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Children's Behavioral Health Task Force  
November 14, 2007

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JIM JENSEN: Well, good morning. Why don't we try to get started. Well, good morning. Let's go ahead and get started. And you have the agenda before you. Do you see any additions or corrections you'd like to see in the agenda that we have? If not we'll proceed under that outline. Also, the minutes of October 31 were circulated. Any additions, corrections to those to be noted? If not they will stand approved as presented. We get down to item four, consideration of the draft recommendations. Jeff did send these out the other day and I think you all had an opportunity to look at those. I just might mention and, of course, Jeff was my first employee when I came into the Legislature 13 years ago. And there aren't too many people that recognize what he does, but I called down here Monday, which was a state and federal holiday and I knew he'd be in the office. (Laughter) And he was here Saturday working on this and one of...the state gets its money's worth, I'll tell you, out of Jeff Santema. And if you don't know that I'm telling you... []

CANDY KENNEDY: Thank you, Jeff, for your hard work. Thank you. []

JIM JENSEN: ...that he's an extremely dedicated individual and so he spent a lot of time at that. I thought what we would do is go through the draft and that's exactly what it is. And if this works, we will go through and see if there are any additions or corrections, anything you'd like to add, detract. Then after...and Jeff will also kind of take us through those. Then we would have public comment. Then we would spend some time seeing if there is anything after the public comment that we would like to change. If we can, we could make a motion to proceed with any changes on the draft and have that back and circulated to you a couple days before our meeting on the 14th...not 14th, be 28th. Is that right? []

JEFF SANTEMA: We have yet to discuss that, but yes that's... []

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JIM JENSEN: Right, but anyway we'd maybe circulate that back to you on the 26th. As you go through these, I want you to look at the time lines that we have set forth. That we looked at also in some of the recommendations there are some individuals that we have taken the liberty, I haven't heard from any of the individuals that we named anyway, to have a subcommittee and come back with a report. I would anticipate that we probably would meet again, after we conclude our report and give it to the Governor and HHS committee, that we would probably meet again sometime after the first of April. We have a target date then. Again, we'd meet again probably after the first of July again, because that's another target date. And we'll see where we go from there. So I would like you to look at the time lines that we have set forth that we would prepare a meeting. I also thought that it would be good that perhaps we have a leading paragraph just to perhaps give a vision or a policy that this task force might see fit to do. I just threw out to Jeff kind of a, for lack of a better term and not to use one that has been in some cases regarded highly and in other cases not at all, and that's no child should be left behind, that type of thing in the state of Nebraska. In other words, every child that comes into this state that needs services can get those and also that we have an accounting system that will follow through to ensure that that is done, maybe a vision statement or a policy statement to lead our recommendations. With that, Jeff, why don't you just briefly go through what we have. Like I said, it's all before us in black and white. There are 15 recommendations, that's not to be exclusive at all, but at least this will be a beginning point to start with. Any comments on that? Jeff, why don't you go ahead then.

[]

JEFF SANTEMA: Thank you, Senator Jensen. First of all, the recommendations as you've already noted are based on the eight plan requirements that were included in the statute and so those have been condensed by five and by combining some related topics together. And then as far as benchmarks and time lines are concerned and Senator Jensen noted those have been added within...folded within the individual recommendations. So an attempt was made in this document to prioritize critical planning issues and to suggest a reasonable and achievable process to accomplish key

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planning objectives. Although the recommendations are not exhaustive, hopefully they are inclusive of the issues that the task force has already discussed. As Senator Jensen said, he would like to first just open it up for your discussion about the recommendations, take some public comment on them and then entertain a motion with respect to the recommendations, if that meets with your approval. And the way that the recommendations were broken out is under: Integrated System of Care, Capacity, Funding, and then Legislation. So, Senator Jensen, I think that's all I would have to say. []

JIM JENSEN: Okay. With that, any comment from any of the commission members that you would like to see added or detracted from what was presented to you? []

KATHY MOORE: Are we going to go through it by section or by... []

JIM JENSEN: I'm really open to that, we can if...rather than jump around, let's go ahead and do that. []

KATHY MOORE: Okay. []

JIM JENSEN: Any comments on recommendation one? Well, first of all, let's start off with the beginning, on the planning recommendations, what the task force, I think, was challenged with and we perceived. So any comments on that? We have then the Integrated System of Care. []

KATHY MOORE: And with that section I was...I tried to step back and see if there was anything missing. And I was reflecting back on our presentation at our last meeting on the new probation staff person and the interconnectedness or the need to better connect between probation and OJS, parole. And so I wondered if there should be some reflection of that in here, because it's clear to me that we left probation out of LB542 and that that was probably erroneous and an oversight. And so I'm wondering if

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this is an opportunity to add that in some fashion? And having said that, I don't have a recommendation drafted, but I actually have three of these floating thoughts and so maybe I can work on it as we discuss. So number one is the probation, OJS, parole issue. Number two is, and this...I was at a meeting last evening in Omaha and there has continuously been discussion at the Building Bright Futures Behavioral Health Coalition about this task force and they are waiting and watching to see what we are going to come out with that's going to be the state level stuff and see how that's going to trickle down to their community level work. And in two meetings I've been at this week I realized that we have not reflected in here anything related to the disproportionate minority confinement issue in the Juvenile Justice System. And I don't know whether we should or not, it was just something that came to me last night. But we keep focusing here more on the behavioral health issue, but it...LB542 grew from a juvenile justice perspective. And there is a tremendous over representation of children of color in the Juvenile Justice System so...and that's an issue that our...that we get...our state gets federal money to address that problem, etcetera. So that's more a question whether or not that should be included in here? And then the third... []

SCOT ADAMS: Kathy, could you just summarize that, what's your point? []

KATHY MOORE: My point on the second one is that in the juvenile justice arena there is wide recognition and concern that children of color are disproportionately represented based on their racial balance in our general population. []

SCOT ADAMS: Um-hum. []

KATHY MOORE: That at the federal level there are federal dollars allocated, through the Crime Commission here in Nebraska, for the Crime Commission to fund programs that address the disproportionate over representation. And that when we look at the work that we are doing, we probably should at least have something in here that references cultural competency or something acknowledging that many children of color

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come into the Juvenile Justice System because of cultural issues. Thanks, Scot, for the question. []

CANDY KENNEDY: Don't we have something in here about cultural competency? []

KATHY MOORE: Well, I... []

CANDY KENNEDY: We have to be, I think, probably be a little...that's a bit fragile with...when we talk about our state being cultural...working with cultural competency and fragile because we don't want to infer that because of their ethnicity there's more issues with behavioral health challenges but to make sure that we're addressing everyone equally. []

KATHY MOORE: Well, that's why I say it looks different when we're talking about it, a little different from a behavioral health side than in the juvenile justice arena it is widely recognized and all people of color are talking about it. And so the issue is, and we had a lot of discussion actually in the Omaha Behavioral Health Coalition, cultural competency is one of the areas to be addressed in training. So whether we address it here from a training perspective, I'm not sure? []

JIM JENSEN: Beth. []

BETH BAXTER: Just maybe a couple of things in regards to that. I mean in terms of the integrated system of care I think it would be helpful to have some reference or statement around to articulate the values and the principles of the integrated system of care and that gets at the cultural,... []

KATHY MOORE: Um-hum. []

BETH BAXTER: ...you know, competency piece, plus others. And then I think, you

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know, in terms of previous discussions we've had, that behavioral health really is kind of the foundation of obviously the children's behavioral health work. And so it may be that children of color, you know, they come into the system to get help with their behavioral health needs through the juvenile justice. You know, other children may come through a different system. So I think it's worth mentioning somehow... []

KATHY MOORE: Um-hum. []

BETH BAXTER: ...because we've had that discussion that behavioral health is that unifying factor. Kids come into the system through various doors because they may not access a mental health center or something like that, they get picked up on some kind of law violation or so forth. So I don't know how you articulate that, but I think it gets at Kathy's concern or... []

KATHY MOORE: Um-hum. []

TOM McBRIDE: I think you know my...as I was thinking of that, Kathy, in the funding section of this it talks about that, you know, that when you bring the juvenile justice discussion into behavioral health there's legislative things that have to happen. []

KATHY MOORE: Right. []

TOM McBRIDE: That, you know, I don't know if I'm ready to solve those, you know, right now. (Laugh) You know, the disproportionate minority contact is being addressed, you know, through the State Advisory Group for Juvenile Justice, you know, in their efforts. They have to make the, you know, the qualifications back to the feds to continue meeting the points to qualify for the money. And I think if we looked at what Beth was suggesting with having some guiding principles in there it would address, you know, those kinds of things. If in the integrated system of care definition...and I think as soon as you bring something in and you mentioned juvenile justice, HHS, you're going to

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leave somebody out in that that's a pretty global statement purposely that it says all areas of, you know, the system of care and stuff. So... []

JIM JENSEN: Well, would...Kathy, could that...under recommendation three, where we have a subcommittee that's chaired by Dr. Adams and Judge Crnkovich, could it be included there? I don't know? And one of the concerns when we first started out is, you know, I don't know that we could, through this task force, solve all of the problems. []

KATHY MOORE: Right. []

JIM JENSEN: So we're trying to, I think, stay with behavioral health issues, how they...and yet that kind of goes counter to where I typically am,... []

KATHY MOORE: Um-hum. []

JIM JENSEN: ...looking at the root causes of those issues. And many times certainly it is within that... []

KATHY MOORE: I think Beth's suggestion... []

BETH BAXTER: Maybe it's in recommendation one or three that it's just that acknowledgement that... []

KATHY MOORE: Right. []

BETH BAXTER: ...kids have behavioral...that's their fundamental need and they come into this system, I mean, that's why we need a system of care because they come into the system through different doors. []

JEFF SANTEMA: And the task force, in its previous meetings, has asked for a clear

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articulation of the system of care values in a previous section of the report. And I was just wondering if Kathy's question goes as much to the recommendations as it does to some fundamental foundational parts of the report? []

BETH BAXTER: And I kind of forget that there is other parts. []

SCOT ADAMS: Yeah, there's more. []

KATHY MOORE: Yeah, I think, Jeff, that may be correct. Yeah, I think that does it. The issue of probation and parole, I think, probably goes to recommendation number three and to that interagency planning subcommittee. And that perhaps, since probation won't have a seat on this committee, perhaps identifying them as a participant in that subcommittee process might be sufficient. []

JEFF SANTEMA: Okay. []

JIM JENSEN: Okay. Yes, Ruth, and then Tom. []

RUTH HENRICHS: Jeff, I do think that, to Kathy and Beth's point, this is probably the section of our work that people will lift out... []

KATHY MOORE: Right. []

RUTH HENRICHS: ...and quote and the rest of it might be sort of around the edges, but this will be what people will go to. []

KATHY MOORE: That's right. []

RUTH HENRICHS: So in that vein, Kathy, it...maybe rather than repeat it all, since the values and principles are going to be in that earlier section, could we at least in this

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integrated section make some kind of statement to the fact that there will be...people will enter the childrens behavioral health system from a wide variety of places and points, see page five... []

KATHY MOORE: Um-hum. []

RUTH HENRICHS: ...of the prior section for definition of whatever. And then when you get to the funding section, which Tom is referencing, which is where I do think also, you know, that is where some of the funding, Crime Commission, some of those things, would it be possible in that section to also do a similar kind of statement or to at least put something in there that specifically names, you know, federal funding... []

KATHY MOORE: Um-hum. []

RUTH HENRICHS: ...and that there may need to be legislation changed? Could we make a generic statement that references back or at least uses the word so that whoever lifts out this section knows that we thought about parole and probation and federal funding? []

KATHY MOORE: Yeah, okay. []

JIM JENSEN: Okay, I think we can do that. []

RUTH HENRICHS: Thank you. []

JIM JENSEN: Any other comments? Tom, yes. []

TOM McBRIDE: As we look at each one of the recommendations, as they are stated sometimes it's kind of a nebulous task that each one of those groups are being, you know, the subcommittees or whatever, is it possible through, you know, some of the

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discussions that we've had previously that we can identify that the...some specific areas that we might want them to specifically identify? Such as a single source of entry, common application, you know, that that subcommittee will address as it's stated in there and then kind of give some additional guidance? []

RUTH HENRICHS: So, Tom, just to make a statement that would say, not intended to be all-inclusive,... []

TOM McBRIDE: Absolutely. []

RUTH HENRICHS: ...the task force does recommend that this section or discussion include such topics as... []

TOM McBRIDE: Yeah, yeah. []

KATHY MOORE: Um-hum. []

RUTH HENRICHS: That would be a way for us to get off the hook of being all-inclusive,... []

KATHY MOORE: That makes sense. []

RUTH HENRICHS: ...but it gives us a chance to name... []

TOM McBRIDE: There were some areas that we specifically identified that we, you know, we would like to have done. []

RUTH HENRICHS: As long as we make it clear we're not intending to be all-inclusive. []

TOM McBRIDE: Yeah, yeah, and that wasn't...I guess, my feeling was I would hate to

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have those things... []

RUTH HENRICHS: Right. []

TOM McBRIDE: ...you know, for a subcommittee not to know those things and then not address them. []

RUTH HENRICHS: Right and this is what will get pulled out. []

SCOT ADAMS: Tom, I would have a couple of comments with regard to the conversation about cultural sensitivities, just to make sure that we are inclusive of language issues as well as a sometimes overlooked kind of element. But my bigger point is this, and I sure would encourage the committee as we go through this to consider this and it's really more other members than the executive branch representatives here for consideration, but I would...I apologize, first of all, for babbling, but here's my thought. In reading this, this is a very broad document and touches, gosh, most of the stars in the universe. (Laughter) As such, my question to you all, because others will be carrying this forward in terms of the Legislature and that side of the government process, is it a realistic document that you think you could seek passage of or is it so big that people will go (snicker) bye? And so I just offer that comment to you for consideration that in being comprehensive the tension, the opposite end of that continuum is unable to get it all, that's just the nature of the political process. And so ought it to be a more focused, targeted incremental kind of thing or transformational as it is? I simply raise it for your all consideration and that is as you consider the next steps of this document in the Unicameral. In other words, the short version of that, I don't think you're going to get this all passed. And in going for the big thing do you kill the whole thing? That's just what I'd like you to think about. []

JIM JENSEN: Well, that certainly is an issue, how wide do we go and... []

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SCOT ADAMS: That's outside of my scope and I'm not suggesting one way or another, but that it should be passed in conversation. []

JIM JENSEN: And then just with the time restraints that we had here, too. []

CANDY KENNEDY: So, Senator Jensen, what do you think? What's your opinion about what Scot said about being too many stars in the sky, basically, too much and that it could just devastate the whole piece by being too overwhelming or too large? []

JIM JENSEN: Well, I certainly have struggled with that same issue that Scot is talking about, you know, how far do we go and...we're not...what we come up with is not final. This is a work in process, I believe. And what I kind of look at it is it's a guideline of more things to come in the future. And the legislative process is a step by step process. Certainly, if we can assure more accountability within our system of care, I think that's a great step. If we can assure that there is some sort of either a single entry point that anyone seeking services can enter, that is good. And then certainly the funding issue is just huge, recognizing where the state of Nebraska is, I personally don't think that there are...the Legislature, the Governor is not ready to dump a lot of dollars into issues. I've always looked at, okay, where are the dollars being spent today? Can we get more bang for our buck and ensuring that there are other methods of treatment that work equally as well? Then one thing I'd love to see the state always do, state, providers and all, you don't do any program, you don't do any services without some sort of best practices and results followed up on. You know, is it working? But... []

KATHY MOORE: To Candy's question, how does...how do these recommendations compare to the LB1083 process? Are there any lessons learned in that process that should guide us in Scot's question, because, you know, I agree. I've had...unfortunately, I've been on the road and in meetings since this arrived in my e-mail in-box. So I haven't...but what I wanted to do was take a chart, when you say the time line, I can't visualize yet the time line. So I don't know if we even want to get a flip chart page up

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there or something. But I would love to see how these dates line up. And maybe you already have that in your head based on why you chose certain dates. But I'd like to see how they line up. I'd like to see how they line up with the legislative process, with the budgetary process, etcetera. And to Scot's question, because I absolutely don't disagree with it at all, what we as a task force have not done is the little dot game where we would prioritize. I mean if we were to all say, yeah, Scot, we agree with what you're saying. Then we'd have to figure out what is the most essential piece here that we would want to put forth? So we'd need a little process to determine that. And I don't...I think it's worth considering, because I was having a hard time, a lot of this felt a little bit protracted maybe is the best word. I was just having a hard time really pinning it down. And that also comes from a person who's a little bit impatient at times. So... []

TOM McBRIDE: Well, from the largeness of the report and touching so many areas, I don't see how we can anything but submit something like this, as it was outlined in the legislative bill, these are the things that we want you to do. I mean there was a lot of stuff in there. At some point then I think, you know, I agree with you, I think there's got to be some prioritization in there and it has somewhat been prioritized by dates, you know, and such. But you know, we hand that back to the HHS committee and they are in turn going to prioritize, you know, areas of it, too. They just take it for recommendations. It's not a... []

KATHY MOORE: But do we want to guide them in that? []

JIM JENSEN: There are a lot of recommendations here that fall to HHS... []

KATHY MOORE: Right. []

JIM JENSEN: ...and a lot of time that's going to have to be spent by them to come up with...and maybe those time lines, you know, particularly March 1, might be difficult to do, particularly when you're looking at a legislative session which somehow requires

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some time by HHS also, sometimes. (Laugh) []

SCOT ADAMS: I was just here for part of it and was happy to find a cot in my office.  
(Laughter) []

BETH BAXTER: You know, I think there...I mean I've been listening to the discussion here and mulling this over. I think there are things in place that...there are resources in place. I mean, I think this carries on efforts that have been in place, whether that's SIG or local system of care work, you know, the products that this asks for is really more planning, you know, and kind of taking it to the next phase of things that we're talked about across the state in terms of looking at what do we need within our service delivery system, that service array, having that interagency, you know, work at the more local level, those kinds of things. So I think that the...you know, HHS, the Division of Behavioral Health has some resources out across the state that can help them do this so that it's a collaborative effort. I mean, I'm like Tom, I think we, you know, give them...  
[]

KATHY MOORE: Um-hum. []

BETH BAXTER: ...the scope of LB542, but we cannot not address them and maybe we need to prioritize them. But it looks doable to me. []

TOM McBRIDE: I think at some point you've got to get those aggressive dates in there, otherwise we're...I mean, some of this stuff are things that we were looking at 15 years ago... []

SCOT ADAMS: That's true. []

TOM McBRIDE: ...that we haven't (inaudible). []

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KATHY MOORE: And a lot of this we began looking at a year ago and now we're putting it down on paper and giving somebody formal. But some of this was contemplated very carefully in all the drafting of LB542. So yeah, I personally didn't see things being too aggressive based on what you indicated that a lot of this there's already people doing it. It's just a matter of formalizing it in this context. []

BETH BAXTER: And I think the division has taken some really great steps, I mean, with Vicki here, with the appointment of a Childrens Behavioral Health Administrator, I just think it's a good time to move forward with it. I don't have any issues with prioritizing, you know, where do we start and those kinds of things. []

CANDY KENNEDY: I just had a fearful thought when we talked about, I don't want the baby thrown out with the bath water, basically. In our conversations in our very first meetings about how we didn't want more recommendations that were just set aside and another task force, that we wanted something that was really going to happen. So that's my concern. []

RUTH HENRICHS: A point of clarification. This will go to the Legislature, I mean the report will go back and it will be an all or nothing acceptance? That's kind of what you were thinking would happen, right? I mean, that was what your statement was saying, that it would be accept all the recommendations or none or... []

JIM JENSEN: That we or that they? []

RUTH HENRICHS: They. []

JIM JENSEN: Well, we don't have any authority to enforce anything that we... []

RUTH HENRICHS: No, but there is the possibility that part of...some of the recommendations could be accepted and others not? []

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SCOT ADAMS: Oh sure and some of the recommendations used for ammunition to shoot down the others. This is the political process. You know, if you give people stuff, they'll use it. (Laugh) I mean it's more of a strategic question than anything and that should be there. []

BETH BAXTER: So, Scot, what areas do you see, you know, in terms of... []

RUTH HENRICHS: Can you speak up, I can't hear you? []

BETH BAXTER: In what areas, kind of looking at the big picture, what areas, what recommendations do you see that could be overall maybe a hindrance to the process? []

SCOT ADAMS: You know, that's really not for me to say, Beth. And again, the conversation related to the department's role in implementation, they'll certainly engage and complete according to direction and law and all of that. So that's not my concern with regard to this. I simply wanted to raise a question for you all as sort of the nongovernmental folks, if you will, outside the administrative branch in particular or executive branch, excuse me, to consider that as part of your positioning of the document. So that really is your question to decide. And if you think it's all great, absolutely go ahead with that then. If you think that there are things, for example, for example, this plan will be costly. If you think that that would be used against anything getting through in the plan you might want to think about that and act accordingly. That's one conclusion that I think is fairly clear from there, this is going to cost much more than the original LB542 before it became this study group, which was simply to take the money out of Hastings and to put it in the community. This plan will cost much more than that. And so if you think that's not maybe a good strategic move, you should think about that. []

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TOM McBRIDE: How do you determine, based on what we have done, that this is going to be more costly? It could be more, you know, with an integrated system and stuff it could be less costly. []

SCOT ADAMS: If I were a legislator not interested in this, it's more costly. There's enough there to make it a more costly kind of thing. So it's just a strategic position. []

CANDY KENNEDY: So, Beth, historically, because you have actually done this process originally, but what could possibly be some positive verbiage that we could add to address that and have an understanding of that it may look costly but with an explanation? []

BETH BAXTER: I think our discussion throughout the whole tenure of the task force has been around efficiencies, you know, and in terms of the belief is that an integrated system of care creates efficiencies. And, you know, when you move towards outcomes, those types of things, so if you frame it in an efficiency, effectiveness, efficiency, I mean, I just know in some experiences, you know, knowing that additional resources isn't probably where we're going to be, we look for, how do we utilize the existing resources to...for efficiencies, you know, to reach outcomes, those types of things? []

SCOT ADAMS: Another way to sort of say that perhaps, Beth, and bouncing off that and, Tom, your question, for instance, there could be a recommendation within the funding section that said, within existing resources, that the system redesign should occur within existing resources. That's a very different framework and recommendation than it is currently. Positions it very differently, I would think, in terms of a process going forward than without it. But that's...and it has been talked about here as a dynamic. And that's missing from the report and so that's an example of what I mean about framing the whole thing within a context. Something like that puts it in a very different context than this is. []

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KATHY MOORE: Yeah. And I would not support that because part of what we've acknowledged is that there either aren't adequate state fund resources, we spend too much out of Medicaid for lack thereof other options, that's how kids get in the juvenile justice...I would be really hesitant to do something like that, because that to me perpetuates a tendency toward the status quo which I don't think is what this was intended to do. []

SCOT ADAMS: It may or may not and people may or may not agree with you on that. []

KATHY MOORE: Um-hum. []

SCOT ADAMS: But it's good to have that conversation and good for the record to reflect the inclination of the group. []

KATHY MOORE: Um-hum, um-hum. []

JIM JENSEN: Well, and...I, personally, don't see that we're adding additional cost. Hopefully, I think that for instance even that parity issue, to me, if that was passed this would save dollars for the state. I believe that way. Now whether 49 senators believe that or not, I don't know, and that's something that they will have to deal with. But there is an issue, I think, that could save dollars for the state. We did not have at our disposal, would be nice to have but it would take longer than the time that we were allocated, we don't really have and I don't know that there are too many people that really have an actual very, very good cost assessment of HHS and all of its programs,... []

KATHY MOORE: Right. []

SCOT ADAMS: Yeah. []

JIM JENSEN: ...period. Where dollars are spent so that we can sit down or someone

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could sit down and analyze, are these being spent properly and wisely and efficiently? Like I said, that would take a lot more time and also perhaps some people with more expertise than some of us have also. But I, personally, don't think that we're adding cost and that was certainly not my intention, but I hope that we can become more efficient in what we're doing. []

BETH BAXTER : And I think, to me that's what recommendation 11 says around funding is looking at our current resources. And, I guess, I'm hesitant to be supportive of a statement that says, you know, we're not going to add anymore cost. I think that's limiting. The inference here is that we look at the resources that we have and we use them more effectively and efficiently without excluding other ideas. []

KATHY MOORE: I think what this discussion seems to be indicating to me is that we should not try to pare these recommendations down. I just don't think we can. I think they grew from, as Tom pointed out, from the law and from a myriad of thought processes. I've actually just taken a piece of paper and begun to try to lay out the time line. And I think Jeff has given it...and you have given it good thought. And I see some...there's probably only one or two that I might recommend us discussing a little bit further. But if I'm reading it correctly, it takes us through next September when a survey of capacity is to be completed. And there are just, you know, interim steps between now and then. And then recommendation 15 takes you to legislation, if we need it, for juvenile justice issues in 2009. So I think, you know, if we were to pluck something out I think it might have significant ripple effects also based on the foundation of information that we've laid in the full report that Jeff is finalizing. So that would probably be my final thought on it. []

JIM JENSEN: Do I have a feeling that we can go ahead and proceed with what we have before us? All right, let...is there any more comment then on Integrated System of Care? And certainly, Jeff, if you can integrate within that, whether we do it here or elsewhere, the integration appropriation, OJS, probation issue? []

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JEFF SANTEMA: Okay. []

JIM JENSEN: I just don't know whether we should get into mentioning the disproportionate minorities into the statewide system? I think we have a system of care within the state that is... []

KATHY MOORE: It has a myriad of issues. No, I'm very comfortable referencing the values and addressing it that way. []

JIM JENSEN: Okay. []

KATHY MOORE: So I think that can be... []

JIM JENSEN: All right. Any more comments then on System of Care? []

KATHY MOORE: Well, my third and final, and I'm not sure if it fits better under System of Care or under Capacity, but we've had significant discussion about assessments, not system assessments but individual child assessments and the fact that we have multiple assessments, that people are doing different ones, that sometimes we repeat them for Magellan requirements, etcetera, and I don't think we've mentioned that in here, unless (inaudible). And so it occurred to me that under recommendation number two, we might...it talks about creating the statewide coordinating council and discussing the feasibility of establishing regional councils, considering a temporary interagency work group. And it's possible that we could add there some discussion about examination of the various child assessments done for different purposes. I would simply want to make sure that that's on somebody's to-do list. []

TOM McBRIDE: That's kind of what I was referencing before, you know, the common assessment, single point of entry, you know, common application. []

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KATHY MOORE: Right. []

JIM JENSEN: A common statewide assessment tool and along with that a common entry point? []

TOM McBRIDE: Yeah, a single, you know, point of entry and entry and referral. You know, it's things for them, you know, like I think Ruth put, these are items we would like that task force to look at, which are no means in and of themselves the final thing, that there are other things in there. But those are pretty important points that we talked about that we wanted. []

JIM JENSEN: Okay, sure. Can we get that included in there, Jeff? []

JEFF SANTEMA: Yes. []

JIM JENSEN: Anything more then on recommendation one? []

SCOT ADAMS: With regard to recommendation one, can I take the opportunity to introduce Vicki Maca? []

JIM JENSEN: Yes. []

SCOT ADAMS: Vicki is the one waving and now standing up (laughter) in the back. And would just like to briefly introduce her as the administrator for the section on Childrens Behavioral Health within the Division of Behavioral Health Services. Vicki is a social worker by training and background. Most recently has been the lead for the Project Harmony Child Advocacy Center in Omaha. She has worked for the department, a number of years ago, as a family therapist and did in-home family therapy, has been part of that sort of constellation of services, the delivery of services in homes. She also

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coordinated a service called Family Actions that was a multi-agency coordination that worked with the department to deliver intensive family preservation services, so she's aware of those things. She worked at Catholic Charities as director of Behavioral Health Services and day to day responsibility for the Omaha Campus for Hope, a 93-bed adult behavioral health unit. But there her claim to fame, in my mind, because I was her boss at that time, was that she was able to bring on the mental health dimension to a substance abuse treatment program and did a wonderful job of integrating psychiatry and mental health perspectives along with the core addiction services to form a truly integrated behavioral health unit. So I am just thrilled about the fact of having Vicki on board to work on children's issues. And the thing that is perhaps most noteworthy is she left Catholic Charities and the administration of this 93-bed chemical dependency integrated dual-diagnosis unit because she had a passion for kids. And so she left to go work with the state on kids issues and to have that kind of enthusiasm is really a tremendous asset. It's not just sort of another job for her, but it is really sort of a vocation. Vicki, what would you like to say to the group? []

VICKI MACA: (From audience, inaudible.) I'm really, really excited (inaudible). []

SCOT ADAMS: I would also just add one other comment in that Vicki will be heading up for the department the SIG grant opportunity as well. So again, the opportunity for the integration as the lead, at least on the staff level, among things I think is well-positioned at this moment. Thank you. Thank you, Senator. []

JIM JENSEN: Thank you. Any comments from commission members? Okay. Any other comments on recommendation one? Recommendation two? []

KATHY MOORE: And actually, recommendation two is where I was thinking the assessment would be referenced. []

JEFF SANTEMA: Yeah, right. []

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SCOT ADAMS: Senator, I have a general question about recommendation two and actually a number of the dates in here and thought I'd raise my comments here. LB542 requires that the department develop an implementation and appropriations plan. And much of this feels like an implementation kind of thing, if you will. And so I'm a bit confused with regard to differing dates for particularly recommendations and how that is part of or is in conflict with the mandate from LB542 to develop that plan by January 4?  
[]

KATHY MOORE: Um-hum, good question. []

SCOT ADAMS: I would just seek some clarification about the dates and the intentionality here. []

JIM JENSEN: So you're saying that perhaps the March 1 date doesn't need to be in there? []

SCOT ADAMS: I'm not sure what I'm saying, other than LB542 calls for the department to have an implementation and allocate an appropriation plan delivered to the Governor and the Unicameral by January 4. And so... []

JIM JENSEN: And that needs to be done because of the budgetary situations. []

KATHY MOORE: Right. []

SCOT ADAMS: Yes, certainly. []

JIM JENSEN: We've got a short session next year. []

SCOT ADAMS: Yeah. []

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KATHY MOORE: Right. It gets to the point...yeah, yeah. Which is, I think, what I was saying when I indicated that I thought some of these were more protracted or staggered than what I had envisioned. Thank you. I think that... []

SCOT ADAMS: Yeah. So I'm just saying I'm looking for how does the LB542 mandate fit with these? []

KATHY MOORE: Um-hum. []

JIM JENSEN: How would it be if we review recommendation two to the statement in LB542? And I don't know whether we would change the verbiage of that or not, Jeff? []

JEFF SANTEMA: It seems to me initially, Scot, in response to your question, that whatever the task force said, that the department was free to suggest an alternative, whether it be an alternative deadline or an alternative way of accomplishing an objective. So I don't know, personally, that dates and recommendations, if you would like them to be there, are necessarily restrictive of the department to say I think these dates are better and this is what we would suggest doing with that. []

KATHY MOORE: I think this first one, in recommendation two, is probably the main one that we might want to look at changing to the January 4. The rest of them, more of them anyway, tie to the establishment of a committee or the creation of a survey... []

JIM JENSEN: Right. []

KATHY MOORE: ...or something. So this is the one, I think, most... []

JIM JENSEN: So just strike the date? []

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KATHY MOORE: Or add the January 4 to coincide with LB542. []

RUTH HENRICHS: Because technically don't you...don't...somebody must do number two before you can meet your January 4 deadline, because this is the plan. This number two says put together a plan and what you're quoting LB542 says is by January 4 you have to have an implementation and budget plan. But how do you know what you're implementing and budgeting for, unless this recommendation two is completed? Who's going to give you what you're going to build a budget to implement, if you don't already have number two? []

JEFF SANTEMA: I think, Ruth, my personal response to that would be that recommendation two talks about statewide coordination. And if the task force says there has to be a plan developed to do that by a certain date or not, HHS can say, yes, in our implementation plan we will plan, we will intend to have that integration plan ready, be willing then to work on that and have an implementation or an integration or coordination plan ready by a certain date. So that's where I would see the tie-in. Where the task force says, we think this needs to be accomplished HHS, by January 4 says, we agree and we will try to accomplish that type of thing by X date or we don't think that's feasible. These are recommendations...I think to an earlier point, when the Health and Human Services Committee of the Legislature, for example, gets a copy of a report like this there is not necessarily any formal approval or acceptance that the Health Committee does with it. It's simply informative to them, it fulfills the requirement of the statute. If it does require some legislation of some kind that will go to the Legislature. But there is not an approval process, as such, from the Health Committee that has to happen. []

SCOT ADAMS: If I could take a stab at summarizing this maybe? Jeff and I have had some sort of conversations outside of this, so I understand a bit where he's coming from with this and appreciate the comments and clarifications here today. In essence, the report that this group is working on becomes a set of recommendations; the department

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will take and look at those recommendations, including dates. I, as sort of intentionality, will put it in our got to-do list kind of stuff and again with respect see what is feasible. We may quibble with a date or two here or there. There may be substantive branch discussion, if you will, over content. But the department's plan will take in all of this. And by January 4 there will be available to the Unicameral then the full report from LB542 and the department's plan for implementation and estimate of cost of implementation. From there then the branches of government will move forward in their processes. Is that fair, Senator? []

JEFF SANTEMA: And then when you speak, Scot, about anticipated implementation cost, you mentioned earlier the administration's position with respect to cost and with respect to no additional General Funds, etcetera, being requested. It may be the administration's position to make that clear in its response and say, we intend to do X, Y and Z within these fiscal limitations rather than I don't think the intention is to cost-out this report and to say it's going to result in, because I...that would not be the intention. You in your assessment of it and as you are directed can make those kinds of judgments, make those kind of predictions as to what you would intend to do and what you think the cost parameters should be. []

KATHY MOORE: To that end, as I look at these dates, when you look at the recommendation number five, under Capacity it says, the task force recommends that the initial planning and cost analysis for the survey be completed no later than March of '08, that was one that I thought should probably be January 4 because of the budgetary process. If there is a cost, are they going to ask the Legislature to cover that cost or are they going to find it in their own allocations? []

JEFF SANTEMA: There are some discretionary elements to spending, Kathy, with respect to the Health Care Cash Funds, for example,... []

KATHY MOORE: Um-hum. []

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JEFF SANTEMA: ...from...if it is something that would require specific legislative appropriation, that is a different matter. I didn't know that that was always intended within this that it requires a specific appropriation. []

KATHY MOORE: And I don't know, but it just seems to me that we...that's what I meant when I said that we should look at this time line similarly. And I don't want to jump us all over. But when you look at recommendation number six, and you ask for a plan, it's a capacity development plan to be submitted to the task force by March of '09. Again, I would think December 31 of '08 or November 30 of '08, something that gets us ahead of the budgetary process would make more sense. []

JEFF SANTEMA: And it seemed in earlier discussions what I thought the task force was saying is that you wanted to very clearly identify what it is that the system should be, in quite a lot of detail--system of care values and whether it's a statewide assessment, single point of entry, a number of details. That was one critical thing that you wanted to do was to clearly describe what the system should be. And one sense of...and Senator Jensen and I talked about this particular document that you're considering today is identifying, for lack of a better term, a critical path, some critical path items to get to that point. And that, I think, maybe would express what the intention was with this is identifying the critical path to implement the detail of what you want the system to be. []

KATHY MOORE: And I guess I would perhaps then recommend that we change those dates. That if, as the department looks at it, there is something that seems "undoable", I'd rather have us set the dates on a time line that better coincides, I guess, with the potential, since we don't know one way or the other, what it will entail. []

JIM JENSEN: Well, and one of the things we were looking at is how long will it take actually to do a survey... []

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KATHY MOORE: Right. []

JIM JENSEN: ...of all of that? I don't think there's any...it can't be done by March of '08, I don't believe. []

KATHY MOORE: Right, but the funding they could cost...I think it says that what they're supposed to do is determine, if I'm reading this right, that they're supposed to determine the initial planning and cost analysis. In other words, they'd figure out what it would cost and that they should be...I'm suggesting that they should tell us that by January 4. And then the survey would be done. We'd leave the September 1, '08 for the completion of the survey. []

JEFF SANTEMA: Um-hum. []

JIM JENSEN: Okay. []

RUTH HENRICHS: Yeah that does...that makes sense. []

KATHY MOORE: Because it wouldn't take that long to determine what this survey should look like and what the potential cost might be and then it gives you time to figure out where you're going to get that money. []

BETH BAXTER: So if you utilize the word "survey" would that limit, would that exclude other ways of gathering information? []

KATHY MOORE: Good question, yeah. []

BETH BAXTER: I mean I'm just thinking how we went about it on the adult side, you know, for behavioral health reform and how we addressed kind of children's issues in the past and that's, you know, through focus groups or interagency groups where you

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bring people together, you know, in a planning process that can be a day long rather than, you know, just excluding that type of process. But it is probably much more meaningful than a paper survey. []

TOM McBRIDE: So a study rather than a survey? []

BETH BAXTER: Not a study, a planning, a get it done type of thing, you know, where you bring people...you bring stakeholders to the table, you identify what your needs are and resources and then you...that's what would be submitted to the division. []

KATHY MOORE: Well, except I think when you look at the first sentence, I agree with you that we could not have had the word "survey". What we want is a statewide analysis and it might be a...I think it's more than a focus group, because I do think we wanted how many slots, if you will,... []

BETH BAXTER: Right. And I'm just saying that if we use survey I just... []

KATHY MOORE: Yeah, so a statewide analysis might do it. Good suggestion. []

JIM JENSEN: Now are you talking about on recommendation five or recommendation two? []

KATHY MOORE: Five. []

BETH BAXTER: Five. []

JIM JENSEN: Okay. []

SCOT ADAMS: We're having a hard time keeping you on track. []

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KATHY MOORE: We can go back. []

JEFF SANTEMA: Well, Senator Jensen, maybe...I'm sorry, Senator. []

SENATOR HEIDEMANN: I was curious about what this task force would be comfortable standing behind the cost of this thing if the cost is going to be \$100,000, \$200,000? I have concerns with the cost on number five. And the other concern I have is that this has been done before and what makes this one going to be more effective? I mean, it's just questions that I have. []

BETH BAXTER: Well, because we really mean it this time. (Laughter) []

KATHY MOORE: It's been done before, but I think it's to Senator...I think we could make the wording less a statement of we want a product. We do want to start with whatever is out there, but I think to Senator Jensen's point, I don't think, and Scot can step in, we've got lists of services, etcetera. It's a very fuzzy process that tells us what the capacity truly is statewide. And so we certainly should utilize existing resource directories or whatever are out there. But I don't think, Beth or Ruth, you were on SIG, does it exist? []

BETH BAXTER: Well, no, I think we need to take a look at...I guess my only comment was that we allow for some creativity... []

KATHY MOORE: I agree. []

BETH BAXTER: ...that we don't limit it by, we don't restrict it by certain things, because I think then the cost, I don't see it being a huge cost. You know there's been...if you get people at the table, there are mechanisms in place to do that and the division pays for mechanisms to do that out across the state. So it's utilizing those resources that they have at their disposal to help implement something like this, that helps cut the costs,

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because they're already paying for certain things to do this, at least I think they are, they are in Region III. []

SENATOR HEIDEMANN: What part of those other surveys don't work for what we're trying to accomplish here? []

KATHY MOORE: It gets...if you look, for instance, at capacity that's currently paid for by private insurance, it's...there are licensing slots. It just depends, I think, on the door that the kids come in through and where they get their service from. I think the second part of this sentence gets at it when they're talking about organizations and county government. Right now we're got some services delivered by the regions, some paid for through private insurance. We've got at least three statewide organizations of service providers. And I don't know if anybody has all of that information packaged in one document or one place? []

JIM JENSEN: Let's take substance abuse for an example. How many providers out there are doing substance abuse? How much substance abuse occurs within the state YRTC systems? Geneva, they're doing the women's substance abuse at Geneva. We're doing substance abuse for the boys YRTC in Kearney and in Hastings. And so I think that's the kind of thing...what I see in the survey is, how many people are doing substance abuse? What is their capacity? Also what I want to know is, is the program working that they are providing? And unless we have...again we talk about assessment of the kids coming in, but I think we need assessment also of the providers or those who are providing the services, is it working? And unless we know that, why it's just like the judge referring someone to a specific provider for a specific reason. But if there isn't some result coming out of that, and generally that's the reason she wants to provide a specific provider because she knows what the result has been. So that's what I see as far as that type of thing when we're talking about a survey. Now what that cost is to do that, I don't think it's...pick a number. I don't see it as \$100,000 to do that. But... []

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SCOT ADAMS: And I don't know the cost. But depending on the breadth and depth of it, for instance, on the one hand it would be relatively easy to sort of identify organizations as providers. And, Senator, when you speak about Hastings and Geneva, those are sort of big ones in the system. Those jump to mind. You might think of Epworth Village is another sort of big one, but there's probably 100, 150 private LMHPs in the Omaha area that don't get any state sanction money, might get Medicaid now and then, but may not get Medicaid. And so are we talking about those also? If so then we're talking about going through the entire list of potential licensed personnel who could do that work: marriage and family therapists, LMHPs, social workers, folks who don't go up to an LMHP level but who might practice within the scope of their license, psychologists, psychiatrists and contact each of them to see if they do any of that kind of work, how much? My point being, boy, it could get big and I could see a six-digit number if it gets that big pretty quickly. So it's sort of like the elephant, you know, how big do we want this to be and that kind of thing? And I'm only asking for a little guidance in the report so we can be responsive (inaudible). []

KATHY MOORE: I have some wording changes, if we want to stay on recommendation number five... []

JIM JENSEN: Okay. []

KATHY MOORE: ...or I can wait until we finish two and then trot it out later. []

JIM JENSEN: Well, we've been on number five (laugh), whether we take that out of...we were on number two and now we're on number five. But as long as we're there, let's finish up on five, all right? []

KATHY MOORE: Okay, okay. One thought would be in line 2 change the word "survey" to "analysis". Then going onto the sentence that starts towards the end of line 4, leave it, "The task force realizes that various surveys and assessments have been

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conducted". Strike the rest of that line and insert, "and intends that this process will build upon and add to previous work." Then put a period there. And probably strike "collaborative approach is needed." Then the next sentence would read, "The task force recommends that the initial planning and cost analysis for the work", instead of the survey, "be completed no later than January 4 and that the" and again strike "survey" and instead call it "the capacity development plan," because in recommendation number six we refer to a capacity development plan and I think this is what we're talking about there. []

CANDY KENNEDY: Is that, Jeff, is that the capacity development plan, is that correct, when you were developing... []

JEFF SANTEMA: In my mind I think they were two different things. []

KATHY MOORE: Oh, okay. []

JEFF SANTEMA: The capacity development was building on the previous assessment.  
[]

KATHY MOORE: Okay, we could simplify it by just striking "survey" and say "the report be completed no later than September 1." And then again in the next line, which is the third from the bottom line, strike "survey" and say...and insert "process". That's a recommendation...I mean, that's one way, I think, gets at the fact that we don't want to invent a completely new wheel. []

CANDY KENNEDY: Scot, does that feel like there's more guidance with that? []

SCOT ADAMS: Not with regard to the issue of providers. []

CANDY KENNEDY: Yeah. []

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SCOT ADAMS: And the last sentence is one I also had a question about with regard to is the department intending to solicit private contributions to this? That seems odd to me. []

JEFF SANTEMA: No, that would not be the intention. []

SCOT ADAMS: What does that refer to? []

TOM McBRIDE: Would that be foundations or grant funds? []

BETH BAXTER: Might be the Kim Foundation or something like that, maybe. []

RUTH HENRICHS: Probably not by January 4. []

KATHY MOORE: Well, but would it...it would be by September 1, it would be done by September 1. So I don't know, I don't know why that... []

JIM JENSEN: Yeah, if there are any foundation grants out there or anything else, I don't know? []

SENATOR HEIDEMANN: I would even question "local government", because unless you require them, there's not that many local governments that have that much money just sitting around that they're going to stand up and go, sure. []

KATHY MOORE: Well, was that getting to Beth's point of the regions, etcetera? In other words, if we've already got some resource directories, if you will, Region VI just issued this pretty massive resource directory, which I think would contribute significantly to this work. I think that's why "local governments" were put in there. I don't know. But the "private sector" I have no recollection of. []

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JIM JENSEN: We were trying to be all-inclusive. (Laugh) []

CANDY KENNEDY: So basically you're saying we'll take money wherever we can get.  
(Laughter) []

JIM JENSEN: Yeah, we'll take the money from wherever. []

KATHY MOORE: I don't know that there's any reason not to include it. I don't know? []

JEFF SANTEMA: It certainly appears to need clarification, though. That certainly seems to need clarification. []

TOM McBRIDE: When you talk about this, the easy part is identifying the provider section of that. The difficulty is the needs section of it. []

LIZ CRNKOVICH: And I am guilty of being extraordinarily late and I apologize. I'm still going to butt in though (laughter) and ask a question. In this needs assessment, could it, should it include...what I see missing in the system, and I'm not pointing fingers or anything, is a lack of understanding about what the best practices are in the country to address certain needs. And then...and then...so that's where you...and I guess you started it by picking on me when I walked in the door. (Laugh) But we keep...we have this old stuff that we keep trying to make fit and it no longer fits. And then when workers come in and make recommendations, they...and I don't know if it's the agency or the workers or training or whatever, because services are contracted out they lack the depth of understanding to be able to even assess what services the child needs, number one; and number two, whether the services they're recommending or choosing...and some of that might be lack of training, inexperience, age, who knows? But they think all treatment facilities are the same or they think that because you have a Ph.D. you can do everything, including sex offender risk assessments and things like

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that. And one agency who did have state of the art intensive outpatient drug treatment was told, well, who told you, you could be state of the art in order to have a contract with us? And I'm thinking, man, oh man alive. So my question is, in this study it seems to me, and this is a question not a...that it should include assessing the needs of our kids in this state, include assessing what is presently out there and what they do, but we also, I would hope, need to assess what are the brains in the country telling us about what is new and innovative and best practice in addressing these needs? It seems like it's all three things, does it not or am I wrong? []

BETH BAXTER: Exactly. And just a comment here in terms of how you build upon where we've been, I mean the SIG, you know, a whole work group within the same process brought forth a recommendation around...we looked at all...it was around the academic, the best practice issues and the evidence-based practices. So they've done all this work. They brought forth a recommendation that (inaudible). []

CANDY KENNEDY: And it's a process that will continually be updated (inaudible). []

LIZ CRNKOVICH: Okay, then that's my lack of understanding then in that regard. I appreciate that. []

BETH BAXTER: So it's...you know, that's how you build upon those processes that have come before that are just waiting, you know, to go on. []

LIZ CRNKOVICH: And should be kind of added to this then, should it not, this new study recommendation? []

BETH BAXTER: I don't know what the...you know, how much detail goes into this? []

RUTH HENRICHS: Senator, I think the point of clarification, when I heard what you said, it sounded to me like you were thinking that in this survey we would also get sort of

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an evaluation of the effectiveness. And I don't think that's what this wording says. I'm not speaking for it or against it. But to do an analysis of needs and capacity is not the same as doing an evaluation of outcomes and efficiency and effectiveness. And I think the judge is referencing, to some degree, effectiveness and best practice and those really are different. And I think it's always been a struggle for us up to this point. I think leadership is now in the department beginning to say, we do need to have that information. But up until this point I think it would be very hard for us to go backwards and have data that would prove that. []

KATHY MOORE: Um-hum. []

RUTH HENRICH: And I don't think...this wording is not correct if what we want is an evaluation of who's doing excellent work. That's not, in my mind, what this says. And \$100,000 won't be enough if you're going to do that, it absolutely won't be. []

JIM JENSEN: Well, and you're right, that's where I wanted to go, personally. But whether... []

LIZ CRNKOVICH: How do you know what the standard is to assess who's doing good work or not if you don't (inaudible)? []

TOM McBRIDE: I think you...when you're looking at a study like this, I don't think that the studies purpose is to dictate best practice. I think the study is to examine who do you have out there? What do you have out there for need? What do we have for service provision, because if you tell us that you're going to use, you know, best practice in this mode, when we're saying but we're not doing that, we're doing this work over here. Even though it says RTC, but we're working with a different set of kids, I think you can mention that you get into the best practice stuff when you get into the contracts. But just a general realization that anybody that's doing provision ought to be using some of the most, you know, proven stuff... []

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LIZ CRNKOVICH: And you want the service to fit the kid, not the kid to fit the service. []

TOM McBRIDE: Absolutely. Yeah, I'm not... []

LIZ CRNKOVICH: And where we are in this state right now is we're fitting kids into services because we're not looking at what the kids need. []

CANDY KENNEDY: And if you're talking about...I agree. And if you're talking about survey analysis and you're just simply asking, what works, who's going to tell you what works the best and actually (inaudible)? []

TOM McBRIDE: Well, I can tell you that what is happening right now,... []

CANDY KENNEDY: It's true, though, is it not? I mean, do we not want to ask who's (inaudible)? []

SCOT ADAMS: Well, everybody will tell you what works the best. []

TOM McBRIDE: ...six months from now somebody else is going to say, that's not best practice, you know, this new study says, you know, to do it this way or this way or this way. []

BETH BAXTER: Well, there are fundamental issues around, you know, we don't incentivize best practices in our state, we don't. []

RUTH HENRICHS: Right, that's true. []

BETH BAXTER: We don't have a fundamental way of doing that. And, you know, the providers, you do, you produce outcomes. I mean, I can tell you the outcomes of the

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providers we work with. You know we try to provide some assistance for them to track outcomes and that. So I think, you know, they're...probably the best thing to do is to assess what is the needs? I mean this is a needs assessment right here. []

LIZ CRNKOVICH: Yeah, right. []

BETH BAXTER: And you have to know the fundamental needs to be able to identify where you go from there and that looks at, you know, what are those best practices? Once we know those needs, what are those, you know, what are those practices that best matches that need? []

KATHY MOORE: So if you were able to... []

BETH BAXTER: I think the analysis piece is right on in terms of identifying. []

KATHY MOORE: So if you were able to track my changes, do you think that gets at a better work? []

BETH BAXTER: Yeah, I think we look at analysis, yes, um-hum. []

KATHY MOORE: Okay. []

JEFF SANTEMA: I guess, Senator Jensen, one question that would help as to discern maybe more clearly what the task force would like to see done, now that they have some type of presentation of some draft recommendations for them to consider, maybe one of the first things that's being asked is, are there additional critical path elements that you see ought to be a part of...included as recommendations? Are there other key elements that are missing? It seems like the second question are ones that should be deleted for that matter. And the second question seems to be then, what you've been discussing now with respect to recommendation five, what changes should be made to

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what's written there for you to think about? And I don't know what kind of process you feel like would be most efficient to get that feedback so that it can be accurately taken in and reflected when a final, you know, final document comes to you? I guess maybe the big picture question of formulating recommendations in this critical path type of format is that adequate or does that really miss the mark? And then what changes to the individual recommendations then you've also been talking about? I don't know if that...if that's an accurate way to describe the questions, but that's what would help me maybe discern what the task force would like to do. []

JIM JENSEN: Okay, let's take a...with recommendation five, and knowing that we kind of came out of line on this, but if we accepted, at least for this draft, the verbiage that Kathy was talking about, which I think all of us can understand, would that be acceptable at that point in time? And then also if we want to remove private sector or you want to remove local government, I think you could even come up with on that last one, just saying that the task force recommends that the costs of the process be paid for by a variety of sources including, but not limited to, the Nebraska Health Care Cash funds, period. []

\_\_\_\_\_: I like that better. []

\_\_\_\_\_: I do, too. []

JIM JENSEN: If we did that, are we okay on section five...excuse me, recommendation five? All right, let's leave that, go back to recommendation two. Was there anything further there, recommendation two? If I recall, we were going to change the March 1 date to January 4 and leave the rest there. []

SCOT ADAMS: In the second paragraph? []

JIM JENSEN: Yes. Oh, in the second paragraph, recommendation two. []

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SCOT ADAMS: Of recommendation two. []

JIM JENSEN: Okay. []

SCOT ADAMS: I wanted to note that I particularly was fond of the language that spoke to "while minimizing the number of quasi-governmental advisory and other bodies for which the division is accountable." Just to thank you, recognition of that. But more seriously and to the point, how does this statewide coordinating council differ from the statutory responsibility and authority of LB542 and its oversight role? LB542, this group extends until 2010, I believe. And so what's the difference? Do we need this? []

JIM JENSEN: In other words, as this group becomes coordinating council? []

SCOT ADAMS: Yeah. []

JEFF SANTEMA: I don't think this recommendation...I don't think this wording recommends, Scot. I think it's asking. The task force had talked earlier about how SIG had recommended that type of thing, and recommended regional. You had talked about that at one point as a task force. And so this was referencing that and saying, in essence, I guess, think about it. And then you can form an opinion about what you think about it. []

JIM JENSEN: Well, it does say should, among other things, "in preparing the plan, the division should consider, among other things, the establishment of a statewide coordinating council." I guess the division then decides, does there need to be one. []

JEFF SANTEMA: Whether in your opinion that's an appropriate approach or not. []

KATHY MOORE: Or you could add after behavioral health, beyond the LB542,

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whatever... []

JIM JENSEN: Task force? []

\_\_\_\_\_: Try to think about it or do you want them to do it? []

\_\_\_\_\_: Just ask. []

\_\_\_\_\_: Or after 2010. []

RUTH HENRICHS: Well, I would just say, to Scot's point, that you can get so "committed" that you're "committeeing" the committees. And if we're supposed to go until '10 and be an oversight committee and now we're going to create another coordinating committee and then we're going to have all these other committees that are going to have to probably report through both. It does feel to me like we could get a tad bit bogged down in committees. []

JIM JENSEN: I understand. []

LIZ CRNKOVICH: And here's what's going to happen otherwise, though. I mean, this could be that committee. But 2010 is going to come up and it's going to be nothing. I mean, I just...so that...I don't read it so much as saying that (inaudible) be this and then you'll immediately create than, and then we'll be duplicative. This could turn into that. But if we don't either say think about it or say do it, come 2010 there will be no coordinating whatever and we're back to... []

RUTH HENRICHS: So you're saying either or? []

LIZ CRNKOVICH: No, you could add a provision that it could be the present committee through 2010 or members could continue or something like that so it's not duplicative,

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but then you ensure that it lives beyond the life of this committee. Does that make sense? []

JIM JENSEN: Again, to shorten it up, the second paragraph, "In preparing the plan," strike everything. In preparing a plan, the division should consider...should consider things or issues that would ensure the most effective and efficient long-range coordination and integration. In other words, strike...you don't want to say things, should consider, strike among things, establishment of a statewide coordinating council, things that would ensure the most effective and efficient long-range. []

KATHY MOORE: I think part of what this...I think that does it. I'm fine with that. I think the last two sentences are probably what this was intended to. There had been discussion in the past about whether there needed to be regionalized teams that fed into the statewide. And we can certainly contemplate that in future years. I don't know. I think that may be how we got to what seems somewhat redundant. []

RUTH HENRICHS: But you would agree with what the senator proposed for... []

KATHY MOORE: Absolutely, yeah. I don't think we need to...yes. []

JIM JENSEN: So it would read, in preparing the plan, the division should consider things, and I don't like that word "things," that would ensure the most effective and efficient long-range coordination. Okay? We'll come up with something. Anything else on two? Let's go on to recommendation three. Here again we've got another appointment of a family integration planning subcommittee. []

LIZ CRNKOVICH: Scot and I fight all the time. []

JIM JENSEN: Pardon? []

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LIZ CRNKOVICH: Scot and I fight all the time. (Laughter) []

KATHY MOORE: And that's of this task force, so that made sense to me. []

JIM JENSEN: Okay. []

SCOT ADAMS: You know, I had a couple of thoughts with regard to that. One was, you know, Candy represents a federation of families, and wondering if, again, if the recommendation here could just sort of refer to, gosh, we've got a federation with which to work already. And just seems a little redundant to that process and structure, if you will. Might work with or cochair or something. My second question related to the interagency planning subcommittee and what agencies were envisioned there. Would these branches of government, interagency? Were these inclusive of the private sector in terms of interagency? Actually, we had, as we were thinking about this a little bit yesterday, we were wondering if this look to OJS... []

JIM JENSEN: I really thought that was somebody breathing hard out there, but now...(Laughter) I recognize that is...I'm sorry, Scot. []

JEFF SANTEMA: Scot, could I maybe suggest--I'm sorry to break in--could I maybe suggest that the words "family and interagency planning" could just be removed? It was just an attempt, I think, on my part to give some type of name to the subcommittee to more describe its function, not to be specific about who had to be on it or to create additional questions about that. []

LIZ CRNKOVICH: It needs to be... []

JEFF SANTEMA: But the point is, there are a lot...there are probably a number of people who are talking about a certain topic. I think the point of what the task force is talking about, I think the point of what Senator Jensen was talking about with this

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document, is that something gets done with it and there's actually something written down that says this is the way to do it. And the proactive nature of this task force and the intended proactive nature of this document is what that's about, Scot. And so there may be a lot of individuals or groups who are talking about something. But I think the frustration that's been expressed around...by (inaudible) is that it's not actually being accomplished. []

LIZ CRNKOVICH: So interagency should be there and can incorporate intergovernmental and private sector. []

JEFF SANTEMA: And it would be up to the chair of the task force to determine who that's going to be. []

LIZ CRNKOVICH: And can I ask you, Jeff, and you made a good point bringing in the family piece. But in my mind, if we don't spell it out here, it's kind of bringing together what's out there. So rather than saying well, you know, Candy has got a group and so it's duplicative to mention it, I see it as more making sure that all these fragmented things that are out there are brought in here to be more... []

CANDY KENNEDY: Or simply inclusive of a family voice as well as the youth voice. []

LIZ CRNKOVICH: Right. So this doesn't necessarily mean duplicate or recreate things that are out there, but just making sure because you can make them in, but making sure that they are all included in this document. (Inaudible) Anyway, so that's how I kind (inaudible). []

RUTH HENRICHS: So it's really us wanting to be prescriptive enough in order to allow whoever chairs it to be inclusive enough. []

JEFF SANTEMA: And that's why we chose the words "family and interagency," to

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identify the key focus on families and the key focus on...it's a collaborative (inaudible). []

CANDY KENNEDY: Community involvement maybe. []

SCOT ADAMS: With regard to that, and notwithstanding the opportunity to work with Judge Crnkovich more, Todd and I were wondering if maybe our roles between three and four might be shifted more appropriately; Todd having children and family responsibilities, may make more sense for him to be the person there. But I'll miss you. (Laughter) []

BETH BAXTER: But...and my caution, my only caution would be that we would, you know, we have to ensure that we're looking at all children with behavioral health needs. It's not children who come through the child welfare door or the OJS door. You know, it's all children who have those. []

SCOT ADAMS: You know, that's a good point, Beth. And I would...Todd sometimes gets sort of boxed into that OJS perspective or protection and safety. But you know, he has a great many other programs as well for which he's responsible within the Division of Children and Families, like TANF, which may be a whole different kind of perspective to bring to the topic as an example. And so that was our thinking. But I certainly agree with what you're saying. []

BETH BAXTER: And I thought maybe it could be your designee, Dr. Adams or his designee, which... []

SCOT ADAMS: I'd designate Todd. (Laughter) []

\_\_\_\_\_: Just trying to, you know, fill up Vicki's calendar (inaudible). (Laughter) []

JIM JENSEN: Well, I don't have any problem with that if that's what you want to do. So

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we put Todd up there and you down on four? []

SCOT ADAMS: Yeah. []

LIZ CRNKOVICH: Does that bother you, Ruth? (Laughter) []

RUTH HENRICHS: I'm resigning. They haven't asked me yet if I'll serve, so...(Laughter)  
[]

JIM JENSEN: Okay. Any other comments on three, then? And onto four? []

SCOT ADAMS: Really, the only comment is that we really do have a lot of task forces in here and we'll need a dance card to keep them all straight. []

BETH BAXTER: Well, Scot, just a question in terms of four. I mean, isn't there an effort that's in the process right now in terms of looking at the data, you know, the data and the information system and those types of things? []

SCOT ADAMS: Yes. And that also was another reason why we were suggesting that Todd and I switch roles, that the Division of Behavioral Health does have a process attempting to look at better data acquisition kinds of things. And tossing in the kids in a better fashion might be an easy thing, might not be. I'm not sure. So yes. And again, I'm not complaining, I'm not resisting. I'm simply saying that there's a lot of these things in here. []

JIM JENSEN: Yeah. Well, and the same thing, I would not like to exclude Tom out of this. I mean, it was kind of his suggestion there that kind of brought this, as far as I was concerned, to the forefront, at least establishing a form and a data system that we could build on. And so I mean, for him to be on this committee, too, I think would be very good. []

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RUTH HENRICHS: Yeah, because he's actually done...you've done some research. []

JIM JENSEN: Yeah, they've done some research. Well, they've got a system they're using and it's working well and I like that. []

RUTH HENRICHS: Right, in some ways he makes more sense to be the cochair than I do. I mean, not that I wouldn't sit with you, but you really... []

JIM JENSEN: Well, and the reason, Ruth, we selected you, you do represent a statewide system. That was really the only reason. But... []

TOM McBRIDE: Amen. (Laughter) []

JIM JENSEN: All right. We're through with four. Let's go on to capacity. And on that first paragraph on capacity, any suggestions or corrections? We already talked about recommendation five. Recommendation six. []

RUTH HENRICHS: We need to change "survey" to "analysis" in the second sentence. []

JIM JENSEN: Yes, you're right. Any change on that? Recommendation five, this really is looking ahead at Senator Johnson's initiative that I think he's going to prepare for next year. []

SCOT ADAMS: I know there has been, with regard to the original white paper, a considerable conversation around the word "center." []

JIM JENSEN: Oh, yeah. That... []

SCOT ADAMS: And...so I don't know if we need to clarify or reference or...and to be

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honest with you, I don't know what the outcome of that is or the current status of it is. What we mean by a center, if it's a physical location, a plant, a virtual network, you know, that kind of thing. []

TOM McBRIDE: Was that initially...language in that to be in conjunction with UNO or... []

SCOT ADAMS: Originally, I believe the two psychiatry schools developed...Creighton and UNMC developed a white paper around education. There was a work group that also was associated with LB1083 that included more people than just those two institutions. And so both are probably...I'm not quite sure which one... []

JIM JENSEN: Maybe we should just leave that reference out of there. It's... []

RUTH HENRICHS: Well, we could say the task force recommends the establishment of collaborative and multidisciplinary behavioral health education. If we drop the word "a" before collaborative, then we can drop the word "center" and we're still saying we want it to be collaborative but it's not a building anymore. []

TOM McBRIDE: I like...you know, one of the things we've talked about for years is the private sector accessing some of the Title IV-E monies, you know, that come in for training and stuff. And this would be an avenue to, you know, maybe look at that. []

JIM JENSEN: Well, the white paper we'd have to dig out again, so I'd almost just as soon we leave that reference out of there. Okay? Why don't we stop right there and do lunch and we'll do that as quickly as we can and then come back and we'll pick up recommendation eight. []

RECESS []

JIM JENSEN: And we'll begin. We finished with recommendation seven and so we'll

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start on recommendation eight that is before you. Any questions, comments, direction on recommendation eight? []

\_\_\_\_\_: Recommendation eight? Oh, I thought you said seven. Okay. []

\_\_\_\_\_: That's on HRC. []

TOM McBRIDE: Yes. I, you know, when we had our conversations last meeting around that, there's one element in here that I would suggest a change. When we...in the second paragraph, it says "believes that HRC should ultimately be closed and replaced." I think what we have done in the way that it was written is really given that an open-ended, you know, pass for existence for however long. And what I would suggest is that we identify a date for the services that are currently there, for a plan to be developed on how those would be served elsewhere. And then, you know, and just for lack of a better date let's, you know, say May 1. And that that plan be developed by then with the ultimate date then within four to six months after that, that those programs cease there, so that you have a plan to develop how it's going to be done and then a transition time for wherever it's going to move or however that's going to be developed for that to actually, you know, happen before it would terminate. []

CANDY KENNEDY: Yeah, because we talked about potentially releasing an RFP for other organizations to respond to on ideas. []

TOM McBRIDE: Yeah. And I would suggest that it, you know, in that plan that we suggested there be a request for proposal for service provision of those, you know, not only the mental health but the substance abuse programs there. []

TODD LANDRY: Two comments, Senator. []

JIM JENSEN: Yes. []

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TODD LANDRY: One, I think I'm not sure if that's the best place for that specifically to go because I think there's two items there that...recommendation number nine speaks specifically to the services provided for at least one portion of the group that you're talking with. And so recommendation number nine may be a more appropriate place for that to go. The other piece that I would say is, as it relates to any type of transition plans or anything of that nature, I think that's what is due back as a response to this. And so any...I would recommend that we keep some of those options open as far as exactly how the implementation of that's going to go as opposed to dictating a lot of those details. []

CANDY KENNEDY: So what you're saying is attach this to the original plan date? []

TODD LANDRY: Yeah. I mean, there's a plan that has to be coming back in and that has to include how the implementation of this is going to be developed. And so I don't know whether or not. And I apologize for not being able to be here this morning on some of the other discussion. But it would seem to be less confusing if we lined up as many of those things with the same due dates if there's going to be due dates embedded in this as opposed to having a variety of due dates on different pieces. That may serve to simply cause more confusion than clarity. []

TOM McBRIDE: Yeah. And I wasn't proposing a date...I mean, I was just suggesting that rather than saying, you know, of all of the... []

CANDY KENNEDY: Leaving it too open-ended? []

TOM McBRIDE: Well, you know, however you'd want to do that, but I think that's one of the primary things that we were, you know, that bore this legislative bill and moved it forward was specifically what to do with those services out there. And I don't think there's been too many people through there that have said that that's a good, you know,

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environmentally friendly place for kids to be given everything else that's happened before that. And I don't think that we should shy away from saying that, you know, we agree with that assessment, we think that it ought to be closed by such and such date, but have a plan prior to that. And whether that comes from a different committee or whatever, but I think we should state that rather than leaving an open-ended... []

KATHY MOORE: My thought process was similar to yours, but I was thinking that we should separate the RTC program from the chemical dependency program in our recommendation. And so I first of all would strike the word "ultimately," because I think that does leave it way too open for question. And then secondly, I would recommend in line two, when it says "believes that HRC should" I would say that the HRC RTC program should be closed. And I would say by July 1, 2008, just because that's a fiscal year date. Then I would add a sentence that says we further recommend replacing the chemical dependency program with regionalized services no later than, and we could discuss that date. That might be an '09 date. []

LIZ CRNKOVICH: Can I just ask, would that then negate the possibility of either...of the utilization of those services at the YRTCs or something similar to the YRTCs? []

KATHY MOORE: The word "regionalized" might, and we could take out the word "regionalized." What...and probably having traveled to western Nebraska twice in the last couple of months, I have heard loud and clear from them that they need a few chemical dependency beds in western Nebraska. And having heard from Omaha that they need a few, that's...so I think there's been a sense that there could be some central Nebraska location. But yeah, I hear what you're saying and I could go either way on that. But my point is, I was, I guess, uncomfortable with the word "residential." I also was uncomfortable with the very last line, "including the potential construction of a new residential" and I was going to suggest that we just put a period up above after "grounds," which leaves it, I mean, similar to all of our funding when we eliminated all those possibilities. I just would like to take that out. []

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CANDY KENNEDY: Well, and I wanted to communicate, too, that we wanted to make sure that...we had spoke that it's very important to make sure that there's something up and running before we did close the doors. []

KATHY MOORE: And what we could do... []

CANDY KENNEDY: So if we do the date, I don't know if that's... []

KATHY MOORE: Well, and I did use the word "plan" but I tied my date to the closing rather than to the plan. So either way would probably... []

SCOT ADAMS: I would have two thoughts. One, I think Candy is right with regard to you can't beat something with nothing, literally. And so the something that has to replace something has to be developed. That's a planning process, that's an implementation process, and should be in place prior to the reduction in services. Secondly, would remind all of us about LB1083 conversation that began with date-certain closures for Norfolk and Hastings in totality and the reality has certainly been different from the intentions of that time. And...now you can argue the rightness or the wrongness or what would have happened, could have happened. But I think there are two points to that. One, with a date certain you create a political fight, harkens back to my conversation at the front end of this meeting. And secondly, you can't beat something with nothing. You need to have the plan for service delivery across the state as an alternative. And I suppose the final point is, it's sort of...by having a date certain and with absolute closure language, you preclude the possibility of what the study for highest and best use might generate. I really don't know what that could be right now. []

KATHY MOORE: And I'm suggesting that we don't want to tie that study to this decision. How many children are in the RTC program today? []

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SCOT ADAMS: We've got 40 on the CD side and I believe 2 in the mental health side. []

KATHY MOORE: Two. And so what I'm...and so whatever we...when I use the word "RTC" I'm thinking mental health side. So that's...I'm suggesting that we separate those two. []

LIZ CRNKOVICH: And it might be down to one. Don't ask me why I know that.  
(Laughter) []

JIM JENSEN: Well, in LB1083 we also looked at...the date was taken out and percentages put in. And when we reach a certain percentage, then we would give notice to close. Of course, what happened in Hastings was when the psychiatrist left, it really closed that portion of the adult services. And then it brought it down to a point that it got well below the percentage and then notice went out to stop that service. But I'm open, whatever the committee decides. And you got to remember, too, that this task force, we recommend... []

KATHY MOORE: Exactly, yeah. []

JIM JENSEN: ...it's up to the Legislature to really make that decision. Yes? []

SENATOR HEIDEMANN: I'm going to say a few things and I'm probably in the minority here, the way it sounds to me. I...this could be a stumbling block right here. And sometimes I think you're pushing a stumbling block that you don't really have to. You're (inaudible) I think the other thing we're saying, I think we're going beyond the scope of what this task force was meant to be. That's in my opinion. And I think you can accomplish what you want to accomplish without doing this. I mean, I think the task force could recommend that...and if it's your opinion that we shouldn't have kids in state-run facilities, then that's what you should recommend. I don't know if it should be up to this task force to say that the Hastings Regional Center should shut. I mean, as

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long as... []

LIZ CRNKOVICH: As opposed to shouldn't be used for the kids, you mean? []

SENATOR HEIDEMANN: For kids. And that should be our purpose here. I don't believe it's this task force's business to tell the state what they should do with their facilities. []

LIZ CRNKOVICH: But you...I'm just trying to understand what you're saying. But you don't think it would be inappropriate to say the present utilization for our youth is not appropriate and that (inaudible). []

SENATOR HEIDEMANN: I don't have a problem with that at all. I'll support that. But once you start telling the state what to do with one of their facilities, I think not only I, but there's going to be people in the Legislature, and I can tell you one for sure, that's going to have a problem with that. (Laughter) And you know, if you really want to try to accomplish something with children's behavioral health, you might be trying to...this could be a stumbling block that could really affect what you're trying to do. And I don't know...I mean, even the task force recommend the state of Nebraska and community of Hastings jointly provide for and fund the highest and best use study of the Hastings Regional Center. Why is that a scope of this committee? []

LIZ CRNKOVICH: We're trying to be nice to the people in Hastings. (Laughter) []

TOM McBRIDE: You know, and I really appreciate that observation because when we use the word "close" or whatever it was, okay, that now, you know, take everything out of there and nobody sets foot and it turns to dust or whatever. It was in relation to the children, adolescent programs. And I still think that it would be a prudent thing to recommend that the department issue an RFP for those services, which would not preclude them from saying in the Hastings area we would have so many beds, in the western area we would want so many beds, in the eastern area we would want so many

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beds, you know, in a fashion like that. But it certainly wasn't intended to, you know, roll up the sidewalks. []

CANDY KENNEDY: How...is that...I like the statement about, the big statement about our children in Nebraska not being in institutional care. Does that open a bunch of other... []

KATHY MOORE: State-run institutions, I think was... []

TODD LANDRY: So private institutional care is okay? []

\_\_\_\_\_: No, just not institutional (inaudible). []

LIZ CRNKOVICH: Then they're all going to leave Kearney and Geneva, too. []

BETH BAXTER: Well, you know, a history lesson here... []

KATHY MOORE: There always are (inaudible)... []

LIZ CRNKOVICH: (Inaudible) would be bad eventually. []

BETH BAXTER: A history lesson here is that, I don't know, 15 years ago there were adult chemical...alcohol treatment unit was at the Hasting Regional Center, was a centralized state-operated, provided CD treatment for the whole state. And it didn't take long. There was a process that those resources went out in the regions, I mean, in that time. Then we contracted with a provider in our region or however we were able to provide that. So it's been done. []

\_\_\_\_\_: And that's the culture of systems of care, too. []

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BETH BAXTER: And that opened the door for the adolescent, you know, group to come in because that was a step forward in our system because kids at YRTCs, they didn't have CD problems. They had, you know, they had 12 problems that didn't include mental health or chemical dependency. So it was a huge step forward. []

\_\_\_\_\_: So she's saying we've come a long way. []

LIZ CRNKOVICH: By recognizing that they had those things. Okay, not by suggesting...okay. []

TODD LANDRY: And I would be reticent if I didn't point out the fact, as a reminder of some discussions that we've had before, there is in some perspectives a fundamental difference between youth who have not committed a law violation and need substance abuse or chemical dependency treatment and youth who have committed a law violation to which a court has deemed that they should be institutionalized in a YRTC and who also need chemical dependency treatment. []

LIZ CRNKOVICH: Spoken like a juvenile court judge. (Laughter) []

TOM McBRIDE: You know, I would agree with that, Todd, but there's nothing... []

\_\_\_\_\_: I'll apply for the next...(Laughter) []

TOM McBRIDE: ...even with those...even with that designated group of kids in that fashion, there is no magic wand or anything that says that being served in that facility in that way is the best...I agree with you 100 percent. []

LIZ CRNKOVICH: That was a payment issue, wasn't it? That goes back to that challenge because what the kids in the YRTCs need is this whole comprehensive set of services. And because they're quasi, if you will, correctional we can't utilize Medicaid

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money to pay for those services. And that's the only reason it went to Hastings. Otherwise it would have made sense to have the treatment right there where the kids are. And I may be mistaken on that, but... []

TOM McBRIDE: You know, one of the fundamental reasons that was looked at initially was the money. In an effort to try to look at can we save the state money for X amount of kids, X amount of kids, the service delivery, and can we do it, you know, cheaper and have more of an aftereffect, accountability. []

CANDY KENNEDY: So what would the blanket statement be that would be appropriate and wouldn't (inaudible)? []

JIM JENSEN: Well, and the only thing I think we also need to consider, Senator, too, is when we get up to funding. And I think all of us recognize that increased funding for anything in this state is going to be difficult. The Governor has made that statement. Certainly, I think the Appropriations Committee have implied that also. And so I think if we're talking about dollars and if we're talking about providing services, how can we provide the most services for the dollars within the system? []

\_\_\_\_\_: And be appropriate. []

JIM JENSEN: Pardon? []

\_\_\_\_\_: And appropriate. []

JIM JENSEN: And appropriate. And that's the only thing about when the dollars that are being spent at Hastings could perhaps be used for more services in more locations, I think that is something to look at. []

SENATOR HEIDEMANN: And if it's this task force's recommendation that the kids not

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be in Hastings, they're in community-based or wherever, the money should follow the kids. I mean, shouldn't it? Just naturally. []

JIM JENSEN: Yes. []

KATHY MOORE: So there could be...so in funding we could add a statement about reallocation. I like your thought process and I'm wondering what this, how this works. In the first sentence of that second paragraph, if we say, it is clear however that the HRC campus is outdated, expensive, and not conducive to best practice care for children, or something like that. The task force therefore recommends that HRC not be used for the care and treatment of children after thus and such a date. And then we could have a follow-up statement in funding about the reallocation of funds from a centralized state institution toward care closer to home and family. Does that begin to do...and then we eliminate the rest of that about the best use study. Again, I think (inaudible) that we were trying to be nice and presumably that would occur anyway, but under someone else's umbrella. []

LIZ CRNKOVICH: Well, and trying to recognize that Hastings has an interest. But I think you're right. It would be presumptuous not only to tell the state but to tell Hastings what they should do. []

SENATOR HEIDEMANN: And it's not really what we should be doing. We shouldn't be worried, literally, about economic development. We should be worried about the kids. []

CANDY KENNEDY: So we can't make the blanket statement that our children, our youth...it's not appropriate to have our youth in institutional care because that would... []

LIZ CRNKOVICH: I don't think you can do that because it has to be provided by the state... []

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CANDY KENNEDY: So what could we say that would (inaudible)? []

LIZ CRNKOVICH: ...particularly those delinquent kids. []

CANDY KENNEDY: So what would be a different verbiage that we could say what would work for that? Because you're right, there probably are other situations that we're going to run into. It's not just the Hastings Regional Center. []

LIZ CRNKOVICH: I think it's...that goes... []

CANDY KENNEDY: Not just the Hastings Regional Center, you know. []

LIZ CRNKOVICH: Candy, does that go back to those guiding principles that, again, generally and in the right circumstances children do best at home, that we continue to utilize least restrictive, but that... []

CANDY KENNEDY: Yeah, but these youth probably are not appropriate at home, right? So we're... []

LIZ CRNKOVICH: Precisely. So it's...to say a blanket, no child should be in a state-run facility or institutionalized, you can't do that, but make it clear that it's only one piece of the whole spectrum from least restrictive to ultimate restriction, pending majority. []

CANDY KENNEDY: Right. So what statement could we make to change that we think the Hastings Regional Center should be closed, too? We don't think those services are appropriate for... []

LIZ CRNKOVICH: Well, it's kind of delicate because in this way, I would think. The services are appropriate. []

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CANDY KENNEDY: The facility... []

LIZ CRNKOVICH: And I wouldn't want to frame it in a way that would say what, even though I say this sometimes, what the hell is the matter with the department that they're using...you know, that's...really, you wouldn't, because I think it was an immediate answer to an immediate need. But it is now recognized. I don't know. So I don't know if you want to say too much because on the one hand we step on toes that way, on the other I don't...I think it's just a matter of we now recognize that because of the facility and everything else, these services in this facility are not meeting the best interests of the kids. []

JIM JENSEN: Perhaps we need to really, as Kathy suggested, split the two, that the youth treatment program for mental illness with two individuals there. And the state has already made the recommendation that they reduce it from the authorized 16 down to 8. But even if there's two or three, that's really... []

RUTH HENRICHS: There's no...I mean, there's no accountability, stewardship, whatever words you want to use. I mean, there comes a point when that date, if there are only one or two children there, it has nothing to do. We could be saying Benkelman or Omaha. If there's one or two kids in a facility, there is a responsibility of somebody to just say tomorrow, that's it. I mean, you might... []

LIZ CRNKOVICH: You might have to send them out of state (inaudible)... []

RUTH HENRICHS: (Inaudible) cheaper than 24-7 for one or two children at some point.  
[]

BETH BAXTER: Do we have to say number eight? I mean, couldn't number eight be somehow incorporated into number nine that's looking at the... []

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KATHY MOORE: No, because I think it's two separate...I really do think it's two separate issues. It's the mental health beds and I do think number eight has to identify a goal for those beds. And I think stating it the way it is with outdated, expensive, not conducive to, whatever language is a realistic, a gentle, a nonaccusatory way of saying that. []

CANDY KENNEDY: And I think in the original tasks, that we were asked to specifically talk about Hastings Regional Center, weren't we? So we could... []

KATHY MOORE: Well, the bill really grew out of a discussion about Hastings Regional Center, yes. So it seems like to not... []

LIZ CRNKOVICH: Well, the fact that there are so few of those mental health kids, that is a quite extreme population within our population of kids with severe mental...at least courtwise, there's only three. I can guarantee I got a lot more kids in...and they're in the state in the RTCs and other things. So is that not kindly one of those examples where a policy, keep kids in the state, applied by policy, not by the individual needs of the kids, comes up with an odd solution that we have three kids in this place that's costing a million bucks and all the staff just to have three kids. []

CANDY KENNEDY: Well, I agree. I remember Todd was... []

LIZ CRNKOVICH: So that part you can't say close immediately. We'll find a place for them just like (inaudible). []

CANDY KENNEDY: Todd came up with a...I mean, we talked about the RFP and having even the private sector be creative and set the guidelines because I guess what... []

LIZ CRNKOVICH: You don't even have to do that. I can name three places we could

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send them to immediately. []

CANDY KENNEDY: Can you? []

LIZ CRNKOVICH: They would not be in the state of Nebraska, but they could be available immediately. Where's Vicki? (Laughter) Send your order. I'm kidding. []

SENATOR HEIDEMANN: How do other states provide these services for these three or four kids? []

LIZ CRNKOVICH: Because they take more kids in the same way from other communities. []

SENATOR HEIDEMANN: Communities or states? []

LIZ CRNKOVICH: States. []

KATHY MOORE: So there's facilities in South Dakota that are drawing children from a myriad of states, or Iowa (inaudible). []

LIZ CRNKOVICH: And it's not in-state, it's not in the community, it's not right with their family, but it's a small number whose needs for the moment outweigh those other things or needs. []

BETH BAXTER: So is the suggestion for recommendation eight just to focus on the mental health beds at HRC? []

JIM JENSEN: Well, number one, at the suggestion of Senator Heidemann, I would certainly recommend that we drop the last two sentences, period. And then I think the only question is, what do we do with the first line of the second paragraph. []

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KATHY MOORE: It seems to me there's about three questions. One is, do we narrow it to the mental health beds. Two is, do we put a date in there. And three, I suppose, is do we say anything about the chemical dependency beds, and if so, do we do that in eight or nine. []

JIM JENSEN: I would say we could do that in nine. Okay? []

LIZ CRNKOVICH: If eight restricts itself to the mental health beds, do we even have to say updated an expensive? Which...if we're only talking with three kids and that might sound (inaudible). []

CANDY KENNEDY: But didn't we originally talk that it wasn't appropriate for our youth...it wasn't...we weren't talking about what diagnosis they have. We were saying the facility is not appropriate for our youth. So I think that...why would we say it's okay for one set of youth and not the other? It's, you know... []

LIZ CRNKOVICH: We weren't, we just hadn't gotten to them because they're in recommendation nine. (Laughter) []

KATHY MOORE: But I think that's an important... []

JIM JENSEN: What would happen if on eight we just said that this task force would recommend to the division that appropriate steps be made to provide for the small number of patients currently served at Hastings, that other services be found for those few patients? []

TOM McBRIDE: What would happen though if it jumped up to eight kids? What would that do if suddenly the population jumped up to eight? []

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JIM JENSEN: Well, is eight enough, you know, for... []

TOM McBRIDE: Well, I think that we're getting hung up in the discussion there on the number of kids as opposed to the facilities and, you know...when that was funded, you know, it was funded for X amount of beds, whether that was 2 or 15 or whatever there was. And you know, even if it was full, we were saying that that was still an expensive, you know, proposition to keep those kids there. []

SENATOR HEIDEMANN: This is just a question. Do those 3 or 4 kids somewhat subsidize or help the existence of the other 30 in the Bridges Program? Because if you take that part out of there, will it make it difficult for the other, the substance abuse kids to stay? []

KATHY MOORE: They were there before. They were there before the mental health beds were created. []

SENATOR HEIDEMANN: But as far as running the facility, once you start taking things away, it's going to make it more expensive for anything else that gets left behind. []

SCOT ADAMS: Yes. []

SENATOR HEIDEMANN: Okay. []

TOM McBRIDE: Well, previously the way that...with the information that we had been provided prior to the bill being written is that the substance abuse population had a population of 40. It was funded at a certain rate, whether that was 30 in there or whether there was 40 in there. And that existed, you know... []

KATHY MOORE: For six years. []

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TOM McBRIDE: ...for the RTC level. And one of the things we were looking at was those, the monies being spent for that was about 1.5 times what it was if you had those same services outside. And that we could look at not all of those kids if we went through our process of utilization would be RTC kids, if some of those kids could be treatment group home, which would be even a less, you know, less cost. When the mental health side was introduced, it was funded for, what was it, 16? []

KATHY MOORE: Sixteen, and then the additional... []

TOM McBRIDE: Sixteen beds at a certain amount and had a separate funding pool, you know, for that. And one side was Medicaid and one side was General Fund dollars, although it was thought that they were capturing some Medicaid to begin with. So if you remove that program, the substance abuse ought to be, you know, shouldn't miss a beat if it's left there. They were two different pools of funding. []

CANDY KENNEDY: Well, except that you still have a building to maintain and... []

KATHY MOORE: But I think the point that we keep forgetting, that campus, when the substance abuse program was first created it was on the heels of removing an adult program from that facility. So the point, I think, that you're getting at is, is there a critical mass to the running of a facility? And the answer, of course, is yes. But society and Nebraska policymakers have made decisions long ago that we need to begin to close down those institutional settings. And so the adolescent chemical dependency program, as Tom is saying, has existed in its structure now for about six years. The other programs have come and gone. The adult programs are now closed, except for that Bridges Program, which is those developmentally disabled adults. So you know, I think the self-containedness that Tom is talking about is certainly true, but it is always going to be more expensive to house kids on this campus that is so large and unwieldy. So I don't know... []

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SENATOR HEIDEMANN: Well, I agree. Hastings appears to be inefficient. And I don't know if there's anybody that could argue about that. I don't even think the senator that represents that area will even argue that. So...but I...if we take something out, and I don't have a problem with the three or four because that looks...I consider that ridiculous to be right truthful. But then...one or two, okay. For every action there's always a reaction, you know, then what's left there. And the one thing that I had never noticed in here, I mean, we never addressed what was going to happen to the Bridges Program. []

KATHY MOORE: Well, that's adults. The Bridges Program... []

SENATOR HEIDEMANN: But it's at Hastings. []

LIZ CRNKOVICH: Well, now you told us just to talk about (inaudible). (Laughter) []

SENATOR HEIDEMANN: I understand that. But we, once we start to address this, we're going to look at the bigger picture. []

LIZ CRNKOVICH: Ernie is retiring, so...(Laugh) []

KATHY MOORE: Well, don't we accommodate that with your suggestion? In other words, the way we had it worded, you're right. When we were saying HRC should close, you're right, it was ignoring that. But if we now say HRC isn't appropriate for kids, then we're combining... []

SENATOR HEIDEMANN: You're going to let the Legislature decide what to do with the rest of it. []

KATHY MOORE: Yeah, exactly. So I think you...I'm glad you...that light bulb came on. []

RUTH HENRICHS: It is a business decision and I do appreciate the clarification,

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because we're here to talk about what's best for kids. And there is a huge business and financial ramification, economic ramification. But that is not...it's hard to separate. But that...you're right, Senator. That is not what we were called here to do. But I would also say that in any other arena, you go to the private sector when you build a shelter and then there are no referrals. We don't keep getting paid to have no kids in facilities in the private sector. And so I think we have to be realistic that we're talking about one or two kids. Yes, it may even raise the cost \$5 a day for the 40 kids in the alcohol treatment center. But there is a business side to human care also, and there's the human care side. And in the private sector, nobody ever has this discussion. When there is a decision made that we're going to not have as many children in residential treatment or we're not going to use this level of shelter or any type of programming that is out there, nobody ever has the discussion of, well gosh, that's going to make the rest of our treatment a little more expensive, or gosh, we'll still have to heat the building. So I would just want to remind us of that, that it is a tough business decision and it will become the Legislature's business decision. []

JIM JENSEN: Well, let me just say one thing. First of all, at 2:00 today there is a sexual offenders conference here in the Capitol. And I know a number of staff of the senators were attending, as well as some senators. That's at 2:00. And we're on number 8 of 15 recommendations and our time is drawing a little short. And if we don't get through these, we're going to have to set another date. In other words, I don't know how much far beyond 2:00 that we want to go. It would appear, I think, that we have somewhat of a consensus. And I don't know how we word the language, but that perhaps on recommendation eight, that rather than say anything about any closing that we just say that it is recommended by this task force that children's services be terminated, be discontinued at the Hastings Regional Center, period. []

BETH BAXTER: Children's mental health services (inaudible). []

JIM JENSEN: I didn't say that. []

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\_\_\_\_\_: No, he's saying children's services. []

CANDY KENNEDY: With something (inaudible). I just don't want it...I just don't want anyone to think that that means that we don't need any services somewhere else to fill those gaps. []

LIZ CRNKOVICH: The drug treatment services are necessary. The only population those services address are boys and boys who have been committed to the YRTC. In many parts of the states, those young men have had access to drug treatment. I know that personally; outpatient, intensive outpatient, and residential. Now if some of those boys are there because in other parts of the state they've not been privy to that, then you need to develop more community-based services in those parts so at least they have the chance to try that before they go to Kearney. But it would seem that the biggest difficulty is how to give the kids at Kearney the treatment that they need at Kearney rather than ship them off to all these other places. []

SCOT ADAMS: Judge, on two point of study...point of service studies, minimally each person in Hastings CD--in fact, both sides--have had three prior contacts with private treatment providers. So everybody has been through the mill at least three times. []

LIZ CRNKOVICH: Okay, okay. Well, that's important to know, so that it's not just developing services in the community. It's having those services once again for this group. And I would be shocked if those kids who needed those services aren't dual diagnosis, because you know, but...so then it goes back... []

TOM McBRIDE: Well, I think...but, you know, going a step beyond what your point is there with the number of contacts they've had in substance abuse or mental health, what's the study of adults and the number of tries that, you know, various therapy points before it's successful or failed? Many. (Laugh) []

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SCOT ADAMS: My point...she was...I was responding to her question about whether or not some from the other parts of the state had had prior treatment experiences and whether the regionalized approach that had been suggested would work. And I was simply saying everybody has been through treatment. []

LIZ CRNKOVICH: And that's good to know. I appreciate (inaudible). []

TOM McBRIDE: The services are necessary. They're just absolutely, you know... []

LIZ CRNKOVICH: Are they necessary? I mean, do they have to be at Hastings though, or...but the dilemma is they can't be at Kearney because of certain... []

CANDY KENNEDY: And if we say they're no longer at Hastings, where are they going to be? (Laughter) []

SCOT ADAMS: That's sort of what I'm leaning into with regard to both sides. (Inaudible) we can accommodate 42, I think we can accommodate today. []

JIM JENSEN: All right. Let me try it one more time. (Laughter) []

KATHY MOORE: I think you did it. I think what you're suggesting, I would vote for, and then I would jump down to nine and put a statement in there about the chemical dependency kids. Is that what you were... []

JIM JENSEN: Well, okay. I was going to try that on eight, that we just say that services for youth at the Hastings Regional Center for mental health be found elsewhere, that it's not conducive for children, period. Then we do whatever we're going to do with chemical dependency on nine. And if that would be the case, I'd suggest that we go over nine and do the others, which I think are less controversial, then come back to nine, just see if we

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can make that. []

JEFF SANTEMA: Senator Jensen, would we strike the entire second paragraph under eight then and replace it just with this suggestion? []

JIM JENSEN: I say strike eight altogether, what we have, and just say that mental health services... []

RUTH HENRICHS: The task force recommends, start it just like the other ones. []

JEFF SANTEMA: Okay, I understand. []

JIM JENSEN: The task force recommends that those services be found elsewhere. []

JEFF SANTEMA: Replace the first paragraph as well then. Okay. []

JIM JENSEN: Okay. Is that acceptable? We'll try that. All right, let's go to ten. Now this here is all of the 10 24-hour facilities. Do you know what those ten are, by the way? If you don't know, we have three...and maybe rather than ten, maybe we should be seven, I don't know. But we have three veterans' homes out there, one in Scottsbluff...four? []

\_\_\_\_\_: Four veterans' homes. []

JIM JENSEN: Scottsbluff, Grand Island, Norfolk, and now Bellevue. All right, four. We have the...all right, let's just talk about those four. Then we have the BSDC, which is Beatrice State Development Center. We have Hastings and Norfolk and we have the two YRTC's and Lincoln Regional Center, that's right. That's ten. Now we can leave this all just the way it's written. Todd? []

TODD LANDRY: If I follow along Senator Heidemann's comment, if eight was

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inappropriate and outside of the scope of LB542, ten is way outside the scope of LB542.  
[]

JIM JENSEN: Strike ten? Strike ten. []

KATHY MOORE: And we might fold a little of that language into nine as it...if we don't feel like it is appropriately addressed, related to Geneva and Kearney. []

JIM JENSEN: All right. All right. Strike ten. Eleven, any comments on that? Now we're on funding, by the way. []

KATHY MOORE: The only comment I would have is that we had the discussion a while ago about the reallocation of Hastings dollars. And so I don't know whether it's its own recommendation or whether it be folded into 11, but wanting to make sure that we see the reallocation of those dollars rather than the loss of those dollars. []

JIM JENSEN: Okay. I do like what Senator Heidemann did say about the dollar should follow the kids. []

KATHY MOORE: Right, right. However we want to word that. However, I just don't think we have a statement that gets to that in 11 through 15. I'm not sure. []

BETH BAXTER: And if any funding came from the adult services, that they go back to the adult services. (Inaudible). []

JIM JENSEN: Do you have an idea of what we're doing, Jeff, or what you're doing?  
(Laughter) []

KATHY MOORE: If you look at paragraph two right before the last sentence and somehow try to insert Senator Heidemann's thought there, does that work? []

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TODD LANDRY: Can you repeat that, please? []

KATHY MOORE: Recommendation 11, paragraph 2, right before the last sentence, insert something about the money following the child. In other words, we've talked about alternative strategies and mechanisms to achieve a more simplified, integrated, and effective expenditure of behavioral health funding for children and adolescents, and then a sentence that says any dollars currently being spent on children's services should be sustained and more effectively follow the child. However you can say that, that it works here. []

JEFF SANTEMA: If the task force would like to say something about that particular issue, it is in statute under 71-810. If this recommendation talks about compliance with 71-811 and integration of funding, if the task force would like to say something about assurance of compliance with 71-810, that part of 71-810 that requires the reallocation of all the funding that's attached to regional center services that are discontinued. Is that what you're...is that what you're... []

KATHY MOORE: Yes, yes. []

JEFF SANTEMA: ...would you like that as a separate recommendation or would you like that enfolded in this recommendation? []

JIM JENSEN: Enfolded. Okay. Everyone all right with that? []

CANDY KENNEDY: He says it so nicely. (Laughter) []

JIM JENSEN: Recommendation 12? []

TODD LANDRY: I'm sorry, Senator. I just want to quickly go back to recommendation

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number 11. I don't know what the task force envisions coming out of recommendation number 11, particularly in the second paragraph. However, it should be noted that with regard to any development of any report, it will be necessary and absolutely contingent upon following all necessary federal and state statutes, which may preclude the desire of this task force to have a simplified of an approach as possible. []

\_\_\_\_\_: Thank you for sharing. (Laughter) []

\_\_\_\_\_: So it's duly noted. []

\_\_\_\_\_: Doesn't entirely shut the door. (Inaudible). []

TOM McBRIDE: Can we read that back? (Laughter) []

JIM JENSEN: I think it was something about we love the federal government. (Laughter)  
Okay. []

SCOT ADAMS: That is a great point though. []

RUTH HENRICHS: Is that time line in line with all the other time lines? I mean, you can't... []

JIM JENSEN: The June 30? []

RUTH HENRICHS: Yes, in terms of the funding, I would assume all these other committees we created in the first few, you know, the system of care an the integration plan and...wouldn't that work all have to be done before this one could be done? []

KATHY MOORE: Well, I think what this does is give you the money, or give you the information in advance of the budget-setting process that occurs in '09, right? []

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JIM JENSEN: Well, this is a fiscal year is what it is. I think we're all right. Okay? Twelve, any comments? Thirteen, any comments? Yes. []

SENATOR HEIDEMANN: On 13, shouldn't the department actually doing this already?  
[]

SCOT ADAMS: As a matter of fact, as I am catching up with the reading, we have begun planning for that. I was mentioning over lunch to Senator Jensen that the current contract with Magellan expires end of the fiscal year, and plans are being made to rebid that work currently. []

SENATOR HEIDEMANN: I don't think it hurts anything but I don't know if it's necessary.  
[]

KATHY MOORE: It just puts it on paper. []

CANDY KENNEDY: I think we addressed this because there was a lot of concerns with Magellan and how things worked, not fitting with the way we were doing business or what our needs for children were. []

LIZ CRNKOVICH: Kind of says don't make the same mistake again. (Laugh) No, I'm... []

KATHY MOORE: It just puts it on paper. I don't think (inaudible). []

BETH BAXTER: And I don't know if it's here or there, but this identifies the Division of Medicaid and Long Term Care, and the Division of Behavioral Health is doing the same thing. So it's two different RFPs, two different contracts... []

SCOT ADAMS: Two different contracts. We may seek to fold those into a single

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contract this time. That's a part of the conversation going on, Beth, right now. There's some flexibility to have our own contract. We think they might pay attention to us more as a result of that. But in a rebid process, might make some sense to put it together. []

BETH BAXTER: So recommendation 13 just...it just addresses the Medicaid side. It doesn't address the Nebraska behavioral health services side. []

JIM JENSEN: That's the way this is written, Medicaid side. []

BETH BAXTER: Right, but it doesn't address the behavioral health side. []

JIM JENSEN: No. You know, I think the state really is looking at Magellan just like I think all of us are. Should the state even be...well, I can go on both sides of that. Should the state be doing its own? We did that at one time and there were people that thought it was political, and so that's one of the reasons we contracted out also with...rather, managed care was the real reason it got out there. But I think the state is looking at the same things it always are looking at on that, I believe. []

TOM McBRIDE: So what it's saying basically is that there's no guarantee that this is coming back to Magellan for a contract. It's going to be open, given whatever considerations come out for a new contract, and their nonprofit ASO would also be appropriate to bid that contract. []

SCOT ADAMS: There is no guarantee it's going to Magellan. Could be possible that a nonprofit ASO could bid for it. The regs, the specs haven't been written yet, Tom, so I can't guarantee that. I have not heard of anything from any source that would preclude that right now. So yeah. But there may be a reason that I don't know about. I mean, we're early in the process. []

JIM JENSEN: But Scot, you don't have a problem with this being in or out? []

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SCOT ADAMS: I have no problem with it being in or out. []

JIM JENSEN: Okay. Leave it in for now. Recommendation 14? This is really what would happen anyway, or will happen. This is...Senator Johnson is preparing legislation right now on this, as a matter of fact. []

RUTH HENRICHS: We would want to change point number three though, because we edited that earlier and said we were not supporting a center, only the education. So you would change that, Jeff, (inaudible)? []

JEFF SANTEMA: Yes. []

JIM JENSEN: Yeah. Thanks, Ruth. That's a good point. And number 15? This would put the Judiciary Committee and Health and Human Services Committee looking at all the provisions of the Nebraska Juvenile Code and make necessary appropriate statute changes for 2009. Okay. Let's try to go back to nine. []

KATHY MOORE: I think it kind of does it. []

JIM JENSEN: Does what? (Laughter) []

KATHY MOORE: Well, the last sentence says "The task force recommends that the office diligently pursue alternatives to the referral of YRTC-Kearney youth to the Hastings Regional Center for residential substance abuse treatment whenever possible and appropriate." If we just strike the "whenever possible and appropriate," I think that does it. []

TODD LANDRY: You don't want us to be appropriate, is that what you're saying?  
(Laughter) []

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SCOT ADAMS: Why start now? (Laughter) []

TODD LANDRY: All that work we've been...all that work I've been doing for the past three months (inaudible) telling me to blow it off? (Inaudible) spent that time elsewhere. []

KATHY MOORE: And the only thing I would even consider, and I don't know if Beth would have thoughts about this, but if you wanted to add anything about best practices or, you know, exemplary models nationwide or something like that, you could do that. []

JEFF SANTEMA: Senator Jensen, would you like to strike the first two paragraphs then to be consistent with what was done in eight? Just, would you like...would the task force like to do that? []

\_\_\_\_\_: Yes. []

JIM JENSEN: Any other comments (inaudible)? Okay. At this point in time, in keeping with the agenda, we would ask for public comments. []

AARON HENDRY: I'm going to pass out a written statement real quick. My name is Aaron Hendry, that's A-a-r-o-n H-e-n-d-r-y, and I am the legislative aide for Senator Carroll Burling. Senator Burling wanted to express his apologies, he wasn't able to make it today. He had a prior commitment but he did want to address you all personally. But he asked that I pass out a written statement and also just make a few comments. Senator Burling has...he knows the chemical dependency program at the Hastings Regional Center very well. It's been there for about ten years. He's a strong believer in the program, believes it's effective. He believes that it's offering lifesaving treatment to the youth that are served there, and he thinks that any decision to ultimately close this chemical dependency unit would ultimately...it would hurt those whom this task force is

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seeking to help, which is adjudicated youth who need substance abuse services. The level of treatment there, it is in an institutional setting, but for adjudicated youth who have gone through the courts and have been ordered to the YRTC in Kearney, this is wholly appropriate. And it's just not feasible to divert kids from the YRTC to some kind of community-based setting simply because they have been identified as having chemical dependency issues. But having said this, I think Senator Burling recognizes, and Senator Heidemann made mention of this, that the status quo is not acceptable at Hastings. The size of the campus is too big. It needs to be downsized so that the rents that are paid to DAS and other contributing factors can be lessened. It needs to be made more efficient. We need to reduce overhead costs and per-patient expenses. And he's been dedicated in doing that. We have had many meetings in the past with DAS and HHS officials--Scot can attest to that--to try to find ways to make the Hastings campus more feasible, something that's more efficient. So I wanted to share that with you. There's no need to read the entire statement but I think it speaks for itself and I wanted to give the brief summary. And if anybody has any questions for me, I'd be happy to try and answer them. []

JIM JENSEN: Any questions or comments to Mr. Hendry? Thanks, Aaron. []

AARON HENDRY: Thank you. []

JIM JENSEN: Any other public comment? []

COREY STEEL: Once again, I'm Corey Steel with the Office of Probation Administration. And just wanted to take the opportunity to appreciate that probation was once again mentioned today, especially in recommendation number three. We welcome any invitation to any of these committees. We would love to sit on these committees that are coming out of this recommendation to have our input as far as probation. Like I said before, we also need services for our youth that are on probation. The last thing that I'd like to say and only address is one of the recommendations is that, and

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recommendation number 15, that we look at maybe all three branches of government involved in that process instead of just two branches, so that there's input from all three branches that we look at through (inaudible). With that said, if there's any questions, I'd like to answer them at this point. Thank you. []

JIM JENSEN: Thank you. Any other public comments? Okay. (Laugh) Where we are. We could...I don't know that we can move to accept the changes that were made today without them being in front of you. I had a motion prepared that we could do that, but I think they're just too encompassing. Jeff, could we possibly have, with the changes made up, could we get that to the committee in seven days? []

JEFF SANTEMA: Certainly. []

JIM JENSEN: And then if you can respond back with any changes via e-mail to Jeff, we can also include those. And then maybe get even a change or a draft of those back to you by the 26th. And then we would meet on the 28th, which is our next scheduled meeting. []

\_\_\_\_\_: Seven days is going to put that in our hands the day before Thanksgiving, and then the 26th is after the long holiday weekend? (Inaudible) something else to do? (Laughter) []

\_\_\_\_\_: Well, you're saying meet on the 28th? []

\_\_\_\_\_: And then meet on the... []

\_\_\_\_\_: I'm out of town. I could do the 29th. []

JIM JENSEN: The turkey digests rather quickly. (Laughter) []

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JEFF SANTEMA: I think the counsel that Senator Jensen has been giving is that really the task force should meet in order to approve a final version of the report. That shouldn't be done any other way than meeting here, for you to do that formally. And the date to do that is up to you. []

\_\_\_\_\_: Would the 29th or 30th work? []

JEFF SANTEMA: 30th? (Inaudible) The deadline is three weeks from yesterday. December 4 I think is three weeks from yesterday. []

BETH BAXTER: We don't currently have the 28th down, right? I don't have it, so... []

JEFF SANTEMA: Right. It would have been an addition. I'm sorry. []

RUTH HENRICHS: Well, we're really not going to be editing. So if we don't get it until that Wednesday the 21st, we're not going to be giving comments back because it's really... []

CANDY KENNEDY: Unless Jeff throws us a...(Laughter) []

JIM JENSEN: Does the 29th work better for everybody? 30th doesn't work? []

\_\_\_\_\_: Apparently not, apparently not. So go with...if everybody else is available on the 28th, then just go ahead. []

JIM JENSEN: And, you know, of course hopefully this will be like a... []

\_\_\_\_\_: Rubber stamp. []

JIM JENSEN: Yeah. Ten to twelve, a couple hours. (Inaudible) stay with the 28th? []

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\_\_\_\_\_: 28th, 10 to 12? []

JIM JENSEN: 28th. And you know, if we can get this out to you in seven days and if you respond quickly with e-mail... []

\_\_\_\_\_: (Inaudible) Saturdays and holidays. []

JIM JENSEN: Jeff is going to take Thanksgiving off. All right, that work with everybody on the 28th? []

TOM McBRIDE: I'll be out of town at a conference through the 3rd but, you know, I trust that given the discussion today and given that, you know, the chance to respond and stuff, you know, I would not encourage you not to meet just because I wasn't going to be here. []

\_\_\_\_\_: Jeff, would the full report, is that... []

JEFF SANTEMA: Hopefully by the 26th, yes. []

\_\_\_\_\_: The full report is... []

JEFF SANTEMA: To you by the 26th, at least. []

JIM JENSEN: All right. Thanks everyone for your hard work. Tough discussion. []