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CHILDREN'S BEHAVIORAL HEALTH TASK FORCE
June 19, 2008

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The Children's Behavioral Health Task Force met on Thursday, June 19, 2008, in Room 1510 of the State Capitol, Lincoln, Nebraska. Members present: Jim Jensen, Chairperson; Beth Baxter; Tom McBride; Candy Kennedy; Ruth Henrichs; Scot Adams; Terri Nutzman; Judge Liz Crnkovich; Senator Lavon Heidemann; and Todd Landry. Members absent: Senator Joel Johnson; and Kathy Moore.

JIM JENSEN: Well, welcome everyone to the Children's Behavioral Health Youth Task Force. And we'll get started here. Kathy Moore will not be here today. To my knowledge, I think Judge Crnkovich is still coming and Lavon Heidemann, Senator Heidemann, I think he is here, will be here some time. But I think we should get started. You have an agenda before you. Are there any additions or corrections to that agenda? Seeing none, we will go ahead with that procedure. Also, you have or have been...you have received the minutes of March 14. Any additions or corrections to that? Seeing none, they will stand approved as presented. And with that, we get to the report from the Division of Behavioral Health. Scot, you're up.

SCOT ADAMS: Great. First of all, good to see all of you again. It's been a long time, it seems, since we have last met. We have prepared both some documents and a presentation that we think will provide some information on activities with regard to LB542 today, as well as hopefully some questions that can generate some conversation and interaction between this task force and the department as we move forward. Since we are still early on in our formation, actually less than a year ago we first got together, we hope to be able to develop sort of some consensus and some ideas as we move forward in our working relationship. I've asked Vicki Maca, the administrator for the community service...the adult community services section of the Division of Behavioral Health and Maya Chilese to come forward to help present the report today. In fact, okay, I'll say it out loud, they're going to give the bulk of the report. I may chip in here and there, but they're really going to really do the work. Maya is the new manager for

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the Children's Behavioral Health Program. And so I'd like to invite both of them up now.

VICKI MACA: (Exhibit 1) Good afternoon. I can, while Jeff is handing out the information, I can...yeah. I would like to second the welcome that Scot gave to Maya. Maya started with us on June 4, has good experience in doing lots of kid service related things from some gambling. Primarily her focus and experience has been on early intervention and prevention services, which is a really, really good fit for both the division and for Children's Behavioral Health. So very excited to no longer have two jobs and to have Maya on board. So welcome, officially. Second, I would like to give the task force a couple of updates. The first brief update would be just to let members of the task force know where we are with the ASO. And I have asked Bob Bussard, with the Division of Behavioral Health, to provide us just with a brief update of some of the activities that have been going on with regard to the contract that we have with Magellan. And so while I won't go through this entire actually e-mail, I think it does provide you with a bit of the flavor of all the activity that has been occurring. The three divisions have been working very hard, almost what has felt like a full-time job on just managing the details related to the contract. So that the contract which will start July 1 will be as successful as it possibly can be with Magellan. Been working very hard on the database, data warehouse, trying to make sure that the data that is put in generates the type of reports that will be beneficial to all three of the divisions. And we'll be working with providers on ensuring that the data that does get in is the correct data, which we know right data in is right data out. So this is just an overview of all of those activities that have been occurring in the month of June. And if either of the directors or Terry would like to add anything with regard to the ASO, feel free.

SCOT ADAMS: The only comment I might make is just to remind everybody of the unusual nature of this, which has drawn some national attention as a result of the three divisions working together across divisional lines on a single contract. National folks at SAMHSA, in the mental health division particularly, have noted the difficulty some states encounter with regard to things like this and the duplication of effort, and have lauded us

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with regard to the cooperative venture in this arena. So we'll...the proof will be in the pudding and literally in the numbers, I guess. But we hopefully are off to a good start.

TOM McBRIDE: Vicki, can we ask questions about that now, or do you want to wait until you've finished?

VICKI MACA: Absolutely, Tom. No, go ahead.

TOM McBRIDE: I'm just interested, and I haven't had a really good conversation with anybody yet with the ASO as it relates to them bringing on the child welfare side, and the role that Magellan will play in the new in-home service array. Because we're...as providers we're hearing contradicting reports, you know. So if somebody can clarify it I would love it.

TODD LANDRY: Well, I'll certainly give that a shot and try to clarify at least at a high level, as Scot indicated, whether you want to say the devil is in the detail, the proof is in the pudding, whichever colloquialism you want to use. You know, some of these details will continue to get worked out and fleshed out as we go forward. As you correctly indicate, Tom, we had two converging significant system changes that are going to go into effect on July 1. And they do definitely have an impact on each other and intentionally so. We have on one hand the ASO, the Administrative Service Organization contract, which as Scot and Vicki indicated, for the first time include all three of the divisions coming together under one umbrella for that ASO contract. So on the one hand we have that piece. On the other hand we, of course, have the awarding of the in-home support and safety services that are also going to get implemented with lead providers in each of these service areas, that will also go into effect on July 1. Both of them, of course, coinciding with the beginning of the fiscal year. So how those two are intended to intercept, and again this is at a \$30,000 level. It will also...you know, a lot of the details will continue to get worked out as we go through the implementation, the early months of implementing both of these contracts. But the way it is intended to

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work out is from a child welfare perspective if a family comes into our system and is suitable for those in-home safety or support services, the lead worker, the caseworker will make the one phone call to one of the providers, one of the lead providers for those services to authorize those services for that family. That lead provider then has the responsibility for using their models that they have indicated in their request, in their bids to follow through on those and to implement those services that have been authorized by the caseworker. At the same time the provider will also have the responsibility for "registering" those services with the ASO. And so the ASO will have the responsibility for the data warehousing aspect of those services so that we can, for the first time as we've talked before, be able to accurately show the services that family may be receiving across all three of the divisions, not just from a stovepipe mentality of each of those provisions. So the provider will have to register the services. For those services that we're talking about specifically here, the ASO will not be authorizing those services. The authorization for those will still come through the caseworker at the department. However, the ASO will be monitoring and will be collecting data on those particularly from a cost perspective so that we can, for the first time, accurately reflect the entire cost that we're providing when we're providing services to a family, as opposed to the past where it's been a very stovepipe system and more difficult for us to collect the costs on a family basis or on a child basis. So the \$30,000 per view, that's what is intended to happen. Obviously, there are a lot of details to be worked out on exactly how the mechanisms are going to go in place there, and the ASO is committed to, in this case Magellan is committed to working with those lead providers in order to figure out those details. Without a doubt, sitting here on June 19, all of those details have not, as I said, been developed and been worked out. However, we recognize that there is going to be a period of some time, hopefully a matter of weeks, only a few weeks in order to get those processes in place, in order to make it as seamless as possible. Because what we're trying to do is trying to make sure that the services get delivered to the family, but at the same time, as we all discussed before, we have a real obligation to our taxpayers and to our state citizens to be able to accurately reflect the services that are being provided, the cost that it's costing us to provide those services,

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and ultimately the results that we're getting for those services. So I hope that helps at least a little bit with the \$30,000 per view.

TOM McBRIDE: Well, it does. It would be nice if, you know, even at a macro level like that, you know, if you'd get something out. Because you know we're 11 days from that service implementation date. And we still didn't know, you know, how it's going to...

TODD LANDRY: How those merge together?

TOM McBRIDE: ...how that's going to happen. Because we were hearing that in one case when you talk to somebody that Magellan was going to do the (inaudible). And then another one that there's two new case manager supervisor positions that are going to do the (inaudible). And then there were...it's just all over the place. So that would really be nice.

TODD LANDRY: Well, we'll work on that and make sure that gets out to the lead providers to be able to share with everybody.

TOM McBRIDE: Thanks.

BETH BAXTER: I think it would be helpful that the service area staff understand those nuances and changes, too. So that they can share as they need to when questions come up.

TODD LANDRY: Sure. I think that's valid. And, obviously, this is an education process that's going on throughout the system, both externally and internally. So I appreciate that.

VICKI MACA: Any other questions on (inaudible) part? Okay. Great. Then the other update I wanted to provide the task force with was in reference to services that are

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provided at the Hastings Regional Center, both the CD services, as well as what was described in the LB542 report that the department developed, the forensic unit as well. At this time the department, along with the Department of Administrative Services, which is under the umbrella of DHHS, has met with representatives from the city of Hastings several times. I wanted to say lots of people from Hastings, I was really impressed with the number of people that they brought to the meetings. And at this point, the city of Hastings is basically saying two things. (A) They would like a long-term lease; and (B) they want the contract to be a no risk contract. Right now the Department of Administrative Services is exploring those options to see if we're able to meet both of the needs that the city of Hastings has. We hope to have a meeting with those representatives again within the next 45 to 60 days, to be able to come to some resolution regarding this. That's the update right now.

JIM JENSEN: The capacity of that is still the same as what was presented earlier?

VICKI MACA: It is at this time. Yeah.

JIM JENSEN: And the contract is on campus, or off campus, or...proposal?

SCOT ADAMS: Their proposal that they had sited with us or had provided us a copy was to develop land onsite of the campus of the Hastings Regional Center.

RUTH HENRICHS: Develop new?

JIM JENSEN: In a new building?

SCOT ADAMS: Yes, in a new facility that they would construct and then that we would lease. And other elements of that are really not settled or defined at this pint.

CANDY KENNEDY: Was the discussion similar to one of the proposals that was

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outlined in the Chin Report? I know one of those was looking at developing, constructing a new facility. Is it something similar?

SCOT ADAMS: Similar in that respect, that the Chin Report had indicated the need for additional services with regard to those young people and also of a new facility. So we are looking for a new facility. We are looking for the opportunity to go from 40 to 50 beds, and we're looking for a secure facility as well as a separate facility to encourage the participation of Medicaid in the support of a chemical dependency unit.

RUTH HENRICHS: And that's the 40 or 50?

SCOT ADAMS: Yes.

RUTH HENRICHS: And then this separate building would be for who?

SCOT ADAMS: It would be for those people in the system who have become, if you will, treatment resistant or highly dangerous. In different other residential facilities across the state and currently many of those kids are either ejected by treatment facilities or the judges have asked for additional secure measures. And so that would provide for that higher level that currently does not exist in Nebraska.

JEFF SANTEMA: Is the plan still for a 50-bed chemical dependency facility, and a 25-bed Level V?

SCOT ADAMS: Those numbers are still the targets that we're working with. Though as more information becomes available, those numbers could change. We're not wedded in the sense of, by gosh it's got to be. But those are our planning members.

TOM McBRIDE: If somebody were going to visit that outside of the group, so you can only talk (inaudible) invited to the table?

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SCOT ADAMS: Well, right now we have...you mean in terms of negotiations between the department and Hastings? That would seem odd to me. I don't (inaudible)...

TOM McBRIDE: If anybody else wanted to say, you know, we're interested in this and (inaudible).

SCOT ADAMS: Right now we're at a point where our conversation is with the city of Hastings. We have the opportunity for, if you will, a workforce familiar in talent and sufficient to be able to transfer over. And so that's a significant strength. There has been long-time community support of the operations there, and that could be also a significant strength. Communities in various ways, chamber of commerce recently recognized its presence in the community and things like that. Should the negotiations with Hastings not move forward or come to a conclusion, I think that many others will be invited to...perhaps the entire state (inaudible) will be invited for further conversations about the opportunities there. And, Tom, even in the case of...if plans continue forward with Hastings, the question with regard to the treatment component is still an open question as well within the department. We have previously talked about here the potential for a joint public/private partnership on the provision of services. And until we've got the facilities sort of settled and at least that anchored down, we've not begun any further, we really have not given any further thought to that issue. But I want to assure you that that also remains a live issue. And again just to summarize that, some components of the operations may well be better suited to the private sector--treatment components come to mind as an example of that. Some other segments come to mind as better suited for the state to provide--the security elements come to mine as an example. So just want to again reaffirm that position of the department with regard to that.

JEFF SANTEMA: Senator Jensen, could I...

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JIM JENSEN: Yes.

JEFF SANTEMA: If I could, Scot, is the...there is a formal public proposal from the city of Hastings then? Is that...is that...if that's accurate, that would be available to the task force as well?

SCOT ADAMS: You know it's a draft lease. And I'm not sure about draft documents, Jeff.

JEFF SANTEMA: Oh, okay, okay. When the...in terms of then a proposal from Hastings, it's more in the form of a draft lease at this point?

SCOT ADAMS: Yes.

JEFF SANTEMA: Okay.

JIM JENSEN: The Bridges program, the DB program, is not part of any of this, is that correct?

SCOT ADAMS: The Bridges program is administratively controlled under the Division of Developmental Disabilities.

JIM JENSEN: Right, from Beatrice.

SCOT ADAMS: Yes, and from the Beatrice facility. Yes, sir. And thinking has gone into what that would mean and the impact of this action on that as well. So we're trying to coordinate between the two divisions as to how best to accommodate both programs and whether or not the one affects the other. It is possible that Bridges could continue. Obviously, you have a very large campus with very few people. And some other option may well need to be explored. The Division of Developmental Disabilities is going

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through a great deal of change itself right now, with a major emphasis and focus on community-based services and the development of community-based services, not unlike 1083 in its own right, though measured in months rather than years. And so what happens and what might open up in other places as a result of that, either community-based or at Beatrice, are examples of things that are being explored.

JIM JENSEN: But the task force that the senators are sitting on, they're also looking at that Bridges program that's part of their...

SCOT ADAMS: Yes, sir. That's part of their charge, if you will.

JIM JENSEN: Okay.

SENATOR HEIDEMANN: How many people in the Bridges program?

SCOT ADAMS: Around 14.

TOM McBRIDE: At some point then does that become a...and I don't...you know, when you're talking about the capital portion of it, I don't know the ins and outs of that kind of stuff. But say that you did enter into an agreement with the city to build whatever facility is there, and then you're looking at program stuff. Does that have to be...does that have to go out on an RFP, you know, anything like that? Or is that tied in conjunction with the...if you're with the city of Hastings and developing that whole program, it's a captured program or a bundled program?

SCOT ADAMS: Tom, can you help me out. I'm not quite sure I understood the question. Are you talking about the construction of the facility?

TOM McBRIDE: Well, I mean you're talking about...yeah, just the program part of it.

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SCOT ADAMS: The program part?

TOM McBRIDE: Say, you have the building sitting here. Then...and you know you were talking about potential of a public/private partnership there. Would that then be the department issuing an RFP or an RFP saying, okay, we...do you want to bid on the...or a proposal on the treatment services at this new facility? Or is that a bundled thing?

TODD LANDRY: That's certainly a possibility. Again, that question is completely open at this point exactly how to provide those services, what's the best way to provide those services. Our focus, initially, has been on the question of the physical structure itself first. And then the second question that will get addressed is the operations of facilities, the treatment component, the security component, etcetera. And so when that time comes that is certainly one alternative, Tom. But no decision has been made yet. And we'll continue to focus, trying to keep first things first. We're going to continue to try to focus first on the physical plant aspect of the facility, and then we'll move on to the treatment aspect.

TOM McBRIDE: Okay.

JIM JENSEN: Ruth.

RUTH HENRICHS: Could you, Scot, just explain one more time for me why this is just Hastings and that there...why is it there? Why, if there were another community today who heard this information and said, we've got the money to build a building, or we have a donor or ten that will build a whole new facility, and that there are more children that would use it in X-Y-Z community than Hastings. Why...help me understand, for us to answer when we get asked, why that wasn't opened? Because I don't think we have a history of making decisions in other arenas of human services just because the employees currently live there. I mean, if I have to close an office somewhere, you do that because it's the best business deal, not because...not just because those

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employees are there. So I need to hear you tell me again, so that I get it.

TODD LANDRY: And, Scot, maybe I can take a stab at that. I see it as two primary reasons why we made the decision. The decision was made in order to first look to Hastings as the opportunity to potentially house this facility. Those two primary reasons, one, was workforce. When you have a trained group of workforce that have been working with these youth for a number years, they have some skill at that, and we wanted to recognize that aspect. That is a business decision. If you already have a trained workforce in place, certainly you want to utilize that trained workforce to the greatest extent possible. The second reason is proximity to YRTC Kearney. The youth that are currently being served at this CD facility, as all of us know, are youth that have been paroled from YRTC Kearney for the specific purpose of CD treatment. Close proximity to YRTC Kearney is a benefit. And therefore for the combination of those two reasons, the decision was made to first look to the city of Hastings to potentially partner with the state in order to provide this facility. As you've heard from both Scot as well as from...

(ANNOUNCEMENT INTERRUPTS OVER CAPITOL COMMUNICATION SYSTEM)

CANDY KENNEDY: Todd, I'm just going to stop going places with you. (Laughter)

TODD LANDRY: Last time Candy and I were in a meeting, our building was placed under a lock-down situation due to a chemical spill. So she's having great fun with us on meetings. []

TODD LANDRY: So to wrap up, I guess, those are the two reasons that drove that decision. Again, we are in the process of those negotiations. If in fact those negotiations prove to not be fruitful, then it is my understanding and belief that we'll actually be offering those opportunities to other communities, but still keeping in mind some of those driving factors that we have, one very primary one being the fact that the youth

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that that CD facility is going to serve are youth who are paroled from YRTC Kearney.

JUDGE LIZ CRNKOVICH: That's...and I realize I missed a meeting, and I was late, so I do apologize. That's what I wanted clarification for. This Hastings facility is strictly to do what it's already doing, and that is to provide chemical dependency treatment for the boys who are at Kearney, and no other purpose?

TODD LANDRY: That is the intent at this point. Obviously, that intent as we all know, the needs of the system can change from, you know, year to year and over a longitudinal period of time. But it is our intent at that point that that will continue to be the focus of that facility, yes.

BETH BAXTER: And I would just add a maybe historical perspective for Ruth's comment, you know. Back in the mid-1990s, when in the behavioral health system we were going through what was called behavioral health redesign, and looking at rightsizing the regional centers, kind of a precursor to behavioral health reform. During that period there was the focus to take the alcohol treatment unit, which was a centralized statewide program that was housed at the Hastings Regional Center, and move those resources out to the communities so that each of the six behavioral health regions would have what we now call short-term residential services and resources. And one of the things that we did in that redesign effort, because obviously it had the potential impact upon workforce within Hastings, is we did have a priority to try to utilize the staff who were a part of that alcohol treatment unit, who were trained in that service and had experience and history or that. So it may not be the exact same thing, but similar in terms of looking at those human resources and making it a priority to help transition and utilize those resources out into the community.

VICKI MACA: Well, that was the final update. The third part of the report really is probably more conversation for the task force to have. And in your packet you have a copy of, I think, it's labeled Attachment A, LB542, the actual bill. And you also have

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Attachment B. And just to give you some background information when Scot and I sit down to prepare for the task force meetings, up until this point it's been very clear and obvious what information the task force is interested in. The task force developed the recommendations for the department to respond to. The department provided the plan on January 4 to the task force. And now it's kind of where...we're at a point where it's, now what? So in order for the department to provide the most helpful and, I think, the highest quality of reports to the task force, in my conversations with Scot we decided, you know, it's really...it's probably time to say, okay, now what? And so the bill does outline the role of the task force, which is to monitor...well, I have it right here. The Children's Behavioral Health Task Force, and that's on page 5 of the bill, will oversee implementation of the children's behavioral health plan until June 30, 2010, or longer, depending on the recommendation of the task force. So oversee implementation of the children's behavioral health plan. Well, as I talked to Scot, there are so many different ways the task force could choose to do that. A way that made sense to me and that Scot supported was to outline the components of the plan. And the plan is broken down into the three core values, and I'm referencing this sheet now.

JUDGE LIZ CRNKOVICH: Vicki, I'm not seeing that. Do you have an extra copy? I don't see it.

VICKI MACA: I'm sorry.

JUDGE LIZ CRNKOVICH: That's all right, I'm not...I'd like to...oh, thank you (inaudible).

VICKI MACA: So you have the three core values. And I referenced what page in the LB542 report that the department developed, covers that area. And then what I did was I sat down with different folks and said, what reports do we have or could we have that would capture this information? And I did that on both the core values, as well as on the guiding principles. And I have to say that no one of these reports alone will give you the information you need to say, well, how are we doing with implementing the plan? It's

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really the aggregate collection of all of these reports together, I think, that would give the task force good information about how are we doing in children's behavioral health? Are we doing what we said we wanted to do in our plan? And while some of these are reports that we have generated on a regular basis, others are not, but are reports we could generate if the task force felt they would be helpful. And others would be probably more updates, maybe less about data and more about process. And I brought an example of one of the reports, I do believe, with me, which I think is in your packet. And that's the out of state report, just to kind of give you a flavor. To show...and then this report shows clearly that our out of state placements with both our border states and nonborder states is decreasing over time. And I think that kind of information, the over time information is going to be the most helpful for you to see.

JUDGE LIZ CRNKOVICH: Can I ask a question?

VICKI MACA: Absolutely.

JUDGE LIZ CRNKOVICH: And not that we want to micromanage, but how...say this is a report we might want to oversee. What will we get that will show the substance of how this is happening and why it's happening? And I think...I ask that, Vicki, respectfully in that sometimes it's form over substance. And so I don't want to look at a chart, worrying that...you know what I'm talking about. I'm not even saying it on the record.

VICKI MACA: I do. I do, Judge Crnkovich, I totally...and that's a really good point because Terry, Scot, and Todd and I know by looking at this exactly why this is happening.

JUDGE LIZ CRNKOVICH: Um-hum.

VICKI MACA: And it will be important that we provide that information to the task force...

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JUDGE LIZ CRNKOVICH: So that it's...it's about...

VICKI MACA: ...to explain...

JUDGE LIZ CRNKOVICH: ...individualized fact-based decisions in each case that have...and in conjunction with whether it's a paradigm shift or whatever...

VICKI MACA: Exactly.

JUDGE LIZ CRNKOVICH: ...that has...

VICKI MACA: Um-hum, classless decrease.

JUDGE LIZ CRNKOVICH: Yes, rather than we just sent everybody home so that the chart would go down.

VICKI MACA: (Laugh) Yeah, that's a great point. Thank you.

JUDGE LIZ CRNKOVICH: Okay, that's all I wanted to know.

SCOT ADAMS: You know, if I could interject here, and in the spirit of realizing we're sort of dancing around a little bit of a delicate topic. Your last comment there about we just decided to send everybody home...

JUDGE LIZ CRNKOVICH: It was tongue in cheek, but go ahead.

SCOT ADAMS: Well, okay. But the department fields scores of those tongue in cheek kinds of comments, some of which are not so tongue in cheek and are meant in a very serious vein. And I appreciate and respect that this one was tongue and cheek in that. But we're not going to be able to sort of deflect, anticipate and deflect all of the either

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tongue in cheek and didn't seem tongue in cheek to me kind of comments.

JUDGE LIZ CRNKOVICH: Correct. And you are correct, Scot. I guess, to be honest it was tongue and cheek and yet it is not. And I'll tell you why, I'll tell you why though. And I feel...the why is not the present administrative body that's in the room. The why is concrete experience that not only this judge or the court in Douglas County has had, but a concrete experience over the years where policy changes get implemented, not on the needs of the family, but on policy. So I quite sincerely meant that, and Vicki knew exactly what I was talking about. And I didn't ask it to agitate. But there is one legacy, I guess, for want of a better word, that you sir, and you sir, and you madam, and you madam, that we have to overcome, and that is that issue of trust. And I was even thinking today in terms of my own colleagues. And we all want to tell what great things we're doing. And then I thought of you, because I ride horses, and we can't talk about taking that jump over the jump if we don't go back to the basics of how to put on the saddle, and how to sit in it. And that is the basics of good case management. So I sure wasn't trying to pick on you. I know you guys have...are new to the agency. You have a great task ahead of you. You are making a sincere and an honest effort. But my...but I mean, are we really...I even...I mean, I still think there's the concern was this task force put together to help the people of Hastings, whom I do respect, or was it put together to really change the system of care for children's behavioral health. And so in fact I did mean what I say because I have had the experience of policies making decisions on individual families. And I respectfully then am challenging the new changes to be substantive. And so thank you for calling it, but that's where I was coming from. And that's...I guarantee you that's what judges are going to be looking for, that's what the public is going to be looking for, if this committee has any substance if the...that's what we're going to be looking for. And it's kind of like, while we're doing this how do we rebuild the trust that we're not responsible for damaging, that's you guys, but also are in a wonderful position to resolve.

SCOT ADAMS: Judge, thank you very much for that. I appreciate the fuller conversation

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with regard to that. And appreciate that there was in fact more depth in terms of the question in that. And appreciate the acknowledgment of history to all of this. What I would like to say is again we're not going to be able to overcome all of the concerns, the questions, the historic ghosts, the things like that that have come there until they are brought to our attention and then we can respond to. Just like Todd did, I think, a moment or two ago with regard to what are the reasons. Two reasons. What I think we can all pledge is an open and honest conversation about that with regard to the matters at hand. Secondly, that leads to a nice segue, because one of the questions that we had for the task force today really was, what are three to five outcomes that you think are valuable that we all can agree to and make sense for measuring success in behavioral health reform? And some of that kind of conversation is, I think, a useful part of the time of this committee, so we have that up front, clear and can work toward that collectively as opposed to sort of just the next question that comes along in what seems to be an endless series of suspicious kinds of things that have no context in...

JUDGE LIZ CRNKOVICH: That are not paranoid though. (Laugh)

SCOT ADAMS: Yeah. It's just, you know,...

JUDGE LIZ CRNKOVICH: Zing, your turn. (Laugh)

SCOT ADAMS: Yeah, it's like a tag team match. Yeah. (Laughter) It just sort of keeps coming. And so we...that was another element. Vicki was good to sort of outline a means by which to sort of report information. I think this is a reasonable way to look at things--values, principles, some suggested reports. But I'd also like to hear in addition to those outcomes that we've identified in the LB542 plan, and children's behavioral health plan of targets for reductions in different areas. What else might you like to see? Now, I suggest three to five, because I think that that would be an appropriate high level review from the state perspective. There will be lots of minutiae to have to measure in terms of this and that, but that would be my suggestion to the group to think about and perhaps

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propose. And it may be something that's easy for us to develop, it may not be. And so we have to have conversation again about that.

JEFF SANTEMA: While the task force members are thinking about that, if I could maybe, Senator Jensen, just interject a point of clarification about the statute, because there is some ambiguity in this statute. And there are two plans mentioned in the statute. And it has become confusing to the task force which plan is being talked about. The behavioral health plan that's referenced on page 5, that Vicki mentioned earlier, is going back a page, to page 4 of the statute. This is all part of the plan that the task force was charged with. This is the behavioral health plan that the task force was charged with. At the very bottom of page 4, the department shall provide a written implementation, and then up to the top of page 5, implementation and appropriations plan for the children's behavior health plan to the Governor and the committee by January 4 of '08. So there are two plans--the task force's plan, and the department's implementation and appropriations plan. And I think that Vicki and Scot are referring to implementation of...the implementation of the appropriations plan that the department submitted, I believe. And that point of clarification I just wanted to bring to the task force.

VICKI MACA: And, Jeff, I appreciate that because it has been confusing. And it seemed as though the task force developed recommendations versus a plan. And so that's how I have separated them, that the plan would be the department's and the who responded to the task force recommendations. And I think there were 17 of those.

JEFF SANTEMA: And there were discussions early on that...Scot made aware to the task force very early on that the department's implementation and appropriations plan may not be just like what the task force as a whole came up with. And so that just reminds the task force maybe of that conversation.

RUTH HENRICHS: I have a question of clarification. And this probably should have been asked a long time ago. But what would is the definition of "oversight?" Because is

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it...does it mean that we're going to come and hear that there is a negotiation going on with a community, or that a contract has been given, or that there is...are we going to come and hear decisions? Or does oversight mean information before anything like that happens? Or is it a monitoring of outputs and inputs and whatever? And I think that for me, personally, that would be very helpful. I mean it's helpful to know that we're talking about, you know, the clarity on the use of the word plan. But what really is the purpose now? What does oversight mean? And I'm rather...I'm not rather, I am confused by what that means going forward. I mean, we come and we look at some reports, and we have no input in...I mean if we put together a plan that charted a direction and gave recommendation, you put together an implementation plan. If we don't have anymore input into whether we want to turn right or left from the plan that you four wrote, then are we going to come together...

JUDGE LIZ CRNKOVICH: So Scot and I can fight? (Laughter)

RUTH HENRICHS: I mean, I'm very, very serious in asking what is the definition of oversight for the next two years. If we're going to come together after all of the decisions and turns have now been made, that's not a negative or a put down question, it's like, what's the...what's our role going forward?

JIM JENSEN: Ruth, I think that's a very, very good question. And this is my last meeting. And you will have then a chairman of this committee until the end of this year. And then you'll have another chairman beginning in January.

RUTH HENRICHS: Do you know who they are?

JIM JENSEN: Pardon?

RUTH HENRICHS: Do you know who they are?

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JIM JENSEN: Well, the chairman of this committee, beginning July 1, will be Joel Johnson, who is Chairman of the Health and Human Services Committee. His term ends the end of the year. And so a new chairman will be elected in January, and then he will become the chairman of this committee, who has never attended any of this.

JEFF SANTEMA: Or his designee.

JIM JENSEN: Or his designee, right. But, you know, we started meeting a year ago. And we started meeting right away, as quickly as we could. And we had meetings in Hastings, and other places. And I'll be perfectly frank. I have a problem when we sat and we had various meetings, we broke out...had breakout sessions where we tried to get as much information as we could. And yet some of that information, I think, or what we thought we were providing as information really didn't amount to anything. I think we wasted a lot of time to be honest with you, and taxpayers expense to pay us to come here and leave again. When perhaps those decisions are going to be made by the department, and yes, we are here to rubber stamp them. That's one thing I've never done is rubber stamp anything. If I'm going to be on a board I'm going to be on a board. And so that bothers me, it bothers me a great deal. But this is my last meeting, so you are the ones who are going to have to deal with that in the future. But I do have concern for the task force, which I think was set up very well. I think the senator who drew up LB542 certainly had great aspirations as to what might come from this. But like I said, you're going to have one chairman, another chairman, and then another chairman. And I hope that this task force has a reason for being and will have some meat to it. However, there is a study that is going to take place to decide whether this task force really should have been done in the first place. And there is, I think, some reason to say that perhaps it shouldn't.

JUDGE LIZ CRNKOVICH: A study by whom? The Legislature? I'm just curious.

JIM JENSEN: No, no, no, no, no. There...certainly Senator Flood said that the oversight

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commission, the behavioral health oversight commission, this task force, and seven or either more other task forces really are...there's a conflict of interest with the way that the various branches of government are set up. And you have people who are not elected making elected decisions, perhaps. And I don't argue with what he said. I mean, if you want to follow the law, perhaps he's correct in that. So this task force and others are kind of in that area of...in flux, if you want to call it that, as to where we are. With that, like I say, I have great concern about that in that we did spend a year and worked on a lot of information and recommendations. And then it would appear to me, and the Hastings deal is just one of those. But I mean we're going to go ahead and we're going to do that. And I think you're going to be asked to say that's okay.

JUDGE LIZ CRNKOVICH: Hmmm. How do we...that's very interesting, Senator Jensen. It means we're kind of wasting our time, doesn't it? And what is the point of proceeding?

JIM JENSEN: Well, I don't know. Like I said, it does concern me. I don't think...you know, we all knew that we were waiting for a report from Hastings as to see whether that would...was, I guess, amenable to the department and to the administrative branch. But whether we...I don't know that we have any say whether that's good or bad or anything. So that takes that portion off the table.

TOM McBRIDE: I don't think we've had a waste of time. There's some times that we've spun our wheels, perhaps. But I look at just even getting to the point where we're at with the potential sitting there, not the potential, I think it's the intent for the kids that are in Hastings to at least get out of that building, you know, and get into something that's more suitable. I think that's just one thing. I think there's been a lot of public discussion generated by this. I think some of the elements of the plan that the department drew up came out of discussions, you know, from here. You know, everybody is sitting around with their feet under the table, whether it's here, whether it's out there, I think are passionate about what you do. And that passion is going to collide. And I think it's a good thing. It's almost because we don't have statutory authority we almost function in

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the capacity of an advisory committee. And an advisory committee is one of the most frustrating things I've ever sat on. So, you know, I think that even if we'd of written a little bit, you know, we would have seen some additional change. But I love the fact that we come in here and sit down and challenge each other.

JUDGE LIZ CRNKOVICH: You make a very good point.

JIM JENSEN: You do.

JUDGE LIZ CRNKOVICH: And I think you are correct in that from the discussions I think we can all see different ways that everyone has been listening to everybody. And I don't disagree that in many ways I don't know whether it's the new administration, but the new breath of air within the department has been making efforts to do that. So you're quite fairly...you're correct in that. I think my frustration maybe isn't with the committee at all, it's with the need for the Legislature and the judiciary and the administrative body. If there would be any way to come together on behalf of the needs of kids and collaborate in a substantive way, and maybe it is naive to think that you can do that in a nonpolitical way. Because we are elected and appointed, we have the responsibility of not only the children, but the taxpayers and the money. And it may be...maybe it's the Irish that says it's sad that we have to make all the changes behind the scene, we can't make them up front. Maybe it's the judge is getting old who can say, who the heck cares what it took as long as it's the right result. (Laugh) I don't know, but I...based on your comments, I just feel challenged continuing to participate in something that's form over substance. And maybe it isn't, Tom. I don't know.

TOM McBRIDE: Well, I agree with you. I mean, we're talking about things that 20 years ago if we would have sat here and talked, we were talking about the same thing and making some changes. And I think you articulated that very well about the role of the committee. And my hope is that it was articulated as well at the redesign of the department that we were moving into a collaborative, open, transparent, let's get

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together and move things. In some fashions I think we have done. Is it as fast as I'd like it? (Laugh) No.

JUDGE LIZ CRNKOVICH: Isn't that where the mistrust comes in though?

TOM McBRIDE: I'm sorry?

JUDGE LIZ CRNKOVICH: The mistrust comes in from the moments when the rug is pulled out. When one of the most important agencies seeks to be on the committee. And then when it comes time to vote seeks to not vote and provides a plan that isn't...I'm not saying is controversial, but remains open to discussion by this wide body of various disciplines and interests. And it is only now that someone is suggesting that such a committee is not appropriate, when one would have hoped that that would have been looked into before such a committee was ever developed in the first place. Those may merely be perceptions, but...

RUTH HENRICHS: Judge, I think that those are things that happened along the way to get us here. But as I look at it, here is where we stand, here is where we sit. And we're here today. And what we've been through in the last year, the process whether we liked it or not, we can't go back and redo that.

JUDGE LIZ CRNKOVICH: No, no, no.

RUTH HENRICHS: So here we are. So I think my question really relates to both what you and Tom are both saying, in that yeah, it's been kind of a rocky road. But Scot reports that people all over the nation are looking at us because we're going into, you know granted you were taking about the ASO, but I mean we are trying to do something different here. So I guess my concern today is not about...I'm not...I mean...

JUDGE LIZ CRNKOVICH: Is our task done? Is that what you're suggesting? Maybe our

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task...

RUTH HENRICHS: I just really don't want to go back and rehash how I felt about the day of the vote and all of that. I mean, yeah, I had a lot of feeling about that. But I don't want to go back there and get stuck there. I'm here today and I want to know what my role is going forward as a member of this task force, and what oversight means. And that's not even...that's not...there is nothing behind that except I'm looking for information. I want to know if I'm just really somebody to read reports and rubber stamp. There are committees like that. I think I've probably had them at my own organization, and so has probably everybody else. Or is it a place where nothing will happen until it comes here first? I just really...I really don't know who that would be. I just really want to know what it is. And maybe then at that point, Liz, then maybe at that point all of us have to say, regardless of Senator Flood's request to look at this, maybe it's time for each one of us to say whether we want to continue to be on an oversight committee based on the definition of what oversight is.

JUDGE LIZ CRNKOVICH: Yes, I'm in full agreement.

RUTH HENRICHS: But I don't want to go back and...

JUDGE LIZ CRNKOVICH: No, I agree. I only went back because it seemed to be current in this new event.

RUTH HENRICHS: Okay.

JUDGE LIZ CRNKOVICH: And so the new event seemed to be a course of dealing. That's the only reason I...however, I absolutely agree with you. Is our task done even? Maybe our task is done? I don't know...

BETH BAXTER: Well, I think fundamentally, I mean this...the task force came...the

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legislation came together, these reports came together around a desire and a need for system of care change.

JUDGE LIZ CRNKOVICH: Right.

BETH BAXTER: And at its very least the membership of this body represents those components, those elements of the system of care that can effectively serve children and their families. And so at the very least I think that's why we are here, because we represent some component within this system to...for interaction, for information, and hopefully to share what expertise that we might have based upon our experience, our education, whatever it is in that term of how we serve children and families. And so if that's to merely provide information, because in any system of care work people bring a certain venue or frame of reference as they look at children and families through a certain frame, you know, a lens based on what their responsibility and authority is within the system. So in the very least I think that's why we're here, and that that has to me a considerable amount of value. How the department or the Legislature or the Governor utilizes that, maybe that's the question in terms of what our role is.

CANDY KENNEDY: I agree, Beth. I think that...I know that people have concerns. But I think that the recommendations that we came up with are incredible. They're very, very needed. I think the collaboration between the department and us to make those recommendations work and to move forward in the system of care is incredible. And it isn't what...the nation is not just looking at the ASO, they are looking at the collaborative effort that is being done. It is rare and it is very difficult, and we are doing a very good job of it. So I think everybody should be commended for the hard work that we've done in the last year. I think that we have to move forward. We have a lot of work to do. And I know it's always a struggle between who...like you're saying, what does oversight mean, whose responsibility it is. But as long as we're here at the table and we're communicating what works, what does not work, and we're being respectful working together to continue it, we have to do it. I can't see us...I would be heartsick to see if we

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just put our chairs away today and walked away. We've just begun the work.

TOM McBRIDE: If people would only listen to me (laughter), with that, there's a couple of things that you, and I'm going to butcher a quote all over the place here. But somebody that's been in the Legislature here can help me. But I think there is some quote about the society is predicated on the vigilance of its citizens, so to speak. And I think that when you start moving the oversight commissions and drawing on conflicts of interest, I think that's dangerous and I don't think it's appropriate. I don't know where a conflict is. I'm not an attorney, but you know I think this is something that's necessary. What I would like to see is from the...and I don't know how you guys all developed the plans as they sit there. But I think that too often and too long what we've done on the provider's side, on the department side, perhaps even on the legislative side is we've developed all of these different plans within vacuums and not integrated people enough to develop those plans. And so everybody...it's a series of reactions then rather than management. And I would like to see the stuff that moves out of here, the recommendations that come out of here move more to that management side.

JUDGE LIZ CRNKOVICH: And since I started this, I was not suggesting that what you were providing did not have substance. I was just reminding that...and I did it not very artfully, that it would be helpful for us to see what goes into the charge, not because we don't trust you, but as a way of indeed helping to rebuild that trust. Nothing more (inaudible). So I'll quote Kung Fu Panda (laughter) who said, yesterday is history, tomorrow is a mystery, all we have is today, that's why they call it the present. (Laugh) I thought that was very cute. Move on.

TODD LANDRY: And if I could just tack onto that, whatever reports that we may provide or whatever format that we wish to do, I think it is important that we provide some context from our perspective. And that, I think, is a recognition that we all want to...though I certainly want to put out there, that is going to be the perspective of the department as to why in the interpretation of the charts and why we believe we're

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seeing the numbers reflected as they are. Because we may differ. You know the data is one thing, we can all agree on the number spent, the number of units provided, the number of kids that we count, whatever those pieces, we can agree on those fairly easily. Where I think we may have some reasonable disagreement is what that data means and why that data is being driven the way it is. We can both look at that same sample chart that Vicki and Maya provided and say, hey, this is really good news, or we can say, no, it's really bad news. Or we can say, well, we think this is really happening because we have 1,000 fewer kids in care than we did two years ago. So therefore we have more resources here in the state in order to provide more of these treatment services to kids who we were, two years ago, sending out of state. We can look at that. And a reasonable person can disagree and say, no that's not true; the reason that we see these numbers decreasing is that kids are being reunified with their families too quickly. We can disagree on what that means. What the department can do in each of these charts or in each of these pieces is put our rationale, our perspective on these, and then we can have an honest discussion. And we may end up at a point where we say, you know, we have to agree to disagree. I think that probably 80 or 90 percent of the time we're going to say, yeah, that seems reasonable, that's probably what we think is happening based on our own anecdotal evidence and information, based on our own individual circumstances and the perspectives that we represent. So I take your comment from several minutes ago at face value, which is the data is important. I believe we also should provide and will provide at least our perspective on what that data represents.

VICKI MACA: And I would just add I think that the frequency in which the task force meets also plays into this. If the task force meets twice a year, to me over seeing the implementation plan is very different than if you are meeting quarterly. So I think that's something as well. And to have that schedule ahead of time for the next year would be incredibly helpful as well.

SCOT ADAMS: Again, maybe just to summarize the, kind of the Back to the Future kind

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of thing, the...

CANDY KENNEDY: You guys are watching too many movies. (Laughter)

SCOT ADAMS: Too many movies. Our intent in this presentation today was to provide sort of the possibilities through the imaginations, through the conversation, to get your reaction to a proposal of working with you from the department's perspective, working with the task force over time to define, as we go along, hopefully up front here, exactly what oversight means, what data you want, how you want it, what outcomes you want to drive to. And so I'm encouraged by the conversation. It is the kind of thing that I think is worthy of this group. Now what do you want as outcomes?

CANDY KENNEDY: Good ones. (Laughter)

JIM JENSEN: Is there any more discussion on the first three core values?

VICKI MACA: Well, and if I might just throw my own two cents into the mix. Honestly, I think to provide the task force, we could provide you with all of this information. But I just wonder if it wouldn't be helpful if each meeting we tackled one or two of these. Honestly, it would be really helpful for Maya and I to have all this expertise around the table, to be able to come to you and say, here's a couple of things we're struggling with. Tom, as a provider, Ruth, what do you think, what are providers thinking? It would be helpful for us to be able to really pick your brain about some of the things we struggle with because you have such a vast array of experience and expertise. I really would hate to just come and provide you with all of this data, and then walk away and start getting ready for the next meeting. I think if we really took one of these or two of these each time the task force met, we could really have some good conversation. We could really look at and analyze the data, have good conversation back and forth about why the data looks this way, and get perspective, different perspectives from everyone around the table. I think if you take the Hastings piece out of the mix of the LB542 plan, I don't think there is

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anything in there that we all wouldn't agree with. I mean these guiding principles, they're right for kids. These core values are right for kids and families. I don't think any of us would argue that. To me number three is the most exciting, one of the most exciting things we have going right now. That balance (inaudible) services, that pyramid, if you remember, that we see is upside down now with lots of our resources going into those deep end, RTC-like services, while those...

TOM McBRIDE: Whoa, whoa, whoa.

VICKI MACA: Hang on, hang on, hang on, Tom, I'm getting there. While those are needed, necessary and valuable, we I think would all agree that we need to enhance those early intervention, prevention, community-based services as well as preserve those services that some of our kids absolutely need that you provide. And I want to be respectful of that, because that's very important.

TOM McBRIDE: I just always operate...the caveat on that one, when we talk about out of home services, that...and they say of 7,000 wards, 4,800 of them are out of home, 70 percent of those or so are foster care. And that's not really you know deep end services.

TODD LANDRY: Well, that's not quite true; 70 percent of them are served in all out of home settings. So those are...

TOM McBRIDE: Well, it said there were 4,800 out of home.

TODD LANDRY: 4,800 out of home in all out of home settings, not just foster care.

TOM McBRIDE: Pardon? What?

TODD LANDRY: They're not just foster care, those are all out of home settings.

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TOM McBRIDE: No, I said the majority of those 4,800 were foster...

TODD LANDRY: The majority of it includes, yes, you're right, yeah.

VICKI MACA: And one of the things, and I wrote...I drew this little picture out. I think it would be really interesting for the task force and very helpful for us if we looked at the pyramid shaped like this. How do we know that it's starting to turn so that it looks more like this? And how do we know when it's there? I think that would be a fascinating and very helpful partnership. Because we're doing some awesome things. I don't know about how well we're communicating that. And maybe in some areas we're doing that very well, and others maybe not so well. You could be helpful in that process. But I think you need to know about the incredible things we're doing and changes that are being made that really are starting to turn that pyramid. It's going to take time, because all of the things we're doing aren't going to make that shift right away. But if you believe that's the direction we need to go, I think, and I'm pretty much speaking not on behalf of the department, well, yes, I am. We need your help and we need your expertise and your ideas. But I wouldn't want to come every quarter, or three times a year and be criticized for what we're doing because truly there are good things happening for kids, and partnerships that are developing between the Office of Consumer Affairs and the family organizations doing some really good things. Six months ago they didn't know each other existed. That's a big deal. Things we're doing with the regions that we've put in our contracts that put a clear emphasis on kids and families and make sure, in our contract language, that the regions are partnering with protection safety. That hasn't been happening. It's going...and, Beth, I will say in Region III it has been happening. In fact you set the standards very high in that area. But there are some very important relationships that are starting to develop that we are encouraging nicely and in some ways more strongly in our contracts to begin that are really going to make a difference. And I would just ask that the task force hang in there and help us monitor the shifting of things that are about to come because I think it's a very exciting time. And I do think you all bring a wealth of experience to the table. So those are my thoughts. And I do think

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scheduling meetings out ahead of time will really be helpful if you decide we want to do one or two or three pieces of this, so that we can really thoughtfully prepare the data and the explanation behind the data for you to examine and analyze.

TOM McBRIDE: I just want to qualify on the array part, there's nobody around here that has the residential component as deeply as we do. But we are tremendously excited about now being able to move into the in-home safety services as well, because that is part of the array, something that we've been wanting to do for a long time, have been building other nonresidential programs as well. I've got...there is more movement going on now, positive movement in the department, I think, than I've seen ever. You know, is it done? No. Can we make some parts of it better? I believe so. And we just have to talk about that.

VICKI MACA: And we've been talking about performance based contracts for a long time. They're out there. They're signed, they're in place, and I can't wait to see how that impacts our system. That is so exciting.

CANDY KENNEDY: Yeah, I think Todd can't either.

TOM McBRIDE: I only wish that, and I'll speak to it, I've said it and Todd has said it, Scot, whatever. As we develop those, though, I think we need more discussion about what those outcomes are and those performance measures and some of the things that are going into that contract. And I'd like to do that up front rather than be in that reactive (inaudible). And I have every assurance that that's going to happen.

VICKI MACA: Evidence-based practice we've been talking about. We have more evidence-based practice going on in Nebraska than we ever have before. The contracts have it in, professional partners program, the work that SIG has been doing, there are so many good things that are happening. So many pieces of information that we should be reporting on and sharing and talking to you about.

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SCOT ADAMS: So again, the point of our update, if you will, and the report from the department to sort of pull all of this together a little bit was to provide some information today on some particular elements that we knew would be important and of interest, to stir conversation, and to ask for your help in defining how you want us to report going forward, and especially some suggested outcomes that we might consider that we can frame our conversations around going forward every time. What we'd like to do with regard to the outcomes is to have, as I suggested earlier, three to five outcomes, that we develop a chart, perhaps provide prior history like you see with this chart, and then develop trend lines that we agree positive direction is up or down, whatever it is. And then let's just keep going after it.

JIM JENSEN: Does this coincide with everything that was in here?

VICKI MACA: Yes. I think for the most part...

JIM JENSEN: And have we met the dates that were scheduled, or are we meeting the dates that were scheduled also in this document?

CANDY KENNEDY: The deadlines now?

JIM JENSEN: Yeah, I'm talking about what you presented on March of this year?

VICKI MACA: Um-hum, yeah.

SCOT ADAMS: I was going to say off the top of my head, I don't have a firm answer for that. I'm hoping that Vicki is diving for that now, and Todd is looking like he's looking for it, too. I know that the major dates with regard to the major outcomes we suggested were number of kids, for instance, in care and that kind of thing. And those are measured on the year. And while there is a downward trend, I know that there...it's

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going to be a challenge to get the first one.

JIM JENSEN: Well, and when we talk about performance-based, of course, we're talking about treatment. But I think this is performance-based also when you present a schedule. And then it's up for the members of this committee to decide are you meeting those schedules.

VICKI MACA: Yes. What you're referring to, Senator Jensen, is...it's really primarily the SIG working plan. There is a group of people that meets three times a month and we review that plan. And we go through that plan very carefully. We update and then we hold each other accountable if they're not meeting those time frames. So that's very much a part of what SIG does on a consistent basis.

JIM JENSEN: And this does correspond with that?

VICKI MACA: Yes, yes, it does.

CANDY KENNEDY: That's also part of actually the conversation that's always reviewed as well.

JIM JENSEN: Thank you.

RUTH HENRICHS: And I wanted to ask a quick question before we moved on when we were talking about outcomes. Maya, when Ken was talking yesterday, oh specifically we were talking about outcomes, there were two that he had suggested that we could track.

MAYA CHILESE: Oh, he was talking about the database that he was preparing which...yes, yeah. Are you asking me to explain further about what that conversation was?

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RUTH HENRICHS: Yeah.

MAYA CHILESE: There is...Kay Gallagher is working as a part of one of the goals, I think. And I couldn't relate to the number right now in relation to some of the data that they're collecting. And the task force team had initially decided to track one level of measure, and that was living arrangements, that was the first one as he's preparing the database and setting up the fields and then collecting them across the regions. And some of that data is being collected in various ways, but that was initially through the professional partner program, which is one of the services that each region provides. And so the question then from this point on was after that's up and prepared and running and implemented across each region, what would be the next wise decision to do in terms of a field to begin to implement data collection on? And so there was some discussion at the SIG team meeting about what would that...what would make the most sense about that? And I think at least our premise was in that is that we would make some determinations about that at the next SIG meeting. But we had discussed utilizing what made the most sense at least in terms of data collection for the next one might potentially be the WFI, which is one of the field reports that is collected and is required from certain providers. And so I think...I don't think that we've had some resolution about that meeting. Candy, right?

CANDY KENNEDY: Right, but it's just the suggested...some suggested outcomes that we can actually collect and show that were results that we could see the outcomes and if it was working, moving forward and if we're working together, do the same one, that could do nothing but be a win-win situation. And one was, yes, just living arrangements.

MAYA CHILESE: Right. And that one, I think, was...the original decision from that came from the sense of back to the question of needing to really monitor where kids are. And so that gave us some data that would hopefully accurately reflect where we're looking at in terms of movement for kids inside the system.

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VICKI MACA: And on Attachment B, number three, report on in-home versus out of home state ward placements, is in that direction. We could break that down by region. We can break that down by service area. S

MAYA CHILESE: So there's some question about what the next field would be that we would add into that in terms of what providers are required to submit. It made sense to us that the WFI amends many possible fields would be a smart one, because that also comes back to the measure of provision of services for providers. And we could add that into contracts. That comes back to sort of a performance measure as whether or not those...

TOM McBRIDE: What is WFI?

MAYA CHILESE: I'm sorry.

CANDY KENNEDY: It's wrap around fidelity index.

MAYA CHILESE: It's a measurement tool that's used to determine whether or not the services that are being provided are meeting the performance they were intended.

TOM McBRIDE: Okay

CANDY KENNEDY: And this is collected from the family members actually. Am I explaining that right?

MAYA CHILESE: For the ICC rules.

BETH BAXTER: It's a measurement that we utilize, started utilizing it with the professional partner program from the onset, 1995, in implementing that program, because it's based on the wrap around, (inaudible). And then we've utilized it with the

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integrated care coordination units, because they kind of started with the wrap around philosophy. And now it's kind of evolved to the family center practice. But it's been pretty much focused on the professional partner. It's really...it's not a service delivery model. It's this philosophy of how you manage the care and those types of things. But it has, I think, 11 elements in it. And it's pretty specific around what it's looking for with the idea that if you reach fidelity on these measures, then the likelihood of positive outcomes for children and family are much greater enhanced, not unlike multi-systemic therapy that has a fidelity index. The assertive community treatment (inaudible) process for adults has fidelity measures to it.

SCOT ADAMS: A couple of thoughts. The issue of outcomes is, of course, a difficult one and probably deserves some thought and consideration. I might suggest that as homework for all of us that we give some consideration to what might be good system characteristics. For our part, on the department's end, what we'll promise to do is to bring back some suggestions from national SAMHSA organizations and others that are involved in this nationally and be offered as considerations for you to think about. One other second piece then of comment that I would have is you're talking about the idea of living arrangements. What struck me was that some measures have...do not have an absolute point of value. What I mean by that is that while a downward trend may be a good thing, zero is not a good thing. And on the adult side, for example, in the adult behavioral health reform there has been strong emphasis on decreasing the number of emergency protective custody episodes, decreasing the number of Mental Health Board commitments because we had too many. But zero is the wrong number also in each of those cases. And we really don't know what the right number is. And so sometimes when you develop what seem to be like living arrangements, a good indicator, a good outcome of system, and we still can't figure out what the ideal is, and therefore exactly toward what we're working. We may know it's too much this way, but we won't know necessarily when it's too much that way and what the idea is. So that's just sort of a cautionary comment. But for our part we'll generate some suggested comments and invite (inaudible).

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CANDY KENNEDY: Yeah. I don't even think we're close to being to that direction, though, are we, Scot, for a while? (Laugh)

SCOT ADAMS: It depends on the measure. I don't know what the measures will be. In the case of EPCs I'm not sure. Some regions have been flat for some period of time. And perhaps the indication of flatness of change over time is the right equilibrium. I'm not sure. I'm not sure.

BETH BAXTER: Well, I guess, I don't know what's the right word for it, the evolution. You know when we started out on behavioral health reform we didn't...we started out with a set of, I think, desired outcomes maybe. And as time has gone by those outcomes have been achieved and then they change along the way. As trends change, just example of EPCs in our system by being able to address really which is an involuntary, somebody doesn't have a choice to access psychiatric treatment, because we've been able to address that through a variety of means, now people...we can redirect resources, financial resources, services resources to where people can self-direct care. And that's really probably where we started. We just didn't know what we were looking for. We just didn't know how to articulate it in the beginning. But those are the good things that come about that take time. And they're often philosophically based in the long run.

VICKI MACA: There's one other insert in your packet and that is Attachment three. And I just wanted to bring the task force's attention to the fact that Scot and I and Maya will be traveling across Nebraska to meet with...we're calling it conversations with communities. And we are...our first one is in Kearney, next week, in Beth's neck of the woods. And it's really...we've left it up to the regions to decide who to invite. Really anyone that is interested in what's going on in children's behavior health is welcome to come and listen. We'll be presenting information on the LB542 report that the department developed. And then be available to answer any questions folks have. And

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so I put together this schedule of where and when we'll be meeting.

SCOT ADAMS: That would conclude the department's report.

TOM McBRIDE: Scot, I really appreciate the way that you broke this down on this. And I think that that focusing on a couple of things each time, I think I kind of like that, maybe a couple from the committee, a couple from departments, you know, selected. But when we talk about it understanding that there's going to be unfinished discussion, that we need to then in a couple of meetings or two bring that back and see if there's been any movement or any additional on that. But this...I like the way you did that.

JIM JENSEN: Any other questions from Vicki or Maya? Thank you.

VICKI MACA: Thank you.

JIM JENSEN: Any discussion on the SIG Steering Committee? That's you?

CANDY KENNEDY: Yes.

JIM JENSEN: Good.

CANDY KENNEDY: Well, actually it goes well with what we're speaking of now. I was talking about the philosophy of interagency collaboration and how important it is. When I say SIG Steering Committee, the response from DHHS to our recommendation to have an inner-agency, I'm not going to say collaboration. I don't even know if there was...just the work to create the infrastructure, a committee. And Scot and Todd, I don't know who specifically came back with the recommendation to use the SIG Steering Committee, because it's already created, going on. And then after the SIG Steering Committee, after the grant was finished, that this committee would continue on. I know that they've been diligently working at looking at who needs to be on this, if there needs to be some

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changes or some additions. And the last couple SIG management team meetings we'd have discussions about this. I have some concerns, but more than saying concerns, I thought that it would be a good time for us to discuss who...I just feel that it's very important that we define who should be on this committee and to make sure that we'd talk about engaging children or family service agencies, and just a broad array of stakeholders. The last time that we looked at it, not that I know this is not a final decision that has been made. I know, Scot, you're having conversations, you, Vicki, and Chris, I think, to develop this right now.

SCOT ADAMS: And Todd.

CANDY KENNEDY: And Todd, I forgot Todd. (Laugh) I thought it would be good for us to have a conversation about who do we feel needs to be involved in that committee. The last that I'd heard, the conversation that I had, I was pretty concerned that it didn't have enough variety of providers. There was one family member, being myself. It did have a pretty good selection for juvenile justice involved, which was good. So anyway, I just thought instead of...to be proactive, if we could possibly talk about who should be on that committee and maybe pass those recommendations or just let Scot and Todd know.

SCOT ADAMS: If, if...I don't mean to interrupt. Are you complete.

CANDY KENNEDY: Yeah.

SCOT ADAMS: Okay. Just sort of some general thoughts. First of all, welcome the conversation and the input to the work of the department in all respects. And so this is another opportunity for that. And to affirm something that Candy said as true that the decision, final decision has not been reached with regard to the steering committee membership at this point in time. She's accurate in that we have yet to come to conclusion. Third point would be that we have been in conversation with the SAMHSA

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contact, Ellen Kegan (phonetic) about this and have conversation and input from their point of view or the major funding source. And so there is significant element as well. So we wanted to make sure that we touched that base on that side as well. Our overall goal is to go from a committee of, gosh, knocking on 25, 30...

CANDY KENNEDY: Thirty (inaudible.)

SCOT ADAMS: ...30 folks to a more manageable sort of group of folks. Even look at a very sort of narrowly focused group today of 10 out of 12 people on the committee today and far-ranging the conversation was on a reaction to a common kind of thing. As the topic gets bigger and the numbers get bigger, it really just gets almost out of control. Another point that...and so our focus, our intention, our purpose is simply to help to make sure that it is a steering committee and not an advisory committee in terms of far-flung kinds of ideas and creative thinking, that it is more focused and manageable. I would also finally say, I guess, that our valuing of the family organizations, I think, is a very important component, and that that is a key element of SIG, a key element of what I hope you've heard today in the conversation prior to this moment in time in terms of the values, in terms of the infrastructure, in terms of the directionality of things and that. And so we do, in fact, value that. Vicki referenced just briefly that the Office of Consumer Affairs, a creature of LB1083 created at that point, is involving itself further with the family organizations because families are, of course, consumers of behavioral health services. And we think that this is an additional support, perhaps, and good dynamic overall to help interface the department with other kinds of activities going forward. So and there is some particular recent evidences of that interface and support. Some family members were paid for to go to trauma informed care training as an example of a specific recent engagement so that those families then could be helpful to other families and through family organizations to that. So there are other examples, but we don't need to go into that. I wanted to simply illustrate a point. So I guess what I want to conclude with this to say that we value family organizations, we value family input and perspective of consumers of all kinds, family members as well as identified patients.

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We also have not reached final decisions, open to communication. Our major positive intention and purpose was to have a group of people that was able to be sort of worked in a directional way as a steering committee and not as a creative, far-flung, sort of out of control kind of group of people that sometimes can occur.

TOM McBRIDE: The intent then is to take the parent steering committee, zero that out and rebuild it?

SCOT ADAMS: No, it won't be zeroed out. But we're hoping to reduce the numbers from 30 to maybe around a dozen or so.

TOM McBRIDE: Okay. One of the things that would be helpful to me is that on the website for the SIG committee is to perhaps highlight on there some initiatives and things that have happened as a direct result from, you know, the SIG activities. Some of the areas where there is committee reports and stuff, have minutes that haven't been, you know, updated since perhaps '05. You know, just something that shows that right out front, up front I think would be helpful, because there's a lot of sub stuff in there.

SCOT ADAMS: Thank you.

RUTH HENRICHS: Candy is asking for names, and you're basically saying if we have any we can get them to you. But you're going to make the decision. And you've got 30 people and you're going to 12?

SCOT ADAMS: Yeah, twelve-ish (inaudible).

RUTH HENRICHS: So you really don't need names because you're probably just going to find 12 out of the 30?

SCOT ADAMS: Well, I think that our hope is to have some additional new blood as well.

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Given that we have moved over the course of two and a half, three years in a certain direction, that as we look to the final moments that there might be additional perspective value resource, linkage, a series of networks through a particular person or agency that now make sense that may not have made as much sense day one. So it's not going simply from 30...from those 30 down to 12. But there will certainly be a preponderance of folks who are currently on there in the new and revised steering committee.

RUTH HENRICHS: My reaction to...

TODD LANDRY: And maybe if I could suggest...and Scot, Candy, I mean you guys can ultimately I think decide on this one, what may be helpful is if you were to tell us what constituency representatives you believe need to be on the SIG steering committee. Because one individual may be able to represent multiple constituencies as we know. And so you are able to get a more effective, for lack of a better term, bang for your buck on certain individuals who can represent multiple constituencies so that all those constituencies can be appropriately represented, while still reducing in size to a number that's more manageable as a steering committee versus the current constituency groups that we have.

RUTH HENRICHS: And I think my follow up to that is hearing you talk when you make the comment that there might be five voices you could get in one person--statewide kids, immigrants, whatever you...I understand that. But for me to be able to give you a name of even a friend or someone who could fill that, I need to know, and it sounds to me like you have some ideas those of you who are actively engaged with SIG right now what are the voices as you think strategically about going from 30 and moving forward from not the far-flung stuff to what you say more pointed and directed, I believe. Well, if I know what you're looking for then I can call you up and submit names. But I think, Candy, it would be hard for me to sit here today and give you names without knowing what you're...

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CANDY KENNEDY: Yeah, and I don't think that I was proposing names. I was...actually I had some thoughts about who would be good to be just a good service array for the inner agency collaboration. You know, just as we have representation for around different areas. That's what I was talking about. And I had...my thoughts are, and this is just personally my thoughts. But I do think it would be good to have representation for four of the five DHHS divisions, and youth with...

TODD LANDRY: I'm sorry, four out of the five...?

CANDY KENNEDY: Five out of six, sorry.

TODD LANDRY: Five out of the six regions?

CANDY KENNEDY: Yeah, five out of the six--youth with mental health assessments, abuse disorders, family members of these youth, welfare, juvenile justice, voc rehab, education, probation, these are a lot but, early childhood. This is for the infrastructure though, you guys. It's very important that we have that voice and, you know, that input. So juvenile justice, voc rehab, education, probation, early childhood, and policymakers from the division of child and family services, Medicaid, and long-term care, and behavioral health. So yes, and I agree that that doesn't necessarily mean that has to be that many individuals. If we can find individuals to...but I'm just very concerned with the list being, for a lack of just a...heavy-sided, that we would not have representation from, you know, a voice from everyone that needs to be involved in that infrastructure. And it's for the plan, for the DHHS plan, the infrastructure plan. So I think it's very, very important. If we don't have a solid foundation to begin all this work that we've done, that it could look very different than all of us want. So that was my only concern.

RUTH HENRICHS: And when you say (inaudible) heavy-sided right now. You mean with DHHS people?

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CANDY KENNEDY: No, I think that the DHHS people that were identified on there are very necessary.

RUTH HENRICHS: So where do you think it's heavy-sided?

CANDY KENNEDY: I think that there was a lack of some services, voices in the list. But the lists I looked at were just temporary, you know, they were looking at this. I can't tell you that there's anything solid. I know that there was on the juvenile...am I correct, Scot, I think the juvenile justice was...it was pretty good. There was a good list in as far as DHHS, I think there was. But we had...

JUDGE LIZ CRNKOVICH: What do you mean by juvenile justice?

CANDY KENNEDY: Well, I don't have the list with me, so I...

JUDGE LIZ CRNKOVICH: Well, I just was curious whether you meant...

CANDY KENNEDY: ...Scot would.

JUDGE LIZ CRNKOVICH: ...courts, or probation, or people working with kids, or...

CANDY KENNEDY: That's why instead of doing that, I thought it would be better to hear who you guys thought should be represented, instead of going into the conversation on who was on what list or...

TOM McBRIDE: Is probation on there?

TODD LANDRY: I think if I could suggest maybe on how to move forward. I think the department can certainly, and Scot, I'm looking to you, via Vicki or Maya, to actually put together the constituency or the representation, the group representation that we are

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seeking to achieve on this, you know, 12 or so person steering committee, so you know the types of constituents that we want represented and get that out to you. If you have specific names of people who can represent one or more of those, you can then respond back to us, so that then we can hopefully move forward with a listing of people that we believe best capture all of those constituencies that we know need to be around that table. Scot, does that work for you?

SCOT ADAMS: Absolutely, we can get that done.

TODD LANDRY: Does that work for you?

CANDY KENNEDY: Thank you.

JIM JENSEN: Any other discussion on the SIG steering committee? Is there any other business?

TOM McBRIDE: I would like to thank you for your leadership in this (inaudible).

CANDY KENNEDY: Do you have to leave?

JIM JENSEN: It's true.

CANDY KENNEDY: You do have to?

JIM JENSEN: Anything else by anyone? Yes.

RUTH HENRICHS: I do in the sense that I still would like clarity on with how often we're going to meet and what our next agenda is, and if we're going to take Vicki's suggestion of taking maybe a couple, I'd like to request that we get information ahead of time. So that if we get a report, I'm not trying to catch up on what any of it is, but Senator Flood

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suggested...we will exist for how long now?

_____ : And that way questions might not be needed or (inaudible).

CANDY KENNEDY: Six months? And then it's...or three or...

JEFF SANTEMA: Two years.

JIM JENSEN: Two years.

CANDY KENNEDY: I thought there was a...there's

JEFF SANTEMA: The chairmanship will change.

TODD LANDRY: The chairmanship will likely change, the chairmanship will have to change.

CANDY KENNEDY: But when will it be decided whether these task forces and oversight committees even go away? Because I think it helps us say if we're only going to exist for six months, what do we want to accomplish in those six months?

RUTH HENRICHS: What do you think, Senator Jensen? What are your thoughts on that, or Jeff?

JIM JENSEN: Well, I really think our quarterly meetings would be fine. Actually, we...if you'll recall, we were waiting to hear kind of from the Hastings...

(MACHINE MALFUNCTION, SOME TESTIMONY LOST)