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Children's Behavioral Health Oversight Committee  
September 22, 2010

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The Children's Behavioral Health Oversight Committee met at 1:00 p.m. on Wednesday, September 22, 2010, in Room 1510 of the State Capitol, Lincoln, Nebraska, for the purpose of conducting a public hearing. Senators present: Kathy Campbell, Chairperson; Annette Dubas, Vice Chairperson; Bill Avery; Colby Coash; Tom Hansen; and Jeremy Nordquist. Senators absent: Gwen Howard, Amanda McGill, and Pete Pirsch.

SENATOR CAMPBELL: And I'm going to have the senators introduce themselves in just a minute. Senator Avery is across the hall having a hearing on the budgets of the offices underneath their committee or under the auspices of that, so he may be joining us later. We know that Senator McGill cannot join us this afternoon, but we expect the other senators will be coming. We know their schedules have been kind of flexible this afternoon. So with that, we'll start to my far right. Senator Coash, do you want to start?

SENATOR COASH: Senator Colby Coash from District 27, right here in Lincoln.

SENATOR HANSEN: My name is Tom Hansen, District 42, which is Lincoln County and North Platte.

SENATOR DUBAS: Senator Annette Dubas, District 34, that's Fullerton, Central City, Aurora, Grand Island.

SENATOR CAMPBELL: Quite a lot of territory there. And to my very far left is Claudia Lindley, who is my legislative aide who is serving as our secretary pro tem, keeping everything together and also, for all of you who will be speaking this afternoon, the controller of the lights. So that's a very important job. Also with us today is our page Ayisha Sydor (phonetic), Sidor (phonetic). Am I saying that right?

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AYISHA SYDNOR: Sydnor.

SENATOR CAMPBELL: And Ayisha has been with us before, so we're glad to have a page this afternoon. I'm going to read some introductory comments which should help the people who are testifying. We will be hearing comments today from representatives of family groups that have experience with the programs that were created or expanded by LB603. The committee would like to hear from people who have used the services. What has been your experience with the services? Have the services been effective? Are there gaps in the services; that is, is there something that is not provided that should be provided? Anything else that those familiar with the services think that the committee should hear about certainly is welcome. Since we have a number of family groups, I have asked that each group designate one representative and that the representative limit comments to five minutes. And we are going to be rather strict on the five minutes because we have a number of people who want to testify. We'll be using the light system today. When you see the yellow light, you will know that you should be concluding your remarks, and when you get to the red light--that's when Senator Hansen stands up...no, kidding. (Laughter) I guess he's very imposing, that's why I said that--then you should conclude your remarks when you see that red light. Those wishing to testify should come to the front of the room, kind of you can kind of watch and maybe these three seats up here. And when you come forward to address the committee, you can put your sign-in sheet in the box there on the testifier's table. At the beginning of your comments, please spell your last name and also your first name if it can be spelled several different ways, such as Kathy in a number of ways. Please keep your testimony concise and try not to repeat what someone else has covered. And I know that's going to be difficult today because many of you are giving anecdotal information, so we do understand that. If you choose not to testify, you certainly can submit your comments in writing to the committee. We encourage that. You can do it via e-mail. If you have any questions about that, you can see Claudia at the end of the meeting and she will certainly direct you in how to provide that. If you have a cell phone with you, I'd appreciate it if you would turn it off so we do not disturb people that testify

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because it's very unnerving when you're sitting up here and there's a sound going off. Following the family group comments, we will have a briefing from Magellan. We are trying to do that periodically for the committee. Following that, we will hear from other people interested in commenting on LB603 programs. So we're going to try to finish up this afternoon, we had said around 4:00 but we will go a little bit longer than that. If we can't get all the testimony in today, we certainly will provide another time when that testimony can be taken because I am a great believer that we try to get in as much of the testimony as possible. I think that's all of the instructions. I wanted to make sure that I had everything. So with that, we will start off this afternoon, and I'm going to read the group. Senator Nordquist is joining us this afternoon. And I'll read the group. We have a slight change in that we will be adding...substituting someone up because of a scheduling. But I think this afternoon we'll start off with the Nebraska Foster and Adoptive Parent Association, Pamela Allen. Is Pamela here? Good afternoon.

JOAN KINSEY: Good afternoon, Senator. My name is Joan Kinsey, K-i-n-s-e-y,...

SENATOR CAMPBELL: Okay, okay.

JOAN KINSEY: ...and I'll be (inaudible).

SENATOR CAMPBELL: All right. Do you need to have those distributed for you?

JOAN KINSEY: Yeah.

SENATOR CAMPBELL: The page will be glad to do that.

JOAN KINSEY: Okay.

SENATOR CAMPBELL: Welcome.

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JOAN KINSEY: (Exhibit 1) Thank you. Senators, thank you for this opportunity today. My name is Joan Kinsey, K-i-n-s-e-y. I am here today on behalf of the Nebraska Foster and Adoptive Parent Association, the family organization representing the over 4,000 foster and adoptive families statewide. Our organization offers advocacy, support, trainings, and education. As foster and adoptive parents, we face many challenges. Working with other people's children can sometimes be overwhelming to the most experienced parent. Numerous reports of children being placed with minimal information given to foster parents have been reported to our office. Attempts have been made to place children who have been in the system. This information should be on N-FOCUS and is readily available; that information could easily be passed on to our families. We're setting our families up for allegation and children for placement failure because the level of supervision needed is not being addressed. Relationships between the biological and foster families should be the backbone of a case wherever possible. Barriers to this relationship are varied from case to case, but some barriers are systemic. Advertisement and marketing, promoting adoption through foster care creates animosity between families from the start. Radio ads portray our children as orphans to recruit families. We are losing seasoned foster families at an alarming rate because of lack of services, payment issues, nondisclosure of children's behaviors prior to placement, disrespect, and the allegation process. Allegation concerns that were addressed in February still have not been addressed. Families still remain on hold for a lengthy amount of time and even when allegations are unfounded. The lack of disclosure in foster care follows into adoption, setting families up for failure, delays for children getting the help they may need, and families ending up in crisis. Almost weekly I hear from professionals who do not understand the issues of parenting a child with special needs. Adoptive families are fearful of asking for help because they do not want to get back into the system. Adoptive families are looked at differently. Regardless of what the new birth certificate may say, professionals make assumption that these families really do not know how to parent children and need parenting classes. NFAPA provides training, support, and programs to families that address these issues. Our post-adoption families are matched with mentors who have children with similar

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behaviors, mental health, and/or medical concerns. Evidence-based research shows that peer mentorings are a valuable research (sic) for these families. It is imperative that families be given a realistic education about the differences between adopting a special needs child and raising a birth child. Senators, in my letter to you in July, I addressed the issues surrounding respite. The barriers to appropriate respite care continue to be insufficient providers and the issues surrounding background checks accessibility. There is a lack of mental health professionals knowledgeable about issues surrounding adoption and foster care. Mental health professionals need knowledge of psychodevelopmental issues and grief and loss specific to these children. A thorough understanding of the core issues of adoption, triangulation, manipulation, and trauma is mandatory when working with these children and their families. Last month, I listened to testimony from the lead agencies regarding the aftercare they are giving to their families. Included in your handouts are testimonials from foster families who have continued to support children and family long after their contract with the state has been completed. I can present one if we have time.

SENATOR CAMPBELL: Sure.

JOAN KINSEY: Okay. Three years ago next month, my husband and I had a placement call for a baby. This baby was a child of a former foster child that we have had in our home. My husband stopped at Children's Hospital to visit the baby and his heart melted when she smiled at him and we brought her into our home, this broken baby with a shunt in her swollen head to relieve pressure and help prevent seizures, with breaks through her body and head in various stages of healing, starting at six weeks of age. I drove to Omaha to take her to the multiple specialists, faithfully administered her medications. At Christmastime, my children came home with gifts for the baby. We invited the baby's mother over for dinner and there were tense moments over who was going to hold little Annie. While my son was at home on break, it was decided it was time to wean Annie off her medication. As I walked the floor, exhausted, trying to comfort her as her body was going through withdrawal, he offered to help. This

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six-foot-three young man, who never held a baby, took this infant in his enormous hands and walked the floors, talking to her, comforting her as best he could. We took turns that week until the effects of the drugs were gone and she was sleeping peacefully once again. Over the next 15 months, Missy, Annie's mother, became more involved. I invited her to drive with me to the doctors appointments. We would go out for lunch and celebrate Annie's progress. Team meetings were at our house, and I advocated for more time for mother and baby and to expedite the legal process. Missy began to come over to our home and take a larger part in Annie's care, standing back and watching when she was uncomfortable bathing the baby, asking questions, letting me know what she was comfortable with and taking over those tasks. Missy was able to bond with her baby. The day came when it was decided that Annie could go back home. As I packed up the baby's things and gave rapid instructions to an excited mom, the sadness and apprehension came over me. After they left, I cried to my friend, another foster mother, and listened to the pep talk and understanding that we as foster parents give each other because we've walked in those shoes among one another. We continue to support Missy, baby-sit while Missy attends night class and works on weekends. We helped her find an apartment within walking distance of our home, and we often share meals. We were invited to Annie's family get-togethers. Missy and Annie, in turn, are invited to ours. Annie travels with us. I've sewn Halloween costumes for them. We go shopping together, watch movies, and brag about Annie to whoever will listen to us. Our biological children follow Annie's progress and ask for pictures and updates. Annie talks to them on the phone. Missy and Annie have become an extension of our family. Annie was third-generation CPS. As I observe Missy, this young mom who's expected to graduate from college in May, I see many changes not only in her but in her extended biological family as well. As an outsider, it appears to me that she is slowly becoming the matriarch of this family. I witness subtle changes in the demeanor and appearance of family members and their respect for Missy, the first to graduate from college in their family. Foster care is about continuity of connections in the lives of our children. The testimonials of foster families who have continued to support other families at their own expense, emotionally as well as financially, show the dedication of these families. These

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families are committed to help long after professionals have gone. When these connections are made, it not only hastens the closure of cases but provides ongoing support that helps to maintain stability and hopefully break the cycle of generational foster care. The complexity of caring for other people's children is difficult. We are currently receiving no funding. You know why I'm here. Our organization wants to continue to support foster families across the state and we need your help. Thank you very much.

SENATOR CAMPBELL: Thank you, Ms. Kinsey. I should have been watching the light a little bit better for you, so in any case the story was well worth hearing.

JOAN KINSEY: Thank you.

SENATOR CAMPBELL: Any questions from the senators? Senator Dubas.

SENATOR DUBAS: Thank you, Senator Campbell. Thank you very much, Ms. Kinsey. This story you just told, is that the exception or the norm?

JOAN KINSEY: With families you mean?

SENATOR DUBAS: Yes, making that connection with the birth parent.

JOAN KINSEY: Probably the exception because the connection is not there. I mean, the encouragement with families aren't there. Oftentimes foster parents are just discouraged from making that connection with the biological families. Sometimes it's not appropriate to make those connections with the biological families. But, all in all, I oftentimes...foster parents are asked to leave meetings so we're not really working on building that connection together, so...

SENATOR DUBAS: Well, I would understand that every situation definitely is different...

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JOAN KINSEY: Right.

SENATOR DUBAS: ...and would need to be treated that way, but to me this would make sense. It would make it easier, maybe, for the foster parent. I know it's not easy to let those children go after you've invested so much of your time and your heart into them, but I would imagine that it makes it somewhat easier if you are...if you have that connection with the birth parent, you can feel that involvement, and then that birth parent, too, I think would feel somewhat supportive by what you're doing.

JOAN KINSEY: Well, and it certainly would be less threatening to the biological family. In the testimonials that I give you, we...several, you know, family...and that's not all of them, that's all I had time to get together, but that's kind of the basics behind it. Once we have that connection with those birth families, it just takes on a different...the whole case takes on a different thought process and things are just...they move more quickly and resolutions come more quickly.

SENATOR DUBAS: My first year here, I introduced a foster parents bill of rights, and many of the issues you brought up were a part of that. And for a variety of reasons, you know, didn't push the bill forward, but had some meetings with the department who told me and even showed me that many of the things that was in that foster parents bill of rights actually were in their rules and regulations. Do you feel like there's been any progress as far as including the foster parents more in the cases of these children?

JOAN KINSEY: Senator, you know, when things are changing and we're taking on a different business attitude, some of those changes are very slow. I do not see a lot of progress at this time.

SENATOR DUBAS: Okay.



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JOAN KINSEY: In fact, I've had families call the office and say, you know, they're asked to leave the team meetings or you can report or they don't even know the team meeting is there going on. When I was in a meeting last week, we went around and introduced our roles in the...as team members on this team, and I said my role was to coparent with the biological mom who's sitting next to me, and I kind of got the deer-in-the-headlight look. People were surprised that, I don't know, if that's the way I define the role or that somebody was willing to do that. So I don't think...it's got to be encouraged.

SENATOR DUBAS: Okay. Thank you.

SENATOR CAMPBELL: I'm going to keep the questions really short, otherwise we won't get through...all the way through. So we'll probably do two questions. No, you're fine, you're fine. It's just an admonition for my colleagues that we have a long list today. Thank you. Senator Coash.

SENATOR COASH: Thank you, Senator Campbell. Joan, I was reading your written testimony and this is a pretty straightforward question, so you should be able to answer it quickly. I'm interested in...part of your testimony had to do with children being placed with minimal information.

JOAN KINSEY: Um-hum.

SENATOR COASH: Okay. So that's a relationship issue between the foster parents and then the department or the contractors.

JOAN KINSEY: Correct.

SENATOR COASH: Okay. So my question is, that's a problem, have you seen that change since the implementation of some of the reform? Was it always a problem? Has

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it gotten better, worse since the change? I mean, I'm trying to figure out where the initiatives that we put into place with LB603, how that's impacted that particular issue. Better, worse, same, always been a problem, it's getting worse, it's getting better?

JOAN KINSEY: I was a child-placing agent for ICCU, so from that perspective to now I think it's worse.

SENATOR COASH: Okay.

JOAN KINSEY: The phone calls I have, I knew those children so I knew the information was in the system that...I don't know if they're not accessing it or if it's not being put on the referral forms, but there was no information shared. And then there was a case in there of a family...

SENATOR COASH: Yeah, I read the case, so...

JOAN KINSEY: Yeah.

SENATOR COASH: It's your testimony that...I mean, I know from working in the system that it's always been somewhat an issue, and what you're saying is since the reform it's been worse.

JOAN KINSEY: Yes.

SENATOR COASH: Okay. Thank you.

SENATOR CAMPBELL: Okay. Thank you very much, Ms. Kinsey, and particularly thank you for all the information you've given us.

JOAN KINSEY: You're welcome.

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SENATOR CAMPBELL: I mean, it's very helpful. I know testimony is short, but this really is helpful when people give us more than and we can take a look at it ourselves.

JOAN KINSEY: Okay. Thank you.

SENATOR CAMPBELL: Just great. Thank you. I'm going to change the order slightly and bring up Mr. Earl Richardson, who is testifying today as a part of the Healthy Families Project. Good afternoon, sir. How are you?

EARL RICHARDSON: Good evening. I'm great. I'd like to thank you guys for the opportunity to talk and to testify. I'm here to represent the Healthy Families...

SENATOR COASH: Can you state and spell your name, please?

EARL RICHARDSON: Oh, I'm sorry.

SENATOR COASH: That's okay.

EARL RICHARDSON: My name is Earl Richardson, Earl, E-a-r-l, the last name is Richardson, R-i-c-h-a-r-d-s-o-n.

SENATOR COASH: Thank you.

SENATOR CAMPBELL: You can proceed, sir.

EARL RICHARDSON: Okay. Well, I don't, you know, like have a written statement or anything prepared or nothing. I just want to...I'd like to talk about my experiences with Healthy Families. I have a son, DeVante Jackson (phonetic), and I was experiencing a lot of problems with him. Me and his mother share custody, and so he was with me over

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the summer last summer season. And when school started back, he went back with her. And they had moved to Omaha, so he started school up there. And they were up there for several months before she called me and said that he was just getting out of hand and, you know, wanted him to come back down to live with me, which of course I said, okay. I am married and have three other smaller kids, but I said okay, you know. And so he came back down here to Lincoln to live with us. I got him enrolled in Culler Middle School. And for a few days everything was going all right. And the next thing I know I started getting calls from the school telling me that Devante (phonetic), you know, was skipping class and about to get in fights, a few fights there, and just some of the times skipping school altogether. He had some friends that he was hanging out with which sometimes he wouldn't even come home after school, and I had his friend's parent's phone number and I would contact them, you know, and he would be over there a lot of the times and everything. And I would talk with him, you know, you need to come home, and anyway just having communication, I guess, problems. You know, he wouldn't want to come home. He'd just want to hang out on the streets and different things like that. And so after I got him back home and, you know, and gave him the...our house rules again, you know, you need to go to school, you know, you need to come home after school, you know, you need to get your chores done. You know, and I want you to do these things and stuff, you know, before you start hanging out with your friends again. And, anyway, I guess he didn't like that and he ran away. And so I contacted the Lincoln Police Department and let them know that, you know, my son had ran away. Someone came out, took a report. Let them know that he had ran away. Gave them my son's friend's parent's address because I thought that that's where he had went, and so forth. And so I guess they was looking into that. And...but for the next day, he didn't come home that night. The next day I called the police department back again. They said that they were still searching for him, you know, that they hadn't had any new information. And I called there and talked with his friend's mom, which she said that she hadn't seen him but I don't really know if I believe that or not. And so I still suspected that he was there. And so anyway, to make a long story short, I kept calling the police department almost every day, saying my son wasn't home. Finally, one of the dispatchers gave me

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a list of numbers to call that was for family support. I called the whole list of numbers. I don't want to mention any other organizations but some that I got ahold of, I guess they was overwhelmed with other requests or whatever and stuff. They said that, you know, I'd have to call back in a week or to call back in a few days, you know. I was actually to the point to where I called the juvenile probation because my son wasn't home. I was worried about his safety. Anyway, Healthy Families got me hooked up with some tutoring organizations for after school with Big Brothers and Big Sisters, some sports programs and everything. So once my son got back home, they came over and...before that, but they came over and met with me personally, met with me and my son personally and, I don't know, got our communications back together. It was a lady by the name of Sister Kay, because when I contacted Healthy Families, it was a voice message, said that they would get back with me within 24 hours. And that was like about 7:00 that evening. She called me back early that morning...

SENATOR CAMPBELL: Good.

EARL RICHARDSON: ...and got ahold of me. And she actually came out that day, you know, gave me a hug, told me everything was going to be all right, you know, sounded sincere. And we got down and brain...we set down on my couch and brainstormed and she came up with different ways to help, you know. It really helped. My son is doing pretty much okay now.

SENATOR CAMPBELL: Good.

EARL RICHARDSON: He's getting good grades at school. He's going to school. Got him involved in sports. And I just, you know, I thank Healthy Families for what they did.

SENATOR CAMPBELL: Thank you, Mr. Richardson. That was right on the point. And I know that for the senators here, Ms. Blakely asked me to report, they are part of the Navigators Program...

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TRISH BLAKELY: It's the Navigator Program, yeah.

SENATOR CAMPBELL: ...for Region 5. So that's why Mr. Richardson's testimony was important. So thank you very much, sir, for coming today and I'm glad to hear about your son.

EARL RICHARDSON: Yeah.

SENATOR CAMPBELL: That's a great success story.

EARL RICHARDSON: Thank you very much.

SENATOR CAMPBELL: Good luck.

EARL RICHARDSON: Thank you.

SENATOR CAMPBELL: Next on our list is the Federation of Families for Children's Mental Health, Candy Kennedy.

CANDY KENNEDY: Boy, you got to step on a lot of toes to get (inaudible). (Laughter)

SENATOR CAMPBELL: While Ms. Kennedy is getting settled in, I have to say a thank you to her. I have had a terrible cold and now it's gone to a cough. For those people who were here the other day, and there was a great coming and collaboration in the audience to bring forth a handful of cough drops for me, so I'm very grateful to the collaboration (laughter) in the audience. Good afternoon.

CANDY KENNEDY: (Exhibit 2) Good afternoon, senators. I want to...I'm so grateful that you reached out to us and asked us to speak to you about today, so...my name is

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Candy Kennedy, C-a-n-d-y K-e-n-n-e-d-y. I'm the director of the Nebraska Federation of Families for Children's Mental Health. We're the SAMHSA-funded statewide family network. I need a breath here. (Laugh)

SENATOR CAMPBELL: You're okay.

CANDY KENNEDY: Nebraska's behavioral health system is a comprehensive community behavioral health system for children and their families. The foundation that we build this work on is a system of care, an organized philosophy that involves collaboration across agencies, families, and youth. The work to develop Nebraska strategies to develop this system has been many years of work from our systems-of-care grants, the state infrastructure grant, the LB542, and many passionate individuals with the tenacity to continue the work, not to mention the successes that we've achieved. The core values of system-of-care philosophy is centered with...child-centered, family focused, community-based, and culturally competent. But these are not just core values. They're not just guidelines. They are the heart and the soul of the amazing outcomes that we can achieve. It is not something that we can just be trained or have...it has to be understood, believed, and valued. Turning systems-of-care ideas into solid strategies for change requires a tangible approach to system development in multiple levels--the policy, program, and practice levels. To ignore or not invest the time and effort into even one of these levels will prevent us from having an effective system. And I was thinking about the work that's up to now with system of care, just to share a couple of the successes and some examples of those successes. Some of those would be, recently the great partnership between the federation and NFAPA, bio and foster families working together to collaborate. Also, the addition of Vicki Maca and Maya Chilese to the Division of Behavioral Health, the 3-D meetings that goes on within HHS, the collaboration that's with that, and the investment of an individual trained in each one of the behavioral health regions about system of care and their commitment to continue the community training within that, and as well as the implementation of the family-centered practice assessment statewide by the

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behavioral health regions. And, of course, the family mentoring family grants to the family organizations, which one of our...a couple of my partners will speak of this more later. Many times I've sat in the seats back there and the people have spoke to you and talked about what works, what doesn't work. And so many times I want to pipe up because I understand where they're coming from but many times I don't think they have that deep understanding of the system-of-care family-centered practice, so it kind of makes things look different. And it has to be from your point of view, you probably have a lot of questions. So I always want to stand up and say, well, wait. If that was, you know, really based on the work that we're doing, it may look very differently. So are we where we need to be with system of care? Absolutely not. We are still experiencing siloing between divisions and partners and lack of understanding and valuing that true system of care. Many of the successes and challenges that we have seen are very much based on the individual's understanding and valuing these principles. It's the individuals that make the difference. And an example of this individual would be Tom McBride with the Epworth Village. He consistently reaches out to the federation to partner and find individualized, thinking-outside-of-the-box solutions for our families, and as well as a state...at the state level. He's always at the table, being present and working and finding new solutions. That's a very invested, great system-of-care partner. Which leaves me...and I wanted to mention that the Federation of Families values residential treatment when it is appropriate and timely. So many times I don't think that we can choose what's more important. It all has to be in that service array. It is not...if we do not take the time to make sure everyone on all three of these levels truly understand and value system of care, we cannot move forward, we will not achieve long-term successes for our youth and families. A single training or a nodding of a head when asked if they know what system of care or family-centered practice is, it's not enough. It's building partnerships and the mutual respect, really getting it. That's a term we use a lot, but you have to. It's something that you feel. It's a philosophy that you live with. Which leads me to the next question: Where is the accountability? How do we assure this is happening? How do we know that system of care and that family-centered practice is being done now and consistently in the future? Because if it fails, it's



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devastating. The role of the family advocacy is crucial to the success of Nebraska's behavioral health system of care. Oh, I'm red, aren't I? Sorry, I didn't even notice, guys. Well, I included some...effective...some data in here on the effectiveness of family advocacy and peer-to-peer support, and some of my partners will address some of those issues. But you may notice I brought my lunch here today. Actually, it's not my lunch. I watched a commercial the other day, a McDonald's commercial. Have you seen? They're advertising that what's in this box, what's in this box is hope. So that's what I'm asking all of you to assure that our families have--hope. Thank you very much.

SENATOR CAMPBELL: You're welcome. Thank you, Ms. Kennedy. Questions?  
Senator Dubas.

SENATOR DUBAS: Thank you, Senator Campbell. You referenced that there's still a lot of siloing going on, and we all know money is the 800-pound gorilla that's sitting in the room.

CANDY KENNEDY: The root of all evil? (Laugh)

SENATOR DUBAS: Well, can be both. But, anyway, I'm just wondering if we can address some of that siloing, if it would help you stretch the dollars that you have farther, help you get more bang for your buck if we can find where there's overlap or duplication or whatever, if we spent a little more time and energy looking at those different silos.

CANDY KENNEDY: Absolutely. And again, with system of care, we talk about that flexible funding and how to, so people aren't jumping into different systems and just work together to see that more effectively and not duplicate services or, you know, all those other things. That's the whole philosophy now, what, for 30 years that actually has been working.

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SENATOR DUBAS: Thank you.

CANDY KENNEDY: Um-hum.

SENATOR CAMPBELL: Thank you. Thank you, Ms. Kennedy. Next on our list is Parents Speak Out, Janay...I'm going to cheat and say Janay Price. (Laughter) And Janay can help us with the second name. I know I wouldn't say it right.

JANAY BAHNSEN-PRICE: Bahnsen.

SENATOR CAMPBELL: Bahnsen.

JANAY BAHNSEN-PRICE: Yes.

SENATOR CAMPBELL: Thank you, Janay. Ms. Price, we're awfully glad you're here today, so welcome.

JANAY BAHNSEN-PRICE: Thank you. Hi. My name is Janay Bahnsen-Price, J-a-n-a-y B-a-h-n-s-e-n-Price. I am the executive director of Speak Out, the family organization in Region 1, in Western Service Area, and that's who I will be representing today. It seems a defined system of care is a coordinated network of community-based services and supports that are organized to meet the challenges of children and youth with serious mental health needs and their families. To ensure the success, families and youth must work in partnership with public and private organizations to design mental health services and supports that are effective, that build on the strengths of individuals, and that address each person's cultural and linguistic needs. With respect to the Western Service Area, it is not uncommon that challenges arise as service providers attempt to meet a family's needs. Although the Western Service Area has historically been effective in collaborating to ensure a family's basic needs are met, effective is not equivalent to a family's success or progression. Prior to Nebraska's children and family

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services reform, the Western Service Area providers, specifically compromised within Region...comprised within Region 1, began developing a system-of-care team in efforts to help alleviate challenges presented by the lack of services in the area. The team is comprised of a number of passionate community professionals currently providing the area with front-line services, but there is an absence of support from the Department of Health and Human Services and the area's educational administration. While systems of care is simply a philosophy or a set of guidelines put in place to assist a symptom and change and the individualization of that symptom to meet its community's needs, boundaries are present and some requirements are present in efforts to ensure a system success. Specific to the Western Service Area, challenges arise when a number of those particular necessities are not made available to the community. In particular, there is a lack of community-based services to include a deficit in psychiatric providers, nominal access to specialists of any type, access time frames in order to be seen by medical professionals, negligible access to out-of-home placements of all types, and insignificant substance abuse treatment facilities for either adults or youth. Additionally, there's a lack and a true understanding of the windshield time required to service such a vast area, not to exclude the excessive number of hours required to ensure that the area has representation in any form. There are commonly instances in excess of 350 miles, round trip, in efforts to provide services to many of the Western Service Area's rural population. And once I return home this evening, I will have 13.5 hours of travel and close to 1,000 miles under my belt. Furthermore, Western Service Area is challenged in partnering with local families and youth and also struggle to engage families in their own service planning and in efforts to design their community's mental health services. There is commonly an absence of family representation, whether that be family members, youth, or family organization representation. Not only is this presence already scarce, but both family organizations within the Western Service Area did not receive a new contract with Boys and Girls Home as of September 1, and have been told that there would be no reimbursement for the month of September but gave no solution to the hundreds of families that we serve. Although there is hope for a new contract October 1, there still to date has not been any contact regarding this

negotiation. If it were to come that Boys and Girls Home chose not to renew the Western Service Area's contract with family organizations, the amount of family voice and representation would go from minimal to nonexistent at both regional and Western Service Area state levels. Unfortunately, this challenge is a reoccurring challenge for family organizations across the state in that funding ebb and flows with each state change, and with each change, family organizations are forced to start from ground zero at every level from employing staff to proving the value of peer-to-peer advocacy to our partners. In turn, families often lose the support that they so vitally depend on. With this and as stated above, a vital piece to the system-of-care philosophy is a solid, unwavering, independent partnership between service providers and the communities, families, and youth. In efforts to ensure the inconsistency of service availability...that service availability no longer plague the state's families and family organizations, it would be most beneficial that the family voice and representation is granted an autonomous stream of legislative funding, ensuring the existence of family representation throughout all system levels and making certain family voice remains independent from all other entities. On a personal note, I am the parent of a child with behavioral challenges. As a young mother, I was easily influenced by advice and recommendations centered on how I needed to deal with struggles and barriers placed in front of my child. I'm sorry.

SENATOR CAMPBELL: You're fine.

JANAY BAHNSEN-PRICE: It was told that my child would not succeed without medication, but I did not believe that to be true. After excessive number of meetings and a magnitude of frustration, tears, I found our local family organization where I was empowered to find my strength to stand up for what I felt was best for my child. Today, my son continues to struggle but has been able to overcome many of the challenges simply due to a small behavioral modification put into place at home and within his school. If it weren't for the support provided by the family organization that I now proudly direct, my family's life could look very different and my son could be in a very different

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place. Today, I'm asking you that you provide the families like my own your help in ensuring the family voice and choice remain at the table throughout all levels of needs, behavioral health, and children and family services level. Thank you for your time.

SENATOR CAMPBELL: Thank you very much. Senator Hansen.

SENATOR HANSEN: Janay, thank you for being here today. I'm somewhat familiar with windshield time, too, and I know that gives you time to think, but it certainly is a...a lot of it seems like it's wasted time, but to make 350 miles in a round trip shows some real dedication. Prior to September, were you funded fully by...I mean, to the contract amount from Boys and Girls Home?

JANAY BAHNSEN-PRICE: Well, 90 percent of our funding came from that contract and then we have our families mentoring families grant also, that's that other 10 percent of funding amount.

SENATOR HANSEN: But you're faced now as of 1st of September with no payment?

JANAY BAHNSEN-PRICE: No payment, no contract, yes.

SENATOR HANSEN: No contract.

JANAY BAHNSEN-PRICE: Um-hum.

SENATOR HANSEN: Thank you.

SENATOR CAMPBELL: Other questions? Thank you very much for your heartfelt testimony.

JANAY BAHNSEN-PRICE: Thank you.

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SENATOR CAMPBELL: You did fine.

JANAY BAHNSEN-PRICE: Thanks.

SENATOR CAMPBELL: Okay. Next we have Families CARE, Andrea Rodriguez. Andrea is setting a good pattern here. Boy, just right up to the front. Ms. Rodriguez, we're delighted to have you, so...

ANDREA RODRIGUEZ: (Exhibit 3) Thank you. Thank you, Chairman Campbell and Senators, for allowing me a little bit of time to speak with you today. My name is Andrea Rodriguez, A-n-d-r-e-a, last name Rodriguez, R-o-d-r-i-g-u-e-z, and I am the director of Families CARE, the family organization for the Central Service Area. The past few months have been full of really difficult choices for the family organizations associated with the Nebraska Federation of Children's Mental Health because of the budget cuts in our state. In the past month, I have had to lay off four employees, which is equivalent to a 40 percent decrease in the number of employees that we have. And as I look back at how it could go from being financially sound to on the brink of closure, my attention focuses on the change in the funding stream. Families CARE has survived on two main partnerships, one, through the Division of Behavioral Health and another through the child welfare system. Both of these funding streams have been drastically cut. While the Division of Behavioral Health was successful in appropriating additional funds for the family organizations in the recent months, the reality for our organization was receiving 55 percent less funds than in previous years. These are the funds that we use to serve families that are working hard to avoid their involvement with the Child Protective Services, families that need help with individualized education programs in the schools, and/or families that are seeking community-based resources to meet their child's needs, just to name a few. Moving the families mentoring families grant funds into the child welfare out-of-home reform has resulted in those funds no longer reaching the family organizations. The funds from the out-of-home reform cannot be used to serve these

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nonward families. Please reference the testimonial that I had given you from Kristine and see the value that her family saw in receiving our services. Kristine's family was served through the families mentoring families grant, and she stated that without this help, she is afraid that her child would have become involved with the Department of Health and Human Services through the Child Protective Services. Not only have we lost 55 percent of our funding through the families mentoring families grant, Families CARE is facing the loss of a contract with the Boys and Girls Home who provided 90 percent of our funding. The Boys and Girls Home chose not to contract with us for the month of September in order to gain financial standing and stated that whether or not we continued to serve the families that we were serving was a choice that we had to make during that month. This left us with 120 families to serve without reimbursement for the month of September. We also have an additional 15 to 20 families that have been put on a waiting list in hopes of receiving our services if a contract is signed on October first. Without a signed contract, Families CARE will have to look at closing their doors. This will effect not only the 120 Boys and Girls Home families that we serve, but also the 50 families that we serve each month through the families mentoring families grant. We have served approximately 750 families in the past year. These numbers do not include all of the families that have called our office for resources or referrals to other services that did not actually enroll in our services. I would be remiss to not point out that this is not just single children, this is entire families, because we serve the entire family unit. We also will no longer be there to support the professionals that serve the 22 counties of the Central Service Area, many of whom have stated that they could not meet the needs of our Nebraska families without our partnership. The professionals would include social service workers, mental healthcare providers, the education system, just to name a few. In closing, I would like to tell you about an experience that one of the Families CARE partners had with a family. The family was meeting with a partner for the first time prior to a team meeting. The father was looking at the paperwork laid out in front of him. He grabbed a pen and he circled the word on the top of our letterhead and he stated: This is what all the other team members are missing. The word he circle was "care." He stated that he felt that the partner truly cared about

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him and his family and truly understood and respected him, something he had not experienced with the other team members. Peer-to-peer support is important to the family voice in Nebraska. When families understand that as peers we have had similar experiences, their fear of being judged and opening up is diminished. This leads to rapport being built at a faster rate so that the family's goals can be addressed and met. Allowing the family organizations to close their doors is not an option unless we are willing to lose that family voice and support in Nebraska. Thank you for your time.

SENATOR CAMPBELL: Thank you for your testimony. Any other questions? Thank you very much. Next on the list are Voices and (sic) Families, Sherri Marchman-Day.

CANDY KENNEDY: She's sick (inaudible).

SENATOR CAMPBELL: She is not here. Okay. Thank you, Ms. Kennedy. You're substituting?

CANDY KENNEDY: No.

SENATOR CAMPBELL: No. No way, you're not. Okay. (Laughter) Family Advocacy Movement, Melanie Williams-Smotherman. Am I saying that correct, Ms. Smotherman?

MELANIE WILLIAMS-SMOTHERMAN: Yes. I need a shorter name so I don't use up all my time. (Laugh) Do I...

SENATOR CAMPBELL: She doesn't change the lights until after you've spelled your name so you're okay.

MELANIE WILLIAMS-SMOTHERMAN: Oh, okay.

SENATOR CAMPBELL: (Laughter) You can have a very long name and...



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MELANIE WILLIAMS-SMOTHERMAN: (Exhibit 4) Can I give the copies of this to...I think that I have 15 copies there. I've never made it through testimony, so I'm going to try really hard. My name is Melanie Williams-Smotherman, that is M-e-l-a-n-i-e W-i-l-l-i-a-m-s-S-m-o-t-h-e-r-m-a-n. First and foremost, I am a parent whose own family was irreparably harmed by the state employees, contractors, and related system workers controlled or influenced by the Nebraska Department of Health and Human Services. This harm was done due to a lack of understanding and competency regarding children's behavioral health, as well as a lack of oversight and accountability to help prevent violations of existing rules and laws. Our case involved one child's long struggle with serious behavioral health problems for which we had already secured therapy through our own private insurance, and which eventually claimed a very poor outcome that we were made helpless to prevent. Related to my role as a parent, I am now cofounder and executive director of the Family Advocacy Movement, which we formed coming out of the safe haven period. We, along with many others, were shocked to hear top DHHS officials, as well as Governor David Heineman, expressing a regressive lack of interest for discovering true cause by quickly slandering Nebraska families as being irresponsible and the cause of the crisis. Consequently, the FAM was created to provide an outlet for family voices by providing various tools and activities that allow families to share their own stories and experiences, to connect with others, and to seek advocacy. We offer peer support and case oversight. We take note of common complaints. We work for reforms in the areas of child protection and for accessibility to needed services, including children's behavioral health. Through public education and reporting our observations to the Legislature and to the media, we promote a changed approach to families in crisis through a wraparound system of care that aims to keep most families out of the expensive and traumatizing foster care and juvenile court systems. With each new observation and family report, we are more resolute than ever in our call for four fundamental changes needed to make reform efforts or even our existing laws work as they are intended. The Family Advocacy Movement calls for: greater transparency for effective, independent oversight;

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independent oversight with the authority to recommend accountability measures; clear consequences and effective accountability at each stage of the child welfare process; and financial incentives reform that rewards our state for family preservation rather than family destruction, as it is currently structured. Our focus stays fixed on these fundamental areas that we believe are the driving forces, and will continue to be the driving forces of poor, overly expensive, or failed outcomes. We believe our efforts in these areas directly relate to the interests and work of this committee. We have just learned about how Boys Town has come under investigation for violating standards of care. One family for whom we are advocating complained about calling the Boys Town hot line seeking guidance, only to be transferred, without her permission or warning, to CPS. One service provider employee who recently contacted FAM and who works for Boys and Girls Home and Lutheran Family Services until recently, worked for--she was laid off--has reported on how there is much infighting and negativity, and that families who believe they are fulfilling requirements toward reunification do not know that internally there is no intention to reunify their children with their natural homes. As a state, in our very recent past we have endured preventable tragedies, such as the atrocities of the Beatrice State Development Center, of Robert Hawkins who was failed miserably by the state, just as all of his victims were failed. And what price tag do we put on that lack of prevention through accurate assessment and appropriate treatments and services then? We are concerned that DHHS has shown evidence of its ability to rise above all of our branches of government, leaving citizens extremely vulnerable to abuses of power and misuses of taxpayer funds. During the safe haven crisis, DHHS attacked families whom the department and Governor Heineman claimed were just taking advantage of the intent of the law. We citizens didn't realize that DHHS was the author of the safe haven legislation and could, therefore, interpret the law to suit its own agenda or rise above the law to violate its terms. When Senator McGill needed access to safe haven families during her leading of the Children in Crisis Task Force, DHHS prevented it. If a Nebraska legislator, charged with conducting a timely study to help identify significant problems, can so easily be thwarted by DHHS officials, who are paid with taxpayer money, what chance do Nebraska families or due process or

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constitutional rights have at being protected? The privacy argument is used by DHHS to prevent or slow families from gaining advocacy as well. The department has worked hard to withhold general release forms from families who have expressly requested advocacy, and yet very often department-approved people whom the families do not even know show up at their team meetings or share gossip about the family among peers within the system. When Senator Coash introduced legislation that would help protect due process rights for citizens currently vulnerable to the department's central register listings, DHHS was able to kill the legislation by suggesting it would cost the state too much for the Nebraska Legislature to protect the constitutional rights of its citizens by implementing a small measure of oversight in the process. The department employees are so comfortable with the lack of oversight and accountability protections that they are well known to frequently violate court orders. Only on rare occasion do we read about a judge so fed up with the department's lack of care that he or she will actually hold DHHS in contempt for its own failure to comply with decisions of the court. I'm sorry. I see that I'm out of time, so...

SENATOR CAMPBELL: You want to just quickly...

MELANIE WILLIAMS-SMOTHERMAN: Yes.

SENATOR CAMPBELL: You're very close to being the end. You may want to finish with the ending, though. I would...

MELANIE WILLIAMS-SMOTHERMAN: At the last paragraph?

SENATOR CAMPBELL: You bet. Sure, absolutely.

MELANIE WILLIAMS-SMOTHERMAN: Okay. Until this changes, families and children will be left without basic protections and, ultimately, no study, no amount of legislation, no recommendation, no reform effort, and no court order will be as effective on the front

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lines, which is where it matters most. Thank you.

SENATOR CAMPBELL: You made it all the way through. Thank you. Any questions from the senators? Thank you for coming today. Ms. Blakely, did you have other testimony that you needed in addition to Mr....okay. Healthy Families Project, Trish Blakely.

TRISH BLAKELY: Senator Campbell and...oh, excuse me, I have...

SENATOR CAMPBELL: Ms. Blakely, you want to spell your name for us?

TRISH BLAKELY: (Exhibit 5) Yes. My name is Patricia Blakely, P-a-t-r-i-c-i-a, last name Blakely, B-l-a-k-e-l-y. I go by Trish. I'm the director of Healthy Families Project. And Healthy Families Project has had mentoring programs funded by child welfare and behavioral health for many years, and currently we are the Family Navigator in the Region 5 area. I'd like to make a comment about child welfare as well in that we have had programs in the ICCU in the past for seven years providing the mentoring and advocacy. We are funded right now at less than 50 percent of what we were, the funding that we had in the ICCU, but my primary reason here today is to talk about family navigation. And I would like to say that we are really pleased with the family navigation. We believe that we are definitely getting services to the families that...the referrals that we receive, we're making connections very quickly with the families, as you heard from Earl who spoke earlier. We have received 60 referrals. I would like to say that the referrals have come very slowly but they're beginning to come a lot faster. I believe family navigation is...the families are beginning to find out about it. We have received four referrals in the last three days, so that's quite a bit faster than they've been coming in the past. It was really slow going in the beginning. I'd like to say that the services we're giving out are professional programs. There's a lot of community-based services that we're giving out, and we are also making a lot of referrals to mentoring and support-type programs for families. There are some things I think that I'd like to say that

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I believe could be helpful to making the services for family navigation more successful. And one of them would be in the advertisements to the call center with a local connection to family navigation. I believe, the families, you know, if they were more aware that they could connect locally to the call center to receive help to go out and access their services, they might use the call center a lot more. Another is there's a tremendous amount of paperwork, and while I know the paperwork within the system is definitely a requirement, it also is something that the families think that Family Navigators are another system. And so that's concerning and that has been a little bit problematic with sometimes making the connections. And then the last thing I'd really like to say that I think is really important is through family navigation we found that the time that we're allowed, which is a very short period of time, up to two months, eight hours, eight to ten hours maximum, isn't necessarily enough time to get the families all that we need. We are finding that we are getting the services but there's a lot of things that we would like to have more time to follow through on. Sometimes they're still waiting for services when, you know, when our time is up for family navigation, and we're making referrals on to the mentoring programs. While we provide mentoring, we are able to refer families, you know, on to another program within our organization. The families really don't like that very much. They would really like to stay with the Family Navigator that works with them, and they feel much like in the system where they're passed around. So I think that is really, really important if there's a possibility we could have more time to work with the families. That's really about all that I have to say. I do have...do I have enough time to read a story from one of the families?

SENATOR CAMPBELL: Probably not.

TRISH BLAKELY: Not. Okay.

SENATOR CAMPBELL: But do give us a little brief description of the story, Ms. Blakely, if you would.

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TRISH BLAKELY: Okay. This is a family, and I passed around...you do have the story?

SENATOR CAMPBELL: Yes, we have the letter.

TRISH BLAKELY: Okay. This a family who had been deeply in the system, had a lot of different problems, had been all over the place looking for service and had received some services, but was upset about some of the things that had gone on. And she called the call center, and we received the referral to help her with what was going on with her family at this time, which is a lower level than where she's been in the past. So we made a number of referrals for her, and her comments were that no one had ever spent the time to help her. She felt much more like someone cared. She felt like we were really there to help her get connected, and we did help her get connected to Professional Partners and a number of other programs, and she's very, very pleased with the services that we provided.

SENATOR CAMPBELL: I appreciate you giving the letter because oftentimes we don't hear directly,...

TRISH BLAKELY: Right.

SENATOR CAMPBELL: ...so hearing from Mr. Richardson as well as having the letter is helpful. Questions from the senators? Senator Coash, did you have a question?

TRISH BLAKELY: Yes.

SENATOR COASH: Thank you, Ms. Blakely. I appreciate your testimony. I mean, you came with...one of the things I was really hoping for was what would help improve the service.

TRISH BLAKELY: Right, right.

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SENATOR COASH: And you've outlined fairly clearly three things...

TRISH BLAKELY: Um-hum.

SENATOR COASH: ...that you think would help improve the services for families.

TRISH BLAKELY: Um-hum.

SENATOR COASH: Have you shared that with others that...such as the department or the lead contract?

TRISH BLAKELY: The lead contract, yes. And, you know, the ultimate decisions on some of those are up to the state.

SENATOR COASH: Okay.

TRISH BLAKELY: So we are pretty...everyone is pretty familiar that these are all...

SENATOR COASH: Recommendations that...

TRISH BLAKELY: Well, I am speaking as a family (laugh) but, you know, we've discussed all of these things, yeah.

SENATOR COASH: Okay. All right. Thank you.

TRISH BLAKELY: Um-hum.

SENATOR CAMPBELL: Senator Dubas.

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TRISH BLAKELY: Yes.

SENATOR DUBAS: Thank you, Senator Campbell. Most of the families that are in these kinds of programs need professional help and, hopefully, are getting the professional help.

TRISH BLAKELY: Absolutely.

SENATOR DUBAS: How much value to you put on the peer-to-peer connection?

TRISH BLAKELY: I'm speaking from my perspective (laugh).

SENATOR DUBAS: Okay. That's fine, uh-huh.

TRISH BLAKELY: I would say it's equally as important.

SENATOR DUBAS: Do you think that peer-to-peer connection is getting the amount of support and recognition that you feel it needs?

TRISH BLAKELY: Within family navigation, yes.

SENATOR DUBAS: Okay.

TRISH BLAKELY: In the other areas of the system, no, not at the level that it once was at.

SENATOR DUBAS: Thank you.

TRISH BLAKELY: Um-hum.



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SENATOR CAMPBELL: Any other questions? This might be...we'll take...thank you, Ms. Blakely.

TRISH BLAKELY: Um-hum.

SENATOR CAMPBELL: I didn't have another question. I just wanted to say to the audience that this might be a good way to put in a little commercial for the next meeting. At the next meeting, we will bring back, as we did a number of months ago, all of the original...we'll hear from the hot line, we'll hear from the Navigator Program, from Right Turn, all aspects, and we'll have the financial report on the monies that have been spent to date because that's part of our job. So we'll look at the CHIP program, and we'll also bring the evaluator. If you remember, there wasn't...it was so early in the time period that we didn't bring the evaluator but we will for the next meeting, so we'll have a chance as a committee to hear a full report, and that will help, I think, also lend to what we're hearing today. Thank you, Ms. Blakely. This is very helpful. Okay. Next is Parent to Parent, Bob Gereaux. Sir, am I pronouncing that correctly?

ROBERT GEREAX: You're very close. It's Gereaux.

SENATOR CAMPBELL: Gereaux.

ROBERT GEREAX: It's Norwegian.

SENATOR CAMPBELL: I went for the French and didn't get it. Welcome, today.

ROBERT GEREAX: Thank you very much.

SENATOR CAMPBELL: And definitely do spell your name for the record. (Laugh)

ROBERT GEREAX: (Exhibit 6) Absolutely. Senator Campbell and members of the

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committee, thank you for this opportunity. My name is Robert Gereaux, spelled R-o-b-e-r-t, then G-e-r-e-a-u-x. I'm the executive director of Parent to Parent Network. It's a full-service--and that will require some definition--family organization tasked with strengthening the family voice in 24 counties in northeastern South Dakota (sic)--talk about windshield time. Until recently, we had outreach offices in Norfolk, Fremont, South Sioux City, and had even contracted to open one in Columbus. As I considered what it was that I wanted to tell you today, I began to think about some of the decisions we made that have helped bring us to where we're at. First of all, some advocacy organizations, as you know, take a public relations policy that I call slash and burn. It seems disingenuous to me that they attack and indict the very organizations and entities to whom and from whom they are looking for support. I suppose we all have to do what we have to do. That's not the approach that my partners and I have decided to take. We've chosen a route of collaborating with those entities and organizations so as to be able to give voice to the critical issues that we have, while at the same time making sure that we are in the process of educating as opposed to indicting. For the most part this strategy has worked. Now please don't think for a moment that we don't have serious concerns about some rather egregious matters that are currently going on, but today, for me, is not about indicting anyone or any organization. We have developed credible relationships and shared missions with many key individuals and organizations. During the past year, Parent to Parent Network served in excess of 664 people, far more than ever before. Now please be aware that there is a range of intensity of services, so some of these families may have received a one-time parenting class while others might go on receiving intensive family support for a period of years, literally. All of those people are reported because they require time, energy, expertise, and resources. We've heard time and again how valuable and restorative our services are and the well wishes of persons who quickly embrace the underlying principles of our organizations. The feedback we've gotten from certain state agencies, local service providers, clients, and even local businessmen is rarely, if ever, negative, leading me to believe with some cause that there is a perceived positive valuation of our service. When our clients evaluate our service, and we do this consistently, they report consistent satisfaction with

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and hope for the continuation of services for those families in need. And know, too, that we also don't just serve families with state wards but have typically had small grants enabling us to serve other families referred by helping agencies, family members, or even by the families themselves. In recent years, those funds have typically originated with and been monitored by the Department of Health and Human Services, but even that small grant has been cut by 50 percent this year. Now many people don't know exactly what we do, and I probably should have given this out initially, but this is just a brief descriptor of the role of the family advocate because, as we know, there are a lot of definitions for what advocacy is. So if you wouldn't mind distributing those, I would appreciate it and I apologize for not doing that in advance. If I may go on to paraphrase, Lincoln...now we, our organizations are engaged in a struggle testing whether this organization or any family organization like ours can long endure. Because we have not received a contract for the next fiscal year, we've been depleting our resources in an effort to not abandon our clients by providing the best service that we can since September 1st. In other words, we've had no revenue since that time. The people with whom we've negotiated have taken what we consider to be a rather Draconian position; that is, two days before the expiration of our current contract, we had the opportunity to meet with them. And by current I meant it was current at the time of the meeting. Since that point, we've heard very little. That meant, then, that we were in the process of either abandoning our clients immediately or depleting resources to be able to somehow hang on until resources were available to us. But our board has recognized that we can't continue to provide services without compensation. And who can? And so unless there is some successful intervention, we will discontinue providing services on September 30. We'll spend the month of October attempting to link our clients to some form of support, though it really doesn't exist, and our doors will be closed for business at the end of October. And I wonder if I might just finish one point.

SENATOR CAMPBELL: Of course.

ROBERT GERAUX: And our doors will be closed at the end of business on October

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31, 2010. We believe that the family voice will be painfully diminished at that point. That's kind of a rather large dose of trick or treat, isn't it, to close up what has been perceived as a valuable service. We tried our best in the past to justify investments by the state and by other funders by helping in a dignified, committed, and specialized way. We stand ready to continue our mission and to expand it as is reasonably and prudently possible, but we can't do that without your help, not anymore. I think that's what I wanted to tell you. Thank you.

SENATOR CAMPBELL: Thank you, sir. Questions? Senator Dubas.

SENATOR DUBAS: Thank you, Senator Campbell. Will you...how easy will it be for you to find help for these families if you are able to continue?

ROBERT GEREAX: As I mentioned, I don't think that it will be possible to find equivalent services for most of the families that we serve. One of the strengths of our organization is this peer support, which we value highly and our clients value highly. Many times, our clients tell us we're the only ones who get it, we're the only ones who support families. And they trust us and they rely on us to be able to deal with a rather vague, nebulous, and frightening system. Now I'm not saying the system is that; I'm saying that's how it's perceived sometimes. It will be, I think, impossible.

SENATOR DUBAS: So I believe you stated you've had little or no communication with the lead agency, so you're just kind of hanging in limbo wondering what's going to be happening.

ROBERT GEREAX: We've been told...yes, ma'am, we've been told how valuable we are, and we appreciate that. But, you know, there's a point at which the rubber has to meet the road. And I said Draconian in terms of the approach because not attending to matters until two days before the end of the contract and just simply leaving these families out to dangle doesn't smack to me of being family-centered or family-oriented. It

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smacks of something else.

SENATOR CAMPBELL: Was there a question here? Senator Coash.

SENATOR COASH: Thank you. Are you under the...I'm just trying to connect the dots here. Are you under the same issue that Janay spoke about in Region 1 and Andrea spoke about in Region 3?

ROBERT GEREAX: Yes.

SENATOR COASH: So this is a Boys and Girls Home contract?

ROBERT GEREAX: Yes.

SENATOR COASH: Okay. Janay talked about, in her testimony she said we have hope that something will be reinstated at the beginning of October, but hope isn't a signed contract. Are you under the same hopeful...from your conversations, I mean, or are you just moving forward thinking when this is done, we're done?

ROBERT GEREAX: Am I under oath? (Laughter) []

SENATOR COASH: No.

ROBERT GEREAX: I'm sorry. I'm sorry, Senator.

SENATOR CAMPBELL: Quasi, sir, quasi.

ROBERT GEREAX: Okay. I have far less hope than, I think, some of my peers. I'm kind of an old cynic. I've been around the helping professions for 35 years. I'm also a certified chemical dependency counselor, so I've been lied to a couple of times through

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the years. (Laughter) It occurs to me that if someone wanted to make something happen, it could have happened at this point, even if it was to contract outwardly and say we can't afford you until November or January or June, but to just leave us dangling leaves us dangling.

SENATOR COASH: Okay.

SENATOR CAMPBELL: Sir, one of the questions that I have is, and then what percentage of the families that you might...that you are working with would you say are in the behavioral health side and how many might be in the child welfare side that you're providing?

ROBERT GEREAX: Hmm. Very good question and I don't know if I can give you a real accurate answer. I'm going to have to guess that maybe it's both.

SENATOR CAMPBELL: That's fine. I'm just trying to get some picture.

ROBERT GEREAX: Certainly I would say maybe the largest are child welfare.

SENATOR CAMPBELL: Okay.

ROBERT GEREAX: Now that's not to say that many of our clients aren't participating in the behavioral health system.

SENATOR CAMPBELL: Yes.

ROBERT GEREAX: One of the things that we've done on occasion, for example, is to help sort of mediate some of those services with clients because, you know, professionals, and I am one, have a tendency to do things the way they do them, and people who walk through their doors don't necessarily understand that process. And so

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it can be intimidating and even so difficult for the family that they are required simply to turn and run for fear of what might happen. Now I'm not saying that any of the professionals are that egregious in their behavior; I'm saying, again, that that's the perception. So we've had some luck in working with providers to help make those bridges and those connections.

SENATOR CAMPBELL: Excellent. Thank you very much for your testimony today. And I think you meant northeast Nebraska. (Laughter)

ROBERT GEREAX: Did I say South Dakota?

SENATOR CAMPBELL: I'm afraid you did, sir.

ROBERT GEREAX: I'm from your neighbor to the north and I...here, it's in capitol letters. (Laughter)

SENATOR CAMPBELL: That's quite all right. We help people wherever we can here, so...

ROBERT GEREAX: Thank you very much.

SENATOR CAMPBELL: Thank you for coming. Our next testifier is Families Inspiring Families from Region 5, Sharon Dalrymple. Good afternoon.

SHARON DALRYMPLE: Good afternoon. This chair is too high for me.

SENATOR CAMPBELL: I'm sorry.

SHARON DALRYMPLE: It's okay.

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SENATOR CAMPBELL: We were discussing the timing of a break here, so please continue. Thank you for coming.

SHARON DALRYMPLE: (Exhibit 7) Anytime is fine with me (laugh). Good afternoon. My name is Sharon Dalrymple, D-a-l-r-y-m-p-l-e, and I am the executive director of Families Inspiring Families, the Region 5 or the Southeast Service Area family organization, and I am also one of the affiliates of the Nebraska Federation of Families. The root and foundation of who and what Nebraska is has always been the people who live here, yet somewhere along the way that has gotten lost. It bothers me when it is our youth who may be paying the price because their needs are not being met. I think it is important to remember that all of our youth are the future of Nebraska. I got into this system 13 years ago when my son started having challenges, and have seen many changes, some good and some not so good. In my role as the executive director of a family organization, I work with youth, families, systems, providers, schools, and community members, and the most disheartening thing I come across is the loss of hope. Without hope, how do we move forward? I am very lucky because our organization works in close partnership with the Region 5 behavioral health system. For the most part, Region 5 is inclusive of the family voice at different levels and in developing the system of care. A true system of care is beneficial for all involved, however, in order to achieve this, everyone who works with youth who have emotional and/or behavioral health issues needs to come to the table and be invested, which has been a challenge to achieve. One of the programs at Region 5 which we are also a part of is the Professional Partner Program. This is a prevention/early intervention program that has shown great success at meeting the needs of youth and families while preventing them from going into the system. Great consideration needs to be given to putting more resources into expanding this program. The reality is that in the long run this is more cost-effective, less intrusive, and more beneficial for youth and families. The CFS out-of-home reform has been interesting and challenging for all involved, especially the youth and families. One of the biggest frustrations that I have heard about the reform from families, providers, community members, coordinators, and CFS workers is the lack of



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clarification of roles and responsibilities, which gets very confusing for families. As you know, here in the Southeast Service Area, it has been continuous transitions since starting last November and, unfortunately, our families have been caught in the middle. For some families, the one consistent and trusted person in their lives has been their peer-to-peer family advocate through our organization, yet there are hundreds of families who do not have the benefit of that support. There seems to be an assumption that families in the system are in need of formal services, such as family support, supervised visits, and others. And I don't downplay those services, but what a lot of our families are really looking for is somebody who can understand what they are going through and give them the hope to get out of that system, which is what family organizations provide. On both the national and the regional level, there is data to show that families who have the peer-to-peer support are in the system for a much shorter time than families who do not have that support. Yet because of the lack of funding, the adequate resources have not been put into this service. Unfortunately, family organizations across the state, and ours is included, have been struggling through this reform, not knowing if we will be able to make payroll or if our doors will be open next month. I'm not sure when it happened, but somewhere along the way the family voice has gotten lost. The goal of the family organizations is to ensure the family voice, as well as help and support families through the process while giving them the hope for a brighter tomorrow. I understand that reform is a process that takes time, and with all the transitions, I do think KVC has been trying to do their best to meet the needs of the families. I am hopeful that now that we are at a place where things are more settled, I hope, that we will be able to form a true partnership with KVC in order to truly meet the needs of the youth and families, and we are doing negotiations to do that.

SENATOR CAMPBELL: Questions?

SHARON DALRYMPLE: Thank you.

SENATOR CAMPBELL: Thank you very much. Oh, Senator Hansen. I'm sorry.

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SENATOR HANSEN: Thank you. Just one quick question. Do you have a signed contract or are you working without a contract?

SHARON DALRYMPLE: No. We actually do have a signed contract but it's been...with all the transitions and stuff, getting referrals and stuff has been a challenge, and so we are working with KVC to come up with a different process.

SENATOR COASH: They have KVC.

SENATOR HANSEN: Yeah.

SHARON DALRYMPLE: We're with KVC (laugh).

SENATOR HANSEN: Okay. Just a signed contract, that's what I was (inaudible).

SHARON DALRYMPLE: Right now we have a signed contract.

SENATOR HANSEN: Okay. Thank you.

SENATOR CAMPBELL: Okay. Thank you very much.

SHARON DALRYMPLE: Thank you.

SENATOR CAMPBELL: Do you want me to continue or do you want a break now?

SENATOR DUBAS: No, I can wait.

SENATOR CAMPBELL: Okay. We will continue. Next we will have A.S.K., Alphabet Soup Kids, Mary Thunker. Did I pronounce that correctly? Thunker, Ms. Thunker?

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MARY THUNKER: (Exhibit 8) Yes. Good afternoon. My name is Mary Thunker. I am a cofounder...

SENATOR CAMPBELL: Mary, you want to spell your name for us for the record? []

MARY THUNKER: M-a-r-y T-h-u-n-k-e-r. I am the cofounder and president of Alphabet Soup Kids. LB603 was supposed to be the first step in helping families that had struggled with accessing services for their children with mental and behavioral illnesses. The Nebraska Helpline/Family Navigator and the Right Turn Programs that came out of this bill have guided hundreds of families throughout the state toward the services that they are so desperately needing for their children. I personally have experienced the stigma of feeling alone and the helplessness in the middle of a mental/behavior crisis many times, the feelings of desperation of not knowing where to go for help and where to find the much needed services. I have heard the words, would you consider just not taking the child home, would you consider giving up custody. No parent should be in that situation just to obtain medical care for their child. The Right Turn and the Family Navigator Programs have given families a place to turn. It has given them someone to direct and to navigate the systems, someone to listen and to hear their concerns and their fears. It has guided them to programs designed to continue that support. They no longer feel that they are alone in the struggle to help their children. These programs are proving, on a daily basis, that the desperation that families face in Nebraska is real and that these programs are a vital link to helping those families move forward to a successful treatment plan with safety and peace of mind, but this is only a first step. LB603 was conceived and born out of the safe haven issue of 2008. It is the efforts of many to come up with some sort of help for families who are and will continue to struggle through crisis with their children's mental and behavioral illnesses. The Nebraska Family Helpline has referred 298 families to work with Family Navigators, half of which are from the Omaha area. Of that 161 families working with the Navigators, only 3 cases ended with the children being placed in out-of-home care. With the cost of

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out-of-home care running approximately \$150,000 per year, the remaining 158 families or children who were able to remain in their homes with their families using community-based services has actually saved taxpayer dollars. Cutting the help line has been projected to save \$1.7 million a year and cutting the Navigator Programs would save a little over a million dollars, a total of a little over \$2.7 million. If the program is helping to keep children in their homes with their families and saving millions in just eight and a half months, why would it even be considered cutting the program? The question is this: Do you want to fund a program with our tax dollars or do you want to pay for out-of-home care for our children? I do want to say that our grandson, after our major crisis 14 months ago, we were definitely going through 30 days of hell trying to access services to get the needed care that had been deemed necessary by three doctors. We made phone calls. We did e-mails. We did everything. We lived in northeast Nebraska; services are not to be found. After 30 days and a lot of phone calls, we were able to get him into Boys Town. He has gone from the IRTC level at Boys Town and is currently at their lowest level of care. We have continued our family connection. We go to family therapies. We are doing in-home visits, and he has stayed and remained on track to being reunited with his family, hopefully by May. It has been successful. We've had a lot of support.

SENATOR CAMPBELL: Senator Coash.

SENATOR COASH: Thank you, Senator Campbell. Mary, can I ask you to back up a little bit?

MARY THUNKER: Sure.

SENATOR COASH: Tell me a little bit about the service that Alphabet Soup Kids and where you're providing the service.

MARY THUNKER: What we do is we are a family group that realized that our voices

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gave us strength. We have a support group for families that meet twice a month in Omaha at Lasting Hope Recovery Center. Just being able to talk about how the last two weeks has been with your child, you know, whether you've had a success...this last week we had a family that sat there and said, our child is back in school, the teachers are saying he's doing great, he's listening at home. We're not beginning to have the problem, and we're going to still continue to come because it feels good to share that.

SENATOR COASH: So you're providing the family advocacy services in Omaha?

MARY THUNKER: A peer support in Omaha.

SENATOR COASH: Okay. Just wanted to get a context where everybody was.

SENATOR CAMPBELL: Any other questions? I would like to add that Ms. Thunker is a proud member, I hope, of the advisory committee to the help line and I had the pleasure of sitting next to her at one of the advisory meetings and was truly inspired by your story about your family. That's just great.

MARY THUNKER: We've relocated 150 miles, an entire family. I also sit on the Hornby Zeller evaluation team for LB603, so I'm getting information from all angles.

SENATOR CAMPBELL: You're very involved. Well, thank you for coming today. I would say to the senators that one of the most impressive things about the advisory group is it is overwhelmingly made up of parents who are very forthright and honest in their comments about what is happening with the hot line and with the Navigators and not fearful to say, no, that's not working, we do not like that. So it's a very...

MARY THUNKER: Two years ago we would have been fearful but safe haven opened our eyes and our mouths. I mean this is our second residential program that my grandson is in. The first one, it didn't make any difference what we were said or told, we,

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uh-huh, okay, fine, we'll do that, we'll do this, and we didn't question anything. Within three months of him coming home we were in crisis, and we learned that now we ask questions. We...if things aren't going smoothly, we question it, we voice our opinions, and it's just been a much smoother 14 months.

SENATOR CAMPBELL: Thank you for lending your voice today.

MARY THUNKER: Thank you.

SENATOR CAMPBELL: Next we have Nebraska Family Support Network with Judy Domina.

JUDY DOMINA: (Exhibit 9) First of all, I would like to ask--I do have a family member here to speak and if we only have five minutes, I would like to give her my time.

SENATOR CAMPBELL: Okay. Okay, that would be great.

JUDY DOMINA: Okay, thank you.

CANDACE McLEMORE: Hello.

SENATOR CAMPBELL: Good afternoon.

CANDACE McLEMORE: My name is Candace, C-a-n-d-a-c-e, last name McLemore, and I...

SENATOR CAMPBELL: Could you spell that?

CANDACE McLEMORE: Oh, I'm sorry. M-c-L-e-m-o-r-e.

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SENATOR CAMPBELL: Okay, did you get the first name, Claudia?

CLAUDIA LINDLEY: Yes, thank you.

CANDACE McLEMORE: Okay. I moved here from Virginia about two years ago with no family to...start over again...no family, no friends. And Nebraska is a wonderful place, but I was still having difficulties with one of my children, I have four children, I'm a single mother of four, and she's disabled. So I kept seeing the commercial, Nebraska can help call line, and then I saw it again in the school system, so I said, okay, I'm going to give it a try because I still couldn't get the, you know, grip on my kids, you know, by myself, being here by myself. So I gave the hot line a call, then that's when they asked me what would I prefer to do. They gave me a long list of choices that I could choose from, and I chose the Navigator to come in to assess my family, to actually give me exactly what I needed to set the goals that my family needed to get me where, you know, I thought we needed to be. And she came and I felt very comfortable with her. She told me that a lot of her experiences were similar to mine, so it made it easier for me to open up to her about what exactly I needed, and she gave me a lot of helpful resources on what I needed to do to get the plan together to help get my family where I needed to be. So I think the Navigator Program is very...a necessity for Nebraska...

SENATOR CAMPBELL: Thank you for coming to Nebraska...

CANDACE McLEMORE: Thank you for having me.

SENATOR CAMPBELL: ...and sharing your family.

CANDACE McLEMORE: I love it here (laugh).

SENATOR CAMPBELL: Good, good.

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CANDACE McLEMORE: Thank you.

SENATOR CAMPBELL: Ms. Domina, that certainly wasn't five minutes. Is there any other comments that you would like to give?

JUDY DOMINA: Yes, I have a Family Navigator here that I would like to speak (inaudible) rest of my time...

SENATOR CAMPBELL: Okay.

JUDY DOMINA: ...that's out there in the trenches day in and day out.

SENATOR CAMPBELL: Good afternoon.

BRENDA LE: Good afternoon. Thank you, Senators, for listening to me. I have some...

SENATOR CAMPBELL: Ayisha can help you there.

BRENDA LE: (Exhibit 10) My name is Brenda Le, Brenda, B-r-e-n-d-a, Le, L-e. I work for Nebraska Family Support Network, and I'm the Family Navigator team leader. I'm also a single mother of three children, two of which I've had to navigate the behavior and mental health system. I've learned a lot from my two children. The first child, the oldest child, who is now 18 years of age, I was told the only way to get services was to make her a ward. She was made a state ward for over five years and was in ten different placements over that five years. My second child, who is now 14, I was told the same thing...was the only way to receive services was to make her a ward. Even though a licensed psychiatrist recommended a higher level of care, it was denied. I refused to make my child a state ward, my second child. I eventually learned to navigate the system and was able to get my child privately placed at Boys Town on a sliding fee scale that I was able to afford. Nobody dictated how long my child stayed there. I kept



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my parental rights. My child stayed there two years. Working with Boys Town, they let us determine when she was ready. She is now placed in the home at 14 years old, and we have no paid services in our home. Every support that we have is informal and these are things that I can afford on my own and don't go away when the state goes away. And that's what I think the Nebraska Family Helpline and the Navigator Program does. You know, I remember so many nights of just hopelessness and not knowing where to go, but I will tell you now that some of the biggest barriers were not that the services weren't available; I didn't know how to get to them. I was misinformed, was given the wrong information. Sometimes I was just exhausted. I was so tired, I didn't know...I could barely stand or cook, let alone be able to teach or parent. When they call the Nebraska Family Helpline, it's licensed counselors that answer the phone 24 hours 7 days a week, and they're able to screen for immediate crisis, call the police, you know, direct them to the hospital, look for respite. Sometimes if I just could get moments of sleep or rest, I would have been able to regroup and been able to handle some of the behaviors. And that help line gets them through that, and then it comes to the Navigator Program, and we contact within 24 hours. And we go out and we create what is called a family plan, not a plan that everybody else thinks works for my family but a plan which the family thinks will work. Once that plan is developed, we work with that family to get those services in place and not so much...I mean, I heard a lot of talk about, you know, services, you know, therapy and different things, but that's not always the only thing the family needs. There's a lot of informal supports that are available that the family can be connected to that can stay in long after everybody else has went away, and that's one of the things that we focus on. We have received 298 referrals...298 families were referred to the Navigation Program; 161 of them were to Region 6 where I'm the team leader. And I read the referrals and assign them out. I will tell you that at least, if not over, 50 percent of those referrals say that this child...you need to get this child out of my home. I can't handle him and needs out-of-home placement; you know, that's the only option. When we get in and are able to work with the families, create the family plans, show them what's available, show them that there is hope, and get them connected. It's not just a piece of paper sometimes, but it's sitting down and taking the time to make those

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phone calls, you know, and connect them to those services. I will tell you, out of those 161 families, three have resulted into out-of-home placement, zero have went to be state wards under the Family Navigation Program. I just want to end real fast with just a quote from a family...

SENATOR CAMPBELL: Absolutely, you go right ahead.

BRENDA LE: Mother was very happy to share that she had been contacted by Jen, her Family Navigator. Jen had been extremely helpful so far and will continue to support and guide this family. She was able to help arrange for reduced cost of the NOVA substance abuse treatment for her son. She will be helping with the application form on the Web site for financial support. He was to be discharged from Immanuel at 12:15 and at 1:00 an interview was scheduled with NOVA Program. Staff from NOVA came to the hospital and did the interview and decisions was made on the spot to admit him into the program. The program is three to four months long and will give the family opportunity to find placement for him after treatment. BT has information on file--Boys Town, sorry--and Jacob's Place is another option. When Mother was told she had to make him a ward of the state to get services, she prayed that she would not...that would not have to happen. She feels that her prayers have been answered. Parker's therapists told him that if he was not willing to work through this program, he can be made a ward of the state and will have no control over his life. His parents will have no decision-making authority either. This was exactly the best thing that they could have said because he is so very antiestablishment. Mother feels that this experience was divine intervention and is truly at peace with the direction her son's care and treatment is going. She has given up control...she has given up what control she thought she had and turned it over to God. Thank you.

SENATOR CAMPBELL: Thank you very much for coming forward. Any questions? Thank you. Our next group that we will hear from is the National Alliance for the Mentally Ill in Nebraska, Jonah Deppe. Good afternoon. []

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JONAH DEPPE: (Exhibit 11) Good afternoon. I want to thank you all for inviting the family organizations to this meeting and making time available to listen to what families have to say. My name is Jonah Deppe, J-o-n-a-h, last name is D-e-p-p-e, and I'm the director for NAMI Nebraska. We have affiliates across the state; our main office is in Omaha. Okay. NAMI is providing the Family Navigators in the rural areas, basically in central, north, and western part of the state, and as you all know, we all got...this whole piece got started under LB603 which you're looking at closely. And I think you've heard people say, you know, the real need for families to have someone to, in a sense, walk with them. When you're walking this walk, it's not a very easy walk, and when you're in rural Nebraska, finding services is oftentimes very difficult because they just aren't always there. And I think that, you know, we all know that the safe haven piece brought to the forefront the problems the family had of accessing and not only accessing but just identifying services that might be available for children. We right now, as I said, have a subcontract with Boys Town--Father Flanagan's Home for Boys--to provide the Navigator services in rural Nebraska. I have Family Navigators located in Scottsbluff, Alliance, Paxton, North Platte, Orleans, Kearney, O'Neill, Fullerton, and Norfolk, which are on call basically 24/7. We have hired the Family Navigators on an on-call basis and, you know, I think this shows the dedication of families who become Family Navigators. They're not making a lot of money doing this if you're on call for a dollar an hour. And then when you get a family to work with, you get paid \$12 an hour, and the most that you're probably going to get is eight hours. That shows you that the families that we have recruited to become Family Navigators really believe in this and are dedicated to it. In fact, I'd like to give you kind of an example of who the Family Navigators are. They all are moms (laugh). I think mothers probably get more involved here. But the mother in Alliance called me and she said, I have an eight-year-old and, you know, I've just gone through a heck of a time trying to find services and get services, and I want you, as NAMI, to work on coming out here and helping us establish something where we can help support parents and help them find out what's going on. Just so happened we were starting the Family Navigator Program so I said, have I got something for you, right? We

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can do that. And so she has been out there working with families, getting the information out about the help line. And we did have another family in northern part of the state, a mom who called in and said, you know, I'm really looking for services. We got her with Professional Partners and then she came back and she said, you know, I would really like to help other families. You know, this is something that I know needs to be done. I had a difficult time figuring out what to do, where to go, you know, what is it we're supposed to do when we have a child that may have a mental illness. And so those are the kind of people that are dedicated to being Family Navigators. And sometimes it looks costly when you're looking at rural Nebraska, but you had somebody talk to you earlier about the mileage that people have to travel. If you have to travel a hundred miles to connect with that family the first time, we want them to have that face-to-face, be able to talk with them, get that family plan developed. What is it they're looking for? What kind of services do they feel their family and their child needs? And then sometimes they can do some telephoning back and forth, but they do need to get that connection. And it's kind of like a...I always look at Family Navigators as being like, if you're going to go on a trip you call a tour guide or someone or a travel agency to say, you know, this is where I want to go, how am I going to get there, where do I have to stop on the way, all that kind of thing. And you've got that person in a Family Navigator. So it's very important that we realize that and how important that is to families, and I think you've heard that from a lot of people today. So, you know, I just want you to understand that people also don't call the help line just because they have nothing else to do that day. They call because there's a crisis and we respond to that crisis. And in the case of the rural areas, we have had 83 referrals for a Family Navigator and right now we have 24 of them that are active where we have Family Navigators working with them. And I know that you heard about cuts in other programs, and we also have people calling me and saying, oh, I heard that the Family Navigator, the help line is going to be cut. I think one of the things we need to remember, this program has probably only been in place for six months. We need to give it a chance to show what it can do and it's certainly collecting a lot of information about children's services, the waiting list that people have to be on, the inadequacy of services, and also the lack of

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appropriate services for children, and not only in the rural areas where we're serving, but you've heard from the Lincoln area and the Omaha area too.

SENATOR CAMPBELL: Thank you, Ms. Deppe. Questions from any of the...? I have heard a nasty rumor that you are going to retire this year? Is that true?

JONAH DEPPE: Well, I did say next June I turn 80 and I thought maybe I...I did retire in '98 from the city of Chicago. (Laughter)

SENATOR CAMPBELL: You need to give us more time, I think (laughter)...there's actual...

JONAH DEPPE: Thank you.

SENATOR CAMPBELL: But anyway, happy birthday. Next we have Samantha Taylor from Right Turn. While Samantha is making her way up front, following the listing, we will take a break before we go to the Magellan report. Good afternoon.

SAMANTHA TAYLOR: Hi. My name is Samantha, S-a-m-a-n-t-h-a, Taylor, T-a-y-l-o-r. I guarantee you'll probably cry. I'm a mom, two biological, two adopted. I'm here representing Right Turn, a resource that I just found out about that I feel is extremely resourceful. I kind of wrote something out, so I didn't get so nervous, sorry. It's been said that time heals all wounds. I wish this applied to children who have been neglected and/or abused, but I've learned that this is not the case. It takes a lot more than just time. It took ten months before the family of my little girl's mom decided to report her to CPS for severe neglect. She and her sister, who is a little more than a year older than her, were found to be malnourished, filthy, had bald spots in their hair, and ringworm from sitting in their dirty diapers too long. They described how she never held or cared for her daughter and, thankfully, felt it was necessary to get the girl some help. For the next 14 months they were placed with foster parents where they appeared to be

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properly fed, bathed, and all medical appointments were met. We were introduced to the girls before we were even done with our final foster care class and subsequently fell in love with them. I was told that they were being removed from that home because the previous parents were not foster-adopt as we were, and they really didn't show the girls any love. Over time, I found out later through a Visinet driver that she had reported that foster mom in because she witnessed her physically and verbally abuse my oldest daughter for wetting her pants at day care that day. Later, through therapy, my youngest daughter revealed that that foster mom put her in the dog kennel because she was bad...(crying)

SENATOR CAMPBELL: You're doing fine.

SAMANTHA TAYLOR: ...and she was only two years old, and she remembered every detail about the dog, the name of the people, what they looked like. Sorry (crying). By her second birthday, she and her sister were officially in our care, but with full intention of reunification with their birth mother. We were also experiencing the terrible twos at that time. After six months, with no warning, the birth mom announces in our team meeting that she wanted my husband and me to adopt her little girls. After the initial shock wore off, I felt that this was something that we wanted but to be sure we knew we would have enough time to think about it. After only a month and a half, we were in court and they were officially adopted. At that time, I thought to myself, why wouldn't more people want to adopt out of foster care? It's so easy, quick, and it doesn't cost you anything. In preparing for the adoption, the birth mom was asked if she did any drugs or alcohol while pregnant with either of the girls. She informed us that it was none of our business. She also had to fill out a form stating her family history of illnesses, physical and mental, and over time I found out by accident that she had three family members with mental retardation that she did not fill out on the original form. After the adoption, there was a caseworker assigned to me who is there if I have questions with Medicaid, and when my little girl was kicked out of three consecutive day cares, she was able to switch me to the next day care quickly. I took it upon myself to seek therapy for her as it

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seemed to do wonders for her sister. In six years, we have been through 16 psychiatrists and psychologists. She has been diagnosed six different times and has been on 24 different types of medication. She went to CAPS five times due to aggressive and harmful behavior, and she was finally approved to be admitted into a residential treatment center in Omaha after trying to stab her sister with a pair of scissors. I have found that there was nothing in Lincoln that could help me, because she was six at the time. If you are not seven, nobody will talk to you. So I continuously went back to CAPS over and over again because I thought that was the only place I could go. She was there at the residential treatment center for 11 months, and after 14 overnight visits home and monthly deadline dates that were set by Magellan she was discharged to us on new medication, medication that required her to take 17 pills a day. I thought this was crazy for a seven-year-old and immediately had her see the doctor to change that. He at least replaced six of the pills with one. We are currently going through a daily battle with my little girl. She's hoarding food more than ever, even going so far as to eat an entire stick of butter. She doesn't hesitate to hit a three-year-old in the head if she feels threatened; she steals; she can go from happy to extremely angry in a second. And the constant fear that she could harm my other children is always at the forefront of my thoughts. Trying to discipline a child with the issues she has is next to impossible. Time is not going to heal this child from what she's been through. I finally found a resource that informed me that I should have a full evaluation done on her to include a test for fetal alcohol syndrome to help me better understand what I'm dealing with and to help the doctors properly medicate her main issues, if needed. This evaluation should be a requirement of every child that is about to be placed into adoption. These kids need parents who are armed with information and education in what they will possibly need adopting a child who has suffered from such neglect or abuse. We should be able to know ahead of time what we're getting into instead of just getting a brief outline of their past. In my opinion, if you have a child removed from your care, the parties who adopt your child should have full access to your medical records to fully understand what they're getting into. What they have inherited genetically or through pregnancy has the potential to be directly related to a diagnosis the child may receive. From my

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experience, what started out looking like the terrible twos has turned into a source of grief and stress for my family. We can give it all the time in the world, but it's going to take a lot of work on our part to help my little girl overcome the damage that has been done to her. And we now know that we can't do it alone. I'm sitting here listening to all these cuts that are being made and I'm just pissed off (crying). I had some lady call me saying she's going to be my mentor and then three weeks later--Sorry, I can't help you; they cut our budget. You know, I went through this whole litany of explaining her entire life to this woman, and she wanted to help me, but she couldn't. Her hands were tied. I don't think you guys understand the gravity of what it is for peer to peer. Just having her come talk to me just that one time, I got more out of her than I did out of those 16 psychiatrists put together. She understood me. She didn't tell me what to read; she brought me books. Sarah (phonetic)...I told her, I was one of the 50 percent. I said, I want her out of my house; I can't do this anymore. That's why I called. Sarah (phonetic) helped me. She's the reason why my daughter is still in the house. I can't express to you how important this is to us who want to help these kids, but we need the resources. We have to have them. It's not just about placement costs. I'm sorry (inaudible) lose it like that.

SENATOR CAMPBELL: Thank you, Ms. Taylor. Could you identify yourself?

LINDA DOBBS: I'm Linda Dobbs. I'm a supervisor with the Right Turn Program.

SENATOR CAMPBELL: Okay. Thank you, Ms. Taylor, very much, and you did just great. I think we've already heard from Ms. Le from the Family Navigator, so we will go to our last testifier for this portion is Candace McLemore.

CLAUDIA LINDLEY: Oh, we had (inaudible). []

SENATOR COASH: We heard from her too. We already heard from her.



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SENATOR CAMPBELL: Oh, we had that. That's right. Thank you. Boy, you guys are right on target here. (Laughter) We will take a ten-minute break and then we will come back and hear our report from Magellan.

BREAK

SENATOR CAMPBELL: We'd ask everyone to go ahead and find their place, and we will start again. What we are going to do is take the report from Magellan, and then I do have one other parent who had called in and we had already put the agenda together so we will take that parent. If you have sat through the hearing this afternoon and said, boy, I'd like to provide testimony at some point, I think what we've pretty much agreed is that it works really well if we kind of schedule those. So would you see me after the hearing and we will try to figure out if we've missed someone, we'll put them on for the next hearing? But, by and large, this calling in, reserving a spot has really helped and I thank the audience, all of you, who made that happen for us because it's just gone exceptionally well, and we've had great testimony today. And with that, we will welcome Magellan, Sue Mimick. Hi, Sue, how are you today?

SUE MIMICK: I'm good.

SENATOR CAMPBELL: Would you like to introduce the rest of the team?

SUE MIMICK: (Exhibit 12) Yes, I would. My name is Sue Mimick, and I'm the general manager at Magellan, and thank you, Senators and especially Senator Campbell, for having us here today. With me at the table here is Deb Happ. She's the vice president of operations. In the audience we have Jim Stringham who is also a corporate vice president of operations...Jim. And Teresa Danforth, who you have met before, she is the network contracting manager for Magellan in Nebraska. We had hoped to have Gary Henschen, who is an M.D. and is our chief medical officer, and I think in some of our early preparation we said that he would be here today. His father passed away

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unexpectedly on Thursday, and because of funeral arrangements he was unable to be here today. So we apologize, but I'm sure you're with me in knowing that he's where he needs to be.

SENATOR CAMPBELL: Well, extend our sympathies to him and his family.

SUE MIMICK: Yeah, we will. Thank you. So our agenda today is to go through updates since I met with you last and Deb was with me as well at that time, and we wanted to spend some time just talking about residential care today. And I'm going to talk about the Nebraska Experience, and Deb is going to talk about some national...what's going on nationally at Magellan with residential care. So getting into the updates since the last briefing, the last time I spoke to this committee, we identified three areas that we were striving to improve. We were improving provider relations and I'm going to go through these very rapidly because I know you want to end at 4:00 and we have one more speaker to talk.

SENATOR CAMPBELL: We can go a little beyond that, but...

SUE MIMICK: Okay.

SENATOR CAMPBELL: ...when you get to 6:00, Sue, I'll probably cut you off...(laughter)

SUE MIMICK: Oh, no, no, no. (Laugh) No, we will not be here at 6:00. We continue to hold quarterly town hall meetings with providers. We continue to be disappointed in the attendance. We have about 1,700 providers. We had 117 attend our town hall meetings in March. We had 105 attend our town hall meetings in June. We did offer food for the June town hall meetings, hoping to increase attendance and, as you've just heard me say, it didn't increase attendance very much...in fact, not at all. We are hearing at the town halls that things are improving. It's not a finished product, but that providers feel

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that we are listening and taking their concerns seriously and responding to them. So, you know, I would not sit here and tell you that all of our issues are fixed. They're a long ways away from being fixed, but we are listening and we are taking them very seriously. We have implemented a new Nebraska-specific Web site that has went live in May, and the provider feedback has been very positive about that. I would invite any of you to go out and check out our Web site. It's very user friendly. If you haven't been there, it has a wide range of things in there from medical necessity criteria to consumer support, things to...links to Magellan sites to links to other sites, behavioral health sites. So it's a pretty user-friendly tool. We'll be attending town hall meetings across the state again in October. We'll be at all the places that we were in, in June except that we're adding Kearney. We've completed customer service refresher training for all site employees. And on the slides that I have here and in your packets, we have some of the positive comments that providers gave us in the June town hall meetings that I'm not going to read to you, but you can read on your own. So going ahead, actions to improve consistency was an area I'd also identified for improvement. We have some...a new call calibration process that is a situation where a care manager brings in a situation that they've dealt with and they go through the situation with their peers and with the corporate experts on the phone, and everyone kind of goes through the call and what can be done differently: How could the Magellan response be more provider friendly? How could the Magellan response be more clinically consistent? How could the overall experience be improved? So it's been very helpful in helping us improve our consistency within our site. We are implementing the Child and Adolescent Needs Assessment tool for all residential providers on 11/1. We're bringing...this is...you're not mental...well, I'm not a mental health provider either but...so the CANS is new to me, but the...we've gotten a lot of positive feedback from providers that we're going kind of outside the Magellan walls and seeking an outside, objective, third-party tool to evaluate outcomes. We have 106 registrations so far. We've opened up the training that's October 27 and 28 to all providers, so we're hoping that all providers will use the tool, but we are really targeting the residential providers for the first wave of implementation. So the CANS is an outcome measurement tool that we think will help us improve the

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care across the system of care. The communication to providers has improved through monthly Nebraska newsletters. Teresa is here. She spends a lot of time each month making sure that those newsletters get published, and they have all the information that are in them. I believe you all get copies of that. Anyone that would like a copy of the provider newsletter we'd be glad to provide a copy to. It typically runs between four to eight pages, and it has a variety of information in it from kind of some Magellan employee news to evidence-based practice news. So it's a wide variety of information that we think providers might want to hear about. Each provider has been assigned a care manager to work with. They like that because I like to build a relationship with a care manager, and it also helps us improve the consistency of decision making when they are speaking the same language that they do for review after review. We have an internal Magellan benefits team and it's meeting weekly to identify inconsistent processes and resolve differences. This has been very helpful to us and they've struggled...they have not struggled but they have tackled quite a number of issues, so far about three dozen, and where it was felt that within our site we were not being consistent. So the team meets and gets clarification on what the state policy is or the Magellan policy or what it is that's causing possible inconsistencies. We also...from the March town hall meetings, we had provider training on rehab--Medicaid rehab and adult substance abuse services. That was conducted right after we found out there was so much distress in the provider community about that, and we think received very well. We got a lot less noise in June about those topics but still a little bit of uncertainty about how to handle the difference between Medicaid and the rehab options, the adult substance abuse services, and so we'll be doing some more training in that area. We've attempted to reduce the administrative burden on providers. These were the things that our provider advisory group prioritized after we reviewed them from the town hall feedback that we got in March. And we are doing a better job of responding promptly to voice-mail messages. We're ensuring that the call stats are meeting the goals. Actually, in customer service today, we are consistently hitting our call stats targets every week and every day of every week. We have a little bit more of a challenge in care management, and those are being addressed and I'm happy to say that last week and

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this week we have met our goals. So we had some staffing challenges and got a little ahead of us for a few days but not terrible (laugh). It wasn't terrible, but we just weren't meeting our goals. We've negotiated a contract change to begin utilizing the National Physician Review Panel for late-day and after-hours authorization requests. So it's in our contract that we'll only use Nebraska physicians to make decisions, and we've asked the state, because we have western Nebraska in a different time zone and we cannot find Nebraska physicians that are willing to do Magellan reviews after hours and late at night and on weekends, if in those limited circumstances that we can use the National Physician Review Panel. We will continue to seek Nebraska providers to do those reviews, but we are asking the state to change the contracts so that we're allowed to do that. We're negotiating a contract change to use Magellan as a repository for pretreatment assessments. Pretreatment assessments are done at the beginning of someone's treatment. They are supposed to be portable from provider to provider but, in reality, are not; that one of the...a new provider calls up and asks the old provider for the pretreatment assessment, they very rarely are able to obtain that. So we're negotiating a contract change with the state also to begin making Magellan the repository for pretreatment assessments, and then once a member provides appropriate release then we can release that information to a new provider. I've included the appeal and denial rates. I showed you these last time I was with you, and I think it was the first time you had seen anything like this so I included the slide again. This covers the two months, July and August, of our new contract here which started July 1, and it shows that the number of requests are up somewhat from last year. We had 148 denials last year and 145 for the...this is average per month, for the first two months of this year. For the people that have been around me a little bit, I've been kind of like a broken record that if Magellan denies a request, then every provider or, actually, Medicaid client has a right to appeal the decision that Magellan has made--the denial. And it's like getting a second opinion on a disease. And so I've been like a broken record saying if you don't like Magellan's decision, then you need to use the appeal process. Our second-level requests or appeals are up to 16. That's 11 percent of the denials that we've had for the first two months. It was 8 percent last year, so it's going up a little bit, but we still...all of

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us need to be saying that if you're not liking the first Magellan answer, then you need to be getting the second opinion from Magellan. So like I say, I've been like a broken record, so I will tell you that (laugh) as well. I did include in an appendix all of the specific items that I talked to you about last April and as well as the appeal and denial rate averages per month that we experienced for the last contract year, so it's for 12 months that ended June 30, 2010. So from that now, I want to move on to residential levels of care, and I'm going to talk about the Nebraska experience, and Deb is going to talk about some more national issues. So I wanted to first talk about the matrix of care, just to kind of level-set some things that are out there. We actually have 45 levels of care that Magellan can authorize. These are eight of them, so a very small subset, but for children they're the most frequently used. The thing that is not shown on here that is somewhat more frequently used than some of the others is partial hospitalization. It's a community-based service. It's a situation where a person can attend the hospital for treatment but go home at night, so it's a partial hospitalization that kind of goes in this level of care in between the inpatient and the RTC. So you can see that the RTC has active treatment for each week of 42 hours. That's the most intensive of the noninpatient services, and the number of treatment hours per week for inpatient are not mandated. That's why that's blank. So it's whatever the treatment plan for the hospital is, and that can be met by what we're calling Individualized Intensive Outpatient Care which we're starting to try to move to in lieu of residential care. So we can authorize up to 42 hours per week of treatment in-home of the child if all of the other criteria for home-based services would be met. So if it was a safe place, if the structure was...we could construct enough structure around the child to make the program work, if it was, you know, moderate restrictiveness was appropriate, if...so I just kind of wanted to point that out and some of the other things that are available. They go down the side from Residential Treatment of Care, Enhanced Treatment Group Home, Treatment Group Home, and a skip into Individualized Intensive Outpatient, Individualized Outpatient Program, which is different than the Individualized Intensive Outpatient, and then there's Day Treatment, and Outpatient Treatment.

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SENATOR CAMPBELL: How many providers do we have that have the Individualized Intensive Outpatient?

SUE MIMICK: It's a program that's built specifically for children...for the child. So if...

SENATOR CAMPBELL: Oh, okay.

SUE MIMICK: ...we're in Scottsbluff and we're trying to keep a kid in his home, it's however many providers that we can find in Scottsbluff that meet the treatment needs of the child. So we might have a community treatment aid; we might have an in-home therapist; we might have...but it's individually constructed for the child, their location, and their needs.

SENATOR CAMPBELL: Got it, thank you.

SUE MIMICK: Okay. Okay, you've heard a lot of complaints about residential beds not being full. I thought I'd bring the Magellan data. This is based on the weekly provider reports that are submitted to Magellan and the state. They're census reports that we get every week. We have 521 contracted beds. As of 9/13, and this number bounces around a little bit...79 percent is a little low, but 80 percent of the beds were occupied in our system. Of the beds that were occupied, 82 percent were Medicaid authorized, and of the beds that are occupied as well, 77 percent are occupied by state wards. So the reason I wanted to bring this is that we need to understand that the residential levels of care, three-fourths of the usage of those are from the state wards; 25 percent are nonstate ward kids using the residential levels of care, and also just to let you know how much the occupancy rates were. We do have...there's a footnote down...

SENATOR CAMPBELL: Is there a question? Senator Coash.

SENATOR COASH: Can I ask you about the occupancy?

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SUE MIMICK: Sure.

SENATOR COASH: What's the...that's as of 9/13?

SUE MIMICK: Yes.

SENATOR COASH: Okay. What's the trend? Are occupancy continuing to go down? Is it staying relatively...?

SUE MIMICK: It bounces right around 80 percent.

SENATOR COASH: Okay. So it's relatively stable...

SUE MIMICK: Right.

SENATOR COASH: And that's all levels.

SUE MIMICK: All facilities. Yeah.

SENATOR COASH: Okay. So you're not really seeing a trend of less and less utilization of residential care or...?

SUE MIMICK: If you looked at this over a really long period of time, you would see the contracted beds coming down a little bit. That has not happened very recently, but the...you know, as Magellan kind of quit authorizing so much residential level of care, some people have gotten out of the business. That is true.

SENATOR COASH: Okay.



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SENATOR CAMPBELL: Senator Nordquist.

SENATOR NORDQUIST: Just while we're looking at data here, can we go back real quick on the appeal denial...

SUE MIMICK: Sure.

SENATOR NORDQUIST: ...by month?

SUE MIMICK: Sure.

SENATOR NORDQUIST: Are those first-level requests...would that include if there was a reauthorization of a service,...

SUE MIMICK: Yes.

SENATOR NORDQUIST: ...would that be considered a first-level request?

SUE MIMICK: Yes.

SENATOR NORDQUIST: Okay. Could we get data that would break out reauthorizations from initial authorizations on these categories?

SUE MIMICK: I don't have it immediately available, but I could try, yes.

SENATOR NORDQUIST: Okay, yeah. Yeah, I would appreciate that. Thank you.

SUE MIMICK: Okay. The next time you invite me back maybe (laugh).

SENATOR NORDQUIST: Okay.

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SUE MIMICK: Out-of-state care August of 2009 was at 72. We're down to 13 kids in out-of-state care residential facilities, so we feel like we've done a pretty good job of bringing the kids back into the state of Nebraska that were out there. Primarily, the kids that we have out-of-state now are kids that need services that are just, frankly, not available in the state of Nebraska. They include kids like female sex offenders or kids that are so violent that nobody in Nebraska can take them into their programs.

SENATOR CAMPBELL: Sue, can I ask the question and maybe Senator Nordquist might have hit upon it, but when we do these in the future, it would be helpful to know what that total was just one year ago...

SUE MIMICK: Okay.

SENATOR CAMPBELL: ...just to look at that line. Because I think that would get at Senator Coash's question, too, is I think what we're trying to do is follow over a trending line.

SUE MIMICK: Uh-huh.

SENATOR CAMPBELL: Are we losing beds?

SUE MIMICK: Uh-huh.

SENATOR CAMPBELL: The percentage may stay pretty even, but...

SUE MIMICK: Right.

SENATOR CAMPBELL: ...what would be the total? So if you can get that, that would be helpful.

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SUE MIMICK: Sure, sure, okay. I did want to note that because we also hear, in addition to hearing complaints that residential beds are not full, we also hear the complaints that we don't have any beds available, so it is true that two RTC facilities, two treatment group homes, and one enhanced treatment group home were 100 percent full on 9/13. So the fullness is spotty, okay, and it's not location specific. I did see a little bit...are all the Omaha beds full or anything like that; it's not. It's the program specific. All right, I'm going to talk a little bit more about that in a few minutes.

SENATOR CAMPBELL: Okay.

SUE MIMICK: Okay. I wanted to give you a picture of...this is the decision criteria that the state has provided Magellan with that we are required to follow when we make residential decisions. It is a very lengthy document. I excerpted a very small portion of it (laugh), of...for only residential care services, so I want you to know this is very much of just a small excerpt of all of the criteria that we look at. But the RTC criteria requires all of the four bullets listed here and none of the bullets that are in the exclusion list. To be honest, this requires Magellan to make very difficult decisions. We have to really...you'll see that there's a bullet in here that says...it's the second one from the bottom: The primary problem is social, economic, for example, housing, family, conflict, etcetera, or one of physical health without concurrent major psychiatric episode meeting the guidelines for this level of care. So what we have to look at when we look at approving medical necessity is we have to ignore placement, so we have to ignore whether or not the place that the child is, is an appropriate place for them to be, and we also have to ignore the family situation. You know, can the family keep the...you've heard a lot of testimony today, and I'm very appreciative of the testimony, but where some of the families occasionally need a break, and we very much see that as well. But that doesn't meet a treatment need, unfortunately, and so we have to make treatment decisions that are medically necessary. Sometimes placement comes with those treatment decisions, and I think a lot of people expect us to make placement decisions that also sometimes

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have treatment. So I just wanted to be very clear that, you know, that's not our role, and it's not what we're allowed to do even. And if we started to do that, we would risk the federal matching funds for the state for residential levels of care. Some of the other things that I wanted to point out here is that the criteria require us to use the least restrictive level of care and, lastly, that we have to believe that the child will benefit from the treatment. Quite frankly, we see kids sometimes that have been in four different RTCs over, say, five years and, you know, we have a new application for putting them in a residential level of care. When we look at that, when they've already been in that residential level of care, maybe in the same facility on multiple occasions, we have to say how much benefit...what's going to be different this time? What is going to make this treatment that we're going to authorize for this child different so to make this treatment work where none of the other treatment that we provided would work? So I just kind of wanted to give you a flavor for the kinds of decisions that we have to make. Admission process to residential levels of care: So let's say that Magellan approves an application for a level of care, for a residential level of care. What we do once we approve the application is that we send that application to all providers that the kid would be appropriate for. So some of the facilities only take males; some of the facilities only take females; some take sex offenders; some do not. So we send it to everybody that was appropriate for that level of care. On the average, each application is sent to 3.3 facilities, and we hear back from 2.2 of those applications. What the provider then will tell us is that they will say, yes, I can accommodate that child in my program or, no, I can't accommodate the child in my program. If...there is 52 percent of the residential facilities that say yes, and conversely, of course, 48 percent that say no, they can't accommodate. The most common reasons for nonacceptance is that the child doesn't fit the program milieu, that the child is too acute for my program, or the child is too aggressive for my program. And we're supportive of that, we agree with that, but it's just, you know, it is information as to why people don't accept the applications. I've shown the acceptance rates here by the different levels of care. They don't vary a whole lot, but residential treatment centers are at 48 percent on the average of accepting (inaudible) kids. I wanted to talk to you also about the timeliness of residential

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placement. We...the approval of a complete application takes 48 hours. As I said, we send it to all the applicable organizations. We've shown how long it takes. We send it out and to get an answer back and just to establish a location, so on the average it takes us 4.8 days to know where that...which facility that that child is going to go to. If multiple organizations accept the child, the child is placed in the first...the next available treatment opening. Once the specific treatment location is determined, the facility might currently be filled; they're waiting for a bed to open up. So it takes on the average for RTCs 14 days to...from the time that the child is accepted by an organization and we know where he's going to go, to the time that he's at the organization with his head on the bed. Okay? On September 17, there were 36 children on the wait list. About half of them were waiting for a bed to be available, so we knew where they were going to go and we were just waiting for the opening. The other half, we were still waiting to determine who is the appropriate facility to place them at.

SENATOR CAMPBELL: I have a question, Sue. If you call and all of the facilities say no,...

SUE MIMICK: Uh-huh.

SENATOR CAMPBELL: ...then do you recall them again?

SUE MIMICK: We do sometimes. It depends on why they're saying no. If they're saying no because, oh, let's say the child is too acute, and we don't think that the child is that acute, we will say, well, could you look at this and could you look at that, and, you know, to try to get them to stay in Nebraska. And that's how we've been successful reducing our out-of-state admissions. If no one will accept them locally, then we do have to send them out-of-state.

DEBORAH HAPP: And I think, by the way, that it is a problem that people...the most common reason is they say the child doesn't fit my program, because really the whole

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concept of treatment is you're supposed to build the program and individualize it for the child. The child isn't supposed to have to fit the program--the program is supposed to modify how they work with people to fit the child. So it is very concerning to us that the largest reason for refusal is "doesn't fit my program," so...

SUE MIMICK: Okay. So another piece of data that I wanted to bring you was what happens when Magellan denies residential services. So we have about...if you add them up, I think on the average 37 residential service denials per month. So what happens to those kids after Magellan denies? Well, a third of them...every time Magellan does a denial, we say, well, we can't approve them for residential treatment level but we could approve them for something else. Okay? So we make a recommended level, alternate level of care every time we deny a case; 32 percent of those obtain some sort of alternate level of care from Magellan; 23 percent of them obtain the exact alternate that we offer; 28 percent obtain residential services reimbursed by the CFS lead agencies. Of those, 20 percent obtain the requested level of care that Magellan was unable to authorize, and another 8 percent obtain a higher level of care. So maybe the original application was for treatment group home and where the CFS lead agencies placed them in an RTC. Twenty-one percent are state wards, and they receive limited or unknown mental health care. The state system only gives us so much information about what the CFS lead agencies are doing, so 13 percent are placed in nontreatment residential centers. Those are primarily detention centers. There's some emergency shelter use in there, there's some group homes, but primarily it's detention. Okay? Eight percent receive no further documented mental health treatment in our system or the state system, but we think that the lead agencies are getting them the treatment that they need. Nineteen percent of the kids that we deny are not state wards and we don't have further information on them. Now, we just got this data in last week. We know this is a gap. We are addressing it. We'll be collaborating with the CFS lead agencies to ensure that the kids are getting...their kids are getting needed care, and we're going to own this last 19 percent to make sure that those kids are not falling through the cracks. So it's a new program that Magellan is going to

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implement as a result of looking at this data.

SENATOR CAMPBELL: Question, Senator Coash.

SENATOR COASH: Could you back up?

SUE MIMICK: Um-hum.

SENATOR COASH: I have a question about the...the 28 percent that gets services that are just reimbursed by the lead agencies.

SUE MIMICK: Um-hum.

SENATOR COASH: Since that was a service that was originally denied by Magellan and the cost of that service was 100 percent on the state, there's no federal match to that, is there?

SUE MIMICK: That's correct.

SENATOR COASH: That's correct, so when those...28 percent of those kids, we're not billing that through Medicaid, so it's not...

SUE MIMICK: That's right.

SENATOR COASH: ...there's no match there.

SUE MIMICK: That's right.

SENATOR COASH: So the lead agency has to pick up the entire tab of that.

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SUE MIMICK: That's correct.

SENATOR COASH: Through the state, okay.

DEBORAH HAPP: On the other hand, again, remember that for 100 percent of these we did, in the process of the denial, recommend an alternative level of care that we did feel could meet that child's clinical needs.

SENATOR COASH: And 32 percent of the families are taking you up on that.

DEBORAH HAPP: The 32 percent, 32 percent of the time people follow that recommendation but 100 percent of the time we made a recommendation. So it's not that we only made it in 32 percent, and 28 percent we said, oh well, we don't know what should happen. We always recommend something else, always.

SENATOR COASH: Okay, thank you.

DEBORAH HAPP: Yep.

SUE MIMICK: Okay. What happens to children who are admitted for residential care versus community-based care? So one other thing that we looked at in preparation for this committee is readmit rates. And Magellan of Nebraska had never looked at readmit rates for residential levels of care before. So the first one, the inpatient, was easy because we look at them all the time, and we have a lot of activities to improve readmit rates on inpatient side. But 29 percent of inpatient stays are admitted to the same level of care within nine months, and these are all the kids that were discharged between October 1, 2008, and September 30, 2009, a nine-month period or, excuse me, a 12-month period. Residential care, we have a 28 percent readmit rate to either residential care or inpatient care within the nine months of discharge, and for community-based services we have a 25 percent readmit to either residential or



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inpatient within nine months of discharge. So we'll be digging more into this data to see if there are characteristics of kids that are going to readmit and how we can improve and reduce the readmit rates. This is a place where the CANS outcome tool is going to be very valuable to us in tracking the kids and who's successful and who's not and what we can do about improving the success rate.

SENATOR CAMPBELL: Well, that...sorry, losing my voice here. Will the data show us where they should have started?

SUE MIMICK: No, because no one can go back and recreate that.

DEBORAH HAPP: In terms of...

SENATOR CAMPBELL: So if the recommendation, though, was from Magellan,...

SUE MIMICK: Um-hum.

SENATOR CAMPBELL: ...that...the requested was for residential care, let's just say.

SUE MIMICK: Um-hum, um-hum.

SENATOR CAMPBELL: And the denial came forward and said, no, we feel that based on all the information we have, should be placed in community-based services.

SUE MIMICK: Um-hum.

SENATOR CAMPBELL: And that's where the young person is placed.

SUE MIMICK: Um-hum.

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SENATOR CAMPBELL: Do we then...is there some way to know that if they come back again into the system, that they then end up in residential care?

DEBORAH HAPP: Yes.

SENATOR CAMPBELL: You see where I'm going?

SUE MIMICK: Yeah, I do.

SENATOR CAMPBELL: Because part of the concern I think that has been expressed to the senators...I'm sure you've heard it, too,...

SUE MIMICK: Yes.

SENATOR CAMPBELL: ...is that in Nebraska we start with (laugh)...we start with, you know, you almost have to get worse in order to get the services. Do we start with where...

SUE MIMICK: Do we start at the right place?

SENATOR CAMPBELL: Using my son who gets used in every example and Andy Campbell, do we start Andy Campbell where he needed to be...

SUE MIMICK: Right.

SENATOR CAMPBELL: ...or just one step, just...

SUE MIMICK: Too low.

SENATOR CAMPBELL: Yeah.

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SUE MIMICK: Yeah.

SENATOR CAMPBELL: Is there some way that we can begin looking at that because that...I have to tell you that concern permeates and continues.

SUE MIMICK: Yeah. One of the things that we are working on right now is to engage the University of Nebraska here in Lincoln, the Public Policy Research Center, I believe it is, in doing some research with us in...with the CANS data. And we're hoping that they can...one of the challenges Magellan has is that, although we have our own data so we could do it, you know, kind of within our own levels of care, but, of course, we have the CFS agencies who sometimes make decisions that aren't Magellan decisions, and we don't have access to that data and those kinds of things. We're hoping that in addition to getting additional data that way, but also getting additional demographic data from the state ward files where they will kind of see who's successful and who's not and what's the right level of care and those kinds of questions. They're the same questions we have.

SENATOR CAMPBELL: Good.

SUE MIMICK: So we're trying to...

SENATOR CAMPBELL: Because we need to get at that.

SUE MIMICK: Yeah, we're trying to get some very professional and high-level research done on that. We don't have it funded yet, but we are...Magellan is willing to put up at least part of the funding. We are looking for a little bit more funding, just as seed money, but we're talking to people that we think could help us with that funding.

SENATOR CAMPBELL: But analyzing that data would...it would certainly help, I think,

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from the standpoint of the senators...

SUE MIMICK: Yep.

SENATOR CAMPBELL: ...saying, okay, what services do we need to have in place at the right time for...

SUE MIMICK: Um-hum. That's right. That's right. Not only...

DEBORAH HAPP: And that's a little bit about what we're going to talk about right now is what are some of those alternatives that can be used. And I'll give you examples, actually, of where we've done that in other states and been able to be successful in doing so.

SENATOR CAMPBELL: Thank you.

SUE MIMICK: But the goal of all of that is to improve the care that we give the kids in the state of Nebraska.

SENATOR CAMPBELL: Follow-up, Senator Nordquist.

SENATOR NORDQUIST: Yeah, kind of back, I guess, looking back a little bit to the overall acceptance rate on services.

SUE MIMICK: Okay.

SENATOR NORDQUIST: Does it ever happen that service A is recommended; Magellan says, no, we think it's more appropriate within...

SUE MIMICK: To do service B?

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SENATOR NORDQUIST: ...to do service B; but now service B is not available in your area? Then, I mean, does that and then we go to service C. Do we ever look back at...?

SUE MIMICK: When we recommend service B, we recommend it for where we believe the child will be located.

DEBORAH HAPP: Right.

SUE MIMICK: Now sometimes that location changes. So you will see...and that's actually part of the reason that you see kids...some of the kids get a higher than recommended level of care because of where they wind up in their location, because we thought they were going to be in Omaha, instead they wound up in Scottsbluff and, you know, that level of care wasn't available in their community so we're doing something different.

DEBORAH HAPP: Right.

SENATOR NORDQUIST: Sure, um-hum. Okay, okay.

SENATOR CAMPBELL: Any other follow-up? Thank you.

SUE MIMICK: Okay, Deb.

DEBORAH HAPP: Well, this next slide and I already did kind of an introduction to what I'll talk about, but this next slide kind of talks about where does Nebraska stack up nationally in terms of the use of residential. And at the time this was done, which actually this was 2004 data, but we've looked at where Nebraska has gone since then. You can see we've made some progress in terms of reducing the use of residential here but still, you know, we're not even really in the fiftieth percentile of states, so we like to

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be a little ahead of the game here. So that's just to kind of put stuff into perspective here. You know, in...this has been residential treatment and the use of alternatives actually have been a real interest of ours, and I will just say, personally, I am a child psychologist by training, and it pains me to see how many children grow up in residential treatment and what the literature says about really, quite frankly, how ineffective it generally is. And while we agree that it's a necessary part of the continuum of care that needs to be offered, what we really find is that it tends to be overutilized and community resources tend to be underutilized. And at least part of what I heard today is how many people said how many calls come into the hot line or to the Navigator saying, I want my kid out of here, and by the time someone really sits down and talks to people, they can come up with better alternatives to keep the child at home, to work with the family, and meet those needs without having to take the family apart. And, again, not to say that it doesn't need to happen, at times, it's just, I think, too often we've been the knee-jerk reaction of saying, okay, somebody wants their kid out of the home; we're going to do it. And, you know, there's unintended consequences, I guess, for doing that. So in 2008, actually, Magellan did a...we wrote a white paper on residential treatment and in writing our white paper, we did...we not only looked at all the research in terms of residential care but alternatives. We also did focus groups with child-serving agencies in the state, with providers, with child welfare workers, judges, and parents whose children had been in residential care. And we did focus groups in Tennessee and Pennsylvania in preparation for the white paper. And I just want to briefly go over some of the findings. We've given you the white paper as part of your package, so I would encourage you to read it in its entirety. But we did find that what the research says is that while youth in residential treatment often make gains between admission and discharge, those...the maintenance of those gains often doesn't happen post-discharge. And, again, you can see from our readmission data that a lot of children are discharged and within nine months are back in either residential or another higher level of care. And similarly, they find that any gains made during a stay in residential may not translate well back into the community. So just because you exhibit and learn and practice certain behaviors in the secure setting of residential doesn't mean you're going to do it when you're back in your

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home environment, you're back in your school, you're back in your neighborhood. So they find that that often does create the cycle of they do well, they get discharged, they don't do well at home, then they have to go back. And it...you find children that cycle in and out of residential care. And then I just gave you a couple studies of...from some state studies that have been done and their readmission rate issues which you can look at. I know we're running out of time. Anyway, this is another paper that was done and basically said that any time that we have children in a group environment, whether that be we group together children with problems in a residential treatment center or in sometimes, you know, special behavior classes in school or in juvenile detention, you know, really we...there's unintended consequences that we find because the children learn other bad behaviors from each other. They tend to listen more to their peer group sometimes than to adults, plus there's the whole thing of labeling themselves and the self-fulfilling prophecy of "I have problems, I'm a problem child, I'm this, I'm that," you know, which doesn't seem to help. So really, again, we find that children do best when we can provide home- and community-based treatment. There are children who do tend to benefit from residential care and so we need to think about that. Again, children more with depression, anxiety, more posttraumatic stress disorder, with more emotional type disorders tend to do better in residential; children with high-risk behaviors, where they need that one-on-one supervision or, you know, constant supervision. But children who tend not to benefit, unfortunately, are the children we see referred most often, and that is children with aggressive behaviors, with conduct disorders, with oppositional defiant disorder, and attention deficit disorder, and those tend to be the most prevalent diagnoses. You know, in terms of looking at what would...what is effective residential care, they find that children are most successful in residential centers that have high family involvement, that attend to the problems that precipitated the admission rather than being too broad; strong focus on discharge planning; community involvement and services; and a commitment to measuring progress and outcomes. So as we work with the centers we do have, I mean, those are the kinds of characteristics that we would want them to exhibit. We also look then at evidence-based alternatives to residential, and I'm not going to go through the definition of evidence-based but it's there for you to

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look at. And some of the evidence-based practices that are used as alternatives to residential are multidimensional treatment foster care, which are groups of less than 11 children, and in-home and community-based alternatives, particularly multisystemic therapy, functional family therapy, and assertive community treatment. There are other alternatives that have been shown to be successful but are not considered at this point to be evidence-based, and particularly looking at the community-based alternatives there's a program called a Virtual Residential Program where you literally build the structure around the child in the home, mentoring, which several people talked about today, and case management. Just to give you an example, after we did our...one the states, actually, that spurred our writing of the white paper was Pennsylvania, and we really felt like that was the treatment of choice always, that people always recommended residential treatment. And so after this, they actually spent quite a bit of time going around. They...we had our focus groups there. They did education for the judges, for child welfare workers. They did a lot of education and preparation, and we also really focused then on some of the alternatives that we already had in place in Pennsylvania like Behavioral Health Rehabilitation Services. And then we actually started additional services that are listed here, so more family-based services, functional family therapy, mobile counseling and crisis services, multisystemic therapy, and a short-term residential program that's like 90 days--maximum of 90 days. And after really developing those services, we found a decrease in the use of residential of over 20 percent in just a little over a year period of time. But we were able to increase utilization of these new alternatives and actually had great success in terms of the children not being readmitted, not going to higher levels of care, that we were able to keep them at the community-based level. So that was very successful. In Maricopa County, again in...they also, when we took over the contract in Maricopa County, there were 149 children in residential treatment; 20 of them were out of state. Again, we intervened, looking at the things we had learned in our research and developed new strategies in terms of respite care, family and peer support services, functional behavior analysis, again multisystemic therapy. Actually in a little over a year, they had decreased to having 46 children in residential and only 1 child was out of state. So,



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again, you know, the development of alternatives and utilizing and, again, it...and I tried not to look at examples where we wouldn't be able to do the same kind of thing in Nebraska, where we wouldn't be able to use these service codes that are already approved for the waiver to be able to provide the services. And again it takes, I think,...and you can also read here, and actually we have just started. We met with the state of Florida on Monday and they gave their go-ahead to use the Virtual Residential Program with our child welfare population, so we're pretty excited about that. But, again, as I said, although we realize that everything is necessary, we really need more of a spectrum. And it really takes a commitment to...on the part of everyone to be committed to serving children and their families and in their home communities and trying to put the services around people. And what they found in most of the programs, too, is that there are multiple children often in homes, and if you can intervene with the family and intervene with the child at home, it often keeps other children...it's better for every child in the home. And in the case of where we've served people in foster homes, it helps them, you know, to even improve their skills as foster parents and to be able to work with children more successfully in the future. So it's really an investment in everyone when you use community-based services as often as possible. So we really are looking forward here to trying to really work with everyone here in Nebraska and to work with our providers and everyone to really further develop these programs and get people excited about using them instead of always thinking about how many beds we have (laugh) so...

SENATOR CAMPBELL: Thank you. Questions, follow-up? I appreciate that you have given us the white paper.

DEBORAH HAPP: Good. Thank you.

SENATOR CAMPBELL: I've noticed it's in the packet.

DEBORAH HAPP: Yes, it is.

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SENATOR CAMPBELL: So we will have nighttime reading here for all of us. Follow-up questions from the senators for either? Senator Coash.

SENATOR COASH: Thank you. I was interested in your...

DEBORAH HAPP: Um-hum. Yes.

SENATOR COASH: ...particularly interested in your experience in other...

DEBORAH HAPP: Yes.

SENATOR COASH: ...you gave us examples--Pennsylvania, Arizona, and Florida. So that's examples where Magellan has partnered with like child welfare departments in those states to develop those services, individual providers? I mean, how...

DEBORAH HAPP: Right. These are...both of the states are places where we have Medicaid contracts just like we do here, so that we are partnered with our Medicaid agency.

SENATOR COASH: Okay.

DEBORAH HAPP: We have a network of providers and, you know, one of the things that we have tried to do is to work with our providers to say, you know, kind of work with us on this, and are you willing to help us work toward this? And...

SENATOR COASH: Like develop more of an array...

DEBORAH HAPP: And develop more of a variety of programs. So, for example, the same providers, and I think about some of the providers we've used here in Nebraska

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who have put together the, you know, Individualized Intensive Outpatient Program. You know, are they willing, for example, to go and get some additional training so that they actually become proficient in some of the programming that we know to be evidence-based? So can they go and learn more about multisystemic therapy? Can they learn more about functional family therapy? You know, could they be part of a Virtual Residential Program? So how can our providers...how can we help our providers really...

SENATOR COASH: So are you engaging...

DEBORAH HAPP: ...gain skills?

SENATOR COASH: Are you engaging Nebraska providers in those discussions?

DEBORAH HAPP: We have tried to engage some of them, yes.

SENATOR COASH: Is it working? I mean, are you getting...

SUE MIMICK: I would say we have not...we have not been overwhelmingly successful at it at this time,...

DEBORAH HAPP: Right.

SUE MIMICK: ...and I'm not pointing the blame...finger of blame at anybody. But, you know, we kind of need to get out of the blame game and into...

DEBORAH HAPP: Right.

SUE MIMICK: ...this how can we better serve the kids of Nebraska.

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SENATOR COASH: Okay. So you're just not getting the collaboration that would expand those services.

SUE MIMICK: Well, yeah, and I'm not saying that Magellan has created an environment where...I mean, we are collaborating.

DEBORAH HAPP: Right.

SUE MIMICK: We meet with the CFS agencies. We meet at least once a month with them, and I think eventually that we'll get to the point where, you know, we will start moving into that, Senator Coash. But right now they're still trying to figure out why can't I get my residential levels treatment, you know, why can't I get the residential care approved? And...

DEBORAH HAPP: Right. Right. []

SENATOR COASH: That's all we have. I mean, we have a...

SUE MIMICK: That's where we're at, quite frankly (laugh).

SENATOR COASH: What I'm seeing is we have a smaller array than other states have.

SUE MIMICK: That's right.

SENATOR COASH: So there's less choice for the children and the referrals that you can see (inaudible). Okay.

SUE MIMICK: Yeah, that's right. That's right, yeah. So, you know, it's on both parties' part that has to do that.

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DEBORAH HAPP: (inaudible) Right, right.

SUE MIMICK: And the state has to help us, and it's just...it's just kind of everybody needs to get en masse on the same page of paper.

DEBORAH HAPP: Right.

SENATOR COASH: What kind of support do you need from us?

SUE MIMICK: Well, one of the things that I personally need is time to get there, to create an environment where, you know, we can start moving in that direction.

DEBORAH HAPP: I think also it just...again, to me it's a matter of everyone being really committed to saying we want to serve our children in their families and communities. And while we realize that may not always be possible, that's where we start, that we start with saying, yeah, this is the most healthy thing for kids and their families is to be served in their community, to not be taken out and not be labeled, not be, you know, in a group where, quite frankly, they lose touch. And you take a child from Scottsbluff and you send them to Omaha, they don't have very much interaction with their family. Then we send them back and we say, okay, go for it. So I think...again, I think it takes...what personally I think we could use from all of you is just a commitment to say, you know, we're committed to doing this, and we realize it's going to take time and it may be painful. But as you can see in some of these examples, it doesn't take that much time to get up and running, that, you know, if a provider...and again, some of the residential providers or, you know, our outpatient providers, they can learn how to do this stuff quickly. And so it's saying, okay, well, maybe we don't need as many beds but, jeez, you have a lot of people that know how to work with very difficult youth, and so how can we help you use those skills to do a different kind of program? So everybody has to be willing to change a little.

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SENATOR CAMPBELL: I think part of the committee's commitment has been to have you come regularly...

DEBORAH HAPP: Um-hum.

SENATOR CAMPBELL: ...to talk, and I do think that it is very helpful for all of us, and many of these people have been in almost every meeting that we've had, but that you continue to hear the information.

SUE MIMICK: Absolutely.

SENATOR CAMPBELL: And all too often we hear you once and then that's all. We've all kind of made a commitment that we would see Magellan quite regularly, and I think that will help.

SUE MIMICK: Yeah, and...and...

SENATOR CAMPBELL: I also do...

SUE MIMICK: And, Senator, you have my commitment that I'm going to try to switch from a defensive crouch to (laugh) proactive and, quite frankly, I feel like I've been in kind of in a defensive crouch, but I need to get on the other side of that.

SENATOR CAMPBELL: Well, the best part is when you visit in our offices. I think it's very clear when we ask a question and you go, well, I don't know but I'll find that answer for you. I mean, I think that's...that's healthy, and we are learning to do that.

SUE MIMICK: Yeah, yeah.

SENATOR CAMPBELL: The other important thing is that we need to really put in as

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good a quality and training and education...

SUE MIMICK: Absolutely.

SENATOR CAMPBELL: ...of the people who go into the homes to be with those families.

SUE MIMICK: Absolutely.

DEBORAH HAPP: Absolutely.

SUE MIMICK: Absolutely.

SENATOR CAMPBELL: And you can't shortchange the folks that go into a home setting...

SUE MIMICK: That's right.

SENATOR CAMPBELL: ...and oftentimes you can make situations much worse, it seems to me. We have a lot of providers who have good quality people. It's making sure that that quality and training goes into those homes.

SUE MIMICK: In fact, today, I think, we are conducting training on...for CTA providers on how to do effective treatment plans. So we are on that same page as well.

SENATOR CAMPBELL: Well, I just want to say I thought today was very refreshing to hear from the families and as they worked together and certainly their needs...they are a major component...

SUE MIMICK: I agree.

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DEBORAH HAPP: Yeah. Absolutely.

SUE MIMICK: Right. That's right.

SENATOR CAMPBELL: I thought the testimony was very good today.

DEBORAH HAPP: Yeah, and I want to say, we find that very helpful as well. I mean, I always sit and I kind of take note of what people are saying because it does tell us how we need to improve and what people are looking for. What's important to...

SENATOR CAMPBELL: Well, thank you for listening.

SUE MIMICK: And thanks to the family members that came forward with some very raw emotions and were willing to risk that in front of a roomful of people and, you know,...

DEBORAH HAPP: Yeah, yeah.

SUE MIMICK: ...that keeps us all very honest and grounded in what we're doing.

DEBORAH HAPP: Yep.

SENATOR CAMPBELL: Well, we will have you back.

SUE MIMICK: All right. Thank you (laugh).

DEBORAH HAPP: Thank you.

SENATOR CAMPBELL: Any other questions, follow-up comments? We will conclude this afternoon with the last appointment that we have from a family member that was



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made and too late to get on the agenda. The person who is speaking to us is Sandra Amerson. Good afternoon. Thank you for your patience.

SANDRA AMERSON: Thank you for your time.

SENATOR CAMPBELL: Sandra...Ms. Amerson, would you spell your name for the record?

SANDRA AMERSON: S-a-n-d-r-a A-m-e-r-s-o-n. Thank you for your time in listening to my story. My daughter was an honor student. She was chosen for Youth Leadership Lincoln. She was in advanced placement and weighted courses in high school. She was on the swimming and drama teams, and she had lots of friends and was very loving and respectful to her family. Then it seemed like overnight her personality changed. She didn't care about school. She became argumentative, started breaking curfews, appeared depressed and very angry. I made attempts to get her into counseling, but she would refuse to go. Her behavior then became physical. That's where the police got involved and we entered the system. She was taken to the Youth Detention Center where she stayed for three months. While she was there, she was given an OJS evaluation, a very thorough evaluation that neither I nor my daughter were given any results from except that they recommended she have intensive in-home therapy. I was advised at this time to give my daughter up and make her a ward of the state, so she would get the medical insurance to pay for the treatment as I did not have the resources. So I gave up my rights and she was appointed a guardian. In my eyes, a guardian is someone that would look after the best interests of my child. I would later find out that that is not true. My daughter was put on house arrest and we started intensive in-home therapy. It did not take long before my daughter refused to do the things the therapist had asked, refused to attend therapy. It just kept getting worse. The therapist recommended that my daughter go to CenterPointe, a residential care program, so my daughter's probation was revoked. She was court-ordered to CenterPointe. My daughter was there a little over a month, and her therapist and I

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started to see some good changes in her. We still had a long way to go, but there was a glimmer of hope that things were starting to turn around. At this time, an HHS worker that was my daughter's guardian called a team meeting. She told my daughter, her lawyer, her therapist, and me that Magellan, the state insurance provider, would not pay for my daughter to remain at the CenterPointe. Magellan said she didn't receive intensive in-home treatment, and that there was no recommendation that she be in a residential treatment facility. All of us objected to this move. Her therapist told the HHS worker that my daughter was making progress but needed to remain there. I begged and begged the HHS worker not to let this happen. This is where I found out that the state-appointed guardian did not look after the best interests of my child. She looked after the best interest of the state. My daughter was released and sent home the next day from CenterPointe. We were set up with another intensive outpatient therapist. Before a week had passed, my daughter was in handcuffs, being taken from my home because she was so out of control during a team meeting. She was taken to CEDARS. My daughter remained there for a month and then entered the CEDARS transitional living program. We only had about a year to try and help my daughter before she reached the age of 19. We went back to court to close her file. It was at that point I found out that there were other funds available that my daughter's guardian and HHS worker could have accessed so my daughter could have stayed at CenterPointe and gotten the help she needed. But the HHS worker and her supervisor decided, for whatever reason, not to use those funds. During court, Juvenile Court Judge Toni Thorson found the Nebraska Department of Health and Human Services acted contrary to my daughter's best interest. My daughter just recently discharged herself from the CEDARS transitional living program. She has moved five times in the last year. She has had seven jobs in the last three years and cannot use one of them as a...and she cannot use one of them because of the way she's left or she's been fired. Could another five months at CenterPointe made the difference? We'll never know. My daughter will never get that chance again. Thank you for your time.

SENATOR CAMPBELL: Thank you, Ms. Amerson. Senator Coash.

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SENATOR COASH: Thank you. Thank you, Ms. Amerson, for sharing your story. One of the first things you said struck me and I want to ask you a little bit more about if you're comfortable in sharing. You said that it was recommended to you that you turn over guardianship of your daughter to the state of Nebraska and make her a state ward?

SANDRA AMERSON: Um-hum. Uh-huh.

SENATOR COASH: And that was early on in your challenges with your daughter?

SANDRA AMERSON: Yes.

SENATOR COASH: And that was early? You didn't say who recommended that, but I'd like to ask you, who's the entity or the person that said you need to do this?

SANDRA AMERSON: Probation.

SENATOR COASH: The Probation Office?

SANDRA AMERSON: Yes.

SENATOR COASH: And was there an explanation given as to why that recommendation was made?

SANDRA AMERSON: Because then she would get the insurance. She would have the financial means to...

SENATOR COASH: Access the service?

SANDRA AMERSON: ...get the treatment she needed because we did not have

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insurance, and I did not have the money to pay for her treatment.

SENATOR COASH: Okay. Can you talk a little bit more about the last part of your testimony, when you talked about Judge Thorson? She found the department to be...her finding was the department was not in her best interests? I'm going back to that part of your testimony. What...can you expand on that a little bit, what the judicial...how the judicial system intersected into the supports for your daughter?

SANDRA AMERSON: When my daughter became physical and was arrested, that's how we got into the court system. And then when she turned...was about to turn 19, she was then being released from the juvenile court system. And when we returned back to court for her release, that is when the judge went over what had happened since the judge ordered for her to go to CenterPointe. She went over what had happened with my daughter and then that's when she found that they didn't act in the best interests of Tressa (phonetic) when we had therapists and family and everyone around Tressa (phonetic) saying that she was making progress there. And they took her from there.

SENATOR COASH: Okay. Thank you for sharing today.

SENATOR CAMPBELL: Thank you, Ms. Amerson.

SANDRA AMERSON: Thank you.

SENATOR CAMPBELL: I'm sorry you had to wait so long.

SANDRA AMERSON: Oh, no problem.

SENATOR CAMPBELL: With that testimony, we will conclude the hearing this afternoon of the Children's Oversight, and we will keep you all apprised of the next meeting. For the committee members, it will probably be fairly long. We will review all the

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components of LB603 and then spend some committee time to take a look at what next steps and what recommendations we need to make to our colleagues and what we have learned over the course of this year. So if there's additional information that you'd like to have before the next hearing, be sure to let me know, and otherwise, we'll bring all the components together for your oversight and review again. Thank you to everyone. I thought the testimony was well done. (See also Exhibit 13)