CHILDREN'S BEHAVIORAL HEALTH TASK FORCE
November 07, 2008

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The Children's Behavioral Health Task Force met at 1:30 p.m., Friday, November 7, 2008, in Room 1510 of the State Capitol, Lincoln, Nebraska. Members present: Joel Johnson, Scot Adams, Beth Baxter, Elizabeth Crnkovich, Candy Kennedy, Tom McBride, Kathy Moore, and Terri Nutzman. Members absent: Lavon Heidemann, Ruth Henrichs, and Todd Landry.

SENATOR JOHNSON: This is the Children's Behavioral Health Task Force created under LB542, and so let's convene this meeting at this time, November 7, 2008. First, I would ask your approval of the agenda which should be at each of your seats. Anything, or can we have a motion to approve? []

KATHY MOORE: So move. []

SENATOR JOHNSON: Second? []

TOM McBRIDE: Second. []

SENATOR JOHNSON: Got a second. Any further discussion? All in favor say aye. Opposed. All right. Well, then next is we have the minutes for June 19, 2008 and you all have a copy of that. Does anyone see any corrections there? If not, do we have a motion of approval for those? []

CANDY KENNEDY: I motion to approve the minutes from the last meeting as is. []

SENATOR JOHNSON: Thank you. And second. []

TERRI NUTZMAN: Second. []

SENATOR JOHNSON: All right. Thank you. We have a motion and a second to accept the minutes for the June 19 meeting. All in favor say aye. Opposed. All right. Well, let's proceed then with the fourth item here and we're going to give Scot a workout here this afternoon. And so let's start with I think you're actually going to introduce somebody on the first one, aren't you? []

SCOT ADAMS: Yes. I may look dumb but I'm not (inaudible). []

SENATOR JOHNSON: All right. The report on the activities of the Children's Behavioral Health Unit, Division of Behavioral Health for the Department of HHS. Scot, please. []

SCOT ADAMS: I'd like to invite Maya Chilese to come and report a little bit on the activities of SIG. Maya is the administrator for the Office of Children's Behavioral Health within the division. She has been with us about six months now or so, and has a primary responsibility for staffing the SIG operations. And so would like to have a little bit of a report from her and she'll be able to respond to questions and that, and we'll go from there. []

SENATOR JOHNSON: Well, Maya, thank you very much for coming and we're glad you're here. []

MAYA CHILESE : Thank you. Just a brief update then on SIG if I could. If you notice in the report that you were provided there is a little bit more of a comprehensive list of some continued activities. There's really sort of four key things that would be kind of the big pushes for this last year. Obviously, some completion of tasks that have been occurring over the last four years, but within this last year some--four, in particular. One would be some workforce development training related to family-centered practice that will be (inaudible) events this year. Also looking at piloting and some research on three specific evidence-based practice models. That's exciting, particularly exciting because it's one of few across the nation in terms of implementing a specific service for young

people. Also looking at, then, the development of an actuarial study for looking at at-risk contracting, what that will look like. And then also sort of the last year-end-- marketing is a bad word--but last year's push so we can disseminate the good work and the efforts of SIG to the field, to sort of the...providing some technical assistance to the regional level structure to ensure that providers and other systems of care structures have an understanding of what SIG has been doing, where their role fits in with the efforts and initiatives out of LB542, etcetera. So those are really the biggies for the final year of SIG and trying to wrap up some projects, but ensuring that the work that's occurred becomes some ongoing benefits for the community. Outside of that, which is really one of the biggest things inside of our division with children's behavioral health is investigating Professional Partners Program, which inside of our division one of the biggest things that we fund and looking at the efficiency and the effectiveness of that particular program this year. So one of the proposed outcomes to monitor was ensuring that young people that participate in that program have an increase of functionality. So that's my elevator speech on that question. []

KATHY MOORE: How much is spent on the Professional Partners Program? []

MAYA CHILESE: It varies in the regions, but in every region a good 50 percent of the mental health dollars inside the Division of Children's Behavioral...or inside the Division of Behavioral Health, our dollars, over 50 percent in each region funds that. []

KATHY MOORE: And so you're talking the $5.5 million at the state level that flows in for children's services, you're saying... []

SCOT ADAMS: It's about $5 million a year spent on those services to the regions in children's behavioral health. []

MAYA CHILESE: A good half of that. []

KATHY MOORE: And about half of that. []

MAYA CHILESE: Right. []

KATHY MOORE: Do you get a report back from the regions? Can you identify how much is spent on children in each region and how that's spent? []

MAYA CHILESE: Yes. They do provide monthly reports to us in terms of their fiscal reporting for both administrative and then the wraparound costs. []

KATHY MOORE: Okay. []

MAYA CHILESE: So we'll be taking a closer look at, this year, on what they're specifically spending on those costs. Some of those young people may come in with insurance and so part of the intent, of course, as you know, is the flexibility then of those services. So they do provide monthly reports, as well...not only on the financial end but also for the functionality of the young people at intake and discharge, as well. []

KATHY MOORE: Okay. []

BETH BAXTER: Maybe, Kathy, if you're also asking this question, each of the regions, we develop our annual budget plan and it has categories in there for all of the children's services. So it would include the Professional Partner Program and then, like Region III, we fund a day treatment program, multisystemic therapy, outpatient. So we could provide that information, too, about the break...how much in each region goes for children's services, and then the breakdown of types of services that are funded. []

KATHY MOORE: I think that would be very helpful, and I'm thinking partly on the heels of the last day and a half of hearings and looking at recommendations to make to the Legislature next year. I think there is just a lot of fuzziness on the part of several of us

regarding regional budgets, because it's something that's not just out there in the public domain (inaudible). []

CANDY KENNEDY: Maybe even something with that to include an explanation of how the flexible funding works and how that process works. []

MAYA CHILESE: A description...of the Professional Partners? []

CANDY KENNEDY: Yes. []

KATHY MOORE: That would be excellent. []

MAYA CHILESE: Okay. Absolutely. Probably about 90 percent of the dollars goes directly to services and the other 10 percent is for youth coordination, the coordinating of that system in each region. []

KATHY MOORE: Right. []

MAYA CHILESE: And again, in each region, the 50 percent of that 90 is for, approximately, for Professional Partners. About the 40 percent is then for other direct services like Beth described, and those vary in each region in terms of specifically what they contract for, so we could provide a report for you. []

KATHY MOORE: Great. That would be excellent. Just how ever, and if you can just do sort of a spreadsheet, it doesn't have to be totally microlevel but just kind of 500-foot view would be... []

MAYA CHILESE: Sure. []

KATHY MOORE: Great. Thanks. []

TOM McBRIDE: I was writing and I think I missed part of it, but when you were talking about the at-risk contracting, is that in conjunction with the Mercer study? Is that around that or is there a separate at-risk contracting discussion with, like individual provider at-risk contract... []

MAYA CHILESE: With the Mercer study. []

SCOT ADAMS: Tom, the company is Milliman. Mercer has produced a report and so that there is some...it's easy to get some confusion in there. Mercer has produced a report. It is, I believe, on Medicaid's Web site. []

TOM McBRIDE: Yes. []

SCOT ADAMS: We are in the process of contracting with Milliman to do the more formal study with regard to at-risk managed care, and that would be one study for the whole enchilada. []

TOM McBRIDE: But it's tied right back into that. []

SCOT ADAMS: Yes. []

TOM McBRIDE: Okay. []

CANDY KENNEDY: May, I would...I have some personal praise for...you know, I'm thrilled about this. Maybe you could speak for just a moment about the state infrastructure grant's annual meeting and that Nebraska was actually chosen from the nation to speak. []

MAYA CHILESE: Um-hum. This fall the project management team...several of us from

the project management team under SIG went to the federal meeting. And along with that, besides the fact that Nebraska was praised for a lot of their efforts, particularly the work inside the divisions together, which they don't see in a lot of the other states, and even inside our Division of Behavioral Health. In many states, mental health and substance abuse are separate so there's difficulty even coordinating that service, so we're doing quite well with that. But outside of that, Nebraska was chosen to have a presenter come, and John Ferrone, who's been providing some technical assistance to the family orgs, was specifically invited to come and speak about the technical assistance, the development of the family orgs, the relationship that's building inside of that process. So that was quite a kudos to the efforts that have come out of (inaudible) for that. []

CANDY KENNEDY: And because with all of the other SIG grants across the nation, there were four areas that seems to be consistently struggling with, and they felt like nationally we had heads up on that piece and could share it with others. That's a very big.... []

SCOT ADAMS: And I would like to just point out that Candy was a member of the team that went to D.C., and important because in our effort to try to involve more and more consumers and representatives of families and that kind of thing, that was specifically a part of the process. []

SENATOR JOHNSON: I don't know if we're having trouble with the microphones or whatever, but could everybody just speak up just a little bit and it might help those that are sitting in the audience. []

CANDY KENNEDY: Wake up, you guys. Is that it? []

KATHY MOORE: What is the planning process now beyond this last year? I know that there was a grant request that was not successfully funded. I think you had mentioned

at the SIG meeting that you will be applying for another round of funding, but what would you see as you near the end of this year? []

SCOT ADAMS: With regard to the ongoing planning efforts, I would say a couple of things. (1) We have had what we have called discussion sessions in each of the regions. We have Region IV next week where we have had sort of an unfolding of the department's plan for children's behavioral health. We've had very good attendance at these meetings, maybe anywhere from 35 to 55 or 60 people in each of the regional meetings. And the purpose was to sort of go through and review the plan and to elicit response, comment, and input. And I think that has been a very positive experience. Beth, I think, led off in the conversations, and really I thought it was a very fruitful discussion, not only for planning purposes, but that in particular there was some particular connections between providers and other parts of the broader system that we don't even really touch directly in that regard. But a couple providers had questions about resources and ability to interact with the department on other ways. And we were able to get answers right that day so it was very positive, and that kind of experience has been typical of the road shows. As I said, next week will be the last of those for...with regard to Region IV. We hope to summarize all that material and have that available in terms of the comments and the ideas that were generated of substance. Could go into a modified plan itself as we go forward in implementation with that. A second area of implementation planning has gone along with regard to the ASO contract, and Maya alluded to the fact that there is a work group that gets together among the three major divisions of Medicaid and behavioral health and children and family services, working together with regard to that. That has a whole trail of implementation and impact with regard to the kinds of data being asked for, the kinds of tracking, the kinds of questions, those kinds of things. Some days feel better than other days in terms of progress being made, but I think overall a very positive direction with regard to things. So those, I think, are some of the major ongoing elements with regard to planning going on. Maya, would you have anything else to add to that? []

MAYA CHILESE: Well, no, really I think Scot's comments about the road shows have been really helpful and it has been a good starting point for us in building that sense of communicating. And out of it also came this real sense of need for sort of a continuation of some of those, of being able to have a space, an opportunity at least, if you will, for some continued things throughout these last couple months of thinking of what do we do with SIG and making sure that people are understanding what we're doing. Candy and I then decided this year to launch sort of the hew (phonetic) systems team to be able to offer a floor, if you will, for some continued conversations. And so out of that will be some more conversations, comments, suggestions, feedback, opportunity for the family organizations and providers to get together and continue to think out some of these things and be able to bring back some further information, so we're anxious to see what will come out of that. []

CANDY KENNEDY: And I just want to refresh everyone's mind, when we talk about the State Infrastructure Grant, a very important piece to remember: It is specifically the monies as specifically for infrastructure. It is not for implementation and cannot be used as so. So sometimes...I know I hear voices of frustration because they don't see activities happening in that direction with that, but with the infrastructure grant that would be next steps. []

MAYA CHILESE: Correct. []

KATHY MOORE: And are those meetings...? I was thinking there was one in Omaha scheduled in December (inaudible). []

SCOT ADAMS: Oh, that's right. You know, you're right. I'm sorry. []

KATHY MOORE: Okay. Thank you. Because I wondered if there was another whole set of meetings that I didn't know about. Thank you. []

SENATOR JOHNSON: Well, you don't go to many so I can see where you'd forget that. []

KATHY MOORE: No, exactly. That's right. (Laugh) []

BETH BAXTER: I have a question, Maya, around...on goal 3, and you mentioned the actuarial study for the at-risk managed care, but here it says actuarial study for the examination of performance-based contracting. How has that...? I mean, has the actuarial study looked at that? Any recommendations around...I mean, because I guess I don't know that I wouldn't have...I honestly--it could just be me--I wouldn't have associated at-risk managed care with performance-based contracting. That just totally went over my head. []

SCOT ADAMS: I think they are perhaps closer than apples and kumquats but they are distinct activities and I agree with that. The work with Milliman and the planning for that really has only been announced, and the development of the contract and the draft of the contract sort of exchanged, but we have not even come to final agreement or signing of that at this point. And so we're really at the very front end of all of that. []

BETH BAXTER: So that will be...but the performance-based contracting will be a part of that (inaudible)? []

SCOT ADAMS: We're hoping in the next year, with regions, to come to agreement on some kinds of measurements that would be sort of steps in that direction of having statewide kinds of performance indicators. Beth, as you know, one of the frustrations is always around data, and we have a lot of noncompleted or folks who have quit services but haven't been exited out of the system, and so that ends up with crumby data in the whole process. And so we thought that might be an easy place to start in terms of having a certain level of compliance, in terms of the paperwork completed with regard to closing out of records when a person actually leaves services, more accurately. So

things like that. But that's a conversation that we'll be having with regions as we move forward. []

SENATOR JOHNSON: Okay. Anything else? Can you think of anything, Maya? Okay, I've got a question of you. []

MAYA CHILESE: Yes, sir. []

SENATOR JOHNSON: Does your mother wear her hair like that and wear big glasses? []

MAYA CHILESE: No, sir. (Laughter) Do you know someone who looks like me? []

SENATOR JOHNSON: Yeah, I think she went home to Anchorage though so. []

MAYA CHILESE: Ah-hah. (Laughter) Oh, no. []

KATHY MOORE: Just say thank you. (Laughter) []

CANDY KENNEDY: Maya does not shoot large animals. []

MAYA CHILESE: Thank you. []

SENATOR JOHNSON: Thank you very much. You didn't know you were going to have to come and put up with me, did you. []

KATHY MOORE: It must be Friday. []

SENATOR JOHNSON: No, I'm just as bad on Monday. Well, let's go on to (5): Discussion of the August 2008 Report from the Division of Behavioral health, including

proposed children's behavioral health outcome measures. , []

SCOT ADAMS: Great. In your materials we have sent to you the proposed outcomes element. And we saw this as consistent with a prior discussion by this group to sort of take elements of children's behavioral health planning and implementation and to take an item or two and to go into some greater depth rather than sort of covering the waterfront each and every time, and so the outcomes was really our suggestion to be able to focus some attention onto that, we think. And those of you who were at the earlier hearing on LB338 heard conversation about the need for a systemwide conversation with regard to outcomes and how we're going to know if we're getting better and those kinds of things. We wanted to attend to that issue early on in children's behavioral health efforts, and so I want to be very clear that the five proposed outcomes to monitor that we have offered are exactly that: proposals, something to consider, something to react to and to move on with. And so we'd like to draw your attention to that and invite active conversation today with regard to this. We have some questions ourselves with regard to these. One of those question is sort of a "by when" kind of question--what time frame might we want to consider our success be or target or envision success, if you will, in terms of outcomes. Another question as we get into some of these will be the question of what constitutes good or what's the target goal, and so I'll try and highlight some of those as we go through those. The first one speaks about serving more youth in-home versus out of home. The plan itself, of course, has talked about the pyramid which has about 70 percent of wards of the state served in out-of-home care. By the way, good news on that front. It's at about 65 percent at this point, today, and so that's a positive direction in our opinion. In the plan, we have identified 30 percent as the target for out-of-home care, and so that's sort of a sense for a target. Our original time frame with that was 2011, so that one does have a time frame and a target. The second goal speaks to reducing the population of state wards to 5,000 by 2011 and a similar time frame in that regard. Again, if Nebraska were just average with other states, that number would be somewhere around 4,500, and so whether or not that ought to be a revised number or whatever is open to perhaps some

conversation. The third goal talks about increasing positive consumer perception of the system and of services. This is an annual survey that's conducted of all consumers who have been registered into the system. So the universe is everybody who has come into the system, and that's thousands of people. We end up with about 5,000 responses annually, both on the adult and children's side, and we report these results in the mental health block grant, annually, and have been doing this for about four or five years. And so we have a means by which to take the measurement, which is not an inconsiderable point of conversation with regard to that. In this outcome, we talk about increasing the positive responses by 10 percent. And again, you have baseline data there currently for the '07-08 reports. What is missing here is a time frame, by what date might we think of making improvements by 10 percent. The fourth item there speaks about an increase in functionality as measured by the CAFAS for folks receiving the Professional Partner services. Professional Partners is important because this begins to address the nonward population in the state of Nebraska, and so it helps to expand the measurement of the total system overall. And again, this one is in need of some sense of measure with regard to what percent gain by what date, systemwide. The final one that we are suggesting and proposing is the concept of seamless transition. There's been a great deal of discussion around those transition-age youth, 18 to 22--what to do with it and the challenges that face that--and so we thought that would be an important area to begin measurement on. It's been an area that's been identified in multiple studies and in testimony and different things, and so we thought that beginning to measure that topic would be an important concept. We are suggesting a couple of items down there: total number of referrals of youth to the transition teams that exist in regions; the number of youth reviewed; and the number of youth with a transitional plan. Now what's missing here again is the time frame, by what date, and what's the target. It strikes me that 0 and 100 percent are not the right numbers, and so what becomes the right number that ought to be the goal number? That has a little bit of a tension in it of what's ideal versus what is realistic and how ought we to identify our proposed outcomes. We have suggested five outcomes here. I would hope that we would be able to stay as a group within--and we measure lots of other things, but in terms of sort of the

ongoing strong focus and attention on measurement and outcomes of the system and how to measure improvement--I would hope that we would be able to stay at a relatively small number. In other words, I would not be in favor of moving this to 35 or 40 outcomes measure. I don't think that becomes a helpful kind of thing. We do measure other things. Those tend to be more management-level kinds of activities, but really would like to have your input and considered opinions with regard to, from the systems perspective, what might we report publicly, what might we report to Unicameral members in terms of things, what might we speak to in the broad stage as measurement of improvement of the children's behavioral health system. So with that sort of background and comment, I would really just respond to and think about your reactions and comments. []

TOM McBRIDE: I've got a question on the second one with the reduction in number of wards. And I guess it goes to, given the state of the economy, and there was just an article in the paper the other day about the...you know, we've got 47,000 kids that are in the state now that don't have any kind of health insurance. There was an article in theWorld-Herald here in the last week or so about businesses, that because of the economic crunch, are removing health insurance as a part of their benefit program, where families then look at oftentimes having to make them a ward of the court, ward of the state, to access services. Do you think that the way of the state of the economy is, that you're going to be able to move as quickly? []

SCOT ADAMS: You know, this is a great moment for me because I can say, you know, that's a little bit more in Todd's area. (Laugh) But let me just add a thought or two. I think there is going to be a dramatic change in the environment. We have just had an historic national election and all of the energies around that. We have an economy that is as you note, Tom, pretty unsettled right now, and the potential for resources at the state level and among the private sector resources looks like those could be limited in some respects. And so there are a great deal of unknowns. At the same time, while all that is true, I think it's also a true statement that having 7,000 people who are wards of the

state, or I guess the number is around 6,700 now today, still seems a little high, and those dynamics are continuing to need to be reviewed. And a greater focus on strengthening families and helping kids to stay in families, and working on and developing strengths that families have--natural strengths that they have--as best we can, that work needs to continue on. I don't think anybody is thinking that this is going to be made easier by current economic conditions, no. []

BETH BAXTER : Tom, maybe another way to look at it too would be...I mean, we have mechanisms in place where children can access...I mean, there may not be all services available to them, but I'm just thinking about on the ability to pay, a sliding fee schedule. You know, we do that at the regional level and so children can access outpatient, intensive outpatient, based upon their family's income, and they have access to other services that there isn't a cost to the family. I think another area that we need to look at is around out-of-home care. I mean, we've had parents or families come to us; they acknowledge, they realize that their child needs and they could benefit from a residential level of care, a group home, but they can't access that level of care without making their child a state ward. And so there's probably things that we could do within our system that would allow families to do that and have some kind of a financial assistance for them to do that. []

TOM McBRIDE: We've seen more referrals from parents that are Medicaid-eligible but not state wards, rather than to moving them. But as I was driving down this morning for another meeting, listening to Nebraska public radio, and they started talking about Ford Motor Company is laying off another 2,600 people, and I know that doesn't impact that right here but our unemployment rate is going up to 6.8 percent, something like that. And I think when we look at the children and family safety, the national, the federal outcomes, that they've got to be, as they expect states to reach these levels, they've got to be adjusting that, as well, in a response to what is going on nationally, and realize that when you have a recession, a larger unemployment, that we're going to...it's going to be more difficult, I think sometimes, for families to not go that route. []

BETH BAXTER: But I think it's an opportunity for us to do that. I mean, I think we all agree that families should not have to relinquish custody of their kids to get the care that they need. []

TOM McBRIDE: Right. And the in-home and safety services, we've been one of the providers since July. That's been a phenomenal program. We're just really thrilled with that and the results. But sometimes I think we put expectations on ourselves that, in a reality, we may not be ready to meet, and sometimes the feds put those things on us too. []

CANDY KENNEDY: So, Tom, what I hear you saying is that we have set these expectations of where we want to be in 2011, and with the change in the economy right now, that we should be realistic to think that those expectations could be more difficult to achieve... []

TOM McBRIDE: Absolutely. Thank you. (Laugh) []

CANDY KENNEDY: ...and to make sure that we are not placing blame on someone or a department that has no control over that. Does that make sense? []

TOM McBRIDE: Well-stated. []

SENATOR JOHNSON: Kathy. []

KATHY MOORE: Yes, actually the discussion has kind of reinforced my question which is I'm questioning whether the first two outcomes are the best behavioral health outcomes. They look, to me, like child welfare outcomes, and so even when Tom raises the point about the economy, while that certainly does have a trickle-down to behavioral health, it has an even greater trickle-down to abuse and neglect and the other risk

factors. I'm also reminded that Todd is always quick to remind us that in the literal sense less than 1 percent of the state ward population is truly made a state ward solely for the sake of obtaining mental health services. Now many of us believe those data aren't exactly right and that we need to delve deeper, but absent delving deeper they're the best we've got, so it struck me in looking at these that, are the first two goals really the best behavioral health goals, because that state ward population has such a broad need, with behavioral health being one of those needs. And so I would like perhaps even to look at that 1 percent, if that's the best we've got, and set a goal of reducing that population. That to me would be very specifically targeted to behavioral health. And then beyond that I wasn't certain what was out there but I wondered from, Beth, whether there were other data kept at the regional level that you could identify that might reflect some behavioral health goal. And then probably the third, and we'll get into this a little more maybe when we discuss the other part of the report, but the ASO is supposed to have this new set of data available which are going to be more crosscutting data, and so again, not knowing what those data were going to provide, I wondered if there was something else (inaudible) identify. []

SCOT ADAMS: Well, starting with your last comment, the ASO I thin is our means to an end and hopefully we're, because of the integration of the three separate contracts with the single organization, we'll be able to exchange and monitor data in a better fashion. And so that's really a means to an end and we have high hopes for that. I think our work is to be able to sort of identify what we want to be measuring and (inaudible)... []

KATHY MOORE: Exactly. Yeah, that's what I was...right. []

SCOT ADAMS: With regard...your comment about the goals relating to not perhaps quite on the bull's eye with regard to behavioral health specifically in each and every case, I think I understand where you're coming from with that, Kathy, and I think that's an important focus or it would be an important point to consider and open to other people's reactions. I think why we felt that it was useful as a measurement of behavioral

health overall were really a couple different reasons. (1) These, or course, come from the federal CSFRs in terms of the measurements, and that's such an important target for overall quality improvement for how we care for kids in this state, that it was, we felt, important to have it measured in lots of different ways in public forms, and so that's part of our rationale with regard to that. Certainly, the 1 percent or less than 1 percent factor, as you say is the best data that we have, and it is also true, though, that there are other kids who come into this system through other reasons or either OJS or other reasons that are part of that, too, and to cover the entire range of kids who are within the state's clear care, our custody, that we ought to pay attention to that, as well. So that became a more significant number, if you will. And then from our perspective we sort of were rounding out with some of the Professional Partner stuff to try to get a bigger picture of things. We really wanted to also work with available, realistic data systems and questions and things that we're doing, and can, in fact, get our hands on, so that we are not inventing another means or a method of having to go out in different ways such that the implementation of the measurement itself might get in the way. So these are things that we think we can realistically do and achieve in that regard, because they either have easy access or are being done currently. []

BETH BAXTER: Well, maybe the...I look at these and they seem very appropriate. Then it's how do we go about...you know, it's the strategy. So we could take the "reduce the population of state wards"--I mean, that tends to be in the realm of child welfare, let's say--but we could apply a behavioral health set of strategies of how we were going to do that, you know, so it integrates these systems together. So how...because most of those children have some level of behavioral health need. So if we...my next question was going to be, how are we going to go about identifying the strategies that are going to get us to reaching these goals? []

KATHY MOORE: Or how will we know if we reach the goals because of a mental health strategy versus some other form of in-home family support that we provide. That's what I'm really trying...I'm trying to make this feel more like a clear measure of behavioral

health. []

BETH BAXTER: But, see, they can be the same. I mean, the in-home family support can be multisystemic therapy or it can be intensive family preservation. There's a...or it can be a family mentoring. There can be a variety of strategies that you bring in with that family, and that family identifying what they need, as well, and who is going to be on their team and those kinds of things. So you really do bring a behavioral health intervention in to bear on kids (inaudible). []

SCOT ADAMS: And that's exactly why we wanted to have this conversation early on in the LB542 process here because, real honestly, I don't think we'll ever be able to, with any scientific validity, tease out which of the strategies or activities were the useful ones. I think, Todd, that hails back to Tom's comments earlier about unintended and things out of our control that could screw things up. The flip side is equally true. Just because a person has been involved with a whole range of services, does not necessarily predict the outcome of that child having improved outcomes. There may be no relationship between level of services and outcome as measured from time A to time B, and it might be some extraneous variable, let's say gang involvement, that upsets the apple cart. And so that's why I think that our focus here ought to be one on identifying the kinds of outcomes for which, overall, we think if these things happen we feel better about children's behavioral health in the state of Nebraska overall, because while we can be planful about the types of services and activities, there will always be a gap between the particular outcomes in any one case and especially the measurement of that, and (inaudible) be difficult to link to the strategies, I think, in terms of measurements. So I think we need to continue to focus on outcomes as our focus, if you will. []

BETH BAXTER: So then one of my questions is a process question. How can we be involved--I guess that's the question--how can we be involved in helping to identify strategies to move us towards these goals? You know, to have a collective discussion

around that, and I don't mean it's our responsibility here, this smaller group, to do that, but certainly to be a part of that, to have some ability to influence, provide information, and experience what we've experienced in the field. []

SCOT ADAMS: I think the answer to that is I think that the proper role of this group is the identification of the outcomes; what's the stuff we want to say, if we achieve this the system is better. The implementation and management of that really is more of an operating kind of thing, and so it would seem to me that the department and its various divisions have to work together. The departments, divisions, and regions have to work together. Regions and providers have to work together. And there is an entire component out there that neither the regions nor the state and any of its divisions touches: private practitioners, as an example; churches in some ways; youth groups and things like that, that are a part of solutions and strategies to go toward that and which we may be able to encourage and shout at but we really don't have any control over in many ways. []

CANDY KENNEDY: So are we kind of talking about this goal, assuring that there is no piece that's excluded from the numbers or from the outcome, is that right? []

SCOT ADAMS: Well, you know, that's...Candy, thank you for that, because that's really one of the--I'm not quite sure what the word is--bugaboos or challenges I think that we face. It's a little like the Goldilocks principle. What's too big and what's too little and what's just right in terms of the size that this group ought to be thinking about in terms of outcomes. Is it just the state ward population? That feels a little too small. Is it every kid in Nebraska? Um, we can't control every kid in every family in Nebraska, and do we really want government everywhere? []

CANDY KENNEDY: Some people think we can. []

SCOT ADAMS: Yeah. But that feels a little too big. And so again these were sort of

offered as sort of a moderate, in-the-middle kind of approach to try to say those things with which the state has direct involvement contact, by virtue of services, by virtue of state ward, by virtue of contracts with providers who will touch individuals, but that's the population that we seek to sort of focus on here. Now, this conversation is a great conversation because I think it is legitimate and it's a Goldilocks question: what's too little, what's too big. []

CANDY KENNEDY: Well, and I was thinking about...when Beth was speaking I was thinking about the Professional Partners Program, and the whole philosophy of celebrating successes or that becoming a successful outcome. How do we include that, that the family or the youth use the Professional Partner Program and successfully graduated from it or got their needs met. Because that was...that's a prevention, right? So it prevented them from being a state ward or moving on to other services. Is that...am I on the same...is that... []

KATHY MOORE: Well, maybe part of the question in addition to the too big or too small, maybe part of what we're struggling with is which side of the door do you measure, which is...and so I would go back to the first two. If I could look at some subset of the state ward population that I felt was more tied to whether...and so it comes back, I suppose, to N-FOCUS or whatever data. Is there any data available that could tie to certain diagnoses, to certain--and I'm looking to Tom and Beth and everybody so that we could say...so that we could be more certain that the reduction in state ward population was the result of a behavioral health intervention rather than buying new toilets--and that's an oversimplification--but many of us have talked about some of the in-home family services are just very basic needs. And I'm all for that and want more of those but I would not want this task force to claim success based on purchasing those kinds of new physical things for families. I'm asking a question; I know that I'm not 100 percent satisfied with this and I'm looking for something that's a little beneath the surface on that but I probably don't know enough about what you've got available. []

SCOT ADAMS: Well, and again the point of proposing these was to invite the conversation, and so the department--I think I can safely speak for Todd on this--he's going to have to measure this one by itself. []

KATHY MOORE: Exactly. (Inaudible) measured no matter what. []

SCOT ADAMS: Exactly. If you would like to propose a particular measure, absolutely we'll consider it as some sort of subset, and would encourage particular language and thought with regard to that. []

TOM McBRIDE: I think you can do part of that, you know, with...as in-home and safety services move forward certainly, how many kids go residential as opposed to staying in there. I really liked your idea about specific behavioral intervention for behavioral health and not, you know...when you talk about court wards, is it anything that we do that reduce the number of kids in detention, or was it the federal mandate you can't hold a child on a valid court order anymore. You know, we can really think we did something spiffy and found out that it wasn't us. (Laugh) []

CANDY KENNEDY: I really like the idea of measuring the outcomes from a transitional use. I think that's very, very important and I know that that's some energy that some programs and some processes that are starting now. So I was thinking that if we did begin that measure, do a base line now and see later how effective that is, and it's also going to gather some numbers, some of the transitional-age youth that need assistance. I'm happy that we're addressing it. []

KATHY MOORE : I would agree completely. Yeah, that one is a very easy one to get around and I don't know enough about the CAFAS but I'm assuming that's a good... []

BETH BAXTER: It's pretty widely used functional analysis scale. []

TOM McBRIDE: I think everybody pretty much started going to that several years ago when the state was using it for even some placement decisions and stuff. []

SCOT ADAMS: Right. Well, I'm glad to hear encouragement around the last one about the transitional-age youth. Do you have...and we can certainly identify baseline data. Any sense for a time line or a target? []

CANDY KENNEDY: Tomorrow? (Laugh) You asked. []

SCOT ADAMS: Yeah, okay. Ask a silly question, get a silly answer. []

CANDY KENNEDY: To start with a base line to decide exactly what that means and how to... []

KATHY MOORE: Yeah, we'd have to have the baseline data I think to know what the target, either goal or date would be. []

BETH BAXTER: The first two goals are tied to...I mean there have already been basically target dates, right, (inaudible) through children and family services? []

SCOT ADAMS: Yes, and that's why those are in there. Those are in the plan, the department's plan. []

SENATOR JOHNSON: Okay, Scot. Anything else? []

SCOT ADAMS: Really just to summarize, if people have specific language or a specific number, specific targets, please send those our way. And what I hear from this is that our task is to develop the baseline data for the fifth one there. Are there any other particular... []

BETH BAXTER: The fourth. I'd just say I think we have...or we can help you get the fourth, the baseline data for goal 4. Maya probably has that. We have the annual reports. []

SCOT ADAMS: Great. Super. []

KATHY MOORE: And I guess I have two other thoughts. One is the data from the ASO. It would seem useful if we could look...my question would be the same as Beth's last question: How can we participate in the process of determining what the data questions should be? And so...and then I have a second question related to the other one. []

CANDY KENNEDY: Here's an out-of-the-box thought, and this was just basically because yesterday I was part of the Magellan...it's kind of a QI, kind of an oversight to help with that. Would it help if some of us or all of us, we spoke with someone at Magellan that could talk to use about what we could look at, what will or will not work, or is that too big of a conversation, a larger conversation? Because I know that they can pull out...they were talking about...so we can look at every, I don't know, male that's age 14 that...you know, they can pull certain things out. But there are other things that we can't logistically ask them to do, that it's not possible to do. So it's such a...but it's so big. []

KATHY MOORE: I think that might make sense. Voices for Children puts together the Kids Count report, and so this year there was to be a new set of data and it was withdrawn due to problems with the data. And so it would be useful, it seems, to see exactly... []

CANDY KENNEDY: Or maybe even put together some ideas and to see if that's something they could possibly do; information they could possibly pull out. []

SCOT ADAMS: Two ideas come to my mind on those comments. One is to again affirm

that we do have a member on this quality team that we're working with, with regard to Magellan. It's not just the internal divisional members but we do have providers as members of that team, and Candy is part of that, and so we do have a number of folks. So I wanted to assert that. Secondly, maybe if that's the desire of the task force, maybe we invite Magellan to have a conversation and that be our focus point at our next meeting. []

SENATOR JOHNSON: Well, that kind of goes along...Jeff actually passed a question here to me which I think is appropriate, and he basically said, are there any objections to the proposed outcomes and are there other outcomes that we should add, and then the last one, of course, we've talked about, as well, is the time line for this. So as we look at things... []

CANDY KENNEDY: So basically Jeff said, be quiet and move on? (Laugh) []

SENATOR JOHNSON: No. No, he didn't, but I think that's basically what we come down to is what we've been talking about, and Scot, is there some sort of time line that we can shoot to put this together. I mean, can...the next time we meet or before that or...? []

SCOT ADAMS: Why don't we come back with refinement of this based on the conversation today. Kathy, if you've got particular language about refinement of the number 1 or 2, get that to us, and then we'll take the next stab and at that point perhaps have them at that point. []

SENATOR JOHNSON: Okay. []

KATHY MOORE: And it might serve a chicken and an egg. We might need to hear more from Magellan in order to know what data question could be asked. So I will work on some possibilities but I think that wouldn't be... []

CANDY KENNEDY: And then I think, Beth, didn't you have some thoughts too? I could see your brain working over there to add to that. []

BETH BAXTER: I thought I was thick-skulled and you can see right through me. (Laughter) I don't think I have anything particular...I mean, I'm just thinking we have some...we can help with getting some of the baseline data and... []

CANDY KENNEDY: Well, see, that's what I thought. I could see you looking at what that looks like. []

SENATOR JOHNSON: Okay. Well, let's go on to the next one then if that's agreeable to everybody. []

KATHY MOORE: Are we going to discuss the other outcome reports or not? The first part of that. []

SCOT ADAMS: You know, we had supplied the written report and we'd be happy to respond to any particular questions that you might have. []

KATHY MOORE: It's probably not as much a question as a request, that could you create a template that includes our entire recommendation? And I did that because it was hard for me to look at your partial...you pulled a few pieces from the recommendation and responded to those, and as a task force I would want to see the whole recommendation each time, and you can certainly choose to report just on certain pieces if you want but that would be my request. []

ELIZABETH CRNKOVICH: I think that would be helpful. []

SCOT ADAMS: You know, we'll think about that and here's my thinking with regard to that, Kathy, because I know that response probably sounded a little casual. But the task

force developed their recommendations and the department then, using those recommendations, developed the plan. And so our hope is that in the conversation about outcomes and some other kinds of things, that that is, in fact, reporting on the original issues or recommendations. In other words, they've been incorporated into the implementation plan as we thought appropriate, and...for instance, the question of parity would be a great example. We were silent in our plan with regard to parity... []

KATHY MOORE: And that would be fine to restate each time. I don't see a problem with that. []

SCOT ADAMS: Yeah, and we sort of have done that and are moving on kind of thing, and the rest of the thrust of this are incorporated into the body of the plan, and thus the conversation around outcomes today is how might we measure success. And so rather than sort of going back to the last year, our intention with the outcomes is the future orientation of the plan--less process, more outcome focus. []

KATHY MOORE: Well, and I guess I would take exception with that. As a group that's spent a lot of hours working on this, we recognize that you incorporated some but not all of these in your report. There is no public access any longer to our report, number one. Number two, there is no recognition of what the department chose to agree or disagree on. And even the way you summarize some things that presumably you didn't disagree on, having sat through a day and a half of hearings where people are clearly talking about the need for better integrated dollars and services and infrastructure, those are some important words that don't appear. I mean, your response of having the plan or having a SIG report doesn't really get to the heart of what many of our recommendations put forward. So I guess I'm surprised that would be difficult, because this...if this is going to have LB542 on it, it seems like it's got to go back to the recommendations that came from this body. I guess I can't understand that. []

ELIZABETH CRNKOVICH: I have to agree with that. For one reason, all of the public

meetings you're having, which are--I'm not criticizing at all--but the perception within the public is that those are what the recommendations of this committee are, when in fact what the meetings are on are your agency's response to the recommendations. I think there's a lot of confusion in the community on that in all the regions. And I would have to agree with Kathy and I don't...it's not so much of a criticism so much; it's not at all, in fact. I think the importance is to always have that openness because we're...you know, I don't think it's any secret there's a huge trust issue, too, and that's a great way to say, here's what was recommended, here's what we're doing, especially since there is no longer access to it. So I don't know what the reluctance...when you say...respectfully, Scot, when you say, well, that was then and this is now, that makes me a little nervous. []

SCOT ADAMS: You know, first of all, just for clarity, I didn't say that was then, this is now. I said a backwards look as opposed to a future orientation. The outcomes that we've had discussion about as you were coming in were intended to be a future orientation for the entire system conversation; that is was time to sort of move beyond that point, those items incorporated into here, and to look to a future orientation to move the system forward. []

ELIZABETH CRNKOVICH: A different way of saying the same thing. []

TOM McBRIDE: I had picked up on, when I reviewed that, the same thing that Kathy was talking about, specifically in number 9, that the recommendation was basically a one-sentence recommendation and it was actually...there were several...there were a couple recommendations in there. And I think kind of an important part of that is the second half of number 9, which is not listed out in the task force recommendation nor is it addressed in there, and it could be because there has been some work done in that. []

KATHY MOORE: Yeah, to simply pick through and entire recommendation, pluck one or two sentences out, does not seem to be credible or transparent or whatever, and it

makes a person nervous about serving on a task force like this and making recommendations. And it is fine if you want to put our recommendation and the recommendation from your full report and then follow up--that's fine. But to put out a recommendation that is perceived to be the recommendation of this task force does not bode well for our time spent and our credibility. And I too have gotten phone calls from people saying, gosh, I can't believe that...you know, I thought you served on that task force and are you promoting thus and such. []

TOM McBRIDE: You know, number 11, (inaudible) I can see the response to that. I mean, that's... []

KATHY MOORE: And I think that's clear, yeah. And so you leave that on there and the response remains as it is and I think that's fine. So I guess I would like either...I don't know if I need to put a motion requesting that and then ask for a formal response if you're not going to do that. I would be glad to do that if that's what it will take. []

SENATOR JOHNSON: Scot, what's the...the group seems to be of that mind here. How can we go about solving the... []

SCOT ADAMS: We're happy to be responsive. I'll regret the backward focus in terms of the direction, but we're happy to respond (inaudible). []

ELIZABETH CRNKOVICH: How is that a backward focus when it's precisely what this task force...it's not backward to talk about what we recommended, period. How is that backward thinking? []

KATHY MOORE: Because we view it as very futuristic. []

ELIZABETH CRNKOVICH: That's the...I make a motion, Senator Johnson, that in, as--I won't articulate it as well as Kathy did--but that the entire recommendation of the task

force be iterated next to the response from the department. []

SENATOR JOHNSON: Kathy, I presume you would like to second that. []

KATHY MOORE: And I'll second. []

SENATOR JOHNSON: Well, do we have any further discussion then? All right, I think on this one we'll have a roll call vote. []

CANDY KENNEDY: You waited to vote until last. That's not fair. (Laughter) []

SENATOR JOHNSON: Yes, but sometimes you get caught and you have to make the deciding vote that way. []

_____: Thank you. []

SENATOR JOHNSON: Well, thank you all. Anything further regarding this, then? Okay, thank you. Well, let's move on to number 6 on the agenda then, and Judge, I'm particularly happy that you're here for this one because I think your input here will be quite... []

ELIZABETH CRNKOVICH: And I do apologize. It was my morning's cases, nothing else, that kept me late. []

SENATOR JOHNSON: Well, that happens. But anyhow...so let's go ahead with number 6 then about the new youth facility and have a discussion about that. Scot. []

SCOT ADAMS: A couple of preliminary remarks but I would draw your attention to this document that was provided to you electronically as sort of a summary. The program statement for the secure care and chemical dependency unit that the department is

proposing has been sent to you. It is on the Division of Behavioral Health's Web site and so should be available to everybody. We also convened a meeting earlier of this group of people wanting to report back to you as soon as we had a program statement and as soon as we have briefed some key senators with regard to thinking with regard to that. That occurred within a day of finishing the senators, and so wanted to do that. Since we have had the opportunity for some conversation and you've had the opportunity to review both documents, I think I'll go rather rapidly through this and then come to...so we can have additional time for questions and response to different things. So I don't intend to go in any great background. Bottom line with regard to this, we have worked with Carlson, West, Povondra to develop a program statement for a 48-bed chemical dependency treatment program to serve young men associated with Kearney YRTC. In addition to that, there is a plan for a colocated facility that has 24 beds for a secure care component for services. That program does not currently exist in the state of Nebraska. The 48-bed program is currently housed at the Hastings Regional Center as a 40-bed unit, so it offers some additional expansion. The purpose of this really was to replace an obsolete facility at the Hastings Regional Center to have a more efficient, more up-to-date facility to perform the functions of chemical dependency treatment for that, and to provide for the highest security level for male adolescents who are assaulting, aggressive, and have proven to not be amenable to treatment at that point in time. We have taken care to colocate these facilities in our planning in order that we can achieve some operational efficiencies, but it is important also in the design that they be separate, considered and operated separately, such that we can maintain federal fund participation in the operations of the chemical dependency unit. It simply is a requirement. Medicaid will not pay for the secure care side. They will pay for the treatment side. We have identified in the plan some reference materials, both from the planing department as well as prior kinds of documents with the Chinn report and prior documents. The summary of costs is that this is about an $18 million facility, just under $18 million. You may recall that there had been some consideration and negotiation, if you will, with Hastings as sort of a geographic location for consideration because of the availability of work force in the area; secondly, the proximity to Kearney and its target

population. And so those have been considerations. Those discussions led to a situation that we did not think was of great advantage to the state of Nebraska, and so no location has been determined for the site of this facility. The budget has been submitted through the capital construction process for review and consideration and ranking, and the Unicameral then will have the opportunity for consideration and thus a public process. Again I want to stress that there is no site in mind in any fashion at this pint in time. The nature of the program will define that. The site plan intends a minimum of 7.5 acres and a maximum of 12 acres, depending on potential adjacencies with outdoor recreation and other kinds of capability. We do, in siting it, anticipate no land acquisition costs, and what we mean by that then in the capital acquisition plan, is that it's probably going to be built on state property or perhaps it could be property that would be gifted to the state. But more realistically, I think it will go on existing state property so that does perhaps narrow down the potential of sites. We have, in compliance with the process for a capital acquisition process, have come into compliance with the comprehensive planning for that kind of thing with capital facilities, and there's a whole host of state regs with regard to that kind of process. There is, I think, some fairly detailed information about size of the unit. I believe...gosh, I don't remember the square footage of the facility right now--I'm not finding it. Yeah, around a 6,500 square-foot facility for gross square foot in terms of facility. There is a little bit of a picture in there in terms of a footprint potential. I want to stress that this is not an architectural plan nor a blueprint drawing, thus the nature of the program could easily change in pretty dramatic ways to either fit a potential site or from other considerations, but it indicates how the possible functions could come together in a way that met all of the program needs and targets and objectives. []

SENATOR JOHNSON: Scot, just to be sure we're talking about the same thing, now this is just the 48-bed unit...or is it the potential for both. []

SCOT ADAMS: No, we envision it as both--that it is a colocated facility that would have both the 24-bed and the 48-bed components, really at opposite ends or apart from one

another so that the populations are able to be kept separate. []

ELIZABETH CRNKOVICH: Did I hear you say that the programming will be determined by the site? []

SCOT ADAMS: I don't...if you did, which is possible that I said that, that would not have been what I wanted to say. []

ELIZABETH CRNKOVICH: Okay. []

SCOT ADAMS: The programming drove the design of the facility. And so the intentionality around, for instance, the chemical dependency treatment and that focus of care, around 48 youth, the nature of their needs, educational needs, treatment needs, those kinds of things, a greater flexibility for that population to move throughout a facility; as opposed to, for instance, the 24-bed facility which, if you're able to see on the site plan and the summary, it would be page 9, and it would...you see that the two sizes of the 24 and 48 are about the same, about the same amount of space. The reason for that is that the secure care unit is a more contained unit so that all the activities occur within there, as opposed to the chemical dependency side which is largely a sleeping area, and then the treatment side goes (inaudible). So the programming drove the facility. What I had intended to say, Judge, was that the building shape itself may adapt to the location. []

ELIZABETH CRNKOVICH: Okay. Thank you. []

SCOT ADAMS: In other words, it didn't have to be this backward L kind of thing as it looks like now. It could be to fit the land available. []

CANDY KENNEDY: Could it be a big N? []

SCOT ADAMS: That's great. That's great. []

SENATOR JOHNSON: You're out of order. (Laughter) []

SCOT ADAMS: You've got to cheer them on somehow. I think the final component or the final element that I would offer is as overview comment, again rests with the nature of the staffing and programming, and that is that we believe that the security side of things probably is best held as a state responsibility. So the staffing of the secure care unit probably ought to remain a state function, a state operation. It's just a tougher unit, that kind of thing. The programming, especially the professional programming that could go on in the 48-bed chemical dependency unit still is an open question with regard to partnership with private providers or others in a community. It's not necessarily necessary that those services be delivered by the state, per se, or by state employees, per se. So we're open to a partnership there. Our thinking, currently, is that again perhaps the security side of that component probably remains a state responsibility, best handled there. So there's a number of questions yet to be considered, to be responded to, and further input to go, and we think that the process through the legislative session, the long session this year, will provide for additional components. []

ELIZABETH CRNKOVICH: Can I ask another question? Would that be all right? []

SENATOR JOHNSON: Sure. It's a good time. []

ELIZABETH CRNKOVICH: When you refer to the secure side and then you said Medicaid won't pay for that, what does the secure side envision? Is it a correctional secured site or is it like an RTC kind of thing? []

SCOT ADAMS: You know, we think of it as people...filled with folks who have been through multiple treatment experiences at this point and who have continued to fail and to continue to be violent to the point of disrupting other treatment experiences. And so...

[]

ELIZABETH CRNKOVICH: But it wouldn't be Kearney. []

SCOT ADAMS: It was intended really as a more secure facility than Kearney. We would attend to healthcare needs, to the recreational components, to the educational side. Certainly the major kinds of elements that have to do with the children's and young men's other needs would be attended to, as well, but the emphasis really is on security and helping them to stay safe from themselves and from others. []

CANDY KENNEDY: And Liz, to add to this, the other meeting that we had, the question I asked is, where is this population right now, and the population right now is in residential treatment outside of the state, typically. Right? []

SCOT ADAMS: That's certainly a large...some part of them. []

ELIZABETH CRNKOVICH: No, because there aren't that many kids out of state. []

SCOT ADAMS: There are 26 out of state today. []

ELIZABETH CRNKOVICH: All right. But not...they're not all the type of individual that you described. I'm not disputing you. I'm poking Candy a little bit. []

TERRI NUTZMAN: I believe the reason why the secure care will not be paid by Medicaid is it is not treatment, whereas the CD portion is considered treatment. The second thing is it very well could be that it might serve some of the kids that are currently out of state, but also we have kids currently at YRTC-Kearney that could be served there, as well, that are very violent and aggressive and are not amenable to treatment. So I just wanted to clarify that. []

SCOT ADAMS: Thank you. []

ELIZABETH CRNKOVICH: Can I...this isn't about...it's more...we continue, I think, to be conflicted in that population of kids, and by that I mean our delinquent population, in terms of how to best respond to them and how to best merge that OJS/parole role, the treatment needs, and what I call the accountability or the secure. But we've got Kearney and now the secure and now the drug treatment, and it...I know a lot of work and effort is going into this--I know that. It still seems fragmented and convoluted and not clear, but I think more, we haven't really defined our population nor have we defined--it might be a legislative issue, in part--what the needs of this population are from a treatment standpoint and from an accountability standpoint. And it kind of goes to the other...I don't mean to take it a step further but even in terms of this commission. I mean, given the recent issues that have been always there but more pressingly and publicly brought to light, don't we need to revisit children's behavioral health altogether, in light of the challenges that have been brought to light? And those are two separate things. This feels disconnected, this whole piece about the $18 million facility, the need for chemical dependency treatment. Not that there isn't a need in this state. The question is, is there a need for this facility to treat these kids who have been to Kearney, and if so, why? Because most of them have already been through treatment. You know...I mean, it just seems like those are a lot of questions that maybe the department has answered for themselves but haven't been answered in a way that I can wrap my brain around in terms of this commission. []

TERRI NUTZMAN: If I may, Scot, I'll just go ahead and kind of...and Vicki Maca is here and Maya, and here you guys just jump in at any point in time, but I think how it's being looked at this point in time is that you have a population at YRTC-Kearney, okay, that is currently served by Hastings Regional Center chemical dependency treatment program. So they go to Kearney. []

ELIZABETH CRNKOVICH: Well, I am aware of that, but... []

TERRI NUTZMAN: Then they are paroled to HRC because they have been evaluated by Dr. Judson and in conjunction with YRTC-Kearney, that they are in need of this type of residential treatment, okay. So they go there. So with the new cofacility, those same kids, instead of going to HRC, will go into this new CD cofacility. With regard to the secure care youth, when there's a population of children right now at YRTC-Kearney that are very violent and aggressive. The programs that are currently offered there and the staffing, they're not able to deal with those kids because of their violent and aggressive nature and because of the fact that they really are not amenable to treatment. So my perception is--and anybody can jump in here--that those kids that are currently at YRTC-Kearney, when they are identified, would go over to the secure care facility. []

ELIZABETH CRNKOVICH: Identified by...? []

_____: How are they committed to this? []

ELIZABETH CRNKOVICH: So it goes way back before HRC, Terri. The youth rehabilitation and treatment center, traditionally was within the Department of Corrections and was supposed to be the bottom line for the population that you referred to. Over the years, the more we understand about youth and about their needs and their need for treatment--not just housing--has created a different look-see through the Office of Juvenile Services, but we're still kind of schizo because what is Kearney now in the perception of the public, the Legislature, the judges, everybody? Kearney is supposed to be that place and it is not. I think the problem is more as a community--and I'm pointing at you now, Senator. Sorry, I get to point at people. (Laughter) You all can point back, Sarah Palin style. []

SENATOR JOHNSON: As I said when you came here, I was delighted you were because we need this discussion. []

ELIZABETH CRNKOVICH: We do because we don't know what our philosophy is in this state with...we don't know, in a collaborative majority vision, what our philosophy is about the needs of delinquent youth who cannot be served because of their behavior in the community. Do we have a correctional facility that also has treatment? I think...and then the reason HRC came in is because what dollars are we using to pay for it. Really, that's the bottom line are the dollars. Medicaid wouldn't pay for the kind of treatment that the kids are Kearney needed, but don't forget, no one has ever stayed long enough at Kearney to ever get any treatment anyway or been staffed enough. That's no secret. So you opened up HRC to give them the drug treatment because you could do it there and get Medicaid to pay. Now we're kind of schizo between Kearney and HRC. Now we're doing another building but the justification for the building is...and I'm not being critical, I'm just...is, well, Judge, don't you understand, this is the HRC that the committee said to close. []

TOM McBRIDE: Can I try something real quick from a...I'll put on my provider hat here somewhat. Any time anybody is doing time, Medicaid won't pay for that. []

ELIZABETH CRNKOVICH: I know that. []

TOM McBRIDE: Now, you can build a secure facility and I firmly believe that we've got a need for something similar to that, however you describe it, however you focus that. Because what we are seeing right now is this youngster that may be 16 years old, he's 6'2", 240 pounds, is not amenable to treatment. He's coming into one provider. He's assaulting staff. You know, I mean serious injuries and stuff. They say, we can't serve him. They move him over to this person and he's assaulting staff there and whatever. I mean, there's some kids that...and I think the numberwise, that's a pretty small number when you look at the total population. It doesn't mean for that specific population--and I understand what you're saying about we've got to have a classification to kind of...you know, who would make the decision, who would fit within that parameter to go in there.

You can still try treatment in there. You ought to be trying some treatment in there. You're not going to get Medicaid funding for that but it's a population that we have sent out of state. It's a population that we've kicked up to the adult system. []

ELIZABETH CRNKOVICH: Right. And the ones that are out of state, and I think of ones that I've sent, are getting treatment. It's of a different nature. It's not that mental health treatment. It's places like Glen Mills. Kids are successful there but we don't have anything like that in Nebraska without a...that's a continuum and we're working on a continuum from the kid comes into the system until the kid goes out. It's at this end that you're talking about, not only the kids that have blown all the drug treatment and they need drug treatment. They've blown the placement so they're sent to Kearney and now there's a certain piece that goes to this other secure. We're not really defining those three places. We're not defining the mechanism for how they get into those three places. We're not defining the programming. I think that's--and I say we. You know, I'm not...I know what long, hard work has been going on this last year. []

TOM McBRIDE: I don't know that it's particularly true that when these kids are going out of state to those other programs, that it's necessarily being successful. I think it's...they're there for this period of time and then perhaps some of those kids come back better. Some of the kids have been brought back into care with providers. Some of those kids have gone into other systems. []

KATHY MOORE: Some have been. Some have not been. I mean, it's not... []

CANDY KENNEDY: Well, right. Well, that's...and []

TOM McBRIDE: And that's going to...you know, you're going to see that anywhere. []

CANDY KENNEDY: And remember, the philosophy...earlier when I was speaking about the population, I meant for the secure unit and not for the CD, but from previous

conversations we specifically talked about giving our youth an opportunity that are in the secure unit not to be placed other places; to remain in our state so that we can do that. []

ELIZABETH CRNKOVICH: I don't want to send kids out of state. I want to have what they need right here in Nebraska. That's my point. They don't have what they need, and you're working on it but it's still disconnected. It still doesn't have a framework in terms of is this is a social service placement, is this a delinquent placement. []

KATHY MOORE: Is it a correctional placement. []

ELIZABETH CRNKOVICH: Is it a quasi, which is really what we have in the state of Nebraska and with the Office of Juvenile Services. And not a place just to house a certain population of kids, but...and still, what does treatment mean? We're not even clear on that. []

KATHY MOORE: And let me pose a couple of questions. I think some of what's happening is that the word quasi is very appropriate. I don't think we can hold in our hand what occurs even at Geneva versus Kearney, and we don't...we have two different problems that have basically the same name--one for girls, one for boys. And we did have a concept years ago when we first created OJS of this more secure facility, and built a remarkable facility actually under that guise. And then with the reorganization it's now adult corrections, and I don't think you would ever talk to anybody in adult corrections who would say that they don't do treatment in that facility because it is a very integrated program. So, number one, I think we are trying to promote something that's at the back end. It's either here or here. I don't know if we're being horizontal. []

ELIZABETH CRNKOVICH: We're building something based on the funding source rather than based on the needs of the kids. That's what we're doing, frankly. []

KATHY MOORE: Well, not only that. We've gotten into this situation in part because we have said there couldn't be new funding. We have allowed Kearney to languish for years and years and years. The good news about the whole proposal that, Scot, I don't think you even got to, is that there is I think $1.7 million for some facility improvements at Kearney, and I applaud that tremendously and have lobbied for that for years. So, (A) I think that's good, but (B) I think there are significant other improvements that need to occur at Kearney, as well. And until we could truly define what exists at Kearney and Geneva, it's hard to know what else we need. []

ELIZABETH CRNKOVICH: To the tune of $18 million. []

KATHY MOORE: And I am hard-pressed to be very excited about spending $18 million on a new facility because somebody...for years I've complained about how expensive Hastings was, and people kept sort of justifying that if you will. Now, all of a sudden, it's acknowledged that Hastings is expensive and so we're going to build a new building. I see such huge needs in the area of behavioral health services, whether you're talking rate increases or you're talking arrays of service that could be accessible to people without Medicaid. I don't care. I'm just not convinced that we're clear enough about (A) what the need is, and (B) that this would fill it if we knew what it was. []

TOM McBRIDE: Can I take another stab kind of going where you were at? And while I agree we need something for those highly aggressive kids that we tried to build before and it got absorbed someplace else, there needs to be the substance abuse program. The percentage of kids that have substance abuse problems, mental health problems...you know, Nebraska mirrors everybody else across the country for the percentage is YRTCs and stuff. It goes without saying. The problem I have with the concept is in recognizing this is where the...in all that list of recommendations where the department steps aside from what the recommendations from the task force, is I believe there's inherent problems with how that whole concept is being designed. There's still the piece of an IMD and PRTF and the number of kids that are colocated and whether

that would automatically make that ineligible for Medicaid services. As you talk about colocation, CMS is very clear that if you have a program that is...where a youngster is receiving services but is still doing part of their time, they're ineligible for Medicaid services. And on parole, if you look at the map, sitting right next to a very secure unit in a mass housing thing of 40-some bodies, I don't think you're going to have a DRA surveyor come out here and say that's not a colocated correctional facility, regardless of who you have doing the program. If you have state people doing that program I think you've automatically disqualified yourself from Medicaid services. I still go back to the level of care. And RTCs aren't the juvenile, the high security thing. RTCs aren't necessarily that high security thing. We run two of them that are unlocked. But the level of care is not all of those... []

ELIZABETH CRNKOVICH: Tom, I just didn't enter the system (inaudible). (Laugh) []

TOM McBRIDE: All of those kids, I don't believe...and I think that if you talk to a lot of other people, not all of those kids need to be at residential treatment center level of care. The state pays themselves at a higher rate for RTC care than what private providers get. Some of those kids could step out to a treatment group home, and I think we could have...and I sent a position paper. I don't know if I sent one to you but I sent it to Chris Peterson and Todd and some people with some outline history and some concerns and some options that we can colocate--or not colocate--but if you have one facility that's out in the middle part of the state, another one back closer to Omaha, offer various levels of care or providers can absorb that capacity issue now. I know that you say, well, these kids have failed in every other level of...you know, in other treatment possibilities, and that's one of the requirements to get into HRC right now is they have to have failed. Because they received that treatment intervention there, doesn't necessarily make that successful when they're discharged after perhaps 90 days. So I think that there's a lot of things in here that really have to be worked out so that when the state makes the application that we've got some 40-some kids sitting over here and we're drawing down Medicaid services, that all of a sudden the state finds itself not being able

to draw those Medicaid monies, or if they have been, to go back and have to pay a fine and pay all that money back. And you know, when we first started talking about the facility like when Hastings (inaudible), it was a public/private partnership in there. And I would still like to see, however the design works out, that maybe an RFB or something goes out to a provider network and said, help us build this. []

SENATOR JOHNSON: If you were king, what would you do? []

TOM McBRIDE: I would look at my position paper and say, darn, that's good. I would. I would move it out. I would have different levels of care in different parts of the state--a couple. You know, not strung out all over the place. But even if you went with the public/private partnership and did an RFB and said okay, you know, is Epworth Village going to join into a partnership where you pay the construction costs and do the program, it saves the state $16 million, $18 million instead of saying this is...we're going to build it and this is where it's going to go. I just keep waving that flag that, in the process we're headed in, we're automatically disqualifying ourselves from some of those Medicaid services. []

KATHY MOORE: And if I may just add to that, the other thing that we haven't touched on that you just began to, is the regionalization, that when our task force toured Hastings that year and a half ago, 85 percent of the youth in the CD program were from Omaha or Lincoln. It was... []

ELIZABETH CRNKOVICH: Still a lot. []

KATHY MOORE: Maybe 60 from Omaha. At any rate, so we can pull the statistics. But my point is that we are not acknowledging the more than 50 percent that are from Omaha and Lincoln by, at that point, putting it in one location in the center of the state, and regardless of where we put it we aren't serving the whole state. We've got the 5-10 kids in Scottsbluff, North Platte. And so I agree with Tom's assertion in terms of the

regionalization, that we could probably create some colocated facilities in three places. And I... []

CANDY KENNEDY: Kathy, when we just recently had this, like a premeeting where we discussed this, we specifically asked Todd this question. And can you refresh my mind what his explanation was. []

KATHY MOORE: Yeah, it's cost-effectiveness is the answer that he's given on three or four occasions. []

SENATOR JOHNSON: Well, do you have the faculty or staffing, whatever you want to call it. That's the other thing. And I'm not sitting here advocating for Kearney or any place; in fact, I would think you could make a pretty good case for Omaha. That's probably where it should be. So that's not the question so let's kind of stay away from that, that it's going to be there. What... []

ELIZABETH CRNKOVICH: No, that's the concern though and we don't talk about it. Originally, the notion of a one building in a one place had more to do with Hastings, and now Hastings is out but we're still kind of....and that had to do with the community and not with the needs of the kids. But now we're stuck on one building in one place. []

KATHY MOORE: And I'm saying one building is wrong regardless of where it's located. That's my point. []

SENATOR JOHNSON: That's what I'm trying to get you to say or whatever... []

_____: Thank you. All right. Now I've said it. []

CANDY KENNEDY: And then on the same conversation, what began the conversation--so now we're talking about whether there should be multiple facilities and

how we should do that--but again beginning with the conversation was, you were talking about in a secure facility, define who should be in the facility. So there's not an agreement upon that either? []

KATHY MOORE: Well, I've looked at what's in the program plan and it isn't clear there, to me. It also isn't...you know, if you look on page...at any rate, when it talks about who is there. It's kids previously failing in residential treatment, violent assaultive behavior, not amenable to treatment, must be a state ward, history of involving a runaway, and mental health difficulties or a diagnosis that interfere with their interaction with other youth. []

CANDY KENNEDY: If I remember, Kathy, from previous conversations, because you know we've talking about this for a very long time, we did discuss that when...all go back to that Thursday phone call, right. []

KATHY MOORE: Right. []

CANDY KENNEDY: This was the population that none of our facilities were willing to do placement. []

TOM McBRIDE: That's just not true. That's not right. []

KATHY MOORE: Except that was disputed, as well, Candy. That's the problem. []

TOM McBRIDE: You know, the population you just described here is the same population that is described on what we will take in, contractwise, to group home A in the community and that's one of the lowest levels of care. Those kids are going to public school, they're getting jobs in the communities. []

CANDY KENNEDY: The ones that are too violent? []

TOM McBRIDE: The population that Kathy described. []

KATHY MOORE: That I read from the program plan. []

CANDY KENNEDY: Okay. []

TOM McBRIDE: The same ones...that same population that is described, but we will take in group home A. []

KATHY MOORE: And so much of it depends on what the... []

CANDY KENNEDY: Why does this feel like such a different conversation than months ago? I'm really confused...or did I just drink too much coffee last time? []

KATHY MOORE: No. I think, Candy, the Thursday call conversation was never resolved. I think there was an assertion that no one would take those children, and then what that began to be monitored I think that was disrupted. And I don't know where that all got resolved. We have certainly brought and we've certainly seen a reduction in kids going out of state, so one would presume that they are being cared for in-state, which must mean that our providers are taking them. So I don't think...I think it kind of goes back to the...we didn't ever get some data and capacity (inaudible). []

CANDY KENNEDY: Terri, you're kind of the expert in this area, aren't you? I mean, this is your division. []

TERRI NUTZMAN: I do not believe...okay, because I deal with YRTC-Kearney every day and the type of youth that is there. And it feels like, to me, that our violent, aggressive, big youth that have been unsuccessful in the community and they go from one service provider to another to another because of their violent, aggressive,

combative behavior, ultimately what happens is they end up in court. All those community resources have been exhausted. The court has no other option but to put them at YRTC-Kearney. So I have to disagree with you. I'm talking about a certain... []

TOM McBRIDE: Well...and I don't think there's absolutes there, though Terri, and I understand where you're coming from but, I mean, we've got a youngster coming out of... []

ELIZABETH CRNKOVICH: Actually the court won't place them at YRTC-Kearney because it's not effective for those kids and that's when we start looking at out-of-state placements. That's what happens because we can't... []

TERRI NUTZMAN: But we get them, though, Judge. We get them. We get them. []

ELIZABETH CRNKOVICH: I know you do. I know. []

SCOT ADAMS: And coming out of their ears. []

TERRI NUTZMAN: And coming out of their ears. That's correct. []

ELIZABETH CRNKOVICH: You get them because of a misperception of what YRTC is, can do. It's circular. We go back to...and this isn't about OJS or anything, it's about defining the community, defining the needs, defining what our position is as a state, because Kearney has this age-old connotation that just simply doesn't exist anymore. That's why the kids are still being sent to Kearney but also because there's nothing else, and it's only the judges who...come sit on the bench and watch. I guarantee it. []

TOM McBRIDE: I think we have to get them better...really dial down the description of the kids that are in there because you can't have it both ways. One of the things that...it's talked on this hand that it's the violent, aggressive kids that go to the

substance abuse program in Hastings. []

KATHY MOORE: No, no, no. No, absolutely not. []

CANDY KENNEDY: No, it's the secure unit. []

TOM McBRIDE: Well, I'm talking about the substance abuse. []

CANDY KENNEDY: No, we're talking the secure unit. []

KATHY MOORE: We're talking secure, right? []

TOM McBRIDE: Well, I know there needs to be that. []

KATHY MOORE: What? (Laugh) []

TOM McBRIDE: I've said that. The substance side, though, not all those kids...they don't all need RTC, they don't all need (inaudible). []

CANDY KENNEDY: And we've had that discussion before about...with our systems, our youth (inaudible) unfortunately. []

ELIZABETH CRNKOVICH: Right. Here's the challenge. The department has been working very hard and their response to the need was the recommendation--not only the recommendation, the movement--for a new building. $18 million. The department is taking that and doing it, with or without us. The challenge is, is that what the kids of the state need? And we can't reach an agreement which says, not that we're all crazy, but that it might be premature to jump ahead on this $18 million building or perhaps premature to do it independent of the community and the thoughts within the community. That includes the Legislature, that includes the mental health providers. It

does seem, on this... []

KATHY MOORE: And the judiciary. []

ELIZABETH CRNKOVICH: Right. It does seem that on this one issue there's this push and a sense of responsibility to do this $18 million building when we're still talking about are services even available to people in the community? That's why they're failing in the community. So it just seems premature; not... []

BETH BAXTER: And I would assert that this is the responsibility of the behavioral health system. When we're talking about the chemical dependency treatment needs of kids--of anybody--that's the behavioral health system's responsibility. I mean, we have kids...we could look at it the way we have the adult side. I mean, we have the CD program at HRC because there was...we had an adult program there that was then dispersed out across the state. We took those...you know, it was a statewide alcohol treatment unit and that philosophy... []

SENATOR JOHNSON: Yeah, you had the faculty. []

BETH BAXTER : No. The philosophy was that that program, those resources... []

CANDY KENNEDY: Senator Johnson says you have the staff availability. There wasn't a... []

BETH BAXTER: Right. And so they vacated the building. There was, yes, staff availability, and so it was a step forward, in my opinion, for kids, because previous to that the children, the youth who were at the YRTC, they didn't have behavioral health problems. They didn't have a mental health diagnosis. They didn't have a CD program. They had one of 12 problems, which is an authority problem or those kinds of problems. And so it was a step forward to acknowledge that, yes, these kids can benefit from

chemical dependency treatment. But that's where the integration...I mean, that's the responsibility of the behavioral health system. And we probably have kids in the OJS system because of our unresponsiveness, our inability, not having the fiscal resources to serve those kids' needs. It's not just juvenile delinquents that need CD treatment; it's lot of our kids. []

ELIZABETH CRNKOVICH: Right. Does that make you worry, though, about spending this chunk of money there when... []

KATHY MOORE: Keeping in silos. []

ELIZABETH CRNKOVICH: Right. And do we have even, like for this group...and it may be that we do and I missed it, a kind of picture, a random sampling? Because when we talk about violent kids and this and that, does anybody really know what we're talking about? Or do we have a list that says, well, we had Joe. Joe had A, B, C, D. He was in this placement and this placement. He continued. And we had Gary and we had... []

SCOT ADAMS: Terri has it every day. []

SENATOR JOHNSON: Yeah, that's what I was going to say. []

SCOT ADAMS: Terri has that every day. []

ELIZABETH CRNKOVICH: That's that specific. And can it be shared, though, in a generalized... []

SENATOR JOHNSON: Terri, do you want to comment? []

SCOT ADAMS: Body mass, number of incident reports, the whole nine yards. []

ELIZABETH CRNKOVICH: The point is, how to convey that to the public without revealing names that conveys an example of the types of particularized behaviors so that we're talking about the same kids, the same needs, the same behaviors, and then we can know whether we can agree to the same treatment at the same facility. It's all kind of vague and generalized. []

SENATOR JOHNSON: Either Scot or Terri, whichever... []

SCOT ADAMS: Appreciate the animated conversation. Clearly this stirs a lot of feelings in a variety of different ways. Several comments in terms of responsiveness to do that. The picture that connects the dots is in the behavioral health plan, the children's behavioral health plan. You may recall on there a picture of a pyramid and this was at the very top of the pyramid. An important point about that element was that this is a very small piece of the population. Judge, you're talking about you don't see how it fits together. It's that pyramid where it fits together. Previous to those documents... []

ELIZABETH CRNKOVICH: I don't...I see how it fits together. You're missing my point. []

SCOT ADAMS: I'm sorry. I thought I heard you say that. []

ELIZABETH CRNKOVICH: It's at the tip of the pyramid where it all gets crazy and doesn't fit together. []

KATHY MOORE: And it seems like the wrong place to start. []

ELIZABETH CRNKOVICH: And I'm only animated because that's just the way I am. I'm not angry nor discordant. I'm just about as Irish as they get. I will be animated. []

SCOT ADAMS: And I certainly didn't mean, by using the word animated, I didn't mean... []

ELIZABETH CRNKOVICH: I know. []

SCOT ADAMS: But it was. It was an animated...I tried three or four times to get into the conversation. []

KATHY MOORE: That's good compared to a flat affect. (Inaudible) much help here. []

SCOT ADAMS: So in any event my point simply is to say that the children's behavioral health plan speaks to a wide range of services, intervention, strategies and activities, beginning with preventative kinds of things and trying to provide emphasis to that level of care before we even get anywhere near the court system or anywhere else. As we go up the pyramid it comes down to...and that first level, by the way, probably involves thousands of young people and families across the state of Nebraska. As we get to the very tippy-top of that thing, we're talking about 24 kids--24 young men involved in this. And so it becomes a piece of things but it's been a missing piece to the pyramid and the overall resources available to the state. Tom, you identified a couple of different questions with regard to treatment and Medicaid. Medicaid has been part of the program planning the entire step of the way, has reviewed the facility design, is aware of issues regarding care. Issues regarding to IMD relate to the ages between 18 and 63 so it's not an issue in this one. Issues in regard to out of sight have been designed into the program so they have been part of the process every step of the way. []

TOM McBRIDE: Just on that, one of the things that I was...I was at a meeting with the gentleman that's in charge of the 100 new surveyors that have been hired by CMS to go out and make these surveys, is that there is going to be tremendous inconsistency in what they believe is colocated, what they believe is going to be...who's serving time. I mean, they're even talking about if, as a private agency, I've got one unit sitting across the street from another, is if that's under the same governing board. If it doesn't have separate budgets, if it doesn't have everything separated out, that it's the same thing

and therefore could be subject to loss of Medicaid monies. []

SCOT ADAMS: You're absolutely right that CMS is having greater attention to those kinds of issues. We were are a conference in D.C. a month and a half or so, ago, and the issue of IMD is one that not only CMS but the OIG is also involved in and review. It's a serious issue and has serious ramifications for a number of facilities across the state of Nebraska in lots of different ways, adult and children. With regard to the multiple sites, that simple answer is simply that the efficiencies of construction, the efficiencies of ongoing operational costs and the opportunity and availability of staff across a state of 1.7 million people simply is not an efficient way to go, and so that's the basis and the decision with regard to that. Other states, notably Missouri, have a variety of different locations. They are a much less geographic state. They're more compact and they have a vastly significantly different population base and multiple population bases across the state--really a very different environment--but that's our rationale and basis for that. With regard to the CD services, we relied upon prior studies as well as current thinking; the Chinn reports that have recommended additional services at YRTC. Expansion actually is one of their recommendations at that time. Some of those have been developed on the Geneva side of things, but also in this case we're looking at the guys. Kearney was an expansion of that, and this is, in consort with this group, recognition that the facility itself was a bad idea. With regard to the programming on the CD side, as I said earlier, we're still open to the idea of a public/private partnership in those regards. That decision has not been made. So I think those are the major points I've heard with regard to that. I do see this as a very consistent and logical extension of the continuum of care overall, that there are some folks at a very troubled point in their lives who are, for reasons of safety, for reasons of their own as well as other people's, need to be in a secure care unit. m []

SENATOR JOHNSON: Before we go on to Terri, let me just ask you a little question. What happens to these people that go to these out-of-state facilities? Ten years later, where are they? Are they virtually all in adult prisons? []

ELIZABETH CRNKOVICH: No, that's not true. I have had success, not all of them. (Inaudible). Kids sent out of state are not sent out of state to jails. []

CANDY KENNEDY: No, the ones that we're talking about, the very small population. []

SENATOR JOHNSON: Yeah, I'm talking the... []

ELIZABETH CRNKOVICH: That's he is talking about? []

CANDY KENNEDY: The security unit. Not the CD. []

SENATOR JOHNSON: Yeah, I'm talking the real tough ones to handle. What happens to them? []

KATHY MOORE: I don't know that we've got good...we have no...that's actually one of the things I've been begging for, for about 15 years. We do not have good recidivism (inaudible) and I've actually even encouraged Kearney to try to do some follow-up. There could be very simple follow-up, even with the Department of Corrections, which would give you negative information rather than positive, but we haven't even done that. But we don't know is the answer to your question. []

SENATOR JOHNSON: It would be kind of a curiosity with me anyhow. []

KATHY MOORE: It would be wonderful. I think we need those data. That's part of my concern that we're making a decision absent sufficient data. I guess I do have to say also that I'm a little concerned that we would use, as litmus test, that kids are violent at Kearney and therefore they need something more. Many of us have been concerned that Kearney does not have as good a program as some of the facilities in Missouri and other states. I've visited several facilities where kids who were much more violent, had

much more serious offenses, were educated and treated and kept in a very creative environment. So I'm a little hesitant to determine that we need to create a facility for more serious kids, using that as the measure. I'd feel better if we had a solid program, first, and then said, yes, we need...we have X number of kids. []

ELIZABETH CRNKOVICH: Right. That makes perfect sense that the facility that has never been what it's supposed to be and has never been up to par in 20 years, all of sudden is being used as a model for who is successful and who isn't successful. []

KATHY MOORE: And it is making improvements. I'm very aware of that. It's not to diminish that but... []

ELIZABETH CRNKOVICH: It is. No question about it. The other question is, who would...I mean, well...because it's kind of disjointed in this way too--a youth is committed to OJS for Kearney, and then so will Kearney take on a different connotation. Kearney won't be the place anymore. Kearney will be the point of the triangle? []

KATHY MOORE: A youth that would be transferred to the secure care facility would have to have an assessment by a psychiatrist specifically stating that this child or this youth is not amenable to treatment at this point in time. And these youth that are not amenable to treatment are the ones that are so violent and aggressive and you cannot get them calmed down enough, okay, to get them into a program, whether that be at Kearney, whether that be a community-based service provider, or whatever, we have those youth. Now... []

ELIZABETH CRNKOVICH: Should that be a judicial decision based on evidence they're no longer amenable, or administrative? []

KATHY MOORE: And, you know, that could still be a discussion, I guess--How those kids are going to get from Kearney to the secure care unit. And the other thing I want to

tell you is, like Scot said, it's a small number that we're looking at. If you look at the whole population that OJS deals with at Geneva and at Kearney, we're only looking at a small number of kids that they're having a very difficult time providing for. []

ELIZABETH CRNKOVICH: When we went to do the tour there was, what? Was there three or four? []

TOM McBRIDE: That was the mental health side, though. []

ELIZABETH CRNKOVICH: The secure side. Yeah, not the CD side. []

TOM McBRIDE: That was a different thing that what they were talking about. []

SCOT ADAMS: At that time it was sort of the same... []

CANDY KENNEDY: Different than the chemical dependency unit. []

TOM McBRIDE: Well, that and the other. []

KATHY MOORE: If I could continue, I would love to be able to do that. []

SENATOR JOHNSON: Sure, go ahead. Please. []

KATHY MOORE: And as you know, we did bring in outside consultants...after I came on board, we brought in outside consultants. Dr. Latessa and also Ned Loughren to bring them in and actually evaluate the programs that were going on in both facilities. We got the results of those recommendations. They recommended changing programming, specifically programming at YRTC-Kearney, to the cognitive behavioral-based programs. They made specific recommendations. They studied equip, art, thinking for change. With Geneva, I think they were pretty comfortable with what Geneva is doing,

because Geneva really has developed a gender-based programming modality out there which seems to be working... []

BETH BAXTER: Much better. []

KATHY MOORE: ...working much better and really well. With that, we've done some evaluation of those programs, along with cost analysis, and I have both facilities do that for all the programs that were recommended. Now, as you also may not be aware, we recently hired a new director of programming for YRTC-Kearney and her name is Jana Peterson-- that's a new position at Kearney--who is going to be overseeing and driving the new programming out there. Todd Reckling and I will be meeting with her on November 17 and we're going to be looking at the various programs that have been recommended. We're so very close to implementing new programming into Kearney. So I understand what you're saying. We do need some new programming at Kearney. Also remember that Kearney's capacity is like at 150, pursuant to the number of staff that they have out there. We're getting tons and tons of kids being committed by the courts across the state. They're at like 170 right now. We have 20-some kids, I think, are on the waiting list for Hastings Regional Center. Hastings Regional Center is full of these youth. Courts are committing them to Kearney with the hope--knowing these kids are chemically dependent--with the hope... []

ELIZABETH CRNKOVICH: That they'll get drug treatment. []

KATHY MOORE: ...that they're going to get drug treatment because we're going to evaluate them at Kearney, keep them for a couple of months, get some of their conduct under control. Then we refer them...we pull them out to the chemical dependency treatment program. So those are some of the things that we're trying to do and trying to...and with the secure care facility, with a psychiatrist stating that they're not amenable to treatment. And, you know, we're going to have all that information that comes with that youth when they're committed, so it's not going to be like starting over, evaluating

these kids. We're going to have all of the prior history. []

ELIZABETH CRNKOVICH: How long will a youth stay in the secure facility? []

KATHY MOORE: Okay. The other... []

ELIZABETH CRNKOVICH: Because that might be a due process issue. []

KATHY MOORE: I think there's a misconception that they're just going to go there and they're going to sit there and age out and nothing is going to be provided for them. That's not the case. They're going to be assessed and reassessed, getting their conduct under control, their aggressive, violent conduct under control. There will be a psychologist, a psychiatrist, a licensed mental health therapist that is going to work with these kids to the point to get them to be amenable to treatment. Then at that point in time, depending upon where they're at, they could be paroled back out into the community. They may go back to YRTC to finish programming there, once we had a really good new programing going. And if somebody disagrees with my perception of how I'm describing this, please speak up, but I believe that's what's...how it's going to be. []

ELIZABETH CRNKOVICH: And my criticism isn't whether we...I mean, of each of the population, the drug treatment, the more secure (inaudible) Kearney, I'm not in disagreement with any of that. It's that, again, kind of coming at it from the back instead of the front, that is a concern. The still not even defining Kearney yet and then having the other, and the question of the one building for...those are all my concerns and not at the department like this, but with regard to the community. It seems what you tell me makes sense but when we talk about it in the other context, I'm not as comfortable. That's all. []

KATHY MOORE: In the context of, to me in what context if you could explain it? []

ELIZABETH CRNKOVICH: I'm still not understanding why--take the name Kearney out of it--why there isn't...if the idea is that...and maybe I'm thinking too much court. I agree with Beth. A lot of what we're dealing with hopefully should be handled within the community before it even comes to court, you know, and that's a big issue. []

KATHY MOORE: Exactly. That's the goal. []

SCOT ADAMS: Bingo. []

ELIZABETH CRNKOVICH: But what we had was this commitment to Kearney. We still--I say we, maybe it's me I don't know--what is Kearney? Is it just...is it a...in the spectrum of delinquents, is it just one piece or was it the place and didn't have what it needed and now you're adding other pieces. I don't know if that makes sense but that's what makes it disjointed. []

SCOT ADAMS: The short version, I think, is that Kearney was the place that judges sent young men when they had exhausted other resources, when the crime had been significant enough that public safety became an issue. []

ELIZABETH CRNKOVICH: No, it wasn't the place where judges sent people. It was the place created by government to address the needs of delinquent youth whose behavior, or whatever...I don't wish to correct you and I'm certainly not angry but this isn't Kearney was where judges sent people. Kearney was created in order to address the needs of youth before the court. []

KATHY MOORE: Originally by the Department of Corrections. []

SENATOR JOHNSON: As perceived. []

SCOT ADAMS: And for whom the youth had not... []

ELIZABETH CRNKOVICH: Yes. Well, I don't mean to go on too far either. []

SENATOR JOHNSON: You know, listen. I think this has just been a great discussion and I'm glad we're having it because, you know, maybe if we had had this kind of discussion before the safe haven law we wouldn't be having the special session. So to have a good strong discussion is... []

ELIZABETH CRNKOVICH: Well, we haven't gotten to what services were there or not there for families like that, but... []

SENATOR JOHNSON: And so I don't apologize for a second to any of you. This is the things that we ought to be talking about before rather than after. []

KATHY MOORE: Well, thank you, and I think part of the...I was actually going to make sort of a wrap-up statement, too, because I think part of the problem is that I've now heard at least three verbal descriptions of who is appropriate for this facility and what would happen, whether there would be treatment or wouldn't. And when I received this and it was called a program statement, I thought it was going to tell me what the program would be like. And there is no reference in here to the program. It's about buildings and it's about staffing and those kinds of things. So I suspect that part of the difficulty is that for several months we've seen the pyramid and heard it called a level 5 or whatever, but we still don't know what "it" is. Now we know what it physically might look like or cost. So my problems are threefold. (A) I still don't...I'm much more concerned with program than facility, number one. Number two, I am going to be very hard to convince that a centralized program is where Nebraska should go, on the heels of diversifying and community-basing programming, family centering, etcetera. And then additionally, number 3, on the heels of safe haven, on the heels of the hearings where we are crystal clear that there is not adequate funding for behavioral health services, I'm

hard-pressed to be convinced that the only $18 million that we're going to appropriate should go to this point of the pyramid. I would much rather see us putting it into the community, believing that fewer kids would need to get to the top of the pyramid. []

TOM McBRIDE: If I could add my last thing, I'm going to talk about the right population. You know, I understand the secure facility need. I've worked with the kids that I think sometimes would qualify for that. My biggest problem with that whole thing is the delivery of the substance abuse program in a 40-bed colocated or 42 or 48, whatever. I think that we can do it better, we can do it cheaper. I mean, you talk about economics of scale, when you're talking $18 million--and I don't know how much of that breaks out for just the substance abuse side of that $18 million--but when you would take those kids, move them out into smaller community-based settings and at perhaps lower levels of care, you're minus that up-front cost and you can serve them cheaper and better and in several different locales. So my biggest problem is how the substance abuse thing fits in there. And I really appreciate the attention to programming...you know, that you've made changes. Every treatment program has to go through that sometimes. You know, you've got to look at it. []

KATHY MOORE: It does. And also know, with our other capital construction project for Kearney and redesigning those living units, which is going to make smaller groups of like 1:8 for treatment purposes, that's how we designed that. And anybody that you talk to, no matter what program you get into, 1:8 is a good treatment group, and so that's what we're trying to accomplish. But again we have only so much room out there and we can only serve so many kids. []

TOM McBRIDE: But you're doing 1:8 with that and 48... []

KATHY MOORE: What? []

TOM McBRIDE: You're doing 1:8 in those areas and then the new substance abuse

thing you're doing 48. []

SCOT ADAMS: But it's the same concept. The units break down to smaller sizes. []

KATHY MOORE: They break down to smaller sizes. Kind of (inaudible) Missouri (inaudible). []

ELIZABETH CRNKOVICH: Maybe I should talk to you afterwards. []

SENATOR JOHNSON: Any further discussion around the table? Scot, I think I am going to let you sum up here, if you can, what we've heard today and so on and how...and the open ends that are still there that you see and that need to be evaluated, I guess. []

SCOT ADAMS: Well, I presume you mean simply with regard to topic 6. []

SENATOR JOHNSON: Yes. []

SCOT ADAMS: Let me say that it never dawned on me until right now that the phrase "program statement" could be confusing, but I can easily how that could be, Kathy. []

KATHY MOORE: But I'm not saying confusing. []

SCOT ADAMS: No, you have expectations. []

KATHY MOORE: I'm just saying I still have not been... []

SCOT ADAMS: Yeah, that makes perfect sense. That was not an intentional misleading kind of thing but it's just sort of a term of art in architecture. That was the term that they gave us for this document, which is largely a program statement though. It does identify population and operating costs and some of those other kinds of things. As I said

earlier, I do appreciate the animated conversation. I think it is important to this state. I also think that the decision to have this go through a public process in the Unicameral's review with regard to a decision whether to fund it or not is also a good decision with regard to that, where this can be further hashed out. I do believe that we are at a point of some disagreement between where things ought to go, and that's okay. I think we have tried to be clear that our intention is that there is a very small group of people that we're very concerned about with regard to issues of safety and capacity for improvement through traditional behavioral health methods, if you will, and that's the element of the secure care facility. Secondly, we remain convinced that the value of the 48-bed chemical dependency side of things rests in its ability and its purpose and particular function for, again, a relatively small group of young men across the state who have committed serious crimes, who have been in community-based treatment previously, and who have failed in those experiences and for whom an additional level of security is still needed and required. We can look at that set of characteristics and come to different opinions with regard to that but that is our perspective and opinion with regard to that. I think that our points of agreement are and involve the idea that some new facility is a good idea. For purposes of efficiency, certainly I think everybody agrees with that. I think for purposes of the environment and the potential for encouragement and recovery, I think also are probably points of agreement. So there are elements I think with which we can agree on this. I do look forward to putting this sort of to the side and to the Unicameral process. This will remain our plan going forward so that we're able to turn our attention to the other more comprehensive or larger numbers, anyway, in terms of children's behavioral health overall. Because this is a small piece of the population and I hope we can get back to the focus with regard to the larger issues involving children's behavioral health. []

SENATOR JOHNSON: If I might must continue on with that for just one second. For the rest of you that wouldn't be aware of it, for the last full day and a half we have had, I think, just superb hearings, joint hearings with HHS Committee but also the Appropriations Committee. Just been excellent discussions for the full day and a

half--wide-ranging and in-depth. And I guess the thing that then made me feel the best is that we had a very brief lunch after that and the discussion--Jeff, I think you'll agree--was very forward-looking at to how to solve the problem. And so this is what we had hoped to have out of this joint hearing and it certainly was encouraging as things develop. So keep your fingers crossed. Okay, on my list Jeff has got two more things. One is other business. []

KATHY MOORE: And I might just ask, because I've been making an exception... []

SENATOR JOHNSON: You're out of order. (Laughter) []

KATHY MOORE: How did I know you were going to say that. I think this is a quick yes or no answer. []

SENATOR JOHNSON: Yes. []

KATHY MOORE: In the budget request is there any other new money for behavioral health services? []

SCOT ADAMS: There are rate increases of 1 percent are recommended for providers on the aid side, and that's about it. []

KATHY MOORE: Okay. That's why I wanted to make sure I was making speaking from fact. []

SENATOR JOHNSON: From that standpoint, what our conversation focused on a lot was work force development--and the Omaha-Lincoln metro area is short; nonmetro is very short--and so that's where a lot of the conversation was centered. So all right, do we have any public comments from anybody that...? Seeing none... []

KATHY MOORE: How would they dare, right? (Laugh) []

SENATOR JOHNSON: Well, again this has been a great discussion, a needed discussion, and I'm glad we've had it. So with that we are adjourned. []