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JIM JENSEN: Ladies and gentlemen, why don't you take your seats, task force members, and we'll begin. I think everyone will be here. I know Todd Landry is at, I believe, a press conference or something anyway, and will be joining us a little later. And we didn't have anyone that said they would not be here. So let's go ahead and get started. We again have a pretty full agenda. You do have that agenda before you. Are there any additions, corrections that anyone would like to make to that? And also the minutes were circulated from September 19. Any changed to that that anyone might have? And on September 19, on those minutes was circulated also the topics that we discussed and that we presented to everyone here. Of course, that's part of the material that was circulated. Are there any changes, any comments to that as we move forward? We're going to be doing a very similar format today. We will kind of pick up from where we left off. If you'll recall, what did we do, get down to 5 or something like that? And we still left some on there, as well as we have that same format again with some more. So when we break for lunch, we'll do a working lunch, and start into that. I also thought what we might do...well, are there any comments anyone would like to make to those? Additions, corrections? Okay, thank you. The Health Committee did a tour. And I remember those years so vividly as we would trek across Nebraska. And I know they just recently got back last week, started out at Scottsbluff, and worked their way back through the state. I will say this, you really have a much greater appreciation for the state and the people in the state when you do that. And Senator Johnson and his committee were out there, and I think Todd Landry was along with them. But, Senator, do you have any comments that you wanted to make? First of all, you might tell them where all you went? []

SENATOR JOHNSON: Well, I guess, maybe the thing to do, Jim, is just work our way west to east. And by the way, we did put 1,300 miles on the van. And you know, other than a caved in rope on the van, and what else, Jeff, (inaudible). (Laugh) []

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JEFF SANTEMA: That's another story. []

SENATOR JOHNSON: No. Jeff really did an excellent job of getting us where we needed to be and so on. And we had just an excellent tour. We did start in Scottsbluff. And it was a day as beautiful as yesterday was. It's pretty hard to keep from going up on top of Scottsbluff and looking around. But we did do some very good things. First of all, the old Hiram Scott Campus, that's been converted into the veterans home out there, excellent use of it. Just fits in very well. Sure, there are things that you would do a little bit better if you were to start fresh. But it's very good use of the facility. And then we went through the Panhandle at Community Services, and actually went not to just their administrative side, but to a functioning health clinic, both dental and medical, and really seemed to be going very well again with an excellent staff. Then on to North Platte, just basically had conversations here with the staff and so on. And then on to Kearney, the next morning, and went through what we used to call the boys trading school, or the YRTC. Again, think that we were impressed with the staff there, and particularly the educational aspects of it. They really work on that aspect of it. And I'm going to jump ahead for a second. We went out to the Lancaster County Juvenile Detention Facility. And again, that was the thing that jumped out at you. And one thing in particular is that they thought that they got virtually every kid out there who went through interested in reading books. That was one of the most popular things that they did was to pick out good books and read them, which would of course stick with you. Anyhow, from there we went on a tour of lots of facilities around the Grand Island area, similar to what had taken place up in Omaha some time here in the past year. Had a very good luncheon discussion regarding where we're at with different cultures. Obviously, we think of the Latino's and the problems that might be specific to them. But there are Somalian's all different groups involved and so on. Again, an excellent time. And then took off for Norfolk, and got there about 10:15. And were up bright and early the next morning. Went first to their office staff, and some of them got briefed there. Jim, I think one of the neat things we saw there is that we did get a tour of the new mental health area in the Old Faith Regional. It's been completely redone. They're about to open, and it is very,

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very nice. And they should be...oh, and Jeff, do you remember the exact time? []

JEFF SANTEMA: I think by the end of this month, Senator. []

SENATOR JOHNSON: Been waiting a long time with constant delays, it seems. But it's going to have been worthwhile waiting for. It was very nice, and encourage you all to get up there sometime and take a look at it. Then went to a group home for chemically dependent kids. And again, impressed, not only just with the facility, but with the staff there as well. And then onto the Wesely (phonetic) Center for the kids place, I guess. []

JIM JENSEN: Who operated the substance abuse program there? []

JEFF SANTEMA: (Inaudible). []

JIM JENSEN: Okay. []

JEFF SANTEMA: (Inaudible). []

SENATOR JOHNSON: Yeah, it was a nice, new facility with some outdoor basketball places there, as well as, you know, you could have pickup ball games and so on as well. But there was that little acreage associated with it, just between the east edge of town and the old Norfolk Regional Center. Then through Methodist Church, you might say Wesely (phonetic) Center for kids, you might expect. But a shelter for basically kids of all ages. And again, they did their best in trying circumstances to keep the education of kids alive and well and so on. In fact, the kids were just coming back from school when we left. Ended up, that day, going to Geneva. And Geneva again...and I'm happy to say this, again stresses two things, the education must continue and so on. But then that it's up to the person themselves to work out the change from within, and to help them with that. One of the things that we did notice a difference between there and Kearney, the Kearney people reported that the boys were usually behind in school, and

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that they attributed this to a higher truancy rate and so on. The girls, that wasn't necessarily true. And they thought that actually the IQ or whatever of the girls was probably at least average, and might have actually been above average. Then the last places were Omaha, first, and Lincoln. And we went to the Children's Respite Center. And again, everybody in the room, it's a neat place. About 15 blocks straight north of the Methodist hospital. Great facility, Respite Center. I guess everybody in the room knows what it means. The facility and the staff, to us, were outstanding. From there we really got encouraged by going to the Project Harmony. And our fine judge has been very instrumental in that. And again, I guess what was so good there is how closely all the different entities work together. You know, Lutheran Family Services was right next to the police officer's desk, so to speak. But...I mean they all work together that way. And they just...everybody took things on as a group to solve things. And boy, talk about working together and getting good results. That was extremely impressive. If I was going to pick out one place, that's the one that caught my eye. Now, the next day we came here to Lincoln. And Lincoln is pretty good, they're just not as far down the path yet. But again, the working together is pretty good. And hoping to improve with the new facility will help them to get the different entities all together. So we were really quite encouraged, I think, all of us that took the tour. We were kind of tired when we got done, but certainly very glad that we did. I guess one of the things, and I've been kind of associated all my adult life with the facility out in Axtell. So I'm used to seeing good people trying to do good things. And we kind of expect that from religious groups and so on. But if there is anything that all of us got out of this, was the dedication of state employees working with other governmental employees to really do a good job. I think that's the number one thing that we came away with from this, feeling very good about the dedication of the people in Nebraska. So with that, I'd close. But that was the single thing that made you feel good was how hard people were trying to do a good job. []

JIM JENSEN: Thank you. Any questions of Joel? I might mention, I think I might have mentioned to you that I've been asked to serve on a committee, Building Bright Futures, in Omaha, which is really a public/private partnership trying to understand the youth

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problems, particularly in Omaha, and trying to wrap all that up. And boy, there's a...if you read the paper, you can sure see where we have a number of shootings. As a matter of fact, every morning you wake up and say, well who got shot last night? What the circumstances were...and particularly with this 6-year-old that was shot by a 14-year-old. And that 14-year-old, a year earlier, had been involved in another shooting. And so there are a lot of questions on...you know, how do you intercede here? What steps do you take when somebody is at risk and, according to the paper, since August he's been a run away and living on the streets. And so without a doubt, it was just an event waiting to happen with this individual. And so many of those, particularly the young people that are involved in these areas, a lot of it gang activities. But there is...I don't know how we intercede through that? And I don't know whether this committee can do anything about that or make suggestions? But, boy, it's there. And there are some warning signs that are in these kids, if we can ever figure out how to address those at the proper time. With that, any other comments before we go on? Well, the next item on the agenda is development of task force recommendations. And really, from this point on now we will start to put special emphasis, not that we haven't already, but special emphasis on he recommendations in the final report that we'll be making. And so, Jeff, you want to walk us through that. []

JEFF SANTEMA: Thank you, Senator Jensen. If I could, Senator Jensen, for a moment, return very quickly to item number 4 on the agenda for just a moment, if that's okay. []

JIM JENSEN: Sure. []

JEFF SANTEMA: What's being handed around to you right now is the feedback from last...your last meeting and the working session from the last meeting. And so it's being handed around or the typed up minutes, if you will, or summary of your working session from last meeting. And I think what Senator Jensen would like your feedback on is after you are getting those, I'm sorry, we can...once you get those that you could look at those any additional information, discussion about last time that you wanted to engage

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in now. Were all of the groups able to get through all five of the questions last time? I think that all of you were able to get through all of the questions. Maybe some not in as much depth as others and so on. And so this is the opportunity, if you have some additional thoughts about those topics from last time, as you look at the summaries of those, and there are some additions or corrections to those that may be you, as group leaders, would like to forward to Senator Johnson's office, that would be very helpful. And again, the purpose of this exercise has been to gain more specific recommendations from you that can be incorporated into the report. And so anything that you could help with in terms of clarifying some of those things would be helpful. So maybe if you, at this point, have those to look at, maybe when you give additional feedback after your working session today, there are some follow-up issues that you'd like to discuss with respect to the last time, unless there's anything right now that you'd like to say about last time. Otherwise, we can move onto the topic that Senator Jensen introduced us to. If not, we had talked about a time-line for preparation of the report. And we mentioned last time that the goal would be at your October 31 meeting to have a rough, very rough first draft of a report for discussion purposes only. And sometimes it's much better to react to something then that you've been discussing now for several times. But then when that's translated into a document it's probably more helpful for you to look at something that's written and then react to that. That would be the goal three weeks from now when you came back again on the 31st of October. That will still be the goal. So today is designed as sort of the last substantive input session, at your working session today. And from this point on it would be the intent to focus on various stages of drafts, getting to the point of your final report. Are there any questions then on that process and on where we're going and why? []

JIM JENSEN: Jeff, is there an answer on the last one on number 4, Will Medicaid pay for Level V at HRC, or elsewhere can Medicaid fund bridges? Do we have an answer to that, Scott? []

SCOT ADAMS: (Inaudible) and I have not had a full sit-down. We've had a quick

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exchange of e-mails. Her short version is she does not think that either is likely because of the locked nature of the facility and the thrust of the program. []

JEFF SANTEMA: Since you've had a chance to look at those minutes again a little bit more, are there other questions like that? []

BETH BAXTER: Are there minutes, maybe I'm missing them, from Group 1? Yes, I've got it. All right. []

JIM JENSEN: Any comments that anyone has? []

JEFF SANTEMA: If any of you, as members of the task force, would like to become more involved in the writing of some aspects of the report or would like to volunteer to tackle some aspects of that and so on, or to provide more extensive input in that way into the report, that would be very welcome. And please just indicate your interest to Senator Johnson's office. We have discussed, with the Legislative Research Division here, about providing assistance in the compilation and formatting, etcetera, and the printing, etcetera of the report. But please feel free to direct any comments, ideas regarding the report and its compilation to Senator Johnson's office. []

BETH BAXTER: Jeff, what do you anticipate the process will be for writing of the report? And so how would we participate or contribute? []

JEFF SANTEMA: To this point, Beth, the meetings, prior to today, have focused on gathering both informally and formally a lot of your input. And so we have gone back to the notes we've taken from that, back to the transcripts of those meetings, and then to your working session documents. Part of what I think you were mentioning, too, a couple of meetings ago what the working session is. The preliminary stuff, some of the background and so on, is a part of it. But when it gets to substantive detail, we're trying to gather that from your comments thus far. And the outlines, the two outlines that we've

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given to you to look at, the general outline of the entire report, and then more specifically topics under recommendations. That's the guideline we're using and beginning to put together something for you in writing. And at that point for you to say, yes, you captured this, you didn't capture this, I'd like to do more with this and so on, and that would be the purpose of coming to you October 31 with something a little more like that, which takes what you've given these last meetings and putting that together. If that makes sense. []

JIM JENSEN: Any other further comments on any of the group report? Jeff, you want to go on then? []

JEFF SANTEMA: Thanks, Senator Jensen. For today the working session will...we will pass this out to you. And again, we have kept the groups the same as they were the last time. What we're distributing to you is all the pages from the Chinn Report. And you'll see that referenced in the working session for today. We're asking for your reaction to some part of the recommendations and the information contained in that report. Again, after you've reviewed this, we'd be ready to go ahead and break out into those groups, as soon as Senator Jensen is ready for us to do that. We'll be bringing lunch around again to you as last time. And again, if there are other topics that you, as a group, as small groups and so on, if you have comments on this format, if you have comments about other things that in your small group you'd like to dig into more, to give your input toward the report, please feel free to let me know. Aside from that, Senator Jensen, I don't know that I have any other comments about that. []

JIM JENSEN: Okay. Are there any other comments? You have before you then kind of what we're looking at today, as well as the Chinn report that you can refer back to because we're asking for comments on that report. Questions, comments? Are we going back to the same rooms that we were before? []

JEFF SANTEMA: Yes, sir, I think so. []

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JIM JENSEN: If you can remember where that was. Anybody not remember where that was? []

TODD LANDRY: Yeah, we were evicted out of the first room. Jeff, which room should Group 2, I'm sorry, go to? I think we've been in two different rooms. We were in Senator Heidemann's office. []

JEFF SANTEMA: If that's still fine with Senator Heidemann, (inaudible) was just letting me know we do have another room available, if that doesn't work. But if it's okay with you, Senator Heidemann. []

SENATOR HEIDEMANN: No, it works. []

JEFF SANTEMA: Okay. []

JIM JENSEN: And Group 3 is my office. And Group 1 is right inside the south door. Well, if...well, go ahead, Jeff, is there anything else? I think we're ready to...we're getting an early start, to go to our rooms. []

\_\_\_\_\_: And won't be let out. []

JIM JENSEN: (Laughter) No. []

JEFF SANTEMA: Which means that we may be asking you to return to this room sooner than you did last time. And we'll be coming around to apprise you of that. []

JIM JENSEN: Okay. We will head out. []

BREAK []

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JIM JENSEN: Well, I think we're all back in the room now. So we'll begin. I might mention, that I did receive word from the Governor that once we solve this solution, that we're to report Saturday to Memorial Stadium to help with the football team. (Laughter) []

TODD LANDRY: This will be easier than that. []

BETH BAXTER: You may want to know, Senator, that the Governor did apparently, when he...this morning when he announced his appointment for the Adjutant General for Nebraska, he did indicate that the Adjutant General was large enough that maybe he could assist us on defense in particular. (Laughter) So he's working it from a number of fronts. []

SENATOR JOHNSON: Scot, Todd, who is it? []

TODD LANDRY: John...you're going to have to help me. Scot, come on. []

SCOT ADAMS: (Inaudible) sorry. (Laughter) []

JIM JENSEN: It's a familiar name, though. []

SENATOR JOHNSON: Isn't it good to have young guys that can't remember things, too. (Laughter) []

TOM McBRIDE: It's Kadavy or Kavity...Kadavy. []

JIM JENSEN: Well, okay. We'll move on. And I want to thank everyone for their participation. I think the discussion has been good. I think the other groups are indicative of what we were in our group as we move through this process. One of the

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first things that we were asked to do is kind of go back through our session that we had on April 19 and to either add or detract from those comments that we had made. I hope each group has done that. We don't have to necessarily report that, but it will go back to Jeff for his computation as part of the writing of the report. So we'll begin with actually what we were given today. And we will start from there. Let's do a reverse, Beth, and you were in Group 3, we'll take your report first. Then we'll go to 2, and 1 last. Okay? []

BETH BAXTER: Okay. That sounds good. I'll try to pay attention and... []

JIM JENSEN: And we can just follow your example. []

BETH BAXTER: Okay. Remember, last time I was so worried about having to address HRC that I kind of got us mixed up. Looking at number 1 in terms of the working session for...trying to find my working session notes here, around YRTC's. And so basically what our group would like to recommend is in addition to the Chinn report, we recommend that the Children's Behavioral Task Force utilize Dr. Edward Latessa's evaluation and recommendations for the YRTC's for treatment programming; kind of review and utilize those. And then also to review and utilize... []

TODD LANDRY: Lungrin, Lungrin. Yeah, if you don't mind, Beth, let me just weigh in. []

BETH BAXTER: Yeah, go ahead. []

TODD LANDRY: In addition to the Chinn report, the Office of Juvenile Services, earlier this year, had a commission and asked for two additional reports from two slightly different additional perspectives, I should say, other than the Chinn report. The Chinn report, primarily, focused on facilities, whereas the other two reports focused more on services. Both of those reports have now, as of yesterday actually, been received by the Office of Juvenile Services. We are in the process of consolidating those reports. And intend that within the next couple of weeks we'll get both of those reports, as well as the

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summary to Jeff so that he can in fact submit it to the entire task force. []

BETH BAXTER: And Terri is in our group, and obviously we didn't have really any discussion around the contents of the report, because I don't think she even knows what maybe one of them is because it had just come in, but acknowledged and realized that there are two reports, additional information that we thought was worthy of review, additional information to the Chinn report. And so we want to make sure that we have that opportunity to do that. []

JIM JENSEN: Both of these reports were concerning the YRTCs or the whole juvenile justice system? []

TODD LANDRY: Both of them, yes. Both of them, primarily,...well, both of them, I know, focus on the YRTCs. []

JIM JENSEN: Anything else? []

BETH BAXTER: That's everything for us. []

JIM JENSEN: Did you go on down to... []

BETH BAXTER: Oh, you want us to do the whole report? (Laughter) We started out with cookies, and then we went to lunch. []

RUTH HENRICHS: Could I just ask... []

JIM JENSEN: Sure. []

RUTH HENRICHS: I found it really helpful, last time, when we took it question by question and we all kind of answered the YRTC, and then we moved on to the next

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topic. []

JIM JENSEN: Fine, we can do that. []

RUTH HENRICHS: I found it easier to follow. []

JIM JENSEN: Okay, all right. Well then, Ruth, you're the... (laughter) []

RUTH HENRICHS: See, I just (inaudible) next, that's why. We also discussed the other two reports and basically had the same sense that if it was possible, we would like to incorporate those in. We had asked questions in our group about the makeup of the youth at the YRTC, and wondering how many, you know, really needed to be there, how many might have been ordered there appropriately or inappropriately. And so we really wanted to see those reports. So that was a piece of it. We spent a major amount of time discussing the first few sections of the Chinn report, and most specifically we spent a fair amount of time talking about both...about RJS, and probation, and protection, and HHS, and where...should there be a combined juvenile probation in juvenile services. Should those two be combined. And it was really the consensus of our group, I mean if we were going to recommend anything, we really were recommending that those be joined together. Did I say that correctly? That probation and services are one, under HHS. And we knew you wouldn't like that. []

LIZ CRNKOVICH: And how did you know this? You're talking about probation. And again, I pick on the words just because I told them it's my big brother's fault and (inaudible). But when you refer to probation, you're referring to probation, traditional? []

TODD LANDRY: Juvenile probation. []

RUTH HENRICHS: Juvenile probation. []

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LIZ CRNKOVICH: Juvenile probation, not what we call OJS parole, right? []

RUTH HENRICHS: Right. We were really supporting the Chinn report and having, you know, the Office of OJS, but saying that if we really want to look to the future, we need to...we were trying, as a small group, to set aside what's worked in the past and what hasn't. And as our small group discussed going forward, our belief was that the most coordinated service would come from a recommendation that juvenile probation and juvenile services would be under the same leadership umbrella. Now, there are a lot of assumptions that have to come into play to make that work effectively. But it was our belief that we need to be making recommendations based on it's a new day, with new leadership at HHS, as opposed to it didn't work in the past. So we spent a fair amount of time discussing the duplicity and sort of just when everybody has got a finger in the pot, who is on first, who's accountable, and that both, you know, HHS needs to be accountable, OJS needs to be accountable, the judges and everybody needs to be accountable. So we really did spend a fair amount of time on that. We also were very much in support of the single point of entry and a uniform assessment, and a uniform assessment that the courts, that HHS, that OJS, that everyone would use, not just a standard assessment for HHS, but one that could be used by all. We were also in support of the fact that one of the...the Chinn report saying that we wanted more...they recommended more community-based nonresidential kinds of services. However, we did not take the time to expand on the list that was in the report and saying specifically what those should be, but saying that absolutely there should be. And we saw that development of those services being tied to the funding question, which was down the road. We were also very much in agreement and support of everyone coming into the system has an assessment, whether, you know, they show up in the courts, you know, or whether they come in through protection, safety, or wherever they're coming that there needs to be an assessment and everybody needs to follow that assessment, and that there ought to be a very short time frame in which youth all get that assessment. So we were really being supportive of that. Chime in, you all, because we had a very lively discussion. We also discussed the need for more residential services and agreed that

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there probably need to be residential services for specialized kinds of needs, but that we very much wanted to add to the Chinn report our belief that those needed to be in what we are referring to as appropriate settings. And we believed that that needs to take into account treatment modalities and facilities that are 2007, going forward, not very much earlier, not old systems and old ways of doing this kind of care. We wanted geography to be taken into account. So when we said appropriate settings, we were really, you know, thinking about more than just physical building, but also where it's at and what's being done there. Do we need to add anything, Senator? []

CANDY KENNEDY: Except I noticed that you kept looking at Scot when you said "old". (Laughter) []

SCOT ADAMS: Thanks, Candy. []

JIM JENSEN: Okay. Scot. []

SCOT ADAMS: For purposes of time, I think I would like to just report on the differences in our report that may stand out. Again, anybody else can feel free to add what you think I may have missed. With regard to the Chinn report, we first of all said that we all need to really take more time, study it, and then e-mail in additional thoughts and recommendations. And so beyond today, Jeff may be bombarded with additional ideas. Secondly, we spent some considerable time on the notion that...really, on the second page, 7.2 and the little diagram of a structure. With regard to the recommendation that said a separate division, if you will, for OJS. And this went down a very interesting course, I think, in a couple different ways. On the one hand, LB296 just sort of came into play, and therefore the likelihood of legislative change and tinkering may not be all that great. That's not for us to say. But just sort of thinking that maybe they would let that alone for a while and see how it worked. At the same time, the substance of the conversation really rested with the idea that perhaps there has been something of a pendulum that has occurred over time in Nebraska, that is that juvenile services, at one

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time, was actually within the correctional side of things. That changed to Health and Human Services, and that perhaps that pendulum has swung perhaps too far for at least some niche of people. That is to say that there may be an overemphasis, not quite saying this correctly, so please help me, but an overemphasis on services and less on the accountability and, if you will, correctional side that may be a factor for some children. Now, that's the thought that may need to have some thought and some way time in reaction, because we're not saying not to have services available for (inaudible).

[]

LIZ CRNKOVICH: Or that there are too many services being provided, it's more kind of what...actually what you're talking about in terms of probation and casework is that it's not taking into...it's providing services without taking into account accountability, and that it really is that merge thing. And through no one's fault and not by design, but by evolution, it's in an area where nobody quite knows what to do with it, and might be then in conflict with some philosophical parts of the department, but not all together. It's this mixed bag, kind of. I saw Ruth kind of nudging (inaudible), so we knew you'd be mad about that, but (inaudible) (laughter). I just had to get back at you. But it's in no way suggesting too many services, because you can't have that for kids. But that other piece that says, yeah, you really expect them to go to the damn counseling, and you expect them to do it, and you expect them not to cut the bracelet and run off, and that there will be a consequence if they do. And that (inaudible). []

SCOT ADAMS: And that there are genuine consequences for (inaudible). []

LIZ CRNKOVICH: And that they are real, not if you do that again, I'll send you to your room for a year, and they're like, yeah right, okay, goodbye, you know kind of thing. []

RUTH HENRICHS: I think that's (inaudible). I think that's what we were saying, too. But we were also saying there needs to be accountability on the court side, too. []

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LIZ CRNKOVICH: Oh, everybody. []

RUTH HENRICHS: Court, department and also trust. And part of where our conversation went is that if we're going to go forward, talking about that pendulum... []

LIZ CRNKOVICH: Right. []

RUTH HENRICHS: ...that there hasn't maybe been always accountability in the past. But if we were to build the system the way we wanted it built, would we not want all the services and want probation services and all of the services to kids coordinated and held accountable in one place, so that judges didn't have to be court-ordering, and doing a job that maybe the judges are doing because HHS hasn't or whatever. And so I think what our little group was saying is in a different way what, it sounds to me maybe like what you said. []

LIZ CRNKOVICH: Well, we got into training and then in the, jumping in, led to the legislative talk...the talking about looking at the step--creation of the OJS statutes and the juvenile code to find ways where maybe, maybe we're at odds inadvertently. And perhaps there was not a meshing or a consideration of the two in a way that produced (inaudible). []

SCOT ADAMS: Does anyone have questions from my report? (Laughter) []

TOM McBRIDE: Scot, I think you did an excellent job. []

SCOT ADAMS: Thank you. (Laughter) []

TOM McBRIDE: Could I ask a question? Beth, what studies did you say you guys were looking at? []

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BETH BAXTER: Well, it was the same one, I think, that Scot identified. []

TOM McBRIDE: The Chinn report? []

BETH BAXTER: The Chinn report, Dr. Edward Latessa, and then Ned Lungrin, not Ted, but Ned or Todd. []

JEFF SANTEMA: Could you spell Latessa for the record? []

BETH BAXTER: Latessa, L-a-t-e-s-s-a, and Lungrin, is that L-u-n-g-r-i-n? []

TODD LANDRY: That's my understanding, yes. []

BETH BAXTER: Not Todd Lungrin, but Ned. []

TOM McBRIDE: One other one that was, and I don't know, it might be a few years old now, but the State Advisory Group on Juvenile Justice funded a study by Dr. Denise Hertz to look at the prevalence of substance abuse and mental health issues within the YRTC populations. Which...and she's done it and updated it, and it's a pretty good report. []

SCOT ADAMS: Seriously, if I could just sort of conclude the report and maybe try to draw some clarity there. Our conversation went so far as to talk about the need for a Level V secure facility as an example of what we're talking about. And I think more generally than what we're talking about is the difference of culture within a helping organization, such as Health and Human Services, as opposed to a rehabilitative organization, such as Corrections, that there are just very different cultures at play in there. And perhaps that's the pendulum swing, one from the other. And that somewhere in the middle, I don't know if that's independently or if that is somewhere, but that's where clarity perhaps could reside. []

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JIM JENSEN: Okay. Funding. []

SCOT ADAMS: Yeah, in general, we said that funding was...that we expect SIG to be able to help answer some questions about the braiding issues and some of the things. Probably won't come in time for this report, but certainly will come in time for...to make a difference in the state. And we should not get hung up on the funding, per se, so that money doesn't drive the system so much, as the system ought to be deployed and then find a way to fund that system. []

JIM JENSEN: Okay. Ruth, you want to comment on funding? []

RUTH HENRICHS: Yeah. Have to help me with my notes here. We did some conversation, well, we felt there could be a whole day on funding. We did talk about the need, we felt, in prioritizing Early Childhood Prevention Services, but recognized also that there were no new dollars. So to focus on the front end, to keep people out of the other end, becomes a challenge. But we really saw a lot of opportunity there and focusing on early childhood with public-private partnerships, and that maybe we needed to really encourage those efforts so that the dollars that are available to us could be kept on the more intensive services. But there was strong feeling in our group that without doing something on the front end to stop families and kids from entering the system, we're just going to continue to see growth. Parity came up, but we really addressed that in other times. We had some discussion about waivers and regulations. And we talked about or agreed that pursuing waivers that benefit and maximize federal draw-downs and various things that are a benefit would be good. But, yeah, I think that's the language we ended up with. We did have some conversation about there are probably a lot more sides to the waiver issue than what some of us are even aware of. But there was strong feeling that we needed to maximize the dollars that we could draw down. Do you have anything else? We talked...I don't know that we have any other recommendations. []

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CANDY KENNEDY: Yeah, funding is just such a...kind of hard to grasp on to. It's such a big issue. []

JEFF SANTEMA: Generally, did you talk about, other than the waivers, (inaudible) maximizing Medicaid funding? (Inaudible) strategy that you wanted (inaudible)? []

TODD LANDRY: What we did...yeah. What I think that we did definitely talk about and come to consensus on is that if changes are made, in particular, with the youth currently being served with chemical dependency at the Hastings Regional Center, that if changes were made, we wanted to ensure that any of those changes would then still enable us to pull down Medicaid funding for providing that service. []

JEFF SANTEMA: Was there any discussion about is there any feeling that with the system is over-depending on public funding or accessing private insurance, other funding? Did you talk about that? Any...not just your (inaudible)? []

TODD LANDRY: I think that was up to Senator Heidemann. (Laugh) []

SENATOR HEIDEMANN: What's that? (Laughter) []

TODD LANDRY: No, we actually didn't get into that topic, I don't think. []

JEFF SANTEMA: Okay, okay. Thank you. []

\_\_\_\_\_: Would have been interesting. []

\_\_\_\_\_: Yeah, I would have had some thoughts on it. []

TOM McBRIDE: We talked a little bit about, you know, the state coming up with a

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funding mechanism, you know, for state funded insurance or buy-in programs, that kind of stuff, utilizing SCHIP funds at a higher reimbursement rate. []

LIZ CRNKOVICH: You know the...we're using fewer and fewer county dollars. But on the occasions, at least in Douglas County, when we had Douglas County pay, they look...they have child support hearings. And they come in and they negotiate (inaudible). Sometimes it's a nominal amount, but it does, in one other way, make it very clear that you're the parent and we're providing the funding. And I don't...many of, not all the kids who might be made a ward of the state, for example, by an OJS or something, are necessarily indigent in the same way that you see a lot of the 3A cases. But I don't know that the department...just something to throw out and think about. You just don't see child support much in that regard. It would be a small amount of money compared to what we're talking about. But those are just little ways to consider. []

TODD LANDRY: I think it's a valid point. And I can tell you that I know that in many of...I know that it is a recurring issue on the 3A cases, particularly for children who have been removed and placed into foster care, the child support that would go with that child is also then captured or interceded by child support enforcement towards that. So it's a valid point. []

JEFF SANTEMA: (Inaudible) the task force to say too early or maybe in earlier discussions that you really think that the utilization funding ought to be more flexible to allow for changing needs, circumstances, etcetera. []

RUTH HENRICHS: We had that discussion. And I guess, part of it might have been in the legislative or regulation statute discussion, as well as funding. But there were examples in our group of the lack of flexibility or a child goes into treatment, but you're not allowed, as a provider, to see the parents without the child present or something. I mean there's...and so, you know, that makes no sense if you can't work with the parents. I mean, you treat the child for a long time, but if you send them right back to the

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same place...but there's all kinds of regulations like that. And so we kind of had that woven in, both the legislative and the funding piece, and used the word flexible, I think, when we talked about that. And we even used the word flexible and funding as we talked about as services are distributed across the state, we had some conversation about that, and not people in rural areas always having to be the ones to drive. We did have conversation about the need for flexibility. And maybe it makes more sense in some areas for us to be willing to pay for mileage for a family to travel if they lived in Scottsbluff and their child is in Kearney, rather than building another whole facility, and really taking strategic looks at where the children are, but then having some flexibility to help a family who has to drive halfway across the state to get to a certain type of care or whatever. So that's about as far as we took it, Jeff. []

BETH BAXTER: In Group 1, we kind of started out talking about that we create mechanisms for flexible funding within the current system, really to ensure that the needs of children and families are met. And we see that there are many opportunities for flexibility in just a variety of areas, and then believe that flexibility can create efficiencies within the system and create better outcomes as well. And then along with that flexibility, that we have kind of a commitment to the reinvestment of cost-savings into the child and family serving system. And then moving from there, which has some undertones of flexibility, is the whole idea of braiding or invisible funding within...across the Department of Health and Human Services. And so how we have, you know, a better integration of behavioral health, Medicaid, public health, juvenile justice, child welfare dollars and then tying that in with flexibility as well. Then maybe just a specific issue that we looked at that we thought had some funding mechanism there was around the HRC, you know, campus and that, and that maybe through funding that there is some type of partnership between Department of Health and Human Services and Adams County, the city of Hastings, to study what would be an effective utilization of HRC and knowing that I think one of the groups recommended that at the last working session, as well. Then another, we had kind of a brief discussion around to review the utilization of the various levels of care within the child and family serving system, with

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the purpose of how do we...the most efficient use of our current resources across levels of care and within community-based services around, you know, outcomes, efficiency, effectiveness, and the accountability piece as well. And then discussion around professional resources. I guess we saw this as an addition to funding and how do we utilize funding to increase our pool of professional resources--incentives for recruitment. And we had some ideas around, you know, the loan forgiveness, the legislation for incentives, rural residencies, those types of things. And Magellan was a part of this discussion as well, around the Magellan managed care contract. And our recommendation is that DHHS should develop internal mechanisms and expertise to manage the system of care, including authorization of care, utilization review in management, and the management information system. I think we all agreed that we believe the system has matured over the past several years to the point where the use of an external organization is no longer necessary and that it would benefit the department to develop that expertise. []

RUTH HENRICHS: Which one of you wants that? (Laugh) []

JIM JENSEN: Okay. (Laughter) []

BETH BAXTER: Well, that's not (inaudible) for me. (Laughter) (Inaudible) for a long time. []

JIM JENSEN: There was one thing that I had mentioned, and then Scot responded to that. And that's that, you know, truancy seems to be a predictor of delinquency and some other issues that kids get involved in. And perhaps requiring a situation for those who are on welfare, if your child doesn't attend school regularly, that those dollars be withdrawn. That becomes pretty punitive and you're saying, well then, you know, you're punishing the children for something that perhaps the parents are responsible for. But he had mentioned that there were a couple of states that are looking at incentives that if your child attends school regularly, there is a dollar amount that goes with that. That

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could be advantageous and could have some results later on also. That right? Okay. []

SCOT ADAMS: There is one other comment I'd like to make with regard to the funding side of this. And especially thinking about Jeff and his effort to draft some things. And I love the ideas and the calls for flexible funding and greater flexibility overall. But I think that it's important to understand that that's in a relational tension, that the other end of that relationship is accountability, that all of your fundings that have been developed have been for particular, specific purposes. And when most of us, most of the time, use the word flexible funding, it means we want to move away from those purposes to something else that's maybe toward the same goal, but it's just...it's not what the law said and what was originally passed. And all I'm suggesting is that the call for flexible funding is laudable, good, and in conflict, sometimes, with the law. []

RUTH HENRICHS: State law? []

SCOT ADAMS: Yeah and federal law, like Medicaid, only medical purposes. Well, we'd love to use Medicaid for all kinds of things, but it's not medically necessary. And so as we move off of that kind of point, we're in conflict with the law, or we got to figure out another way, or something. My only point is to highlight that for...as we look at the need for change and to call for flexible funding, with which I agree, that it has unintended consequences over there, and over there, and over there because all programs started with focused purpose. And the call for braided, flexible funding is to say, let's unfocus it, let's confuse it a little bit in such a way that we can do this over here. []

BETH BAXTER: But see I don't think so. I mean in terms of the way you combine...with the flexibility you combine this notion of braiding or integration. I look at it as almost an invisible type of funding because we know that there are funding streams developed for specific purposes. But we can...the flexibility comes within the management of those dollars. It's not using Medicaid for something it's not intended to, but it's using Medicaid along with behavioral health dollars that can help come...can come in there and help

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support a piece of that treatment plan or that support plan, or it's bringing in child welfare funds, you know, utilizing them for their intended purposes. But at the point of the child and family it's invisible. They don't have...you know, we're not making them jump through hoops because we're only looking at Medicaid dollars. We're looking at behavioral health dollars that we can bring to bear on the needs of those children and families so that flexibility comes along with that braided or that integration type of funding. []

SCOT ADAMS: You know, and I don't argue the content of your point and the overall purpose. However, I would quibble with a couple of things. One, I think from the point of view of most families, I don't think they know where the money is coming from; they just know that somebody from the government has showed up to help them, sometimes; they don't know if that's Medicaid or child welfare or some other source of fund that is providing that. So I'd argue that maybe that's not quite the right vantage point. And secondly,... []

BETH BAXTER: No, but they do know they have to tell their story multiple times, they have to jump through hoops. They don't meet an eligibility, so sometimes they may not know that it's Medicaid or, you know, what we call this fund, but they do know they don't meet some eligibility criteria, so I have to go here. And I don't meet their criteria, so I have to go here. []

SCOT ADAMS: Yeah. And thus my point about focus versus the blurring of the lines. In fact, your use of the word invisible would be a very scary word for a lot of people because that's exactly the point about accountability. That's the opposite word of transparent, I think, in terms of the use here. And again, I'm not arguing that. I'm just saying it's...for Jeff's purposes, I think he's got to look all over the statutes to find unintended consequences for that idea. And I wish him well. And that this is harder than it looks because of that (inaudible). []

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TOM McBRIDE: It's harder, but it's also...you know, we've got, from ten years ago, we're using Medicaid money now for (inaudible). You know, ten years ago you said you couldn't use it for a specific purpose. So we've opened that up. I think work force development has done a very good job of being able to utilize various funding streams and stuff. And I think it's more, you know, don't call it braided, don't call it, you know, threaded, whatever, creative funding. []

BETH BAXTER: Right. I mean, and we're behind the eight ball. I mean we can look at experience after experience across the country where different, you know, and creative things have been developed. It's just, I guess, maybe what...I just get concerned if we utilize it as a barrier or smokescreen or whatever we want to call it so that we can't think outside the box. []

SCOT ADAMS: Yes. Yeah, I agree. []

JEFF SANTEMA: Your discussion reminds me of a conversation last week. And it was a privilege to have tagged along with the Health Committee all last week in traveling. And I heard Todd ask some providers questions about HHS contracting, and does it get somewhat to the issue of HHS, the way the state contracts for a service? Would you rather have very inflexible kinds of contracts, just where you do certain things? Or the contract is we expect certain results and give you some flexibility in the way you achieve those results. Is that a related at all, conversation? []

TODD LANDRY: I think it can be. You know, being new in this position, I can tell you that sometimes I have been very surprised, as I've looked into things, at the complexity of some of the issues that we're dealing with. And I don't know if this gets exactly to your point, except to say that I gave the example of our current Medicaid waiver and, you know, on the discussion of waivers. In our small group, I gave the example, the waiver has been great, and it's enabled us to pay for things using Medicaid dollars for things that are normally not Medicaid paid for. But the offset was that we had to agree

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on certain capitations, such as the number of providers, which does in fact and is designed to lead to no more than a 45-day wait for services. Well, it's that same wait for services that I know causes frustrations, but that was the trade-off to get this extra portfolio, if I can use that term, of services provided. So there is always that offset. I think we always have to look at the fact that there is always going to be trade-offs in the decisions that we make. And what works in one situation may or may not work in the other. And the reality is what works for one family, of course, is not going to work for another. And just says right now, Beth, as you say, you give the example of families having to tell their story multiple times. Well, you know, to a certain degree I get frustrated with that myself if I'm going to a general practitioner, then going to a specialist, and then going to a hospital. I'm still having to give my story several times. But that doesn't necessarily mean that that's a problem. It may simply mean that that's an expectation that we may or may not want to have in our system. We have to decide what are those expectations, and then try to design our system around them. []

JIM JENSEN: Okay. []

BETH BAXTER: Let's see, number three, is that where we are? Legislation, this was easy for us. We weren't able to fully address this at the present time. We ran out of time. []

JIM JENSEN: Okay. Ruth. []

RUTH HENRICHS: That's basically where we were. But we did spend a little time discussing the one...the last question on there, which had to do with, should we adopt a new body of law for children's behavioral health, or incorporate necessary and appropriate changes into existing law. And our small group was really leaning toward adopting a new body of children's behavioral health services law as opposed to modifying adult laws, or tacking it onto a whole lot of other, but really creating a new body, starting with a fresh start, for children's behavioral health. And so we really used

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what little time we had when we got to that, to really discuss that particular question. And I guess we had minimal discussion about the need, that maybe we were not the right group of people to really articulate which statutes and which regs need to be changed so that there would be more flexibility behind the scenes, or whatever language we want to use. We weren't sure that we were the right people who had that level of knowledge about what keeps our therapists and staff from being able to see mom and dad when the kids, their identified client, were not allowed to provide services to mom and dad. []

JIM JENSEN: Okay. Scot, did you have anything to add there? []

SCOT ADAMS: Couple of questions. We talked about the issue of parity, custody relinquishment, the identification of children's behavioral health and perhaps solidifying that through legislation, notwithstanding the department has taken the initiative. We noted that if all children's behavioral health is maybe this big, but there's a law over here about juvenile justice, and there is a law over here about other things, and there are so many multiple citations, just to be cognizant of that fact. And also to take into awareness that LB1083 really was written as behavioral health and may well be a jumping off point for perhaps something that you suggest...like you suggest there, Ruth, specialization from children's behavioral health. []

JIM JENSEN: And then also, I think it's been profitable in the last several years that Health and Human Services Committee has entered into a rewrite on a lot of issues. And we have now a separate behavior health section, which we didn't have at one time. So at least it's easier to track in legislation where things go. And perhaps we should do the same thing here, at least look into that, because juvenile services is kind of in several different areas. Yes, Ruth. []

RUTH HENRICHS: Senator, we did talk a little bit about the fact that children's behavioral health has been placed within behavioral health, which has historically been

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adults. And we weren't recommending that it be moved out of there, but we had a fair amount of discussion about the fact that we don't want...we want to do whatever needs to be done to prevent children's behavioral health becoming a situation not unlike probation, the courts, and OJS. I mean, here we got children's behavioral health over here, and we've got a lot of...you know, the protection, safety, and all the rest of the services for kids over here...right, and so we did have a conversation that said we weren't going to speak against it or we weren't going to speak against moving it now, because we weren't even sure it should be moved, but we had some apprehension that our group talked about in terms of are we setting up the same kind of system that we have with OJS, where we got probation over here, and services here, and, you know. Behavioral health can authorize behavioral health services, but children's services are going to control what the rest of the kids get? []

SCOT ADAMS: We had sort of the reverse of that conversation. (Inaudible) OJS and the children's behavioral health. (Laugh) So (inaudible)... []

RUTH HENRICHS: Probably for the same (inaudible), exactly the same concern. Let's not just replicate the problem we're trying to get out of in another area. []

JIM JENSEN: But what do you do about the juvenile who either has been sentenced or adjudicated as a juvenile and then becomes 18, and everything is back to square one again, too. Anyway...anymore on the legislation? Data information, anyone. []

BETH BAXTER: Well, we get the (inaudible) again. Did you guys get through that? []

SCOT ADAMS: No. []

BETH BAXTER: Again we, and you can get ready to laugh, but DHS should develop internal mechanisms. []

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JIM JENSEN: Internal. []

BETH BAXTER: DHHS should develop internal mechanisms and expertise to manage the system of care rather than utilizing an external organization. []

JIM JENSEN: Rather than using a Magellan. []

BETH BAXTER: Right. []

JIM JENSEN: Tom, you mentioned that there is a system that is out there. I think this would certainly be a time to talk about that a little bit. Would you explain that, please. []

TOM McBRIDE: Well, we're a member agency of the National Association of Children's Behavioral Health. And I don't know how it happened, but several years ago, what we were concerned with is we went to the federal side and each person then to their own states, that we may not be talking apples and apples when we were trying to present data, you know, different things like that. So what we did is we developed an information product. They called it Results-Based Treatment Initiative. And what we did is we took this program and we worked on it for a period of about six years. And it's got a field for intake; it's got a field for transfers; it's got a field for discharge; and then a field for post discharge. And what you can do in this is a tremendously powerful little booger that what we have done is so it was one of the biggest problems we had is what you call residential treatment, or treatment group home, or group home in Nebraska is different than what they call it in Iowa, you know, different things like that. So what we came up with initially, or one of the first things we had to do with it was come up with a mandatory definition. Regardless of where the service is held, if the service sounds like this, and there was a descriptor, your data goes into this one. So California, Nebraska was apples-to-apples. And what you could do with this, and it was very simple to upload, you could do it electronically, you could do it manually. I could go into this and I could say, how many 12-year-olds with an axis 1 diagnosis of schizo affective disorder, were in

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school at 12 months post discharge? And go to the query screen, hit that, and just instantly then I had three columns show up, and it would tell me how many kids, you know, met this criteria at Eppworth Village, how many met it nationally, with everybody that was putting in the data, and then how many nationally without our data in there, comparatively. And it is just a tremendously accurate and neat little tool. And it didn't cost \$32 million, you know, to develop. And, you know, I think there are systems out there, I think, that can be incorporated, you know, and brought on board for use. But unless we have a system that's sitting there where everybody is reporting the same thing in the same fashion, it's not going to do any good. And I think that that goes back to, you know, Senator Jensen's insistence on there's got to be some follow-up, some accountability to these systems. []

BETH BAXTER: And I do know, I mean (inaudible) just talked to Ken Gallagher (phonetic) yesterday. Ken does the evaluation piece for the SIG process. And so he had called. And we just talked about some kind of universal assessments or common assessments that are being utilized across the system, you know the child and adolescent function analysis, the (inaudible), a variety of those things. So I do know that SIG is looking at kind of an addition or augmentation, what you were talking about, just what are those assessments, those tools that are being used across the state. And then how could we bring them together for some uniformity and consistency? []

TOM McBRIDE: Well, within this project that we were doing, even if you could go in and you could indicate, you know, you could put your severity scales, using either the CAFAS, the CBCL, the Devereux, and it would cross, you know, it would do a comparison based on those three and stuff. But, you know, the frustrating thing is, and I go back to the, oh I don't know how many years this goes back, with the group home contract. And we had various fields of information we had to report back then quarterly, and then it went to semiannually, I think now we have to do it annually. But we put in...the first time we ever got anything back the data was already over two years old. And it doesn't do anything. So in anything that we do, if we don't have a method devised

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to accurately measure that, you know, we've done a lot of wheel-spinning and such. []

JIM JENSEN: Well, thank you. I really think we should move towards that, if we can. Would it be possible for you to circulate that to the members of the task force here, or at least a copy of it? []

TOM McBRIDE: Yeah, what I'll do is for that web site, I'll send you...there's a test site, so you can go in and play with things, and you won't mess up the real thing. But it's...and I'm not saying that the state has to buy this and initiate it and stuff, but I think it gives a good example of, you know, what kind of information is available. One of the questions we asked in there is, did you have to relinquish custody to access services? And when a child receives services or was departing services, was it your decision, managed care's decision? I mean, you know, there are different questions in there. So, yeah, I'll get that out. []

JIM JENSEN: Thank you. Did anybody get on five at all? []

BETH BAXTER: Yeah, we did a little bit. I just said, Terri, trust me on this one. []

TODD LANDRY: Does this start, DHHS should develop? (Laughter) []

BETH BAXTER: This is an independent thought. Okay? Just have some bullet points here. The system is family-driven and child-focused. That there be individualized family service/court plans. Family and youth inclusion, and this was around what does it mean about consumer and family involvement in all areas? And just looked at family and youth inclusion, and policy development, service delivery, evaluations of the system and programs. And then, additionally, support for family-run advocacy education and support organizations. There are family-run organizations, like Federation of Families for children's mental health on the state level, and then their affiliate organizations across the state. They are in each of the behavioral health regions. They have a, you

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know, contractual agreement with the regions, but they are not managed by the regions, they are stand-alone. []

JIM JENSEN: Okay. Any other group? Any comments? Liz. []

LIZ CRNKOVICH: Well, we didn't talk about it because (inaudible). But I do, again, on that small population that are court involved and are court involved because they are delinquent, community safety is an issue. And so that in serving the kids and families, we also have to be mindful of serving the community and what their expectations are in terms of addressing delinquent youth and community safety (inaudible) needs to be considered, I would suggest. []

JIM JENSEN: Okay. I think that concludes our data that we had. Is there any other business that anyone from the task force would like to mention, as we go through our agenda? If not, we're ready for public comment. And by the way, all that stuff will be done just like we did in the past. And if there is any comments on anything else that we didn't address, either 4 or 5, please send e-mail to Jeff at Senator Johnson's office. And we'll get that entered into... []

CANDY KENNEDY: And Scot had mentioned, are we going to follow that to...everyone should review the Chinn report? And any suggestions or recommendations... []

JIM JENSEN: Yes, yes. Make additional comments, because we started on the Chinn report, and we only got so far and we had to say we'll e-mail anything from there. Anything else? Any comments from the public? Yes. []

DIANA WAGANER: I'm Diana Waganer (phonetic). I'm with the (inaudible) foundation. And I would just like to say, thank you, to each and every one of you who have put so much time into this task force. Nebraska has an opportunity now to become a nationwide leader in the provision of children's mental health services. And as I sit here

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listening, I realize it's your experience, your expectations, your personal experience, and education that's going to make that happen for us. And I'm truly so grateful. And I think when your report is all put together, in the group I listened to today, they talked a lot about accountability. And I hope that this task force will stay focused as you pass your report on to the next layer then and help those people understand the need for change and the great opportunity we have. So I'd like to personally thank each one of you for the investment you're making in Nebraska kids. Thank you. []

JIM JENSEN: Thank you, Diana. Anyone else, public comment? All right, thank you. Again, anything more, why e-mail it on to Jeff. And we'll see you at our next meeting in about three weeks. Okay? Thank you. []