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Rough Draft

CHILDREN'S BEHAVIORAL HEALTH TASK FORCE
March 14, 2008

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The Children's Behavioral Health Task Force met at 1:30 p.m. on Friday, March 14, 2008, in Room 2102 of the State Capitol, Lincoln, Nebraska, for the purpose of conducting a public hearing. Members present: Jim Jensen, Chairperson; Scot Adams; Beth Baxter; Ruth Henrichs; Candy Kennedy; Todd Landry; Tom McBride; Kathy Moore; Terri Nutzman. Members absent: Judge Crnkovich; Senator LaVon Heidemann; Senator Joel Johnson.

JIM JENSEN: Welcome, ladies and gentlemen. This is the Children's Behavioral Health Task Force, LB542. I want to thank everyone for coming. I believe everyone that is coming is here, and I want to thank you for your attendance. You have an agenda that's before you. Any corrections, additions to that agenda? If not, we'll proceed with the agenda, as printed. And the minutes for January 18 meeting have been circulated. Any additions, corrections to those? I don't see any, so we're to Item 4, a report from the Division of Behavioral Health. And is that you, Scot? []

SCOT ADAMS: It is me, and good afternoon. I apologize for being late. We do have a report. It is on its way, walking over as we talk. But before that, on a very serious note, I want to personally apologize to members of the committee for this not getting out ahead of time. It was my intention, and I had communicated with Jeff that I expected that to be there first Monday, then Tuesday, and for a variety of reasons, the complications involved with three divisions working our way through a new structure, in terms of talking with one another clearly and being able to understand things, hung things up. That is my responsibility, because we had the lead on this, and so I want to first of all say I am sorry about that. The document will be here shortly. We would like to walk through this with you briefly, but as you can see, there's a number of pages involved with it. And so there will be some room...I think you will want to read it, think about it, that kind of thing, and so through. But we will highlight, I think, some of the more important points to the report. So I just want to apologize to the committee chair and to

Jeff in particular, who I said I would do that and didn't get it done. Since the report is not here, Senator Jensen, do you want to jump to another piece, maybe? []

JIM JENSEN: Like what? (Laughter) []

SCOT ADAMS: The legislation? []

KATHY MOORE: Something other than adjourning. (Laughter) []

JIM JENSEN: Okay, okay. Yeah. []

SCOT ADAMS: Yeah, and if not,...okay. I was told it was on its way over. []

_____: So five minutes. I don't know. []

SCOT ADAMS: I think it would be walking in the door. I hear the click-click. []

_____: What are you going to do on your summer vacation? (Laughter) []

KATHY MOORE: Who'd like to come help me office furniture over the weekend? []

CANDY KENNEDY: I had a thought that I would like to share with everyone, I thought, between this last meeting and now. The thought that I had was the recommendations that we approved, that we put together, were based on family-centered practice and system-of-care work. I just wanted to remind everyone that I think that we should be held to the same standards as we do the recommendations, so I think with that philosophy in mind, it would be very important that when we walk through this door that we remember that we're part of a task force and we maybe leave any concerns that we do personally...you know, personal agendas or personal concerns at the door and to focus on what is most important, is the children's behavioral health system. []

KATHY MOORE: Actually, Candy, that is an interesting reminder, totally on a different topic, but what did occur to me in the last week or two is that we have been awaiting HHS's specificity in terms of their proposal, which is their response to our report. But I don't want us to lose sight of our report, and so I'm not saying that's what you were alluding to, but that was the thought that I had, that there were some things in our report that differed from theirs. And so as this task force takes on its new year, if you will, I think it will be important for us to watch both what HHS is carrying forward, but also remember our report and our recommendations as a baseline. []

JIM JENSEN: And while that's being passed out, I also might mention, as you may or may not know, the oversight commission of which we had a meeting this morning at 10 a.m., is...by statute will terminate on the 30th of June. And there was a bill introduced to extend that, and there were individuals or groups that supported that. However, there was a letter that came from the Speaker that said that really, the oversight commission was not constitutional and also a conflict of powers. But along with that, the Speaker has proposed legislation on various commissions and task forces, and there are eight of them, and one of them of which is the Children's Behavioral Health Task Force. And as you know, we had an amendment that would have changed the voting membership of this task force, and that was in there and it probably will not be heard this year. And the Speaker and the Chairman of the Executive Committee are going to do an interim study this summer to look at at least eight of those commissions which have been formed by the Legislature, but which they feel are possibly in conflict with the constitution--balance of powers between the executive branch and the Legislature. And so I just wanted to make you aware of that, that LB542 is part of that study. So with that, and if you're ready, I think we're ready. []

SCOT ADAMS: Thank you, sir, and again, my apologies to the committee. We have information here that we believe is responsive to the questions raised at the last LB542 Children's Behavioral Health Task Force. Would like to walk you through this bit by bit

with at least some of the highlights, and the first section deals with the service array and some additional information with regard to that. I'm going to defer to my colleague in crime, Todd Landry, to be able to help explain that, because this relates most clearly and specifically to his section, though it also has implications, I want to stress, for the overall Children's Behavioral Health System, especially in its nature of services earlier in the system, services with wraparound components, and things like that. So Todd? Thank you. []

TODD LANDRY: (Exhibit 1) Thanks, Scot. If you...the service array is a critical component of our strategy, not only as part of the Children's Behavioral Health plan, but also the reform of the child welfare system. The two go hand in hand and are tied together, as many of us have talked about, and as the task force also discussed during its meetings last year. This document builds upon the information that was already included in the department's plan that was issued in January, but it also contains some of the same information, particularly to charts that are toward the back of this section, that diagrammatically demonstrate both our proposed future service array, as well as an overall goal as it relates to serving more kids and families in their home instead of on an out-of-home basis. But the service array document does go into some more details about the direction that we're going in, and a little bit more information about some of our specific goals. I want to just pick up on a few of the pieces of information that's in the body of the document. First of all, as we've said, this really involves multiple divisions with the Department of Health and Human Services. We're not just looking at the Division of Children and Family Services or the Division of Behavioral Health, but it's also Medicaid services, as well. So we're trying to take a holistic look at the services that we offer, and many of the directions that we're going in is really trying to take into account the interrelationship between those three divisions. Specifically, on the second page of the document in the last paragraph, a good example of that is in regard to our current RFP that is out and released regarding the Administrative Services Organization. This RFP is intended to replace the current contract that we have with our Administrative Services Organization contractor, which is currently Magellan. The new

ASO is very different, though, however, from the current contract that we have with Magellan, in that it does, in fact, take into account all three divisions, and the RFP specifically is three contracts, but under the same RFP and with the same provider. And so that's a dramatic change from what it was just...what we have currently and is intended to increase the information and to increase the data collection, because we know many of our families and children that we serve are impacted by all three of those divisions. And currently, the data is really collected separately in the data systems that we have for those three divisions, even though it may be the same child or the same family. So a critical component of the ASO RFP that we've released is to specifically address that, so we can begin to collect data longitudinally across our divisions, as well as horizontally, if I can use that term, among the different services that we'll be offering the kids and those families. So that is an example of the cross collaboration that is happening now, as a result of the reorganization of the department, with three divisions within the same department, of Medicaid and Long-Term Care, Behavioral Health, and Children and Family Services. []

TOM McBRIDE: Can I ask a question on that? []

TODD LANDRY: Sure. []

TOM McBRIDE: On the data collection piece of that. Will the ASO...will HHS be developing another data collection system alongside that for the services that don't...or is the ASO going to be the data collection point for everything in the department? []

TODD LANDRY: The ASO will have responsibility for collecting certain data. Now certainly, each of the divisions are still going to be collecting other data that the ASO may not have involvement with, that may not be of value across all three divisions. So the intent of our RFP with the ASO is to really collect the data that we need that crosses all three of those divisions, such as treatment, such as cost, such as services. For example, we'll still continue to maintain, of course, our N-FOCUS system, because that

also contains all of the different case management information and details regarding those pieces that really is outside of the current concept of the ASO. Having said that, one of the key differences that we have with this RFP and what we intend to do with this ASO contract is for all services that are being provided to a child, not necessarily to be authorized by the ASO, but to be registered with the ASO, so that we can, in fact, collect that data. So support services, family services, children's services that are not going to be authorized are still going to be collected from a data perspective, so that we can begin to collect the data as regarding cost, the data regarding time and care, the data regarding the difference services that are being provided by the different divisions. But it's not intended to be the one be-all, end-all repository of all data. There's other data that each division is still going to be collecting through their internal systems that they currently have. []

TOM McBRIDE: Okay. []

CANDY KENNEDY: So it's just a...it's a tool to do more effective communication and data collection? []

TODD LANDRY: It really is. You know, that's one of the true aspects that we're really looking for, because right now if you want to find out or if we want to find out, for a particular child, what services that were being provided to them, we're going to the Medicaid system, we're going to Children and Family Services, N-FOCUS system, we may be going over to Behavioral Health, and there's not one single repository to collect all that information. We really want to be able to provide, we need to be able to know, so that we can do effective system reform. What are those total costs that we're really looking at? Are we actually using our dollars in the most effective way possible, and where are some opportunities for us to improve some efficiencies throughout the system? []

SCOT ADAMS: Yeah, one thing I'd like to stress, I think, that Todd has alluded to is the

ability to get data out of the system in usable fashion and share with partners as we need to. Some of this information may be very useful to ICCUs, as an example; may be useful with providers, to understand the full range of services and background. And so currently we have some difficulties with getting reports out of the data base that we have now, but that was one of the areas of concentration and focus, in terms of expectation and raising the bar, if you will, on this. And so we're hopeful for that. []

TOM McBRIDE: I have not read that, I mean, the contract. The RFP is a little long. []

SCOT ADAMS: It's a big one, isn't it? (Laughter) Yeah, it's a biggie. []

TODD LANDRY: It's a significant size one, yeah. []

TOM McBRIDE: Does that...did they have to bring that with them, or is that something that ramped up as they get in the contract? []

TODD LANDRY: It is expected that they'll have it in place at the time that the contract goes into effect, which is July 1. []

KATHY MOORE: And so if I can try to apply that, they will have data, then, on every child who receives Medicaid funded services, Medicaid behavioral health funded services,... []

TODD LANDRY: And Child and Family Services, child welfare services. []

KATHY MOORE: So if there is... []

TODD LANDRY: So for...let me try to use an example. Let's assume that there is a child that is placed in out-of-home care in traditional foster care. []

KATHY MOORE: Um-hum. []

TODD LANDRY: Well, currently, our current ASO doesn't collect any of that information about them. That's completely separate. But under the vision that we have for this ASO--and again, the RFP is still open, so we don't know exactly what we're going to get as far as bids coming back in--but it is our intention that in the future, that ASO will register those services, so they'll collect the data on those services--not authorize it, but to collect the data on it. If that same child is also receiving medically necessary psychotherapy services through Medicaid, it will collect the same data on that same child. And let's say they're also getting some...Scot, help me with a service that may be in behavioral health. []

SCOT ADAMS: ICCU, wraparound. []

TODD LANDRY: You know, some type of wrap-around behavioral health service. It will also collect the data for that child. So we'll have one place to go to collect the data, so we can see exactly what is our total cost of care for that child on a per-day basis, per-year basis, total cost-of-care basis--whatever the case may be. Right now, those pieces are in different places, and this provides us a great opportunity to bring them together under one umbrella. []

KATHY MOORE: If you had a child in foster care who is not on Medicaid, I assume they would not have data on that child. []

TODD LANDRY: They will begin to collect data on that child, yes. []

KATHY MOORE: They will. []

TODD LANDRY: They will, yeah. []

KATHY MOORE: Because that was my...that was to my... []

TODD LANDRY: They will. That is not what's happening now, but they will in the future,... []

KATHY MOORE: In the RFP? I mean, that's... []

TODD LANDRY: That's the way we have structured the RFP, is to collect that data, because that child may need those services at some point in the future, and so just because a child doesn't need that service now, if they need to in the future, we want to have that cross connect and that bridge--crosswalk, so to speak--already built so that we don't have to go back and add those pieces in later. []

KATHY MOORE: And would that include OJS kids? []

TODD LANDRY: It will include all state wards. []

KATHY MOORE: Okay. []

BETH BAXTER: And Kathy, just a...maybe a note here. That's the experience of behavioral health. We have registered all people who come into the behavioral health system for services. They're either authorized or they're registered, and so all of the children that we've served through the Nebraska Behavioral Health system, they're all in the data base, and there are certain federal requirements, data fields, that we have to, you know, report on. And so that's been our experience since (inaudible). []

KATHY MOORE: Yeah, and our experience...I mean, we just haven't asked the right question. But we've met annually with...and I think it may get to the point that Scot was raising, which is the output. []

SCOT ADAMS: Yes. []

KATHY MOORE: There's a difference between what is put in and what we're able...because from Kids Count, I have met annually with the HHS people for probably 12 years about getting data, and short of perhaps going to each region, and then there were even concerns that it wouldn't be comparable from one region to the other. So up until now, there has not...I think this is fabulous, because up until now it's been very, very difficult to really present any data we felt were really reflective of a behavioral health universe of any...I mean, you couldn't even really define a universe that was...so I think this is great. []

SCOT ADAMS: Yeah, we have high hopes for this, and we think that the team that wrote the RFP was reflective of the three major divisions and the issues and concerns that they have, knew the strengths of each that came in, knew the requirements, and as Tom was saying, it's a long sucker and pretty well detailed. But that's also pretty normal stuff for the major companies, and so... []

KATHY MOORE: Right. []

SCOT ADAMS: ...we're just thinking that this is a nice transition point, and it's a center point to reform. []

KATHY MOORE: Yeah. No, I think you're right because there are many states that have been way ahead of us voices, in terms of the quality of their mental health data, and I'd go to meetings and try to explain why we couldn't get it, and they thought I was nuts (laugh), and some might agree. []

CANDY KENNEDY: So Todd, I know that...isn't this particular RFP a shorter contract period than previously? []

TODD LANDRY: The contract period--and Scot may have to correct me if I'm wrong--it is a four-year contract in total, but it's a...you know, we're contracting for two years with a subsequent opportunity to renew, based upon the success that we experience with them. And so there is no guarantee of four years, but it could be up to four years, but it's a minimum of two years. That gives us, we believe, the right balance between the commitment that an entity would need to undertake a contract like this while still giving the state a significant amount of flexibility. In case there are changes that need to be made, we have the opportunity to then be able to make those changes. The other chart that I really want to just briefly touch on is another chart you've already seen, and it is the two-pyramid chart, or as we've come to call it, the flipping pyramid chart that's shown (laughter), I think it's labeled as Figure 3. []

SCOT ADAMS: (Laugh) That flipping pyramid. []

TODD LANDRY: Flipping pyramid, yeah...Figure 3, that really demonstrates diagrammatically again, and it was already included in the department's plan, that we're currently serving about 70 percent of our state wards kids on an out-of-home basis, only about 30 percent in home. And it is our endeavor as we go forward with child welfare reform, that we need to be serving more of those kids on an in-home basis instead of out of home. We believe that brings us...gives us the greatest opportunity to impact them earlier on in the system. It also gives us the greatest opportunity to meet our federal requirements, particularly around permanency through reunification. If they're already home, we can provide services to them in their home, resolve the situation, it's much more likely we're going to be able to one, potentially keep those kids out of a court-mandated situation, but also ensure their safety at the same time making sure that we can meet those federal outcomes. You will notice on page 3 of the verbiage of this section, at the paragraph at the top of that page, we are committed, of course, to changing that service delivery system in order to improve and increase and enhance our in-home services. And in order to do that, we recognize that we need to do a greater job, we need to resource that part of the pyramid--that is Figure 2, I believe, in your

packet--to really demonstrate that we can be serving more of these kids on an in-home basis. But we need to resource that and prioritize it. So that's exactly what we intend to do. On Monday of next week we will be releasing an RFB, a Request for Bid, for in-home services, specifically for in-home support and safety services for kids. That RFB will encompass the services that we currently are offering in the in-home and support service arena, but it will also be adding a greater capacity and in some cases new services for in-home and safety services. It will be released on Monday. It will be done on a statewide basis, and there will be various requirements associated with that, including the fact that any successful bidder will have to commit to serve the entire service area that they're bidding for, not just particular pockets of a service area. It is also going to be a requirement that any bidder must be able to provide all of the in-home and safety services that we'll be putting in that bid, because we believe it's important for us to be able to hold those contractors accountable. In addition to those pieces, these contracts will also include some strict performance measures that will directly relate back to the CFSR, The Children and Family Services Review, federal outcomes of safety, permanency and well-being, with a primary focus on safety and permanency. So this is a first...I guess this is our demonstration of our commitment to reforming the system and to increasing the availability of those in-home services, to truly reform our system so that we can, in fact, have the capacity within our communities across the state to serve more kids on an in-home basis versus an out-of-home basis. []

BETH BAXTER: So Todd, what does...maybe just a little clarification where...you said that the bidder would need to be able to provide all of the array of services for...that's included in their proposal, or... []

TODD LANDRY: No, they'll have to provide all of the array of services that we are putting in our requirements. We want them to be able to provide all of those. They do not necessarily have to do it themselves. We are certainly open to considering, and in many ways encouraging, the formation of partnerships and collaborations in order to provide that array of services throughout the service area and across the spectrum of

services that we want to see. Again, these will only focus on the in-home, family support, and safety services, not the out-of-home services. We are not making any changes right now in the out-of-home services, but it is certainly our intent that this is step one. And step two, coming at some point in the future, will be reform of the out-of-home component of our service array, as well. []

JIM JENSEN: Any change in case worker? []

TODD LANDRY: It will not be necessarily a change in case worker. This actually fits and dovetails right in with our revised safety model, our Nebraska Safety Intervention System that we rolled out in the western service area last year and are in the process of implementing across all of the parts of our state this year. One of the things that we fond very significantly in our implementation in the western service area last year was that there was a lack of those in-home services within the community to support what we were seeing in our safety model, that those kids could, in fact, be safely maintained within their homes if certain services were being provided. We saw that there was a lack of that in the western service area, and part of what this RFB is intended to address is building the capacity, so that we can, in fact, fully implement our safety intervention system and begin that transition to serving more kids on an in-home basis. []

RUTH HENRICHS: Todd, which services...on this list, are there certain ones that are in that? I mean, what do you define as a safety service? []

TODD LANDRY: Sure. Some of them are, in fact, on this list. I'll give you a few examples of them. Some services, as I said, that will be included on the RFB are not currently being provided, and so some of them are new. []

RUTH HENRICHS: Oh, are new, yeah. []

TODD LANDRY: But you look at intensive family preservation, you look at family

support, you look at some of the safety services such as...potentially, some safety services such as tracker services, such as, you know, the electronic monitoring services. Those are all examples of some of the services that will be included in the RFB, but it's not intended to be a complete list. There's going to be some things that we haven't done before, but that evidence has showed us has been successful in other parts of the country that we want to begin to implement here in Nebraska. []

SCOT ADAMS: I might say at this point also, while Todd takes a breath, that one of our hopes is that through this bid process in particular, and also with the ASO, that there's a sense of confidence among providers and others to be able to sort of grip with us, to move forward, and to perhaps take the risk necessary for investment in other parts of the state. As this group talked about, you know, there are uneven patches of provision of services, and we hope to be able to in part address that by the development of such an array of services that is clear, defined, available, and required of all the contractors. And so we think that by having sufficient inertia or weight, if you will, for the cadre of services or the array of services, that that will encourage providers to maybe expand beyond their current horizons. []

TODD LANDRY: The last things I'll just quickly point out as it relates to the RFB is the fact that it is our intention that these contracts will be negotiated, completed, and signed and go into effect on July 1 of this year, to coincide with our state fiscal year. The other piece that I will say is that it is currently our intention that this RFB and these contracts will take the place of all of the existing in-home services that we may be offering currently throughout our service areas. So this is intended to be an all-encompassing RFB for in-home and safety services. []

RUTH HENRICHS: So there could be, if only one group is going to get the contract, there could be a lot of providers that July 1, would...that have had contracts in a certain region, that would no longer have it, because you're putting it all into one contract. []

TODD LANDRY: It is conceivable, certainly. You know, we're looking for the best bid, you know, to provide services to that service area. Now that does not mean that we would not award more than one contract in the service area. In some service areas, you may need multiple contract providers because of the volume that's necessary, and so we may have more than one contract that's offering the entire array,... []

RUTH HENRICHS: Oh, um-hum, yeah. []

TODD LANDRY: ...within the service area. The metropolitan areas come to mind, of course. []

RUTH HENRICHS: Right. But if there were five contracts for family support in one region, theoretically now, four of them will lose a contract because there's only going to be one contract given. []

TODD LANDRY: That is a possibility,... []

RUTH HENRICHS: Unless they've partnered. []

TODD LANDRY: ...or they could partner together to provide...continue to provide services on a subcontract basis. []

TOM McBRIDE: On the list there, and I might have missed it someplace, but there's several of the services that are asterisked. Do you know what that references? []

CANDY KENNEDY: Yeah, and I had a question about the key, as well. []

TODD LANDRY: Let me ask... []

KATHY MOORE: On the one that says maintenance works, child,... []

TOM McBRIDE: Well, like emergency shelter, transitional living, agency-based foster care. []

KATHY MOORE: And maintenance, yeah, and the one Candy pointed you, agency-based foster care, YRTC. []

TODD LANDRY: Those... []

KATHY MOORE: And let me ask my question, which may clarify that, also. []

TODD LANDRY: I don't think I can answer that question. We'll find out for you. []

KATHY MOORE: When we look at the key, which is the three different colors, and it ties to Medicaid, Children and Family Services, is that funding, or is that statutory? []

TODD LANDRY: Those are services that are currently being contracted by those divisions. []

KATHY MOORE: Contracted. []

TODD LANDRY: Yeah. And so, yes, it does tie back to funding, but it would not...I guess it would have to tie back to funding one way or the other. So yes, it would be funding, but it's also indicative of which of these entities are contracting for those. []

SCOT ADAMS: It's also in a rough order of the sending intensity. []

KATHY MOORE: Right. Yeah. []

SCOT ADAMS: Now you can argue the (inaudible) time, you know, whether or not it's

exact, because there are so freaking many of them, it's hard to tell when you're slicing it in that thin, Part of the reason for redeployment of the array of services to accommodate that. But the intention was to sort of go from lesser to more, higher intensity. []

KATHY MOORE: Okay, because when I was looking at the yellow, which is behavioral health, that's why I was confused, because I assumed...on page 2, all of those that are in yellow, then, you're saying are not Medicaid funded? Those would be paid for... []

TODD LANDRY: Now let me...let me be careful about that one, because I believe one of the things that we have found that has been frustrating, I know, for providers--it's also been frustrating internally--is that sometimes we have essentially the same service, but we call them two different names,... []

KATHY MOORE: Right. []

TODD LANDRY: And so you may be seeing that on this chart. So we call them two different names, it has two different funding sources, but it's essentially the same service. And so you see that sometimes reflected in this chart, as well. []

KATHY MOORE: And I was just trying to get at whether the yellow ones, then, conceivably were funded through regional funding. []

SCOT ADAMS: Yes, they are. []

TODD LANDRY: Those yellow ones are being funded through regional funds. They may also be funded through other funds. []

KATHY MOORE: Okay. []

BETH BAXTER: But they may serve a different population,... []

TODD LANDRY: Correct. []

BETH BAXTER: ...particularly, you know, Medicaid eligible for state or nonstate wards. []

KATHY MOORE: Good. Thank you. []

_____: How will this... []

KATHY MOORE: But that doesn't clarify his asterisk question. I was hoping that might lead us to (inaudible). []

TODD LANDRY: No. No, it doesn't, and I don't have the answer for that, so. []

VICKI MACA: You know, when we were merging data bases and laying this out, I think some of the Children and Family Services had the asterisk there when we combined...it has no meaning; let me just say that. []

TODD LANDRY: We'll find out, and if it does have a meaning, we'll let you know. And if not, we'll confirm that. []

CANDY KENNEDY: How does this...how would this look (inaudible) regionally (inaudible) the new...the RFB? []

RUTH HENRICHS: Todd, could you define what your escort services are? (Laughter) []

TOM McBRIDE: Based on the New York? (Laughter) []

JIM JENSEN: Mayflower isn't mentioned. (Laughter) []

RUTH HENRICHS: You read the fine print? I've never bid that one before. []

TODD LANDRY: No? You may have an opportunity to! (Laughter) []

RUTH HENRICHS: Is that an early intervention in home service? (Laughter) []

SCOT ADAMS: Certainly could have used an earlier intervention. []

TODD LANDRY: It may be more appropriate to have discussed that this morning in the adult behavioral health commission, but...an escort service is sometimes when we need an escort for the child during transportation. So if a child is being transported across state lines, for example, to a treatment center or something of that nature, we may contract with an accompaniment, an adult accompanying the child to another placement location. []

RUTH HENRICHS: Thank you. []

TODD LANDRY: Yeah. Not to the Mayflower Hotel. []

BETH BAXTER: See what the media does to our language? []

_____: Yeah, really. []

KATHY MOORE: Yeah, isn't that interesting? []

TODD LANDRY: I think I'm going to turn it back over to Scot at this point. That's all I really wanted to share with you on the service array. I think the main thing that I want to conclude on it is, I think we're making some very steady and quick process as we move forward to truly try and reform our system and hit some of those goals that we have in

place, both from a CFSR outcome perspective, as well as the measures of number of state wards, and how we're serving those kids. []

SCOT ADAMS: Thank you, Todd. A couple of points that I'd like to stay on with Section 1 in this report, and the first is really not mentioned in there, but I would like to highlight it again, really. I used it in my opening apology. And that is to say that as a result of the process of the creation of this document and the information in here, we have decided that it is just of such importance to the three divisions--the Division of Medicaid and Long-Term Care, Division of Children and Family Services, Division of Behavioral Health--that we have key staff assigned to meet on a weekly basis to keep working this topic. On at least a monthly and perhaps more often basis, the directors will be involved in that conversation, as well, and so I want to assure you that as we're moving forward, we are really gripping with this and wanting to bring the full resources across divisional lines. Sounds sort of common sense, doesn't it? (Laugh) But it is more complicated than perhaps it sounds. The other thing I would like to draw your attention to in this first section is the diagram that looks like Pershing Auditorium with the balloons from the circus. It's about four... []

KATHY MOORE: Yeah, it's right there. []

SCOT ADAMS: Yeah. []

KATHY MOORE: And then could you back up to this guy, too? []

SCOT ADAMS: Could back up to that one, sure, and respond to questions. A couple of things here. We struggled with this diagram, and so let me...because of that struggle, let me tell you what we were trying to convey and therefore, maybe it does or maybe it doesn't. But as we have struggled and arm wrestled with this a bit, in terms of who does what, where, when, and why, the notion of boundaries and whose responsibility is a key question. And so you have...sort of chose behavioral health in the middle, which is the

focus of this group and the good people's intentions around this activity. There are also a number of partners that are recognized; Beth, obviously, as a regional director, regional administrator, represents one of those kinds of dynamics that come into play. But the region is bigger than children's behavioral health, and children's behavioral health is bigger than the region. There's more to children's behavioral health than just the regions, obviously. And there's more to the regions than just children's behavioral health; similarly, with the question of state wards. And frankly, Todd and I have had a couple of sort of eyeball-to-eyeball conversations, where he sort of wanted things to go one way, and I was looking at it from a different point of view, and we sort of realized that boy, you know, we have to both be successful at this, but there are elements that are strictly related to state wards with regard to our activities that frankly are beyond children's behavioral health. And Todd, in mentioning some of the particular safety services, that's a great example of that, really not within the realm, scope, and framework of children's behavorial health, but gosh, if children's behavioral health isn't successful, he's got a world of woe on his hands in terms of the kids that he serves. Likewise, Medicaid has an important, critical, underlying factor to children's behavioral health, but Medicaid is bigger than children's behavioral health, and there are some things about children's behavioral health that just don't touch in Medicaid. So our attempt here is to try to convey that sense of boundaries and the elasticity of the concept of children's behavioral health, because I think at some point all of us have thought that it probably was more than it is or less than it is, in terms of relationship to some of these other issues. While you've got those going on, there is some particular special dynamics at play. We've talked about the ASO already as a particular tool to help bring sense to some of this and to bring order in a way that we manage, organize, and help communicate among the different segments of the system, if you will. And then SIG. And SIG, we have talked about in here, we have talked about that in a very strong way with regard to the department's plan, and what you have in there, then, is additional detail from the SIG portion of children's behavioral health that are next steps in particular, because those are fairly well outlined. SIG, as you know, has had previous history, and so had a jump start on all of this, and so the next several pages detail some

pretty specific activities, with some due dates and accountabilities with regard to actions, that we think will move SIG ahead, and as SIG moves ahead, LB542's Children's Behavioral Health Task Force and its plan moves ahead. And so our point here is to say that the SIG document here is only an example of one dynamic of activity going on to move forward. There are others. Later on we'll talk about some construction costs related to Level 5, and that's certainly not part of SIG, but it represents yet another dynamic overall. So I had wanted to draw attention to that. I will let you read through on your own, then, the activities of the SIG project management team next steps, and then, I believe Kathy, you had questions on the Figure 4 chart? []

TOM McBRIDE: Before we go to that,... []

SCOT ADAMS: Sure. []

TOM McBRIDE: ...can I just make a comment on that? I think...you know, and I appreciate your comments on how some things are bigger in some form, in some fashion, depending on the individuals and families and stuff, and I think it's important to remember, also, as that pyramid is inversed, as these new things come about and stuff, that we recognize that, and we can't fit every youngster in, you know, in that same mold and stuff. And hopefully, through this, we've got even more latitude so they can access the necessary services, rather than as things are redesigned, that they have to meet a specific thing. []

SCOT ADAMS: You know, Tom, and I think that's a great point, and I think the colorful chart with the different services helps to further demonstrate exactly what you're saying with that. And I know it's our goal to have maximum flexibility, not only among the funds--that's usually where that adjective goes along with--but among the services themselves, in terms of being able to serve folks who might be just outside the scope of this or that, in a way that is either preventative, early intervention like, or some other way to be able to help kids before they end up in deep-end services, wherever they are.

So I fully agree with you on that. []

KATHY MOORE: Which probably gets to my question. The chart is showing the difference, as I understand it, between the state wards on the left and the general Medicaid population on the right, a difference in how or where dollars are expended; is that... []

TODD LANDRY: And different types of services proportionately, for those two different groups. []

KATHY MOORE: Correct. Yeah, and so my question was, then, it's obvious, in terms of on the left side, the residential blue half circle for state wards, it's clear from the pyramid, the inverse/reverse pyramid, where the goals tie, but do you have other goals tied to any of these other pieces? []

TODD LANDRY: To dollar amounts? []

KATHY MOORE: Well, or to any of these pieces of the pie, even percentages of the pieces? []

TODD LANDRY: We really have not developed the percentages and that level of detail. We're being very cautious about doing that, because we don't necessarily want to put something out there that's going to constrain in the future, or is not going to be the right service for the right time for that particular kid. And so we don't want to take away some of that flexibility. This chart is just indicative, I think, of the dramatic difference between state wards versus nonstate wards, as it's currently related to the services that they're utilizing within the Medicaid realm,... []

KATHY MOORE: Um-hum. []

TODD LANDRY: ...and I think is a good example of what we have said before: This is kind of the data that backs up the statement that we've said before, where we currently have a system that's been built to push kids to the deep end of the system, as opposed to having the full array to serve the kids where they need it and how they need it, at the right time. []

KATHY MOORE: And so will you continue to present this chart... []

TODD LANDRY: You bet. []

KATHY MOORE: ...over the course of the next three to five years, as outcome or measurement? []

TODD LANDRY: That is our intent, to see, because it is a measure. It's probably not an outcome, but I think it is a good measure to say, okay, are we in fact becoming more successful at serving more of these kids in-home versus out-of-home? One of that is just counting the pure numbers of kids that we're serving in those two categories. This actually quantifies a little bit differently, because it puts it in a different perspective of Medicaid expenditures. []

KATHY MOORE: Right, and I think I was actually glad to see this, because I do think the expenditure piece is always the relevant piece to kids, because the numbers don't necessarily tie to the... []

TODD LANDRY: That's right. And if I may I'll go a step further to say, part of my long-term goal is the fact that as we reduce the amount of expenditures that are happening at the deep end of the service because we're doing a better job in serving those kids at the front end, hopefully that then helps continue to fuel the spiral of getting more kids services earlier on in the process, front-end loading the system, as opposed to pushing them to the deep end, where it's a lot more expensive on a per-child basis. []

KATHY MOORE: And I would assume we would hope or expect that not only will the percent of the pie grow in those earlier, but that the dollar amount would grow, as well. One would presume, if we're spending fewer dollars residentially, that we would then be able to free those dollars up to be spent earlier? []

TODD LANDRY: It certainly is an option, and one of the things that we are looking at. What we need to do is try to find what is going to be that right balance, what is going to be the right funding mechanisms. You know, we'll have fewer total of number of state wards, but we anticipate that we'll be serving more of those kids on a voluntary basis, not necessarily in the Medicaid number. So you may not necessarily see it in the Medicaid dollar numbers; you may see it in some other areas. []

BETH BAXTER: And I think one other thing that, you know, the dollars can be indicative of, if we look for it amidst our experience in behavioral health, is that the length of stay, so we could foreseeably see children--they may be in residential treatment--but their length of stay decreases, because we have, you know, other services that we can move them into so that their progression through the service array, you know, works better. So I think we have to keep that in mind, too, that we're just more efficient in serving kids. []

SCOT ADAMS: This is a good example because of the conversation that went on internally, because we were right with you there, Kathy, in terms of, gosh, this would be a great one to put as a benchmark and a goal and a target. And then we got to thinking, well, what's right? What is the target? Why? Where? And didn't feel like we had enough yet to come to a hard number. On the last sheet of this document you'll see some recommended benchmarks for system improvement--relatively small number and it's identified as for discussion purposes. We hope that this information, as a packet and that page in particular, will help stir conversation among system participants, partners, this group, to help provide input to what we define as benchmarks eventually and firmly.

But that is a good example of one where we'd like to come up with a number, but we're not quite sure what that number ought to be today, in terms of the dollars. It's an easy one, because you can measure it and people keep track of it--pretty concrete, but... []

TOM McBRIDE: When you say "residential" in this, are you using the federal definition? []

SCOT ADAMS: Generally speaking, we are always matched to the federal definition. []

TOM McBRIDE: So of...the residential treatment there, that's 4,800 of the state wards. []

TODD LANDRY: Out-of-home total is 4,800. []

TOM McBRIDE: Out-of-home total, and it goes back to...and I'll get on my soapbox and my hat again, as we talk about deep-end services, you know, and that, it really becomes...and you look at this and you go "residential treatment, deep-end services," and it really villifies, you know, the language like that. []

TODD LANDRY: Well, we're not intending...yeah,... []

TOM McBRIDE: I just...semantics. []

TODD LANDRY: ...and I'll try again, and I'll appreciate your bringing it back again, and I'll try again. Well, it's not our intent to villify any particular service. []

TOM McBRIDE: No, you know what I'm talking about, though. []

TODD LANDRY: Every service is still...all of these services that we have now we anticipate, hopefully on an improved basis, is going to continue to need to be available for kids. []

TOM McBRIDE: Absolutely, and that was... []

TODD LANDRY: But I think we all agree that it would be far more beneficial if we can get those kids involved, or serve those kids on the front-end basis, without them having to be removed from their homes. []

TOM McBRIDE: No disagreement there. []

TODD LANDRY: Yeah. []

TOM McBRIDE: The other thing, you know, I think would be valuable in this, though, is as we look at...you know, because everybody is concerned about Medicaid costs, and you have the average monthly cost per eligible client, as we also as a sidebar down there, as a footnote or whatever, indicate what the Medicaid expenses are on an average monthly basis for adults. So it's comparable. []

SCOT ADAMS: The cost...the expenditures on adults is a very limited array or number of services, and are both...and in two different sort of clumps, the mental health and the substance abuse waiver side of things. []

TOM McBRIDE: But as you particularly look at children's, you know, Medicaid expenditures here, I think it's important. And even if you move off of these categories and take the total expenses, you know, for those and put them side by side, because there some people look at this and go, these darn kids are killing us, you know, Medicaid wise, and I'd...just a comment. []

SCOT ADAMS: You know, in the interest of time--and again, I apologize for not being prepared right at 1:30--I'd like to perhaps move on to the next section, which is Section 2. That provides some additional information with regard to the Level 5 facility that has

been proposed in the plan. And again, I want to remind people: While there has been considerable conversation about this, this is about a very few number of people in the system, and we try to provide some additional information about that here. Our goal still is to help move people from institutions to more family-based and community-based services, and we believe that there is a necessary component for a few people during the course of the year that are very, very difficult persons. Toward the middle of the page you see admission criteria of previously having failed in residential treatment or other out-of-home settings. Today, as I think you all know, to get to Hastings you have to have been in three additional community-based treatment experiences, and so this is not just a single one, but it would probably be multiple ones. A history of behavior and current behavior especially, that indicates a danger to self or to others in a treatment milieu or in a home situation, in that there is some statement by a competent treatment psychiatrist that the person is not amenable to treatment at this moment, and that the youth must be state ward. And so this intended to be restrictive, constrictive admission criteria, such that we would not easily be able to have someone come in and out of the system, if you will. We provide some additional detail in terms of numbers from current programming, Magellan, from the YRTCs, and Hastings, also, actually, that...an estimated basis for our original number of 25; then after that we provide some additional data for the last four calendar years, 3.5 calendar years, which regard to the 50-bed, the proposed 50-bed facility for chemical dependency treatment. At the bottom you see that we are still...have lots of work to do on this with regard to the referral process, length of stay, the programming, assessment and evaluation processes, the integration of that overall with other system constraints and issues. And I would say to you that we have not received anything formally from the Hastings community with regard to the facility or facilities at this point, though I have received a call today from them that indicates that they will be sending some information in the very near future. So beyond that, I would defer to Todd for any additional comments about this or respond to questions. []

TODD LANDRY: Well, what we attempted to do with this is provide some information that the task force requested at the last meeting about, you know, what is this facility

like, you know, how are we describing it? That's really in that first section, as well as what are some of the numbers that help to drive, you know, our decision making, as far as some of the numbers that we have tentatively proposed? And we need to keep in mind that this is all...what we have right now is a tentative proposal and a bit of a guess, at this point, of what we foresee as the need that we project into the future, as far as what the size of these facilities would be. But we did not just take a stab at the dark. We did have some of this data that helped guide us as we were going forward, both as far as the CD facility, as well as the...as Scot as encouraged us to call it, protective confinement facility, as opposed to Level 5. []

JIM JENSEN: Is it still my understanding that until you hear from Hastings, you will not be looking at any other community? []

TODD LANDRY: We are still going to be waiting to see what Hastings is going to put forward, if anything. Depending upon how those discussions go, we certainly may be looking at other sites around the state, as well. []

RUTH HENRICHS: So you are looking at more than one, Todd? []

TODD LANDRY: No, no, no. Other sites for this facility. We're not looking at more than one facility, no. []

RUTH HENRICHS: Oh, okay. []

KATHY MOORE: And so the way you're wording this has me confused, based on an answer at a meeting a couple of meetings ago. Is...are you proceeding with the development of a Level 5 facility, I suppose is question number one? []

SCOT ADAMS: You know, it's a very long process. If you think of it as that, we're probably right here. We are in conversations with Hastings about the possibility of a

facility. []

TODD LANDRY: And at the same time, we continue to work on what the specific details of that facility could look like, based on this summary level document that you see here. []

SCOT ADAMS: And no decision has been made. []

KATHY MOORE: Okay. And so then the second question would be, if you move closer, where would you perceive the dollars for these 25 children coming from? []

TODD LANDRY: From an operational perspective or from a construction perspective? []

KATHY MOORE: Probably both, from operational... []

TODD LANDRY: Maybe it's a little easier for me to answer the construction perspective, in that it is still our intent at the dollars would be...that these facilities would be built by the nonstate government entity, that it could be another governmental, or it could be privately raised. You know, there's good examples of that in Omaha very recently, as well as other facilities around the state, where different entities built it without a cost to the state. And then the state then enters into a long-term agreement regarding the use of that facility. []

SCOT ADAMS: I would also add, then, that in Section 4 of this document, you have some...our basis for how we came up with our estimates of cost... []

KATHY MOORE: Okay, okay. []

SCOT ADAMS: ...on the capital... []

TODD LANDRY: Section 3. []

SCOT ADAMS: It's Section 3, excuse me, with regard to the estimate of cost for the capital. Might be right, might be wrong, but it gave us a basis for moving forward based on, we thought, relevant parallel experiences for similar constructions recently. []

KATHY MOORE: And then the operational costs? []

TODD LANDRY: Well, the operational cost is, we are still looking at that and trying to determine that. We don't really...can't provide you a firm estimate right now on what those operational costs may look like. Certainly as we go forward, how those operational costs are recovered, whether they are matching dollars, or whether those are state dollars is also up in the air, especially given some changes that may be happening at a federal level. So it's a little bit difficult for us to give you that level of information at this time. It's probably a little bit easier regarding the DC facility, because at this point we would anticipate, although again, federal changes could certainly change this, that it would be our intention that the same funding mechanisms for the CD facility would continue forward with this facility. []

CANDY KENNEDY: It sure takes you a long time to say yes or no. (Laughter) []

SCOT ADAMS: Damn right. []

TODD LANDRY: I've been on the job seven months, and it takes me seven times as long now than it used to. (Laugh) []

TOM McBRIDE: You know, when we'd had previous discussion or just, I guess, the initial discussions after the report, you know, came out--the new plan, report; it's got a long name, I forget it--and we had talked initially in there that perhaps the Level 5 program was only...you had to be in custody to access that, so now it's changed so you

could... []

TODD LANDRY: No, you still have to be a state ward. That's one of the four criteria. []

TOM McBRIDE: But you don't have to be a court... []

TODD LANDRY: All state wards are court ordered. []

TOM McBRIDE: You don't have to be committed. I mean, at one point it was all...the talk was almost like you had to come be at Kearney. []

TODD LANDRY: That would not necessarily be the case, no. []

TOM McBRIDE: Okay. And there was... []

TODD LANDRY: I mean, there are certainly some youth, for example, right now. I mean, as Magellan, and I think as the Medicaid division has provided us information, you know, we currently have some kids that are currently in the hospitalized status, they're currently in the hospital. The medical facility is telling us they have completed their stabilization, that the youth is now a danger to other staff, to other kids, whatever the case may be, they're a danger to their own facility, they need those kids moved out. But we're waiting for the appropriate placement for that child to be available, whether in state or out of state, and they need a safe place to be. So in that case, no, they wouldn't necessarily be at Kearney or Geneva before going to that protective confinement. []

TOM McBRIDE: Were you looking also...you thought maybe that if those two facilities sat side by side, just as an illustration, that that one would probably, you know, if a community or private providers did the CD side of it, even that would be a state-operated facility, due to the nature of the kids? []

TODD LANDRY: At this point, that's what we believe would be most likely, because it is going to be a highly secure facility, and so in that case it's probably unlikely that any treatment provider is going to want to be operating that and still maintaining their protocols, especially their accreditation standards. So it's probably unlikely that the protective confinement facility would be privately contracted out for the operation. []

JIM JENSEN: Are any of these costs, either capital costs or operational costs, coming out of the current regional center costs or funds? []

TODD LANDRY: Well, as I said before, I mean, I'll speak to the CD facility, the current CD, you know, treatment is happening on that campus is included in total within that budget. We would not foresee that changing. We're not looking for, you know,...we're not going to proceed with this, or we're not going to do anything with that until we have another facility for those youth to be able to be treated in. We're not looking, as we heard very strongly from this task force and others, to simply, you know, finish that one before there's a place for that treatment to occur. And so we intend, or certainly it would be my intention, that that piece would continue and then flow into that new facility. []

JIM JENSEN: And the current proposal that we're waiting for from Hastings may or may not be on the campus that is currently there? []

TODD LANDRY: That's correct. []

SCOT ADAMS: Yeah, we really don't know. []

TODD LANDRY: Yeah, we don't know. That's certainly true. []

SCOT ADAMS: Our indications, our conversations, we did not want it in the buildings. That's not the point. We want it out of there. []

CANDY KENNEDY: In the existing buildings? []

SCOT ADAMS: In the existing buildings. Yeah, there's a lot of land there. There's a lot of land, so. Now for better or for worse, I think we really have touched on all elements, all chapters of this report. []

KATHY MOORE: Yeah, if we could maybe look a little more on Section 3. []

SCOT ADAMS: Happy to do that. Those estimates are for capital constructions costs and were intended to be simply, again, a frame of reference, as much as anything, and as you see, for the 50-bed youth center, there are really two sources for that: One, there was enough...what to do about meth treatment in Nebraska, and there was a great deal of work that was sort of done about such facilities. At the time they were considering this, I believe, for transformation of Norfolk, I believe, at one point. And so that was a number. And then the recent construction at Geneva, in terms of the housing unit there, came in at that cost. And so wanting to be sort of safe, we ended up using that number as a number, you know. And again, the exact design--all that--has got to be worked out, but at least gives us a ballpark within which 50 people could live reasonably well. With regard to the 25-bed secure facility, again, the basic was $350 by the square footage anticipated. We looked at a couple of sort of industry standard kinds of things for estimating costs, looked at a variety of different ways that both jails and dorms...again, looked at the LaFlesche Building and sort of threw a dart and had a number. So I don't want any of us to be held accountable to exactly these numbers. The intention was illustrative of what a city might intend or consider in thinking about this, as we looked for partners. And so that was the intention; that was our basis. []

KATHY MOORE: Yeah, no. That's helpful to do it that way. []

SCOT ADAMS: So that's where that is. []

KATHY MOORE: I think maybe to the question that Senator Jensen was asking, and I'm not sure I...maybe I didn't understand the answer, as well, that when you look at the Hastings Regional Center expenditures over the course of the last three years, you try to look at the reduction in population and presumably commensurate reduction in expenditures, where is that money going? []

SCOT ADAMS: All of the adult money on the revenue side--this is really sort of a key point--but all of the money on the adult side, revenue on the adult side, has gone to community-based services or will shortly, within still this current fiscal year. One of the elements, and I think you highlighted it, Kathy, is that even if we were, in fact, to close down the 40-bed chemical dependency treatment center, there would be nothing but the Bridges program left there. []

KATHY MOORE: Right. []

SCOT ADAMS: And so...and that's a different department. So let's consider that at that point, campus closed. That still costs us millions of dollars a year to mow, maintain, not let deteriorate. DAS owns that and we pay the rent. We are not the owner of the facility, but the Department of Administrative Services. So there are ongoing costs associated with that facility, even if no services are provided. []

KATHY MOORE: Right, and our... []

SCOT ADAMS: And so that raises the tough question of the revenue and those kinds of things. []

RUTH HENRICHS: Has there been a conversation with the Department of Administrative Services about why we would need to continue to own farmland and property in Hastings that has buildings that are not usable, and I've heard we own a lot of farmland around there. Why could we...has anyone actually had that conversation

about what we could do for kids, if we just sold it? []

SCOT ADAMS: Yes, those conversations have been had. []

RUTH HENRICHS: And? []

SCOT ADAMS: And they're ongoing and probably the nature in the discussions that are fully within the realm of the Department of Administrative Services to speak to. All I can say to you, Ruth, is, as the tenant there, it has occurred to us that, you know, this is a great resource, and I believe DAS is open to a variety of ideas for best utilization. But because it's the state of Nebraska, there are a whole lot of other organizations and agencies and departments that could lay claim. So the process is rather elaborate. For instance, the Department of Corrections has used some of the buildings out there, so the Department of Corrections needs some time to think about, do they want to reuse them again? In fact, at one point one of the buildings was in their master plan. Even the noncode agencies get a whack at this, so is there anything the Education Department,...or the State Patrol might be interested. So it's sort of is an elongated process to ensure that a resource that is a valuable resource for the state of Nebraska can be given up or used differently. []

RUTH HENRICHS: But those conversations are happening? []

TODD LANDRY: Yes, the conversations are definitely happening. Let's also keep in mind that a bill has been introduced this session regarding a potential best-use study as it relates to that, and depending upon if the Legislature passes that and it goes into law, that also could be an impact in the overall decision making, as well. And so there are multiple inputs, there are multiple factors, but the discussions are beginning to occur. Some discussions have been made, no decision has been made, and it would be far premature at this point to have those discussions, or to have those decisions, excuse me. []

KATHY MOORE: And I'm trying, in spite of the thickness of my notebook--I don't have the sheet of paper with me that I wish I had--and I keep trying in my head to separate out on the budget, the very complicated budget, the rent cost, which I acknowledge and remember. But in addition to the...or separate from the rent cost, there were other expenditures when you had the other units. The sex offender program that was contracted for, I don't know, but I don't recall that another sex offender program was created once that one was moved out, and then the other beds. I guess my point is, when I'm asking the question, where are those dollars going? there were considerable dollars spent renovating the space for children at least three times, and there were other dollars to ramp up three different programs, and they were staff associated with those. That's really where my question is. I understand the rent question, that that's kind of another issue, but there's still a few million dollars associated with those other programs. And that's what I'm trying to get my handle on, where are those dollars going and where do we...and so when I say, where do these dollars come from? I keep looking for a little trail. []

TODD LANDRY: Right, and you know, unfortunately, I think you're going to have to be patient as we continue to develop this. We don't know what the operational costs of these two new facilities would be. Some of it is based on design, some of it is based on location, potential shared infrastructure with other related facilities. All of those pieces come into play, and so it would be a little bit...it's just premature at this point to try to carve out those things, and it would be inappropriate for us to try to throw out a number that would be, you know, too much of a...too much uncertainty with that number to really have any accountability with it. And so we're just not prepared at this point to be able to get into some of the details of the operational cost. What we are prepared to do is show some very high level, theoretical construction costs, and as we continue on that path of development that's got laid out--we are still at the very early stages of it, and certainly the operational cost discussion will get finalized before we get to any final decision about moving forward with construction. []

BETH BAXTER: And I don't know, Kathy, if this is part of your question or not. I mean, we had, you know, adolescent psychiatric services on the Lincoln Regional Center campus for years and years, and then when that renovation started,... []

KATHY MOORE: Right. []

BETH BAXTER: ...you know, then those children or those services moved out to the Hastings campus. Now those psychiatric services are no longer anywhere. You know, they aren't in Lincoln, they aren't in Hastings, so... []

KATHY MOORE: Right, and I can't find those dollars. []

BETH BAXTER: ...i think that's, yeah, what you were... []

KATHY MOORE: That's...thank you. And so what I'm trying...maybe what we need, and I see some numbers, but you hit on it exactly, much better than I did. I'm trying to figure out where those children, where the dollars that were directed...I'm even... []

CANDY KENNEDY: For services that no longer exist, but they were budgeted in and... []

KATHY MOORE: Yeah. []

CANDY KENNEDY: ...where did that money that was budgeted go? []

KATHY MOORE: Yeah, yeah. []

TOM McBRIDE: I think there was a letter explaining that. []

TODD LANDRY: Well, one of the things you need to be cautious... []

KATHY MOORE: You think there's... []

TOM McBRIDE: Yeah, I think...I'm going to have to...I don't have it with me, but I was thinking that Christine put out a letter requesting those monies. []

TODD LANDRY: I don't know if we're talking...we need to be careful...I think we're making too many guesses and assumptions about this money versus that money versus this allocated money versus something else. []

TOM McBRIDE: It was the mental health beds money. []

TODD LANDRY: But there was some...yes, she did put out some information with regard to that. I don't know if that's the same "dollars" that are being referred to here or not. But you know, it does raise an interesting point that I'd like to at least toss out there, is keep in mind that sometimes those transfers may happen, and based on the way that they happen, it changes the way the funding stream is fulfilled. []

SCOT ADAMS: Right. []

TODD LANDRY: For example, the children and youth that were formerly within the mental health unit at the Hastings campus, they were being funded there because they were on that campus. They were being funded with one set of dollars and one funding stream out...you know, percentage of dollars. Well, those kids are not sitting somewhere in Hastings, they're not sitting somewhere in a room somewhere, waiting to be served. As the number of kids served at Hastings for that unit decrease, the kids who are being served, that would have been served at Hastings are now being served in the communities. That's where they're being served, and so those dollars are now largely be paid for with Medicaid dollars, because now they're being paid for there. So it's not

as if...you can't necessarily draw a one-to-one conclusion... []

KATHY MOORE: Right. []

TODD LANDRY: ...about the way a funding stream was for a service before, and the way a funding stream service is now. You can't necessarily draw those analogies and one-to-one relationships. []

KATHY MOORE: Yeah. That I fully understand, but what I am getting at is I think what Candy was trying...there was a state budget that said, here, HHS, you've got $6 million to care for these children on the LRC campus, then to the HRC campus. And so if those children are now being cared for out of Medicaid dollars, where is the $6 million? []

TODD LANDRY: And gain, I'm not going to attempt to try to address that. I don't know if it was $6 million or not, and I think we're pulling numbers out of, you know, maybe out...from memory, or maybe from sheets that we may be recalling, that may or may not be those same dollars. I'm just simply trying to point, we need to be careful and cautious not to necessarily draw one-to-one analogies and conclusions. []

BETH BAXTER: But I think from a service, or maybe a community-based service standpoint, it's just the thought that perhaps there are dollars available that we could, you know, enhance the service array in the community level, because that's where a certain population of children are now being served. []

TODD LANDRY: Or, they are, in fact, being served in the community with those dollars as it is. []

BETH BAXTER: Yeah. []

TODD LANDRY: So we need to...you know, we need to be cautious about that. []

SCOT ADAMS: And have been shifted over to the Medicaid side. []

RUTH HENRICHS: Yeah, it's really a cost shift. []

SCOT ADAMS: It is a cost shift. []

RUTH HENRICHS: You go from this cost center; we shifted the cost over here. And I think the question you two are getting at is not an attack question. []

KATHY MOORE: Is what is the (inaudible). []

RUTH HENRICHS: It's just whether it was $2 million or $6 million, whatever we were spending on those children, that money is somewhere. It's being used on adults or paying electricity, or it's going to develop your new services in early intervention. So I think we all understand that it's not...we understand it's a cost shift. But those dollars were being used, and I think the question is just, so what are they being used on? And you must know that. []

SCOT ADAMS: Well, in general, I know that, for instance, Hastings' budget is under budget this year, so that would be an example of that. And typically what happens with budgets is that it lapses, and the appropriation (inaudible) at the end of the two years, and Appropriations Committee goes back through and reauthorizes expenditures at that point. So we have that dynamic at play here, that we are under budget at Hastings by some number. I don't know that off hand. So that's an example. We also know that since all the kids are being served in the community, some level of General Fund revenue match has gone up. That one is going to be harder to make sense of, because you don't know, really, what...that's a moving target, as the number of kids go up and down and that kind of thing. []

CANDY KENNEDY: Maybe a more linear question. Let's say, what if we had a program in Oz that was budgeted. I think of line items, actually, a line item of $6 million. And the balloon took this population away to another country, but...so what happens to that line item budget? What is the process that happens? []

TODD LANDRY: Is it in the balloon or not? []

CANDY KENNEDY: No, it's still there. []

TODD LANDRY: Are you sure? []

CANDY KENNEDY: We didn't...I don't know. That could be. []

BETH BAXTER: Well, and I think it's that philosophy of reinvestment. If we do certain things, you know, to improve and enhance our system, then our hope is, and I think it truly is one of the fundamental philosophies of system-of-care work, is as we are more efficient, we can reinvest those dollars to improve our service delivery system to serve more children, you know, closer to home, those types of things. So I think that maybe is the crux of the question,... []

TODD LANDRY: Sure. []

BETH BAXTER: ...is that whole reinvestment strategy. []

TODD LANDRY: And let me say that that is also well beyond the scope of either this task force, in my opinion, or the Department of Health and Human Services even, because now you're getting into statewide decisions regarding appropriations. So we cannot necessarily make hard and fast rules as a task force, or even as a department, because the Appropriations Committee and the relationships of building of the budget, you know, between the legislative branch and the executive branch also has to come

into play. []

BETH BAXTER: Right. But we can still lay it out there, that some expectation for how do we improve our system, and that's... []

TODD LANDRY: And I'm sure that at an appropriate public hearing you'll have an opportunity to lay out your expectations. I can answer one question for sure, and I want to lay this right on the table, so that there is not any inference or otherwise. The dollars that are being used to enhance the in-home services are not coming from any of these sources. []

KATHY MOORE: From any what? []

TODD LANDRY: From any of these sources that we're discussing. []

SCOT ADAMS: The RFB? []

TODD LANDRY: The RFB. []

KATHY MOORE: Where are they coming from? []

TODD LANDRY: They are coming from current existing dollars, as well as flexible dollars that we have already built within our budget that we can tap into. But they are not coming from behavioral health dollar budgets. They are coming from Children and Family Services' overall budget. []

CANDY KENNEDY: They're coming out of your pocket, not his pocket. []

TODD LANDRY: Yeah, you could say it that way, if you want to. []

SCOT ADAMS: Say it louder. (Laughter) Maybe he'll get the point overall. []

TOM McBRIDE: And you don't know, really, what that final dollar amount is going to be. []

TODD LANDRY: That's right, until the bids come in and we can decide what we can potentially, you know,...how aggressive the market is going to be, and how aggressive the bids are going to be. It's pretty impossible to say exactly what the total dollar amount is. At some point, of course, we'll know that, but I'm certainly not going to be putting out a dollar amount. I want that free market to really compete for those services and for the dollars that are going to provide the biggest opportunity for us to meet the needs of kids. []

RUTH HENRICHS: And is that totally...is it truly lowest bidder wins, or is that... []

TODD LANDRY: No, there's a combination, just as there were in other bids that we've recently done. There will be a combination of the ability of an entity to meet those services. []

RUTH HENRICHS: So it isn't just dollars. []

TODD LANDRY: No, it's not just the lowest dollar bidder. It's going to be a collection. But average total dollar cost will be a factor in the overall decision making and should be. Not the only factor, but... []

JIM JENSEN: You know, you can say that, however, it is so hard for us as a task force to determine the validity of these proposals without knowing the costs that were there before. And not only us, but I think even the Legislature is really handicapped by that. And we can look at the budget, but not knowing exactly what goes into that budget, what is in the budget, and then we look at a proposal like this, and it's pretty hard to

justify is this reasonable expenditure, in comparison to what we were spending before this time. []

TODD LANDRY: And keep in mind, these are construction costs only,... []

JIM JENSEN: Yes. []

TODD LANDRY: ...and so...I think, actually, I have a fairly high level of confidence in these construction dollars, because they're based on real dollars that we've spent in the not-too-distant past for a similar kind of facility. If I may, Scot, the last thing that I think we have touched upon, but I really do want to point out, is the very last page of this document are examples of some benchmarks. One of the things that I believe the task force asked for is, how are you going to judge your success? How are you going to measure your success? We're certainly very attuned to that question, and we want certainly to be held accountable for the progress that we're going to be making in these areas. These are some examples of benchmarks that we are putting out there. They're certainly not the only benchmarks, and as Scot said, these are for discussion purposes, and we certainly want to hear back from the task force if there are other types of benchmarks, milestones, or outcomes that you think we should be targeting. But these are certainly very valid ones, I believe, and ones that directly relate back to demonstrating success as we go forward in reforming the child welfare system, as well as the work that we're going on the overall children's behavioral health system. []

SCOT ADAMS: I'd add two comments to this, and one is the, back to the earlier comment about the dollars. And you know, the theme of the plan was right service, right time, right place, right amount. And so when you think about a financial one, which is, I think,...would be on everybody's mind, it's difficult to tell which direction is an improvement. Some people would argue, gosh, we don't spend enough and therefore a direction going this way is what's needed. Other people look at the same information and say, no, a direction going this way would be needed. And so we were hesitant to

sort of stick a number down. We began down the road of, well, consistent with our themes about lesser on residential in-patient and more on this, but again became frustrated rather early on with the sense of, what's the right amount at the right time kind of...and so had difficulty with that. So we'd really encourage your thinking about this, to help us with that. The second thing that I want to say is that on the substance abuse side of this partnership, there's a thing called the National Outcome Measurement Standards, and the NOMS is what they're known as, and they're being developed for kids as well as adults, and represent current work at the federal level among brain trusts and SAMHSA and university types and research types, to develop what are reasonable outcome measures and targets. There's a concurrent conversation going on with Todd's already developed CFSRs with regard to those standards and measures, and the crossroad to the sort of NOMS, as to which ones support one another, which ones are written in child welfare speak versus behavioral health speak, and how they link. And I'm very hopeful that that work at the national level will produce for us some possibly very positive, concrete kinds of measures to latch onto at a high level, so that's another dynamic. []

CANDY KENNEDY: And Scot, I can add on to that one, on just a state level being involved with the CFSR, that actually when you do look at the outcome measures and the conversations that we're just having, when I hear them, where I'm looking and how I see the families, the answers on some of the questions--not all of them, but some of them--are very different. So you do hear things very differently in these worlds. The question could be exactly the same, and it's very, very different. So the work that's happening there is very important, and I think that we're going to see some good results and a better communication and understanding, because that's where a lot of things lie, is there's a complete misunderstanding about the answers, with the answers. []

SCOT ADAMS: Great point, Candy. So that really is our presentation. I hope you find it responsive in providing additional information. Some of it we're not probably at a point where we all would wish us to be, further down the road, but I think we will be there in

time, of course. I think that hopefully it stirs your mind to think, and we invite your comments and reactions in a number of areas, all of them, of course. But especially on the measurements. How are we going to feel good about this? []

TODD LANDRY: And if I may, I was able to get an answer regarding the asterisks question on that chart. Vicki was correct. We did pull this data from different sources. The original source document for Children and Family Services had delineated with an asterisk those services just within Children and Family Services that were out-of-home versus in-home services. So that is the only delineation there, and it only applies to the CSF sections of that page. I apologize for the confusion that that caused. []

CANDY KENNEDY: Can I ask something of...actually, of Scot and Todd specifically. How do you guys feel like the process is working and going? []

SCOT ADAMS: (Laugh) Yeah. Let me say that there have been elements of bumpiness. I'm not kidding when I say that what seems like a simple, common-sense, let's-get-together-on-a-regular-basis-and-talk-about-it means sort of a breakthrough, was the result of some sort of frustration conversations between me and Vicki, Vicki and Todd, other people involved with this. And so there's been some bumps, there's been some aggravation in that regard. But I think I feel much better about moving forward with that and about the involvement and the attention of all three divisions, that this is a priority element for folks. That's not an easy thing to do in a department that has a lot of responsibilities. And look at Todd's division. He's got a lot of incredibly diverse kinds of things that key people have to pay attention to, and to sort of nudge this up on the scale, you know, I really need you to pay attention to this on (inaudible), I think is a dramatic and good and positive growth, and a sign of positive things going on in the department. Secondly, I wish we could move more rapidly on some of this. That's just, you know, the nature of where some of the other dynamics in those circles and balloons are, with regard to SIG or different other opportunities out there. Thirdly, everything...this is my first time through a full legislative session, and everything in

government is political, so there's just sort of this stuff that goes on that is distracting at times. I don't mean that in...I don't mean political in the sense of partisan or this or that. I simply mean that it's distracting. The Unicameral and the reaction and the conversations there are the most important thing, so that can change Todd's schedule like that (snapping finger), or my schedule. It just depends on what is going on there at the time, and that has happened more than once, I think for each of us, in terms of "decisioning." So it makes for a fragmented process awhile, in terms of a work product. So how do I feel about that? Well, it's sort of frustrating, but if it weren't for that, we wouldn't be doing any of this, so that's just part of the price of it. So those are two or three reactions to it. Overall, I feel very good about the fact that I think Vicki remains a very good choice for a person in that regard. I feel good about the team that is coming together to work on these issues. I think that's some of the best work the department is doing. []

TODD LANDRY: My only comment, I guess, on that is, change is rarely a smooth, comfortable ride. And I don't think this is going to be any different. It is not always going to be, as Scot alluded to, without its bumps and without its challenges, but you know, we are committed to making sure that we're doing productive change, and making sure that we meet some of these outcomes that we are entrusted and charged to meet. But it's not always going to be smooth. It's certainly not always going to be seamless, and it's certainly not always going to be without some level of mistakes and error, and I certainly anticipate that. We want to minimize that to the greatest extent possible, but the important thing, I think, as we go forward is to keep that vision of where we're trying to get to in mind, and keep trying to push that forward. Overall, I'm very pleased. Although we all want it to go faster, I think in an amazingly short period of time, really, when you look at the overall perspective of this, in an amazingly short period of time, we have come together like I don't believe our departments, or individual divisions, I would say, have ever come together with a joint RFP for the ASO, with the RFB that's going to come out next week that is going to transform, I believe, the way that we look at in-home services and place a priority on in-home services, with being able to go out there and say, here is a plan. Yes. Does it have all the detail in the world that we would

all like to have it? You know, probably not. But a plan that clearly lines out, this is where we want to be in the future, this is how we want to be serving our state wards, and this is how we want to be investing our dollars. I think overall we've come a long way in a short period of time. But without a doubt, we've got a long way to go, and I know it's going to...there's going to be times when it's going to be frustrating, when we may not be able to offer the level of detail that you may be looking for. Our commitment is to continue to push ahead and do the best job that we can in getting that information to you, accurately and as timely as possible. []

TOM McBRIDE: I think I said it before, maybe not here, but you know, I certainly don't mind change, as long as it doesn't involve moving furniture. (Laughter) But, you know, I'll go back to the implementation report and just make a comment to that. And I really appreciate the fact that there is movement in, you know, in things happening. But I'll go back to the one statement in here that talked about the strategies for reform: The state's role will also include organizing our partners for coordinating education, juvenile justice, private sector elements in establishing the ongoing organizational structure for collaborative planning. And you know, I just continue to voice, the department doesn't have to come up on these...with these by themselves. You know, certainly using things from the SIG grant or whatever, but I hope that everybody is, you know, continues to be involved as it rolls out. []

SCOT ADAMS: And Tom, to that end...I didn't touch on it, just because it was talked a lot today, but on what is known as...top of page 3 of this, where we gave this example of some of the work with SIG, on 1.7, number one says, hold regional meetings with service providers and family members. Vicki and I have scheduled a series of meetings through regions to begin conversations with regard to this...to the plan, to gather input, to talk further about it. We don't have all the dates set down or anything, but that's just to show you that we intend to go across the state via the regions, for conversations. We're asking our partners, the regions, the (inaudible) partners in government to help organize and arrange that. We can see that as meetings of consumers, judges,

providers certainly, for a little closer conversation kind of thing. So we agree with you with that. []

KATHY MOORE: And I think I would just maybe return to one of the early remarks that I made. You know, we certainly do understand the political ramifications and sometimes the many directions that you're pulled. I'm hopeful that this task force can continue, if you will, to try to shepherd these goals toward the end result that many of us were hoping for. And so when we look at the reallocation of dollars or reinvestment, it may in fact be that we can use the wisdom of Senator Jensen and begin to figure out what message can be carried to other places. If all is not permissible within one domain, then we need to go to the Legislature and what have you for other requests. And I guess to that end, when I look at the report that we released and Recommendations 5, 6, and 10 are probably the ones that get to it the most, but hopefully, I think June 30 is the next date deadline that we've got in there, which is the identification of current funding sources received by the department, the policies governing allocation of expenditures, and an evaluation of the efficiency and the effectiveness. And I think that is really...and so that's what we all are continuing to press for, that we've struggled to track all this. So while I think when I first heard about the RFB coming out next week, I did have it aligned with Children and Family Services. I did not have it aligned with behavioral health. But I'm still struggling with the behavioral health...with the analysis, if you will, of the behavioral health expenditures. And then when you look at Recommendations 5 and 6, again, those get at capacity and looking at what currently exists and projecting future capacity. And so I do think that we are all still struggling just a little bit, and maybe wanting some charts that are a bit more...this is very helpful. The pie chart I really like, because it did show me where dollars were and where dollars for state wards are versus other Medicaid clients. And I really am hopeful that we can get more information that shows us the numbers served currently in certain areas, so that we all can celebrate when success is felt, because I don't think there was ever any philosophical differences, in terms of our collected belief that residential is critical for certain children, but that unless you have a full array, children find themselves in residential for

sometimes the wrong reasons. And so that's really what we're trying to get at. []

CANDY KENNEDY: Or Kathy, even--I'm sorry--but even to the extreme--not residential, but not (inaudible). I mean, that's what the ultimate goal is, right? []

KATHY MOORE: You are right, you are right, yeah. That's true, that's very true. So that's what we're...you know, I guess if we just keep looking at these recommendations and base our agendas and our next set of information on these questions, hopefully we'll be able to see the progress and be able to celebrate when we find those things to celebrate about. So we are going to continue. I appreciate this is going to be Todd's money, not Scot's money. You know, I think we are going to continue to want that kind of definition, so that's helpful. []

JIM JENSEN: Any other comments? []

CANDY KENNEDY: Senator Jensen, what do you think about...because historically you've been through this before. Any suggestions, comments, or... []

JIM JENSEN: No. You know, as a businessman, I like to look at the bottom line. I like to look at where the dollars are going, where they come from. The only thing I really heard is that Ruth Henrichs is recommending the Hastings site to the State Fair Board for a location. (Laughter) []

RUTH HENRICHS: Why not? []

JIM JENSEN: But no, like I said, I really have trouble comparing costs. And I want very much to do that, and I understand the difficulty. And DAS, they have a figure that they use, and I think there are probably more than one or two times that Health and Human Services System would like to see a different figure used, and it's the way everything is accounted within the state which I don't have a lot of control over. It's not on the

agenda. Is there any public comment from anyone? I don't see any. We'll get back to you on the next day, like Kathy mentioned. It is sometime before June 30, and that's the fiscal year of the state, also. I just might mention, if you don't know, the Lasting Hope Recovery Center in Omaha will open on...well, they're having open houses on the third, fourth, and fifth of April, and it will be interesting to see how it all works out. Anything else, anyone? Thank you for your attendance, and we'll see you in June, if not before. []