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Youth Rehabilitation and Treatment Special Oversight Committee December 17, 2021
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LARRY KAHL: [RECORDER MALFUNCTION] process that we went through in terms of kind of walking through, this was obviously many thanks to you all for putting forth LB428 and incorporating the request in LB380 for the work to be done from our consultants on the Kearney campus and to review the Lincoln Campus for-- and the feasibility for PRTF. The oversight overview was really that the DHHS team gathered in May and we started to map out the process. In June, the team expanded to include DAS, and our goal is to map the shortest possible process to a successful outcome. Given the statement of work and our timeline, the work was divided into three different statements of work: one project for LB380 and the Kearney campus, that was large enough to require a request for proposal process, and then two scopes of work for LB428. The statement of work was really different enough and unique enough that we broke it out into the feasibility work and then the cost analysis and structural analysis work. DAS followed the state requested-- the state required proposal for an RFP, sought bids. I think we had seven different vendors, so we had seven proposals. Working with the DAS team, we whittled it down to three and then we had live interviews on campus and did panel interviews with scoring. And so our independent scoring brought us to, for the RFP work for the LB380 and the Kearney campus work, was Carlson West Povondra. And we have with us today Al Povondra, principal from that organization, that will be able to help answer any of your questions. He had also used as a regular partner and consultant, kind of the national expert in juvenile facilities, Karen Chinn of Chinn Planning and Karen will be available to us today via phone. She's not able to be here in person. But the-- the other statement of work, interestingly, the vendors were selected for the other two components of work from the approved vendor list. The dollar amount was low enough that we could go direct to contract. We didn't need to do an RFP process and so we started searching the list. It's a pretty comprehensive list and based on the walkthrough and looking again at the contractors that were-- had the skill set that we were looking for, we awarded the projects to Mike Goertzen from the Altus architectural engineering group and then Karen Chinn, with Chinn Planning. And interestingly, while we knew Karen was a part of the Carlson West Povondra bid process, we had selected her independently prior to her coming on. So there were some economies in that she was able to serve both projects at the same time. So the outcome was final vendor, Carlson West Povondra, special assistance from Chinn Planning, and then the other two groups that we had talked about, and we rolled up our sleeves and got busy. We engaged them later in July, early August. Contractors mobilized late August and

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into September, and this was a pretty good-sized lift. There were-- there was no lollygagging. We were very focused in terms of the statement of work that needed to be done and the timeframe it needed to be done in. And my deep thanks and appreciation to the contractors that we worked with that you'll hear from today. They were rock stars, hit the targets hands down with what I believe to be high-quality work. So for me, always a big issue is on time and under budget, and we were able to accomplish that. So I'm very pleased to keep my record going of getting projects in on time and under budget. And with-- with that, unless you have any other specific questions for me, I would turn us to the experts where I think you'll really get the-- the meat out of the conversation first and form your-- your questions.

PANSING BROOKS: Thank you. Any questions? Senator Lowe.

LOWE: Thank you, Chair, and thank you, Mr. Kahl, for being here. The new design of the housing units, will that save in staff by putting them all on one level? Or what's the reasoning of one level compared to two levels?

LARRY KAHL: Um-hum. And again, our consultants may be able to speak to this even more articulately than I may be able to. But essentially, yes, that on one level, with a well designed layout, lines of sight are critical. And so with enhanced lines of sight, you can in essence decrease your staffing. You don't need as many staff to be able to observe, especially when you're looking at nighttime shifts. You know, [INAUDIBLE] instead of having people that need to be involved in each of the like around corners or unvisible areas, having better sightlines through current design is preferential and also likely to save in operating costs in addition to the staff cost.

LOWE: OK. And I believe the cost will be something like \$13,336,000. Where do you see the money coming from?

LARRY KAHL: I think that there are-- there are a limited number of options. The state capital improvement process, I think, is one that is most likely or very likely. It's our traditional process. I have also put in a request for ARPA dollars, at least for the architectural and engineering component of the-- the process, but that's yet to be determined. I think you all have a voice in that. So those would be the two avenues that I could think of at this point in time.

LOWE: OK. All right. Thank you very much.

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LARRY KAHL: You bet.

PANSING BROOKS: Yes, Senator Cavanaugh.

M. CAVANAUGH: Thank you. Thanks for being here. Is your request for ARPA dollars going to be included in the Governor's request for ARPA dollars or is that something that these committees are going to have to consider putting forward on your behalf?

LARRY KAHL: At the formal request that I had moved forward was for architectural and engineering as a portion of because my initial understanding was that there was a hesitancy to get into bricks and mortar or where there may be additional costs. I know that the-- my understanding is, is that the Governor's been sensitive to not wanting to add additional long-term infrastructure cost to the-- to the state. And so I had initially submitted for just the architectural and engineering component. But it's certainly if the Governor's Office saw fit to make the full recommendation, they would be welcomed.

M. CAVANAUGH: OK, so you're not, I guess what I'm hearing is you're not certain if it's going to be part of the.

LARRY KAHL: Correct.

M. CAVANAUGH: OK, thank you.

PANSING BROOKS: Anybody else? Just I know that you're not really speaking today on be-- either pro or con on this whole-- on these reports. Is that correct?

LARRY KAHL: Yes. I guess the statement I would-- would make, though, is that I-- I appreciate the work that's been done. I believe it's solid work and I would stand behind the-- the experts' recommendations.

PANSING BROOKS: OK, thank you. And then just one-- another thing that's just tangential, not really it is regarding the reports. What's-- how's the hog barn being used? Do you know?

LARRY KAHL: That's a stumper. No, I do not know at this point.

PANSING BROOKS: OK, because we've talked about it here and I've never even seen the hog barn. It's the oldest--

LARRY KAHL: I can assure you that we're not keeping hogs. [LAUGH]

PANSING BROOKS: How about children?

LARRY KAHL: No children in the hog barn.

PANSING BROOKS: OK, good.

LARRY KAHL: Likely, Senator, it would be storage, supply, [INAUDIBLE] warehouse.

PANSING BROOKS: OK, it's the oldest-- oldest building on campus and so that's why I was. And then could you also explain about the tunnel system? What is that tunnel system?

LARRY KAHL: Yes.

PANSING BROOKS: I didn't know there was a tunnel system and are children taken down to this tunnel system?

LARRY KAHL: They actually were this last week--

PANSING BROOKS: OK.

LARRY KAHL: --a couple days ago--

PANSING BROOKS: For the tornado?

LARRY KAHL: --for the tornado drill. They were brought down into the tunnels. There is a, I think, wisely architecturally central plant. When you've got a number of larger, older buildings that were steam heated, there was a central heat plant that then would feed all-- the steam to all the buildings.

PANSING BROOKS: OK.

LARRY KAHL: And so there was a tunnel system used to be able to feed that.

PANSING BROOKS: Sort of like the Capitol.

LARRY KAHL: And interestingly, if you look from an aerial perspective, where the sidewalks are is where the tunnels are. And so the steam pipes help heat the sidewalks and reduce the snow and ice risk in this-- in our climate. So there are tunnels actually on our adult facilities as well. There are not, to my knowledge, on Whitehall campus, Lincoln campus or there are still some tunnels perhaps on the Hastings campus. Most of those have been decommissioned as part of the

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VBEL process. When the buildings go, so go the tunnels. But Kearney does still have an active tunnel process.

PANSING BROOKS: OK. But they are not used for children.

LARRY KAHL: No.

PANSING BROOKS: OK.

LARRY KAHL: No, no.

PANSING BROOKS: Punishment or--

LARRY KAHL: No.

PANSING BROOKS: --rehabilitation--

LARRY KAHL: No.

PANSING BROOKS: --or any--

LARRY KAHL: Matter of fact, it's-- it's a fairly extensive system of tunnels. And so really--

PANSING BROOKS: That's what worries me.

LARRY KAHL: --the only authorized individuals is engineering.

PANSING BROOKS: OK. All right. Thank you very much.

LARRY KAHL: Absolutely.

PANSING BROOKS: Thank you for coming today,--

LARRY KAHL: You bet.

PANSING BROOKS: COO Kahl. Appreciate it a lot. I don't see any further questions. Do you have a question? Oh, sorry.

WALZ: Yeah.

PANSING BROOKS: Senator Walz.

WALZ: Thank you. And I may have missed this. But is there a timeline if this goes through? Is there a timeline for when this would be built?

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LARRY KAHL: Again, our consultants will be able to articulate that more clearly.

WALZ: OK.

LARRY KAHL: My sense of it is, is that if dollars were available this year, a planning process could begin. Architectural engineering could be engaged. We could begin that process and it could be ready to go to build perhaps as early as the fall with construction maybe in 2023.

WALZ: All right. Thank you.

LARRY KAHL: Yeah. And I think Al Povondra might be able to speak to that even and articulate that even better with his knowledge of construction cycles, available contractors, and the [INAUDIBLE].

WALZ: OK.

PANSING BROOKS: And to clarify, that's on YRTC Kearney--

LARRY KAHL: Yes.

PANSING BROOKS: --not on any PRTF.

LARRY KAHL: Correct.

PANSING BROOKS: OK. Thank you.

LARRY KAHL: That one may take a little longer.

PANSING BROOKS: OK. Just wanted to catch. OK, thank you very much, COO Kahl.

LARRY KAHL: Thank you.

PANSING BROOKS: Appreciate your coming today. And do we want to ask him any questions after?

ARCH: I don't think so.

PANSING BROOKS: I don't think so. We're good. Thank you. OK. Our first test-- test-- OK, good. Our first testifier is Karen Chinn, who's with Chinn Planning. Good morning, Ms. Chinn. Can you hear us?

KAREN CHINN: Yes.

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PANSING BROOKS: Wonderful. Thank you for coming. We're-- we're appreciative that you're here. And if you'd go forward on your testimony, we'd appreciate it.

KAREN CHINN: I'm sorry, what?

PANSING BROOKS: Please go ahead and tes-- with your testimony. Do you have testimony, prepared testimony?

KAREN CHINN: No, no. I'm just here in case of questions now.

PANSING BROOKS: OK, sorry.

KAREN CHINN: They told me to be on call in case of questions so.

PANSING BROOKS: OK. Wonderful. Senator Arch has some initial questions to begin with. Senator Arch.

ARCH: Thank you. Yeah, this is John Arch, and I do have some questions. I-- I guess what---what-- what struck me in the report was the-- I'm sorry, can you hear me?

KAREN CHINN: I can hear. I'm trying to-- yes [INAUDIBLE] I can hear. Can everyone hear me? If not, I can mute the echo hearing.

PANSING BROOKS: I didn't understand.

ARCH: I didn't either.

PANSING BROOKS: I'm so sorry. We couldn't hear you. So if you could speak just--

KAREN CHINN: Can you hear me now?

ARCH: Yes.

KAREN CHINN: OK, good.

ARCH: Yes. OK. So I-- I had submitted a number of questions, additional questions. I don't know if you had received those. Did you?

KAREN CHINN: Yes, I did.

ARCH: OK. So I'd like to go through those if I could--

KAREN CHINN: OK.

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ARCH: --and-- and ask you-- ask you specifically about those. One-- one had to do with the admission criteria for a proposed PRTF. One of the issues that I think your report points out, and we are certainly aware, is that there are certain youth that-- that the private providers in the state are not able to accept because of either facility issues or program issues or a variety of other reasons. But those-- those youth then are sent out of state to other PRTFs. And the question then is, is the admission criteria for a proposed PRTF, was there discussion of that as you-- as you did your report?

KAREN CHINN: Yes. The admission criteria would be basically a no reject or eject policy because that's the reason why kids are being sent out of state. You have 162 PRTF beds in the state of Nebraska. But recently youth are not into the waitlist or they're not Medicaid eligible or other reasons, or particularly for behavioral characteristics, they're not accepted into those programs, which is why they're going out of state. And so the criteria would be knowing that youth are placed out of state very serious, you know, mental health, substance abuse disorders, aggressive behavior, some physical health needs. Those are the youth that are being placed in out-of-state PRTFs because they're not accepted into the private providers in the state of Nebraska.

ARCH: Did you do any analysis as to whether or not there are other special needs of some of those youth that have to go to a special needs program, a special needs PRTF and I-- I-- I'll just stop there. I didn't know if-- so is the assumption if a PRTF were built that all out-of-state youth would be able to use an in-state PRTF? Or will there be some that still maybe need special needs PRTF that wouldn't be provided for in this state?

KAREN CHINN: Well, the plan that was put forth that you have I think before you there is to have all youth coming from out-of-state placement back to the state because certainly for the issue of family reunification, other issues it's important to have them closer to home than, say, in South Carolina. However, as an operator of the system three years down the road, if there's a particular youth that presents something that is so unique with breathing apparatus or other things or, you know, some sort of physical condition in combination of aggressive behavior or whatever, I wouldn't say, you know, what the final decision should be. But the idea is that [INAUDIBLE] youth would come back. But there might be a caveat where some youth it's just even can't be handled in our in-state PRTF facility and has very specialized needs and have to be-- you need to find a placement. But

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that's not the idea behind it. The idea is that this facility, which also one of the housing units does have even medical health component, would be able to take all youth whether, you know, behavioral health or physical health needs, that makes them in a very specialized category requiring PRTF placement.

ARCH: OK. All right. Thank you. Do-- do-- do the out-of-state PRTFs that the state uses now, do they currently accept Nebraska Medicaid as payment if the youth qualifies for Medicaid?

KAREN CHINN: Well, yes, they do if they qualify for Medicaid. But as you can see in the report from Probation, which has a large-- a number of youth come from HHS; a number of youth come from Probation that are placed in these facilities, and there are many youth that are duly under the supervision of HHS and juvenile justice. And some youth are not at Medicaid eligible. And there's a big pot of money that Probation spends is not coming from Medicaid. But the combined total is about \$9 million a year that is spent in placing youth in out-of-state PRTF placements. Whenever Medicaid can be accessed, it is. But sometimes either a youth is denied Medicaid or is not eligible, and so Probation has actually a larger pot of money that's not Medicaid reimbursed but they are paying for youth to be placed in facility.

ARCH: So to me, that also raises the question of medical necessity. So-- so if the youth requires a PRTF due to medical necessity and they are Medicaid eligible, then they would qualify. I mean, the-- the out-of-state pay-- PRTF would bill Nebraska Medicaid. They are enrolled in Nebraska Medicaid and would bill Nebraska Medicaid for those days. At the time that perhaps medical necessity is-- is no longer a determination for that youth, then another-- another-- another means of funding then would be required. Is that correct?

KAREN CHINN: That is correct.

ARCH: OK. But for that period of time, if the youth qualifies for Nebraska Medicaid and it's medically necessary treatment, they would-- the out-of-state providers would accept the Nebraska Medicaid rate as payment in full.

PANSING BROOKS: Yeah.

KAREN CHINN: Yes, they would. But just to clarify something that the majority of the snapshot in time of 38 youth are in out-of-state

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place, either from HHS or Probation, while there are some that have medical necessity, most of them have if the characteristics are behavioral in terms of aggression, serious mental health disorders, which, you know, might not be qualified as medical necessity, so that's part of the problem too, getting that determination so that they can access Medicaid funds. But certainly in talking with HHS and Probation, the goal is to always access Medicaid funding for placement of these youth.

ARCH: OK, OK. One of the-- can I-- can I continue with my questions? Is that OK?

PANSING BROOKS: Absolutely. Thank you.

ARCH: OK. One of-- one of my-- one of my questions had a-- had a chart that wasn't part of the report, and I was wondering if those numbers have been run. Because I think what-- what the report showed pretty clearly was that the majority of days of out-of-state placement are really through Probation, not DHHS.

KAREN CHINN: [INAUDIBLE] are dually diagnosed youth, yes.

ARCH: Or dually diagnosed, OK. And so I guess my-- my question is of the-- of the days, how many are-- are I say, number of days covered by Medicaid, number of days not covered by Medicaid, whether that is from DHHS or Probation? Were you able-- was the-- was the department able to help you with those numbers?

KAREN CHINN: No, I-- actually that level of detail is beyond my actual engagement of what I was doing on the project. I did look at the table. I do want to say that getting the data for this, especially in the timeframe that we had, the data and the report that [INAUDIBLE] was extremely difficult process to pull that data because we are talking about HHS system, Probation system, Medicaid, non-Medicaid funding. To have this level of detail that drill down, it would be a matter of sending it to DHS and Probation because they would have to do a very specialized run and it would just be a snapshot in time to be able to break it out in that level of detail, because the level of detail that you see in the report literally was coming in with, you know, six to eight weeks of a request and follow-up on data. So I see the table you have and I see the information. But no, I don't have that, and I did speak with Larry about that if that's something that is important for your decision-making process, and it would be

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something I could certainly coordinate with HHS and Probation, but it might take some time to get that detailed information.

ARCH: OK, and we can certainly go-- we can go direct to the department as well to request that information.

KAREN CHINN: Right, yes.

ARCH: OK, I appreciate that. I think that's a-- I think that is an important data point because, of course, it speaks to whether or not the need is actually for a PRTF or a different level of care. That-- at least that's one of the questions that's raised in my mind is, are we talking, I mean. PRTF is treatment, PRTF is medical necessity. And to-- to have a youth in a PRTF when-- when they're there because-- because there is no alternative placement is a different question that maybe we should be asking as well.

KAREN CHINN: And two of those columns, of course, you do have the number of youth HHS or Probation. That information is in the report and the total days of care, in other words, the average length of stay, that's also in the report. What's not is to be able to take Medicaid from the annual or a snapshot in time of Medicaid to break out days covered by Medicaid for HHS and days covered by Medicaid for Probation youth. That information would be very detailed and will certainly be something will take some time to put together. But in terms of the number of youth on average that are in out-of-state placement for DHHS that's in the report, it's about 30; but 12 on average of those are in out-of-state placement and about 17 or 18 actually are placed in PRTF beds in Nebraska. And then, of course, for Probation it's about 26 youth on a given day, that they typically have a longer length of stay. So that information on your column is there on the first one, last one, that information is in there. But the Medicaid drill down would be something that would have to come from both HHS and Probation.

ARCH: OK, yeah, we will probably seek that information because that obviously goes to also operating costs and-- or operating revenue and in what-- and what the source of that revenue would be for a PRTF.

KAREN CHINN: Yes.

ARCH: So are there-- are there other states, are you aware of other states that operate a PRTF similar to what we're proposing here?

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KAREN CHINN: I've been working in this field for about 37 years and, of course, things change all the time. I've probably done 25 or 30 statewide master plans. And my answer to that is predominantly if this is a private provider function most states operate or contract with private providers. The issue that's facing Nebraska is this is not unique. It's throughout the United States, that it becomes a handful or a small number of youth that have serious mental health and behavioral health disorders that make it very difficult to handle in a group home or in a youth correctional facility like Kearney. And so-- and they're very-- they're more costly, as you can imagine, the requirement of the staff, level of staffing, the amount of staff, and the amount of professional staff required [INAUDIBLE] to deal with this population of youth. So in most states they are private providers and the same issue about selection criteria and waitlist and not being able to get in or exclusionary criteria for aggressiveness, fire starter, sex offenders, whatever it might be in the state, is a problem that many states in this country are facing in terms of trying to place youth. And so typically I see these facilities that are privately operated as they are in Nebraska.

ARCH: OK, thank you. One-- one of the things I didn't see in the report was, I don't recall the exact number of beds. I think 24--

KAREN CHINN: Was recommended.

ARCH: Yeah. How-- how was-- how-- what was the thought concerning the division of boys and girls? So you know, how many-- how many boys, how many girls are out of state? And how would that-- how would that be arranged in a 24-bed facility?

KAREN CHINN: Yeah. There was a very detailed snapshot back in 20-- early 2019 of the roughly 32 youth that were placed out of state, did not break out male and female, but every place throughout the rest of the report where I had information on admissions, I broke it down by male and female, and it varies. But as you might expect, you know, males are in the majority 75 to 80 percent. Females are more 20 or 25 percent. The way the program was developed for a PRTF facility is there would be three essentially eight-bed housing units, single occupancy rooms, which is best practice and in evidence-based research, actually showing that the behavioral characteristics of this population may be single individual sleeping rooms. But one of the housing units, the rooms are placed or sized large enough to either accommodate if there needed to be a medical bed or some physical issues with the particular youth, they're oversized; but they also

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meet the standard in terms of square footage where you could place two youth in a-- in a room if you needed to, something like suicide ideation or the operator would decide that, whoever's running the facility there, would say we need to have two youth in the room just for safety reasons. So the point of that is that you've got three ways to sort youth, and it's always a problem in small facilities, especially with a very small population of girls. But you would be able to based on ebbing and flow, if you had to have-- if you had four girls in a housing unit, you could keep them there and you would have to move four boys over into the larger and make the other eight-bed unit with all the space standards and the bathrooms are sized to accommodate you can even take it up to 16, which wouldn't-- you wouldn't want to do. And that's a lot of kids [INAUDIBLE] housing unit for this level of treatment need. But you could shift around because you've got basically three separate wings of a housing unit that you can sort boys and girls. So you might have girls in a-- four girls in an eight-bed unit, but In the other eight-bed single, you have boys. And if you had to oversize that for a, you know, fluctuation of population, you can use the larger-sized housing unit to accommodate that.

ARCH: So, so in essence, you-- you've designed flexibility into the unit--

KAREN CHINN: Yes, single girl.

ARCH: --so that you can expand--

KAREN CHINN: Even though they're going to be a smaller number, but yes, that's the assumption. Instead of just saying it's one big 24-bed housing unit with all the rooms open up to a day room, it's divided into smaller pods or smaller units so that you can have that separation of male or female or more aggressive youth with less aggressive or younger boys with large-- older boys. However you want to sort for a small facility it's three different abilities for housing units to be able to move those youth around.

ARCH: OK, thank you. Is-- is the state, if the state is the operator, I should know the answer to this question, but if the state is the operator of the facility, is the state able to bill Medicaid?

KAREN CHINN: Yes.

ARCH: OK. OK.

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KAREN CHINN: I mean, because you are-- there's already Medicaid reimbursement for some of the in-placement, you know, as I said, Probation-- or HHS right now is already using some. On average, about 17 kids are actually in PRTF of the 162 licensed PRTF beds in Nebraska. And again, about 30 youth of HHS are placed, 18 of them are in Nebraska already, but 12 are placed out of state and Medicaid reimbursement is always applied. And then some youth are denied or, you know, they're not eligible, whatever it might be, but they certainly are-- the application for Medicaid is the first road that Probation and HHS go down to see if they can get reimbursement.

ARCH: OK. You did an analysis of cost. I didn't see-- I didn't see-- did I miss an analysis of revenue?

KAREN CHINN: I, no, I didn't have an analysis of revenue.

ARCH: OK.

KAREN CHINN: Medicaid decisions are made on a case-by-case basis. I have what, you know, what has been spent on Medicaid compared to [INAUDIBLE] And so that in the future, in terms of what we can assume is Medicaid, I don't know each individual case that would say she's eligible or they've been denied Medicaid, but certainly going into it, knowing the full cost of, you know, roughly \$3.8 million a year to operate because as you saw in the report, a high level of professional and therapeutic staff.

ARCH: Right. So I want to talk about the cost for a second. So I guess-- I guess then the-- the answer would be that there, while that's not-- that hasn't been estimated, there would be some offsetting revenue against those costs--

KAREN CHINN: Yeah.

ARCH: --if the state is able to bill Medicaid or perhaps there may be private insurance, there could

KAREN CHINN: Yes.

ARCH: --be other sources of revenue.

KAREN CHINN: Yes, that's true.

ARCH: OK, which would offset the cost.

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KAREN CHINN: I guess we could take it as a percent of what it is now, but I don't-- there's no way that I can, you know, I don't know in the future what kids are going to qualify for Medicaid and what--

ARCH: Right.

KAREN CHINN: --because it's basically on a case-by-case basis.

ARCH: Right. OK, that's fair. The cost basis that you estimated there, I'm assuming that is-- that is a fully staffed PRTF, regardless of occupancy.

KAREN CHINN: That's right, exactly, for 24 youth, yes.

ARCH: So you would assume that the-- that the units are full, there's no-- there's no reduction of-- of cost. That would be-- that would be a fully staffed unit.

KAREN CHINN: That's exactly right.

ARCH: OK. All right. Thank you. OK. My last question, which is probably a bigger question, more philosophical, I guess, is--

KAREN CHINN: [INAUDIBLE]

ARCH: --was the statement at the end of the report, and I know you're-- you're familiar with the statement. It's based on discussions with clinical and other treatment staff, the number of adolescents in placements could be reduced, especially if group home capacity increased in Nebraska. That really, that statement stood out to me because, of course, the question raised is, well, maybe we shouldn't be talking about a PRTF. Maybe we should be talking about some higher level group homes. And of course, we are the-- part-- part of this group is the YRTC Oversight Committee. So we're-- we're involved in the YRTC issues as well. We know that there's a group home being developed in Omaha that is a higher level group home. I guess I would like-- I would be very interested in-- in knowing your thoughts about that statement. The question that I have, of course, is, does this imply that some of the youth are placed in a PRTF do not necessarily need that level of care if alternative placement in a group home were available?

KAREN CHINN: Well, group home availability is in the same boat with PRTF capacity throughout the United States. It's increasingly as we move as a nation to reduce [INAUDIBLE] dramatically the number of kids

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at the youth correctional facility. And as we know, as a nation, we move towards trying to really reduce out-of-home placement, and we do that on the child welfare side, we try to find a relative or some other kind of placement [INAUDIBLE] an institution for that child welfare youth, as those numbers have gone down, the youth that are remain in the system that have to be-- are placed at Kearney or placed at PRTF or group home increasingly, have, you know, you looked at the report, you know, sometimes at the age of 12, they've already had 10 out-of-home placement. They've had, you know, serious issues with, you know, exposure to trauma and aggressive behavior and all sorts of educational deficits coming into the system. Those youth are hard to place in group homes, and they're very hard to place in PRTFs. I did say in the report that with the expansion of specialized group home, which is also going to be more costly, obviously than a Kearney facility, because again, the therapeutic staff. I just want to say, though, that my analysis of this was that there is on average 38 kids on a given day that were out-of-state PRTFs and the recommendation was for a 24-bed facility. So if you thought that all, you know, everyone placed out of state were going to go into PRTF, I'm saying that initially, first of all, PRTF facilities tend to be smaller. And so, you know, most of the ones that I've either worked on or planned are 20 to 24 beds because of the nature of the youth that are being placed there. I'm saying one for Nebraska, but that means that there still will be other youth, and that's why I make that statement I wasn't commissioned to do a group home analysis, but certainly as you develop more specialized group home care and I've seen this in other states, some of those youth maybe could come back to the state, but you don't have that capacity in Nebraska. You still will need youth that are going to be in the most serious level of a psychiatric residential treatment facility and some youth that maybe could qualify if you had really well, good specialized group home treatment could go into those kind of facilities also. So, you know, I didn't say recommend a 38- or a 40-bed PRTF facility. I'm saying 24 beds. And to try to really work on getting those youth in the facilities, really looking at length of stay, which drives average daily population. And by the way, youth that are placed out of state face substantially longer in those placements than the youth that are placed in-state in PRTFs. I've seen that across the country. [INAUDIBLE] South Carolina, Nebraska and, you know, they tend to stay longer. And so, you know, looking at length of stay and trying to really have targeted maybe shorter term interventions would be good in a specialized group home for some youth. But you still will need psychiatric residential treatment for

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the kids that have the most serious mental health and psychiatric disorders.

ARCH: Well, and that's-- and that's I mean, specialized group home, not-- not the average group home could handle--

KAREN CHINN: Exactly right.

ARCH: --could handle these kids, you know so-- but-- but that's-- that's the issue it's that, so I'll just ask you. Why-- why is length of stay longer for kids that are placed out of state?

KAREN CHINN: Well, I've always said one of the things in all my work for 37 years is, not to be cynical, but if you're a private provider and you're getting \$400 or \$500 a day for youth, my question is who's making the release decision to say this kid's better? It's time for this kid to come back. And I just believe it is harder to do and logistically when they're halfway across the United States. They're not seeing their family. The family is not asking questions about is it time for my child to come home? I've typically seen in states that have a heavy reliance on private providers, a longer length of stay. And so, you know, not to be cynical about it, but it's, you know, there's no vested interest in saying, OK, they've been here four months or better. Let's get them back to their state or back to their home. So--

ARCH: So--

KAREN CHINN: [INAUDIBLE] and if you look at the report here, the use of out-of-state private providers the length of stay is longer.

ARCH: So my-- my question, though, is as well is this also a function of not having a place to move that youth to step down that youth back to the state of Nebraska? There's no-- there's nowhere to go. And so-- and so that-- that was why I had that chart was, are we talking about-- are we talking about, particularly when it comes to probation, are we talking about youth who are placed in a PRTF initially because they meet medical necessity, because there is-- there is treatment required? But then at some point that medical necessity ends, that determination ends and then the child could be discharged from a PRTF, but there is no place for that youth to go. There is no place to come back to the state of Nebraska for that youth. And so Probation picks up-- picks up the payment from-- from those dollars, not Medicaid. It is-- is that-- am I imagining that? Is that a possibility?

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KAREN CHINN: Yes, I know that's a very good statement. These youth, now that they're all fixed and 100 percent better and their families have all gone through therapy of how best to deal with a youth that has serious psychiatric problems, you know, those-- it's not as if they're going to come back and it's going to be easier to place because the reason they ended up in a PRTF facility, excuse me, is that they have such multiple, you know, serious mental health and other issues. And so having them come back to the-- they've been to an out-of-state PRTF and coming back, I believe that some of the length of stay issues related to that also could be contributed to the fact that where are they going to go? Maybe it's not appropriate to come back to the family. As you can imagine, many of the youth that are placed in these facilities also have serious family issues and the ability to cope with dealing with a kid with psychiatric and other mental health and aggressive behaviors or whatever. So it's not as if they're all-- every kid is going to come right back into a home setting. There is some kids will not have a home setting to come back to. So finding someplace to come back to for the state of Nebraska, like a specialized group home or specialized or professional parenting for foster care, some other kinds of services to really reintegrate a kid back into a community, even if it's not back into their home, that is an issue not unique to Nebraska, that if youth are in this placement, they will need to have some support networks and specialized and maybe a step down to come back and reintegrate back into the community. And sometimes it won't be with their family and it needs to be another kind of placement, more like a group, a specialized group setting.

ARCH: Yeah. And of course, some of that is driven by our payment silos where--

KAREN CHINN: Yes.

ARCH: --where Medicaid would pay for that medical necessity the early days of the PRTF. But after that, then it would have to switch to General Fund dollars. And so the specialized group home would be General Fund dollars, not-- not Medicaid eligible payments. Yeah, we-- I mean--

KAREN CHINN: [INAUDIBLE] specialized group home that would depend because if it's not a lock setting in a group home, there could be Medicaid reimbursement. And you do have some, I don't have it in front of me right now again. I mean, it certainly was brought up as an issue and I wanted to put that in there. But I-- it was the [INAUDIBLE] of

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my work to do an assessment of, need to be honest, just to do an assessment of group home facilities and utilization of the state of Nebraska. But because I've done this work around the country and because it was brought up by clinicians I talked during the process, I do know that is an issue that's something else in the overall-- and even kids that are placed in Kearney that are, you know, getting toward the end of their placement there, the same issues apply. And it's not like they're going to go back to a, you know, a correct setting in their-- their homes. Some of them will. But then some of them are going to need something else to step down to and a specialized group home that those can be Medicaid eligible placements.

ARCH: OK. I wasn't aware of that, that specialized group homes could be Medicaid. OK. OK. Yeah, because I, you know, I think that-- I think that there's probably more financial analysis that-- that we need to do, particularly as we take a look at-- at the cost of placing [INAUDIBLE] I mean, youth in the state without a doubt is better closer to the family, closer--

KAREN CHINN: Yeah, yeah.

ARCH: --closer to the community, without a doubt. The financial piece, we have to do a little bit of analysis on. But-- but those are-- those are the-- those are my questions at the present time. Thank you.

PANSING BROOKS: Thank you, Senator Arch, very comprehensive. Appreciate it. Thank you. Any other questions from anybody? Miss Chin, thank you for all of this information. It's voluminously important and comprehensive, and I appreciate it and I know we all do. I guess I'm just going back to one of Senator Arch's previous questions. So right now we're spending \$9.1 million basically on out-of-state PRTF placements. Is that correct? That's what I'm seeing.

KAREN CHINN: That's correct.

PANSING BROOKS: OK. That was on page 31, but then on page 58, you talked about the total cost estimate is going to be about 3.8. And that-- and that's where you said to Senator Arch that we don't know how much we'll get back from Medicaid or other reimbursements. Correct?

KAREN CHINN: That's correct.

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PANSING BROOKS: OK. So and then the total to create a new unit, I'm having trouble finding that. I know I marked it, but I'm having trouble finding that.

ARCH: The capital-- the capital requirement?

PANSING BROOKS: Yes, the capital requirement. Could you please remind me what that was or what page that's on?

KAREN CHINN: My report didn't speak to the capital cost. I believe, Mike, the architectural assessment. I did not do that. I was not the architect on the project so.

PANSING BROOKS: OK. So I guess one of my next questions then, I will reserve that for him, is that have-- have there been any studies about recidivism or improvements or the-- or what kind of value it is to send a kid out of state versus keeping them here connected to their homes and their families?

KAREN CHINN: Well, I haven't seen any recidivism data on the exact population that the 38 youth that were in the PRTF placements out of state. I can say this from my national work and my involvement with national child welfare organizations. We do know that the-- placing youth far, to not tie them into their family or community and trying to develop those ties when they come back is very detrimental. In fact, the most recidivism rate the juvenile justice, the state of Missouri, I'm sure you may have heard the Missouri model, where they decided 30 years ago to have small home-like facilities placed throughout the state. They operate about 30 facilities, and they have a very low recidivism rate because their point is to keep kids in their home community. And while they're incarcerated in their small facility, they're working very diligently to either work with families or whatever the family equivalent is to have those youth visiting with family and develop group therapy with family and youth so that when they do come out of their facility, they transition back and they have a lower recidivism rate. And one of the key links to that has to do with being close to their home community.

PANSING BROOKS: OK, that's-- that's what I was presuming so.

KAREN CHINN: Right, yeah.

PANSING BROOKS: Yeah, yeah. We just need to get some of that information because, you know, when you look at costs, if people keep returning, it's just a revolving door and we're not solving anything

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and we're making at times matters worse. All right. Well, I appreciate-- Senator Arch, you have another question?

ARCH: I was just going to make one other comment. And that is that with regards to your question on capital, it appears as though the analysis and I think that-- I think we'll have a representative from CWP but I--

PANSING BROOKS: Yes.

ARCH: --they did the analysis of do you renovate certain buildings? Do you build new? And I think building new was about \$14 million for the two-- two units.

PANSING BROOKS: OK, that's great. Thank you. So I couldn't find that. I knew I'd seen it somewhere. And so-- and that's an interesting, you know, thing to look at. We-- when I worked on the bond issue for Lincoln Public Schools, we contemplated putting-- taking down Southeast High School versus improving it and looked at the cost differentials. And it's-- it's just something important to weigh. Thank you. Any other questions from anybody? No? OK, thank you so much for being with us, Ms. Chinn.

KAREN CHINN: Thank you.

PANSING BROOKS: And we appreciate your report and your willingness to come and be with us today. Thank you.

KAREN CHINN: Thank you so much.

PANSING BROOKS: Thank you. OK. And next, we would like to have Mike Goertz, Goratz, Goertzen?

MIKE GOERTZEN: It's pronounced Goertzen.

PANSING BROOKS: Goertzen, OK, sorry, from Altus. Please come. And-- and if you would spell your name for the record, we didn't really have Ms. Chinn do that, but we know her spelling and everything and just explain the company [INAUDIBLE]

MIKE GOERTZEN: German name, I'm from central Nebraska originally.

PANSING BROOKS: OK.

MIKE GOERTZEN: G-o-e-r-t-z-e-n.

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PANSING BROOKS: OK, thank you, Mr. Goertzen. And could you explain the company you're with and--

MIKE GOERTZEN: Yeah. I'm with Altus Architectural Studios. We are a firm that specializes in, I'm going to say, 90 percent of our work is in the healthcare side of-- of the business. And I've been with Altus for four years. Prior to that, I was with HDR for 30 years. So out of my 40-year career, 34 of it has been healthcare related so.

PANSING BROOKS: OK, great. Thank you very much.

MIKE GOERTZEN: Thank you.

PANSING BROOKS: And do you have a brief statement to start off with or?

MIKE GOERTZEN: I'll just-- I-- I really don't, but I'll tell you what we did--

PANSING BROOKS: OK, that would be wonderful.

MIKE GOERTZEN: --and how we kind of approached this. We were asked to come in and on the Lincoln Regional Center campus, which is on the, kind of the west, I'm going to say southwest portion of Lincoln, we were asked to look at buildings, evaluate, you know, are there alternatives here for locating the PRTF in one of those? And then also there were some locations on site that may be alternative, I'm going to say no new buildings or-- or new. So in our process, I brought in a team of engineers who we wanted to look at it as a whole. And we did a couple of different walk-throughs of the buildings. One was more just getting our feet on the ground, understanding what was there. And then we came back second-- the second time with more-- looking at more of the detail. And I heard you asking about the tunnels. That's an incredible tunnel system underneath there. As I understand it, that tunnel system, just to kind of answer your question that you had earlier about the tunnels, I think, as I understand it, originally there was like food service, laundry, all those things that kind of serve that campus when it was, you know, I guess in the beginning, all of the, I'm going to call it back-of-house stuff, happened underneath that tunnel. And with time, you know, it's-- it's also used for the central utility plant, their steam, hot water that fed all of the buildings. And so that stuff is all there. I'm not sure that I'd want to spend much time down there; but you know, it's a big wide-open spots, you know, anywhere from seven- to eight-foot ceilings. And

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they're probably 10-foot wide. So it's-- it's pretty wide space
[INAUDIBLE].

PANSING BROOKS: OK.

MIKE GOERTZEN: So we looked at the campus and-- and we actually walked through almost every building. We did not walk through the administrative buildings. And-- but we did look at, I mean, it's been since October since I did this so I've got to look at my numbers again. You know, we walked through Building 14. We did not walk through 9. That was an administrative building. I walked through 10, 11; 7 is the old building that's standing there vacant. We walked through that and Building 3 and 5. We did not walk through 1. That's used by the Corrections Department, I believe, is office space. So we looked at this thing to-- to kind of figure out, OK. It was kind of difficult actually to kind of get my head around how to look at this because there are so many buildings and so many options. And I was trying to figure out, OK, how do I-- how do I look at each building, come up with options and really kind of funnel it down? So in the end, I've got a couple of recommendations or options that might be more viable. And so the study wasn't as easy as I thought it was going to be coming in just because of-- of the magnitude of looking at all these buildings. So we did look at, and I'm not sure how you want me to do this, but I can talk about really each of the four buildings, plus the two sites that we looked at. And so in doing that, I'll talk about the two, I'm going to call it the two new sites last. So starting at the south end of the campus Building 5--

PANSING BROOKS: Mr. Goertzen, could you tell the page that you're on? Because I think we're looking--

MIKE GOERTZEN: Sure, I am page 6 of 38.

PANSING BROOKS: OK, thank you.

MIKE GOERTZEN: Yeah. Find it? OK.

PANSING BROOKS: Yeah.

MIKE GOERTZEN: OK. Building 5, that one is, I'm not sure what they call it, it's-- of the buildings out there, I'm going to say it's probably the most secure of the-- of the buildings. It's a lot more security in how things are controlled and done in that building. Let's see, let me flip to my just heading here, Building 5, it's called the men's forensic psychiatric services building, MFS they refer to it as

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out there. It's a 56,000 square foot building. It was built in the '50s. And so in our look at that, it's kind of an odd-shaped building. It's a bunch of Ys. And so when I-- when I-- when we did our evaluation, we looked at, OK, how can we put the program that Karen came back with, you know, roughly 30,000 square feet, just rough numbers. And so I looked at how would I make this work? Because it's a 56,000 square foot building. We got-- we only really need in the 30s square footage. How does that all work? Because looking at the PRTF, you know, that's-- that's an isolated healthcare group and you really want to keep those patients separate. It's-- it's not a good idea to mix populations. And so after a little bit of thought, we little-- somewhat discounted that building, because what would you do with the rest of the square footage? All of a sudden you got a bunch of building there that's-- that's not useful. So we kept our look at that building kind of pretty simple and a little bit high level. Then as you move up, I didn't look at building-- I started on the bottom of that list on the left. One was the administrative building for Correction services. So obviously we didn't look at that one. Building 3-- Building 3 is called the acute men's. And it-- pardon? Oh. Building 3 was built again in the '50s. It's a 43,000 square foot building multistory. And we did look at that building and some options on-- on how we could put this program in there. Now one of the things that it does offer, it's-- I'm going to say it's to the west, excuse me, the east side of the campus along Folsom Street. So, you know, if you were running programs out of there, at least it has an access that you can get the patients from there to whatever program, school programs or whatever programs that you're running, maybe off campus. And so that was probably one of the maybe advantages if you were to use this building. Now it is a little bit oversized. It would take a lot of work to come in and-- and renovate it to antiligature and-- and means of keeping the patients, we refer to them as patients, the patients safe within there. It's a multistory so there are some challenges that go along with being multistory building and especially with the volumes that you're looking at, lower volumes. In that building, you'd have a-- there's a couple of wings. And so you'd have really kind of limited us to two-bed areas maybe on one floor, another bed area on a-- on a-- on another floor. So you have a lot of separation there. And as Larry mentioned, or maybe it was Karen had mentioned that, you know, being one story, there's-- there's the advantages of staff being able to control, monitor, and keep an eye on what's going on. And being a three-story building, it's a-- it's a little bit-- a lot more challenge. You would probably end up with the physical activity things that they do, you know, putting those at the

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lower levels, getting access to a gym or-- and so you're having to move patients up and down vertically to get them to different things. And so there's a lot of challenges that go along with that. But I didn't want to rule anything out, so I took a look at that building. Building 7, moving-- well, yeah, I'll do 7 next. Building 7, that's-- I don't know if you guys have been on that campus, there's an older building and it's--- it's sat vacant, as I understand it, for about seven years. We entered through-- the front doors were locked and entrance was. We had to go down in the tunnels, come up and into the building. There's one stair in that building covering the whole thing. So from a fire standpoint, it's not a safe building. From a structural standpoint, I'm going to say that it's not a safe building. I walked from-- I was up on the second floor. I walked from one area. There's a big open room that was on the north end and I walked in there about 10 or 15 feet and I stopped and I backed up. The floor was squishy. And, you know, from across the street, the building looks kind of cool, but you go inside and it's evident to me that-- that there's been a lot of termite damage. There's a lot of just structural things, you know. When a building sits empty, they-- things just happen to them. And then to the west half of that building, there was an addition that was done in the '50s. Now that was where the central kitchen was that served the campus when it was-- when it was, I guess, a higher number of occupants. Looking at the building, I think there's just a lot of things that would need to be done. And unfortunately, it's-- I think it's to the point where it's-- it's not a good, viable option to renovate it. As I said, there's one stair. And then if you look at the stairs, in today's world from a code standpoint, we call it the 7-11 rule, 7-inch risers, 11-inch treads. That building was, I think, the 8-10 rule. So your stairs are steeper. People aren't used to working-- walking on those. So there would be-- have to be a tremendous amount of work to make that building viable. You know, as I said, the windows are-- every-- just about every window I looked at was termite damage. Doors were damaged. The building is in pretty poor shape. So-- and my option for that building was to tear it down and to build something new there. You'll see in your packet there's a plan that I did just as a test fit. I took Karen's square footage and-- and we put a one-story on there just to see how it would fit, what it would do and access because these kids require, you know, there's-- there's programs that they're off campus, they're on campus. They bring parents to campus. And so I looked at that too. Now, unfortunately for that location, you've got to go by the whole. You've got to go through the whole campus to get to the back to the building because it's to the back central part of the campus. Looking at Building 10, that is currently

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the women's building. It's just had some renovations done. It's closer to square footage of-- of the program piece; but again, that building like-- like Building 3 is multistory. So there's those challenges that you have to-- to get a 28-bed unit that would be minimum probably three wings, three eight-bed wings and having good visibility, which makes it easier, helps with staffing and those kinds of things. But we did-- we looked-- we looked at that building. And then building, Building 14, Building 9, we did not look at. That's an administrative office building. Building 14 is the building that now currently houses the sexual offenders. That building is pretty large and I don't believe that they're using all of it, but I don't think that this is a patient group that you want to mix with that patient group. And-- and again, so you move-- if you were to move into that building, you'd have to move that patient group out. Then what do you do with the building? It's-- it's pretty large. So then looking as we go up the list, the old-- I found out later it was called Building 15, the one that was demolish-- demolished on the north end of the campus. I did a test fit to see there. One thing that I did look at there is, you know, it was four or five years ago Lincoln had the flood, the Salt Creek flooded. I did pull the FEMA maps and we're kind of right on the edge. But it looked like to me that we can work around that, either-- either do mitigating things that-- that would accommodate that. But-- so there would be a way to-- to fit a building of Karen's that she programmed on there. I showed a little additional parking and really kind of to segregate that building from the rest of the campus. And one of the things that it offers is it's to the north end. Most of your traffic is probably going to come from the north end. And so either along Folsom or Prospect or plaza would be the traffic, so it would keep that. But again, we'd want to-- and then I think I showed like a-- like a line of trees to just visually create a sight-- a sight barrier just because we just want to keep that population group. But it's just not a good fit with them with being around adults. So-- so it would fit there. So then we took all that information. We sat down with-- we used a cost consultant and we put dollars to it. Now that's the scary part. And when I say that is because, you know, three months ago, we're starting to see that today-- we're starting to see construction costs kind of level out a little bit. We're still not sure where it's going because we've had a 6 or 6.5 percent escalation rate. And I think that construction cost has actually gone up at a greater rate than that. So we were a little nervous of putting-- putting dollars to-- to the program, just not knowing where construction was going and wondering when is-- when is this going to slow down and be something that we can-- we can look at and say, OK, a

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year from now, we know that what the construction cost is probably going to be close to. Now, in those estimates of that that you'll find in the report, I did include, I'm going to call it more project cost. And when I say that, you know, construction costs, that's the construction cost that it costs to build a building, the nuts and bolts and you know, the screws and everything that holds this building together, the concrete. And I wanted-- I thought if somebody is looking at this from-- from how do we fund this thing in the future? How do we make-- make things happen? You know, because you're going to have furniture that goes in there, you're going to have beds; you're going to have new equipment. You know, there's all those things that we kind of refer to as soft costs. And so I took and I looked at some historical data. And just from a percentage standpoint, I put some of that stuff in there. So just to make it easier to understand what you were looking at.

PANSING BROOKS: Thank you.

MIKE GOERTZEN: Yeah. Questions?

PANSING BROOKS: Yes, Senator Arch.

ARCH: Thank you. So in summary, as I took a look at your report, Building 3, 5, 7, 10 and 14 were renovation--

MIKE GOERTZEN: Right.

ARCH: --renovation buildings. But I also noted and you have notes on most of this that if they're currently occupied, and those I believe are, there is no cost for moving the services--

MIKE GOERTZEN: Yeah.

ARCH: --or-- or the-- the patients that are in that area. So there will be additional cost to move those and relocate those to another area.

MIKE GOERTZEN: Exactly. And the reason, because I don't have a program, I mean, if you were to move, I'm just-- I'll use women's as an example. So if you were to move the women's program out of Building 10 and create a-- create another program somewhere else, whether that's a new building or trying to, you've got to accommodate, you're not going to build it to-- to what it was built in the '50s or '70s, that was a '72 building, I believe. You're not going to build what you

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built in 1972. You've got to build it to what you're doing in today's care and--

ARCH: Sure.

MIKE GOERTZEN: --looking to the future. So without a program and saying, you know, instead of 40,000 square feet, they might need 50,000 square feet, just as an example. Obviously, that extra 10,000 square feet is-- is dollars. So I-- I found it kind of hard trying to identify that cost. And that's why in there I said, you know, if you were to relocate a program, there is going to be additional cost that drives that dollar.

ARCH: So-- so then you're really left with two options. You're left with demolishing Building 7 and building a new PRTF--

MIKE GOERTZEN: Right.

ARCH: And-- or build on the-- on the old Building 15 site. The building's already gone.

MIKE GOERTZEN: Yeah.

ARCH: The building is demolished. So there-- so really, the difference in those costs is demolition.

MIKE GOERTZEN: Yeah, there's demolition cost--

ARCH: Site work.

MIKE GOERTZEN: It's amazing that that tunnel still goes to Building 15. Now all the pipe and--

ARCH: Yeah.

MIKE GOERTZEN: --when I walked through there, all of it would have to come out. There, you know, I'm not an environmental specialist, but just my years of looking at stuff, I'm guessing that all that pipe was wrapped in asbestos. So-- so there'll be costs associated. So I tried to cover what I thought might take care of that.

ARCH: So while there-- and then, of course, if you remodel another area, you're going to end up with a PRTF that isn't today's standards, either. You will compromise on that.

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MIKE GOERTZEN: Yeah, there's-- there's compromises because-- and Karen hit on that, you know, trying to-- trying to do things at one level and trying to build in flexibility. You know, on those three test fits that I did, you know, I had three wings coming out. And so that kind of builds in some flexibility there. So depending on what your ratio is of-- of male to female, you know, so you can adjust patients around. You know, I know that those numbers can almost change daily, if not, you know, weekly, if not daily. And so they can adjust that, you know, and knowing that, you know, there are certain patients like Karen referenced, you know, there may be some that-- that should be teamed actually with somebody. You know, if there's a patient that's maybe suicidal or something, they sometimes will team those with another just to keep them-- keep them in the mix, you know. So the hope that those two schemes actually we're thinking about, how do I do this and-- and being able to best utilize staff without having to add extra staff and-- and-- but then also keeping in mind that we're thinking about the patient safety.

ARCH: This is probably a question for Mr. Kahl, but I'm assuming that you took a look at the Lincoln Regional Center property because the PRTF would need to be licensed under a hospital.

MIKE GOERTZEN: Right. Correct.

ARCH: Correct?

MIKE GOERTZEN: Correct.

ARCH: And so that's the logical place to put that in proximity to the hospital that will hold the license of the PRTF.

MIKE GOERTZEN: Yeah. Correct.

ARCH: OK.

MIKE GOERTZEN: Now that doesn't mean that it couldn't go somewhere else.

ARCH: Yeah.

MIKE GOERTZEN: You just-- there are some administrative things that you-- that you would have to attach to it, if you will.

ARCH: Right.

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MIKE GOERTZEN: That goes along with--

ARCH: Including [INAUDIBLE] including CMS regulations--

MIKE GOERTZEN: Yeah, right.

ARCH: -- and distance from facility.

MIKE GOERTZEN: Yeah, CMS, FGI guidelines that go along with-- with governing hospitals.

ARCH: Yeah, the other-- the other, I'm kind of getting in the weeds here a little bit, but the other-- the other question that is out there and again, this is probably for the department, not for you, but there-- there are some complicating factors to what's called the Institute of Mental Disease. There's a-- there's an archaic federal regulation called for IMDs that we just want to make sure that we also do the research on that so that we don't trip into that accidentally, but that sometimes-- sometimes conflicts with PRTFs.

MIKE GOERTZEN: Yep.

ARCH: So thank you.

MIKE GOERTZEN: Thank you.

PANSING BROOKS: Done? Thank you. Any other questions? No questions. OK.

MIKE GOERTZEN: Thank you.

PANSING BROOKS: Thank you very much for coming today. Oh, sorry, Senator Walz.

WALZ: I guess I do have a question. Sorry. So I just want to make sure, I'm trying to read through the report, this-- the new facility would also provide all of the other services, the programmatic services right there in the building. Education would be within this building, recreation, mental health.

MIKE GOERTZEN: Recreation like we've got a gymnasium that we have figured in there. And so Karen, in her program, had identified square footage for a gymnasium. So I got in a little more detail when I did the option or the Building 7 replacement. But you know, like I actually identified, OK, this box would be the gymnasium and-- but we

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have all of that in there. And then I thought about how do we move patients in and out because, you know, say there's a program. Some kids may-- they may want to keep in a school program somewhere. How do we transport those? And so I thought about, you know, how do I-- which direction do I orientate this, this building? The building, the Building 7 option I located, I oriented it so that, you know, there's actually some kind of nice views out there. But-- so I oriented the fingers, the bedrooms more toward the south. And-- but I put a tree line so that-- that you wouldn't see Building 5 and-- and also to help, you know, keep that separation, the visual separation between the adult patients and the adolescent. Building 15 site, that's the one to the north, I oriented that so that the beds kind of face more towards the northwest and there's a nice, like a tree line over there. And you know, your environment that you're looking at is-- is-- is, you know, there are some studies that show that that helps in care. And so how you set up your environment and making it peaceful helps maybe some of those that are a little more distracted or can be a little more agitated. You know, if you can create some peaceful environment, it helps.

WALZ: Um-hum.

PANSING BROOKS: Yes, Senator Arch.

ARCH: Just one other question. This-- you have designed this as a locked facility, haven't you?

MIKE GOERTZEN: Correct.

ARCH: Yeah, so it would have--

MIKE GOERTZEN: Yeah.

ARCH: --it would have the key cards. It would have the security for-- for a locked facility.

MIKE GOERTZEN: Yeah. And that included-- that was-- part of what drives the cost doing these things, antiligature stuff, all of those things that go into these kinds of buildings are I'm going to say not off the shelf.

ARCH: Right.

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MIKE GOERTZEN: And so those items tend to be a little more costly, you know, like you want to put in a window system that-- that'll take a certain impact load. And, you know, so all that stuff factors in.

ARCH: But-- but-- but much easier to do new than trying to retrofit the antiligature, which is what, of course, the department is going through with--

MIKE GOERTZEN: Yeah.

ARCH: --the hospital now.

MIKE GOERTZEN: And I've done that at other facilities. You know, most of them are like smaller behavioral health units that might-- that might be in a hospital and you end up going in and just about gutting everything and almost starting over because it's just so hard to put up the impact resistant gyp board and all those things that you have to do.

PANSING BROOKS: OK, thank you. Any other questions? No. Thank you very much for being here today. We appreciate all your input and great work.

MIKE GOERTZEN: Thank you.

PANSING BROOKS: Thank you very much, Mr. Goertzen. OK, and next we have Al Povondra from CPW [SIC] Architects. Welcome.

AL POVONDRA: Good morning.

PANSING BROOKS: Good morning.

AL POVONDRA: [INAUDIBLE]

PANSING BROOKS: And is it Povondra?

AL POVONDRA: Yes. My name is Albert Povondra, P-o-v-o-n-d-r-a, nice Czech name from south Omaha. Good morning. I appreciate the opportunity to present our study to you. I suspect one of the reasons we were selected in the interview process is because Karen and I have been involved in youth for a long time in the state of Nebraska, the juvenile-- State Juvenile Master Plan and the update. And about 10 years ago, one of our recommendations for the YRTC campus was to replace the housing. And so there is a little-- little background, a little insight into how we ended up with the recommendations that we

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did. The-- the YRTC Kearney campus is off the charts unusual in my opinion. It is a wonderful place. It is. I mean, it's-- it's a-- it's a college quad campus. Staff there has maintained it well in spite of, you know, building some of the buildings being built right after World War II. It has amenities that you don't necessarily see for youth. It's got a swimming pool, gym, large school, chapel. There's a vocational shop. It's got-- it's got a lot of things that you don't normally see for youth, and it's-- it's terrific. The glaring problem with that facility, and again, we've been saying this for 10 years, is that the housing area, the housing areas, there's actually four buildings that at one time had housing potential. Dickson Hall is probably the newest building, I think, 1968. It's very institutional, kind of a detention, hard-- hard-core detention facility, primarily used now as-- as intake and initial evaluations. Then you have two large dormitory buildings; and on the second floor of the dormitory buildings, basically you're warehousing kids. They're in an open environment. There's little privacy at all. The-- the gang toilet facilities on the lower level are remote from the sleeping rooms. There-- there's very little privacy. So as you look at the campus in total, it's terrific except for the housing units. And that's-- that was the focus of-- of our recommendation. Our study had basically three components. One was Karen Chinn, and I've worked with Karen Chinn for 26 years, mostly all--all in Nebraska on youth facilities. She basically did an assessment of, as you've seen in the study of analysis of what type of youth you're holding there, how the quantities dramatic-- dramatically dropped in the last 10 years. You were-- 10 years ago you were doing 450 intakes during the year and dropped down to 83. So-- and that is across the nation. It's youth. People just aren't locking up youth for-- there's alternative programs. And the state of Nebraska is lucky that it's got some good alternative programs for youth rather than putting it, putting them in a YRTC. So her-- her-- her tasks were to come up with an analysis of the type of youth that you're handling, coming up with the space program on solving the worst problem that you have on YRTC which-- which is inadequate housing. My role in that was to basically look at the capital improvements, basically coming up with preliminary design, cost estimates. We had a professional cost estimator check my numbers. Always good to check an architect's numbers. And then we did a timeline and there was a question about what's the timeline? The answer to that is that we're projecting this is about a two-and-a-half-year process from you advertising to hire an architect, hiring an architect, designing the building, going out to bid, getting bids, going through the state procurement process of getting the

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contract going and then building the facility so it's about a two-and-a-half-year process is what we're-- what we projected for that. And then the last component of which we had Matt Krause, a partner in our firm, headed a team of mechanical, electrical, and structural engineers to go through all the buildings and provide a detailed analysis. And you have that. There's-- there's a part of our study, which is a summary of each building. And then there's a appendix, a large appendix that has an evaluation of-- of specific components in that. We-- we talked about cost and I'm trying to give you an exec-- executive summary here. And if you-- if you have specific questions after that, I'd be glad to ask. The cost for the recommended options was about \$15 million. And basically it was about \$13 million and change to build two housing units, each with two components in each housing structure; 12 beds expandable to 14 beds on each side, so you can go from-- from 48 to 56 beds based upon if you use the double rooms that we have. A couple of the double rooms, most of the rooms are single occupancy. They have views to the outside and again, any questions about the specific design I'd be glad to-- glad to answer. With that, I'd like to open it up to any questions that you may have on what we-- what we did in the study.

PANSING BROOKS: Thank you very much. Yes, Senator Arch.

ARCH: So we learned quite a bit at Hastings that-- that the original construction was not adequate. So do you have additional costs in for different windows, different wall structure, that type of thing? I mean, what's-- what's the level of construction that you estimated?

AL POVONDRA: This is a staff secure facility, which means that it is-- it is not a maximum security facility. The doors are not necessarily locked. Generally, we try to put panic release [INAUDIBLE] If a kid wants to leave the house-- the housing unit at night, he pushes the panic bar and there's a 15- or 30-second delay and the alarm goes off so staff has the ability to-- to answer that. As you know, on the Kearney campus, you spent some money recently to upgrade the security perimeter. So you've got a lot of steps in between. Being involved in the correctional youth facility for the state, the Sarpy youth facility, the northeast Nebraska youth facility, I am very aware of acting out kids and vandalism. So to answer your question, is this-- this is designed and costed out as a vandal-resistant facility. On the other hand, and it's a challenge, on the other hand, it's meant to have a noninstitutional, home-like environment. These kids are going to be spending a lot of time in here. There's a lot of amenities that they can-- they can get to. They have their own private outdoor

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recreation that they can-- they can be sequestered in. There's a lot of natural light, etcetera, etcetera. But yes, vandalism and acting out and [INAUDIBLE] use is considered in the construction.

ARCH: Thank you.

AL POVONDRA: You're welcome.

PANSING BROOKS: Any other questions? Oh, yes, Senator Lowe.

LOWE: Thank you, and thank you for doing the design and everything. You said vandal resistant, not vandal proof.

AL POVONDRA: I'm not sure there's anything that's super-duper ultimately vandal proof. I mean, I work for the State of Nebraska Department Correctional Services. We, you know, we do maximum security facilities. What I'm talking about is there's all kinds of levels. For instance, take a light fixture. There's all kinds of levels of protection that you can do a light fixture. There's-- there's commercial vandal resistant and then you get into the detention fixtures. And generally, I'm basically talking about the commercial grade vandal resistant fixture, which means that doesn't have a glass lens. It has generally a Lexan Lens. It can-- it can take-- take pretty good abuse. One of the benefits of the housing units that we have is you're going to have pretty good staff supervision because they're not in an open warehouse wandering around. They're basically being-- being supervised closely. Somebody was asking earlier, I heard about staffing and are we going to increase staff? And Karen's take was, no, you're not going to increase staff and there are some efficiencies on the night shift. And that's true. There's enough money in the budget to do concrete block walls. There is enough money in the budget to do vandal-resistant windows. There's enough money in the budget to do robust doors and frames and locks. A kid-- if a kid is in this room and is, you know, kicking at the door and stuff like that, it will hold up for that.

LOWE: And we've toured Boys Town before. And at Boys Town they have very high ceilings so that they weren't able to hit the fire sprinklers. Is that built into this also?

AL POVONDRA: Yes, and we would use detention grade sprinkler heads. You know, ligature is-- is going to be a consideration for hardware. You know, we don't want-- prevent any suicide attempts as much as possible. So there's a whole range of-- of vandal-resistant and

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suicide-resistant devices in fixtures that we'll use. We'll have all the, you know, the fire alarm bells and lights and stuff will be protected. So a lot of-- a lot of those things that happen in normal correctional facility would be here. And again, the challenge is to try to make that work as a home environment. We use a lot of-- recently, we use a lot of-- of-- of graphics, a lot of biophilic design where we're referring to-- to nature with-- with graphics that we put high up on the walls. They're not vandal resistant, but yet to try to create a different type environment than an institutional environment in the interior.

LOWE: I don't remember it in the drawing. Does each one of the individual rooms have its own restroom?

AL POVONDRA: Yes. That was a part of our discussion. And again, there's, you know, there's two-- two schools of thought on that. One is, OK, I've got my bedroom and I got a toilet in it and I got to look at a toilet. The other-- the other side of the fence is how convenient is that for youth? And-- and how safe is it for youth to have to go to a gang toilet in a day room at night? So the decision was made with-- with the people that we were working with-- with-- with Larry and his-- his folks and the folks at the YRTC that, yeah, they thought they would prefer they would be-- they would be a wet room.

LOWE: OK. And would that room have multiple floor drains [INAUDIBLE]

AL POVONDRA: They will have a floor drain, yes.

LOWE: [INAUDIBLE]

AL POVONDRA: If they flood the toilet, you're right or sink or whatever. There will be a floor drain for that, right.

LOWE: Yeah. Well, my thought was if you, because at Boys Town, you got multiple drains. So if they plug one up, the other one would also--

AL POVONDRA: An overflow.

LOWE: --can overflow. I thought that was a great idea. If they're going to cause damage, they want to cause damage.

PANSING BROOKS: Yes, Senator Halloran.

HALLORAN: Thank you. Thank you, Chairperson Pansing Brooks. Thanks for being here. Not to belabor the difference between vandal proof and

vandal resistance, but at the Hastings facility, they started off with glass windows and ultimately some of those, many of those were broken out, causing injuries to the person who did it. But so subsequently they put on a, like a poly about a half inch thick poly material to resist breakage. Is-- is that what you're looking at here initially?

AL POVONDRA: I would probably be thinking about and again, when you get into the design process, you get into the minutia of all those details. We will suggest materials and the user is going to help us decide what they feel is appropriate. We do give the pros and cons. To answer your question, what I would recommend is using a glass laminate polycarbonate and that is a detention glazing. And what that is, is it's a-- it's a piece of glass with sound and you can make this different thicknesses based on whether you want it to stop a 30.06 rifle bullet or whether you want it to just handle impact from somebody with a hammer. But basically it's glass and then several layers of-- of polycarbonate and then an outside layer of glass. And the reason we use the glass with the polycarbonate is because if you use pure plastic, pure Lexan, it scratches. And over time it becomes cloudy and it loses effectiveness, etcetera. So glass on polycarbon is the gold standard for-- for high end detention.

HALLORAN: Would it be transparent or translucent?

AL POVONDRA: No, it's transparent. I mean, you can make it-- you can make it trans-- translucent. But I think from from a perspective you're in, if you're in your-- your-- your sleeping room, having the view and you've got a wonderful campus, having a view to the outside with all the, you know, the nature that you have out there, I think where I would start would be going to make a transparent glass.

HALLORAN: OK. Thank you.

PANSING BROOKS: Thank you. Any other questions? No. Well, we appreciate your coming and doing all this work. How many other-- have you done other facilities like this?

AL POVONDRA: Yes. I did mention originally we did a correctional youth facility, which was originally an HHS facility. John Hill ran that before the Department of Corrections took that over. So that was-- that-- that turned into a much harder facility. Obviously, it's a different level of youth. There are a lot of them are tried as an adult that go there. So we did that facility in 1995, was the first

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project I did with Karen. Karen programmed that. I've done Sarpy County's Pat Thomas Youth Services area.

PANSING BROOKS: OK.

AL POVONDRA: I've done the Northeast Nebraska facility in Nebraska. We've done-- we finished, maybe three years ago, a facility in Cheyenne, Wyoming, for-- for youth services. So we do adult facilities too. We do correctional facilities, but youth facility is a different animal for me. And it's-- it's--

PANSING BROOKS: It is.

AL POVONDRA: --it's-- it has-- it has a completely different approach and philosophy, but it still does. Having-- having correctional background gives-- gives us the opportunity to be able to design elements within the youth facilities that can stand up to the abuse and-- and-- and still make it home-like and noninstitutional.

PANSING BROOKS: So with-- with some of those, could you explain the differences as you create between youth facilities? What are some of the things that you really look to do that are different than adult facilities?

AL POVONDRA: Well, they're smaller.

PANSING BROOKS: Yes.

AL POVONDRA: They're smaller. They have more-- more programming and educational opportunities in them. They have, you know, even in what we're proposing here where, you know, we have-- we have small laundry units within. And again, it's a lot of being accountable, trying to be accountable, trying to have-- there's-- obviously the staff ratio to youth is completely different. It's-- it's much higher. There's just more contact. I mean, a lot of-- a lot of things that, I mean, ironically, a lot of-- a lot of Corrections [INAUDIBLE] now are trying to get-- get into some of the-- some of the-- the beneficial things that-- that we're doing in youth facilities. But it is still a completely different animal. It's-- it's-- it's-- it's not detention. It's basically-- it's basically looking, what Karen likes to say is a trauma, trauma-based design where-- where you're-- you're-- you're trying to address the issues that kids have. Having my own kids, there's a lot of issues with kids, as most of you probably have kids.

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PANSING BROOKS: And-- and are you seeing a-- a movement towards and did this include an intentional movement towards not including rooms for solitary confinement? Because that's the trend across the nation that they're only used for short-term purposes if-- if the child is at imminent risk of harm to self or others,

AL POVONDRA: We have in the program what's called a quiet room and it's allowed to take-- it's there to allow to take kids and put them in a-- in a-- in a timeout setting where they can calm down. It's-- it's a room that is furnished completely different than you think of solitary confinement. But-- but if-- if, for instance, if there's a fight where a kid is acting out or he's having really extreme issues that can pull him away from the group, say, during-- during the day and pull him out and get him-- get him to quiet down. And he's right next to the staff area where staff can observe what's going on. And that's meant to be a short-term hold. That's-- that's meant to, OK, when you're calmed down, you're coming out, you're going back. So-- so there-- when we talked about Dickson Hall and the institutional look on that--

PANSING BROOKS: Yes.

AL POVONDRA: --that gets toward what you're talking about basically is more isolation, less-- less staff contact, that type of thing.

PANSING BROOKS: OK, thank you. I was just interested in that perspective. Yeah. OK, I appreciate it. Any other questions for Mr. Povondra?

AL POVONDRA: Povondra, it's a tough one.

PANSING BROOKS: Povondra, yeah. Thank you. Thank you for your work. We

AL POVONDRA: Thank you very much. I appreciate being here.

PANSING BROOKS: We appreciate your coming and explaining this to us and going through it a little bit. It's voluminous, as you know so.

AL POVONDRA: Thank you.

PANSING BROOKS: Thank you. Appreciate it. And next, we are going to have Jeanne Brandner from Probation, who's here today to give us an update on what-- what's going on. And we're really grateful she's here too. Thank you, Ms. Brandner.

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JEANNE BRANDNER: Thank you. Good morning, Chairperson Pansing Brooks and Chairperson Arch, as well as members of the Special Oversight and HHS Committees. My name, as senator mentioned, is Jeanne K. Brandner, J-e-a-n-n-e B-r-a-n-d-n-e-r. I am employed by the Nebraska Supreme Court's Administrative Office of the Courts and Probation as the deputy administrator overseeing juvenile services. I am here before you today to provide testimony regarding the two reports that have been being discussed. The first is the needs assessment cost analysis for the PRTF facility. The courts and Probation are supportive of the recommendation to develop a state-run adolescent psychiatric residential treatment facility. While we certainly have a large emphasis on in-home and family-based services, there will always be a need for some high-risk, high-needs youth to be served by residential facilities. As the report writer articulated, private providers currently deny many of these youth, especially those that are high risk, high needs that require this level of placement. Many times these denials are based on the youth had already previously been there and burnt bridges, display of aggressive behaviors, and these youth have experienced many traumas, again, which is a very common basis for denials. The fact that youth continue to be placed outside Nebraska simply to access these high-end services demonstrates the deficiencies and lack of support for our youth in Nebraska. The need for an expanded residential treatment facility, our continuum of care continues to be stressed by us through our participation and partnership in many initiatives such as the DHHS Division of Behavioral Health system of care. Further, if you recall, one of the things that brought this forward is the courts have expressed frustration with the lack of adequate placements, as evidenced by court orders for youth to go to the adult facility at the Lincoln Regional Center for medication management, assessment, and stabilization. Clearly a practice that we know isn't best, but we're also struggling for some of these high-end youth that need medication management. Moving to the second report, the site evaluation cost analysis, the design, construction, mechanical, electrical cost components don't deal as much with my daily work, so I was very impressed by everyone's knowledge about those today. However, the foundational intent, purpose, and culture of the facilities is clearly a primary interest here. While the Project Advisory Committee did not specifically request input from the Administrative Office of Courts and Probation, we do collaborate on a quarterly basis with DHHS and a stakeholder group to talk about the YRTC facilities specifically. Beginning on page 9 of that report, the report writer begins to compare our youth rehabilitation and treatment centers in Nebraska to

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juvenile correctional facilities. A lot of that conversation has occurred here today. This comparison demonstrates the ongoing identity crisis of our YRTC facilities. While the Nebraska Juvenile Code specifies that juvenile court is rehabilitative and juvenile court adjudications are not convict-- convictions, our highest-end state youth facilities should also comport with those standards. When we use the American Correctional Association's performance-based standards for juvenile correctional facilities, they are very specifically directed at secure facilities such as jails and prisons that provide safety and security in a controlled manner. Again, much of what was discussed here this morning. You might recall in the March 2021 DHHS-- DHHS Youth Facilities Five-Year Strategic Plan the stakeholder group that I mentioned earlier that continues to meet quarterly recommended that alternative accreditation and licensure options be looked into and be considered. I would also note that the reduced staff-to-youth ratio, the one to four during the wake hours and one to six is absolutely supported and again, much of what was talked about previously to support programming education. It's not just housing youth in their cells all day for security, although it should be operationalized as a standard and not a goal, as indicated in the report. Finally, if this proposal or components of it are implemented, priority should be given to the development of the Treatment and Youth Program Center. Without a robust continuum of skill development, therapeutic interventions, and family engagement, there will be like-- there will likely be little impact to future recidivism. In closing, the Administrative Office of the Courts and Probation continues to be committed, collaborative partner with DHHS. As Nebraska moves forward to improve youth facilities, staffing, and programming. Thank you for your time and I'm happy to answer any questions.

PANSING BROOKS: Wonderful. Thank you so much for being here, Ms. Brandner. Yes, Senator Arch.

ARCH: Thank you. The-- the PRTF-- the PRTF report, the needs assessment showed that Probation is the primary user of out-of-state placement compared to DHHS. Why is that?

JEANNE BRANDNER: Senator, there are several reasons for that, but if you think about the child welfare versus juvenile justice population, one of them is simply age. The youth in child welfare are predominantly younger youth where we have older youth, teenage youth. And so the fact that they've had 14, 15 years of-- of history, they've probably had a number of placements and things like that. So again, as they hit puberty, as that, the mental health conditions maybe become

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aware, the substance use starts, those types of things, it really is a prime time for those types of needs to be displayed. And they're developing their independence and revolting and those types of things, too. So that is why that older population tends to have a higher rate of placement need.

ARCH: Thank you.

JEANNE BRANDNER: Yeah.

PANSING BROOKS: Any other questions? I would. Oh, go ahead, Senator Walz.

WALZ: Thank you. I just have a quick question. Could you repeat your recommendations for the staff ratios?

JEANNE BRANDNER: I am just supporting what was in the report. Those-- those numbers are lower than what a traditional PRTF facility requires by licensure. But-- and let me get them here: one to four during wake hours and one to six at night is what is in that report.

WALZ: Thank you.

JEANNE BRANDNER: And I believe those might even be operationalized now, potentially in the facilities.

PANSING BROOKS: Yes. Any other questions, OK? Raising my hand to myself. Ms. Brandner, I was just interested in what your thoughts are regarding sending-- sending these kids out of state. Have you? I presume you've done studies about the impact on-- on our Nebraska kids being sent out of state.

JEANNE BRANDNER: Yeah, absolutely. And a lot of, you know, this has been discussed this morning. Thank you so much for asking the question, because there's been a number of individuals that ask, what-- what is this population? Why are they going out of state? As I mentioned, some of these youth have already been in facilities in Nebraska and aren't welcome back. Some of them are displaying very aggressive behaviors and some have very specific needs. Kind of those highest needs that we see are those juveniles who cause sexual harm, maybe those developmentally or intellectually disabled or lower functioning youth. And then the aggressive in trauma, you know, trauma impacts, I think, are the big ones. And so obviously, as many before me have mentioned, being out of state makes it much more difficult for the family component, for the youth to stay engaged in their-- in

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anything local, whether that be a church, whether that be even school, friends, family, those types of things. And so it is certainly our preference not to send youth out of state. Again, we primarily want to focus on in-home services, family services because the other thing, and I think Senator Arch talked about this before, too, is we don't want to just have a youth that is stabilized and return them back to a family environment that may or may not be ready for that youth.

Because--

PANSING BROOKS: Right.

JEANNE BRANDNER: --9.9 times out of 10 there are family issues as well, even though many parents will say it's the child, it's not me. There are dynamics within that family that impact that-- that child's behavior. And so certainly having youth closer to home is easier for those therapy sessions for whether it be long-term home visits. You know, as we're getting closer to discharge, can the youth go home for three or four days? Well, if they're in South Carolina, that's-- that's not an option. But if they're here in Nebraska, there are certain things that we can do to titrate that. And as Senator Arch said, we don't typically step you down. And I would relay that just like if any one of us needed to be hospitalized for any condition unless we needed additional long-term, out of, you know, outpatient or not even outpatient, but in-patient services, we would go straight home. And so what we do is have them go home with supportive services at home because there will still continue to be some needs. So we don't typically say, well, now that you're done at the PRTF level, you're going to go down to the group home level and so on; and again wanting to get that youth and family back integrated in their community because these are critical years in their developmental cycle. And so the longer they are away from those protective factors certainly is not what we want to see for their development.

PANSING BROOKS: So thank you for that. So have you-- has there been any research either done by Probation or someone else in Nebraska about the positive effects of sending these kids out of state, the recidivism numbers, the comparison between kids who are kept here versus the kids that are sent out of state, programming differences?

JEANNE BRANDNER: Senator, we-- that's a great question. That is not any research that we've done. We have not looked at differences for in-state, out-of-state. The only special work that we're doing currently is looking at our YRTC population, those youth that are in-- in either Kearney, Hastings, or Lincoln facilities in terms of

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recidivism compared to our population as normal, if you will, for youth on probation. But we have not looked at in-state, out-of-state and those types of things.

PANSING BROOKS: Who would be willing or able or most able to do that? Because it seems like if we're sending these-- these kids away at the tune of, what was it, \$9 million. Is that right? Then if we're not getting any positive results, that's a lot of money to be sending kids out of state, if we're not even sure. And I understand that you've said that these kids are kids that probably have been in the system multiple times, that this isn't necessarily their-- their first time. But if that's so and we're spending this much money, are we getting the bang for our buck?

JEANNE BRANDNER: Yeah, and it's certainly a great question. Who would be willing to look at that? I'm sure any researcher in the state would be willing to look at that. I think the difficulty comes and we're-- we're finding this out, too, in terms of looking at our YRTC youth population. So I'm only saying that in comparison is that, as you mentioned, it is hard to isolate. We don't typically have one child who has only gone out of state. So what really impacted the recidivism? Was it the family life before? Was it the 12 placements prior? Was it the out-of-state? It's really hard to isolate those experiences. But I'm sure there are some wonderful researchers in the state that would have an idea of how we might look at this, or how we might get populations that look similar in-state versus out-of-state to be able to look at that. But it's certainly something that we have not pursued, and I'm not aware that DHHS has either currently or historically.

PANSING BROOKS: So the factors you mentioned apply to any child if we're looking at recidivism, no matter what--

JEANNE BRANDNER: Absolutely.

PANSING BROOKS: --the family and schools and abuse and all of those things. My concern is would we have a cost savings? You know, it's like if you put new windows in for energy efficiency. It costs more in the front, but then in the long run, you save money. So that's the question, and I think that's something the Legislature should be interested in and that we need to go forward on. So anyway, thank you for your thoughts on that. Any other questions? OK. Senator Lowe.

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LOWE: Sorry, [INAUDIBLE] at the end of it. Thank you for being here. And you're talking about the recidivism at YRTC's. I appreciate you looking into that because we don't want these kids going back into the system again. And so is that just within the YRTC system or is that-- is it as they transition into being an adult and going into an adult incarceration as far as that, and so the information flows both ways?

JEANNE BRANDNER: Great question, Senator Lowe, and the answer is yes, because our courts and Probation data does-- we are able to look at both adult and juvenile court records. When we examine recidivism, we look at-- at both of those instances. And so again, depending on projects, definitions, those types of things we may not look into, you know, 25 years down the road. But given that time window, you know, is there recidivism occurring? We do have access to both.

LOWE: OK. And that information is flowing back to DHHS, so they might be able to tweak the programming to help these kids to become upstanding citizens.

JEANNE BRANDNER: Yeah, this is-- this is a great question, Senator. This is the first time we've gone down this road. We do have a representative from DHHS on our work group that's doing this. I mean, this is current active right now with UNL that we're-- we're going down this route. So they are involved. I'm not, you know, I don't know, kind of next steps or we don't have any, you know, results or anything yet. We are really at the early stages of how do we do this, figure this out? What are the best practice standards? Because the Supreme Court certainly has a recidivism definition, but we also want to say for this population, is there something else we should be looking at? So we are leaning on national partners to say, how should we examine this so that indeed it will be beneficial for us, whether it's the wrong kids are going, the wrong programming is happening. I don't know that we'll get those details, but we'll at least be able to have some information and then have some next steps.

LOWE: OK, thank you. And also the counts at the YRTC's are down significant from 10 years ago because the youth are not being sent there, because of other programs that are-- that are happening with those youth. Do you see that that type of programming stays in place? And is it working now that we're not sending those youth to YRTC's? And as a follow-up, we're building two new cottages, maybe, on the YRTC campus in Kearney. Is that enough? Because we're looking at 56 units there with double occupancy.

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JEANNE BRANDNER: Another great question, Senator Lowe. And our members in Probation over the last-- I've been in my position for eight going on nine years, the numbers since I've been here have declined drastically. I think when I first came in 2013, on any given day, we had approximately 3,500 youth on probation. Today we're down to just right at 2,000 kids. And so part of that is there have been some improvements in the state over the years. I will be the first to say we're not anywhere where we need to be, and every single day we hear about service deficits and those types of things. However, there was a great push in 2013, Senators Ashford, Senator Krist and those pioneers that said, let's do something different and have this community-based aid dollars for youth to be able to have comprehensive diversion programs, for there to be community-based things that can happen in the community. So we don't have to have kids that may not necessarily need court involvement to come into court. So I would like to think that that's part of the equation. I also think as we get better about what kids need, that that reduces the recidivism so we have less kids coming back, those types of things. So our numbers have dropped drastically. The percentage of youth that continue to need kind of some of those high-end services have stayed the same, even though the number of kids have-- have dropped. I don't know what that future may look like. I think one of the things that we have to be careful of-- of is what happens sometimes is if you get good results at a facility or a service, then everybody says, well, it must be good, then everybody should go there. I think we have to continue to say the right kids need to go there for that service. And so, you know, if we do that, you know, again, according to the report, our population of youth in the state has increased. But that, as you've pointed out, the daily census, the number of kids on probation, all of those other things have fallen. So I don't know how to answer that because I just don't know what law changes will occur, what things. But if we continue as things are now, I feel pretty confident that those numbers are fairly stable.

LOWE: Thank you very much.

PANSING BROOKS: Any other questions? Yes, Senator Cavanaugh.

M. CAVANAUGH: Thank you. I feel like I would be remiss if I didn't take the opportunity to talk about a juvenile justice integrated data system, since that seems to be what we are talking about here. And I know you and I have worked on this before, and it's something that does actually exist, potentially to come to the floor of the Legislature this upcoming session. So I just wanted the committee

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members to know that there's more that we as a body can do to move this forward and make it easier for you to have access to that data. So thank you for all your work.

JEANNE BRANDNER: Thank you, Senator.

PANSING BROOKS: Yeah, I have another question too. I was just-- we are grateful to you, Ms. Brandner. I'm-- does-- do the courts, do you as head of Probation have an opinion on all of this? Do you feel like this is the way to go forward? Are you free to tell us that opinion? Do you think that we should be looking at something more like Missouri, where they have facilities all over the state, not just at one place like Kearney? I'm just interested in that perspective because we're being given one plan and there could be other ways that we do this.

JEANNE BRANDNER: Yeah, that is a great question, Senator Pansing Brooks, and one that historically again, I have been involved in over my time in Nebraska and there are, as you likely know, a number of commissions, committees, and work groups in the state that have looked at that very question. We currently have, it's the Legislative Children's Commission that has a subgroup that is specifically for juvenile services. And in those groups, that Missouri model that you mentioned does come up as a very interesting model for the state. Is it something different? Is it something that would probably in the implementation stages, finding buildings and those types of things cost more? Yes. But it goes back to, you know, staffing. It goes back to programming. It goes back to those facilities where those kids are located. So if you are talking Kearney, those kids don't all come from Kearney. As a matter of fact, I think the majority of them come from Lincoln, Omaha, and-- so Douglas-- Douglas, Lancaster, and Madison County, which is in the northeast Nebraska area, I believe, were the top three counties that are referring kids there. And so it goes back to our earlier conversation: Is that most beneficial? Maybe, maybe not. You know, it depends on if we put an emphasis on the family components. Even if we can get a family from Scottsbluff or from Norfolk to Kearney, that's a lot of time out of their day. And not to say that their kids aren't important because certainly they are. But to balance that with other responsibilities, jobs, other children that they have and things, you know, it would be much easier if they were closer to home. But I just don't know the reality of that. But it is definitely something that stakeholders have had a strong advocacy for since I have been back in Nebraska.

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PANSING BROOKS: OK. That's helpful. Do you think that some of the, you know, the numbers are going down as you-- as you discussed and both of our reports indicate that they're not sure if that's because of COVID or not. I-- I would be surprised if it's COVID. But do you have a feeling for that?

JEANNE BRANDNER: Oh, there is absolutely some impact of COVID, but they were going down prior to COVID.

PANSING BROOKS: Yeah.

JEANNE BRANDNER: So-- so I do think there's a little bit of both. The COVID impacts the YRTC's, PRTF's, whatever facility, as you can imagine, unlike the prisons that can't say, sorry, we don't have a bed or we don't have staff, these facilities can manage that, that front door a little bit better. So we have had halts where we've had facilities say to us, wait a minute, half of our staff is out in quarantine. We are not able to take any new kids in this week. So does that impact admissions? Absolutely. But I don't think that's the only impact. It is-- it is an impact. It ebbs and flows giving-- given the state of, you know, the pandemic and the responses and as immunizations rolled out those types of things. So I would say, yes, it impacts, but it was-- that-- that decrease was happening prior to and likely would still be there, maybe just not quite as low during some of those high pandemic times.

PANSING BROOKS: And then thank you. And then my final question is those kids that are out of state right now, are they out of state because of space, mostly, or are they out of state because our state can't handle them?

JEANNE BRANDNER: They are out of state mostly because they have been denied placement in state. As I mentioned earlier, many of them maybe have already been in state and have been kicked out, if you will, or their behaviors were-- were what our private providers would say, sorry, I've got other kids that might have less behaviors that I-- that I'm taking before this youth. And so-- so they certainly are out of state for a variety of reasons. There are a few, as I mentioned earlier, that have some special needs that maybe we don't have in the state every now and then, but those aren't high numbers at all. And you know, again, whether that's lower functioning juveniles who cause sexually harm, those types if we don't have a need in the state. We also don't have and likely, Senator, you know, with your work on this, any real specific work happening here for sex trafficking programs and

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facilities; and I know there are a lot of states working on that. So I don't know if currently we have any [INAUDIBLE] for that, but that would be kind of one of those other special populations. I would be remiss, too, if I did not talk about, you know, the-- the gang youth that a lot of times there is-- there is a thought of can we temporarily remove them from that environment to get some therapeutic work done? And so that would also be kind of one of those other special populations. Historically, those youth have gone to a facility in Arizona, although even that facility has been less likely, less willing, I should say, to take our youth there. They are wanting to move more to a child welfare population instead of juvenile justice. So it's a-- it's a tough population. Absolutely. I'm not going to say it's easy. It certainly is a tough population. And so that's what we're up against when there's waiting lists.

PANSING BROOKS: So what percent of those kids are kids of specialty needs like gangs or something that we can't handle very easily?

JEANNE BRANDNER: Well, I think that would-- I don't know. I don't have that answer for you today. I know Senator Arch also mentioned again, a facility in Omaha. Dr. Juliano's [PHONETIC] facility that he is developing, that is-- that is-- as has been referred to as a enhanced group home maybe that-- that will be, my understanding, able to accommodate some of those populations. So I think those pieces will help. And again, it's a moving target because it's always a snapshot in time because we certainly have some gang youth, some kids who cause sexual harm, some aggressive youth in the state as well. And so while they might be here today, tomorrow they may be out of state. So-- so saying what specialty that is, I would say the majority of them are generally, I mean, all of them, because we always look in state first have been denied in Nebraska.

PANSING BROOKS: OK, thank you. Any other questions? Thank you so much for being here today, Ms. Brandner.

JEANNE BRANDNER: Thank you.

PANSING BROOKS: Appreciate it always. And you're doing a great job with Probation. Thank you.

JEANNE BRANDNER: Thanks.

PANSING BROOKS: OK. Any-- I don't think we have any other testifiers that we've planned on, so we appreciate everybody coming here today

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for updating us on these reports. We're very grateful for that. Thank you for being here too, COO Kahl. And with that, I think we close today's hearing on YRTC's. Thank you very much and have a great Christmas and holiday season.