funding sources. []

JEFF SANTEMA: Okay. I've written that down. []

BETH BAXTER: On the Hastings Regional Center, and this is just a wordsmith it. The second sentence is says, "The inpatient chemical dependency..." That's probably residential. []

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JEFF SANTEMA: And this doesn't...the desire to move on at this point doesn't preclude additional comments to Senator Jensen about this list, and I'm sure you can give those to Senator Jensen through me. And are there any last additional things before we move on? []

TOM McBRIDE: Within the HR...the whole...? []

JEFF SANTEMA: In the list of topics. []

TOM McBRIDE: Within the HRC thing, can we address something in that? []

JEFF SANTEMA: Yes.

TOM McBRIDE: And I agree, one of the...I agree with the comments there. The only thing that worries me is the study portion of that. I think there's already a study going on that the city of Hastings, and I think they were in our last meeting, and doing that. I...well once you get into studies and they go on and they go on and they go, and, you know, as you've indicated before, you know, we've had data. We've got this. I think we ought to fish or cut bait, and just close it, and then we'll do a study what to generate in there after the programs are dispersed. That's my only...

TODD LANDRY: So, Tom, you would essentially say in that section as currently written up for the first sentence of the second paragraph. []

TOM McBRIDE: I'm sorry? []

TODD LANDRY: You would end it after the first sentence of the second paragraph is what you're saying? []

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KATHY MOORE: And maybe come up with a word different than "ultimately." that []

TOM McBRIDE: Yes, (laugh), you know, for what you were saying, and then a study of what those...what could best be used to go in there, but... []

CANDY KENNEDY: Yeah, because that's actually I think these words were from that conversation after we talked about not using HRC, but we were recommending that they do a study to see what were some other things that could be there. It wasn't necessarily a study involving the system again, that particular system. []

TOM McBRIDE: I guess what I would say is there would be to close that facility, however there's got to be some kind of a plan in place to absorb the service provision of those kids prior to that happening. But it shouldn't be redundant upon a study for... []

KATHY MOORE: And it seems like we could...the task force believes that HRC should be closed with service provision alternatives created, or something like...and then you could go ahead and leave part of the next sentence but not tying it to the decision. You could say the task force supports the state of Nebraska and community of Hastings, jointly providing for and funding a highest- and best-use study, period. In other words, we're supporting that but we're not wanting the decisions about closure to hinge on or be delayed. Does that get...? []

RUTH HENRICHS: Because best use might not be behavioral health services. []

KATHY MOORE: Right. It might not relate to kids at all, and (inaudible).

JEFF SANTEMA: Okay. I've noted those comments. []

BETH BAXTER: And this may be a little picky, but I just...the sentence, the second sentence in the first paragraph, do we want to reference the mental health services? I

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mean, they've been there just a short period of time. I mean, I know what helped us in our little group 3 to address Hastings, was to separate out... []

KATHY MOORE: Yes. Good point. So the chemical dependency program has been there for a fair number of years, and I think there are individuals who have seen positive results. It's not definitive. It's not measurable. But, yeah, I think the mental health services that are in it, fall into a different category. I would agree. []

_____: And those have been reduced now, right?

SCOT ADAMS: Those have been reduced now. Why it probably merits staying in there is, (a) this is children's behavioral health, and it's there, so it ought...I mean, by absence, it seems even funnier than not talking about it. Secondly, the services existed at the Lincoln Regional Center for a significant period of time ahead of moving to Hastings, so the services have been services for a long time. And so I think it deserves some comment there, like that. And, yes, they've moved from a 16-bed staffing pattern to an 8-bed staffing pattern. []

CANDY KENNEDY: Permanently or just for the...? []

SCOT ADAMS: Um-hum. []

CANDY KENNEDY: Okay.

KATHY MOORE: What maybe would help, because it's goes on, the end of that sentence also doesn't relate to the mental health services because then it says, particularly providing...particularly to adjudicated youth from the YRTC in Kearney. And so maybe just taking the mental health out of that and leaving that tied to chemical dependency. And if you want to add another sentence that says additionally mental health beds transferred from Lincoln to Hastings... []

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JEFF SANTEMA: I can clarify that. []

TODD LANDRY: Yeah. And to further build upon that, what Kathy just said if you make those changes, similarly, the same changes would need to be made in the second paragraph, second sentence, of the YRTC section. []

RUTH HENRICHS: And I think, at least in the small group I was in, Jeff, we did talk about, you know, we would like to see that study with Hastings, but when we said, including the potential construction of a new facility, I don't think my group said state-operated. We were just saying that maybe we need a 20-bed unit there. We didn't say state-operated. []

JEFF SANTEMA: Thanks for (inaudible). []

TOM McBRIDE: Scot, would you...you know, throughout the...suggestions in here, would we want to say something to the aspect of developing a program that would, in some fashion, so we didn't have kids going out of state? Would that be a...? []

SCOT ADAMS: You know, one of the things I had urged this group to tackle early on was the number question. And I think that part of it addressed that, Tom. Ought the state to develop a system in which no kids leave the state, that's one design metric. Ought the state to design a system that would, say, have 30 kids, on average, out of state, should it be 100 kids? Should it be 500 kids? Gosh, I don't know the answer to that, but I, in I think the very first or second meeting, I urged the committee to sort of tackle that question. []

LIZ CRNKOVICH: It should be as few kids as possible that should be available to those youths whose needs cannot be met within the current available services in the state of Nebraska. If you say it's 30 kids, I'll guarantee there will be 31 or 35. If you say no kids,

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unless you are creating a whole lot of facilities, you're going to miss, and it might...you know, the hard part is, that the most serious populations are probably not the highest numbers: the sex offenders. I refer to them as the gangbangers. I mean no disrespect to those youth, but they are engaged in that gangster-type behavior, and for some of them, getting out of the environment is the best thing to assist them. So I just worry about the numbers. It seems like a guiding principle, and once again, that we...that as a guiding principle, it is not only best to have them in the family, but if they can't be in the family, to at least keep our kids within the state of Nebraska, but recognizing that there are going to be occasions when that is not going to be possible for various reasons. And, you know, I somehow want to minimize that, but also be open to that possibility. And then you raise the question, how do we know where that is? Well, that can be, then, the best use of the service provision and the court provision, by using the system that's been in place for centuries, presenting evidence, not just come in and talk to the judge, but evidence on the record of what the needs of the child there are and what are available such that if you hate it, you can (inaudible.) But, so I don't know. []

SCOT ADAMS: You know, I absolutely think what you are saying is great, and I fully agree with the arbitrariness of a number. And so I appreciate that. Over the course of the last 18 months or so, we've gone from around 90 out-of-state, down, the last number I saw it was about 27, and I think that's a couple months back. We may be below that. So we've been on a trajectory of going down. []

LIZ CRNKOVICH: But not...oh, Scot, each and every one of those cases has not been based on the needs of the child, and I know that because I've seen it in my courtroom. The numbers have gone down because the policy says, take the numbers down. They have not gone down because each of those--now, I'm not saying all of them--but not every one of those kids was brought back to the state because we had what they needed in the state. And that is as clear as the sun comes up in the morning. []

SCOT ADAMS: Um-hum. I suspect there is truth in that. []

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LIZ CRNKOVICH: I know there's truth in that. I've just ordered it; no, I'm kidding.
(Laughter) []

SCOT ADAMS: well, my only point to follow up to that, is if, at a conceptual level, we say every kid ought to be served in the state, then we're going to build some expensive facilities. And my fear is given our propensity toward out-of-home care, at almost every level we'll fill that up. []

LIZ CRNKOVICH: So we have to...we do, at the same time that we're doing all this, maybe we have to talk about, is that the paradigm? Is that what it is? The culture and the culture change. But always, always, always, based on the...you know, it's not enough to say the best interests of the child. It has to be based on the unique facts and circumstances of each particular child, and that's where we then get away from this absolute, either way, sort of thing. But I agree with you yet again, that there is a part of this that requires a culture change in terms of a way of thinking, much as I said, the 40 or so years of history of juvenile justice in that criminal justice (inaudible) context. I'm going to step out for a minute just to give you guys a chance to talk (inaudible). []

KATHY MOORE: It seems to me that something that needs to be added under this list to make sure that we...geography is a piece of this. And many of us have been around this table for a very long time, and the fact that these three facilities are in Kearney, Hastings, and Geneva, and that's where the bricks and the blocks are, reality, whether we go with a number or not, reality would say to us that three to six of those kids ought to be cared for close to the Panhandle, whether that's in Nebraska or Wyoming or South Dakota, we could debate, but we can look at the Panhandle. So somehow the word geography needs to get there. And also community-based alternatives. You know, I know some judges want kids to go to a YRTC because it's a YRTC, but there are a lot of states that kind of come up with other alternatives that send the same message a provide a lot better services. So something that talks about community-based probably

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needs to be in there, as well. []

TODD LANDRY: Right. At the same time, recognizing exactly what you said a moment ago, and I wished the judge was still here, the desire and the ability of some judges to order certain types of commitments. And I think we have to recognize and honor those, they actually...you know, we have to, by law. []

KATHY MOORE: Well, and I don't know if it is covered under any of these, but, Jeff, maybe under interagency or coordination or system issues, we somehow have to at least put a statement down about authority. And I used the word "authority" a little while ago in relation to managed care, but there's other. It's decision making. It's placement authority. []

JEFF SANTEMA: And I did have that in my, Kathy, with some of these other words and things that were used there. Please, continue to give your input, but as soon as possible, on these, to me, and I will pass them on. []

TOM McBRIDE: Jeff, can I ask one? It's not on to add to the list or whatever, but there's a lot of stuff in here. A lot to bite off. Will you prioritize, out of this list, certain things, or...? []

JEFF SANTEMA: My sense is, and depending on your approval of charging Senator Jensen with coming back to (inaudible) crystallizing this, I don't think it's realistic to think that the task force can make a recommendation about every little thing,... []

TOM McBRIDE: Absolutely. []

JEFF SANTEMA: ...and can't. And so there has to be some type of process of prioritization. I think the point of this is to make sure that there's an understanding of what the issues you all have been talking about so they can be crystallized into some

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recommendations appropriately. And they would have to be prioritized at some (inaudible). []

TOM McBRIDE: Okay. I didn't know how that was going to... []

JEFF SANTEMA: And if there are no additional...? []

KATHY MOORE: Oh, sorry. Gosh, I don't think I even know enough to lay this out right now, but so much of what we've discussed for the last several hours focuses on who's right and who's wrong, who's got the crystal ball. I wonder if we should put the word "ombudsman" on here, only because I've been seeing some...several states, I believe, are looking at an ombudsman-type process for some of these very difficult situations. I don't know enough right now to bring a recommendation back to you, but I'd be glad in the next couple of weeks. So if we need to get a word on the paper, maybe we should put ombudsman, question mark? []

CANDY KENNEDY: Well, we did put the word...what am I thinking about? My brain is dead. I can't think of the word. []

KATHY MOORE: Well, I know we've got interagency...

CANDY KENNEDY: Responsibility. We talked about...what's the word I'm thinking about? You know, individuals take it...being responsible for the actions. Accountability. So an ombudsman could fall somewhere under (inaudible).

JEFF SANTEMA: Well, thank you very much. And, Senator Jensen, if we could move on to...unless someone else... []

JIM JENSEN: Is there anything more on that section that...? []

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JEFF SANTEMA: Well, again, this isn't the end of staff input.

TODD LANDRY: I'm sorry; I've got to say this. I hear what you're saying, Kathy. I would just state, in general, I have a significant amount of concern, given the fact that we have a coordination issue, as well-identified through some of the discussion we've had, among the entities that we already have involved in the system, to add yet another one to it. I've got some real concern about that.

KATHY MOORE: That's why I said, question mark. I don't think I disagree, but I look here. We have some other things that we didn't really discuss, like a coordination council or state and local coordinating councils, etcetera, etcetera. I guess what I'm saying is, I fail sometimes as a very external person to know why two or three people aren't sitting down on a more regular basis and just hammering this out. There has got to be some logical reason that they aren't, and so absent...I mean, I'd like to write down here, just sit down and figure it out. But there continues to be these issues rising. So I don't know. You know, we created a court of appeal because we didn't want to take so long to get to the Supreme Court. I don't disagree with you. I'm just saying, let's put something on there as a question... []

TOM McBRIDE: You know, and I'm kind of like...you know, I understand where you're coming from, but I really like Todd's observation, because if you were looking for, like even appealing State Board of Education funding, or if you're under managed care and you go through the appeal process, that doesn't work, and now you stick an ombudsman in there, it's just...it would never end. []

KATHY MOORE: I won't go to the wall for it at all. I... []

JEFF SANTEMA: Well, then, if you could take your motion sheets, and if we could ask for your formal decision on a couple of these points. And again, I...you need to preface this with immediately suggesting clarification in this language. When we talk about your

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preliminary approval of section one, for example, as presented, you obviously need to add behind that, "and amended by the task force." You know, as presented to you and as you've fed back your comments. And so that would be the clarification on number two, three, four, and five, you know, as amended by the task force, as well. And so we would like to ask for your formal, based upon this discussion document, and again, taking the next step to bring back something else to you. []

BETH BAXTER: Jeff, could we do these altogether? Or do...the motions, do they need to (inaudible)? []

JEFF SANTEMA: It's up to you. []

_____: Do you need someone to second it?

_____: I mean, I'll make a motion.

JEFF SANTEMA: On which one (inaudible)?

JIM JENSEN: Everything. []

JEFF SANTEMA: Motion one through six.

_____: As amended.

RUTH HENRICHS: Jeff, may I ask, what does preliminary approval mean? []

JEFF SANTEMA: It means that this is going to be changed. You're not giving your final approval of any document, but you're giving your preliminary approval so that we can move ahead then, incorporate your comments, and bring back something... []

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JIM JENSEN: Until November 14. []

JEFF SANTEMA: ...to you for your final approval. On November 14. So if you're saying what you've done so far is okay, we'll wait to see how you...you know, what revisions you've made, and I want to think about it some more, but you're saying you can go ahead and do with where we're at.

BETH BAXTER: So I'll make that motion that we incorporate one through six, and then as amended by the task force. []

JIM JENSEN: Is there are second to that? We have a motion and a second. Any discussion? []

TODD LANDRY: Could I offer, and this may or may not be necessary, and maybe it just makes me feel a little bit better, a potential friendly amendment here, that instead of as worded, point two, three, four, and five, all of them would be worded to say, preliminary approval of introduction and outline of section one, two, three, and four, as presented and amended, just to recognize there's a lot of drafting that has to go on between now and then. []

JEFF SANTEMA: Introduction and outline. []

TODD LANDRY: And outline. It's exactly as you have written, point five. I just think it may be appropriate to expand those to be all inclusive of two, three, and four, as well. []

BETH BAXTER: I would accept that amendment. []

JIM JENSEN: All right. The person who made the motion accepts that and will the second accept that? []

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LIZ CRNKOVICH: Yes. []

JIM JENSEN: Any other discussion? Does everybody understand what we're voting on? If that's the case, all those in favor say aye. Opposed. It passes unanimously. And, Jeff, is there a way that we can get this out a couple days in advance of October 14, to the...? Or November 14? Okay. []

KATHY MOORE: And particularly number six, the recommendations. []

JEFF SANTEMA: That will be the heart of the next meeting. Yes, exactly. []

KATHY MOORE: Okay. So that could be part of what (inaudible) couple days (inaudible).

JEFF SANTEMA: Exactly. And Senator Jensen will give me direction on that.

TOM McBRIDE: I'll go back, and I think it was Kathy, you know, at the first, Jeff, you know, the way you've put this together and synthesized everything, is just...you've done a nice job. []

_____ Yeah, nice. job.

JIM JENSEN: Any other...? []

RUTH HENRICHS: I just have a question about...and it's probably in the legislation and I just don't know, but what happens after November 14, or after December whatever, because this report isn't going to change. I mean, it's a very broad brush kind of a report. There will be more meat to it, but... []

JEFF SANTEMA: A month after the report (inaudible)... []

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_____: Who takes over then? I mean, we're doing, so what happens

JIM JENSEN: Explain that, Jeff.

JEFF SANTEMA: A month after the task force's report, HHS has to respond with an implementation then and appropriation plan. And I'll read the language. The department shall provide a written implementation and appropriations plan for the children's behavioral health plan to the Governor and the committee, Health and Human Services Committee, by January 4, 2008. So a month after you complete your report, then the Chairperson of the Health and Human Services Committee, Senator Johnson, shall prepare legislation or amendments to implement this subsection for introduction in the 2008 session. That's the second thing that happens, an implementation and appropriations plan, introduction of legislation in 2008. Then the third thing, Section 3 of the bill says that the task force will oversee implementation of the children's behavioral health plan until June 30, 2010, at which time the task force shall submit to the Governor and the Legislature a recommendation regarding the necessity of continuing the task force.

KATHY MOORE: So we don't just put it on the shelf, presumably. []

BETH BAXTER: We're here for the long haul. []

TODD LANDRY: Well, you just had to throw that last word in there, didn't you Kathy? []

KATHY MOORE: The presumably? []

TODD LANDRY: Yeah.

KATHY MOORE: Yeah. (Laugh) Sorry. It's an age thing.

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JIM JENSEN: Anything more on that, Ruth? []

RUTH HENRICHS: No. I was just wondering about oversight or maybe even more interested in accountability or just what was the role going to be for two years for this group, because the 2010 date I knew, but so, no, I'm not really looking for anything more, Senator, at this time. I just (inaudible). []

JIM JENSEN: I think you just got a job as an unpaid lobbyist. Any other questions or comments? Yes, Candy. []

CANDY KENNEDY: I wanted to bring this up today before...I forgot this. Starting tomorrow, I've actually previously spoke with Todd and Scot about this. Tomorrow, there is a SAMHSA grant that comes out and it's a statewide system of care grant, which when we talked about, some of the concerns were that it isn't a grant that's matching. It's a three-year grant. And I haven't seen it yet because it comes out tomorrow. But it's a matching grant and I think it's going to have similar monies to the SIG grant monies. And it, the matching is progressively more each year, starting low the first year. The first year is planning, the second two years are implementation. And concerns with that, is...and I did check with other states that have done it in the past. This one is going to be a little different. But some of the concerns were the matching. And previously, in some of the other states, the matching has been accomplished...a lot of matching has been accomplished by in-kind; that is allowed. I'm assuming. All this is assumption until I physically read it. The other was actually having the time and the staffing to even write the grant. Is that right, (inaudible)? Or a statewide system of care for children's mental health. So it's... []

TOM McBRIDE: Can you use, like, some of the SIG grants is the matching monies for the...? []

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CANDY KENNEDY: Probably not. []

KATHY MOORE: Usually they won't allow you to use their money. []

CANDY KENNEDY: No, I'm assuming it's about the same amount of money as the SIG grant, so. But it's so...it would...it's next steps... []

SCOT ADAMS: We've had some next...or some preliminary conversations with the Public Policy Center about writing that application for the department. []

CANDY KENNEDY: And I even thought maybe we could talk to a couple private partners or some... []

SCOT ADAMS: Yeah. I would be very open to that, Candy. So if you've got particulars, let's get together on that. That would be great. []

CANDY KENNEDY: Yeah. Okay. I was thinking maybe being a little creative, too, so that if there is some concerns, we don't want it to be on someone's shoulders completely (inaudible) work it out. []

KATHY MOORE: And I'd love to see more of a true partnership in this. You know, I'd really like to see...I think most of us have not felt fabulous about SIG and the use of those dollars and what those dollars have accomplished. So even just saying the Public Policy Center would write anything, that feels a little bit like the same old, same old. And so I would love to see this, the existence of this discussion enable Nebraska to view this from a slightly different paradigm. We've got all new folks around the table and it seems like it might be fun to figure that out, so I'm glad you raised that. []

JIM JENSEN: Okay. If you'll leave your draft here, a search will be made at the door. (Laughter) If there is nothing else...oh, excuse me. Is there any public comment? []

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CORY STEEL: Actually, I will stand up and, not to rehash everything, real quick--once again I'm Cory Steel--just so you guys aren't questioning or wondering where probation stands on a lot of this, the same issues that arise from Judge Crnkovich, it's probation's position that we feel the same problems, that we're handcuffed with our recommendations with dollars. It comes down to dollars of what probation can provide. Juvenile probation isn't like the adult probation where we have community correction dollars and we can utilize it for a lot of different things. There is no money attached to juvenile probation. So when we go into the court as a probation officer and make a recommendation to the court, a lot of the times it is commitment to the department, specifically for services. []

LIZ CRNKOVICH: Or the counties that don't have the money. []

CORY STEEL: Or some counties are fortunate enough where they have some dollars to pay. And that really hamstring probation because what we see is, more kids that could be supervised in-home with home services that where giving over to the department for the simple fact of services. And those are the discussions that we'll have of whether it's child welfare dollars, cutting down OJS evals, showing a cost savings, and a pool of money for probation or other services out there. Because what we're seeing is a decline in some of the probation across the state because we don't have services; we don't have dollars. And it's simplistic, not we cannot supervise this youth, because the majority of the time we can. It's the simple fact that when there is drug and alcohol needs and mental health needs, even if it's a community-based, we don't have the backing of funds. And I know...I feel the judges' pain. Lancaster County, Douglas County, Sarpy County, and even out west, the judges simply say, I wish I could put them with probation, much cheaper, much more cost-effective, but they have to go to the department because there is nobody that can pay thee bill. And that's the sad reality of what's going on. And the second thing that's going on is multiple OJS evals just to continually get that funding. We have judges that will have a youth that has an OJS

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eval, recommends treatment. That's great. Six months' funding for that treatment. Johnny has had that treatment for four months, has two more months left, but the Medicaid funding runs out. Sometimes the judges will reorder an updated OJS eval specifically for to continue that funding for two more months. And that's very costly when if there was a pool of money that we could pay for those resources and continue them on probation. So probation is...and that's one of my passing goals also with this new position, is whoever wants to sit down with me and have these discussions, I would love to do that, because that's one of the things probation would love to see is, we will supervise kids in the community. That's what we're here for. Not to send them over and make them state wards just for a simple fact of drug treatment or mental health treatment if it's in the community. So just with that, I didn't want to rehash anything, but I wanted you to know where probation stood on the same thing, and our feelings. Okay? []

JIM JENSEN: I think the Chairman of the Appropriations Committee heard that. []

CORY STEEL: Thank you. []

JIM JENSEN: Thank you. Anything else? []

KATHY MOORE: Good meeting. Thank you. []

JIM JENSEN: Have a safe and sane Halloween and we'll see you on the fourteenth. Thank you. []