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CHILDREN'S BEHAVIORAL HEALTH OVERSIGHT COMMITTEE  
September 11, 2009

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The Children's Behavioral Health Oversight Committee met at 9:00 a.m. on Friday, September 11, 2009, in Room 1113 of the State Capitol, Lincoln, Nebraska. Senators present: Bill Avery; Kathy Campbell; Colby Coash; Annette Dubas; Tom Hansen; Jeremy Nordquist; and Pete Pirsch. Senators absent: Gwen Howard and Amanda McGill. []

SENATOR CAMPBELL: (Recorder malfunction)...Oversight Committee which was put into place by LB603. I'm Kathy Campbell, the senator from the 25th Legislative District here in Lincoln, and very, very pleased to be sharing with my colleagues the responsibility for this oversight committee. I'd like, first, for the senators to introduce themselves so we know everyone. And so will Senator Coash, would you start for us? []

SENATOR COASH: Hi. I'm Senator Coash, District 27 here in Lincoln. []

SENATOR HANSEN: I'm Tom Hansen, District 42, Lincoln County, and from north of North Platte. []

SENATOR DUBAS: Senator Annette Dubas, District 34. []

SENATOR AVERY: Bill Avery, District 28 here in Lincoln []

SENATOR NORDQUIST: Jeremy Nordquist, District 7, downtown and south Omaha. []

SENATOR CAMPBELL: Senator McGill is at a meeting out of the country actually. We would all wish that we could be with her but she is representing the Nebraska Legislature in a very special exchange program. Senator Howard had some other business to take care of before a plane flight, and Senator Pirsch we expect to join us. A couple of other introductions that I'd like to make before to start. To my left is Claudia

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Lindley, and Claudia will serve as the legislative aide to this committee. She serves as my legislative aide. And we're learning how to run all the equipment, new equipment, so I appreciate Claudia doing that. I'd also like to welcome Mr. Kerry Winterer--he's waving there, thank you very much--the new CO of the Department of Health and Human Services. I have appreciated very much Mr. Winterer's calls to me regarding offers of help and support as we start this work. One other comment to make and then we will start in, and that is I hope that each of you will take some time today to think about the victims of 9/11. It seems like that day comes into our minds and then we tend to forget. And so I hope that in your own way today you'll think about that. I'm very fortunate to wear a special pin that was put together by the veterans group shortly after 9/11. The pin represents the Pentagon, as well as the Twin Towers, and I wear it every year to commemorate that very sad occasion for our country. With that, we'll start into LB603. I want to read the charge that is in the bill. It's fairly short but it gives some idea of the committee's charge. "The committee shall monitor the effect of implementation of the Children and Family Behavioral Health Support Act and other child welfare and juvenile justice initiatives by the department related to the provision of behavioral health services to children and their families." I think it's important to note that our primary objective is to watch as the components of LB603 play out and are brought into fruition. We also can look at other initiatives that would affect children's behavioral health. And I think one of the things that you're struck with when you read all of the reports is how much effort has gone into a lot of reports that have proceeded this committee, so we're not here to redo everything. Our job is really to keep focused on the package of LB603. Today we will have sort of a kind of bring everybody up to the same level of understanding of what's happened ahead of us. We will encourage you if you have comments that you wish to share with the committee. We're not going to take necessarily public comment today, but you can see Claudia after the hearing and provide e-mails to us or written, and we will distribute it to the committee. In October, we will very specifically hone in on LB603. We will go through it section by section, all of the different components to it, and I think it will then become more plainer to all of us exactly how those components fit together. Senator Wallman has joined us this morning. Welcome Senator Wallman. And then in

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November we are charged to have a report to the Legislature by December 1. The first year's report will be very short because many of the components of LB603 will not even be in place. But at that time we will encourage public hearing, comments on LB603 or comments on what you have heard in the first couple of sessions. That was a great suggestion by Senator Dubas. Let us try to work the first couple of sessions and then take public hearing in November. With that, Senator Dubas and I have pretty much put together the agenda, but I want her to talk a little bit about safe haven. []

SENATOR DUBAS: I'm going to keep my comments relatively brief because I know that we have people here that the committee and everybody else really would like to hear from. I'm very excited about this oversight committee, but I want to emphasize the fact that we didn't put this committee together to micromanage HHS. My thoughts are this committee has been established to help us generate better communication between the Legislature and the department. I think that's very, very important. At the end of the day we all have the same goal. We want what's best for these children and their families. And so if we can develop a better working relationship between the department and the Legislature, I think it's a win-win situation, so that's why I'm excited about it. I'm also...this is the...in my mind, this is the Legislature's message to these children and their families, that what happened with the safe haven, original safe haven legislation, was an eye-opener for all of us and an indication that there are some serious issues out there and our families are the ones that are suffering. And so we want to make sure that this issue is not just going to be swept under the rug and we are very, very serious and committed to these children and their families to find workable solutions so that they can get the help that they so much deserve. Safe haven generated an extreme amount of attention for the state of Nebraska; not the kind of attention that we'd like to receive. And oftentimes, after the hoopla kind of dies down, the situation...or the issue kind of dies down and goes away also, and so this is our way of telling those families that it's not going to be just swept under the rug and forgotten. We are committed. We want workable solutions put in place. We want the data to support what kind of services are needed, where they're needed, and what's the best way to get them there. So I think

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those are the things that will come from this committee and LB603, and look forward to working with my colleagues and the department and other interested parties in making sure that we don't have a safe haven debacle again in the future, so I appreciate everybody's input. []

SENATOR CAMPBELL: Thank you. We have the musical chairs. It's a little harder for me to move sideways. I don't know how many of you know I have a new knee, a left knee, and so I do pretty good going forward, it's going sideways that I have a little difficulty. With that, with those introductions we will start in on the agenda, and Claudia I know has put out how some agendas so hopefully you've had a chance to take a look at them. We're going to start with Todd Reckling and Scot Adams. And basically to bring us up to speed on the child welfare initiatives, I asked Todd if he would talk a little bit about those so that we clearly understand how children may enter into the behavioral health side from the child welfare. And so Mr. Reckling, if you'd come forward and join us at the table. While he is coming up, he is going to speak...we are going to take any quick questions that the senators may have for him because then he's going to try to take off and go back to the conference in Grand Island, so he will not be with us all morning, so if you have questions we'll try to pick those up before he leaves. []

TODD RECKLING: (Exhibit A) Good morning, Senator Campbell. Thank you very much for the opportunity to speak with the committee. And other members of the committee, thank you. My name is Todd Reckling and I'm the director for the Division of Children and Family Services. I appreciate the opportunity to try to set the stage a little bit for what's occurred previously over the years and some of the major initiatives that are going on with child welfare. While I will keep my comments very brief today, I am more than happy at any time to provide the senators with additional information and walking through the system. Our child welfare and juvenile justice system is quite complex and I know that a lot of communication goes a long way to help educate and have people understand our processes. Just to kind of frame it a little bit before I get into things, I just wanted you to know that on any given day--and you'll hear this in a few minutes--we

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have a little over 6,000 kids that are in our care and custody. Kids come in for multiple reasons related to child abuse and neglect; related to a status offense which is not a law violation but things such as truancy, runaway, and also juvenile delinquents. Of the 6,300 kids we serve, about 1,500-1,600 are the delinquents that have committed some type of law violation, and the rest of the kids are either abuse or neglect, for the majority, or also then the status offense population that I talked about. So I won't take a whole lot of time, but as you can see on your handout I just wanted you to see that our division as a whole has a very broad-based perspective and responsibility. We do anything from child welfare to food stamps to child support and adult protective services. So our mission statement is long but it's also broad, and we cover thousands of consumers and customers. On the second page is what we refer to as our new service array. Director Adams will talk to you more about this, and I know that as you were doing your homework and reading what the reports have said before, you will recognize this pyramid as part of our response from the department back in January 2008 related to the LB542 task force. This is where we want to go as far as having vision for the future with making sure that we have a broad-based array of services. And right now we have what we refer to as a lot of our kids--and I'm talking state wards now, the 6,300--keep in mind that Medicaid also serves, you know, over 120,000 additional kids, so I'm not talking all kids. But as far as the services that my department does, behavioral health does, part of what we see is that there are a lot of kids in our child welfare custody that are placed in out-of-home care and I'll talk about that a little bit. But we wanted to set the stage for things to change in the future and we needed that vision. Service array is a huge part. Are services accessible? Are they at the right level? Do they provide services in the home, the parents' home? Do they provide services in the community? And so we want to make that shift in the future from what we kind of term generically the higher-end services to the lower end. Now keep in mind, we're not going to put a child in the home that's unsafe, but if we can keep them safe with services in the home, that's where we want to be in the future. So at the bottom of the page there you will hear us frequently talk about either in my division or in Scot's division, or even in Medicaid and Long-term Care Division with Vivianne, this is a common vision that we

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have to help flip the pyramid. By flipping the pyramid, what we see today is approximately 70 percent of the kids that are in child welfare, again of that 6,300--so 70 percent--that's over 4,000 kids on any given day are in some type of out-of-home care setting, whether that's a foster care home, a relative home, group home, residential treatment, some type of out-of-home care setting. And flipping the pyramid in the future, we want to have a situation where we have 70 percent of our kids in the home with services and 30 percent out of the home. Is that going to happen overnight? Absolutely not. Is it where we need to be? I absolutely believe it is. And Scot will talk more as we get into the LB542 information. The next page I just wanted to give you a little bit of the historical perspective of where we've been with our number of state wards. We are very proud of the fact that we hit an all-time high in April of 7,803--that's not why we're proud--but as you will see as of this date, the end of August, we are down to 6,315 state wards. That means that we've moved almost 1,500 kids to some type of permanency situation over the last two years. The last thing we absolutely wanted to have happen is have kids linger in the foster care system. Those kids have either been returned to the parents and successfully had their juvenile court cases closed or they have been successfully adopted or through some type of a guardianship situation. And so that difference in number of kids in our care have created opportunities for us to make some shifts in resources and try to do things differently. Again, we're not where we need to go. You will hear me continue to push on making sure that kids are getting to permanency in a timely manner, and you'll hear me talk a little bit later about our federal children and family services review that continues to say Nebraska, as well as all of the other states, needs to do a much better job of reaching permanency for kids, whether that's through reunification or adoption or guardianship. Again, to set the stage just briefly, and I won't go into these, but we'd be happy to answer any questions at a later time, several initiatives have helped create the vision and set the stage for the reform that's currently going on. The Governor directly came out with priorities for the department to reach back in 2007, and a couple of those specifically related to child welfare were to improve on the children and family services federal outcomes, which are broad-based but encompassing of three major themes, which are safety, permanency, and well-being for

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kids and families. He also wanted us to expedite getting kids to permanency and also making sure that we accelerate the general welfare that, child welfare system reform efforts, and just comprehensively be more transparent and accountable and make sure that kids and families are getting what they need to. The Supreme Court has been incredibly involved. There was an initiative started back in 2006 that the former Chief Justice John Hendry started, and Chief Justice Heavican has been very active and actively involved. It's called Through the Eyes of the Child Initiative. Because of those efforts, it's a relationship between the executive branch and the judiciary. We have a specific judge, Judge Gendler from Sarpy County, that's heading up that effort, and there are 25 teams that are judge-led across the state, and each of those teams are meeting and having conversations about how to improve the child welfare system. Senator Campbell graciously agreed to letting me out of here a little bit early today and that is to attend the summit. We have a follow-up summit out in Grand Island that the Chief Justice has sponsored. We had great attendance, over 400 people, and there are conversations continuing to occur around how to continue to reform the child welfare system. And the Chief Justice, today as a matter of fact, will be drawing the...we all had an opportunity to provide input to reach our priorities to make sure that there were some statewide efforts and commonalities as we go about making some of those reforms. So those priorities will be voted on here today. With that we were also a part of the children's behavioral health response back in January of '08, and again Scot will talk more about that. But that was an opportunity for the behavioral health system, child welfare, and Medicaid to work together for a common vision. I also set the stage within child welfare to set us up to do business differently going into the future for our kids and families. One of the things we knew we needed to do was have good safety assessments. You obviously can't have kids going home if you don't know what's happening and how to keep children safe. We worked with the National Resource Center and put into place a new safety model. Got that fully implemented in 2008. The next thing we knew we needed was if you've got a good safety assessments, you've got to have the services to do service delivery in the home and community-based. So July 1, 2008, we actually started new contracts with the providers that you will see in a little

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bit; that's later in your pages. That also allowed us the opportunity to deliver more services in the home. And then the next piece that I'll spend most of my time today but still be brief on, I hope, is the child welfare is taking the next steps. So we started with safety and in-home services. We're building on that now to also include safety, in-home, and out-of-home care. And in addition to that continuum of care contract that we will be starting up here pretty soon, the service providers will not only do the service delivery but for the first time we're also going to be purchasing a service called case coordination. And I will explain to you here in just a little bit and at the end of my handout is some additional information. I'm getting lots of questions on what the difference is between the role of the department as case manager and the role of the private sector or provider as case coordinator. Again, our intended outcomes with this child welfare reform next piece are broad but very consistent with our vision and where we want to go. We want to continue to improve on the federal measures. I'm on page 4 if you're following along. We also want to serve more kids at home as I've described. The national trend is to go more toward a public/private sector. Bring the best of the expertise from both sectors and work together, and that's where we want to head with this. We also want to streamline our system and help eliminate gaps for our kids and families. We also know that there are practices out there that are considered evidence-based and best practices that have proven results to meet outcomes for kids. And through these new contracts that was where we're headed and we've asked providers to come in with a smorgasbord, so to speak, of different services that are proven to be either evidence-based and/or promising practices, so we'll know we're getting outcomes. We also want to move toward individualized case plans and planning with the family. It seems a simple and common-sense thing, but we have more work to do around actually sitting at the table with the family, planning with the family, rather than planning for the family. We're also moving into performance-based contracts. There's a lot of talk about performance-based contracting. I'm sure we have stages that we will go through but we are setting up, and I believe wholeheartedly that contracts should be outcome based rather than output. It's not about achieving a task or building the widget. It's about are we successful with helping families rehabilitate. Again, those



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outcomes will be related to the children and family services outcomes larger, of safety, permanency, and well-being. But we want to incentivize and disincentivize our contracts with our providers so collectively we all know what the outcomes are and we all know how we're doing, and part of how we're doing is being transparent with that. And we are posting them, you'll see later. I'm very proud of the fact that we have a post on our Web site right now called the COMPASS program where you can easily roll over either our service area or our judicial district and see how we're performing, and the private contractor's performance will also be on our Web site. We want to be more transparent with how we're doing. I heard earlier, as in the opening remarks, about communication. I, too, share that that's an important venture for all of us to communicate. I won't go through the rest of it, but obviously I've talked a little bit about we want to be more outcome driven. And part of what we need is some time to reform. We know that reform won't happen overnight. I know that there's going to be bumps in the road. We're going to have to get through those bumps and work together. But through communication and collaboration I have no doubt that we will succeed. A few things we've learned from other states that have gone through various and significant welfare reform efforts, you've got to have a shared and consistent vision. You've got to work with your advocates. You can't do this alone. I think so often it's been a matter of the child welfare system, sometimes we think we know what's best and certainly we have our expertise, but we also need to work with each other and work with our stakeholders and work with our families and our youth. And that's more of what we need to do and want to do in the future through various advocacy inclusiveness. We also know that important decisions such as what services are being delivered, what policies are in place also need to be supported by data and information. So our data is going to be very important. I'll be up-front with you. You've been very up-front with me and we will continue to be up-front with each other. One of the things I know that is out there is a concern about the department's lack or relaxed effort around contract monitoring. One of the things that this new system in contracting has provided for us is a different way to do business. I want to give you one example of that. When we started the safety and in-home contracts back on July 1, 2008, I had over 100 contracts with different providers that we

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had to manage. We went down to six lead agencies, and so those lead agencies either provided the services themselves or through subcontracts provided those services. Same outcomes, same performance, same accountability. But it allowed my system to create more of an oversight and with contract monitoring. So instead of monitoring 100 separate contracts, I can now monitor six, and that's where we're also going with the broader in-home/out-of-home care contract in the future. A little bit specifically related to our latest effort. We did release our request for information to providers, and publicly, and let me set the stage just a little bit for that. I'm on top of page 7 at the present time. We wanted to make sure that we had inclusiveness as we entered into this reform effort. We didn't put out our plan exactly as how we wanted to do things. We put out a framework and that happened back in September '08 where we created kind of a framework for where we wanted to go but needed public input on the details of how to build the rest of the house around that frame. One of the things that we wanted to do was to make sure that, again, Health and Human Services retained those critical functions that were designated by statute to be performed by the state agency. You will hear oftentimes the words privatization or outsourcing or so forth. Different states are on a continuum, so in my opinion and in the literature you will see there is a continuum from states basically not outsourcing anything, to full privatization such as in Kansas. Kansas child welfare basically, I think almost ten years ago, went and said to their private sector, you're now responsible for basically all the performance and duties. And they're on the extreme of the continuum where everything is privatized. Our effort is somewhere in the middle. Our Health and Human Services will still maintain case management functions, but the service coordinators will allow us to have additional time on our workers' parts to maintain and look at the larger, big picture around the safety and permanency, making sure that court report information is getting where it needs to go, that services are in place. And the service coordinators will help with some of those day-to-day functions, and I'll show that to you in just a second. But I also wanted you to see that these new contracts will move into the full continuum, so again it will be safety, in-home and out of home, as well as the service coordination piece. We are down, as you will see on the top of page 8, to six agencies after the selections process. We went

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through an evaluation phase where they were allowed to submit proposals and bids. We had different providers come in with proposals. We narrowed it down based on our selection process, and we're now in the final negotiations with six different providers. You can see the names of those providers. And where they will all be providing services, I don't have it listed, but I'd be happy to tell you. For example, like in our eastern service area, our largest service area, Nebraska Families Collaborative will be there, KVC will be up there, as well as Visinet. For your information, KVC is a new provider that was selected through the bid process that has been working for years down in Kansas, and we look forward to having them be a part of our service delivery in the future. We have six different work groups. There's a lot of effort to go through this reform effort. We have groups continuing to work on contract language, quality assurance, contract monitoring, policy issues, procedural issues, implementation issues. There's a lot to do in a short time. And again there will be bumps, but I'm asking my staff and the public sector, through communication we want to get the word out. We're having different meetings with people to get input on a continued basis about what is working well so we can continue that, what's not working so well so we can make an improvement on those areas. And I leave you with some information on the last couple pages about the differences between the roles and responsibilities between our case managers and our case coordinators. Sorry I don't have the time today to explain but you can imagine that the big issue for the courts, who's going to be in my courtroom testifying, who is the family going to call, who should the family expect to have visits from. We don't want to abdicate our responsibilities. In my opinion, this is a great way again for the public sector and the private sector to work together. Families will actually have opportunities for other people, an additional person to help be involved with coordinating services. Private sector contractors that we have selected have great expertise in helping navigate the waters through the treatment services that we'll be coordinated with and how to make sure that services overall are coordinated. They'll be visiting with families and working with us very closely. So it's an opportunity for us to team and collaborate differently to make improvements in the child welfare system. You can see on the final pages there just a brief time frame. We are looking to start

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implementation here next month in October. One of the lessons we learned, not only from other states but very clearly from our July '08 adventure, was to make sure that this is a timed, very well planned process, so we devote more time. You'll see at the bottom of that one slide at the top on page 10 there, implementation will start in October but also we will allow time to come through January, and then some parts of the state out until April. So full implementation will take effect April 1, 2010. There's a lot of excitement, and as you can imagine, a lot of anxiety. This is a major reform for our efforts, but again very consistent with the vision I think we all share is the common goals of how do we serve the families and kids differently, how do make sure they're in home when they can be and maintained safely, and how do we wrap around those types of services that they so much need. Again, this is going to be a time process. It's not going to happen overnight. True reform probably is going to take, you know, anywhere, depending on what literature you read, from three to five-plus years, but I do believe that it's absolutely in the right direction. And if we can flip the pyramid and serve kids in a different capacity, and then you'll hear Scot talk about how do we even reach out to families before they have to come into the child welfare formal system to do more up-front services and front load the system and help families before they have to even come into the child welfare system through behavioral health services. We look forward to the opportunity to update the committee and for your efforts around the other services that we'll talk more about with the Help Line, the Navigator, and the postadoption/postguardianship services. But again, those are additional pieces that we're excited about that will be coming up January 1, 2010, and will help again with those situations that Senator Dubas mentioned earlier related to safe haven and the overall service array within LB542. So I appreciate the senators' time today, and again if I can be of additional assistance with any information, either now or in the future, I'd be happy to provide that to the committee. []

SENATOR CAMPBELL: Are there any questions from the senators that you'd like to ask? Senator Hansen. []

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SENATOR HANSEN: I have one, thank you. Todd, I have one question. As a senator in western Nebraska, we get calls--and we get them every week if not every day--about my child cannot get services through Health and Human Services. Who, after October 1, who do we call? []

TODD RECKLING: Senator, as far as accessing services, I think they're...if I understand the question correctly, there may be two different pieces. If they are in the child welfare system or the juvenile justice system, they will have...part of our transition plan is that we have a very...our providers and my staff are already meeting as far as implementation to have a smooth transition so we're introducing the case coordinator from the private sector, people will have the emergency numbers to contact. So if they're currently in the system, they will continue to contact our case manager and the new service coordinator. I think part of your question also deals with the kids maybe prior to coming into the system. []

SENATOR HANSEN: Right. []

TODD RECKLING: Again that's what the Help Line and the Navigator program will be designed to help people get set up. The Help Line--and Scot will talk much more about those--where do I go, who can I contact, what services are available for me, and connecting them with other community resources that may be available. Again I agree with Senator Dubas, this isn't a one-step fix-all solution. It's the start of things. And so in the future the Help Line will help have those calls directed. []

SENATOR HANSEN: So we should have the Help Line available, and anyone who calls us, e-mails us, respond with that hotline number after October 1? []

TODD RECKLING: That'll be up and running January 1, yes, and part of it will be to connect. So there will be things that the Help Line isn't designed for, so it's not going to take away, like my child abuse and neglect hotline. So if somebody is calling into the

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Help Line in the future, that they're really talking about abuse and neglect issues, we will make sure that there's a smooth transfer up to our Omaha child abuse and neglect hotline so we can actually do an investigation around the abuse and neglect if that's what the concern is versus actually a reach out for services. One of the things I didn't mention and will talk later about just briefly, that as far as who to call in the future, that's part of what those postadoption/postguardianship services are for. We know, through the safe haven first group of kids that went through, a good portion of those kids were in some type of postadoption or postguardianship service and they were still needing additional services. And that's why I'm excited to have those services, so in the future they can call the Help Line, or as we go into the new services after January 1, they will know that postadoption and postguardianship and they will be provided with the information to know that in the future, if they need services, how to reach us. These new contracts that I talked about today also for the first time will have aftercare services as part of the contract, so the providers for up to a 12-month period after the child leaves through the court system will still have a responsibility to help do some aftercare services for those families, and that contact will also be provided to that family. []

SENATOR HANSEN: Okay. On page 2, with the upside-down pyramids, we have 70 percent...that's the goal of having 70 percent in the in-home. []

TODD RECKLING: Yes. []

SENATOR HANSEN: And that's the group that doesn't want to have their kids have to be a state ward to get services. Is that going to flip with this model? []

TODD RECKLING: Let me clarify a little bit. For my purposes and my conversation today, those 6,315 kids are kids that are already in the system. I think some portion of those kids may have come in for service access. I don't know what percentage per se but it's...those are kids that are already in the system. In the future, what we want to be able to do by design and part of what LB542 and I'm sure this committee is going to

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take on is how can we do things differently in the future to front load the system. So again, some of those families that at least had the opportunity to have their story told or hear their story, part of it was just even knowing what was available. And I think Senator Dubas, you probably heard this from some of your phone calls as well. They didn't necessarily know where to turn or they had called someone and then they were referred to over here and go over there. And part of it is we wanted to have a...and we wanted to coordinate a system to that behavioral Help Line. So I'm hopeful that that will be at least a step in the right direction. Now we get into a larger discussion about will the services be available and accessible, and I think that's something that your committee will obviously continue to talk about. But by design, that will help move that forward. []

SENATOR HANSEN: Thank you. Thank you, Madam Chairman. []

SENATOR CAMPBELL: Senator Dubas and then Senator Nordquist. []

SENATOR DUBAS: Thank you, Senator Campbell. Thank you, Director Reckling. I'm going to kind of pick up where Senator Hansen left off in regards to many parents, their only recourse is to make their child a ward of the state to get services. And I think...you know, that was the intent of my original legislation, LB356, is how do we get these families and these children services without these parents and guardians having to resort to that type of a drastic measure. So I appreciate your consideration of that because I just don't think we can emphasize enough just how difficult that is for those parents and guardians to have to make that decision just to get help for their children, so I hope that we can find some solutions to that particular issue. You've highlighted through your handout some of these things that I'm going to ask you about, but again going back to the safe haven children, you know, where did they come...what department do they belong in? Do they belong in the Department of Children and Family Services? Do they belong in the Department of Behavioral Health issues? How are your departments working together, coordinating your efforts, communicating? That was another thing that I heard from a lot of these parents, is like, okay, you know, where

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do I go? Yes, my child has behavioral health issues but they aren't necessarily in the system yet. So I guess I'd like some more clarification on how your two departments, especially, work together? []

TODD RECKLING: Maybe if I could start backwards and try to address your questions. One of the things since I've been on board is to make sure, as the new director, that I'm reaching out to my fellow directors, and so we are having communications. I mentioned earlier I think it's vitally important that the Divisions of Family Services, Behavioral Health, and Medicaid and Long-Term Care, and not to leave out Developmental Disabilities, they're also working, because we know that kids that come into a child welfare system are also experiencing disabilities, as well. There's an effort and certainly with our new CEO Kerry Winterer on board to make sure that the divisions are working together and that we have, again, some common vision, we worked very closely on our response to LB542 across the three divisions to make sure that we had a shared vision going into the future. So that's a...in my opinion, I've been in this position almost five months now but with the department for 17, I feel very good that we're having more communication and more strategic planning across the divisions. Again, it's going to take time and effort and working with others, all three branches of government to I think solve some of these problems. But to talk about that, I don't know that there's a right department per se. One of the things I am excited about is different opportunities and different corridors, so to speak, for kids and families. For example, you're well aware that LB603, in part, will offer some additional money for behavioral health services. So that half a million dollars this year and then the million dollars next year hopefully will reach out, through like the Professional Partners programs or other programs like that--and I will shut up before I get too far into Scot's area. But I think in response to your question, it's how do we work differently? I see Children and Family Services, we're kind of the end result, so to speak, when as you described, parents have no other choice but to go through the juvenile court system. Part of what I'm trying to do is, even with the small number of kids, small in context of the hundreds of thousands that Medicaid serves, how do we shift resources and move even what we're doing up front?



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And part of that is through our safety assessment. You can imagine that we go out and do quite a few situations where we assess safety. Somebody has been at the brink of abuse and neglect and I'm not talking about all families, but certainly some of the families we do multiple, several thousand investigations a year. One of the things that if we can move more kids in home and keep them in their family home with services, I think we can shift some of those resources. And partly what we're doing is we're already seeing that, where we're trying to work with families differently up front. So again, it's not the full context, but for example, what we're doing now and we'll move more toward is noncourt-involved cases. Through our new safety assessment we may identify that a child is unsafe. After staffing with the county attorney and talking with the family, there are opportunities to offer through a noncourt-involved case services through the department. If things go awry and aren't working well, we can always take it to the county attorney and request a juvenile court petition. But through that effort we can try to avoid having all those kids be in the juvenile court system. Does that answer your question for all of the kids in a population that may need services before us? No. Is it a start through LB603 and other efforts that are going on? I think even the SCHIP eligibility being raised, you know, going that far forward and trying to get some of those kids health coverage and other services up front will ultimately pay off in the long run. So that prevention and intervention that you saw in the first couple pages, and you'll hear more talk about the pyramid, you know, to me there's prevention, intervention, and then kind of that level of where you're in the state's custody. And the question is kind of where does behavioral health and the prebehavioral health and children and families all fit together? And that's why it's so important that we have a common vision that we're working toward as far as making sure there is accessibility to services wherever the family may fit into. []

SENATOR DUBAS: I think that's, you know, the oversight component of the hotline and the Navigator system, I think that's going to be very critical in helping your various departments work together, and again make this a much more streamlined approach for children and their families. So I was at the children's summit on Wednesday and was

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very impressed with the progress in a very short amount of time that the judicial branch has been able to make with some of the things. So I think again that interaction between our three branches hopefully will... []

TODD RECKLING: I keep saying the window of opportunity is open and we need to jump through it while it's open, and I truly with all my heart believe that the three branches of government, I've never seen it. I've got the Governor, the Chief Justice, and the Legislature all interested in child welfare and behavioral health services. It's just...it's a great time. []

SENATOR DUBAS: Yeah, I think that was very, very obvious on Wednesday. I appreciated the comment you made about listening to and involving our frontline workers. I mean, those are the people that I spent a lot of time talking to during the safe haven issue. I mean, who better understands what's going on with these children and their families than those people who are the first ones of contact? So I truly hope that that component will become a very important part of... []

TODD RECKLING: That's a piece of me that I can't get out of me. I started my career as a child protective services worker, so I was on the front line for six and a half years. I know what it's like and that keeps me grounded. []

SENATOR DUBAS: I appreciate that because I think their input is just invaluable. []

TODD RECKLING: Absolutely. []

SENATOR DUBAS: Thank you very much. []

SENATOR CAMPBELL: Senator Nordquist. []

SENATOR NORDQUIST: Thank you, Director Reckling, for joining us today. I want to

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follow up a little bit on the comments made on performance-based contracts. I appreciate the intention of the department to consider this and go down this road. Can you give us a little more detail? I guess I have a couple questions and then I'll let you respond. A little more detail on what outcomes we're looking at being considered, being measured? On the incentive sanctions, are we looking...I mean, I would assume just financial incentives? And then will the department use this, the performance measurements looking at providers for future contracts and will it affect future contracting with those agencies, the outcomes that they have? []

TODD RECKLING: I appreciate the questions. We are in the infancy stages of performance-based contracting, so again it's going to be something that we grow into and learn as we go about it. We started in July with some very simple performance. So on the safety and in-home contracts, one of the things that we knew that we needed was a quicker response by providers. We needed our staff to get them the information and referral quickly, and we needed the providers to get out to the family quickly before things continued to escalate. So again it wasn't a full outcome, but one of the things we put in there was, for example, a two-hour response time. And so that helps drive system reform, in and of itself, and there were the opportunities for some small financial incentives to do that. And this larger contract, my work group is currently working on and actually involving the providers. What should those incentives be? How big should they be? What should the disincentives be? You know, do you...it's that balance between the carrot and the stick, and we want to have, obviously, both. But the outcomes, we will always continue to refer and see the beacon as those federal outcome measures. Nebraska had its first children and families federal review in 2002. We just had our second one in July 2008, and we have obviously more work to do. But those measures around safety, permanency, and well-being will continue to drive us. So, for example, one of the outcomes is timeliness of adoptions. So from the beginning of the situation where the child first comes into our care to the finalization of the adoption, 24 months. And so that will be part of our contract outcome, part of our incentive where we want to go with those. Timeliness of reunification is 12 months.

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Again, we are setting the stage for this to happen and it will be an effort that we will grow into. Where it leads to, yeah, ultimately I think it should help us. The providers are very interested. It sparks a little competition, as you can imagine, when they're knowing that the public is looking at their data out on our Web site. That's healthy competition in my opinion. But also we know through these new evidence-based models that the providers are very invested and interested in trying to bring those outcomes to fruition and have a vested interest in their viability and success as providers to meet those outcomes. So I think part of it is self-induced to perform better. Again, we're going to have some difficult roads ahead of us. We need some time to help those get to where we're going. So... []

SENATOR NORDQUIST: Well, it is a significant change in the way of doing business, but I think...well, I'm glad you're bringing providers in to look at what incentives they want to see. But I think it's, you know, it's not just counting heads and how many are being served, but the quality and the number of lives that are changed. And I think it's a good path to go down. Thank you. []

SENATOR CAMPBELL: I think at this point I'm going to cut the questions so Director Reckling can get on the road, and we may have you come back in terms of the specifics. But to follow up on Senator Hansen's, it might be helpful if you could send over, and in terms of that period between October 1 and January 1 where the department would like any inquiries from senators, from Senator Hansen's questions. I thought it was a great question: Where do you want us to have families call in that three-month period? And you can send that over to us, but I do think we need to know that, in that time period. []

TODD RECKLING: I'll certainly do that, Senator. []

SENATOR CAMPBELL: Thank you. And drive safely. []

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TODD RECKLING: Thank you. I appreciate the time today. []

SENATOR CAMPBELL: We will go forward with Director Adams, Scot Adams. And we have already eaten into our break, so if you would like a break, feel free to take one, but we're going to keep going. One of the things that I asked Director Adams to do after Senator Dubas and I had met was to kind of set a stage for the people that we're going to hear from, from the LB542 task force, to kind of give a precursor to the panel so that we could have some understanding on the opposite on the child behavioral health. []

SCOT ADAMS: (Exhibits A, B, C) Well, good morning to all of you, and let me begin by saying thank you for your attention to this matter. It is a complex area and I appreciate the willingness and openness to work together among government divisions. My name is Scot Adams. I have the honor and privilege to serve as the director of the Division of Behavioral Health in the state of Nebraska. I have three handouts to offer you today, and the first one is really--which looks blue, all things blue--is an effort to try to help, me originally, to try to bring some clarity to a very complex conversation and situation that arose as a result of the safe haven moment in Nebraska; to help me to try to understand and to make sense of some of the issues and some of the dynamics at play. I don't offer this as a capital T truth; rather, a guide to help to sort of sort through some things in a way that helped me to understand some of the dynamics at play. The purpose of this document really is to sort of say that at the largest level you have the entire population in the state of Nebraska, all families involved, all persons involved, and then there are certain things that are appropriate for direction to all families. Prevention strategies come to mind as an example of that kind of thing because you have families where nothing has happened yet. They may be young parents, first kid, first time for a child, that kind of thing, and provision of information and education to all families can be a helpful kind of thing across the state. Then there is a subset of all the families in Nebraska, and that subset are families that have some kind of problem. And there are all kinds of problems in this world, including behavioral health problems, including marital problems in which a child very often will act out the pain of the marriage. But the

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child doesn't have behavioral health issues; in fact, the parents may not have behavioral health issues, but it's a family dynamic or a family tension that's erupting and showing its face, if you will, and there are other kinds of challenges like poverty and things that come into play. Then as a subset of that group of families with problems, if you will, are those who truly have behavioral health disorders, diagnosable conditions, things like that. And these families may also have additional resources. And just to show some of the complexity of the issues involved, the current national debate that we are engaged in as a country over national health insurance reform comes into play here. In fact, one of the considerations that we'll chat about in a moment is that very fact. Last year, I guess a year and a half or so ago now, the United States Congress passed parity legislation requiring that insurance contracts that are written, if they offer the benefit of behavioral health services, must be at an equal level to physical healthcare. That goes into effect in 2010, of contracts rolling over in 2010, so the effect of that alone is an interesting dynamic that we yet have to see what effect that will have. By the way, as sort of a side note, the concern is that it is not mandated that that benefit be offered, and so the concern is that, that in some cases that benefit may not be offered at all, whereas it may be in some limited form currently. So you have lots of ups and downs to play out with regard to that, and this is one example. Going further into sort of the blue pumpkin, if you will--I guess we're coming into the fall season here--are people who may need...who do not have private resources or ability to pay and who may need access to the publicly funded behavioral health system. A subset of that then would be those who are so poor that they qualify for Medicaid services. And Senator Dubas, this also I think addresses the question that you had, because we really have access to Medicaid in a couple ways. One is as you have expanded from 185 to 200 percent, the poverty dimension of that; also those children who are wards of the state by virtue of the fact of either voluntary giving up or approaching the court or some sort of safety issue, as Todd talked about earlier, come in. Those two, regardless of income at that point, are eligible for Medicaid. So what we're talking about, the difference here is how high do we set the threshold, if you will, for access and public support of services and payment for services. You can further subdivide in a number of ways to the point at the very core of

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the pumpkin here, and that would be that there are particular statutory directions given for particular services. One example that I cite here is a federal substance abuse block grant requirement that pregnant women or women with children have top of the line access for services for substance abuse treatment. And so that is implemented across the state. There are others like that. But my point simply is to try to help organize, if you will, some of the conversation around safe haven families, children with families in trouble, that kind of thing, because there is a wide variety of dynamics that come into play here. I would also like to mention that as my second point I'd like to draw your attention to the map of Nebraska and to say a couple things about this. First of all, the Division of Behavioral Health is a comparatively smaller division by virtue of staff to the Division of Children and Family Services, because much of our work, works contractually through behavioral health regions, six behavioral health regions across the state. And this partnership extends really way back to the mid-'70s when this system was developed and reaffirmed again in as recently as 2004 with LB1083. On the back of the map then is the list of people who are children's specialists within the region. This would also answer one of the questions, Senator Hansen and Senator Campbell, with regard to who do you call. If you don't know if they're a ward of the state, this would be a good person to call. That person should be able to help sort through the technical stuff and the where do you belong and also know the resources within the region that a person could approach. So I think that this provides an answer with regard to that idea of where do you go, how do you work. And those people will, you know, from time to time, change, but at least in every region there is a body with responsibility to know that information. Finally then, I would draw attention at this point to this longer document, and this is more in the vein of perhaps reading and homework. Senator Campbell gave me a wide discretion in being able to assign this group homework to read in terms of next meetings and things like that. But what this document is, is it takes the 16 recommendations that come from the LB542 Children's Behavioral Health Task Force and it provides sort of an update on those recommendations and where things are. In large part, this document is the predecessor to the children's behavioral health plan that you have already received from Senator Campbell as she gave you homework to read

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coming into this meeting today. So these are really complementary documents. One seeks to implement upon the other. I am not going to, at this time, go through each and every recommendation, but I would like to highlight a couple of things that I think are of particular importance. Many of the items have been achieved or completed in terms of the recommendations, and I think that's positive. But I would draw your attention to, for instance, number four on page 3, where there's a recommendation with regard to data and data information systems. I would simply say that this is a complex and difficult and ongoing area in terms of merging all of the data from different systems. You have a Medicaid system that pays claims. The Division of Behavioral Health does not pay claims; we pay regions for broad categories of services. Todd's group now contracts directly with individual providers. And to get common data across the board remains an ongoing and difficult challenge. One of the items that I will come back in a little bit to provide to you will be a report on an evaluation of a particular component of services that was asked for during the conversation around the LB603 debate, and that is an evaluation of the Professional Partner program that is developed and implemented by the regions, and I'll provide that as a handout later. Item 4 and Item 5 really relate together in terms of its efforts to support data aspects. There have been I think some significant improvements over the course of time since this was first developed to the point in time now. An example is that the regions in the state work together on a state quality improvement team. You heard Todd speak about a quality improvement initiative on the Division of Behavioral Health sector. That is to say, those persons who are not wards of the state, sort of in the middle of the blue there, but not wards of the state. Then we also have a similar kind of process to improve our performance outcome measurements and I think we will continue to improve with regard to that. I would draw your attention to Recommendation 11, as well, on page 5. We have spoken briefly about the parity legislation and the national healthcare reform. I simply mention that again because, interestingly, in the early conversations about healthcare reform at the national level, behavioral health was not included, and it has only been recently that there's been some conversation about the necessity of that. It's my opinion that healthcare reform will be incomplete unless we include the behavioral health aspects in



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healthcare reform, however that unfolds. The two are simply so interrelated, physical health and behavioral health, it's very difficult to separate one from the other. And so I hope, as I follow that conversation, that that integration of behavioral health and physical healthcare reform, whatever it's going to look like--and Lord knows what that's going to look like--but I hope that becomes more fully integrated at an equal level. Finally then, I might just draw attention to Recommendation 15 with regard to planning. And while the children's behavioral health plan, sort of--that you have and have (inaudible) and Director Reckling spoke to--it's important to recognize that now, from that, then there are annual implementation elements that come forth from that. And let me give you a couple of examples. Of course, LB603 is a great example of a change since the planning was done to sort of alter the course a little bit, and we are now at the point of implementation of those directives of law. It's a great example of that. Another example with regard to the Division of Behavioral Health is that in the current year contracts we had placed emphasis of four regions to pay attention to transition-age youth. That's a category of folks who are in services as young people and now they're approaching adulthood, and that shift from kid, ward of the state if you will, to adult, is a very different moment and can be a very difficult moment on a number of levels. You can imagine that if somebody has been in out-of-home care under the jurisdiction of the court and all of sudden that ends, it looks pretty interesting as a young person, fresh and out, perhaps in many ways. They may literally be on their own. And so we are working diligently among the regions with providers and others to help that transition go in a smooth way such that they can ease into an adult behavioral health system and find supports. One of the things that we know is that the language of children and the language of adult systems can be very different. And simply because one works in the behavioral health system or works for state government doesn't guarantee that we know the other's language. And so we are coming together. We are working to learn that and I think to help one another understand such that we can then help people. With that, I would also then finally say that another example of the implementation of these plans comes in the work of, and it's arcane work, but it's in the work of service definitions. Services definitions are the particular, if you will, box for which a service is paid. We

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have talked previously, and I know Professional Partners was an example that many of you were cognizant of and spoke of during the LB603 debate. Outpatient care would be another one; inpatient care another one. These are different kinds of services and they all need a precision of definition such that there is the right amount of service at the right time in the right amount, and that the right payment structure is given for those services. We are...that work had not been done for some time. On the adult side, we are coming to completion of that work and moving forward in the public hearing and review process. We have begun that work now also on the children's side so that we have common language with which to talk to one another back and forth, and a clearer sense of review. In the case of the adult service definitions, I would say to you that we had five different and significant iterations as a result of working with providers, regions, and others in the service definition review process. As I said, it's fairly arcane work and just sort of a step-by-step, line-by-line kind of thing. But that process I think has been a positive one and has resulted in a good set of service definitions going forward. Will they make everybody happy? I don't think so. I haven't seen it yet in government. But they are a significant step forward to clarity of the system, in my opinion, so that when we talk about inpatient service there's an understanding about what we're talking about there. When there's talk about this kind of service, at least we have a common sense and agreement on the terms. With that, I might conclude at this point. I understand I'll be asked to come back briefly toward the end again, but I'd be happy to respond to other questions. And again let me say thank you for your work and attention to this matter. []

SENATOR CAMPBELL: I know that Senator Nordquist and Senator Hansen may have to leave before because they have another meeting. Do either of you have questions of Director Adams at this point? Do anyone else of the senators have a question? Senator Pirsch. []

SENATOR PIRSCH: With respect to the age range of 0 to 5 or early age, is there certain problems with having...meeting the mental health needs of those children insofar as the way the system is set up now? []

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SCOT ADAMS: Well, I would answer that in a couple different ways. The identification of a behavioral health disorder in a child 0 to 5 is a highly unusual item. It doesn't happen often and it's difficult to tell because of all of the various developmental dynamics at play with regard to young children. There have been identified a couple of particular issues with regard to younger children that come to mind at this point, Senator, and I am sure that there are others. The one is the use of medications in an appropriate fashion with regard to such young children. Almost no medications are tested on children that young, and so we have a situation where there may be efficacy of a medication but we don't have as great a certainty with regard to that, nor do we have a sense of what unintended consequences of introducing a medication with such young children might be. Frankly, in that case, you're faced with a situation of sort of a darned if you do, darned if you don't kind of thing, because you have certainly a child that is causing some significant problems, going through some difficult times, family is very concerned, and potentially a resource but one that can also have power, if you will, of unintended effect and long-term effect, potentially, down the road. In some cases, frankly, we just don't have the science behind us yet to know what that is about, so that's an area of some concern. During the recent SIG grant that I think most of you are aware of from prior testimony, the state teamed with the Nebraska Medical Association to explore through the Medicaid program patterns of unusual prescribing of those medications. There is some data available with regard to that in terms of young, very young children, or multiple psychotropic medications for children kind of thing, which raised questions about practice. Each one is really a very individualized case and situation, so that would be an area that I would point to as an example. The second item is with regard to oftentimes 0 to 5 kids can be, the range of normal behavior quite large, you know, that a kid is exploring and doing lots of different things. And a parent's understanding of normalcy or even professionals' understanding and expectations of normalcy sometimes matches that and sometimes is a little bit off center, and so there can be...it's difficult to tell...I guess my point I'm struggling with here is to say that the point of intervention may be the child or may be the parents in terms of helping them to

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better understand, adapt, change, those kinds of things. And so where the particular intervention ought to go becomes a question of some degree. We're hopeful that the Family Navigator component of LB603 might be a very useful resource, especially in that kind of situation where you get another set of parental eyes, if you will, involved in helping with the family and helping them to get to the kind of resource that might make best sense. I hope that's responsive, sir. []

SENATOR PIRSCH: No, I appreciate your answer. []

SENATOR CAMPBELL: Anything else? Senator Dubas. []

SENATOR DUBAS: Thank you, Senator Campbell. Thank you, Director Adams. I appreciated your comments on the need to recognize mental health as just as important as physical health and there needs to be that parity. Are we relegated to just waiting to see what the federal government does or is there something, in your opinion, that we at the state level can be doing to address that? []

SCOT ADAMS: Well, you know at the time that this report was generated in '08, one of the recommendations there that I pointed to was a call for Nebraska with regard to developing parity legislation. The department felt that that was not ours to implement, clearly. That's yours to implement law. And then along came the feds which had had conversation about this, I think pushing a decade, and so now we're at the point of implementation with regard to that in the very near future. And so with regard to that legislation, I know all of the major organizations, state associations of drug abuse, mental health program directors, commissioners, my colleagues across the country, associations of private providers are all very interested in how this is going to be implemented. Regulations are due out I believe October 1. There has been a public hearing process going on at the federal level with which we have monitored and paid attention to. So all of that is going on, so I think we are at a moment. Director Reckling earlier spoke about this being an exciting time in the state perspective with the three

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branches coming together. Well, we've got this other dynamic that's a pretty big player, too, making this a further exciting time. []

SENATOR DUBAS: Thank you. []

SCOT ADAMS: Yes, ma'am. []

SENATOR CAMPBELL: With that, thank you. Oh, I'm sorry. I'm sorry, Senator Avery. []

SENATOR AVERY: Thank you, Madam Chair. Mr. Adams, I might have missed this in your presentation, but I want to call your attention to Recommendation 13 in LB542. Recommendation 13 includes the recommendation that the Division of Behavioral Health and the Nebraska Legislature develop and implement administrative and legislation strategies and mechanisms to reduce the number of instances in which parents seek to have their children placed into custody of the Department of Health and Human Services in order to access needed services. That's a pretty important recommendation. You don't address that in your report but you do skip it and renumber the recommendations. So you wind up discussing 16 recommendations but there's 17 in the report. []

SCOT ADAMS: Thank you. []

SENATOR AVERY: So that's really a biggie. []

SCOT ADAMS: You know, sir, to be honest with you, I was reading 13 while you were talking so I missed some of the content of what you were saying. I apologize for that. I just simply... []

SENATOR AVERY: Yeah, 13 in your report is actually 14 in the...in LB542. And I was really pouring through this trying to find out how we would up with 16 in your report but

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17 in LB542. And the one that you skipped is exactly what Senator Dubas was suggesting earlier. []

SCOT ADAMS: Yes. You know, sir, that was simply oversight and I apologize for that. []

SENATOR AVERY: Well, would you like to address it? []

SCOT ADAMS: Read for me, again, the content of that, please. []

SENATOR AVERY: Well, it addresses...it really is about the developing strategies and mechanisms to reduce the number of instances in which parents seek to have their children placed into custody of the state. And that's really a big issue for many of us. []

SCOT ADAMS: It is a very large issue. I think there are two or three ways of understanding that. One is I think some of that becomes addressed in LB603 as a result of moving from 185 to 200 percent of Medicaid eligibility. Folks are now, who are at the edge of poverty, now have greater access to Medicaid for the payment of services. Secondly, I think LB603 also provided additional resources for those not eligible for Medicaid but maybe above the line now... []

SENATOR AVERY: My bill. []

SCOT ADAMS: Good for you, sir. And the...and so that has expanded some resources of capacity with regard to that side of it. Thirdly, in terms of the focus on children's behavioral health, the identification of someone in the regions to be the coordinator, the hotline, the Navigator services, I think all are efforts to address those folks who are not paid for otherwise, who can receive additional benefits and services to be helpful in the system. And I think LB603 represents really a very good step forward. One of the particular pieces of it that I think is most important from my point of view is the evaluation component that was required of LB603 to see what's what out there in terms

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of data, in terms of what will come in off of the lines, where there are gaps, where there are holdups, where it seems to work well. And I look very much forward to having that data to be able to have future conversations with this committee and others with regard to next steps. []

SENATOR CAMPBELL: I would follow up Senator Avery's questions and comments to say that the whole issue of state ward and what that may mean, and services, I think will become a critical question for the oversight committee. It's one of the recommendations that we hear over and over and over again. I anticipate that we will, as time goes by for this committee, go into that topic in a lot more depth. So as we prepare for future meetings, Director Adams, I think that's probably one question that whatever research and help you can give. But I would expect that this committee will have a very lengthy discussion on how you can access services without...at what point does that state ward come into play. So we won't spend a lot of time on it today but do know, members of the committee, I expect a lengthy discussion on it. []

SCOT ADAMS: Senator Campbell, I couldn't agree with you more. I think that is a pivotal public policy discussion and it's...what you're looking at is the boundary of one of those between those blue lines there on that original pumpkin: Who gets to have access to the public behavioral health system at what level? And that's the conversation that you all will have. We'll do our best to provide information and input and be responsive on those questions. []

SENATOR CAMPBELL: That would be great. Director Adams has given us a good introduction as we had asked, and we approach then...thank you, Director Adams. We're going to have you come back up later but we asked some of the members who served on--our homework--the task force for LB542 to share some of their thoughts, and not necessarily to revisit the whole report because we were supposed to have covered that--and apparently Senator Avery has thoroughly covered that, catching that omission. But to give us their thoughts, not only from the task force view, but as they see what has

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been done and what may need to be done or as they look into the future. We gave them a very broad spectrum of what they could visit with us about. So Beth Baxter, I believe...is Beth here? There she is. If you'll just come forward and we're going to kind of put you all at the front at the beginning. And Candy Kennedy I know is here, and Tom McBride. So we'll kind of rotate you. I'm sorry we only have one mike but maybe we can make that work, to join us. I don't think Senator Jensen could be with us today. But we very much appreciate the three of you and the entire task force gave hours and hours and are still giving hours and hours and represent not only the families but certainly the regions who provide the direct help to this and Mr. McBride represents a provider. So I know you come from very different perspectives. And from a jump ball, toss of the coin, Beth Baxter is going to start us off. So welcome and thank you so much for coming this morning. []

BETH BAXTER: Thank you, truly. It's...I think it's been said before but it's an honor to be here and very encouraging to see the continued efforts for children's behavioral health services, and I think that's what's the most gratifying for us. It's gratifying that you asked us to be here to represent the Children's Behavioral Health Task Force. It's always heartening to have the work that people have put into an issue, a challenge, and to know that can be built upon to improve our system of care. So thank you very much for that. We passed around just a couple of very brief, kind of simple pieces of information, and it's always a challenge to figure out how do you do this, you know, in a concise manner. People who know me know that that's one of my biggest challenges is how do you be concise. What we're going to go over today is really we felt important to talk about why, from our perspectives, why the task force was developed, and then the discussion around, you know, the importance of continuing this type of work. The common thread of children, we've talked about that before, recommendations that we think need to be...that we don't believe have been addressed and need to be addressed. And then our perspective of how LB603 really is an important piece of addressing needs and that we continue to need to work together throughout the system of care. I think acknowledge that both the, or neither LB542 or LB603 was really the



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end-all for children's behavioral health services. You've done your homework to look at the various studies and task forces, and so forth, that have addressed this issue over the past 25 or so years. I've been in the public system for 20-plus years and have probably sat on the majority of those task forces and in looking at how we can improve this system. And over the last couple of days of just going back and reviewing the LB542 task force report and recommendations and being a part of the out-of-home reform efforts that Director Reckling talked about, I can sit here and say that there's been a lot of progress within this system. It has the...it's not perfect. I think we're a state that we can acknowledge that we're a state that we've not been able to invest probably the amounts of resources into children's behavioral health, and maybe that's why it's taken us 20-25 years to be at the place we are today. But I do believe that there is some progress, that if nothing else we're a group, we're a state, we're a group of people who care about children and families who just continue to plug along and to try to build upon efforts that have come before us. And I think that's extremely important and appreciate your work there. I'm going to ask Tom if he would talk a little bit about why the task force came to be from our perspective and our work in the beginning of this. []

TOM McBRIDE: Certainly. Thank you for the invitation to be here. I know I don't look like it but, you know, I've been involved in human services in Nebraska for over 30 years. Some of what Beth has talked about with the great movement we have seen, I agree with that 100 percent, that we have seen some challenges go away, some improvement. There's still more to be done. As far as the LB542 task force, it originated out of LB1083 that was passed in 2004. The reason it did was because under LB1083 public behavioral health included children as well as adults. However, LB1083 was geared almost exclusively towards the removal of adults out of the regional centers and bringing them back into community-based services. Children got very little, if any, attention out of LB1083. When some of the elements of LB1083 had been enacted and we saw a movement of some of those adults out of the regional centers, there remained a system where children were at the Hastings Regional Center. Senator Synowiecki, at that point, said, well, it's not appropriate for us to retain children in those kinds of

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centers when we have worked adamantly to move adults out of that. He introduced LB542 to address that. Through the discussion, through the process of that legislation it morphed into what eventually passed, and there were eight specific elements of LB542 that the task force was convened to address, and I think that we have done a very good job in addressing all eight of those. I was really encouraged to hear Director Adams say that the current plan is based out of the recommendations that came out of LB542. That's one of the elements that was to be addressed. Before the report was finished I think we met seven different times. There were a lot of subcommittee-type meetings and really can't diminish the work of former Senator Jensen and Jeff Santema in this project and everything moving forward. The diversity on that task force was tremendous. We had representation I think that cut across all sections of what we were trying to do. Our conversations were oftentimes, our discussions colorful, and we didn't all agree, but everybody was moving toward the same purpose and that was develop a plan that oversees the behavioral health program for the state of Nebraska. And to that report, the subsequent report from the department and how they're moving. And does that kind of cover it? []

BETH BAXTER: That's sound great. Just maybe another comment around LB1083. My role within the system, I serve as the regional administrator for Region 3 Behavioral Health Services, so one of the six regional behavioral health authorities, and much of our focus through LB1083 was on the adult system. That's reflective in our, if you look at the funding, if you look at the numbers of people that are individuals that are served within the public behavioral health system at the regional level, I think it's fairly consistent across the state, across the six regions, that probably between 87 and 90 percent of the individuals served through the public behavioral health regions are adults, and 10 percent, 10-12 percent are children. So that being our funding, some of...you know, much of our focus area, it makes some sense that we focused our attention through LB1083 initially on adults, and then I think many of us believe that reform is not over in the adult system. We're really working on reformation; you know, reforming, transforming this system. But now there's this opportunity to turn our attention to

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children, and I must say the leadership of the Division of Behavioral Health has been I think proactive in that with the regions. The willingness to look at and to focus on children's behavioral health issues is important at this point. []

SENATOR CAMPBELL: Beth, would you just turn the microphone. There. []

CANDY KENNEDY: No, I would completely agree with that. I don't have anything to add to that; maybe to the next point. One of the things that we talked about was, and was number one on the list, what we were supposed to accomplish with LB542 was a system of care approach. And earlier, when Director Reckling...Senator Dubas, you asked him, how do we know that those divisions are working like they are? Because I can say that the work that I...the interaction that I've had with the divisions and the directors and the regions, everyone is very much working within the system of care philosophy. That's the foundation for the work that everyone's doing. My concern, and we've had this conversation earlier, is that it can't be something you just say that you're doing and move on. It has to be something that you really understand the philosophy, the guiding principles, and everyone has an opportunity to keep learning that, you know, as the system grows. But that's a very important piece of that. And as well, I would challenge the senators to understand exactly what the systems of care is and the philosophies and guiding principles with that. []

BETH BAXTER: Some of the areas that we spent a considerable amount time, as I think back of our time within the initial planning phases and some of those, I always call them the opportunities to cuss and discuss items, you know, with a broad group of individuals, was that of who is the focus, you know. And sometimes we can make that complicated, who are these children that we're serving. And as Candy alluded to, through the system of care perspective the common thread that we came up with that we were focusing on, it was really children who have behavioral health challenges. They have a behavioral health issue. That's the common thread. We know that children come in, they have a behavioral health issue, they come into this system through various

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doors. And so it's how, through that systemic approach, do we help coordinate that. A child may come into the behavioral health system through the education system and the ongoing work of collaboration at the local level between providers of mental health and substance abuse services and education. Kids have behavioral health issues and they may come through the children and family services, through child welfare, through the juvenile justice piece. So we know that they come into the system from various doors, and one thing that any planning and any effort to improve our system has to be, how do we integrate that. We talk about a no wrong door. I don't think there's one door nor do we want one single door for children and families to access this system. They need to be able to come through the door that's appropriate to them. But we need to be able to focus them into the services that are necessary. And I think that's one of the areas that there's discussion around the hotline, the Help Line, and the Family Navigators, knowing the importance of, you know, we're going to put a considerable amount of resources into the hotline which will be a necessary step to help direct families to the care that they need. But we know that those families need to be able to have access to information; you know, to informal resources; to formal services. And so that will be one of our ongoing challenges at the local level, how do we integrate that hotline with what's already happening and the resources that are there. []

CANDY KENNEDY: And to add to that, Senator Dubas, again earlier you had said the conversation has been how do we, those families that have to relinquish custody to get treatment. There's another population within that conversation that's larger and still as important. If they can't find those resources or don't know what those resources are, don't have the tools that they need, along with all the other service array that we're talking about, they go through those years, many years of things getting worse and not developing correctly and relationships. It's all a...you know, a plethora of things happen. But it becomes to the point it's a crisis situation, and then we do get the system involved. And so if we can do this piece early, I even hate to say prevention because I know what that means, but some early intervention. And again, I know this seems very simplistic, big picture, and I never want to speak about just throwing money at

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something. But if we...okay, so we're talking about 6,300 kids that are out of home in child and family services. We also have our regions with our Professional Partner program. With that...with the funding that they had, they could provide services for 600 families. So we're talking for that more preventative services we helped 600 families but the ones that couldn't get those services and we waited, and others, of course, so you know there's many different reasons that they're there, 6,300. So that doesn't seem very balanced to me. And again, Senator, when you were talking about early childhood, one of the things I know at the region when we talked 0 to 5, being a parent. And I remember what that was like for me, 0 to 5 is when I knew there was something not appropriate, not...there was something. And I couldn't get the answers I wanted. But I do know, besides Scot's very, very prepped about the medication and talked to several physicians that really have some big concerns about where that's going. But we still have opportunities like early childhood social-emotional screeners and the opportunities of doing some work with our day cares, you know, getting the training to understand behavior is going on, so it's not that good/bad or kicking them out of day care. A lot of our children, by the time they enter kindergarten, have been kicked out of several day cares, parents lost jobs. But anyway, I'm getting off track. But I'm saying that that population to let the families, the youth get to the point where there's something gone wrong is... []

TOM McBRIDE: Even if we have a family that's qualified under, say, Medicaid, it doesn't necessarily mean they have anybody that's helping navigate that system of care. Currently, in our...and Epworth Village where I work, does everything from in-home safety services to what are referred to as the higher-end services of residential treatment and treatment group homes. About 35 percent of our population today are nonstate wards; families that have qualified themselves or a youngster for Medicaid services, but they're out there navigating the system by themselves. LB603 I think is going to, you know, provide a lot of help, a lot of assistance for that. The SCHIP program, I don't...you know, with moving the 200 percent is a fabulous increase. I don't think we've seen yet the impact of that. When you talked about which service was

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provided by the Division of Behavioral Health, Children and Family Services, whatever, there's a nice little chart in the LB542 implementation report by the state, which is color coded, and it's on page 45, appendix 5, and it has Behavioral Health, Long-Term Care, Medicaid, and Children and Family Services. Rarely, or I should say it is not unusual to see a family or a child involved that doesn't fit into just one of these categories. And so we're seeing kids and families present to us that are involved by many different departments. And one of the things I think that we're really leaving a lot of the discussions, and Beth alluded to it earlier, is education. If that child has to...you know, finding out what way is the best way to educate that youngster, more alternative schools, different responses like that. The school is not only the academic center for that child but it's also probably their biggest social center, and we need to bring them along in the discussion with this. []

BETH BAXTER: I think as Director Reckling talked about and provided really a great overview of the out-of-home care reform, I think there still needs to be at all levels within the system of care, whether that's at the state, the broad system level, at the program level, the practice level of those frontline staff, we need to assure that there is continued efforts to understand what one another does and to integrate and continue to be able to articulate how the Division of Behavioral Health, how the Nebraska behavioral health system can effectively interface with Children and Family Services through their out-of-home services reform. I was just sitting here thinking, you know, when I came into this system one of the beauties that happened early on, probably in the early '90s, was that through some federal initiatives that were the precursors to system of care work, there were dollars available. There was this acknowledgement that we needed to figure out how to better serve children who have serious emotional disorders. So there were dollars available to develop what we call middle intensity services. We had the high end, the low end, and we really knew that the middle intensity services, what filled in the gaps there were just sorely lacking within Nebraska. So we had this kind of partnership within the system that on the behavioral health region side we would provide dollars through what's now the Division of Behavioral Health to start up

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services, to start up...that's where intensive family preservation services came from, multisystemic therapy, children's day treatment programs, and then the beginning of the Professional Partner program. We provided dollars for some shelter services that would have a therapeutic component to them. And then because what is now Children and Family Services, they didn't have the funding mechanism to provide startup dollars. So we provide startup dollars, do kind of the legwork, the collaborative work in the community, the programs we get going, and we would support them for a period of time, and then what's now Children and Family Services, then they had a mechanism to purchase those services from providers and serve children. We don't necessarily do it that way anymore, but it was effective. I mean, I believe it was effective in the central part of Nebraska that helped us fill in that array of services, that continuum of care. So I think there are some opportunities through the out-of-home reform that we need to, at the regional level, the community level in behavioral health, figure out how we can better interface with those private providers doing that. Let's see, we've talked about the...go ahead, Tom. []

TOM McBRIDE: I really think that the LB542 task force, and it sunsets in 2010, is something that needs to continue just because, you know, of the recommendations there's still work to be done. And the fact that we...you know, the task force did kind of drive some of the planning. You know, it was great to see that. I think the communication with the Behavioral Health Oversight Committee, those two together are going to be...can be very critical. There's some elements that have not been completed through the LB542 task force recommendations, and I think both Director Reckling and Adams have spoken to the need for better data source. You know, we can look at the children and family service reviews as goals we want to reach, but there's a lot of data that can be mined and tell us a lot of things that we haven't been able to coordinate at this point. Retaining a continuum of care, we have to make sure that as we look at the behavioral health services to children is that we don't artificially create a system where...you know, we want to meet some system, so if we push services out, and a child, a family that may need services at a certain level doesn't have the opportunity

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then to receive those because those services have been eliminated. So we really need to make sure that there's that continued care; and with that, the integration. I think there's been a lot more discussion, a lot more involvement all the way around the table with the families and the importance of the family being able to help drive that child's needs and treatment. So I think that it's important that we look at a multifaceted continuation on how we look at, plan, and evaluate service delivery. You know, 25-30 years ago, oftentimes when we were talking between the public sector and the private sector, it was almost an adversarial relationship--not sometimes--you know, there were times that it was. The communication and the cooperation I think is seen now on all levels across the state is tremendously improved and tremendously encouraging. But that doesn't mean that we can't let go of the fact that we need a task force to continue to evaluate direction and an oversight committee to do very similar causes. []

SENATOR CAMPBELL: I would like to get to your recommendations with regard to what you feel is underaddressed or not addressed. And I guess my question would be really number 5, talk a little bit about Hastings and the services. Can you kind of amplify on that a little bit? []

BETH BAXTER: Yes. As Tom talked about, you know, why the task force came about and talked about the services at the Hastings Regional Center, and there were circumstances within the adult system through behavioral health reform that necessitated moving mental health services for kids that were at...that were once at the Lincoln Regional Center. They were moved out to the Hastings Regional Center. But that began to bring focus on what some of us felt like that there was a sense of trying to maybe increase resources at the Hastings Regional Center for children's mental health. And so there was an effort to look at those services and there's been much progress there. I think there's continued discussion around the chemical dependency services provided through the Hastings Regional Center. I think quality services are provided there. I used to...I was a teacher at what was the Youth Development Center in Kearney back in the...it would be the '70s and '80s, okay. And I know at that time, that kids who



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had mental health substance abuse problems, they weren't acknowledged in any way. We had...kids had 12 problems and substances abuse wasn't one of those. Although we knew that that's one of the things that brought kids, whether that was substance abuse, addiction within their families, or their own experimentation and utilization of that. So the state's acknowledgement to develop a chemical dependency program, it was much needed--very much needed. A move in the right direction. I think there is just continued concern and discussion around, through the vein of where do we effectively serve those kids. Are we making sure that kids are being assessed appropriately and are kids, do they have the opportunity to be treated within the community? And so are there providers at the community level across the state rather than a centralized treatment program across the state who could serve those children or serve some of those adolescents who are in the program. So I think that will be a continuing discussion that we have as we put more focus on the children's side. And I'll let Tom, he may have something more to address there. []

TOM McBRIDE: NO, I think you've stated that very well, but I think it brings out also, and also Directors Reckling and Adams addressed the work that's being done with the judges and that's very important. As of yesterday, there are 249 children sitting in detention centers in the four detention centers in the state of Nebraska. Once they've had an assessment and a recommendation has been made for treatment services, there's an average of 49.6 days before that child leaves that detention center and gets to the service delivery point. That's money spent by the counties and the state of that child just languishing or just, you know, in the detention center. You know, around the substance abuse program at Hastings, as Beth talked about, it's not a discussion on the quality of the services, and I've had discussions at length with former Director Landry, Director Reckling, and Director Adams on how we might rectify that. And it's not a done thing and I've got some personal concerns as to qualifying it for Medicaid services and (inaudible). Don't want to get into that, but it's...I think the study has shown that we need to continue to look at community-based resources as much as possible. []

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BETH BAXTER: I was just going to say, in the adult system this was a precursor to reform. At the Hastings Regional Center there was the alcohol treatment unit, and it was a statewide, centralized treatment program, substance abuse treatment program for adults. Generally, indigent who may not have had the ability to pay, or it just wasn't...they weren't able to get access to substance abuse treatment in the community. There was an effort to decentralize those services. And so we developed what we now call short-term residential programs at the community level out across the six regions. And so where we once were able to have a capacity to serve 50 adults within the alcohol treatment unit, now we could serve hundreds of adults out across...and utilizing private providers to do that. And I think that was a successful effort. Now that effort on the adult side freed up that program or that location, the facility, the qualified staff, and that's one of the reasons that we were able to develop the chemical dependency unit for the adolescents coming through YRTC-Kearney. So those are efforts that have built upon one another and I think we will continue that discussion: Is that the most appropriate place now to serve kids in a centralized location? []

SENATOR CAMPBELL: I think if it's okay with the panel, looking at the time, and I do want the senators to have a chance, to go ahead and open up some questions from the senators of the panel, the information you'd like to know. Any questions? Senator Dubas. []

SENATOR DUBAS: Thank you, Senator Campbell. Thank you all for being here today. Beth, you made the comment about 10-12 percent of children that make up all of the behavioral and mental health needs. I think we need to recognize that if those children are not served, they definitely feed into that larger population and end up as adults needing services. And so as you said, attention to children's behavioral health issues is long, long overdue, so I am glad that we are finally doing this. In your report, in your recommendations you talk about the current system for children as being multifaceted, fragmented, and complex. And I guess I couldn't agree with you more. And also in the task force that Senator McGill and I convened right after the special session, which I

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think all of you were a part of, one of the comments that I heard over and over and over again is, yeah, we've gotten together as groups before and we talked about it and that's all we do is we just talk about it. So you said in your opening comments you felt like progress is being made. And so I guess I just want to make sure, if you really feel like we're done just talking about it and we really are taking steps towards making needed changes. []

BETH BAXTER: I mean, I believe we do. Now people, it's a character flaw that I have, is to try to be optimistic in this system, and that's a character flaw. But I truly see...I mean, I don't think we have...would we be farther along if our state were to have been able to or been committed to providing more resources for children's behavioral health? We'd be much farther along than we are today. But there's tenacity among people in the private and the public sector that continue to look at children's behavioral health. And, yes, we've had numerous discussions back with the children's mental health meeting that we had in Nebraska City back in the mid-'90s. From that effort came about the Professional Partner program, a program that families identify that, you know, we don't want to be a case to be managed anymore; we want to partner with people; we want...we feel that we have something to say. So from that effort came the Professional Partners program, came the introduction and the implementation of the whole notion of wraparound, of building a system on a family-driven, child-focused system. So that has set the stage for how we begin to look at this system, to look at what children and families bring to their own care. We've utilized efforts, federal efforts through the system of care grants. You know, our experiences we've had in a couple of regions with those, and then sharing that with the other regions, those are areas that we've built upon. Our opportunities, as I said earlier, to begin to look and develop middle intensity services for kids. Those are services that all children should be able to benefit from, and I think we forget sometimes, as Tom pointed out within services, residential services at Epworth, that 35 percent of those kids that he serves, they are not state ward kids. And we often think that that's who are in our residential programs. So it's just...the progress has been incremental and...but there has been progress. The notion you participated in Through

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the Eyes of the Child conference on Wednesday, and I was there Wednesday and yesterday, and to see the judicial system coming together with providers and with state government to look at how are we going to best serve kids. So I think the progress is there because of communication tenacity, and we get some dollars along the way to help improve that. []

SENATOR CAMPBELL: Mr. McBride, did you want to follow up before we go to Senator Pirsch? []

TOM McBRIDE: I was going to say I think LB1083 was progress. LB542 coming out of LB1083 was progress. LB603 is progress. It's incremental, as Beth said. We're not done but we're further along than we were. And I remember talking with Senator Campbell as LB603 was finishing up, and her saying this is Phase 1. So that continued emphasis on kids, some of the programs the state has developed, you know, we've got some very creative and provider systems within the state. It's not finished but I can tell you that after talking with people that live in various other states around the country, right now I'm very happy to be a provider in the state of Nebraska as compared to some other places, and really appreciate your concern and attention. []

SENATOR CAMPBELL: Senator Pirsch. []

SENATOR PIRSCH: Oh, I'm sorry. I was just of leaning over. But I do...I just have a quick comment or two. I appreciate all of the comments, historically speaking, of what you've looked at. And I think that it's important for this committee to just, the statement before, look at empirical things. In juvenile court, you have filings, 3A and 3B, 3B being no fault filings in which the parent is essentially saying through no fault of my own this child is the...the behavioral health of the child is such that I can't adequately care for it. I'd be interested in knowing how, if we can quantify that as we go forward, to know is this a significant portion of the cases? Can we make a lot of inroads through building out these kind of, not prevention issues, but intervention before it reaches. Because by the

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time they reach me in juvenile court, that's such an expensive process and time consuming. That's not the best. And so I think it's important for the committee to look at that. The question I had is with respect to...and it was touched on, on Recommendation 5, what was...and number 5, in part, says "The task force recommends that...conduct a comprehensive and statewide analysis of...current service capacity." And so my question is, especially as you look at...is there a lack of adequate behavioral health provider facilities in the state at this time, especially when you're talking about RTC level of care, you're talking about a lot of children with dual diagnosis-type of conditions, where are we at in that? And obviously that was a concern then. Is that still, in your mind now a few years later, an equal concern? []

CANDY KENNEDY: I think that's even more difficult to answer today. And please, if you guys don't agree with that, but with the out-of-home reform and (inaudible) transition going on. I think that's difficult to answer, what that's looking like right now. []

SENATOR PIRSCH: Is it in a state of flux then? Are we building out? I mean, is that being addressed, is what I'm saying? Or is that something this committee should be spending its attention on? []

BETH BAXTER: Well, I think that there is the need for a comprehensive planning to look at what are the resources at the community level, what type of capacity do we need. I think that's the type of planning that we've asked for, we've discussed. We can do that. I could do that at the regional level, you know, to do that assessment and we do those types of assessments to know what's there, what's needed; to look at what are the gaps, the barriers; what are those roadblocks that get in the way of kids and families accessing services. So I think there's still that necessity to take an inventory of what's out there, what we have to serve all children who have behavioral health needs, what type of capacity is necessary to fully serve that population. And then figure out how we continue this integration of the children's system. []

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SENATOR PIRSCH: Um-hum. Are there waiting lists by and large in a lot of the areas of the state, when I'm talking about juvenile court, for kids to, who are waiting to get access to whatever appropriate level of placement, RTC level, what have you? Are there...you know, and you're using your knowledge. Is there...are there waiting lists that exist throughout the state? Are there outstate placements going into effect in significant numbers such that would hint or kind of suggest to us that we somehow need to look at encouraging those services or facilities being built in the state? []

TOM McBRIDE: That's kind of a cyclical answer and I can address that from a residential and day treatment provider point. I'm going to take it a step further than that. Our in-home safety services that we started in July '08 have just absolutely exploded, and I think that's the ability to have those services and access those earlier in the home and the family, provide that assistance, is critical. As we see waiting lists from the provider on the residential standpoint it's very cyclical. It depends almost, time of the year. At one point two months ago, three months ago, we had a waiting list of 14 kids to come into one level of care. Today that waiting list is zero and we have one open bed at that level of care. I don't think that there's been a comprehensive survey that I've seen. I think whenever something is done, it's somebody, a specific entity that's trying to answer something for themselves. I think that is something that the LB603 committee needs to monitor. It's something that we will, the LB542 committee, as we get rolled up again, I think needs to pay attention to. But I haven't...if it exists, I haven't seen it. And if it exists and identified and we have the necessary capacity everywhere, we wouldn't have maybe so many people in crisis. []

CANDY KENNEDY: My answer would be only anecdotal from what we're hearing from the families. But I do think that as far as the out-of-state placements, I think we are way, way down with that. That's been something that's been addressed and worked on quite a bit. But again I can't give you something that says that specifically. []

BETH BAXTER: I think we know that there are children who, and adolescents, who

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have very specific challenges, problems, that's difficult for us to serve. I think the system would say, yes, those are children and adolescents who have a tendency towards violence. They may have some sexual perpetration issues that they've dealt with. They may be kind of borderline functioning. They have some difficulty in being able to participate in a group program, you know cognitively; those types of things. That's the group of kids that in my 20-plus years it's still the group of kids we've not been able to figure out how to serve effectively. They are kids that oftentimes leave our state to access treatment. I don't think, you know, the treatment is any better somewhere else in this country, but it's a group of kids that we've not been able to address. We've either not chosen to do that, to put resources into that group of kids, or we've seen that our resources could be better utilized in some other area. But I think there are certain groups of kids that we need to figure out how to serve effectively. []

SENATOR CAMPBELL: Interesting. Other questions for the panel from the senators? I want to thank you so much. And if you have concluding remarks here, we'd be happy to hear them. I just wanted to make sure we had the questions. Someone went to an awfully lot of work putting this together. I thought that at least that person who put it together might like to talk about it a little bit. Was that you, Ms. Baxter? []

BETH BAXTER: No. And thank you. I've been going to...I need to share this. Actually this work was put together by C.J. Johnson who is my... []

SENATOR CAMPBELL: She just left actually. []

BETH BAXTER: Oh, rats...who is my colleague. C.J. is the administrator for Region 5 Systems. And in our discussions around LB603 and the package of bills, was how to make sense of this group of bills that addressed...that had as a focus behavioral health services. And so C.J. put this together. I've kind of added to it along the way, just in discussions and that I've had with groups of people. But certainly the various components within what came out of LB603 and the AM1171 certainly can work

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together. And just a comment that I think has been significant in the last month or so, too, is with the organizations who are working, developing their proposals for the hotline and then the Navigators program. All of those or at least the ones that I'm aware of that are putting together proposals have reached out to the behavioral health regions, acknowledging that there are crisis services within the regions such as our crisis response teams, and how do we make sure that the hotline and the Family Navigators are utilizing those existing resources out in the community and knowing that they're available. And so we know that once those proposals are accepted, that we have work to do and to figure out how we interface, because what we don't want to do is create more confusion for families, more fragmentation. We just have to work really hard to make sure that the services work together. []

SENATOR CAMPBELL: And nonrepetitive questions of families. I think that's one of the hardest things. When I served on the county board and in some of the phases we'd have that families would say, I've been asked that question over and over. And just to be able to simplify it and make sure that we're not making the system more repetitive for families, which is so difficult when you're in a trauma situation--crisis. []

CANDY KENNEDY: I also wanted to add that at the beginning of LB542, the work, when we were doing the recommendations, a lot of that was based on the work from the state infrastructure grant. And as this, actually this month, the state infrastructure grant is coming to an end, and I would recommend you looking at kind of the final reports and what projects are going on and the success and all of that. []

SENATOR CAMPBELL: Did Director Adams pay you to say that? (Laughter) Because it's a...he is going to cover that. It's a lead-in, because we are going to, in October, as a part of our breaking down LB603 into its component parts, we'll hear a report on the SIG grant. So just great segue. That's... []

CANDY KENNEDY: Unintentional. (Laugh) []



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TOM McBRIDE: Well, if he's paying for it I'll talk about it. []

SENATOR CAMPBELL: That's right. If there is money in it, why, Mr. McBride, you can take a look at it. Any other comments? []

TOM McBRIDE: The LB542 task force has been a tremendous experience. I think it's done good work. It needs to continue. The LB542/LB603 can grow on each other, and it is everybody's hope and intent that with Mr. Winterer as the CEO, that with the work that's been done that we can develop a sustained vision and purpose that carries us forward for a long time. And you know, even some of the work that's...the in-home safety services, that reform. You know, we're subcontracted for CEDARS youth services. It's been a tremendous partnership. And what an unintended consequence I think of some of that is that we are seeing some more formalized, very good partnerships amongst the providers around the state. But, you know, we've got movement. Everything is not completed. It's not fixed totally. But, by golly, you know, we've got thousands of people out there, from outpatient to prevention services education, to residential services, to the Legislature, that are working to make sure that we develop a great system. []

SENATOR CAMPBELL: It certainly is the time to bring a more intense focus on children's behavioral health, I agree. []

TOM McBRIDE: Appreciate it. []

SENATOR CAMPBELL: Thank you so much. I appreciate your sharing your comments as a precursor to the work ahead for us, so thank you. Director Adams gets to bat cleanup here. Wants to cover a few points to take us perhaps as we think ahead to October. []

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SCOT ADAMS: (Exhibit D) Thank you again. I do want to I guess just simply say, in summary here, a couple of things. One, no money has exchanged hands and no animals were hurt in today's testimony. However, I do appreciate the sense of collegiality and interface between private sector, various levels of government, and the state of Nebraska. We remarked about that in our opening comments about the three divisions of state government working together. I think you heard further evidence of that today. This is a good time. And so again I want to express the enthusiasm and the willingness of the executive branch, through the department, to work closely with the Unicameral, continuing to pursue these issues as we also work with our partners in the field in the private sector and the branches of government. So that enthusiasm is high within the department, within our branch, and we look forward to working with others as well. Secondly, I also want to again say that I think LB603 has been a very good start, a point of agreement out of a very difficult situation, and I think that it will provide data for us to look forward to what makes best sense, next steps. With regard to data, you have before you then, in my recent handout, a preliminary report from Ken Gallagher at the University of Nebraska on the evaluation of Professional Partner services. There is preliminary data. There still has some further refinements to occur. We will get that to you when that report is more finished. But I think it gives a good summary and overview of the efforts in this particular branch of service; this particular quality of service, if you will. It will give you the short version. That's a positive report. It shows that there are some things to consider and to work for and to continue to pay attention to with regard to this particular service modality, and so that I think is a strong element. So I will stop with that and if there are any final questions that you might have of the department or things you want us to hunt up between now and next meeting, I'd be happy to listen to that and respond. []

SENATOR CAMPBELL: Do senators have any questions for Director Adams before we finish out for the day? Senator Hansen has returned. I think it will be very important for us. Can you give us just a time line on the RFP process? I know you're in the process, but even just the time line would help us know your startup schedule. []

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SCOT ADAMS: Surely. Yeah, thank you very much. There are a couple of RFPs that are out there in place as a result of LB603. One the Division of Children and Family Services issued for postadoption services, and that process is coming complete. The one I have greatest familiarity with rests with the development of the hotline and Family Navigator services. Those have come in and the review process of those has begun. We will be looking at those. There were three bids at present that are being considered, so we have enough to be competitive and have different viewpoints. I think that's not all bad. We expect that we will be able to reach, in the month of September, a decision and an announcement with regard to that. Earlier this week I believe you were sent a rough draft of a third RFP, and that is that of the evaluation services. As I said earlier, I think this is really a very important component of LB603 that will give us solid ground to make good decisions moving forward, and your comments are welcome with regard to input and suggestions or questions or why is it this way or that way. I want to reiterate, as I did with Claudia earlier this week, it is a draft document, and so if it looks a little messy and little confusing that's because it's not quite ready. We didn't want to give you the finished deal and have it all done. We are actively seeking your input with regard to this. We do intend that that goes out on September 15, and so then there will be a period of time of question and answer and back and forth, and decisions in October will be made with regard to that particular RFP. So that's where we are. We're evaluating the hotline Navigator. It is on target. In terms of time line we expect, still, implementation January 1, 2010; similarly, with the postadopt and guardianship services in Todd's area, and the evaluation will be coming right into play. So we are on schedule with regard to all of those. []

SENATOR CAMPBELL: Excellent. Any questions on the time line RFPs? I do very much appreciate everyone's comments on those so that's been helpful. Anything else from the committee? Oh, Senator Hansen. []

SENATOR HANSEN: Late question. And thank you, Director Adams, and sorry for

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being absent for awhile. And I don't know if you went over this or not, but prior to the meeting you and I spoke briefly about children's substance abuse, and psychotropic drugs in particular. And so I reread the portion of what our homework included or we had some of the SIG grant money involved. And then what brought my attention to it was I was reviewing some of the legislation in the past where Senator Howard had introduced bills to monitor and more closely watch the psychotropic drugs in our juveniles in their behavioral health area. And both of them were left in committee. I think that looking down the road, maybe you have some response today, but looking down the road I think that we should address that in the behavioral health arena, because we've got kids that are way overdosed. I mean, that's what I've heard and I'm not familiar with that. So I think that's something we need to study in this committee. So we might ask you that, some more details on that later. []

SCOT ADAMS: Sure. As part of the SIG grant opportunity, there was sort of a small pilot project that was conducted between Medicaid and the Nebraska Medical Association that looked at unusual prescribing practices--things that sort of stood out in terms of prescriptions for very young children or multiple prescriptions for the same child, things like that. And we can certainly provide that data to you. []

SENATOR HANSEN: It seems like the problem is and what I've heard anyway, that is when a child goes from either foster parent to foster parent and they get reevaluated, another doctor will add another drug without taking some away, and that's the scary part. So if we can get these kids...I mean, if we could start them out that way, by the time they are adults they are...and then they've got a lot of problems, so. []

SCOT ADAMS: Well, while we can provide a certain amount of perspective and information from that SIG grant and initiative, I would encourage the committee to perhaps invite broader perspective from pediatricians and others with regard to that topic. That might be a useful input to the topic. []

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SENATOR HANSEN: Thank you. []

SENATOR CAMPBELL: Senator Pirsch. []

SENATOR PIRSCH: I'm going to withhold my question at this time. []

SENATOR CAMPBELL: Just as a follow-up, and it also might be very important for us to talk about that issue when we bring in some of the folks from Medicaid, because from the Medicaid Reform Council we began questioning the use of, not necessarily just with adolescents, but across the board with psychotropic drugs and how Medicaid, the formulary, and could we do a better education of physicians. And they themselves said that, that we could help our colleagues know what to prescribe. So I think Senator Hansen's question is right on target and we'll add it to the list. Anything else? We have certainly met my objective to be finished by 11:30, so thank you one and all. We'll close the first meeting. And again, if you have any comments or questions, please see Claudia because we would like them in an e-mail and we'll distribute them. Thanks, colleagues. []