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Children's Behavioral Health Task Force
April 06, 2009

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The Task Force on Children's Behavioral Health met at 8:30 a.m. on Monday, April 6, 2009, in Room 2102 of the State Capitol, Lincoln, Nebraska, for the purpose of conducting a public hearing. Members present: Tom McBride; Candy Kennedy; Scot Adams; Beth Baxter; Senator Tim Gay; Senator Lavon Heidemann; Kathy Moore; and Todd Reckling. Members absent: Ruth Henrichs; Terri Nutzman; and Elizabeth Crnkovich. []

SENATOR GAY: All right, let's get going. Anyone...needing a motion to approve the agenda or...this is a tentative agenda we have together and other business. I've got some ideas I want to go over when we get to that point. I'm sure some of you do too. But does anyone want to add anything to this agenda at all? Want to bring up anything? []

CANDY KENNEDY: Children's Mental Health Week, May 3 through the 9. []

SENATOR GAY: It is, the 3rd through the 9th. []

CANDY KENNEDY: Um-hum. []

SENATOR GAY: What are they doing to promote that? []

CANDY KENNEDY: Oh, I have a whole schedule of events throughout the week, starting with the Pony Express Ride. They have motorcycle riders carrying letters to a group of our select senators, the steps of the Capitol and a parade and an end celebration where we have youth panels speaking here in Lincoln. []

SENATOR GAY: All right. Okay, give us an update on that when we get to the public comment portion of it. Then are they going to talk about the helmet bill at all when they

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deliver those? []

CANDY KENNEDY: I don't think so. (Laugh) []

SENATOR GAY: Oh good, because I don't want them coming to... []

CANDY KENNEDY: Do you want them to? []

SENATOR GAY: No. (Laugh) All right. So we'll bring that up during public comment as well. How about the minutes? We have the minutes from the last meeting. Anyone want to review those? []

SCOT ADAMS: Move approval. []

SENATOR GAY: Yeah, we need approval on those. []

CANDY KENNEDY: I second that. []

SENATOR GAY: All right. Motion is seconded. All those in favor say aye. Opposed. None. All right. Four, legislative update and discussion. That's for me, I guess, put that on there? I guess, as many of you know, there have been a lot of proposals brought forward to our committee and other committees that were out. And then we've got probably five or six that have come together more...you all know what those are. Actually, let me, the numbers of the bills, I think, they're important. It's going to LB136 is the S-CHIP; LB346 which is the...call that the children and family with the Navigator and all that, that's the department's bill with the work of the Governor and the Health Department; LB356, Senator Dubas' bill; LB601, Senator Nordquist's bill, that's for payments; and then LB603 is the...to promote a workforce, psychiatric workforce residency program with collaborations out in the field later. That's a longer term situation. But I think everyone here is somewhat familiar with those. What I want to do is

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just kind of explain how those were chosen, where we're at. Got input from some of you that was included, I hope. It's probably one of those things where everybody gave up a little something. Not everyone is going to get everything they want but yet we're still have a package that moves together. And then we've had some discussion, well, how does S-CHIP fit into behavioral health, safe haven and some of those issues? And I think it does because...and that was actually narrowed down and defined to get something started. But just tracking from early ages on, clear through the childhood development, the whole thing, I just think that was something we needed to take a look at that. So that was in there. (Inaudible) we're just increasing from 185 to 200 percent of the poverty. We left out some things I know people probably wanted but, you know what, I mean, this year where we're at with the budget and some of those things and I guess you could say that every year, but I think this year it's better to get started and then see what happens later. So that's a \$2.5 million, it's going to be federal funding, \$5.7 million, and then in 2011 it's \$3.4 million General Funds and we'll get \$7.8 million in federal funds if that is right now, our fiscal note on that. So it's bringing in some federal matches that's important. But also, you know, it's an ongoing General Fund obligation, quite honestly, let's be honest. Once that gets...if that gets into law that's ongoing at least for the next five years because of the S-CHIP match. On that one there is no real amendments on it yet. So that's onto to Select File. LB346 we all somewhat know about, it's a hotline navigator post adoption and guardianship. And in that evaluation piece, this is important, that's through, that's \$2.9 million General Funds this year, \$4.9 million in 2011. That one the evaluation component is important. Senators will be helping evaluate and implement that we hope. We've talked to Scott a little bit about that and Todd will talk a little bit about that. I think it's important that we get those that want to be involved more involved not directing everything...we can't anyway. But to be helpful and I think that's a two-way street, communication back and forth. And I know you guys have been open to that. And I'm looking forward to that. I think that will help everybody long-term because we'll get input into that. And right now generally we're drafting an amendment, Exec Board would put together a committee to do that. It won't be Health and Human Services. It will be throughout the Legislature. So we're kind

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of...that's generally what we're looking at now and that still has to pass. But that will be coming. LB356, Senator Dubas' bill, is \$500,000 General Funds, \$1 million in '11, and that's to go to the Behavioral Health Services that we identified that are going to be best bang for our buck basically. And I think this evaluation committee will help with that, that we do over the summer this...there's a review of some of the programs, look at that and base it on some of those is the plan. And then decide where to inject that money--into programs that currently exist or program we identify, that's still open. And that, I know, is an ongoing thing. But as far as money goes you just can't inject money without knowing there it's going to go. So that's what that it. Senator Nordquist, LB601 is basically for payment on subacute and acute services on patients for mental health. And that's pretty much adult based. But that's...what we're doing is looking for a waiver, take federal match, take our \$4 million we put in and take...go get the federal match that we've been, we think, leaving out there and not fully taking advantage probably of some of the Medicaid money that's out there. So that right now is a savings of \$800,000 to our General Fund and \$1.5 million in '11, we'd receive \$1.3 million in federal funds and \$2.5 million in 2011. []

KATHY MOORE: And what is the General Fund amount up front? []

SENATOR GAY: Saving \$800,000 and then \$1.5 million. So we're going to put the same...we're not cutting services, we're just going...getting the federal match. That helps promote other things like LB603, which was going to the Healthcare Cash Fund is now in General Funds, and that's \$1.4 million in 2010, \$1.6 million in 2011. That's the one where we're going to go get the resident's program going over the next, well, four years for sure, get eight new residents, psychiatric residents set up the area of health networks. So that's the plan right now. There are still discussions going on. Things could change but generally that's what we'd like to have done. You know, this still needs approval. All those are from General File to Select File. And I think people are just starting to hear about it. And we'll see what else comes in. The senators involved in that, that's everybody's priority bill, that's five priority bills right there--Avery, Howard,

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Dubas, Nordquist, and myself all have...those are our priority bills. So it's kind of a good thing, I think. []

TOM McBRIDE: Does that LB603, does that qualify us for any kind of federal assistance of the program or anything like that? []

SENATOR GAY: It could but at this point we're not planning on that. Right now we just needed a funding source. And I think (inaudible) and I thought it was best to go with General Funds at this point. In this package, you know, that's...total \$30 million over two years. It's not federal and state funds but spread out from immediate injection to a longer term solution to workforce needs. And there's, of course, on every one of these I know there's going to be things we can probably improve or things we'd like. And that's what I want to talk about later in other business about what could happen this summer possible, look into these things. I think there's some input that would be helpful. So...but I know you all have been following those bills as well. And if this, the way I understand this task force is to get input from people, that's why we're having this meeting today. And I'll take good, bad, whatever you got, input what you think should be added on. I know Kathy, some of those things who's running, who's setting up the RFP's and administering the programs was taken into account, that's in the bill on LB346 and the hotlines and those things (inaudible). []

BETH BAXTER: Could you talk a little bit about the valuation component. You were talking about LB346, so (inaudible) valuation (inaudible). []

SENATOR GAY: Well, yeah, on that if we're going to set up a hotline and some of these things and the navigator program and other things, I'd like to know how it's working, the hotline, how many calls coming in, where those services were directed, wherever, something like that. Senator Howard and Senator McGill wanted that for sure. It was in there anyway and we just said, how tight is it? So we tightened it up some exactly, you know, there are so many detailed in all these bills I can't tell you exactly. But it is in the

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bill, specified in the language. Before there wasn't in any legislative language. So it was pretty much the department would evaluate and get back to us. Now we've set some criteria what we want them to evaluate. And I hope when we set this up that's part of the reason why if we set this up we'd be somewhat involved. There's limits to what the legislative...to what we can do versus the executive powers. And we know that and we're learning that and that's fine. But just the input...so those things--measurements, who's going where, which...you know let's say in navigator where they're sending the patients when they come in through the hotline, how many were diverted completely or didn't really need help, those kind of things. And then that's open, I mean I guess and I assume because we have \$75,000 and \$150,000, you know, we'll discuss that when we put it together, I assume that's enough. Oh, okay. But I assume that's enough money in there. So but that's kind of the evaluation component. And then there's an evaluation on LB356, when we find that evaluation, where we're going to spend the money on LB356.
[]

KATHY MOORE: When you mentioned something about the evaluation being done by the Executive Board. []

SENATOR GAY: No. There will be a committee of five to seven senators appointed by the Exec Board to serve on a committee to implement some of these specific bills and follow this money. S-CHIP, obviously, we wouldn't need to because that's a fairly straightforward thing. But these are new services we're setting up and to make sure they're working. And then, you know, LB603 is a new service, LB346 all those are new, LB356 is just money we have set aside to go into services. So deciding where they're going to go we feel senators should be involved in that, to know where (inaudible) representatives, I mean. And that's Senator Campbell is working with Senator Dubas on that, trying to set that up. They're going to lead...I'd say Senator Campbell probably has a better handle on that than most people. So she's working on it as we speak. []

TOM McBRIDE: Well, I initially had some misgivings on LB601 with adult services

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coming into the safe haven thing. I understand now where it's coming from to bring, you know, some positive cash flow into the...you know, into the program. And I think that historically we've done a lot of different bills that were standalone bills that sometimes almost seemed to contradict each other. And putting these into a package I think is just really a great idea. And I think it adds value to all of them really. []

SENATOR GAY: They all kind of work together. And that's the one thing, I think, we don't need. You can't have...I mean, some of these, I think, from outside looking in this has to work with this. The success of these people kind of or the same people that provide other services as well. So we don't want them to...we don't want anyone to end up...I think you're all in the same boat somewhat, aren't you, when it comes to some of these programs. You provide several things. []

TOM McBRIDE: You know, it would have been...I don't know how the amendments are falling out yet on like LB136, the presumptive eligibility, I think is very, you know, there is a great need in there. I don't know what it does fiscally but, you know, I think with that presumptive eligibility could, you know, we could really manage some of the kids that are affected under the safe haven, you know, right away. I don't know what the...I don't know how that's all falling now. []

SENATOR GAY: That's \$3.5 million of General Funds. []

TOM McBRIDE: For just that? []

SENATOR GAY: For just that. []

TOM McBRIDE: We have that, don't we? []

SENATOR GAY: You know we got that laying around. That's what it...and you know, there were concessions made on everybody's...I mean this year is a difficult year, flat

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out. And to get any of this done I got to commend everybody who was working on this. You know, people gave up things understanding the big picture. And people will be back and economies will return and things happen. []

SENATOR HEIDEMANN: This is a total of \$15 million General Funds each year, it's \$30 million over the biennium, right? You had mentioned it was \$30 million General and federal. []

SENATOR GAY: Well, with the federal matches we're pulling in \$13 million and \$20 million, so about \$33 million total. But, yeah, ongoing our General Fund commitment is... []

SENATOR HEIDEMANN: Fifteen million a year, right? []

SENATOR GAY: ...is \$15 million a year of that. And that's ongoing. These are not...that's kind of the kicker here. It's not...now on this evaluation, if we find out...yeah, none of these things, I don't think, we get rid of down the road. []

SENATOR HEIDEMANN: I just wanted to make clear it's \$15 million General Fund expenditures a year. []

SENATOR GAY: Yeah. []

SENATOR HEIDEMANN: Once I thought you had said \$15 million General and federal. []

SENATOR GAY: No...it would be \$15 million... []

CANDY KENNEDY: So the committee we're talking about is kind of to oversee and make sure everything is running smoothly. And so what if they...at this committee

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they...there are some real identified needs that you see, which I'm assuming that's going to happen. You're going to see maybe if there are some gaps that we didn't notice or some things come up. Is that going to be an opportunity then to... []

SENATOR GAY: Well, every year you've got an opportunity to draft a bill and introduce it, so yeah. []

CANDY KENNEDY: Right. But is that one of the thoughts behind the committee? []

SENATOR GAY: Yeah. []

CANDY KENNEDY: Okay. []

SENATOR GAY: But down the road one of the thoughts is how well we do what we currently spend money on. That's another thing, too, I think this committee needs to understand that even though this is new, there's probably programs out there that have been around for 20-some years that I'm not even so sure that we're...those should be probably evaluated, too, at another time. So...but I think those people who want to be involved, it will be more helpful to get them involved throughout this to understand how it works. So...but yeah, they can draft a bill every year. []

BETH BAXTER: Just a comment. I mean it's disappointing about LB356 in terms of I think the last time there were dollars put in specifically for children's behavioral health services was probably 1997. You know we've done a lot in the adult system to infuse \$39 million basically into our adult behavioral health system over the last six years. Now probably in excess of that, you know, starting with the tobacco settlement funds (inaudible) Healthcare Cash Funds. And you know we've seen some remarkable things happen in the adult behavioral health system. So it's just really discouraging, I guess, and disappointing to see that we...that, you know, we get a half a million dollars in children's behavioral health funds next year. And it's probably been since 1997 that

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there's been, you know, any kind of additional funds. []

SENATOR GAY: Yeah. And I think on that, you know, directly where it's going...you know, you don't think an S-CHIP, that any of that money goes to behavioral health at all does it. []

BETH BAXTER: It doesn't necessarily come into the behavioral health system, you know, the system that serves, you know, families who their insurance may not cover something, you know, they may not be eligible for the S-CHIP. And so, you know, uninsured, inadequately insured individuals that I think it just misses, you know, a group of children and families. And, you know, it has the potential to continue the practice for families to get help for kids that they have to turn at some point to custody relinquishment. It's just something we continue, you know, we continue to work on and look at (inaudible) funds. But obviously there's a group of kids and families that will be left out. []

SENATOR GAY: Yeah. And you know, I think on that, Beth, the thing to do is probably federal law, mental health parity passed, won't go until 2010, I think. Is Nebraska prepared to take that, how that effect will happen. You're talking about that gap between the uninsured and, you know, and insured and running it out. But there's a certain point where, you know, that bill was introduced it was \$156 million is what the impact was on that. And that, quite honestly, just wasn't going anywhere with that price tag. But I know what you're saying. I think we need...and that's what I'm saying, over the summer can we find a place where this fits? And I know what you're saying. You know, that's for over the summer, I think, this group of people can sit down and say, hey, we've identified some programs that are really, really good or maybe not so good that we shouldn't do anymore and move them to the really good programs. That takes a little time, I think. But I'd feel more comfortable if I had people looking at that over the summer as well. And I know you're involved in that every day but at this point I didn't see it. []

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KATHY MOORE: I agree with Tom. I think packaging this has been a good conceptual strategy and makes good sense. I'm extremely disappointed with the half million dollars. And I apologize for being late. This is the second meeting that's been scheduled when I've come back last night from a national adoption council meeting. And so I'm still kind of on jet lag. But interestingly enough the timing of this meeting also falling right behind a national board meeting leaves me probably a little more surprised, devastated, disappointed at the half million. And I think what Beth is trying to say, and we've distributed a chart that tried to demonstrate it but apparently still hasn't demonstrated it clearly enough, is that Kids Connection is vital and Kids Connection does provide behavioral health services for kids now, hopefully, at 200 percent of poverty or below. Other than that, however, there have been very few, if any, dollars. And half a million, I think, is...I don't...I hate, you know, one doesn't want to decline any money. But I fear that it's going to not do enough, that it could almost cause more problems than it solves. I don't know, that's only me speaking (inaudible). There are hundreds of thousands of kids whose families don't have adequate insurance. So even once we accomplish mental health parity, whatever that looks like, there's going to continue and in this next year, year and a half of economic challenges that will grow. Families who don't have health insurance but earn more than makes them eligible for Kids Connection are the families that we had hoped would be able to turn to a mental health system, not to Todd's child welfare or juvenile justice system, not going in with a voluntary placement, relinquishment whatever. And so the investment of a half a million I would hope as this bill goes forward that that amount could be looked at because we have such a small sum of money that we've had over the last, since 1997, throughout the nineties and two thousands that I'm fairly convinced that we are not going to be able to find inefficient dollars in the behavioral health system, which is where we believe these services should be delivered. And I don't want, I'm aware of the point of privatization, we've got new contracts going out. I don't want children to have to come to our attention because of abuse, neglect, truancy, theft. I want them to be able to come forward with a mental illness and receive services in that way. So \$500,000 I don't think is going to tell us anything because I don't know how we would distribute that pot. So I would really

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encourage...I fully appreciate the challenges, but I would really encourage a close look at whether there is a way even to temporarily increase that amount with the careful evaluation. I completely, as you know, agree with that. But temporarily infuse that amount while we spend the next year or two figuring out a better or the best service delivery system. I think that's...I think that's what Nebraska's children needed us to do for ten years. I think that's what the nation kind of expects us to do as they are looking, everybody wanted a report on what's happened since the safe haven situation. So I would really hope that legislators would continue to seek a way that a pool of funds could be provided that truly would give us a learning laboratory. At the same time it doesn't force families into the (inaudible) system, the child welfare. []

SENATOR GAY: Yeah. And you know on that, I hear what you're saying. There's two different sides, the way we're looking at things, the position I'm in versus the position you're in, advocacy versus big budgets and the whole overall program. But I do agree with you. I think there's...the reason why the evaluation and implementation committee would be put together is you'll have other senators that aren't on the Health Committee, there will be a couple on the Health Committee. But until everyone gets it, I mean, that's not going to happen. But you know we could go see...and during this time they could look at, you know, federal grants, waivers, whatever, I don't know, see what's out there. At that point it's just a matter of do you just put the money there and have it sit there until we know or do you do an evaluation. It's \$500,000 then \$1 million. And because the programs have to get going it will take a little while to get a program going. So...but that's how we ran to it. The other piece you're talking about is extremely expensive where there's that gap that you're talking about. That was done and the price tag was extremely expensive. []

KATHY MOORE: But what price tag are you... []

SENATOR GAY: LB356, when it first existed to go in that whole thing. Is that what you're talking about? []

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KATHY MOORE: Well, but that...no. What...that fiscal note, in my opinion and I think in the opinion of most people, was not calculated based on true need. It was based on the number of children in the state who might have a behavioral health problem. It did not factor back out what percent of those children we already are taking care of through the 200, 185 percent of poverty. It was kind of a blanket amount. And you are correct. None of us can say definitively this is how much money we need. I can say definitively though \$500,000 spread across the state, when you review any of the cases of children with the behavioral health need, I'm sure Candy's group or any group could give you a per child estimate of what might be a reasonable amount per year. And if we could simply say that each region or service area would have a sum of money and then you truly can evaluate. Right now if you're talking about regionalizing that money, that's less than \$100,000 per region, which... []

SENATOR GAY: Well, I'm not so sure every region would get that money. I think the best performing people would. And then I'm not so sure where it's going. We're going to find out the best programs we have and then try to inject money, that's what is working is our plan. []

CANDY KENNEDY: Senator Gay, okay. So I can talk to you about the stories. I can tell you what the needs are and what's going on out there. And when we talk about it's going to take awhile for these things to happen, it doesn't take awhile for us to lose a kid to suicide or losing custody. So every day is urgent to me. But I think if I'm talking and if I want to talk at a high level about us Nebraskans being fiscally responsible, I know the difference between lending a hand to someone that is starting to see some challenges going on than to waiting until we have to pay for the cost of someone to be in residential treatment for a year with medications. And I know what that looks like to not have that intervention here and wait until they're here and I know what loss of families happen there. So I struggle with all these conversations about, you know, being fiscally responsible and the money because honestly it's much more...it's costing us a lot more.

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And I know we keep...we've had these conversations since the beginning of the task force about flipping the pyramid. And when I say flipping the pyramid so that we have more of the services at the front end instead of us paying all this money there. And all of these are wonderful. I don't...you know I don't have a problem with any of these I just know that...I know that by having...and so many of these families that we're talking about doesn't qualify for Kids Connection. They're working hard. They probably don't have health insurance. If they do have health insurance, you know, when we're talking about the medications, they're capped out within a couple of months. So we're talking it's...there's no way. So these kids are at home or at schools and they're not getting the treatment they need. And it's not because the families don't want to or the communities don't want. But I just know that sometimes when I see one of our kids coming out of treatment that's been there for three months I'll say, I know how much money that cost. And I know what we could do with that money. So I just...and I'm not trying to be negative or harp. I just know that sometimes in our conversations we get so into the...you know, we lose the forest for the trees type of thing that...so when we have a conversation it's going to take a while for this to happen, it's not going to take a while for us to lose a lot of families and kids or things to get so out of whack. And again when we talked about the pyramid, I still am unclear...okay, so I see that we are turning it around. I see that the numbers are down from the high end services. But I'm not sure how that money is getting funneled back into the behavioral health system to...I thought that was supposed to be happening. So I'm not sure this has...plays into that or... []

SENATOR GAY: Yeah. And those are all great questions that I think we need to get to this summer when we're looking at things. There's a reason that you had two meetings in a month or another meeting in February, not another one six months from now, because I wanted to hear from, you know, these things. And I don't take that as criticism. I don't...there's a lot of different things going on. This is one component of many, many issues in the budget and even in Health and Human Services. I mean we've got a developmental disability problem, there's a lot of different things going on. And I know you guys are very interested in this piece. It's just there's...on the big, big,

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big picture, I mean, we're trying to do what we can. And I know what you're saying. And I don't know what number that is though, it's a lot, we know that. No matter how much money we'd put into the situation... []

CANDY KENNEDY: It's hard for me to go to a family and say, things are going to...we have some things going on but in the future it's going to change but... []

SENATOR GAY: Well, we do, we have some things going on. And is it going to... []

CANDY KENNEDY: But that doesn't help them today. []

SENATOR GAY: ...it's not going to. No, it doesn't. You know, and that's one of those things I know that we're...you just want to... []

CANDY KENNEDY: But I have been able to go to the regions and say, you know, we have this...we have a family that needs this or...so we can kind of work around it and do the best that we can do. So I just don't want that energy to lose either to... []

SENATOR GAY: Yeah, no, no. And I don't think it will. That's why we have other people looking into this as well. And it's an ongoing challenge, I guess, is the best way to put it. So but no, I know, you know...and that's one of those things. But there's just so much bucks. []

CANDY KENNEDY: I know. []

SENATOR GAY: It doesn't mean we're not going to go back to that portion of it. And I think the important thing is what are we doing now and how are we going to spend those dollars down the road. Or maybe we might find out, here's another thing, that, gee, by the way if you spend \$3 million you get \$50 million in savings. We might find that out. Right now I don't know that and I don't think any of us can definitely... []

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CANDY KENNEDY: No. []

SENATOR GAY: ...say, do this and you get this. Of course it's more expensive on the longer end. But, you know, some of these other things, let's see if they're evaluated, you know, all that, navigators, let's see if those are working. So it will take a little while. Yeah, Kathy. []

KATHY MOORE: Is there a reason that the evaluation isn't being directed back to this task force? []

SENATOR GAY: This task force will know about it. I mean those...I think, yeah, part of that, I think it's pretty important seven senators... []

KATHY MOORE: Oh, I'm not diminishing that, I just... []

SENATOR GAY: ...get involved. And what I think we'll do is take those reports and, you know, they're public reports. And then we'll look at them here, get your input as well. I mean you got the advocacy side and you got the legislative side. Ultimately, you guys will talk to your senators anyway. So, you know, who are we kidding. We'll still get the input there. But I think it's important senators get together and hear from Todd and Scot and start asking them questions instead of somebody saying, well, why don't you go ask them. They'll be getting the information on time, real time information and be able to make some kind of difference in those decisions, we hope. And they can speak up right at the moment things are occurring or when we're getting evaluation back or be part of that process. I don't want people after the fact saying, gee, why didn't we do this. When all they have to do is go to these meetings. This is a quarterly update. And they can get involved in more if they want. But they'd be informed, these seven senators would be informed quarterly. I mean... []

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KATHY MOORE: So that's laid out in the amendment? []

SENATOR GAY: Senator Campbell is working on that now. []

KATHY MOORE: Oh, okay because I hadn't seen any...okay. []

SENATOR GAY: She's working on it now so... []

KATHY MOORE: Okay. []

SENATOR GAY: Yeah, Tom. []

TOM McBRIDE: I just was thinking about it. Would there a way or a possibility, and I think they call it the Comprehensive Health Insurance Pool,... []

SENATOR GAY: Yeah. CHIP []

TOM McBRIDE: ...that the state sponsors. []

SENATOR GAY: CHIP, yeah. []

TOM McBRIDE: ...to help families that are uninsured or don't have...have health coverage for their kids that they could buy into that on a sliding fee kind of thing? []

SENATOR GAY: You know, and that's why this summer I think we need to study this mental federal parity law and see how that affects Nebraska. I don't know. I know we did, that was underfunded right now. We weren't asking enough from the participants. So I think they are going to raise fees on that. When I was on the Banking Committee I know Rich was (inaudible)> []

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SENATOR HEIDEMANN: I don't know that one. []

SENATOR GAY: Well, it's...yeah, it's a health insurance pool. And we weren't charging enough for those families, like all things, I mean whether it was a family here or here, it's just expensive. But we weren't charging enough to maintain the pool. So I think part of that recommendation was to charge more to the families on the pool. Now will that...will CHIP be with parity? You know, are those providers of CHIP going to have to provide mental health parity along the way? I don't know. And then does our insurance industry in Nebraska, how are they going to comply with that? Because what you're saying, and part of your other thing is we got this gap between those that are in between--super rich people who can afford it and then middle class or lower. So all that, now in this parity thing insurance has to pay, the way I understand it, they're going to have to pay for mental treatment just like you would a broken leg or diabetes or an ongoing...and Scot, you may know more about that. But I don't know if we're prepared or as a state how that will affect us that much, I don't think anyone does. And then it's 2010 is when you have to have this ready by or something? []

SCOT ADAMS: Yes. []

SENATOR GAY: Well, so I'd like in 2009 to be looking into it at least. And I think that might solve some of our problems, not everything. But that could be a huge, huge benefit I think. []

TOM McBRIDE: We advocated...we thought we better lead the way since we...you know, whenever we bid on hill visits in Washington or whatever you're talking about mental health parity that when we renewed our health insurance plan this last year we went to full mental health parity along with physical health. I thought that it was going to raise our premium one-half of 1 percent, but in fact it didn't raise it at all. []

KATHY MOORE: Oh, interesting, interesting. Good. []

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SENATOR GAY: So that's a good...but I don't think people know that, Tom. And I think people are terrified of that, that it's going to raise them tremendously and maybe it won't. But here's the other thing, even if we have that, do we have enough...you know, we got to look at the other picture, providers and all that. Even if you've got insurance and there's no one to go see, that's another factor out there. But I think that's something this summer that maybe this...that you should look into a little bit, this group, of how that's going to affect children. Because I think that gap you're talking about will be somewhat narrowed in. I don't know for fact. Do you know anything more about parity at all? []

SCOT ADAMS: I think everything you have said is accurate with regard to parity. And the key ideas being that if mental health, behavioral health coverage is offered then it has to be at the same levels as you said as physical health kinds of things so same limit, same deductible, same copays those kinds of things. I think the great unknown...well, before going to the great unknown, the estimates were that it may be in the one-half to 1 percent of premium increase. It does allow for companies to opt out if it exceeds 2 percent. So at the extreme they're talking about a 2 percent increase, you know, which isn't a huge, big number in terms of that impact. And so it seems to be a reasonable thing, I guess is what I'm saying, Tom, in terms of your experience. That's great. And even at the worst case scenario it doesn't seem to be horrendous. The great unknown is that it does not mandate coverage. Therefore the question is whether or not fear of rate increases might cause some companies to take that benefit entirely out of the package rather than having partial, as today's is in some coverages that they might say, yeah, we're not going to do that at all. And it might actually decrease coverage of people... []

KATHY MOORE: Healthcare coverage. []

SCOT ADAMS: Yeah, well, behavioral healthcare coverage. They can still offer

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insurance that covers everything except behavioral health. []

TOM McBRIDE: They could drop their lifetime too. []

SCOT ADAMS: They could drop their lifetime amount, they can drop limits, they can do all that kind of stuff. And all of that is unknown in terms of implementation. The federal Departments of...gosh, it's a weird one, I'm not sure, but it's Health and Human Services and something else that's unusual like Transportation or something has to come up with regulations before the end of '09 to give guidance to state insurance departments to be able to move forward with regard to monitoring regulation and... []

SENATOR GAY: And that's where, I think, we need to be prepared because Banking and Insurance Committee, being a member of that prior to this, and Senator Pankonin would be a good one to work on this project, by the way, since he's still on Banking and Insurance, would be what kind of changes do we need to make in our banking and insurance regulations to meet those federal guidelines as they come out. If we're not prepared then we're waiting around two years to change our own guidelines that's not a good thing. Some...many of our insurers in Nebraska, there's two different...the self-insured, make up a lot of our insurance. And they don't have to follow any of these rules, by the way. So you could have 50 percent of our insured population in Nebraska and they may not even have to follow these rules. So there's little things in there that are very important. And I think it's important that we watch that and pay attention to that. And that's why I want to...I'll do an interim study is what I'm planning a little bit. And this could be where you're involved as well, look into this a little more. So that's something we've got our eye on. And Dave probably will be working on. So this four, I think, are we done on four? And then we'll move to five and we can get... []

CANDY KENNEDY: I thought of something else though we might want to mention. And I should have mentioned at the beginning of the meeting is to welcome our new Director Reckling to our committee, to our task force. []

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SENATOR GAY: True, Todd. He's got to go through some tough stuff first though. He's got to get through... []

CANDY KENNEDY: Oh, yeah that's right. You're not official yet are you? []

TODD RECKLING: It's not official yet. []

CANDY KENNEDY: Oh, that's right. []

SENATOR GAY: But anyway, yeah, it's always good to have Todd. So on five though let's do an update. Todd, do you want to...or Scot, do you want to do something. I think this is update from you guys. Go ahead. []

SCOT ADAMS: I'd like to invite Maya Chilese, the administrator for Children's Behavioral Health Programs to come up and give a brief report on some activities. Come on up, Maya. And we'll go from there. I think there are a couple different topics that she'll present on. []

SENATOR GAY: No problem. []

MAYA CHILESE: (Exhibit 1) Good morning. I will be passing around a handout. Beth. This handout serves as sort of a quickie update on a few specific issues. And I'll brief over them and then stay for some questions, if you will. Wanted to make sure to give an update on the SIG, State Infrastructure Grant and some current activities that are going in place with that. Specifically, some of the current, like this week and upcoming pretty soon, efforts that are in place for that. There's a Family Center Practice training that's actually occurring the Tuesday, Wednesday, and Thursday of this very week in Grand Island. And the intent of that is as a workforce development specifically for the Division of Children and Family Services trainers that will be then training again some staff within

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their division. The professional partners staff that had requested some of that as some of their staff has never been through one. And for some it's been quite some time since they've had one. And as you know, within the Division of Behavioral Health that's the greatest place that we put our funding. And then also the Family Organization staff, most of them have never been through a formal national trainer for Family Centered Practice. So I had asked SIG if we could fund that this year. And we said, yes, we could do that. So we're flying in a national trainer for that; and that will be occurring over the next three days. So that's really great opportunity. In addition to that, I had asked SIG, and we had spoke about this at the last steering committee, sort of a how do we...what can we do besides some of these really big picture statewide initiatives that have been occurring over this year. How can we help prepare the regions who really become, for lack of a better word, the workforce. They are the doers of our system. How can we make sure that SIG doesn't end without them having some additional opportunities to bulk up their Systems of Care environment. There are two regions that have...that already had the Systems of Care grants within their regions, but others haven't and therefore don't have the infrastructure yet to develop that system of care environment. So we had asked the SIG Project Management team to look at some opportunities for training and some things that we've made available for the specific regions. And you can see in that second box, on the bottom of page 1, a little bit more information about what that would be. But essentially that becomes sort of a three point training series in which we would offer some opportunities. The regions could take those, they could not take those, they're not a requirement of the regions. They're certainly not within our contract this year. But we felt that they would really be beneficial for them. At a brief conference call...telephone conference call on Friday, all of them had expressed significant interest in that. So we're very pleased and we'll be moving forward with a training series. Those would be a training in Systems of Care that they could then utilize to train providers, interested parties, etcetera within their specific region over the next few years. A June training, where we'll be bringing in a national Systems of Care trainer. And then the regions could send a team of people to that training, as well as some other state leaders that would be interested in attending that as well. Really in thinking

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forward about what do Systems of Care mean and what are we trying to create in terms of environment for children's behavioral health. And then also some follow-up Web based training that the regions could use and they could choose what sort of curriculum, for lack of a better word, that they would want. Say there's a specific interest in finance or evaluation or residential care or several sorts of topics from which they could choose from that would specifically impact their area. And so those are some of the things that we wanted to make sure to offer for them that will be rolling out over this next...these next probably two years actually. So we'll be able to extend that out. And that will be, I think, of great benefit for the regions as they themselves and their team and their workforce and their environment and as System of Care needs everybody who has anything to do with children's behavioral health--school systems, other providers that might not be directly in the Division of Behavioral Health's public funding system and other participants, pediatricians, etcetera. So we're excited to be able to offer that. []

CANDY KENNEDY: I think it would be great to...the team that you're talking about, the committee, wouldn't it be great if that committee...is there room for that committee to be part of that training here at the state so they could really understand how that... []

SENATOR GAY: If they're interested. []

MAYA CHILESE: Yeah, we could extend that invitation. Yeah, that's a great idea. It would be helpful because it really presents, at least, the comprehensive framework of what Systems of Care mean and how, as we move forward, frame the structure for the delivery of that service system, what does that mean. And then if you would flip the page, on page 2 there's a quick announcement about Children's Mental Health Awareness Week and the dates events which Candy had briefly spoke about at the beginning. I probably would reflect back to Candy to make any specific comments. But there is a series of events that happen throughout that week, leading with the final event at the State Capitol, some other things that will occur inside of that. So we've...the division is...the department is more than happy to partner with the Federation, the family

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organizations, the regions, and any other providers who are interested in participating with that. But the Federation is sort of taking the lead and championing those events across the state. And then the other thing that was a request last time that we wanted to make sure to speak a little bit about was the Behavioral Health Consumer Survey. And so those last...the last portion of page 2 and the next, the stapled handout, page 3 and 4, speak a little bit further about that consumer survey. I had mentioned last time that we wanted to take a little bit further look at that survey, how it was being utilized, what does the results speak of. One of the things that I think is important to note is that this particular survey is a sample population that is taken from the Nebraska Behavioral Health Public System. So it doesn't necessarily reflect all the providers across the state--the Medicaid providers, providers that are not funded within the Division of Behavioral Health System. So it isn't a great reflection of every behavioral health provider for Kids Care within the state. It is, however, a relatively small sample. And so I wanted to make sure to take a brief moment to highlight, you know, I think that if you look at the very back page, we had handed this out at one other time. This is the table that is populated into the Federal Mental Health Block Grant. Although the survey asks some additional questions, these are the...this is the information that is required and requested out of the Mental Health Block Grant. So this is essentially exactly the way it's populated, the table is populated up into that report. And I...on the page in front of that I felt it was important to be able to identify what are the specific questions that are asked that then go into those results. So that just give you a quick glance of what questions are they specifically asking that then answer into percent reporting positively about access, for example. []

SCOT ADAMS: I'd like to add a couple of items to the report. And with regard to the SIG update I think one of the important conclusions that I'd like the committee to be conscious of at this point is that while there has been great focus on some particular aspects of the system legislatively this year, and some areas of strength and some other areas of challenge or weakness, in particular the five bills as points of moving forward, there's a lot of items and a lot of moving parts with regard to children's

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behavioral health. And this list touches none of the ordinary kinds of things that perhaps are talked about during legislative times. These are things that I think will help strengthen a Nebraska system overall as well. This comes as a result of federal funds to help support children's behavioral health in the state of Nebraska and I think will bear a great deal of fruit. A couple of these things are things that I think are fundamentally important. You notice the strength of the Family Organizations and the continued technical assistance. I think the development and the strengthening of Family Organizations in Nebraska is a tremendous asset. A little ways down there, the Web based curriculum for medical professionals to help them understand medical nuances and different items that help them to prescribe--pediatricians and family practice docs, help them be able to prescribe more accurately and effectively are really important kinds of things that are going on. So sometimes it's easy in the heat of a concern and problems, a moment to sort of focus in on particular elements and pieces. But the larger picture of children's behavioral health really has lots and lots and lots going on overall. And so that's my point with that one. With regard to Behavioral Health Consumer Survey, on page 2, I'd be happy to respond to any particular questions. But I would note a couple things for in addition to what Maya already stressed, and that is that there's a 95 percent confidence rate that the number that's down there is really within about 9 points. So that's a pretty wide opportunity for some variation with regard to things. But 95...we got 95 times out of 100 that number is going to be within 9 points of the number you see. And so that's a fairly significant number in trying to understand the accuracy of things. The biggest number on here that concerns me is bullet five, it says of the 784 youth in the sample, 128 completed, which is down 50 percent from the year before. We really have no good reason why the survey is down. It's been done by the same people, same processes, same methodologies. It's a random digit dialing kind of thing. []

CANDY KENNEDY: We just don't have anyone to talk to anymore. (Laugh) []

SCOT ADAMS: Maybe, yeah. But that causes me some concern. And that's one of the reasons why the spread is so wide. In prior years that number might have been maybe

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a 95 percent confidence with a 5 point spread rather than a 9 point spread. So that's one of the things. I would also draw you attention down to two, four, five bullets from the bottom of there. We are 68 percent of people surveyed indicate satisfaction or very much satisfied with services in children's behavioral health. And the next one only 10 percent were either very or dissatisfied with services their child received. That's a pretty significant evaluation from people receiving the services themselves in terms of how they think and how they view the system in addition to other reports that come in to help evaluate the system. So I wanted to highlight those kinds of things. The last one then would be to say that 58 percent who responded were very satisfied or satisfied about positive outcomes, while 22 percent were neutral. So 4 out of 5 people were neutral to positive in terms of services in the system that they received. []

MAYA CHILESE: Which actually is quite interesting about the positive outcome, which was one of my real key indicators because that's...when you look at that 58 percent, that strikes me as being a bit low. And I went back to ask...to search what questions are we asking to measure outcome, what does that mean, you know. And this is also where I think it's important to recognize the difference between the delivery of children's behavioral health services versus the adult system. So I might be saying, you know, my kid is doing better but my family isn't or we're better here but not at school or we're better here but not here. And so there are so many variables that might go into outcomes in terms of what that means. In addition, when we breakout the percentage results per question they're in the high 60s to low 70s in terms of net. You'd have to ask a statistical analyst about how that ends up being 58.4 percent in terms of an average. But it's really interesting about individually what those questions look like. I'm happy with my family right now might have a really high or low percentage. Well, what does that mean? I'm happy with my family. That's a big picture. That doesn't necessarily give us a great answer to is this provider doing well? Or is this provider doing well in the six-weeks time that you had with that young person, etcetera. So it's interesting to note that we've had some conversations also with families about are these questions that are being asked on here a great reflection of what you would really ask or what we should

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ask or be described. And the survey is one that was created not by Nebraska but by federal standard specifically for the Mental Health Block Grant. So it's also one of those our hands are kind of tied. And maybe we need to be doing, this would be a question for the evaluation team this summer, a different way to evaluate the strength of our services. What also might be of particular interest to that team is the Evidence-Based Policy Academy that will be occurring...we haven't set a formal date for that, but it's something that SIG is putting together later this summer or early fall. So it would be an opportunity for policy makers, providers, researchers, etcetera to get together and really look at what is some great research that's already out there. What's working well in terms of programs and services. What should we be looking at. What are maybe some opportunities for us to be looking at. So that will put a lot of brains in the room at one time. And that might be a great opportunity for that group to come to as well. So we'll have to get that information to you when those dates are set. []

TOM McBRIDE: You know when you look at the aftercare studies are the most difficult things to do. And we struggle with it. There's family mobility, there's all sorts of things to try to get back to. I think that looking at the 68 percent very satisfied I think is...we ought to feel pretty gratified by that. I went to the doctor the other day for my cold and sinus. I went to him and I figured that after I was finished with him and within three or four days I was going to be good as new, whatever good as new is for me. (Laughter) You know when we're talking about some of the children and families working with, we're talking about chronic, ongoing behavioral health things. And sometimes that...where if you measured a youngster when they began treatment with something like a (inaudible) and at discharge something similar to a (inaudible) rather than qualitative, in your judgment, I think 68 percent is very, very good considering there's a lot of people that...with a bipolar, manic depressive, whatever that, you know, here for six weeks now and when I get them back they're supposed to be perfect again and that's just not going to happen. So I think that speaks volumes to the field. []

SENATOR GAY: Any other questions or comments? All right, all right, thank you very

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much. Then let's move onto other business then. What I'm thinking on other business, and this could be for anybody...you can even talk about the week and all of that. What I'm thinking, here we are in, what is today, early April, we're going to be out of here in June. I'm starting to get ideas for interim studies. Okay? And I've got several already that are...but none deal with what you want at this point. What I'd like to do between now and the next meeting, and I'm thinking we could do a meeting, well, we'll have to figure out when. But I can do an interim study up to, do you know, Lavon or Jeff, do you know the last day? It wouldn't be a committee one. Committees can do it up to the last. All right, so we got time. But yet I'd like to get your ideas of what you want to look at. I'm thinking one, maybe two of what you think might be an opportunity to look into this. Beth, you talked about, well, you know here's...I don't know, let's look into it a little more. I'd feel more comfortable looking into these things. Doesn't have to be a full-blown...what we did, the Health and Human Services divided up in between a couple senators dealing with different issues they have an interest in, basically. And they could help run the thing. I'm going to be involved in all of them in one way or another. But let's say Senator Campbell and Senator Pankonin are in this committee and they want to...they'd be helping you out. They'd learn something along the way, we'd get some more data. We don't go overboard. But I'm thinking maybe 1 or 2, 10 because we're doing full-blown other reports. But if you had some ideas on that, that you want to share with us, you know, let's get together and we can discuss it as a group and say, yeah, these five, these two are probably something. You'd have to have it fairly spelled out, present to the group what you think that might be. I'm doing the parity one already, quite honestly. So that's one that's going to happen. But... []

CANDY KENNEDY: So that's our one of one or two? []

SENATOR GAY: No, no, that's one I'm doing on my own anyway just because it's...but no. You could...keep it on children's behavioral health issues, obviously. But what you think might need to be...if it's something that's been done or we don't want to redo it, I don't think. Of course, you never know. There are all new senators. I mean everyone

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around here is fairly new. But you know that's a good way, I'd rather look at these things instead of just...I think that's just a good way to look at this. And I'll kind of give you an update of where we're at next year. We're doing a huge healthcare study, you know, from the federal government is changing the healthcare system. So we have one tracking that and a few others going on. But if you've got ideas and you want to do something, that's when I think things get done, over the summer. We could be continuing on doing things and that's where you'll get your legislation or not. But that's where sometimes things can be changed here or there to provide you more assets or something like that. []

KATHY MOORE: Could we set our next meeting maybe 30 days out. I know the judge can't usually come if it's set in less than 30 days because of her docket. []

SENATOR GAY: Yeah, I could set one, yeah, I could have Erin start working on it today. I don't really care; I'm going to be down here every day. These Monday's probably work good, so...or Monday is not...I mean Monday's are good for us because we meet at ten. []

KATHY MOORE: Well, if that's best...I always...I have a weekly staff meeting on Mondays, which means I'd miss. But I...we can...if I know that far enough in advance then I can adjust around that and see if I can switch it. []

SENATOR GAY: Yeah, yeah, I think we can have Erin work on it today. []

KATHY MOORE: Okay. []

SENATOR GAY: Just...that works for me, too. I'd rather have something way ahead of time as well. []

KATHY MOORE: Yeah. Great, thanks. []

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SENATOR GAY: I think Monday is still the best day for us because we do meet at ten. It's good to have an 8:30 and I hate (inaudible). []

KATHY MOORE: No, that's fine. I can (inaudible). []

SCOT ADAMS: The interim study thing, ideas, you want to e-mailed to you our ideas or... []

SENATOR GAY: Yeah, however you want to do that, either that or we can discuss it at the next meeting. If we set up a meeting, you know, a month from now we're talking May, you guys probably will be busy during that week aren't you? So we could do it after that week even. Although I'd rather have it prior to that actually. []

KATHY MOORE: Hopefully, so will you be. []

SENATOR GAY: We can just have a meeting to discuss the interim studies and we don't have to have a whole lot else going on. Why don't we do that. So let's put it three weeks from now. Give you three weeks to think about what might be important on that one. And then we can keep a couple and kind of go from there. So that would be... []

KATHY MOORE: So you're talking about the 27th? []

SENATOR GAY: Yeah or the 4th even. When is your...May 3 through the 9. Are you guys busy on the 4th, that's that Mental Health Week? []

CANDY KENNEDY: I don't think, no, I don't think that day is real full. []

SENATOR GAY: May 4 would probably be...give us enough time. []

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CANDY KENNEDY: That would be best, um-hum, um-hum. []

SENATOR GAY: I'll double check and we'll contact you, but May 4 is looking...unless that's a day that we're off. []

SENATOR HEIDEMANN: I was going to say, you have to watch, some Monday's we're not here. []

SENATOR GAY: Yeah, well, we'll check. []

_____ : I think that is a recess day. []

SENATOR GAY: It is? []

_____ : The 4th would be a day that I wouldn't be able to be here, but that's not... []

SENATOR GAY: You know, if you did the 27th though, actually that's three weeks away, that's plenty of time to think this through. And that's all we're going to discuss is what we want to be spending our summer looking into. I think three weeks is plenty of time to put that together because all we need is general things to talk about. And then we'll draft the resolution actually, so you won't need to do that. You don't need to get that technical. So just come with some ideas and let's look at the 27th, hopefully, and then kind of go from there. And then did you want something that week? You got more updates on that week? []

CANDY KENNEDY: We pretty much covered it, just the Children's Mental Health Awareness Week is May 3 through the 9th. And we have a lot of activities going on. Our second annual Pony Express Ride, where we have the motorcycle riders gathering letters of support, bringing it to the steps of the Capitol. And we've selected...the family

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members selected a group of senators to actually receive the letters this year. And I've put the invitation out and haven't heard back from one senator. So...both you guys are on there. (Laughter) []

SENATOR HEIDEMANN: Oh, that's quite a ways out. We schedule a couple of weeks in advance. []

SENATOR GAY: Yeah. Sorry, I'll...we'll discuss that. []

CANDY KENNEDY: Okay. []

SENATOR GAY: All right. And then I notice you guys put those in yours or are these coordinated with others or this is... []

SCOT ADAMS: That really was the report from which she spoke today. []

SENATOR GAY: Fine, it was talking about the same thing. []

CANDY KENNEDY: Yeah, right. And I can send a flyer out to everyone with a list of the activities and times and dates. []

SENATOR GAY: Yeah, why don't you. []

CANDY KENNEDY: Okay. []

SENATOR GAY: And we'll try to pass that one. It would be nice to have a couple of interim studies by that week so you'd know. I mean we could think of some ideas... []

CANDY KENNEDY: Yeah. []

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Children's Behavioral Health Task Force
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SENATOR GAY: ...since we're meeting the 27th. Any other business that you want to discuss or things you'd like to see done? I don't want to overdo the meetings. But then again, I think if you're going to have a board you might as well meet and do things. So then Todd, like I said, Todd's confirmation is Thursday in the Health Committee. []

CANDY KENNEDY: This Thursday? []

SENATOR GAY: Yes, this Thursday. []

KATHY MOORE: So you'll be official? []

SCOT ADAMS: He's been up all night studying. (Laugh) []

SENATOR GAY: Yeah. So and then other than that, any public comment? I don't see anyone. Liz, you got anything? (Laughter) All right, with that need a motion to adjourn. []

BETH BAXTER: So moved. []

CANDY KENNEDY: Second. []

SENATOR GAY: All right. In favor say aye. All right, thanks for your time. []