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CHILDREN'S BEHAVIORAL HEALTH TASK FORCE
February 23, 2009

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The Children's Behavioral Health Task Force met at 8:00 a.m. on Monday, February 23, 2009, in Room 2102 of the State Capitol, Lincoln, Nebraska, for the purpose of conducting a public hearing. Members present: Tim Gay, Chairperson; Tom McBride; Candy Kennedy; Terri Nutzman; Ruth Henrichs; Todd Landry; Scot Adams; and Kathy Moore. Members absent: Beth Baxter; Elizabeth Crnkovich; and Lavon Heidemann. []

SENATOR GAY: Well, let's get started since we're late already. We'll get started since we're late already getting going. You want to get started now? We'll get going. []

CANDY KENNEDY: Senator Gay, let's get started. (Laughter) []

SENATOR GAY: Yeah. I was waiting...I like committee hearings better because they'd be quiet and shut up. (Laughter) So I'll leave and you guys...anyway, well, this is my first meeting. Glad to be here. We'll go through here and approve last month's agenda then, huh? Is that for last months' agenda, oh, for today. Okay. Here's the agenda Jeff put together, if that's okay. If you want to take a look at that and we'll add, we can add or delete anything if we're not ready to...but I think this is probably...Jeff put it together, I assume, with some of your input. But if that's all right, do we need a motion to approve the agenda, Scot? []

TOM McBRIDE: Yep, so move. []

TODD LANDRY: Second. []

SENATOR GAY: Okay, seconded by Todd. Let's do a voice vote. All in favor, aye. Opposed. None. All right. Then the minutes are...Jeff []

JEFF SANTEMA: Should be at your places. []

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SENATOR GAY: All right. Did everyone get a chance to review the minutes of last... []

TOM McBRIDE: I'd move we approve the minutes. []

CANDY KENNEDY: And I second that. []

SENATOR GAY: All right. Have a vote, just a...you don't do roll call on that, do you? I mean, I'll abstain on that since I wasn't here. All those in favor of approving the minutes say aye. Okay. And I'll abstain from that one. All right. Then, make sure I'm on the right one. Okay. Then legislative update and discussion. Jeff, are you going to do that? []

JEFF SANTEMA: Sure, Senator, thank you. Senator Gay had asked some time ago, as the session was beginning, to compile a summary of bills that relate to children's behavioral health or behavioral health services for children and families. And what you have in front of you is that compilation of the bills that were introduced this session. We have some extras for those who are observing the meeting as well in the back. And a number of the bills, I imagine, you're already familiar with and are following the progress of the bills. I think the purpose of bringing it to your attention is to invite your feedback and discussion about the bills and your sense of any feedback that you have for the task force, any discussion you want to have about the bills. But the summary is in front of you. As you can see, there are a number of bills that relate to the topic of behavioral services for children and families. The bulk of those bills were referred to the Health and Human Services Committee of the Legislature, but there are a couple that were referred the Judiciary Committee, in particular LB253 is referred to the Judiciary Committee. That's a fairly extensive piece of legislation. And LB345, Senator Gay, was referred to the Judiciary Committee on the second page there, number 6. And LB356, the number 8 bill from Senator Dubas, was referred also to the Judiciary Committee. And you see that there is a bill, number 10, LB540 that relates to the Children's Behavioral Health Task Force. The bill as introduced would have made the representatives from the

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Department of Health and Human Services on the task force ex officio, nonvoting members. And you recall the genesis of that from last year. The Health and Human Services committee advanced the bill with a committee amendment which removes HHS representatives from the task force...from membership on the task force, and adds the probation administrator or his or her designee as a member of the task force. You recall that last year the Legislature...the Chair of the Behavioral Health Oversight Commission is no longer a member of this task force, is no longer chairing this task force. So if there are other questions or comments or any discussion, Senator Gay, that's... []

SENATOR GAY: All right. Comments, discussion? []

CANDY KENNEDY: I have a question about the task force bill. I loved the idea of having probation on the task force. I think that's a great thing. I do have concerns with removing HHS from the committee because with our recommendations, one of the things...and with the energy and what we're doing in Nebraska, we always talk about working within the system of care philosophy and working within that system. Well, so everyone is at the table as an equal partner. If we remove that vital partner from the table, I think that it will change things and influence things differently. And I've always valued the input of Todd and Scot and Terri being...to be able to answer questions and give us a perception that we may not normally, typically have. So I would not like them removed from the task force and value their presence. But I would like Corey Steel, from Probation, is who I'm hoping, who would be a very, very good partner. []

SENATOR GAY: Any other comments on that or...and it's my understanding that there will always be representatives here, just not voting and...they're here to help. This wouldn't be voting members of something they'd have to implement on their own. []

CANDY KENNEDY: And, Jeff, we had spoke awhile back that you were going to look into...we had talked about there may be some conflict with having... []

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JEFF SANTEMA: Thank you, Candy. Yeah, there was...there's a court case, Stenberg v. Murphy, sometime ago. And I don't know that I have the case with me. But it dealt with representatives from different branches of state government being on the same body, whether it's a task force, committee, commission, those types of things. And so the issue was brought up, well, how does that effect a group like the Children's Behavioral Health Task Force? Because all three branches of our, I guess, represented on this task force, Judge Crnkovich, from the judiciary, the executive branch represented the Department of Health and Human Services, and the legislative branch with Senator Gay and Senator Heidemann. My own...and I've expressed this to Senator Gay, my own sense as I read through the opinion is that it's distinguishable from this situation. And I...the circumstances of the court case were different. And the decisions that are being made by this task force, they aren't policy decisions, they aren't...it's an advisory capacity. But whether or not an Attorney General Opinion request or something like that would be appropriate in this regard, that decision certainly hasn't been made. And Senator Gay hasn't made any decision at this point to request that. But that was the issue that was raised, Candy. []

KATHY MOORE: And I would just observe that I have served on other committees and commissions where someone like HHS was a nonvoting member. And I think your suggestion was correct that that does not imply that they aren't involved. In fact, last year much of the decision-making of the body was guided by the information they brought and input they had, which I think just complicated things further then when they removed themselves from voting. So I think the clarity up front is really what needs to be sought, which I think is what you're trying to accomplish. []

SENATOR GAY: Any other discussion? I mean, I assumed representatives would be here. I mean if they're not on the board they would be here at the meetings. []

TODD LANDRY: The commitment from the executive branch is that

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whatever...whichever individuals need to be present at the meeting to provide information, input, and you know participate in any discussions as appropriate, we would certainly make sure that those individuals were at each of the meetings based on the agendas that were put forward. []

SENATOR GAY: This is once a month, this meeting? []

JEFF SANTEMA: The task force hasn't been meeting that often. []

SENATOR GAY: It's what is (inaudible) under the...this is now. That bill changes it to once a quarter, correct? []

JEFF SANTEMA: Not for this task force, Senator. It has been less often. []

KATHY MOORE: Yeah. In our initial period, if you will, our charge was...had a very clear goal of creating a report. And actually during that period of time, weren't there times we met every two to three weeks and then monthly. So I think...I don't know that we had determined, but I think the initial memo that came out suggested quarterly meetings. []

RUTH HENRICHS: Jeff, the summary that you have says that DHHS representatives are ex officio, nonvoting members. So my sense of reading any kind of bylaws things, that's still members, so they would be here at every meeting simply because they're members of the task force. []

JEFF SANTEMA: Right. And, Ruth, that's the... []

RUTH HENRICHS: That to me is different than just having representatives come who might be coming to address a certain topic on our agenda. So, I guess, I would want some clarification of are we saying they're members, ex officio, nonvoting. That's different to me than just having staff come to address a particular item on the agenda. []

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JEFF SANTEMA: Well, to clarify that, Ruth, the bill was introduced as you read the summary there. []

RUTH HENRICHS: Right. []

JEFF SANTEMA: That's the format that the bill was introduced. And I think you all probably recall the task force discussions were talked about that. And the initial thought, I think, the consensus maybe of the task force was the way LB540 was introduced. It wasn't advanced from the Health and Human Services Committee that way. It was advanced with an amendment which changed that. And instead of making them nonvoting ex officio members of the task force, it removed them to... []

RUTH HENRICHS: So the amendment did that. []

JEFF SANTEMA: Right, the amended bill right now as it's going General File. []

CANDY KENNEDY: To remove them. []

JEFF SANTEMA: To remove them. That's the committee amendment. []

KATHY MOORE: And, Senator Gay, I don't want them removed. (Laugh) []

SENATOR GAY: Well, I mean, but I think it's like there's, the way I gathered, it was, you know, they aren't here, they will come. But if they were doing all of this it kind of defeats the purpose of what I think the providers should be telling the committee here's what we want; here's what they're not doing. Instead of them sitting here and saying...being involved in that, in a way. Now I can see representative, I don't see that all these other committees out there are covered by staff. When they have a meeting they're going to have somebody there, you know, to help answer questions, I would assume. And I hope

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you do, don't you. Are there other...the other committees going on task force and all that, that you have to attend, right or a representative of... []

TODD LANDRY: Sure. There are others that we attend. I'm not aware of any others that are multi-branches of the government where I'm attending meetings where, you know, we're actually a voting member. To my knowledge, this is the only one where it falls under that category. Scot. []

SCOT ADAMS: That's my understanding as well. And, you know, the core issue was it just seemed odd that there may be recommendations along political or legislative or policy lines with which the executive branch disagreed. And it just didn't seem like a fair thing to do to the executive branch. So that was the original basis for that. []

KATHY MOORE: I wonder if there's any question about providing input? Because ten years from now the players will have changed. Whether or not there should be any language related to staff, you know, staffing being provided by or anything like that. I can't recall any language in any other bill that does that, that if there is uncertainty... []

SCOT ADAMS: Well, I think it should be noted for the record that the person who promised to help is the guy who's leaving in five years. []

KATHY MOORE: I know. (Laughter) I was trying not to single anything out. (Laughter) Ten year (inaudible). []

TODD LANDRY: I'm very pleased to commit future members of the executive branch at this point, yes. (Laugh) []

SENATOR GAY: But I would assume that...thank you for that. Well, I guess, yeah. []

TOM McBRIDE: Senator, I remember the day that we had the hearing on this. And it

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was after three and a half hours of hearing, and you know, it got to the end of the day, I actually testified in support of the bill, I mean the amendment as it went, you know. Simply it identified that we needed probation here. And after, you know, the initial two years ago when we had the vote on the recommendations and the problems that incurred, you know, I think the amendment holds merit so long as we do have people here that, you know, and the task force can ask, you know, Behavioral Health to do a recommendation, you know do a report. []

CANDY KENNEDY: Well, I agree with that to this point though, when we talked about having staff present and having someone at the table partnering with us to do the work that needs to be done, to build those relationships and make sure that what we're seeing is from everyone's perspective, different perspectives. I think it's very different than having someone show up and give us a report about what's going on than actually that interaction taking place. So that's my concern with that. []

TOM McBRIDE: Yeah. And I agree with you a lot. But I think that where we get (inaudible) is the...are you handled on the task force. []

CANDY KENNEDY: Are you saying Todd is too bossy? (Laugh) []

TOM McBRIDE: Well, no. I was talking more about Scot in this case. (Laughter) But, you know, I think that we create a situation where it can be more problematic than what it, you know, than Todd can help simply because recognizing constraints that they come with. []

CANDY KENNEDY: Um-hum. []

TOM McBRIDE: But I certainly want to keep working together. []

KATHY MOORE: And I think the key is what Scot said. This is...this group was created

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to be advisors. And the conflict that exists when an executive branch staff person needs to vote on something that may be counter to what their boss...that is a problem. And that's why when you look at other commissions you see that they frequently are nonvoting or are simply staff. So I think it does not preclude them partnering and giving us advice. It just removes them from that "conflictual" situation. []

SCOT ADAMS: I would note that we signed a joint letter in support of LB540 that we sent to the committee and a sort of brief letter, we support the concept. And then the second paragraph spoke about the resources that Todd promised. So we are actually on record for both of us for agreeing to help. []

SENATOR GAY: Yeah, all right. Well, we'll see how...yeah, and I think, I'm sure someone would be here to help out. Anything else on the legislative agenda? Should we move on. []

TOM McBRIDE: Has LB356 been scheduled? Do you have a hearing date? []

KATHY MOORE: Wednesday, this Wednesday, yeah. And LB345 is also this Wednesday. []

TODD LANDRY: Yeah. []

KATHY MOORE: And LB661 is that this Wednesday also? []

TODD LANDRY: LB661 was heard last week, I believe. []

SENATOR GAY: Yeah. That's my bill, right? (Inaudible) []

CANDY KENNEDY: Yeah. []

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SENATOR GAY: Anyway, on discussion on those, I guess they're coming up and we're still not done. And the other ones seem favorable to...I don't know how much time you spend on discussion of bills, but (inaudible) session, so...anything else on the legislative update that somebody wants to bring up or... []

CANDY KENNEDY: Yeah, I want to thank you for all the hard work you've been doing and the great bills that you've been working on and for being here today, so involved. []

SENATOR GAY: Thanks, Oh, thanks, appreciate that. Thanks, no problem. Thank you. Let's see if we can get you through this meeting and we'll kind of...all right. Well, legislative we'll end that and move onto task force recommendations, response to task force recommendations, Division of Behavioral Health. []

SCOT ADAMS: Yeah, items 5, 6, and 7 sort of come together into a document that we have here. And I'll be handing that out in a moment. But I'd also like to invite Maya Chilese to join us at this point. Come up and chat with us a little bit about this as well. Maya, Senator, you may or may not know is the administrator and program manager for the Children's Behavioral Health Unit within the Community Services Section. Everything that's right about this document is her responsibility and everything that's screwed up is probably mine. I don't see things like that (laugh) in the morning, still feeling good about things. (Laugh) We wanted to cover a couple of things here with regard to the task force recommendations, which is really the initial document. And then we also have some additional information in here that speaks to the out of state persons, young people being treated in services out of state. That continues a positive trend. I'd like Maya to maybe mention that a little bit. And then we have had a conversation previously in this task force, last couple of times, about proposed outcomes. And at the last meeting, as the minutes reflect, there was some considerable discussion and encouragement to provide additional feedback. We have received none. And so we have worked further on those and near finished then with outcome measures here. But want to have your review and comment about those today as well. So with

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that, Maya, would you walk us through the task force recommendations maybe just with highlights. At the last committee meeting it was recommended that we use verbatim language from that. And I think we have accomplished that task here. We have also added a couple of other columns, to note sort of previous comments made. So there may be no update. The third column then is sort of the update column from the last time. And if we're achieved, we've achieved, and so we move on. So hopefully it's a summary of activities as well as a current status report along those lines. So that's our intention anyway. With that, what highlights would you touch upon? []

MAYA CHILESE: Noting again, as Scot had said, that the third column is sort of the if anything has changed since the last meeting or if the goal had already been achieved. So in flipping through you would just note some of them become sort of updates or maybe goes for the future, since some of them are ongoing efforts. So they may just read as ongoing effort. For example, on page 3, recommendation number 1, ongoing efforts between the three divisions that are specifically related to children's behavioral health. Commenting also on 3 and 4, the at-risk managed care is being pursued. Some conversation and work along with the SIG about addressing what at-risk managed care would really look like. Onto page 4. Recommendations 5, 6, and 7, most of those are completed, maybe have some other ongoing thing. Recommendation 5, with some data, some things that will come out of this first year of all three divisions having a contract under the same ASO. So there will be some great availability of data that will come after this first fiscal cycle. Recommendation number 6, mostly completed and achieved. Some ongoing recommendations. Seven has a bill introduced to that. Notice, please, on page 5, 5 and 6, recommendation number 10 is quite long so I just flipped those so that they weren't split. So I'm not skipping 10, it's just on the following page. So 8, 9 and 11 and on page 5. []

KATHY MOORE: Can you...sorry. []

MAYA CHILESE: Yes, ma'am. []

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KATHY MOORE: We're trying to look at this for...this is, yeah, we need to just pause a little bit. To just say it's being done doesn't really help. For instance, on page 4, recommendation 5, where there was conversation about data. New data report person, that doesn't really tell me anything about what is being done related to data. []

SCOT ADAMS: She hasn't started yet. So there is not yet much to report. So you got it all. []

MAYA CHILESE: She starts today, in fact. Today is the first day of...the Division of Behavioral Health hired a data analysis person for our division. []

KATHY MOORE: Okay, okay. []

MAYA CHILESE: So today being her first day. []

KATHY MOORE: Okay. []

MAYA CHILESE: We said "hi" walking out the door over here, in fact. []

KATHY MOORE: Okay, great. And what is her name? []

SCOT ADAMS: Rachel West. []

MAYA CHILESE: Rachel West. []

KATHY MOORE: Okay, all right. Okay. []

SCOT ADAMS: And we can go into some additional depth with that. For instance, the quality team that has been developed to look at the Magellan data represents yet

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another element. That has been a cooperative venture with regard to the other divisions and Magellan. Nothing of much substance there has come out, but the processes are in place that, I think, will bear some fruit later on. []

CANDY KENNEDY: And there's a third team as well that has been working with a group that...and some providers to talk about data collection and how that's going and, you know, from them as well. []

KATHY MOORE: Yeah. What I'm seeking is that in several of the recommendations early on we had hoped that early last year, so over a year ago, that there would be an assessment of service availability, capacity and need. And so that's really what I was looking for. And that was woven into two or three of these recommendations. So I was trying to see whether or not there was anything that had been a product, if you will, that had been completed. So that was why I was struggling to see what... []

SCOT ADAMS: Thanks for the clarification. []

KATHY MOORE: So has there...are there any products related to need and capacity? []

TODD LANDRY: Well, maybe I can help with that. Can you...or ask a clarifying question. Which specific recommendation are you referring to? []

KATHY MOORE: Well, that's what I'm struggling with to see because we just got this. So I will...I will... []

TODD LANDRY: Well, these are the same recommendations that... []

KATHY MOORE: Right, right. []

TODD LANDRY: ...the task force passed. So I'm not sure which one you were referring

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to. []

KATHY MOORE: And I'll figure that out and come back to it. Thank you. []

TODD LANDRY: All right, great. []

KATHY MOORE: Thanks. Five, I believe, which is why I pointed to that one and took us back to that one, was a statewide analysis of child and adolescent behavioral health needs and current service capacity. So that is my recollection of the one that we were focusing on the most. But I will look to see if there were any others. []

TODD LANDRY: Thank you. []

KATHY MOORE: Um-hum. []

JEFF SANTEMA: Maya, how did you go about fulfilling recommendation number five? Recommendation number five talks about, you know, collaboration and so on. And previous activity talks about reporting collected by...jointly utilized ASO contract will greatly assist the division's data collection and analysis. Were you saying that this function is just sort of beginning... []

MAYA CHILESE: Yes. []

JEFF SANTEMA: ...with Rachel being hired? []

MAYA CHILESE: Yes. Two parts to that. One being that all three divisions are operating under the ASO. So we'll have a better ability to compare apples to apples in terms of looking at the services that are provided from each of the three divisions for our young people across the state. Inside of the Division of Behavioral Health then is a new data analysis person, Rachel West. So inside of our division being able to then receive the

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information out of the funds that are provided through our specific division, and then compare that inside of state and federal block grant funding compared to funds that might be utilized through the Division of Medicaid or Children and Family Services. So in the past when we haven't had the availability of really comparing, for example, young people that are served under the Division of Children and Family Services and then comparing that to the young people that are served outside of that division in different capacities. So at the end of this year we'll be able to produce, you know, have analyzed the year's worth of data out of the ASO and then be able to compare those things in general. So after the end of this fiscal cycle we would hope to be able to have a more clear report of those needs capacity, services, etcetera. []

JEFF SANTEMA: And what does the process look like to develop a statewide analysis of needs and capacity? If it's...if the recommendation talks about a collaborative effort with others and it sounds like primarily an inhouse kind of activity, or is that incorrect perception? []

MAYA CHILESE: Primarily, it would be an inhouse activity. Although we have asked SIG to provide some assistance in looking at from a greater stance in terms of capacity of sort of overlying what services are being provided, sort of use that pyramid again as our example of looking at what's being provided where, who provides the services, who has the capacity to make any changes in the provision of those services, etcetera. So the overlap of those would be sort of a hard document that would be able to be created. Now that specifically references capacity. A needs assessment is a different story altogether. The regions are asked to review a needs assessment of their specific region when making funding decisions over a period of a couple of years as it relates to their contract. So that's sort of a different...a needs assessment then becomes a different reporting mechanism then, looking at available capacity. []

JEFF SANTEMA: Can the task force expect some type of document then to come out of this process? []

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MAYA CHILESE: Yeah. Sort of a map of current services from the divisions as they...as I think, to me, a visual map of what that looks like on that pyramid structure would be a helpful document. And that would be something that we can produce. []

KATHY MOORE: And the Magellan contract I thought was supposed to have produced some data this year. And there were problems in that data set. Have those been corrected? (Inaudible) will your new person begin receiving data from Magellan? Because my understanding was the contract that started last year was supposed to begin producing this data. And so has that...is that occurring? []

SCOT ADAMS: In our data, yeah. []

MAYA CHILESE: Um-hum. []

KATHY MOORE: And are those correct? When we got our Kids Count data we were told that there were problems. And so we could not get data for last year. So is that now corrected and available or... []

TODD LANDRY: Well, keep in mind that contract started on July of last year. So (inaudible) July in '08. So that contract has only been in place for a little over six months. And so at the time of the Kids Count data report... []

KATHY MOORE: That was not representative of the new.... []

TODD LANDRY: ...not reflective of the new. Right. []

KATHY MOORE: Thanks. []

JEFF SANTEMA: And is this service capacity survey or compilation, is that going to be

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a big part of the new Web site that's coming up on March 18th as well? []

SCOT ADAMS: The data would not be part of that Web site. It would be part of the division's Web site, which is more of an administrative kind of Web site and that kind of thing, Jeff. The new Web site would be more consumer oriented kinds of things. []

JEFF SANTEMA: Okay. And it will be incorporated into the Division of Behavioral Health's Web site? []

SCOT ADAMS: It will be...there will be links back and forth, yes. []

JEFF SANTEMA: Okay. []

MAYA CHILESE: Okay. And flipping forward on page 5, 8, 9, and 11... []

JEFF SANTEMA: Maya, I'm sorry. []

MAYA CHILESE: Yes, sir. []

JEFF SANTEMA: This...you mentioned your working with SIG or relying on SIG for some assistance. Could you describe the working relationship with SIG and how you're relying upon them to input this process. []

MAYA CHILESE: Um-hum. um-hum. []

JEFF SANTEMA: Maybe you have a SIG update later on too, and I apologize for jumping them. []

MAYA CHILESE: Yep. []

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SCOT ADAMS: There is. []

MAYA CHILESE: That's okay. Yep. there's a page of (inaudible). []

SCOT ADAMS: Why don't we handle that at that point. []

JEFF SANTEMA: That sounds fine. []

MAYA CHILESE: On page 5, 8, 9, and 11, recent activities, services being delivered by community providers for number 8. That was a previous conversation about the Hastings Regional Center proposal. []

TOM McBRIDE: I'm going to talk to number 9 again. Scot started walking back this way. But that really looks like, you know, when you break it down it's a two-part recommendation to ensure that all the appropriate needs for behavioral health and substance abuse are assessed by kids that go into YRTC. And then the second half of the task force recommends (inaudible), we pursue alternatives for referral of YRTC (inaudible) to Hastings Regional Center for substance abuse treatment whenever possible and appropriate. Recognize that the when the department started the plan to create a different facility somewhere with \$18 million or something like that, and recognizing that we're having an economic downturn, you know, in the country and that that's been placed on hold. Is there any effort to accomplish the second half of that to where community-based providers are being referred to for kids in YRTC? []

TODD LANDRY: Well, I guess, I'll attack those one at a time. Regarding youth being assessed, all youth are in fact being assessed when they come into YRTC. []

TOM McBRIDE: (Inaudible.) []

TODD LANDRY: I thought I'd address both of those points. (Laugh) []

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SCOT ADAMS: Be careful what you ask for. []

TODD LANDRY: They are appropriately being assessed, in my opinion. We can go into more details about that, if you'd like. Regarding the second piece of that, your summary is accurate. The department did propose a capital construction request. But because of the economic situation in our state and our nation finds itself in at this time it was determined that it would be more appropriate to not push forward with those as it was not included as part of the Governor's recommendation out of the Governor's budget request. At this point, our top primary goal, of course, for youth that come to YRTC Kearney is to ensure that those who meet those qualifications and needs are in fact receiving appropriate substance abuse treatment. That is our first and primary goal. We believe, as we have talked about in this committee on numerous occasions in the past, that it is not necessarily appropriate to refer those youth right back into the communities in which the judges have ordered that they be removed from and sent to YRTC Kearney. We also have a significant concern with the security pieces in place at many of the community-based facilities and would be very concerned, keep in mind that the Office of Juvenile Services has to in fact ensure not only community safety but youth safety as well, both components not just one. So at this point in time, while we are always considering future options and opportunities that may be available to improve the treatment efficacy or placement of those kids, at this point in time given the direction and given the challenges that we have within our state budget at this time we are at this point continuing to provide the substance abuse treatment for those youth at the Hastings Center. []

TOM McBRIDE: We can continue our discussion with that. But, you know, because we get into scary things. And it's like...it's a scale that goes back and forth, yes, they're placed, they're evaluated. Actually, they're placed at YRTC by the judges not to (inaudible). []

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TODD LANDRY: They are placed at YRTC, that is correct. And then are paroled to the Hastings Regional Center. That is correct. []

TOM McBRIDE: And parole means that there is a belief that you can continue in a role that would be less than what security requirements of a more secure facility. I haven't seen anybody paroled to a more secure environment. And I still think that, and this is me speaking as provided. We've gone over it, we'll hash over it. But some of those kids can be served out in the community-based situations. When we talk to people at the YRTC, one of the things that they're very proud of is the young person's involvement in the community, which...and they're not totally locked down at HRC. []

TODD LANDRY: That is true. []

TOM McBRIDE: So you know, we'll just... []

TODD LANDRY: Yeah, and again there is a difference, a philosophical difference perhaps with this. I don't know if you've ever though addressed the issue or the fact that these youth have all previously failed in those exact same community providers and community settings. So why do you believe that this time would be different versus the one, two, three or more times that those same youth have failed in those same community settings? []

TOM McBRIDE: And you know, that argument just doesn't hold much water with me. And we look at that a lot (inaudible). []

TODD LANDRY: Why not? Why doesn't it? []

TOM McBRIDE: Well a lot of those are, I mean we've looked at those numbers in the past, are outpatient services. We have absolutely nothing to this point that I've seen to indicate that coming out of that...and I'm not talking that HRC is not providing a good

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treatment program, don't get me wrong there. But there is nothing to indicate that those kids are, you know, and the one side to that argument that's never stated is that, you know, okay, they failed in other places, so we've got them. And it almost makes the argument seem like, you know, they've gone through the program at Hastings, now they're successful because they've not succeeded at other places. We have absolutely no data, you know, to follow up on that. []

SENATOR GAY: Well, that could be a good topic for another meeting. We'll bring it up at another meeting because this...we're not going to get into it right now. But the reason why is, you know, I'm just kind of...first meeting for me. So maybe I'll change things a little for you. But all these recommendations that we haven't done anything on, maybe those are good topics to just discuss and get data on the kids and have a discussion. And this is probably exactly why these guys would be off this committee because then you have a recommendation to tell the department to do something. So I wonder if at some point on these...check on some of the ones that haven't been done or recent activities are not done and discuss those at another meeting. And have, you know, let's look at some of these records, take the names off, of course, and have that discussion and say what's being done then or what could we do instead of...because I think it's just philosophical right now, a difference of opinion. At some point, you know, someone else has to make that decision anyway. So that would be a good one, I think, to come back to at another meeting. And several of these that have no recent activities, because I saw some that were done already. I don't know why they're still on the list. Maybe we should get this down a little more. []

SCOT ADAMS: We were asked to use these (inaudible) language. []

_____: Yeah, yeah. []

SENATOR GAY: Oh, okay. Thank you. []

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KATHY MOORE: I think you've hit the nail on the head. And what I actually was going to suggest is that as we go through these, maybe we can highlight the ones that we think need more detailed discussion. And it's probably going to take a bit of review on all of our parts because some of the things that were done may not speak to the whole recommendation as Tom is playing out. And so maybe we can plan on a subsequent meeting being a little lengthier and just really drilling down on a couple of the recommendations that we think might be a priority. I think that's a good idea. []

SENATOR GAY: All right. So now we can move on. []

CANDY KENNEDY: Before April 1. []

TOM McBRIDE: Can we even remove some of these recommendations? Like number eight has been there I think... []

SENATOR GAY: Yeah, that's what I'm thinking too. It's like there's no sense to go through these. Well, let's...can we move on then, Maya? What are we on now? What is it 10 or... []

MAYA CHILESE: Yeah, that would put us on page 10, or page 6, number 10. []

TODD LANDRY: And I presume you don't have any questions for us at this time about the (inaudible) about the recommendations that are outside the purview of HHS? []

KATHY MOORE: Correct. []

CANDY KENNEDY: Yeah, today. []

SCOT ADAMS: Yeah, that is sort of the point. Just leave them on. []

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_____: Yeah, don't remove them. []

MAYA CHILESE: Recent activities, as I note in recommendation number 10, is the department is pursuing the at-risk managed care to achieve this recommendation. An actuarial study will be presumed to produce some results for that. Seven and eight are on the last two pages that complete the recommendations; 12, 13, and 14 are on number 7, recommendation achieved. For 12, 13, note Senator Johnson is the head. Fourteen is legislation currently in the Unicameral. Fifteen and 16, and we'll complete 15, called for the department to provide a plan. The specific implementation plan was indeed provided. However, ongoing reporting...just, portion of which is the document you're currently looking at, and 16 as well. So the remaining documents, most of the remaining documents speak to some of the proposed outcomes that were presented at the last task force meeting with some information on those as requested. Some of this still is in discussion or in analysis. Proposed outcome on the first page, we're serving more youth in-home versus out of home. The demonstration of where the numbers are at currently with the 2007 data being the baseline. Rather this graph demonstrates April 2006 that 7,803 was the beginning number. The current number as of January is 6,365. So even within a small period of time there has been a reduction in that. You can look on the next page as well. The reduction in population of state wards. There's a lot of conversation about the...in the community conversations about Children's Behavioral Health and people sort of asking, is there a target number or a target goal that we would be aiming at? Which served as good conversation for us and thinking about really what would that really look like in comparing our state to some other national standards. Some states are in between 4,000 to 5,000. A lot of conversation, however, around there isn't necessarily a specific goal. It certainly can't be zero. Would the economic conditions increase it? Out of...one of the sort of out of our control, out of our hands reasons, so a lot of conversation about really ensuring that the reduction in state wards would be carried forth with the movement and success four out of the SFR reviews. Some great efforts in downward turn there, ensuring that young people that could be receiving services outside of state wardship are clearly a target population to reduce

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that number. But those young people that are in a state wardship related to safety issues then currently would...clearly need to stay there. So good conversations in the communities about what would be sort of a target goal for that. And that question still remains. It's sort of a don't really know. Is it necessarily an appropriate number on the continued evaluation of the process for managing and identifying genuine safety needs. It's currently being reviewed. Page 11, the other proposed income. There was some conversation about this at the last task force. And looking at increasing the Child and Adolescent Consumer Survey results. There's quite a bit of difficulty around this specific portion of the consumer survey. This consumer survey relates to the Division of Behavioral Health's contract with public health to survey consumers that receive services through the Division of Behavioral Health. I would like to note that this particular portion of this consumer survey, which has some national indicators, has actually been dropped by several states because of the difficulty to really be able to identify and measure consumer results for both youth and family, considering the fact that the perception of the consumer, be it youth or family, may be different. For example, a youth may feel that they're in a better place but a parent does not, or a parent wanted a specific level of care or may have had some interaction with several different bodies, be it for example a case manager or a treatment provider or such and such. Then the difficulty in being able to capture genuine outcomes or those are some things that become difficult. So we continue to leave this on as a proposed outcome. We will measure it again. But a lot of good conversation even within the Youth Systems Team about what really is an appropriate way to get to this? Would it be better to be able to analyze, for example, the consumer survey results out of the Professional Partners Program or other specific treatment providers as opposed to utilizing this particular consumer survey. So we will be using this survey again in the next year. Haven't had any plans to drop it as a measurable indicator. However, still in sort of that phase of conversating about whether or not this particular tool gets us an accurate measurement of consumer satisfaction. []

SENATOR GAY: And why are you doing this? Is this a bill or something or just... []

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SCOT ADAMS: Yeah, the reason for this really is that there have been...other states have identified difficulties and also within SAMHSA about the utility of this. The great value of this was there's a nationally done, and it had a number of years underneath it. And so it had track record, context, and all that kind of stuff. In other words, you could plug in Nebraska's data and look how it was doing compared to the nation. The problem was nobody...people began to wonder if the data was valid and if it was actually measuring what it was supposed to measure. And so there's a national conversation going on with regard to the reliability and the validity of the measures themselves. And so for now it's the best game in town. But what we're looking for, and Nebraska could, you know, you could contract with the university, come up with a new measure and go do it. Now you're lacking national context and valid so that you end up with a number. Pick a number, 100, does that mean anything? You don't know without context. And so those are some of the issues that are at play. If Nebraska's number is 100 and the national average is 90, that tells you something, it's 10 more than the national average. But if it's just a number without context it's really a very meaningless exercise and can be used in...for wrong ways. []

SENATOR GAY: But why are we doing this? []

SCOT ADAMS: Because we are trying to find a way to look at are things getting better for families with kids who have behavioral health disorders in the system. And so how do you measure that. The earlier ones with regard to wards of the state and out of home care are okay, but not all of those kids by a long shot are behavioral health kids. And so that doesn't quite capture it. And so we wanted to look more specifically at behavioral health where they may stay with children. And then we get into the complexities of measurement. []

SENATOR GAY: Okay. So you're looking at... []

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SCOT ADAMS: So why are we doing it? We're doing it because, (a) we were asked to develop some outcomes; and secondly, to specifically measure if people are getting better in Nebraska with behavioral health disorders. Are we making progress? []

SENATOR GAY: Okay. I mean you were asked to develop the outcomes by this committee here or by... []

SCOT ADAMS: Essentially, it was the process of this committee by which those ideas came about, yes. []

KATHY MOORE: How many years have you been doing...using this survey? []

SCOT ADAMS: It goes back to '06-07 or the data, so not a long time, but four years. []

KATHY MOORE: Okay. Are there any federal dollars that flow through with this survey? I know there are some through CDC for other kinds of surveys. []

SCOT ADAMS: Yeah. I don't know the answer to that question specifically, Kathy, as I understand your question. We have a data infrastructure grant within the Mental Health Block Grant that helps us to do some of the funding kinds of things. I don't know if that's the kind of thing that you're asking for or not with regard to this though. []

KATHY MOORE: There are some survey tools like the tobacco...the preventive surveys the (inaudible) and tobacco, where some other dollars... []

MAYA CHILESE: Are required for (inaudible). []

KATHY MOORE: Yeah. Require that your state use that particular survey. So I just wondered if this was attached to any other grant requirement or... []

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MAYA CHILESE: It's not required... []

KATHY MOORE: Okay. []

MAYA CHILESE: ...in order to receive the funding. []

KATHY MOORE: Okay, okay. []

SENATOR GAY: So what's the cost of this, to do this, to do the survey? []

SCOT ADAMS: I'll have to get that...I will get that answer to you. []

SENATOR GAY: How many people are involved? []

SCOT ADAMS: I would say the Division of Public Health does this. It is a randomized survey and it is of all folks that have been through the treatment system. And so it is scientifically valid in terms of the population it's after. So it's a high level (inaudible) survey with regard to that. It's not just a convenient sample or ask them on the way out the door kind of thing. But I'll get you the numbers of cost on that. []

SENATOR GAY: Yeah of how many people they have doing it. So it's not really attached to anything, no federal grant money or anything like that? You do this survey and what do you do with the results? []

SCOT ADAMS: We have been doing it to provide us with information with regard to the state of Nebraska and behavioral health activities. []

SENATOR GAY: How many other surveys do you do like that? []

SCOT ADAMS: How many other surveys do we do? We probably do...we participate in

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one way or another probably in two or three major surveys asking different sets of questions in different ways. As Kathy noted, there's one around the tobacco side that is done that we participate in, there's the BRFSS study, and this one. So there are probably about three that are asking different questions of the big topic of behavioral health. []

SENATOR GAY: And then when you get the results what do you do with that? []

SCOT ADAMS: We typically put those on our Web site, review them with their relevant parties. The tobacco stuff, for example, is related to enforcement issues. And so we report that back to the federal government which has requirements not to sell tobacco to kids. And so we're surveying vendors of tobacco products and conducting those kinds of activities to guide where we ought to target enforcement as well as educational efforts. []

SENATOR GAY: Yeah, I guess I'd be interested in that on some other meeting, just as an aside, what you're doing, what the cost is, what you're doing with the results, and why you're even doing this. I understand why you want to do a survey to follow up. But also, you know, if those resources could be used on something else. []

SCOT ADAMS: Um-huh. It will be in the summary for next time. []

KATHY MOORE: As a part of that, you mentioned the Data Infrastructure Grant, DIG. Is this new, is this separate from SIG? I think... []

SCOT ADAMS: Yes. []

KATHY MOORE: ...this may be the first time (inaudible). []

SCOT ADAMS: It's part of the Mental Health Block Grant. []

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KATHY MOORE: So (inaudible). []

SCOT ADAMS: Yeah, it's part of the Mental Health Block Grant process. And it's the Data Infrastructure Grant. And is intended to help us develop further our ability to measure behavioral health questions and is largely responsible for ability to populate the tables in the Mental Health Block Grant. The Shinobo Watanabe-Galloway data,... []

KATHY MOORE: Um-hum. []

SCOT ADAMS: ...if that sounds familiar to you, that would be something that might ring a bell for you. []

KATHY MOORE: Um-hum. []

SCOT ADAMS: The money from DIG helped to fund that work with regard to adult behavioral health activities. []

KATHY MOORE: But if that could be on the same agenda item, it sounds like it might be helpful. []

SCOT ADAMS: Sure. []

MAYA CHILESE: Okay. Page 12, we had proposed the outcome or at least made note of the...the potential goal was to increase in functionality for youth receiving professional partner services. At this time we've asked SIG, in this final year, to do an analysis of the program itself, not only looking at data but in looking in the fiscal reporting and the application of the services themselves. So SIGs program evaluator, through UNL Center for At Risk Youth, is doing some technical assistance to each region this year. In attempting to analyze their data from this first half of this fiscal cycle there was some

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difficulty in being able to aggregate the data because it was coming in, in different capacities. For example, one would send it in an ACCESS database, one would send it in Excel, or one would send it with the, you know, the column instead of DOB, date of birth, therefore are very difficult to come together with that. So the program evaluator said enough is enough, going to drive to each region, help them build a database that then would get us to the place where we could come to in aggregate statewide information. Each region's database, of course, worked for their specific purposes. But then it became very difficult for us to get to any sort of apples to apples sort of information. So at this point in time, we actually met with professional partners and the program evaluator last week. So they will be traveling within the next couple of months to each region to create a data system that will help us to be able to more easily evaluate the effectiveness of that program overall. So most likely by the time there's another task force meeting we will have a good set of apples to apples data to be able to offer in regard to that specific program. []

SENATOR GAY: So when you do you think that would be? Like the next quarter? []

MAYA CHILESE: Yep. He's traveling within the next month, March to April, before a surgery. So I know he wanted to get out within the next couple of weeks and then be able to analyze that. All of the regions had submitted their data. Then he was using the resources through the university to be able to either sometimes just hand punch from paper into a new database. And so that would probably take, you know, a good couple of months I think. I would suspect within the next quarter they'd have some report to be able to produce for us to look at, at least as a baseline. []

SCOT ADAMS: The funny part of this is, you know, one might have been able to have guessed with six regions you'd have six different methods of reporting. With six regions we actually had seven different methods of reporting, just to show that a multiplicity of opportunity out there. (Laugh) []

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CANDY KENNEDY: Yeah. Maya was quite calm in explaining this. I was think that I'd heard this also from the evaluator, his conversation about it. It was much more animated. (Laugh) []

TOM McBRIDE: Does everybody use the CAFAS? []

MAYA CHILESE: Yes. They are required to use the CAFAS, all the professional partners are, um-hum. []

TOM McBRIDE: Okay. []

MAYA CHILESE: Page 13, this was another one of those debatable outcomes. This year in each region's contract we had said you will have a transition team. And had just asked that they begin reporting on some very simple data. It's not really data that gets us a solid this is what they're doing, but it was a start of a year for them to be able to identify the development of those teams, the partnership that will be at the table for those teams, be able to track something. So with the goal being to achieve a seamless transition of youth needing adult behavioral health services, all we had asked the regions to start to provide this year for us to be able to have a picture of who they're serving, who comes in, where they're coming from. We merely ask for them to track the number of referrals, the number of youth that left with a plan so to speak. Most of those young people are being served in an agency, therefore that caseworker, that agency may actually hold the treatment plan. The transition team itself is not in the role of creating the plan, but rather making recommendations. We have asked SIG also this year to provide technical assistance to each regional team in looking at the development of that team as it meets the systems of care principles, in ensuring a better development of the process for that transition and that they have the appropriate people at the table. We have also asked the Youth Systems Teams, at the federation, and I have been running this year to really take a better look at what would be the most appropriate indicators to measure. Clearly, the number of referrals isn't getting us very

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far in terms of really looking at the needs of these young people. But asked for this input for what would be the indicators you see that you think are most appropriate to measure? How would we get ourselves there? Who should be at the table? We have another meeting scheduled within a couple of months where voc rehab and some other representatives from each of the educational service units will also be at that meeting as well as some youth in transition with the attempts to get us at a better place of being able to say, here's an appropriate measure for these transition teams, etcetera. Fourteen is a summary of the Children's Behavioral Health Community Presentations. Dr. Adams, Vicki Maca, myself traveled to each one of the behavioral health regions to provide essentially sort of a skeleton summary of the implementation plan. You'll find in one column there then the dates and the approximate number that were in attendance. And just a real brief summary in terms of what was presented. It was again, as I'd said, sort of a PowerPoint that had an overview of the core values and guiding principles nationally and that came out of LB542's...the department's implementation report. A couple mentions of some of the common questions were about the HRC facility, the upcoming potential at-risk managed care, performance based contracting, those sorts of things were common questions. Overall, audiences were very supportive of, of course, the intent to strength family center practice, to secure least restrictive environments and those sorts of things, guiding principles, those sorts of values overall were well supported. Page 15 is an update on the state infrastructure grant. In the last task force report we provided the way the SIG steering committee has managed that grant underneath the four goals. So there were initiatives occurring underneath each of the four goals. What I had asked the state infrastructure grant then to do within, you know, we're in the last six months, we're in the last final play of the game, was really to report what are the last few projects that are still on the table, what are the things that need to be finished. And so these bullet points here are some of those last efforts that are still either occurring or have yet to occur within this last six months or so. These are not all of them but these are most of the bigger projects that are still occurring. There are two SIG steering committee meetings left. As you know the SIG steering committee or the SIG projects falls on a federal fiscal year, so that would put two more final steering

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committees to fall within the remainder of this last term. We have asked then that the SIG steering committee for those last couple of terms and we'll provide sort of a show and tell, if you will, of some of their projects, some of the products that might have come out of that, if you will. The need for sort of a, for lack of a better term, a marketing plan, if you will, of who would be the appropriate providers who would benefit from some of the products. For example, the medical curriculum, the evidence based policy academy that would be coming later this fall, those sorts of things. I'd be welcome to provide any other details if requested around some of the other SIG projects. []

KATHY MOORE: What do you see in terms of the future of SIG? I'm looking like at recommendation 6, which talks about SIG related to implementation. And I think that they have been used as an oversight committee, if you will. So at the end of the six-month period, what do you see as the next step? []

MAYA CHILESE: I think they are...SIG has done so many specific tasks. One of the things that we talked about the last steering committee was coming back to a place of recognizing the forest around the trees because there were so many projects and sharing that bigger picture was still encapsulated and then delivered as appropriate. And really being able to then identify what are those specific things that have framed a philosophical approach to treatment services, or what are the specific products that we would then need to ensure dissemination of, etcetera. And then even moving forward and who becomes sort of the overarching body of any of those things. And there's been some discussion about because the SIG steering committee has provided some oversight to the Children's Behavioral Health and then these this task force, so would there really be a need for a continuation of something. The federation and I and the department and the development of the Youth Systems Team this year, which is sort of more that local level. These are the people who walk out what we're doing, that are walking out in the future for the state infrastructure grant some of those initiatives. We felt that having that next level, that regional and local level, people's input on the production of any of those particular products or goals or missions would be imperative

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to the success of the continuation of those initial efforts. So at this time, the development and use of that Youth Systems Team is a helpful tool in ensuring that most of the strategies continue. []

SCOT ADAMS: Let me add another...maybe another way to approach it as well. Some of the items will be sort of complete products in and of themselves. The...I'm not quite sure what word to use, is essentially an inventory of best practices and the library of that. And that will be on the Web site permanently and available and promoted from time to time as out there. Other things will have a lasting impact in terms of some of the training that has gone on. And so as agencies and groups of individuals interested in particular topics have been trained in different things across the state, hopefully, that will have lasting impact as well. Some of the things will go away. Although all of the activity will be captured in final reports and that will continue to be out there as well. []

RUTH HENRICHS: So, Scot, there won't be staff that will be employed using...taking current dollars from something else to keep SIG alive after the grant goes away? []

SCOT ADAMS: There are no intentions for that at this point, Ruth. []

MAYA CHILESE: The last three pages are a report from Nebraska Medicaid Behavioral Health Expenditures, specifically relating to out of state psychiatric residential care, demonstrating a decrease in the number of youth that have been placed out of state. That last table is a little bit easier to look at, the third page, demonstrating the decrease. []

RUTH HENRICHS: Can you speak to why that decrease has occurred? []

MAYA CHILESE: I would ask for Mr. Landry to report on that one. []

TODD LANDRY: There's a significant...there's been a significant focus over the past

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couple of years to critically look at the number of youth who were being placed out of state and determine whether or not they could be more appropriately served closer instate, at least if possible, if not closer to their communities, unless there was a reason why they could not be. And so we've done a lot of consorting work in evaluating those cases. And one of the things that has helped us significant is the reduction of the total number of state wards, those other resources now have been freed up within our state for more of our youth within our state to be served within the confines of Nebraska. []

RUTH HENRICHS: I'm smiling and you don't have to comment to this. But for years we were always told that all these 60 to 80 kids were out of state because there was no provider in Nebraska that could deal with the difficulty of those kids. []

TODD LANDRY: Um-hum. []

RUTH HENRICHS: And now it's because there are beds available because we don't have as many kids in the system. []

TODD LANDRY: Well, I don't know if you've ever heard me say this because of the difficulty of those kids. So I can't (inaudible). []

RUTH HENRICHS: It might have been (inaudible) here, but I'm smiling. []

TODD LANDRY: But what I can say is that you know, one of the reasons we said that we wanted to reduce the total number of kids in our system was so that we had more resources available for the kids who truly needed it. Now does that mean that all of our kids, 100 percent of our kids, 100 percent of the time will be able to be served forever more, 100 percent within the state of Nebraska? No. []

RUTH HENRICHS: No. []

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TODD LANDRY: I think that's unrealistic. I don't know what the exact, quote, unquote right number is. It probably varies from day to day, from month to month, based on the needs of the kids. But I think what you see here is yet another indication of the impact, in my opinion, the impact of the continued focus on permanency, the continued focus on moving safely...moving kids safely back home or into other permanent alternative arrangements as quickly as possible. And I think this is just another indication of what happens when you have a strategy that is focused on those pieces. And, in my opinion, it's working. []

SCOT ADAMS: I would add a couple of other pieces of information in this as well. One is to say that I believe all of these have been refused by instate providers. I think that that is still a true statement. There's nobody here who wasn't, first of all, considered by instate providers. That conversation over time though, I think, is one of the ways that a system gets better or evolves or something so that there is better capacity to address and to take people. But it also may well be economically driven on the part of some providers. The second piece of information I would say is that I believe that the high number in terms of (inaudible) recipients out of state was 76 back in '05. And we are only keeping track of a couple of years of data here. But it's even a more continuing trend line that began sometime ago. []

RUTH HENRICHS: Yeah. It's not a critical thing. I mean, I think...I mean I'm glad to see the numbers change. I just am...I just want to encourage us to keep having the data and knowing why this is happening. I mean, we don't have any new providers, so... []

KATHY MOORE: And I think this actually may tie back to the points that Tom was raising, that at a future meeting we can really look at the data. Because we did receive some data a year ago maybe listing different kids at the Hastings Regional Center Substance Abuse Program and some of their previous placements. And Tom is right, some were outpatients, some were inpatient. But to really sit down and look at the data and see what kids aren't able to be cared for and why will lend itself to not only the

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Hastings Regional Center discussion but to this discussion as well, I think really lends itself to the partnership. And I think that's a lot of what is occurring now under the request for bid process for the new children and family program. But we need similar discussions around behavioral health specifically. []

TOM McBRIDE: Yeah. You know, I think this is amazing, these numbers. I think back in the mid-1990s when we had 130-some. []

KATHY MOORE: Yeah. I was going to say I think actually you're being conservative. I think I can remember at least a number of 90-some. []

TOM McBRIDE: Wow. []

KATHY MOORE: This has been an issue for 15 to 20 years. I would hesitate to figure out how far back. []

SCOT ADAMS: Yeah, good. []

RUTH HENRICHS: So we're doing something right. []

KATHY MOORE: Yeah, yeah. []

RUTH HENRICHS: I mean I think it's a good signal. But the data would be helpful, I think, for another reason in that as we want to develop the system of care and keep kids as close as we can to families. And if providers have more beds available now because there are fewer kids in the system, if we knew the data on these kids and the background, there may be a Nebraska provider, maybe Todd would...I mean there might be a way to serve these children. You know, if we can develop secure facilities for one group of kids, what is it about these that remain that we couldn't look at and keep closer to parents and probably do it less expensive, at least to the families who have to

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travel so far. So I think it's great, it's wonderful. []

TODD LANDRY: And I would also just add, I think the other thing that has happened over the course of the past couple of years is that more of our instate providers have indicated a willingness and a desire to serve some of these very difficult kids who in the past they were not willing to provide for. []

RUTH HENRICHS: I can't speak to that. []

SENATOR GAY: All right, sounds good. Is that it? []

SCOT ADAMS: So that really covers items 5, 6, and 7 on the agenda. []

SENATOR GAY: All right, then other business. Does anyone have anything to bring up on that? No public comment. Anybody in the public want to comment? I don't see any. And we'll have a meeting next month, at the end of the month I think is what we should do, because there's no sense to have a meeting every quarter or every six months. To me that's a waste of just (inaudible). []

KATHY MOORE: Takes you too long to catchup (inaudible). []

SENATOR GAY: So next month, if you have recommendations, I'm going to review this, go over what I think we should discuss. One thing, just noticing real quick if we've already...does everyone agree, when we look at these recommendations that Maya gave us, if they're achieved, are they achieved or not? []

RUTH HENRICHS: Could we have time to read first the report? I don't feel I would want to answer that today. []

SENATOR GAY: All right. []

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RUTH HENRICHS: I mean it may be achieved in the sense that the survey or the instrument was developed. But if we don't have the feedback from that then I'm not sure I think...I didn't just want to write that goal to get an instrument. If I don't get information from it.. []

SENATOR GAY: Well, then why don't we do this, let's say take time to look at these. Get back to Jeff and say, here's what I'd like to discuss. Give me some options of what you want to discuss on the next agenda. I'm thinking probably third week of March or somewhere or the end of the month. Time flies, that's not (inaudible). But let's bite it off, little pieces at a time instead of just everything at once. So I'll look through these recommendations, too, and just say, hey, if we're comfortable there, let's kind of clear that off the table. So we just don't get confused. Maybe it's just confusing for me since this is my first meeting probably. But either way, it shouldn't just keep popping up. I think you need to keep moving forward. So if you think that those recommendations have been approved, I mean, let's move on. []

KATHY MOORE: I think you're right in that the vision...part of the point we were trying to make in December was that we produced a report; they had produced a responding report. And then they continued to give us updates on their responding report, which didn't include a couple of our recommendations. But I think to your point what we really hope is that we would be able to check off, eliminate some things and move on to additional recommendations. And so in order to do that I think you're correct, that we'll have to scale it down to some degree. []

SENATOR GAY: Right. And then those ones, though, I'm just glancing through here that are what I'd consider, and I'll bring up to, you know, for legislative, like number 11, insurance parity. That is what it is. And take time, there's nothing they can do about it, I don't think. So on those we could...that would probably be deleted. Some of these other things I saw, you know, we'll look at, let's just look at those and say, hey, I agree that 1,

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7, and 14 are done. And then we'll cross those off the list. Come back and say if you've got ideas which you'd like to discuss at a meeting within reason, I mean, we're all super busy at this point. But keep moving forward that would be kind of a good thing. Other than that, I don't have anything else. Anyone else have anything you want to bring up? All right. And we'll get a date as best we can, I'm thinking end of the month or whatever. All right, all right, thanks for your time. []