

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

[]

JIM JENSEN: (Recorder malfunction)...thank you and everyone for being here. We thank Hastings facility for allowing us to have this meeting here. The task force was set up by the passage of LB542, which was passed to look at children's behavioral health, and that is the reason that it was set up. With us today here are all members of the task force. There are 12 individuals. As Chairman of the Health...or of the Oversight Commission, I was also...became, by statute, Chairman of this committee. Committee was appointed then, either by the Chairman of Health and Human Services Committee Chairman or designated via the statute, and everyone is here today, with exception of the two senators. There are two that are on the committee: Senator Heidemann, who is Chairman of the Appropriations Committee is at a NCSL, that's National Conference of State Legislators, conference in Boston; and Senator Johnson is attending a wedding in Hawaii, so we'll all feel sorry for him. (Laughter) And the drive out from Lincoln, as we left at 8:15 this morning, was...we were in rain about half the time, but, gee, it's sure good to see things green and looking good throughout the state. You've had more rain out here than we've had on the eastern part of the state, but it is a wonderful welcome to have this. Any time you have rain in August, it's a good thing. (Laugh) You have before you the agenda and...but before we do that, for the benefit of those who are here, and there's a number of staff also from the state, but I think it'd be good to go around and have each person introduce themselves so that those that are here know who you are and how you are represented...or who you represent. I am Jim Jensen, a senator from 1994 to 2006; was the first term limited class. And so it's always good to be in this part of the country and this part of the state. And then let's go ahead with Beth. []

BETH BAXTER: I'm Beth Baxter and serve as the regional administrator for Region III Behavioral Health Services, so I represent regional...the regional behavioral health folks across the state. []

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

KATHY MOORE: And I'm Kathy Moore. I'm the director of Voices for Children in Nebraska, which is a statewide, independent child advocacy organization. []

TODD LANDRY: I'm Todd Landry, the director of the Division of Children and Family Services within the Department of Health and Human Services. []

CANDY KENNEDY: I'm Candy Kennedy and I'm the director of the Nebraska Federation of Families, as well as a family member of a child with mental health challenges. []

TERRI NUTZMAN: I'm Terri Nutzman. I'm the administrator of the Office of Juvenile Services within Children and Family Services, Department of Health and Human Services. []

RUTH HENRICHS: I'm Ruth Henrichs and I'm the president of Lutheran Family Services of Nebraska. []

TOM McBRIDE: Tom McBride, the executive director of Epworth Village; also involved with...as Children and Family Coalition of Nebraska, and also, with Kathy, sit on the state advisory group for juvenile justice, and Terri. []

LIZ CRNKOVICH: I'm Liz Crnkovich. I'm a juvenile court judge from Douglas County, Omaha. []

SCOT ADAMS: Good morning. My name is Scot Adams. I serve as the director of the Division of Behavioral Health Services within the Department of Health and Human Services. []

JEFF SANTEMA: And my name is Jeff Santema. I'm not a member of the task force. I serve as staff to the task force, and I serve as legal counsel to the Health and Human

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

Services Committee of the Legislature. []

JIM JENSEN: And we have two clerks with us today. Go ahead. []

KENDRA PAPENHAUSEN: I'm Kendra Papenhausen from Senator Heidemann's office.
[]

ERIN MACK: I'm Erin Mack, Senator Johnson's office. []

JIM JENSEN: Thank you. And I might mention that on our schedule later on this morning we do have a time period set aside, as we always do, for public comment that anyone can certainly bring concerns to this committee. One of the reasons to be here is certainly I've been a strong advocate, and everyone on the committee I think felt that way, that if you're going to make decisions about a certain area and a certain entity that you need to have firsthand knowledge of what is there. And when we asked for a show of hands of how many people had never been to the Hastings Regional Center, then it became I think even more evident that we do this. We will make a stop on the way back to Lincoln to go to Epworth Village to look at their facility also. As we go through the rest of the year, there may be other facilities that we will take a look at and spend time doing so. There's a couple things that you will have before you leave here, is a copy of the Chinn report to take back with you. I was on that committee that looked at the first one several years ago and I pulled mine up on the Internet but I haven't had the opportunity to even review it myself, and I'm looking forward to doing so. But you have before us an agenda, the only thing that isn't on that agenda that I would...and it certainly be any item that any of you would want to bring up at a specific time. The minutes were circulated. Are there any additions or corrections to those minutes? And if not, they'll stand approved as presented. []

LIZ CRNKOVICH: Can I just ask a question about one part of it? []

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

JIM JENSEN: Yes. []

LIZ CRNKOVICH: And maybe I'm being a stickler on something. Item number 3, strategies for effectively serving juveniles assessed in need of substance abuse upon release from the YRTC's, and I thought that we were addressing those who are being treated within the context of the YRTC. One would presume that a release from the YRTC is based on successful completion and a readiness for parole. And so I wondered if I had misread something or misheard something, or if that was...and maybe I'm being a stickler, but it...that's the judge. Sorry. (Laugh) []

JIM JENSEN: No. []

KATHY MOORE: That's a good point. []

LIZ CRNKOVICH: Am I misinterpreting? []

KATHY MOORE: Now, I've got the bill and I was going to... []

LIZ CRNKOVICH: Uh-huh. []

JEFF SANTEMA: The wording of that should reflect the wording of the bill, Judge Crnkovich. []

LIZ CRNKOVICH: Uh-huh. []

JEFF SANTEMA: But whether the bill is worded as accurately as it should, that's certainly an item for the task force. []

LIZ CRNKOVICH: Okay. []

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

KATHY MOORE: It says "upon release" in the bill, which is interesting because as we are here... []

LIZ CRNKOVICH: One would assume you're released because you have completed the program at the YRTC. []

KATHY MOORE: And that technically the youth here in the substance abuse program are still considered committed... []

LIZ CRNKOVICH: Right. []

KATHY MOORE: ...to the YRTC. []

LIZ CRNKOVICH: Right. []

KATHY MOORE: So that's interesting. But it is the language in the bill. So good point. Good catch. []

JIM JENSEN: Yes. []

KATHY MOORE: Should have caught it sooner, (laughter) when we wrote the bill. []

JIM JENSEN: Okay. Appreciate that. Any other comments as we set forth on that? I've asked Jeff to kind of take Item 4 on our agenda, the process and planning, and so I'll turn it over to him. []

JEFF SANTEMA: Thank you, Senator Jensen. As Senator Jensen had said at the very beginning of the work of the task force, there's a great deal to be done and not a great deal of time, you know, in which to do it, and that the charge to the task force is a very broad charge. What's being passed around to you now is another iteration of the charge

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

that Judge Crnkovich was just mentioning that was in your minutes. There are a couple of, then, housekeeping items that Senator Jensen would like to address and asked me to help facilitate that discussion. First of all is the topic of future meeting dates. I think you've all received the calendar of future meeting dates and, again, for your review, those are August 29, September 19, October 10 and 31, and then November 14. And, as you know, the final report is due, the final (inaudible), on December 4 of this year. Senator Jensen indicated, after we talked about having this meeting here, at the Hastings Regional Center, what about future meetings, and the task force talked a little bit last time about do you want to do that again; do you want to see...and Senator Jensen senses, and it's certainly open for your discussion, that all the future meetings of the task force will be focused on the business of developing this report and won't be site visits, necessarily, unless there is an additional request for that that maybe the task force wants to consider. But at this point, the tentative location for those future meetings will be Lincoln, again at the State Capitol. And again, that's open to change. Senator Jensen also mentioned at the first meeting that he would like to tackle the task force's charge of sort of taking the language of the statute that you have in front of you, those eight items, and sort of maybe dealing with an item or two at each meeting. As we went through those eight years, and maybe as you have gone through them, too, you've sensed some commonality or some themes that are coming out of them. Today there is just time for a brief system of care type discussion, which was kind of one of the item number 1 on that list of things mentioned there. I'd like to suggest then in the remaining five meetings, or to throw out for your discussion, some other topics then that could be dealt with, and if it's comfortable for you to deal with that topically that way. Certainly, it's time to get started writing some drafts of that report as well, even right away, for you to get to begin to consider it and work on it, so if it's agreeable with you, doing that in a piecemeal fashion. The second item is the topic of availability of services, and service development and capacity. That's another topic that's in that list of things. The other topic...another topic was funding and a fourth topic, accountability, and under that there are talked about standards and performance measures, etcetera, data and information. A fifth topic would be legislation, and this is one that I think Senator Jensen would like to

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

get into fairly early in the task force's meeting agenda, and that's also as part of the...and the Chair of the Health and Human Services Committee also, as you notice in the statute, is charged with bringing forward/introducing some legislation. And then the final topic gleaned from these eight that are in the statute are juvenile justice and state facilities, you know, YRTCs, regional center, and juvenile justice system. There are different topics within the eight that are in the statute that...so I guess the first question to ask you about is how do you feel about piecemealing the discussion in that way and dividing up those eight things and kind of distilling them into those topics for the following meetings. So generally, like to open that up for your discussion. []

TODD LANDRY: Jeff, I'm sorry, would you...(inaudible) didn't quite capture the mode that we're going through. []

JEFF SANTEMA: Sure. []

TODD LANDRY: Could you hit those for me again? []

KATHY MOORE: Did you have them...did you have them clustered in a specific (inaudible)? []

JEFF SANTEMA: That...sort of, Kathy, yes. Tried to do that. []

KATHY MOORE: (Inaudible) yeah, if you could reiterate (inaudible). []

JEFF SANTEMA: So today would be system of care. Number two then would be availability of services, service development capacity, that topic. So availability, service development capacity; there are a couple of items within that eight that have that as their (inaudible). Third then would be funding, the issue of integration of funding and funding sources, etcetera. The fourth topic would be accountability, and that was just the term I used to cover the issue of standards and benchmarks, data and information

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

with we're required (inaudible). []

KATHY MOORE: So you really (inaudible) six and seven, basically, for those...or... []

JEFF SANTEMA: I think so, Kathy, yeah, and some of them might not be clearly blended, but... []

KATHY MOORE: Okay. []

JEFF SANTEMA: ...might be a part of one and a part of another. []

KATHY MOORE: Six and eight, probably, more than six and seven. []

JEFF SANTEMA: Right. []

KATHY MOORE: Okay. []

JEFF SANTEMA: Number five, the fifth topic, would be legislation. And then the sixth topic would be juvenile justice and state facilities, you know, juvenile justice and the YRTC's, the regional centers. []

LIZ CRNKOVICH: Can I...I'm sorry to do this, but I am stuck on some words for this reason, that if we don't have a common definition we're in trouble. When you refer to juvenile justice, I believe you are referring to the notion within the department that talks about those kids who are law violators or delinquent, as opposed to those other array of kids with whom the department is involved,... []

JEFF SANTEMA: (Inaudible). []

LIZ CRNKOVICH: ...whereas, when I hear juvenile justice, I think of the context of all

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

the cases over which I have jurisdiction, which would be neglect/abuse, which would be delinquents, which would be status offenses. So we might think about either defining what we mean by juvenile justice or if we are restricting it to the context of those. Because the YRTC's and the regional centers only address the needs of delinquent youth and, by definition, a delinquent is someone who has committed an act which, if he were an adult, would be a crime. Do we need to...because here's my confusion. And on the one hand, it appears, by these topics, that we are going to address all the behavioral health needs of this wide system, including we have the big discussion about adjudicated and nonadjudicated. It's a question. Is that the case, that there's this broader agenda, one subsection of which are those law violators who may have occasion to utilize the YRTC's and the regional centers? []

JEFF SANTEMA: And that would certainly be for the task force (inaudible). []

KATHY MOORE: Well, if you look at Section 2 of the bill, and under subsection (2) of Section 2 it says plans for the development...the plan shall include, but not be limited to, plans for the development of a statewide integrated system of care to provide appropriate educational, behavioral health, substance abuse, and support services to children and their families, period. The integrated system of care should serve both adjudicated and nonadjudicated... []

LIZ CRNKOVICH: Right. []

KATHY MOORE: ...juveniles with behavioral health or substance abuse issues. So my... []

LIZ CRNKOVICH: It's very broad. []

KATHY MOORE: It's very broad and, unfortunately, some of us that were involved in the writing of this might have lost the forest for the trees but...because this changed so

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

many times, but the intent, I believe, was never to confine the discussion either to state wards or to residents of a specific state-run facility. The challenge always...and the bill actually stemmed from the reality that such a large proportion of Nebraska's children, and in particular juveniles, are served in state-run facilities at a fairly high expense, and when people had gone to the Legislature asking for other funds to be directed at prevention or that fuller continuum of care, that one of...that there was often a response of not having enough additional money. And so the sense of this bill was to look at what our current capacity is, as Senator Jensen and Jeff have laid out, what is our current capacity, probably both within and outside of government. And then try to look at the full lay of the land and say, well, with the money under those streams what would, in fact, be the best way of serving. Is that... []

LIZ CRNKOVICH: And I'm not trying to (inaudible). It's more laying the groundwork so as we head along...but it almost seems then that we're really...we have one category, which is our kids in our state, period. []

KATHY MOORE: Uh-huh. Uh-huh. []

LIZ CRNKOVICH: Then we have another one that is juvenile justice, which includes our kids who are involved in the juvenile justice system, whether they're neglected, delinquent, or status. And then it seems you have a third category, because clearly the YRTC's and the regional center, those clearly are one category of kid--delinquent kids who are involved in the juvenile justice system. []

TODD LANDRY: Subset of the prior category. []

LIZ CRNKOVICH: Right. So...and I just only ask because if everything gets...then it gets...as you go through each topic you may be saying juvenile justice kids and someone else is thinking delinquent, and I'm thinking those are all my kids, you know, kind of thing. []

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

KATHY MOORE: Yeah, good point. []

LIZ CRNKOVICH: So that's...and yet,... []

KATHY MOORE: And some of us... []

LIZ CRNKOVICH: ...clearly, it's intended to be all inclusive, but they have...they may have the same treatment needs but we may need to respond in different ways based on the particularized category. []

KATHY MOORE: I agree. []

CANDY KENNEDY: And that's probably one of the general issues, too, is that we tend to silo everything so much that our (inaudible) and families have difficulty getting (inaudible). []

LIZ CRNKOVICH: Right. Because, well, we struggle because they have the same needs ultimately, and the origin of those needs may be the same ultimately, but they do...how we address them in the process does define how we get to those, the treatment (inaudible). []

JIM JENSEN: It's a very important discussion and, you know, even after last meeting that we had I started to...well, first of all, I got a call from Senator Synowiecki, who asked me to attend to a meeting with him with an organization, newly formed in Omaha, called Bright Futures. And this is an emphasis particularly in the metropolitan area to look at what is going on within that community and to eliminate achievement gap, poverties, and so on and so forth. And what they said is we're aware of what you're doing and we'd like you to be aware of what we are doing. And this particular organization has, again, the private sector involved and with some individuals who are

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

funding this with private dollars. An executive director has been hired and so on and so forth. And what they were saying is we would like to at least have some coordination with your group and we would like to have the same coordination, maybe a member of this group sitting in on their meetings, and they'd like to sit in on these, not as an official member but just to observe as other people are doing, which makes sense. We also got a call from Boys Town, who, of course, I think have a nationwide screening process that's well recognized. And, you know, I guess what I'm saying is then how broad do we get? We got a certain amount of time. And that's kind of when I went back to Jeff and I said, I think we really better kind of confine ourselves, even though this is very broad, very broad. And we're, try as we may, we're not going to solve all the problems... []

KATHY MOORE: Right. []

JIM JENSEN: ...or all the circumstances that are there, but... []

LIZ CRNKOVICH: Though could we reach an ultimate conclusion that, in addition to what we accomplish, collaborating in all of these other...not only with the private sector but between other agencies is ultimately how we're going to best serve kids? I don't know, because they're all... []

JIM JENSEN: I think that's very well. []

LIZ CRNKOVICH: ...they all really are all tied in together ultimately. []

KATHY MOORE: Well, and are you suggesting then that the discussion, within these eight items, what are the parameters? Is it state wards? Is it adjudicated? Is it...what are you... []

LIZ CRNKOVICH: Is it just Hastings? No offense. []

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

KATHY MOORE: Yeah. (Laugh) []

LIZ CRNKOVICH: No, but I mean... []

KATHY MOORE: Is it YRTCs? []

TODD LANDRY: Where does attention centers come in? []

LIZ CRNKOVICH: Where...the detention centers in the local communities, you mean. []

BETH BAXTER: But doesn't seem that the unifying or maybe the foundation, the unifying factor, is children who have behavioral health needs. []

RUTH HENRICHS: Yes. []

BETH BAXTER: So...and they...and they come into the system, they come with the behavioral health needs in different ways that they get to us. []

RUTH HENRICHS: Right, uh-huh, and that is really the problem that we've seen, is that, depending on what funding stream you come into and what system you enter first determines what kind of service you get and where you get it. And so, in my mind, that's really the underlying core, basic issue. It's not a particular, you know, it's farther down the line, some of these other questions. I mean... []

BETH BAXTER: So it's children who have those fundamental... []

RUTH HENRICHS: Absolutely, Beth. []

BETH BAXTER: And we can identify, you know, we can identify the (inaudible). []

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

RUTH HENRICHS: Right. []

BETH BAXTER: (Inaudible) purpose (inaudible). []

LIZ CRNKOVICH: But can I share this concern? I agree with you, absolutely, but from the side of serving the kids and serving the public through juvenile justice, what sometimes gets translated is forget the category so we can give them all services, but then we forget the categories in terms of what their other needs are. This a very important distinction because I think the community has a concern about youth who are law violators. They want them to be rehabilitated. They want them to have services. They also want them to have accountability and to make...demonstrate it. So sometimes it's about forget the categories and just give them the services, but everybody is in a pool and really the child who is neglected and has mental health problems but has not taken a sawed-off shotgun anywhere or shoplifted is a little different from the child who we probably know some time in his life was neglected but he did take the sawed-off shotgun or the...I'm sorry, but I don't...we have to keep that in mind in terms of how to provide for all of these kids when their treatment needs are the same, while still distinguishing those things that really are... []

TERRI NUTZMAN: Like community safety. []

LIZ CRNKOVICH: Community safety and a child's safety from himself, yeah. []

TERRI NUTZMAN: And the child's safety, yeah. []

BETH BAXTER: And I think that that's why the decision to focus on the system of care principles, where we know that the children have these fundamental needs and (inaudible) the behavioral health needs that unify these children, but they come into this system with unique, you know, features, whether there's been a law violated. []

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

KATHY MOORE: Right, presented... []

BETH BAXTER: Yeah, they presented with something else. And so it's not to...it's not to forget that they have those other needs, but it's to not allow those other needs to be barriers to get in. []

LIZ CRNKOVICH: Precisely. It's there are trends that are occurring that is... []

CANDY KENNEDY: (Inaudible) to flip the coin on the other side, a lot of the times we have issues with someone, a child that may have behavioral health challenges, may perceive his treatment as a punishment. []

LIZ CRNKOVICH: Certainly. Yeah. []

CANDY KENNEDY: So, you're right, so we have both sides of that. []

LIZ CRNKOVICH: Right. []

KATHY MOORE: So children with behavioral health needs is the unifying factor. []

JEFF SANTEMA: And certainly I think that's a purview of the statute and those who are involved in bringing that, Senator Synowiecki. And, Judge Crnkovich, I think that using that particular category comes from number three, I think on that unique bullet point, from the statute. And... []

LIZ CRNKOVICH: The one that is not clear? (Laugh) Yeah. No offense. I mean I'm just... []

JEFF SANTEMA: Yeah, that's right, and that's...that's exactly the one that you mentioned earlier. []

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

LIZ CRNKOVICH: Uh-huh. Yeah. []

JEFF SANTEMA: And there is, I think as you're bringing out, there is a lot of room for clarification, you know, in that. []

LIZ CRNKOVICH: No offense. []

JEFF SANTEMA: Generally, the idea...the idea isn't to so divide up the task that it doesn't appropriately take account of the whole, you know, in getting to what...does dealing topically, in terms of your meetings, make sense from the standpoint of being able to focus? And then those additional clarifications will...the broad picture of system of care, etcetera, and then there are some specifics within. So generally, would there be consensus among you to approach it in that way, in a topical sense, given that there's room for clarification of those (inaudible) changes? []

KATHY MOORE: Yes, and I think actually that two, three, and four flow from each other, and I would assume that that meeting would perhaps begin with some kind of catalog, if you will, of services that we all believe exist. And that's always, I mean, we could spend a year putting that together, which obviously we won't. But hopefully when we come into that meeting there could be a document that does a best possible job of laying out what we believe exists, either in the number of slots or the number of beds or a map of the state or something that exists for the widest possible definition of these children with behavioral health needs, and then flowing to numbers three and four, which would begin to strategize about what's missing and what needs then to be developed. []

JEFF SANTEMA: And definitely there's an interrelatedness between the different and they can't be sharply (inaudible). []

KATHY MOORE: Right. []

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

JEFF SANTEMA: That's true. The two main outcomes, if you will, or deliverables from the task force or from the task force is a plan, and from the Chairman of the Health and Human Services Committee it is legislation, to which you have input. What was sent around to you now is a very incomplete but illustrative, I think, list of--and this...want to give credit and appreciation to Mark DeKraai for putting this together--just to give you a sense of... []

JIM JENSEN: You might mention what Mark's position is. []

JEFF SANTEMA: Yes. Mark DeKraai works with the University of Nebraska Public Policy Center. Is an integral part of the SIG grant, the SIG process. Mark has been, well, for many, many years, formerly with HHS as well, and in children's behavioral health issues. And this would just give you a sense, although very incomplete, of a number of things that have preceded the work of this task force. You talked at your last meeting about how each of you come to this process with unique experiences and (inaudible) perspectives. When the Legislature...when Senator Jensen first introduced legislation in 2003, LB724, to address behavioral health reform in Nebraska, one of Senator Jensen's conclusions at that time was there has been a whole bunch of study already and how can we go beyond reproducing another study to be more proactive? And I think that's clearly Senator Synowiecki's view in introducing LB542, in resulting legislation, etcetera. So the question is for you, with respect to putting together the plan, it seems necessary to begin working on drafts of different elements of the plan, for you to review already by the next meeting. Do you have any further sense of how you'd like to approach or how you envision--and it doesn't have to be fully discussed today, but if you could give that feedback--how you envision this plan document, and if you would be ready next time, at the next meeting, to entertain a draft outline of a document and begin to talk about the specifics of that? Could I get your feedback on that? I think because of the shortness of time it's imperative to get started with putting together at least some parameters of this document and getting going (inaudible). []

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

JIM JENSEN: You can certainly see the number of times the state has looked at this issue and come up with plans, and a great deal of time and effort by a lot of people, and I think it is time to finally say let's move ahead and present some legislation. And whatever is presented, it won't stop there and hopefully we can continue to work on it. But I...Jeff has been very helpful anyway. []

KATHY MOORE: And it seems to me, to that end...because sadly I was involved in a number of these efforts and, frankly, Voices for Children is right now putting the finishing touches on a juvenile justice mental health report that we'll be releasing in September or October, and I guess I...this is wonderful. I would not want us to spend too much time doing background and history, and would want us to focus all or the majority of our attention to the future. And so I think, as we look at an outline and what that might look like, I would love us to be able to identify some best practices from other states or other experiences, and then begin to show Nebraska how it could lead itself in the same direction. []

JEFF SANTEMA: What's being handed around to you now is just an example of that legislation. This is a copy of LB724 from 2003, passed by the Legislature, signed by Governor Johanns, which is one approach that Senator Jensen took in identifying areas for reform, and specific focus areas for that reform as a prelude to some more specific legislation which came a year later, of course, as you know, in LB1083. So that's for your perusal. []

CANDY KENNEDY: That was good. I was just going to ask Senator Jensen (inaudible) most effectively with the adult task force. []

JIM JENSEN: Well, certainly there is so much that is before us here and what we did with LB724, and we've done that with other bills, too, is to kind of put a bill out to really formulate a study pattern to look at a particular issue and follow that up again with

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

legislation after that. Both of them are in the statute, but it laid forth at least some of the groundwork to move ahead. But the most expeditious way to do this is really what we're interested in. The third page of the first one, well, this one you handed out I think really laid out also where we are and I hope that the rest of the people here can also have an opportunity to look at that. []

TOM McBRIDE: Can I address something based on that? []

JIM JENSEN: Yeah. []

TOM McBRIDE: And I think it's important to...you know, as we look at this, sometimes we look at funding, we look at, as Kathy talked about, best practices around the country. If we're truly coming in here with an open mind, saying we're going to look at a system of care, there's got to be an acknowledgement--I think there was in the initial meeting--that that system of care is alpha/omega. You know, it's got every component in there. When I look at this and I look at some of the key numbers, you know, one of the things is it's really saying, you know, residential, bad, bad people, you know, bad programs. And that's how I would view this. I think that you can take some of these costs and turn them and look at them. Larry the Cable Guy said 42.7 percent of all statistics are made up on the spot. []

SCOT ADAMS: That must be true. (Laughter) []

TOM McBRIDE: But I think that, you know, as we realize them and, you know, we're heavily into the residential component, however, that doesn't mean that that's just where we stop, because we also do prevention and outpatient and rely on that. And I would hate to see us go into this thing...we've got to do everything we can to eliminate these residential costs and do everything on another venue, and I think this is kind of playing it that way. []

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

LIZ CRNKOVICH: I share his concern, and I think I talked about it last time, too; that you really have to have an array. And you can, you know, and we may want to talk about certain sort of collective presumptions. For example, we share a presumption that children are best served in their homes when they can be. We share an assumption that if they can't be at home, they are often best served at least in their community, and go from there. But if we turn it into cookie cutters, or a this or a that, or a black or a white, then we will indeed be missing the whole point of behavioral health. And there does seem to be, as you pointed out, a kind of bias, if you will, against. Now clearly, when you read the numbers of children in out-of-home care, that should be shocking. But is that that everybody is heading towards residential places and they're bad, or is it because some of, you know, do we need legislation in terms of parental responsibility within juvenile justice? Do we need to develop more community services but not eliminate the...you know. Again, that...and if that...and it really needs to be talked about because the whole point of this will lose credibility and will have no substance and will miss the needs of the kid. It is not an either/or. Either you agree kids should be home and you're a good guy. If you think that the YRTC needs to--I'm not going to mean to offend anyone at any YRTC--needs to be revamped so that it is a program of substance, then we need to do it. Or if you say that, are you the bad guy and you just want to lock everybody up? Which is...I've never been accused (inaudible). But the reality is that behavioral health services includes all these kids and all the categories, and it has to be alpha/omega. We have to have a whole array and not...because something that meets the needs of every one of these kids, and some of it is community safety, but it also is the need of the youth who is a danger to himself because of the...you know, so guess I'm here to be that rabble-rouser, but not forget (inaudible) system of care. []

BETH BAXTER: But that's another underlying premise, right, that's an underlying premise that... []

RUTH HENRICHS: That's the bottom line. []

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

BETH BAXTER: ...it's always around, you know, what is in the best interest of the child and how do you meet those unique and individual needs of that child, and I don't think that we do have to... []

LIZ CRNKOVICH: That leads to...right. I'm sorry. []

BETH BAXTER: No, we just...we do have to keep...we need an array of services or we're forced to either utilize...you either over or we underserve children. []

TODD LANDRY: We should be serving them. []

LIZ CRNKOVICH: So...go ahead. []

TODD LANDRY: I agree exactly with what you're saying, Judge Crnkovich, about maybe we do need to actually spell out what are some of these presumptions or assumptions that we share. That may be of value because... []

LIZ CRNKOVICH: I think so. []

TODD LANDRY: ...the one that...and I hear exactly where you're coming from, Tom. I also believe that...I believe we should share the presumption that we should serve kids in the least restrictive setting as possible for those kids. []

LIZ CRNKOVICH: That's right. That meets the needs of the kid and of the community, exactly. Yeah. []

TODD LANDRY: And so I think we need to...maybe it's worthwhile, I don't know if it is worthwhile, for this committee to spend its time doing that, but it may be beneficial to say these are some of our guiding principles and presumptions. []

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

SCOT ADAMS: I would agree with that and can't disagree with anything that's been said. And in talking about an alpha to omega perspective, in looking at the ends of that continuum, you have at the one end prevention services, which really is not identified (inaudible) legislation. []

LIZ CRNKOVICH: Right. Uh-huh. []

SCOT ADAMS: So perhaps a decision point, so maybe it's beta to omega by virtue of the law that we're given to work with. And the omega side of it is those 150 to 200 kids that provides choose not to accept every year,... []

LIZ CRNKOVICH: Right. []

SCOT ADAMS: ...what do you do about those? []

LIZ CRNKOVICH: Right. []

SCOT ADAMS: And so...and so I just, as we think about a comprehensive system, that's a big word and so I just (inaudible). []

LIZ CRNKOVICH: And if we came to some agreement on certain philosophies, not to be corny, but I think everyone would have a comfort level, too, that we now all agree on these premises and understand these things; now we can get into the meat of it without always (inaudible) forgetting (inaudible). Because we have established (inaudible). []

SCOT ADAMS: I suspect we'll come to agreement rather rapidly on 30,000 (inaudible) principles. (Laughter) I think we'll come to more disagreement at 5,000-foot (inaudible). []

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

LIZ CRNKOVICH: You've been dropping out of too many airplanes. (Laughter) []

SCOT ADAMS: It all looks good from the airplane. []

KATHY MOORE: I have two... []

LIZ CRNKOVICH: But jump you must. []

SCOT ADAMS: Jump you must. []

KATHY MOORE: I have two thoughts, and one is I agree completely that it would be very worth our while, I actually e-mailed Tom yesterday and said at the end of our Epworth tour is there a room that we can sit in and have a final conversation for 15 minutes, and it may even be that during that conversation we could take a stab at those assumptions by just going around the table and sharing our thoughts today while it's fresh, or at the beginning at the next meeting, whichever works best. But I have two other...I think this "Key Numbers" is very important and thank you to whoever put that together. I think we're going to want to continue to build upon it and, as a result of this conversation, I have a couple of other observations. One of the things that we need to look at, we've got a lot of dollar amounts here, but I feel as though we need a bit of a frame of reference put to them, or some context put to them. So you mentioned prevention isn't mentioned here, but at some point we really do need to look at...we continue to hear the statistic that Larry may be circulating, but the statistic that Nebraska ranks so low in terms of its General Fund mental health expenditures. I would like to see that on here with some definition put to it about exactly what that number, that statistic, means. And then, even as we look at the amount of money, the \$120 million, spent for mental health care, with a majority of that being state wards or other Medicaid-eligible kids, and then you drop down a bit and you see \$2.7 million, which is obviously a much smaller number than the \$120 million, but again I'd like a little context at some point to really see what we think that means. How many children do we think

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

are needing to be served, ideally, by the \$2.7 million and the \$1.? In other words, part of why we have so many kids at the omega end, in my opinion, is because we've had so few dollars at the alpha or beta end, and we keep forcing them. So at some point, maybe even in our next...our number two meeting, not only do we need to look at the number of kinds of services, etcetera, but the number of children who we think are in need of various services. So somehow we've got to begin to look at the idea. That's one point. So I want us to keep adding to those key numbers. Interestingly enough, as I looked at this list just in the last 20 minutes as we've been having this conversation, the thing that I don't think is mentioned is screening. And so when we say that our pivotal point is children with behavioral health needs, you could either spring from that and say, well, all children have behavioral health needs, every child does, or you can say we're talking about children who have been screened and determined to be in a certain category of need. And there's no discussion on here, unless we add it, and I think we should, to number two. We have to begin to look at the screening tools that exist in Nebraska, and unfortunately there's too many of them and not enough consensus around them. But it seems to me that that's going to be almost a first step that we're going to have to take. So I'd like somehow for us to put screening into the (inaudible). []

JIM JENSEN: Kathy, I'd really...you mentioned that. You know, in my 12 years in the Legislature, the Legislature is very good at funding for crisis, which is always the highest cost that you can do. []

KATHY MOORE: Right. []

JIM JENSEN: We're very poor in funding prevention. We...what we're...if we look at root causes, and that's where I always like to go back to, we're talking about kids that are at-risk kids, I mean really. That's what this Bright Futures group is all about, is identifying those at-risk kids and how to start to address that. But it's always so hard to ever pick out the numbers, the dollars, the services of identifying, either by screening or some mode, those at-risk kids and concentrating on those, because these are the kids

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

that are coming through our YRTC's. And again, even if they have a behavioral health problem, the moment it starts to first manifest itself, to identify it and to start to treat it. But...so somewhere in there, I would absolutely agree, that that screening process, that identification. That's one thing I mentioned about Boys Town. I think they have a national screening process that is very, very good. Of course, that's even later on, too, in that process. So that's a great discussion. []

KATHY MOORE: And a couple of us can probably have a quick conversation with Jeff and say we're aware of this tool, this tool, this tool; let's get a little bit more information about it, who it's used for, who it's used by, etcetera. []

JEFF SANTEMA: And our job will be to help facilitate your discussion in that way. One other point I wanted to bring up, at your last meeting you talked about (inaudible) what has SIG already produced in terms of data, etcetera; just what is that body of knowledge. And I know that's being formulated and maybe Mr. Adams has an update where that might (inaudible). []

SCOT ADAMS: The...I might just speak generally to the State Infrastructure Grant and sort of give a quick update. The SIG grant is about two and a half years into a five-year process. It has assembled a great deal of data, literally measured by the inch, and so we are sort of at a point of wanting to sort of tease through what of that material, without sending all the inches out, and maybe you're interested in all the inches but we're hoping to come to some sort of a summary of relative, descriptive data with regard to the system, if you will, overall. And so we still are sort in a quandary about what counts, what doesn't count, and what to ignore and, you know, minutes and agendas versus a genuine meet, if you will, for that process. A second point is to say that we're looking at taking SIG in a different direction from where it has gone. The short version of that is simply to say that the intention of SIG, from its origins, was to be an infrastructure grant: doesn't provide services; helps to define systems. It has become focused on a number of sort of smaller projects and pilots that may or may not relate to systemwide issues.

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

And for a variety of reasons in history that people may or may not understand, we want to make sure that SIG remains focused on its original intentions and purposes, which is to help the state to develop infrastructure, capacity of care, information systems, decision-making capacities, those kinds of infrastructural kinds of concerns that most the state forward. We're in the middle of that process, currently. One step that has been taken is that the director of the Division of Behavioral Health Services with cochair with the director of Medicaid in the SIG process. We have met with the university and with the other people who have been in leadership positions and looked to sort of revamp that over the course of the next few weeks, so you sort of catch us in the period of some transition, I guess is what I want to say about that. But I hope to be able to have fuller data anyway for this group's consumption by the next meeting. []

TOM McBRIDE: Just a question about that (inaudible). When I think we saw some document where the SIG had initiated at least two pilot projects... []

SCOT ADAMS: Yeah, the SIG had approved a recommendation to the department for those pilot projects. []

TOM McBRIDE: Okay. So those come through...the funding for those come through the...to the department, not out of the SIG. []

SCOT ADAMS: No, it presumably would come through the SIG if, in fact, the department chooses to move forward with the recommendation. []

TOM McBRIDE: For like the... []

CANDY KENNEDY: Pilot projects are zero funding (inaudible). The pilot project itself (inaudible). []

SCOT ADAMS: There's...yeah. []

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

CANDY KENNEDY: It's just a new process,... []

SCOT ADAMS: Yeah. []

CANDY KENNEDY: ...a new process, pilot process, (inaudible). []

SCOT ADAMS: There's a couple different ones and I'm not quite sure which one you've got in mind, Tom, but you've got... []

TOM McBRIDE: Just the mobile crisis. []

SCOT ADAMS: You got the mobile crisis. You got the doc intervention in terms of overmedications,... []

CANDY KENNEDY: The assessments. []

SCOT ADAMS: ...the comprehensive family assessment process, and so...and so there's...some of it's study stuff and some of it's implementation stuff. []

TODD LANDRY: But, Scot, if there were any services to be provided or new services provided, that would (inaudible) funded through (inaudible). []

SCOT ADAMS: SIG cannot provide services. []

TODD LANDRY: SIG cannot fund services. []

TOM McBRIDE: Okay, that was...that was...yeah. []

TODD LANDRY: But those services would have to be funded through one of the

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

divisions of Health and Human Services or some other source of funding. []

CANDY KENNEDY: The SIG can't (inaudible), only for the infrastructure (inaudible). []

TOM McBRIDE: Yeah. []

TODD LANDRY: Right. []

SCOT ADAMS: Cannot actually provide and fund services. []

TOM McBRIDE: But those projects came up via the discussion with them. []

TODD LANDRY: They have come up, yes. []

TOM McBRIDE: Okay. Uh-huh. []

TODD LANDRY: And have...and those...well, I don't believe that necessarily those have been implemented which may require funding for services. []

RUTH HENRICHS: So the SIG process now is going to be a process that recommends to HHS, but that's really it? I mean... []

SCOT ADAMS: That has always been the direction of SIG, that it was a series of recommendations. Even the items are recommendations for infrastructure development. []

KATHY MOORE: I think what's been difficult for some of us, and maybe to get back to the question you posed about trying to figure out what to bring, how many of the inches to bring to the group, I think we're aware of some of the recent recommendations. And so it feels to us like this group that is currently in the midst of discussing behavioral

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

health should be apprised of the status of those. If there is going to be money sought from some other area of HH...Behavioral Health or any area of HHS, it seems like that needs to be contemplated in the midst of all this. Because I think most of us would hate to come forth with a recommendation in November that goes counter to a decision that was made in September and then have it have a short life or be a barrier for a subsequent. So it feels to us like it would be helpful to know what kind of recommendations are floating out there. If any have been decided upon, we would like that information. []

SCOT ADAMS: Yeah. Interestingly, that's exactly what Vivi (phonetic) and I are thinking (inaudible). We'd like to know what the recommendations are as well. []

KATHY MOORE: Okay. Okay. All right. (Laugh) []

SCOT ADAMS: As I said, you catch us at bit of a point of transition. []

KATHY MOORE: Got it. []

SCOT ADAMS: And in our meeting this week with the university leadership, said could you get us a list of the recommendations, because they speak as if there is a large number of recommendations that have not been... []

KATHY MOORE: Yeah, because we've tried to plow through several of the...we've got several of the inches in our office, and we're having a hard time. Fine. Okay. Then as long as you're looking at that, we have... []

SCOT ADAMS: Yeah, so I fully agree. My intention is, absolutely, to make sure that there is full integration between whatever actions the Behavioral Health Oversight Commission may have in this area, the Children's Behavioral Health Task Force, and the SIG processes,... []

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

KATHY MOORE: Good. Okay. []

SCOT ADAMS: ...so were all sort of playing with the same information at least. []

KATHY MOORE: Okay. And probably then it would also make sense to somehow look at the function of the SIG steering committee,... []

SCOT ADAMS: Yep. []

KATHY MOORE: ...again, in relation, ours...in relation to our function and certainly in relation to ongoing responsibility for behavioral...for children's behavioral health oversight. Okay. So it feels to me like those are the two. We don't need...you're right, we do not need or want inches of minutes, but we do want to know...and have there been pilot projects. I think we've each heard about different ones and some might be rumor and some might be true, but have there been pilot projects that have indeed been funded by SIG, not by SIG money but based on SIG recommendations, and if so, have there been results? Have there been analysis of those projects and, if so, what has that analysis taught us? What lessons should we be gleaning from those tests? []

SCOT ADAMS: You bet. []

CANDY KENNEDY: I wanted to just add one comment, going back to when we were talking about us doing the guiding principles, which I think is very, very important. Also wanted to remind you that I know a lot of people in this room (inaudible) Beth Baxter (inaudible) original system of children's mental health system of care and I think that the system of care (inaudible) may be very similar to what we're looking at (inaudible). []

SCOT ADAMS: Be a good list to start with. []

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

LIZ CRNKOVICH: Yeah. []

JEFF SANTEMA: And Senator Jensen would like to see about you getting to some public comment sometime after 11:30, or as close to that as possible. I just wanted to suggest three homework areas for you, in an effort to help facilitate your further discussion, and it's totally up to you, and these were just the things: reviewing LB724 that was handed out to you as a model for approaching how do you identify the different areas for reform (inaudible); reviewing the...second item would be reviewing the Chinn study. We've made several color copies of the large document that we e-mailed to you earlier. Erin will hand these out to you if you don't already have one and those are here, so if you'd just like to raise your hand, Erin will get those to you. So can we go (inaudible). And then the third thing would be...if you'd like to keep your hands up. []

KATHY MOORE: I'm assuming the color copy clarifies some of the graphs? []

JEFF SANTEMA: Yes. And then we will make color copies, if there aren't enough here, and send them to you if there aren't enough here. And then the third thing, when we transition in a moment to the system...system of care discussion, which does get, I think, to those principles that you've been talking about, the third item then for homework, would you prepare your own system of care thoughts and core reform ideas for the next meeting. []

TODD LANDRY: Could you say that again? []

JEFF SANTEMA: System of care thoughts and core reform ideas for the next meeting.
[]

SCOT ADAMS: Do you want those sent to you ahead of time, Jeff? []

JEFF SANTEMA: What would you all like? Would you like those compiled and sent to

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

you ahead of time? []

LIZ CRNKOVICH: Anonymously? No. (Laughter) I'm kidding. []

SCOT ADAMS: (Inaudible) for the rest of us (inaudible). []

LIZ CRNKOVICH: Right. (Laugh) []

SCOT ADAMS: (Inaudible) Liz did that one. []

KATHY MOORE: It seems like it might...it might be most efficient if you could send us an e-mail framing that exact question. Then ideally we would reply back to you prior, so that maybe you could...and I don't think then you need to get us e-mailed back, but if you...but that might give you an opportunity to at least consolidate some of... []

SCOT ADAMS: Great idea. []

JEFF SANTEMA: So we will e-mail this whole...this...what we just said to you then, to give you a vehicle to respond. []

TOM McBRIDE: Jeff, can I ask one question? []

JEFF SANTEMA: Sure. []

TOM McBRIDE: From the draft report of the Chinn to the final, is there much variation to that or...? []

JEFF SANTEMA: I can't speak to that, Tom. I don't know. []

KATHY MOORE: Not a lot. []

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

TODD LANDRY: I think I can speak to that. There's very little. []

KATHY MOORE: Yeah. []

TOM McBRIDE: Okay. []

SCOT ADAMS: You're going to get better gas mileage going back than we did coming up. (Laughter) []

JEFF SANTEMA: So transitioning to some time for discussion on the system of care issue, there's been a great deal written. Many of you on this task force have been very thoroughly, intimately involved with system of care discussions. Beth here with Region III is just one example. This comes, what you've been given, this comes from a document that was given to the SIG steering committee earlier on by Mark DeKraai. This is the whole (inaudible). But the pages that we've copied for you are a pictorial description of a system of care, a description of the components of the system of care, and then a set of core values and guiding principles. There are older and newer formulations of this. There are a number of different ways to talk about it. Senator Jensen is just giving this to you now for...to begin your discussion to...I think which is a formulation which seems to be...I think the comment that was made maybe even during your last meeting then, since that was, I think we can really...everybody on the task force can really agree on the basic principles of a system of care, and it's not something you need to maybe spend a great deal of time at this, as Scot said (inaudible) high level. So your initial reaction to this is a starting point, and then when we send you the e-mail, sort of maybe describing, asking for some feedback before the next meeting, what do you think of...what do you think about this? How many of you are familiar with the document? And (inaudible) just like to open it up then for some time for you to talk about that in a general sense. And maybe if you want to give some further direction to us or among yourselves as to further discussing what we mean by system of care. A

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

system of care is a number of things. It's people. It's systems. It's...you know, so how do you...a definition (inaudible) Judge Crnkovich brought up, you know, define this? I'll just start. []

RUTH HENRICHS: Jeff, I think a system of care, to me, implies, at last in part, that the various parts of the continuum work together. A system is not an isolated group of silos. A system is interrelated and I doubt that any of us would disagree very much with...or at all with the values and principles. And Nebraska has holes in our continuum, our system. There are services that are not offered at all. There are some services that we probably overuse because we don't have other services. There are a lot of prevention services we don't have at all. So the "what" has holes, but I think the key is, is being able to cross...you know, if child welfare has a program that a child over in juvenile justice needs to get into, I think system means, to me, that we're able to jump the river and get the child what the child needs, and whether the child is from Sidney or whether the child is from Omaha. The child needs to have access. That's what it means to me. []

JEFF SANTEMA: That's really interesting. []

SCOT ADAMS: One of the elements of a system of care that comes to my mind, sort of building on what Ruth has said, is that a system implies sort of an in and out--you're in the system; you're not in the system. []

RUTH HENRICHS: Yes. []

SCOT ADAMS: []

LIZ CRNKOVICH: Right. (Laugh) []

TODD LANDRY: (Inaudible) Scot, because as you get over to the ground (inaudible) that question becomes no matter what option you choose that, yes, we always have to

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

be family centered and child focused. But when that (inaudible) array of services should be available, but it does not necessarily mean that the system, the state, whatever, (inaudible) is always responsible for paying for those services, particularly when there's a disagreement between the family and whomever that gatekeeper may be as to what that child actually needs. []

SCOT ADAMS: Yes. By the way, that would be the fourth entity to think about, would be the family in charge of the kid. []

LIZ CRNKOVICH: And those are the holes, I think, the gatekeeper, plus the accountability of the various systems to the people we are serving, that's a big one, and who monitors that accountability. []

TODD LANDRY: And the accountability (inaudible). []

LIZ CRNKOVICH: And if the gatekeeper lets them in, then the gatekeeper lets them out. But then also, when you talk about crossing those lines, and this...politics, not in the traditional way, but politics, territorialism, you know, I don't know. I'm going to say two words that are going to make everybody groan, except that they have enlightened me in terms of collaboration and that, and that is the drug court process. Because of the need to collaborate, to set aside territorialism, if it does seem that in this new age and if this is to work, we are going to have to find a way to really do that in a genuine sense, to get over the territory part and to merge those lines where we can truly work together. I don't...you know... []

TODD LANDRY: And I'll go...and I'll jump in with one more thing because I think, as we pull those people together, thank you (inaudible). []

LIZ CRNKOVICH: And I'll be in charge. Did I forget to say that? (Laugh) []

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

TODD LANDRY: I was wondering when that was going to come up. As that comes together... []

LIZ CRNKOVICH: Just kidding. []

TODD LANDRY: ...what happens if, in fact, all of those pieces don't necessarily need to be at that table (inaudible). []

LIZ CRNKOVICH: Well, right. That's true too. Yeah. []

RUTH HENRICHS: That's right. []

TODD LANDRY: And that adds another level of complexity. Because if we can serve a child without that child entering into the custody of the state, so much the better. []

LIZ CRNKOVICH: You're better off. []

TODD LANDRY: If we can serve that child without entering into court jurisdiction, so much the better. []

LIZ CRNKOVICH: Right. Absolutely. But that's where we cross the lines, by working with prevention and by work...and being a part of that and not just sitting back and waiting, you know. []

CANDY KENNEDY: (Inaudible) as Senator Jensen was saying earlier, Bright Futures, just seems like identification and early intervention is very important (inaudible). And the conversation (inaudible) having I think are all basic principles of the system of care. []

BETH BAXTER: The principle of community based, you know, is building confidence within the community to serve their children so that they don't enter into a, you know, a

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

system, per se. I wish I'd had brought a copy of this, but I do have a definition here that...kind of going, oh, through the years as the system of care work has evolved across the country, there's a kind of a further definition of system of care and I think it gets at some of the ideas that we're talking about. Says a system of care is an adaptive network of structures, processes, and relationships that are grounded in the values that are identified here. The core values on principles that effectively provides children and youth, with serious emotional disturbance, and their families with access to and availability of services and supports across administrative and funding boundaries. So it kind of further defines... []

LIZ CRNKOVICH: That's good. (Laugh) []

JEFF SANTEMA: Maybe we could have copies made here before we leave today. []

BETH BAXTER: Okay. And this is just...this is just something that I guess the Research and Training Center, Bob Friedman's group, they came out and we participated in a site...in a national study, around how you develop systems of care at a local level and what do you need within your community or area. And so that's what this document is, but it has these other information (inaudible). []

KATHY MOORE: Well, and I'd like to hear from Beth, since I think that this region has done the most or some the furthest. I really like Ruth's description of the fact that a system implies that it is interconnected, interrelated, in regular communication and aware of what the other parts are doing. How does that resonate what you think has been accomplished here in the decade (inaudible) that you've been doing this? []

BETH BAXTER: Well, it's absolutely key and it is a continual process, because a lot of it is around relationships, too. So people come in and out in leadership roles that impact that, where at times you start...you go backwards to be able to help people understand the principles and values. But it's absolutely crucial to that. And it's...I think also an area

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

that's helpful is understanding what each of our role is and what our mandates are. You know, I come at this from behavioral health, so I have a different orientation than, you know, from the court system or from protection and safety, so it is about those relationships; that the unifying factor are the children and families and then what do we bring...what do we bring that we need to bring to ensure that they get the services that they need based on their unique strengths, you know, characteristics. And there's just some, you know, fundamental principles, but the values and those principles really do guide through the process, and you have shared leadership and vision, those types of things. []

RUTH HENRICHS: In many ways, there are almost two systems. There is the system of the providers of service, whether they're public or private organizations, and that collaboration and that ability to work together to form a delivery system, the actual delivery of the services, and that's a system of care. But there is also another system which may be more the funding system or the politics of the funding system, and I don't think we should be naive to think that they aren't both operative at the same time. I mean, we have to have exactly what Beth just described in that, but there is also the reality of the other. My hope for this committee is that we are driven by what is best for the children of this state and that we grab on to change, knowing that we aren't going to get a perfect system and proposal in November. But I will be incredibly disappointed with us, and really disappointed that I agreed to serve, if we don't have the courage to realize that the way we do business in the future, whether it's mental health, farming, manufacturing, whatever, we aren't going to do it the same way in 15 years or tomorrow as we did it when I started in this business 30 years ago. So I would hope that our principles, our values, and whatever we come up with shows courage to stand for children and let's put down what is more ideal, as I think it was Scot or somebody said. Let's not be afraid to name the ideal. And then if we have to work for five years to get Scot and Todd to get their funding together, that would be... []

LIZ CRNKOVICH: Right. (Laugh) (Inaudible) be in charge. []

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

RUTH HENRICHS: ...that would be great. That would be really great. So I want to encourage us not to acquiesce to just kind of, well, we can't do that because juvenile justice doesn't talk to so-and-so, or behavioral health doesn't talk to so-and-so, or because we have a facility that we've always had, or we have one we want and we've never had. We just have to have the courage to set that aside. []

JIM JENSEN: You always need to think about, you know, if you were to start from scratch... []

RUTH HENRICHS: Tomorrow,... []

JIM JENSEN: Yeah. []

RUTH HENRICHS: ...what would we build? []

JIM JENSEN: What would it look like? Yes, I think that's always kind of the goal. And, yeah, there's always politics involved and other issues, you know. That's what...that should be the goal that you're always looking for. []

KATHY MOORE: Exactly. []

BETH BAXTER: One of the...or a couple of the work products from the SIG process, and I think there are probably several people in this room that participated in looking at the organizational structure and kind of the financial structure of what a system of care ought to look like, and I think those would be helpful documents to bring as a starting place or just, you know, so that we don't start over but we incorporate some of that thought that went into... []

JEFF SANTEMA: Could you get those to Senator Jensen, too? []

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

BETH BAXTER: Sure. []

JEFF SANTEMA: We could distribute those too. []

BETH BAXTER: Yeah, I can. They're part of those, you know, inches Scot has.
(Laughter) []

CANDY KENNEDY: Scot, just call me and I'll tell you what... []

SCOT ADAMS: How far down and was it about...was it about three foot, four foot? []

BETH BAXTER: I tell you what you should share with us, all right? []

SCOT ADAMS: All right. []

TOM McBRIDE: I think we have to look at some of the things within the existing system.
Are we utilizing those to the extent that we ought to? []

LIZ CRNKOVICH: Right. []

TOM McBRIDE: The EPSDT I don't think is coming close to being utilized, you know, the way that it should, and that's additional federal dollars, you know, to come in and help us as well. I think that from here we can also, through the report, take things back to the executive branch and say, this is something that we would like you to support back in Washington. The Wellstone Act has been voted out of committee now for mental health (inaudible) parity, and you know that's a resource, you know, for us. So it goes beyond just what we're looking on our day-to-day things, but it's got to be, you know, some of the futuristic. []

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

JIM JENSEN: That supersedes Nebraska. []

TODD LANDRY: In theory. (Laughter) []

JIM JENSEN: Anything else, Jeff? We will take some public comment. Before that, I thought I might mention those who are from the state here: Sandy Sostad, who is with the Fiscal Office; Liz Hruska is also with the Fiscal Office; Roger Keetle, who is the legislative aide for Senator Johnson; we have Senator Burling here who represents this district; and his aide Aaron is here. Anybody I miss? []

KATHY MOORE: Timoree. []

JIM JENSEN: Oh, yes, thank you. So we did bring out some other people with us, and if you have any questions, you may ask them. But right at this point in time, let's take public comment and, if you would, just kind of stand over here in this little area and address us, or bring a chair with you or whatever. Oh, there is a chair. Okay. Great. And we would be open at this time for any public comment that anyone has, and before we break here for lunch. []

PHIL OTTUM: Good morning. I am Phil Ottum. I am chairman of the Hastings Area Chamber of Commerce Legislative Affairs Committee. We stand before you this morning for several reasons. One is to say thank you for the work in reviewing the adolescent behavioral mental health system in Nebraska, as provided by the passage of LB542 this past session; and two, to ask that as you tour facilities over the next few months that you keep in mind the excellent work that has gone on at all of our facilities across the state of Nebraska. It is our belief that all agencies within government should continually review their systems and procedures to be sure that they are providing the best service for all the citizens of the state. We are here today at the Hastings Regional Center, a facility that has met mental health needs for Nebraskans for over a century. Today, after several reorganizations, it is a much smaller unit within the state's larger

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

system, but we still provide a much needed option for children, families in our current system seeking mental health assistance in this state. The patients that we have within these walls represent many communities across the state which impresses upon us, or should impress upon us, that this discussion is not just for Hastings, Norfolk, Lincoln, or Omaha, but is truly a statewide issue. The debate that must be held concerning the future of Nebraska's children's behavioral mental health system should take place while keeping children and families who require those services in mind. Your charge, as we understand it, is to report to the Governor and legislative...the Governor and the legislative committee on the current condition of our present system, how we might better serve the children and families of Nebraska. We hope that has you tour the HRC today you will see not only the excellent work that is going on here but also the potential for growth and expansion that is available to the mental health system at this location. The Chinn report, which was released in June of this year, addresses many of the issues that you will be discussing as you meet over the next few months. And you really have a short window to do a very tough job, so I do not envy your committee. It is our hope that you will review this excellent outside appraisal of our current children's mental health facilities and consider its recommendations. Again, I thank you for the opportunity to speak and repeat that the work that each of you are doing on this committee is a very important issue to all of us here in the state of Nebraska. Thank you. []

JIM JENSEN: Thank you. []

LARRY THOREN: Good morning. My name is Larry Thoren, T-h-o-r-e-n. I'm chief of police in the city of Hastings. For those of you who know me, you know that the youth are the top priority of our police department. I applaud your efforts to try to make things better for the kids, but I'm also very concerned about unintended consequences. We do several preventive activities in Hastings to work with youth to keep them out of the system, to keep them from crossing that line and getting involved in that system, because you do a greater service for youth by doing that. If you get them into the system, it's sometimes very difficult to get them out. We've learned that holding youth

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

accountable for their behavior is imperative, and that if something doesn't work with that kid, we have to do something different. Some kids need incarceration, residential treatment, and some kids need very intensive care. Some of these kids come from (inaudible). We also hear this term "kids at risk." I'm not sure what that means because I think all our kids are at risk. We have kids come from all walks of life that get out in the world and (inaudible) consequences. So we treat...you know, I think you can probably reduce the potential risks that some kids (inaudible), but we see some kids with...come from (inaudible) if you do the profiles on them, they should be at no risk at all, but they get to the university and they end up with (inaudible) consequences. Again, the youth are our top priority and we work very closely with the Hastings Regional Center. We were invited and attended a meeting on the intensive program that was brought in at Hastings, and this, you know, may be...this program may be the last chance for these kids before they end up in corrections. We know that behavior in young people will continue to escalate unless there is a deterrent and a consequence, and a consequence for that behavior. The last thing we want to do, as a state or a police department, is become enablers that the kids will eventually end up in the penitentiary spending life or doing (inaudible). But I am concerned about unintended consequences, and please don't do to these kids what the mental health reform did to our mental health patients. For many years after the enactment of LB1083, services are still lacking, and we meet with Region III on a quarterly basis and talk about the shortcomings (inaudible). The mental health issue has seemed to become more of a local problem now than it has been a regional or state problem. Our police department has utilized more than \$32,000 in funds last year just in transporting (inaudible) EPC patients. Community-based programs is good in theory, but (inaudible) programs they have a detrimental effect on the patients. And I don't call them consumers, because I think if they had a place to shop they might shop somewhere else. (Laughter) They're the patients, and they don't have a choice. Again, and I work closely with the Mental Health Association in Hastings. They meet monthly at the police department and I meet with them, and they don't want a lot. They just want to be treated like anybody else. But the mental health community-based programs, some of them are understaffed. They don't

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

train. And when a patient misbehaves, they call the police and they want an EPC. Well, if they don't meet the criteria, we try to work with staff on how to handle the patients and how to deal with them. But if they are EPCs, then that adventure begins trying to find a place for them. Before the regional center was downsized, if there wasn't room in Mary Lanning, then the regional center became an overflow for their care. But as mental...as LB1083 came and in fact we lost out psychiatrist here so we lost acute, and now (inaudible) at least \$30,000 to our operating expense on finding beds for these people. And the care providers in the system work hard, but we're making trips to North Platte, to Lincoln, to Madison, other locations, and it isn't only just a one-way trip. That means we have to go get them and bring them back for a mental health board hearing. And law enforcement across the state has been vocal about some of these shortcomings and more than once I've seen it in the newspaper. People from other parts of the system say, well, the police are exaggerating this. But we're the ones in the trenches. I understand you had a little bit of difficulty in your trip today because of the rain, you were delayed. But picture at 3:00 in the morning when it's 20 below 0 or it's foggy or it's snowy or icy and having a person who's a danger to themselves sitting in the backseat of your car. You know, it increases the jeopardy to not only your police officers and the other motoring public, but that patient. But, again, we want to work in concert with the project to make things better for our kids, because that's my top priority. That's our future. And if we don't address them effectively now, we're going to be housing them in the Department of Corrections. We know what the expense is. We know what the crowding is there, or the overcrowding is there, and we're letting people out now who shouldn't be let out because of the crowded situation. You know, this is a great facility. When you walk around and if you see maintenance problems, you see lack of staff, you see lack of patients, it's not because of the people here. It's policy coming from Lincoln. And in closing, in my quick review of the Chinn report, there's an option there that actually shows (inaudible) half of (inaudible) expense to effective youth services is the Hastings Regional Center. And again, we'll be glad to answer any questions, be glad to work with the committee in any way we can to improve the quality for our kids. []

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

JIM JENSEN: Thank you very much. []

TOM McBRIDE: Can I make a comment? []

JIM JENSEN: Yes. []

TOM McBRIDE: Chief Thoren, for a long time the...I really appreciate your commitment to the kids in the Hastings community. The state advisory group for juvenile justice began the after-school program with a grant, you know, to get that facilitated, and I think probably that after-school program in Hastings is a model for virtually everywhere else in the state to, you know, to look at. We had a brief talk on the elevator and you still indicated that that was a tremendously positive program, and your support of that, you know, the support of law enforcement in that, was integral I think in making that as effective as it is now. []

LARRY THOREN: Thank you. We have received national recognition on that program, and I think we're affecting young people in a positive way at a very inexpensive and (inaudible) cost. We're also doing some great things in meth now, too, and pay attention to (inaudible). (Laughter) We've just received national recognition from the National League of Cities. They've promised (inaudible). Thank you. []

JIM JENSEN: Thank you. Anyone else? Anyone else wishing to speak? []

LUCINDA GLENN: I'm Lucinda Glenn, and I have just four quick points I'd like to make. Mr. Adams is smiling. (Laugh) First, I'll tell you, I'm the Chair of the Mental Health Board here in Adams County, and I'm also an attorney here in town who deals regularly with children who are involved in the criminal justice system, in the broadest sense of that, not just those who are alleged to be delinquent. First, I would like you to think for a moment where the kids who are currently in this facility and needed the types of services that are provided here, where those types of kids were going for their treatment

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

before this facility existed, because it's a very recent facility. How much did it cost, and how effective was it? And how many kids who needed this type of facility were completely unserved, because there was nowhere to send them? My second point, which is somewhat unrelated, I think we absolutely need more money for screening and prevention, and that would be lovely. But that doesn't make the kids who need the Omega services disappear, and those kids will continue to need services. They need services now. It would be lovely if increased funding at the Alpha end reap returns. But it won't do that for awhile, and the Omega kid will continue to exist and need care. Therefore, taking money from the Omega programs now to fund more prevention services now leaves kids without the services they need, and it makes no sense. The frightening thing is that you will leave those children completely behind. If I seem really concerned about that prospect, it's because of my third point, which is going to echo what Chief Thoren said: If by experience, as Chair of the Mental Health Board, adult behavioral health reform is repeated, this initiative will be unsuccessful, and it will result in chaos, and it will result in serious harm to children who are not being served. In adult mental health services, as part of that reform, we were promised community-based services, whatever the heck that was supposed to be. But those services have not been provided sufficiently to meet the need in this area at all. Even though existing services, which may have been imperfect, were eliminated, theoretically, to provide money for these wonderful new services that we all heard about and knew would be terrific, those services have not materialized. That's the reality, and I would just be sick if the results of the work of this committee turned out to be fact. You can't eliminate existing services on the promise that other services will materialize, or on the promise that the providers of other existing services will enhance their services, will serve more people, if you give them more money. That has not been our experience in the adult behavioral arena. (Inaudible) is not out here. Now I can't speak to what's happening in Lincoln and Omaha, because I don't work there. But I can tell you what's happening outside those two cities, and I'd be happy to have a long talk with any one of you if you wanted to do that. And my fourth point is that if you ignore the practical realities or politics and funding, then all of your hard work becomes just so much pie in the sky, gathering dust

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

on a shelf. Yep, we'd all like perfect. Yep, we'd all like utopia. Some of you work with the Legislature; most of you work with the Legislature on a regular basis. Utopia is not going to happen. Your mandate, at least in part--and I think in large part--is to figure out how to better use existing services. There isn't likely to be more of the pot, but please remember, you can't just say (inaudible) be concerned with many more less severely troubled kids with our \$2 million, or whatever number you want to pick, than dealing with these really troubled kids. So we're going to forget about them. You will (inaudible), as will everyone else (inaudible), and that's it. Any questions? []

JIM JENSEN: Any questions? []

KATHY MOORE: Yeah, I might. I appreciate your four points. I think they are very, very easily grasped (inaudible). When you're making the points--because I appreciate and agree with the adult behavioral health reform; not just LB1083. And you can look historically, actually, for the last 20, 25 years at the whole promise given to people with a variety of disabilities. When you're making your remarks and cautioning us, are you talking primarily about the Hastings facility, or are you talking about the whole...because I think it goes, in a way, to the point that Liz brought us to at the very beginning of the meeting, that when the discussion around the original LB542 began, it was focused much on Hastings, but it was always intended to grow a system that doesn't currently exist. So when I'm listening to you and to Chief Thoren's comments about fear of what will happen to the children on this campus right now--and we'll take our tour after the meeting, so we'll know more about it today--but I've been a couple of times...the number of children here is relatively small. And so it's important...and the dollars that we looked at in January (inaudible) during the budget process were large for this small number of children. So it would help me, I think, to know a little more about your frame of reference when you put the \$4.6 million into action. []

LUCINDA GLENN: I do know that before the children's services that existed here--that exist here now were here--there was nowhere providing those services within the

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

system. I know that some of the children who receive the services that they get here now were sent out of state. I know...well, I shouldn't that...it's my belief that probably the services available here, for whatever reason, are being underutilized, and I don't know what the reason for that is, and I presume that's part of what your task is, to find out why that is, because I can certainly tell you that in my work on a flip, the kids in the juvenile system, it would seem that there are a lot more kids who could use those services than are currently using them there. I think there's probably significant room for expansion. So in terms of actually...I just want to make sure that we don't decide to eliminate these services, unless those services are going to be provided somewhere else? And I don't want to go back to the way we were doing things before these services existed? []

LIZ CRNKOVICH: Can I ask for clarification? []

KATHY MOORE: Sure. []

LIZ CRNKOVICH: Because when I hear you I think, I love you. (Laugh) I'm teasing, because you're saying (inaudible), but I want to make sure I'm interpreting you correctly. Because one issue I raised, I think, at the first meeting, too...and again, you mentioned the youth that need these services, which are the delinquent youth, not just the others. But that difficulty, and we have to talk about Kearney--we have to. []

KATHY MOORE: Right. []

LIZ CRNKOVICH: We have to. But a time when there were no community services for those less-severe kids who needed them, and so in some parts of the state, those kids were going to the YRTC and should have been able to be served, but for the lack of services. At the same time, in communities that do have those services and were utilized, the YRTC should be...I mean, it's that other end of the spectrum, and I hear you say you need this end of the spectrum for the more severely disturbed kids. And in our goal, over the years--and it was a great idea, Kathy, it's the best...you are the...Kathy

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

Moore has been the center of a lot of good things here, to try and get services to all those kids, but all the focus got on community based, and there is nothing at this other end, and oddly enough, it has put us in a Catch-22 in this way: Kids know it, and they are deliberately... []

LUCINDA GLENN: Yes. []

LIZ CRNKOVICH: ...messing at this community-based level, so they can go to Kearney and get out in a month and be done with the rest of us. We have turned into the kind of parent we're trying to protect them from, and it is not a situation where we want to set out with our most severe punishment. But if the kids don't know that we mean business and that we will do this...it's, you know, it's like we're saying, you do that again, I'll send you to your room for a year, and they're laughing at you. So it sounds like you are saying, clearly we need the services at this end. Don't forget this other end. If we don't have the array, there's no incentive... []

LUCINDA GLENN: True. []

LIZ CRNKOVICH: ..for more and more kids to accomplish what we want them to accomplish, and this is, make those changes in their (inaudible). []

LUCINDA GLENN: I agree. And one thing to remember: I...like I said, I can't speak to how you do things in Lincoln and Omaha; I can speak to how we do them out here. My experience with the juvenile system (inaudible) in terms of delinquent kids and kids who come into the system through other (inaudible) is that everything is tried before a kid is sent to YRTC or before a kid is sent to a residential program--everything is tried. I mean, kids who wind up in a residential program like what we have out here, are here because they have failed, and failed miserably, at everything else that's available to them. []

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

LIZ CRNKOVICH: May I ask this, then? Are you suggesting that if the assessment is clearly in the best interest of the child and assessing their needs, say that this child, even though it's the first time before the judge, needs an RTC level of care, then we have an obligation to give them an RTC and not to say, no judge, you haven't tried him on probation yet, you haven't tried him on this. Are you suggesting such an outrageous thing? Now I'm being...(laugh). []

KATHY MOORE: How Draconian. Yes, if that's what the assessments say, and that's what the judge wants to do,... []

LIZ CRNKOVICH: And I'm being a smart aleck, obviously. []

LUCINDA GLENN: ...then the judge should be able to do that, rather than having to jump...but... []

LIZ CRNKOVICH: So the decisions, whoever makes them--whoever the gatekeeper is--should be made on the unique needs of each child and not some preconceived notion that if you have an array, you must have at A,... []

LUCINDA GLENN: Oh, no. []

LIZ CRNKOVICH: ...and then go to B, and then go to C before you could ever get to... []

LUCINDA GLENN: In my experience, that would not work. []

LIZ CRNKOVICH: Or the flip side, you could have someone at this end and because of their process, be able to move back to this end or whatever. []

KATHY MOORE: And I think the challenge...often, it comes back to the fact that we didn't have the word "screening" on our pieces of paper initially. That's why I asked

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

when you were saying "these kids," what kids? Because when we look at the Hastings campus, we're talking about 50 beds for substance abuse. And the substance abuse treatment option for Kearney residents, which is who these 40 children are, didn't exist prior to these 40 beds. Now the 40 beds are here, and what I have been asking us to do is look at a blank piece of paper and say, if we had been king ten years ago, or whenever those 40 beds...would we have created the 40 beds in Hastings? What are the pluses of the 40 beds being in Hastings, and what are the minuses? And so today, if we had a blank piece of paper and a full checkbook, where would we create...is 40 the right number, first of all? And where should all of the right number be? And then secondly, when we look at the other beds that are there today, we're looking at subacute beds--which I believe are 16 in number, and I don't know how many are being utilized today--those beds existed in Lincoln before and then got moved here about a year and a half ago, and so again, we keep taking what we have and saying, is this...how do we move from what we have, when in fact again the question should be, how many subacute beds do we need, and where and under whose direction should those beds ideally be? So as we keep discussing and as we go into our next meeting, where I've sort of asked Jeff to bring us this catalog of services in the state--which is a huge task--we will be looking at the number of beds at Hastings, as Judge Crnkovich is indicating. We also need to look at the number of beds at Geneva and Kearney and whose in those beds, and while... []

LIZ CRNKOVICH: And what is the purpose of those facilities,... []

LUCINDA GLENN: And what I think we... []

LIZ CRNKOVICH: ...and what do you want that facility to do? []

KATHY MOORE: And you do have to look at what is currently...and the truth of the matter is, if we roll back eight years, there's pluses and minuses again, but Kearney could have chosen to create these substance abuse services in a myriad of ways. This

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

is the way that was chosen. And so our job is going to have to be this constant...it's going to be a constant struggle, I think, for us to function one moment in the blank-piece-of-paper mode--what's the ideal? And then the other moment, where are the boxes and widgets right now, and how do we move them, and you're right, take the existing dollars--because we're not, any of us, idealist enough to think there's going to be a lot of new dollars, hopefully some. So I just...this is important, but I hope everybody can help frame the definition of (inaudible). []

TOM McBRIDE: I think it's important also to, you know, kind of dovetailing on what you're saying, Kathy, is that what we're trying to do in that system is, for those kids you were talking about, that, you know, where do we go? You know, it's the last place. Nobody else is taking them. Because if we truly identify a place where those kids can receive services, as well, and if we don't speak in terms of absolutes, I don't think that probably every youngster that you've ever sent to Kearney has failed at every other level, you know, of care leading up to that, even in the programs here. (Laughter) Well, I...well, you know... []

LUCINDA GLENN: (Inaudible) Were they in the right program in the first place, (inaudible)? []

TOM McBRIDE: []

KATHY MOORE: Right. []

LIZ CRNKOVICH: Do you mean within...sorry, because you're the one speaking, but within the array of services, when you deal with a certain population of kids, do you need the service that ultimately is strictly accountability? []

KATHY MOORE: Right. []

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

LIZ CRNKOVICH: That's where we don't know what...we are totally kind of psycho...I'm sorry. This is the wrong place to say that, but in terms of what...(Laughter). []

_____: You might have to dig yourself out of here; that's all. (Laughter) []

LIZ CRNKOVICH: In terms of what the YRTC's and what we want of them and what they should be, and that's messing us up, in terms of everything else. []

KATHY MOORE: If 85 percent of the boys at Kearney self report--this is from their annual report--mental health needs, are they getting mental health needs met at Kearney? And the answer is no, based on the annual report, and so again, this keeps coming...it brings us back to our function, which is if Judge Crnkovich identifies X percent of her population before her, and Todd Landry identifies X percent of the population before him, whether they came from Judge Crnkovich or not, do we have an appropriate place and an appropriate mechanism for getting those children...sadly, a lot of the children who may have been six places and "failed" before they go to Kearney, it's often because it wasn't the right place. It may be because they should have gone some place different the first time. []

LIZ CRNKOVICH: And not to get too far astray, but here's the reality--in the 20 years I've been involved in this--that they are sent...and I can only speak from the part of the state I come from, after trying all those things, because of clear indications they're not amenable to accepting the services, so they're sent to Kearney, but then they're out in 30 days. Here's what happens, then--again, talk about being a silly parent--not only does it start over again, it also creates a situation where they're now being charged as an adult, and the argument for keeping them in adult court is that they have not been...they have not rehabilitated, when in fact we have not provided them rehabilitation, and then you're going to get people asking the Legislature to move the age of adult court to 14--no, make it 12--no, make it eight years old. So they all kind of build on each other. []

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

BETH BAXTER: I think there's a fundamental premise that (inaudible) placement doesn't equal treatment. I mean, that's what we...sometimes that's the easy way to look at it, is if we place somebody somewhere, we're going to give them what they need, when we need to understand what...you know, so placement doesn't equal the kind of treatment they're going to get. If we have that process to really look at...back to that fundamental, you know, premise, of what... []

LIZ CRNKOVICH: Behavior modification treatment. []

BETH BAXTER: Right, and then how do we augment and enhance what... []

SCOT ADAMS: Those are great questions, and just want to underscore the judge's comment--at what point do we say, you know, five treatments, that's enough. It's just placement, and so the role and function of Kearney and Geneva, I think, is a good conversation to have. It's maybe just placement. And we're getting ready for the adult center. There comes a point where you say, (inaudible). []

LUCINDA GLENN: If I could just talk to a couple of those things, and I'll be (inaudible) so much. The thing I want you...the thing I would ask you to keep in mind that you're not king, and you don't get a blank piece of paper, and you certainly don't have a blank checkbook. You have to work with what you've got. Please, please don't shut things down until new things are in place. Keep in mind--and this is going to sound like what you don't want to hear, but everybody has danced around it all day--perception sometimes becomes reality. I wish I had a nickel for every time I have heard someone who lives outside of Lincoln and Omaha talk about how sick and tired they are of not having services available to them, because everything is being sent to Lincoln and Omaha. Now I don't mean to start a big discussion, but I want you to understand that that is--whether or not it is the reality, and I think it might be--but it is the perception. For example, I can tell you one of the things we discussed at our last adult task force

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

meeting was the need for secure beds in Region III. And everyone laughed--we laughed, and somebody made a snide comment--and it could have been me--about, you know, we used to have quite a few secure beds out here. Does anyone remember that? And now, of course, we're discussing the need for replacing those. And then the final thing: Yes, placement is not treatment, but placement means more likely to get treatment. And if you don't have placement, you certainly don't have the treatment. []

BETH BAXTER: And part of the discussion was yes, we need nine...maybe we need nine secure beds. []

LUCINDA GLENN: Can we get those? (Laughter) []

BETH BAXTER: We don't need 100. []

LUCINDA GLENN: We've got the right people here. We've got the right people here. Can you talk about that today? Can we talk about getting those nine? Can we talk about that, because we really need them? []

TOM McBRIDE: Well, I think your point is well taken on the service, and where that service is. You know, we're talking...in the first meeting, Scot indicated in one his handouts, there's 90,000 kids in the state of Nebraska with behavioral health needs. They're not all, you know, east of here. []

LUCINDA GLENN: Thank you. []

_____: Thank you. []

TOM HASTINGS: I want to make one quick comment and I'll be very brief, because (inaudible) money issue being brought up, I guess. I'm an ex-banker, which I'm not any more, but I'm an ex-banker. And I think HHS got hammered this year. []

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

JIM JENSEN: Would you introduce yourself? []

TOM HASTINGS: Oh, I'm sorry. Tom Hastings from Hastings. []

JIM JENSEN: Thanks, Tom. []

TIM HASTINGS: And the Legislature got hammered this last year, or HHS got hammered this year by the Legislature, because of the cost of treatment. And coming from the...and I'm going back to the first LB1083. When this was first introduced, everybody said we're going to go to community based. Being a banker, I'd guarantee you there'd have been 1,000 community-based organizations out there if there was money to be made. There wasn't money to be made then, and there's not money to be made now, and they've come back to LB576 and asked for more money this year--that was bill before LB542--because when they first talked about that previously, community based said, we can do it cheaper, better, and provide better services. When I listened to LB576, they've had to close facilities, cut staff, because they don't have the money to do it. I hope that doesn't happen with this. HHS got hammered because they have the state-run facilities--they have to have the beds. So yes, they may have 100 beds and they only have 30 patients, or they may only have 50 beds and they have 30 patients. That makes it expensive because they have to have the beds for those people to go to that Lucinda was talking about, when they are committed, and those beds aren't there now. So I think it was a little discredit to HHS this year when the Legislature was haranguing them about the money, the cost per person, when they have to provide beds. By state law, they have to take the people that have to go. Community based doesn't have to do that. I guess I look at the hospitals--they have to take the people that are in crisis, they have to take them in emergency room. Would a community-based system take 50 indigent people? I'd say 50 percent--not 50--50 percent of the patients be indigent? They don't have to, and the regional centers or the state has to, and I think that's why we're seeing the crisis that Lucinda talked about and the chief talked about,

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

when it comes to the adults. I just hope that doesn't happen with the children. So, that's all I have to say. []

JIM JENSEN: Thank you. Anyone else wish to make a comment? []

TIM DEAL: Can we make a comment just sitting where we're at? []

_____: Sure. []

TIM DEAL: I just want to make sure that (inaudible) perception is, in fact, reality, (inaudible) earlier. []

JIM JENSEN: Could we get your name, please? []

TIM DEAL: My name is Tim Deal, and I'm an in-care specialist here at the regional center, and I have repeatedly heard the budget of the regional centers' cost versus beds, and those people in those beds at that time. That has changed so much from January till now. When you do your cost and effect care provision, please look at where we're at now and not where we were at in January, because we are operating on far less money now than we were then, and I think that we can compete with any (inaudible) program, bar none, versus the type of services we're providing right now, because they're getting their food right here, they're getting all of their treatment needs met, their day-to-day living skills are being brought to them. You're going to have to be able to compare apples to apples, and that is that if you're going to compare what the regional center here right now is providing to a community-based program, that (inaudible) the costs of all that we do, not just how much it costs per day, you have to put the quality of what you receive--apples to apples. []

JIM JENSEN: Thank you. []

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office
Rough Draft

Children's Behavioral Health Task Force
August 08, 2007

TIM DEAL: Thank you. []

JIM JENSEN: Anyone else? When I was going through introductions, I think I also missed Kathleen Dolezal, who is with the PRO Office of the Governor--Policy Research Office. With that, I think we will break for lunch. Lunch is across the hall, for commission members. I thank everyone for their attendance, and please follow as we go through this process. []