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BEFORE THE OHIO ASSOCIATION OF
COUNTY BEHAVIORAL HEALTH AUTHORITIES

- - -

OACBHA/ODMH FUND 408
FORMULA ROUNDTABLE MEETING
4/23/09 10:00

- - -

TRANSCRIPT OF PROCEEDINGS

- - -

Thursday, April 23, 2009
10:15 a.m.
OACBHA
33 North High Street
Suite 500
Columbus, Ohio 43215

- - -

ANN FORD,
Registered Professional Reporter

- - -

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Page 2

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3 Mike Jenks, Medina County
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5 Helen Anne Sweeney, ODMH
6 Eric Stewart, Hamilton County
7 Jacqueline Martin, Lucas County
8 Steve Hedge, Delaware-Morrow County
9 Karen Scherra, Clermont County
10 Rod Hollingsworth, Muskingum Area
11 Orman Hall, Fairfield County
12 Kirk Halliday, Erie-Ottawa Counties
13 Debbie Kelley, Erie-Ottawa Counties
14 Donald Anderson, ODMH
15 David Royer, Franklin County
16 Dalon Myricks, ODMH
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Page 4

1 community. So with that said, do you want to take it from
2 there.
3 MR. MYRICKS: Sure. And that probably is the most important
4 message for our audience here is that the fact it has no impact
5 on the subsidies that are going out.
6 The CFOs and the CIOs were brought together yesterday at a
7 briefing around the Executive Order. And it's important to note
8 that there are two separate tracks of work going on, one is for
9 how we will finish FY09 and what steps we will take and then
10 what we will do as a strategic plan to address FY10 and '11.
11 So I may sound like I'm repeating myself on some of it
12 because some of the work will be duplicate and some will be
13 initial for the periods that I'm talking about.
14 So the first part is for FY09. The first thing we want
15 folks to know is that it is dealing with GRF funding only. And
16 it is dealing with three specific categories of funding, five --
17 and in the Oaks environment, the numbers have relevance, and
18 I'll try to relate to that.
19 They are 510, which is a lot of our contracts, personal
20 agreements and so forth; 512 -- 520, which is our maintenance,
21 supplies, goods, and supplies; and 530, which is a lot of your
22 equipment and three-line. IT is very largely in that area
23 because it is price levels.
24 MR. ANDERSON: Three-line for us is a code for equipment.
25 Five-line is subsidy.

Page 3

1 - - -
2 PROCEEDINGS
3 - - -
4 BE IT REMEMBERED THAT, on the 23rd day of April, 2009, this
5 cause came on for meeting before the Ohio Association of County
6 Behavioral Health Authorities; and the parties appearing in
7 person and/or by counsel, as hereinafter set forth, the
8 following proceedings were had:
9 MR. ANDERSON: What we thought we would do initially is just
10 give you a real quick briefing on the Governor's Executive Order
11 that came out yesterday dealing with the future reductions that
12 are occurring, well, future meaning starting today and going
13 forward into '10 and '11. And we kind of wanted to explain to
14 you what that was and also what it isn't because I think it's
15 important that you have that from a contextual standpoint.
16 And I think kind of our motivation in doing this is, too, so
17 that -- you've asked questions in the past meetings concerning
18 how the State's going to be handling these future, you know, the
19 revenue situation. And this is -- this is one element in that,
20 how it's handling.
21 I will -- I'm going to ask Dalon to kind of explain it if
22 you wouldn't mind. But I do want to say right off at the
23 outset, and I think you'll explain the line items, it does not
24 affect any community subsidies at all. So this is -- just take
25 it off the table. This does not affect any subsidies to the

Page 5

1 MR. MYRICKS: So what we have to do by close of business on
2 Monday the 27th is we have to identify any items GRF funded on
3 the base of three criteria, whether or not the encumbrance we
4 have in front of us is critical, health and safety, life issues,
5 or whether or not eliminating this expenditure causes loss of
6 jobs for an entity; or the third item is does it keep you from
7 preserving or generating revenue.
8 So everything that we do both in the '09 picture and the
9 '10, '11 picture is looked at through those three lenses. And
10 so what our responsibilities are right now, they are dropping
11 30 percent of whatever remaining balance we have in those three
12 categories, that is GRF based, and we have to come up with a
13 plan to either address and identify which areas our agreements
14 fall into.
15 Second thing we have to do at that point in time is that at
16 the close of business on Monday we are issuing a stop order to
17 all parties affected by these actions. And it will be a stop
18 order of business for anybody there. It is not a termination.
19 It is a stop order and a request for a final invoice of any
20 outstanding obligations that may be out there.
21 From an assessment standpoint, they're trying to get a hold
22 on what is the State's overall obligation and where its cash
23 management piece is. All right. So that's what's happening
24 here on that.
25 MR. ANDERSON: Bottom line is, as you know, the State has to

Page 6

1 end the fiscal year or the biennium with no carry-over debt. It
2 has to balance the budget by the end. So this is their
3 mechanism for dealing with that.
4 MR. MYRICKS: By statute, the State is required to maintain
5 a \$100 million fund balance on the final day of work. That's in
6 statute.
7 Second piece of the FY09 picture is that it has always been
8 open encumbrances from the service period of the fiscal year
9 that we're dealing with has until November 30 to be completed.
10 So if you do work between July to June, vendors have up until
11 November 30 to get their final invoices for that service period
12 to the State and still be able to get it paid and then track
13 back to that year of period.
14 That is now being pulled forward where everything will be
15 canceled as of July 31 of this year for that. So anything that
16 extends beyond that date, the State will not be obligated to
17 make that payment.
18 MR. HALLIDAY: Basically, that's one month is what you're
19 saying.
20 MR. MYRICKS: Yes.
21 MR. ANDERSON: Clean it up is what he's saying.
22 MR. MYRICKS: That's all the work that we're doing right
23 now, and our deadline is on Monday the 27th.
24 After we are done with that portion, then each agency has to
25 submit a plan by May 31 of this year on how we will

Page 7

1 strategically reduce 30 percent of 510, 520, 530 during the
2 fiscal year '10 and '11 budget period, how it is that we will
3 reduce that and what areas.
4 And now in the Executive Order, they're giving you a lot of
5 different categories by numbers that you can refer to where
6 we'll have to consider those things in the development of our
7 plan. And that has to be approved. And the process of approval
8 will be anything that gets approved to move forward will be
9 posted on the web. And so there will be a clear declaration
10 that this has met the litmus test, it meets all the criteria
11 that are critical, and we want everybody to know that these
12 items will be paid as the matter is being paid and as a public
13 declaration that will be posted on the web. And so it will hit
14 that head on.
15 In fiscal year '10 and '11, it is 30 percent with all funds
16 considered that we operate under, not the subsidies again, but
17 what we operate under. For fiscal year '09 it's just GRF. So
18 there is a big difference in terms of that. But for '10 and
19 '11 -- I think part of that is because they recognize agencies
20 still got to get some work done here in '09, and they don't want
21 to take their legs out completely -- but in '10 and '11, they
22 need to make plans for that and see how they will balance both
23 of their available resources to do that.
24 So that will be the body of work we do between now and
25 May 31. And once that's approved, then everything we do will go

Page 8

1 through a channel of approvals and once approved, it will go.
2 If an item is over \$1,000, then that item has to be signed
3 off by the agency director and/or their designee. So we'll
4 obviously have to work on a plan in terms on how our director
5 wants that to flow as a course of action.
6 I went through that real quick and fast.
7 MR. ANDERSON: The only thing that I would add to this, what
8 Dalon was saying, is the OBM will adjust our allotments in those
9 three items to reflect the approved expenditure plan. So they
10 will go through this approval process. They will then adjust
11 our allotments to reflect that.
12 In that way then they are pulling, in essence, they are
13 pulling those resources into the State coffers, and we will not
14 have it available to us. So even though we may have an
15 appropriation that looks like X, the actual allotment plan that
16 gets implemented will look like Y, whatever is approved, and
17 they will pull it.
18 Again, like we have had to in the past, we are giving it
19 back. Some of this will probably affect the hospital budgets as
20 we go forward, so you're aware, and it will be the same deal.
21 It will get pulled, and we will be contributing to the greater
22 good through this process.
23 So we wanted you to be aware of what we're dealing with and
24 what we're going through. It is going to, hopefully, take some
25 pressure off the revenue picture by forcing us to work in these

Page 9

1 areas to get some economy. So it's going to take some pressure
2 off having the community go to the subsidies. In the past, you
3 know, there's been subsidy reductions in the past, there has
4 been personnel reductions, layoffs, that kind of a thing. This
5 is really focusing on these other three categories of
6 expenditure in a very focused way and helping with it.
7 Of course, there's no guarantees in terms of the revenue
8 picture. This is just a set of tools that are being put in
9 place to try to deal with the situation that we're facing.
10 MS. WALTER: Don, did they give you any exemptions? The one
11 I'm thinking of, particularly, are medications for the
12 hospitals. Since that's a two-line item, did they exempt that
13 from the cuts?
14 MR. MYRICKS: What our responsibility is is we have to
15 identify those things through those three lenses. And so with
16 regards to medications -- with regards to medications, you want
17 to be able to argue the critical health and life safety. So I
18 think the responsibility for us is to make sure that we make the
19 right connection of what those source of funds go for and how
20 critical that is. So that's the due diligence that we have to
21 have towards that.
22 Some of the things that will be led by DAS in particular
23 will be how we address printing. You know, agencies will not be
24 able to have their own individual approach towards printing. So
25 that's got to be coordinated with DAS. They are looking to take

Page 10

1 on contracts and ask the questions should they be rebid.
2 They're asking the questions that you have a renewal on a
3 contract, should you go back out to bid with that and get a
4 better price? So there's a lot of aggressive actions that are
5 supposed to happen on that end to better the price on that part.
6 So that's the other part of work that goes in.
7 So it's about leveraging, getting better leverage with the
8 dollars that are going to have to move forward in some of those
9 particular areas. And that will be done by the agency and also
10 in conjunction with DAS where that's prudent. That shows up
11 with our dietary contracts that we have at our hospitals where
12 we've got already an option year. When we pull that option year
13 off the table and say, if we bid, what would you look like or if
14 you stay. All of that will come. But that's a continual level
15 work that we'll have to kind of comb through system wide for us
16 as well.
17 MR. HALLIDAY: Do you have any indication this will affect
18 the hospital day per diem at all?
19 MR. MYRICKS: Given the fact that I've had maybe 24 hours, I
20 have no real connection to that because, again, I don't know
21 what my price is over there. You see what I'm saying? Some of
22 our items are either being rebid out now because we're at the
23 end of a biennium. We're an agency that has never reached
24 beyond the biennium. We have options sitting out there, but we
25 don't have a contract because you can't cross bienniums.

Page 11

1 So for us, everything that we're looking at right now and
2 have been looking at in the past 90 days has been in terms of
3 bidding it out. So we see ourselves as getting the original
4 submitted price and now having to tackle with do we have room to
5 get a better price.
6 MR. ANDERSON: I would also say that we're collectively --
7 we're all in this game together -- we collectively are not going
8 to realize the benefits of any reduction that does occur through
9 that rebidding process. That benefit will accrue to the State.
10 So it's a very important thing that people understand is
11 that they'll shift that benefit to themselves. They will
12 capture that. They'll take the money from us.
13 MR. MYRICKS: Too early for me to be able to measure that
14 out.
15 MR. ANDERSON: Yeah. How that -- you need to be aware that
16 that's going to be going on. It's probably, I mean, probably,
17 since we won't realize the benefit, I don't see it's going to
18 impact it one way or the other, but I just don't know at this
19 point.
20 MR. MYRICKS: The hardship on folks is the whole
21 operationalizing of having it there in your appropriation and
22 having it automatically coming out of it. It doesn't change how
23 much your end number has to be because it has got to account for
24 what you're doing towards that amount. That's a process, but
25 that's the work in front of us.

Page 12

1 MR. HALLIDAY: The final question then is this is dumping on
2 you an additional major work task. How is this going to affect
3 all the other stuff that you've indicated you want to do like,
4 for instance, put in place at some point a new evaluation
5 system, et cetera, et cetera?
6 MR. ANDERSON: It affects us. It really does. I mean,
7 right now we're preoccupied by it, obviously. And so it draws
8 attention away from the other work. We'll focus on this right
9 now. And so our goal here though is to get on top of it, get
10 through it so that we can move on to other things.
11 MR. MYRICKS: I will say this, I just met with my core staff
12 that's got to generate this, and it seems to be that from being
13 on top of it, we'll be able to respond to all the questions that
14 they're asking for within schedule. I mean, I think we're very
15 responsive, and we're in a good position to be able to answer
16 the questions. So I think I feel good about where we are in
17 terms of being able to address it.
18 MR. HALLIDAY: But meanwhile, we can't ask you to volunteer
19 for any bake sales or anything like that.
20 MR. MYRICKS: No.
21 MR. ANDERSON: No, or travel. We're not allowed to travel
22 anymore.
23 MR. MYRICKS: You know, yesterday, and I guess I'll be
24 candid about this part, yesterday when you're sitting there and
25 you're pouring over this, you know, I was asking myself, you

Page 13

1 know, where am I at and can I really get there? And I felt
2 better this morning than I did yesterday when I was looking at
3 this in terms of where we're sitting.
4 Likewise, since I don't know what my '10 and '11 numbers
5 look like, and I don't know what 30 percent of that number looks
6 like, I don't know as of this moment -- I'm a natural worrier,
7 so I'm going to worry about what that detail is until I've had a
8 chance to open up underneath the hood and look at it, then I'll
9 feel better.
10 MR. ANDERSON: I think there's one -- as taxpayers, there's
11 one good thing about all of this, if you want to look at it
12 through your taxpayer lens, and that is this is forcing us, or
13 it has the potential for forcing the State as an enterprise to
14 deal with itself on these expenditures that we have as opposed
15 to just dealing with it as individual agencies.
16 So this is setting up a framework for the State to deal with
17 expenditures that really ought to be dealt with at more of an
18 enterprise level. An example of that is in the area of
19 information technology where we're operating, to a certain
20 extent, in our little fiefdoms where we're buying technology
21 through -- as individual agencies. This forces us to step back
22 from that and say, no, no. We have to really begin to look at
23 this as an enterprise.
24 So in my view, because we have this kind of legal framework
25 to work in, I think it can force out some real savings at the

Page 14

1 State if we get smart about it. So I think that's the good news
2 in all this.
3 I think when we get through it at the end of the two years,
4 the way we do business as a State will be different, it has to,
5 in order for us to get through it.
6 MR. HALLIDAY: If you change IT though, there's an increased
7 learning curve in that, too. So, again, that's another problem
8 in terms of there's a limit to what you can do with the reduced
9 staff to begin with and so forth.
10 MR. ANDERSON: True. But there are, I think, if, for
11 instance, these little things here (indicating) --
12 MR. HALLIDAY: Go back to rotary phones, right?
13 MR. ANDERSON: No.
14 MR. JENKS: We're in the 30 percent plan.
15 MR. ANDERSON: Just, this is a minor example, but the PDAs,
16 first of all, we should be only buying them for folks that need
17 them. But secondly, the State as an enterprise should be able
18 to get a much, much better deal if it approaches this as an
19 enterprise as opposed to each of us negotiating our own deal.
20 We spend a lot of time and energy doing that. The State should
21 just do it for us. And my guess is we'll get a much better
22 deal; and secondly, we don't have to spend the time to do it
23 ourselves. We just have to establish the requirement.
24 I mean, it's just a small example. But it is stuff -- and
25 you can do that with servers, you can do that with any number of

Page 15

1 expenditures on the IT side where we could -- if we approach it
2 as an enterprise, we can save some money.
3 MR. JENKS: Dalon, maybe I missed it, could you give me the
4 numbers -- the labels for what 510, 520, 530 were? I don't
5 recognize those.
6 MR. MYRICKS: Because of the way -- 510, 520, best way to
7 look at it is 10, 20 and 30 which is, you know, personnel,
8 maintenance, goods and services, and then three-line is
9 equipment.
10 MR. ANDERSON: The personnel in this case is only contracted
11 personnel expenses, not salaried expenses.
12 MR. JENKS: What is a car considered to be?
13 MR. MYRICKS: Two-line expense. The actual purchase of a
14 vehicle is a three-line expense, but the lease of the vehicle or
15 the parts that makes it work, the gasoline, the oil, the work,
16 all that is a two-line expense. So it hits both ways.
17 In the old days, if you're familiar with the old systems, we
18 had one-line, two-line and three-line. When they made the
19 transfer, for what it's worth, they added the five, and then
20 they added the zero in order to expand the field structure in
21 there.
22 MS. SCHERRA: Since you get to rate things are critical or
23 it would bring loss of revenues or things like that, is there
24 any flexibility in that 30 percent that you can demonstrate
25 that, you know, cutting up to that 30 percent would be

Page 16

1 detrimental, or is that pretty much going to be straight across
2 everybody?
3 MR. MYRICKS: What I heard in that is take your first run at
4 it. We're going to review it and see if we agree with you. If
5 we don't agree with your assessment, we're going to sit down and
6 have a conversation with you. It's that last piece, I don't
7 know what kind of a conversation that is. So but I think we
8 have first run at it.
9 MS. SCHERRA: You can make a case for those things?
10 MR. MYRICKS: Yes, you can make a case. Because it's so
11 late in the year, our '09 picture, we don't have that much. We
12 have negligible because of the way we do our business. So there
13 won't be many there. But it's the '10 and '11 that you want to
14 get your arguments in on. Given what we do, that's a little
15 easier in a lot of areas, a lot tighter inside.
16 MR. ANDERSON: It's obvious we're going to make the health
17 and safety argument.
18 MR. HEDGE: I think this is, obviously, helpful. I
19 appreciate the Department sharing this, particularly as it
20 relates to the hospitals as we inter-relate with your hospitals
21 and so forth and how it's going to impact care. It doesn't
22 sound like it's going to have a major impact on care issues, but
23 there's always going to be things -- you related to how it
24 relates to individual hospitals and so forth, which sounds very
25 similar to what I think boards and providers are doing the same

Page 17

1 thing locally. They're looking at what's critical, what relates
2 to services, what doesn't relate. So it's very similar to what
3 we're doing locally.
4 But anything you can share either through -- to the
5 hospitals or through central ought to be helpful as we look at
6 how it relates, you know, to client care issues, continuity of
7 care issues, things like that, even communication is obviously
8 very critical; if less people have PDAs, maybe that will impact
9 how it relates to case managers and so forth, communicating back
10 and forth. So that's helpful.
11 The other piece is you talked about this year's GRF funds
12 only. Next year it's all funds. And did you include federal
13 funds or only state-related funds, not only GRF, rotary, and all
14 those kinds of things?
15 MR. MYRICKS: That's a good question because there was a lot
16 of ambiguity around that. A lot of it was do you use GRF to
17 leverage federal funds? Obviously, if we do, then that's got to
18 be viewed one way. If you are just passing through federal
19 funds, you know, and it's to the State only, it's to that agency
20 only, is that hands -- is that even hands-on versus it runs
21 through JFS, you know, for the whole State. So that question
22 hung out there.
23 But when they talked about all funds, I think generically
24 they were speaking about what rotary accounts people have. And
25 I think that's how they were looking at it. But then the

Page 18

1 federal question came up quick, fast, and in a hurry. And there
2 was a lot of dancing on exactly which portion that is because
3 for us, if you have to lay GRF file in front in order to
4 leverage federal funds, then that fits into the argument about
5 preserving and creating revenue. So the job of the agency, I
6 think, is -- the onus on the agency will be to make that
7 connection.
8 MR. ANDERSON: Here's though an example where, on the
9 federal funds, where you would want to look at whether or not
10 that expenditure is appropriate.
11 We are, for instance, the State on the General Revenue Fund
12 side, we're being forced to cut back on our expenditures in a
13 certain area. What they probably won't let us do is go over
14 here on the general revenue -- or into a federal grant program
15 and have a similar kind -- or have an expenditure on that side.
16 There probably will be some kind of attempt to achieving
17 equity across these various funding sources. Travel would be an
18 example. You're not allowed to travel on the General Revenue
19 Fund side. But you just come over here and some agencies that
20 happen to have federal funds can go out and travel widely.
21 There probably will be an attempt to balancing that out. So
22 I think that's why they're saying we're going to take a look at
23 it all because it's how they inter-relate that I think is at
24 issue here for them. But I don't think they want to put us in a
25 position where we can't get federal funds. I don't think that's

Page 19

1 it at all.
2 MR. MYRICKS: They're looking to eliminate in-state -- they
3 made a very blanket statement to eliminate in-state and
4 out-of-state travel. Well, obviously, with the work that we do
5 with our CSNs and other things, we would argue that there's some
6 critical work going on there and some life safety issues
7 involved with that. So we're going to advocate for travel.
8 Where they're going to put us is they're trying to put us in
9 pool cars. So there's a step of actions that you've got to
10 follow in order to get that travel. But if not, then they're
11 putting in steps that says your travel won't be approved if
12 you're using a personal vehicle for that purpose.
13 So there's some very -- you know -- but so for us, we've got
14 to have good communications with that individual about what
15 they're running into. They are also scaling back for the
16 exempts the reimbursement rate for milage to 45 cents, currently
17 it's at 50.5. So they're rolling it back to 45. They're doing
18 so for the bargaining unit employees as of October 1.
19 MR. HALLIDAY: A potential technical problem to be aware of,
20 many of the federal funds have maintenance of effort
21 requirements. And if your State spending goes down, for
22 whatever reason, that has to be dealt with, either by asking for
23 a waiver of that or demonstrating some other aspect the Feds
24 approve. I hope the high administration realizes this can be a
25 potential problem.

Page 20

1 MR. MYRICKS: Already as a part of our action we've already
2 engaged in is what factors we have to look at in order to answer
3 the MOE test. That is already ongoing as we speak about where
4 that lands. So that's, unfortunately, has been what we've been
5 embarked with for the last couple of years as a standard course
6 of action.
7 MR. HEDGE: I think one last question based on this action,
8 do you still have a sense that there will be no further cuts in
9 funding, particularly, the subsidies for your hospitals?
10 MR. ANDERSON: We can't know that. We can only hope that.
11 MR. MYRICKS: Staying current.
12 MR. ANDERSON: Yeah. I wish we could say that but --
13 MS. WALTER: Probably not for '09, I would say. It would be
14 pretty late to cut '09.
15 MR. ANDERSON: Oh, yeah, '09. It's the '10 and '11.
16 MS. WALTER: '10 is a whole different ball game once this
17 budget hits the Senate, and once they get the finals after the
18 tax collections.
19 MR. ANDERSON: And, of course, we don't have a -- I mean,
20 there isn't a budget right now, so we don't know what the budget
21 is going to be. We're just trying to survive for '09 right now.
22 Any other questions on this? All right.
23 MR. ROYER: Would you mind if I asked a question about the
24 FMAP.
25 THE COURT REPORTER: I can't hear you.

Page 21

1 MR. ROYER: I wanted to know whether he would mind if I
2 asked a question about the FMAP reimbursement.
3 MR. ANDERSON: No, I don't.
4 MR. ROYER: We had a conference call the other day, and I
5 got some sense that there was a little bit of difference between
6 what you had described as the processing of the FMAP versus what
7 ODADAS.
8 MS. WALTER: Actually, yesterday Angie Bergefurd walked
9 us -- Angie Bergefurd and Doug Day walked us through the part
10 that you've billed is apparently just the part that goes to your
11 system, your reimbursement, because the departments get FMAP
12 reimbursement as well.
13 They said that we should figure the earliest we'll see money
14 coming into the board system now -- and I was going to send this
15 out in the e-mail today -- is probably June 1. That would be
16 their hope, based on what they're doing and what they're
17 planning is that -- I have my notes in the other room -- but
18 they're planning on payments in three stages. There's going to
19 be three bulk payments, one for the first quarter, one for the
20 second quarter, and then one for a partial third quarter, which
21 would basically be April and May.
22 And so they're hoping that the first week in June you would
23 get -- which would have been October through December. And then
24 probably the second week you would get January through March.
25 And then you would get March through April and May, basically.

Page 22

1 I'm sorry April and May.
2 And the hope also is during that June 1 week, that that is
3 when you will also begin to see the increased FMAP on your basic
4 payments from June 1 forward, which is why you'll get that
5 two-month pay. They walked us all through that yesterday.
6 MR. ROYER: Okay. Thank you.
7 MR. ANDERSON: Other questions?
8 MS. WALTER: I'm just telling you, Don, wasn't that your
9 understanding yesterday how they walked us through the payments?
10 MR. ANDERSON: Yes. There's still an issue in terms of when
11 we'd get started on the actual payment -- start the payment
12 process of paying it directly through as opposed to a cashing it
13 out.
14 MS. NIXON-HUGHES: What Angie said was the earliest was
15 June.
16 MS. WALTER: Right. June 1 was the earliest.
17 MS. SCHERRA: It could be later?
18 MS. WALTER: Right.
19 MR. ANDERSON: We're hoping not. We're hoping not.
20 MS. SCHERRA: So if they're not ready to do it then, then
21 that final -- that third retro would be through the end of June.
22 MS. WALTER: It will be whatever period.
23 MS. SCHERRA: Whenever they stopped and then start pulling
24 direct.
25 MS. WALTER: The biggest thing I wanted to find out, which

Page 23

1 is why basically yesterday we got the question, some boards in
2 their own '09 cuts were hoping for the FMAP to help them -- help
3 offset '09. And so I wanted to get the word out to boards that
4 I wouldn't necessarily count on that because we're hoping for
5 the 1st of June, but we don't know that that will happen. So
6 they need to be prepared to figure out how they're going to fund
7 the fall of '08 through this fiscal year.
8 MS. SCHERRA: Just to clarify, when you're saying the first
9 week of June, are you talking about beginning to pay on the new
10 rate or even the retro?
11 MS. WALTER: My understanding is that they would like to
12 be -- if they can start the payment on the new rate, there also
13 will be ability to pay retro. Those two will happen
14 simultaneously.
15 MS. SCHERRA: Okay. So simultaneously.
16 MS. WALTER: Yes.
17 MS. SCHERRA: Okay.
18 MR. HALLIDAY: So if it's a retro, there potentially could,
19 in fact, be some benefit to fiscal year '09.
20 MS. WALTER: For that last month's worth, yeah.
21 MS. SCHERRA: Could be.
22 MR. ANDERSON: So any other questions like that? Okay.
23 Next item on the agenda would be to turn it over to Helen Anne
24 and tell us where she is with the conversations that she's had.
25 MS. SWEENEY: The first printouts -- at the last meeting,

Page 24

1 you asked me to run the Holzer data so that prevalence was just
2 100 percent and the population and the poverty were at zero
3 percent, and so the spreadsheets that I'm handing out have that
4 data run. And then you asked me if I could run the Holzer data
5 at 300 percent of poverty.
6 MS. WALTER: I'm sorry. This first one was at what
7 percentage of poverty?
8 MS. SWEENEY: 200 percent. It's just the Holzer data we've
9 been using and then prevalence is at 100 percent.
10 MR. ANDERSON: You are going to get snowed with numbers
11 here. For people that like numbers, this is wonderful.
12 MR. HEDGE: Helen, how many stacks should we have, two or
13 three?
14 MS. SWEENEY: Two.
15 MS. MARTIN: This one is 100 percent.
16 MS. SWEENEY: How to distinguish the two stacks if you look
17 at the very last column, the first one I passed out should say
18 Holzer Data Series 2, prevalence 100 percent. The second one
19 should say in that last column Holzer Data at 300 percent of
20 poverty, prevalence 100 percent.
21 MS. WALTER: I didn't realize we didn't have enough copies
22 here.
23 MS. SCHERRA: We need an extra 300 one.
24 MS. MARTIN: You need two because she doesn't have a 300 on
25 these.

Page 25

1 MS. SCHERRA: We have an extra of the first one here.
2 MR. HEDGE: Orman likes numbers, give him a couple.
3 MS. SWEENEY: Debbie and I can share.
4 MR. HEDGE: Clarification, Helen, the first stack is Holzer
5 200 percent of poverty.
6 MS. SWEENEY: Correct. And we just ran it at prevalence at
7 100 percent.
8 MR. HEDGE: Thank you.
9 MS. SWEENEY: And then the second one, we're still using the
10 Series 2 at 300 percent with prevalence just run at 100 percent.
11 MR. JENKS: Could you just re-say what 300 percent of
12 poverty means, just operationalizing for a second?
13 MS. SWEENEY: Sure. That's all right. If you took on the
14 poverty level in the State of Ohio, let's say for a family of
15 four, I think I have my number right, but it's close enough,
16 would be 20,000. Then you figure out from there for 200 percent
17 would be 40,000 and 300 percent would be 60,000.
18 MR. JENKS: Okay. Thank you.
19 MS. SWEENEY: Oh, sure.
20 MR. STEWART: As a reminder, Helen, one of the issues that I
21 brought up last week was that the 200 percent didn't include
22 institutional type placements.
23 MS. SWEENEY: Correct.
24 MR. STEWART: Does the 300 percent also exclude those
25 subsets?

Page 26

1 MS. SWEENEY: Correct.
2 MR. STEWART: So we don't capture those groups on the
3 200 percent.
4 MS. SWEENEY: That's correct.
5 MR. HALLIDAY: These different numbers in the latest runs
6 are compared to ODMH's original changes, right?
7 MS. SWEENEY: Yes. I've been trying to keep the
8 spreadsheets I got consistent so that when you line them up, you
9 can go through them.
10 Then Holly Jones, who works with Dalon and I had our
11 preliminary meeting with the OSU people; they are Allen Dunby
12 and Eric Seeburg. They work for HOPES through the College of
13 Public Health. And we gave them the documentation. They're
14 going to look through it to see what they can and can't do for
15 us.
16 What they would like to do is be technical advisers. We
17 would do the runs. They would help us with any literature
18 search and any data series that could be updated, particularly
19 the poverty one if we choose to do that one.
20 MR. HALL: Helen, when you look at the raw data, when you
21 forecast prevalence by board area, if you would take that per
22 capita and then calculate the variance between the highest and
23 the lowest, what would the ratio be? Do you have any sense of
24 that?
25 MS. SWEENEY: No. I didn't do it. So I can get like an

Page 27

1 e-mail to Cheri and do that for you.
2 MR. HALL: Seems like in the early '90s it was like maybe a
3 two or three to one variance on a per capita basis, you took the
4 board that had the highest and then you looked at the board that
5 had the lowest.
6 MS. SWEENEY: Right. And the last column on the one
7 spreadsheet that we've been passing out, we've been keeping the
8 per capita, but I just didn't calculate the ratio. But we can
9 get that for each of the spreadsheets.
10 MR. HALL: I think that would be helpful.
11 MR. STEWART: Although I just mentioned that, you know, I've
12 questioned through this process the use of per capita or
13 population as the metric for determining equity or inequity. I
14 just think there are other factors that need to be considered.
15 I would argue against using that as a metric. Now, I understand
16 maybe you're looking at that just because --
17 MR. HALL: I'm saving that as another question for later on,
18 actually Eric, because when we talk about hospitalization, I'm
19 not sure what it is in our current environment, but 20 years ago
20 when we first started with the Mental Health Act of 1988, the
21 actual variance on a per capita basis in hospitalization
22 approached 21. And my recollection of the Holzer model is that
23 it pretty closely mirrored per capita, which is kind of what
24 creates some of the problem, I think, with Holzer is the main
25 factor that we might use as the allocation method.

Page 28

1 MR. ROYER: Helen, I have a question. When you outlined on
2 the board a couple of days ago the Holzer you used, does this
3 reflect the '07 population but the 2000 poverty?
4 MS. SWEENEY: Yes.
5 MR. ROYER: The subsets.
6 MS. SWEENEY: Yes. And that's what is kind of like we just
7 aren't getting good maybe tracking on the poverty side with
8 Holzer because he's so far behind by using that 2000 subset.
9 And I think one thing that would probably be good is to kind
10 of take Holzer and take the 2005 poverty and just using your own
11 correlations and seeing how they correlate.
12 MR. STEWART: Which using the 2005 poverty is problematic
13 over the last couple years with the conditions.
14 MS. SWEENEY: Right.
15 MR. STEWART: I don't believe, others may argue differently,
16 I don't believe that unemployment and extended poverty -- I
17 don't believe that those are extended equally or equitably
18 across the counties. There are certain counties, Wilmington has
19 lost how many thousands of jobs as a result of DHO moving out.
20 That's going to obviously impact that particular county on a
21 much more significant way than other counties that are based on
22 other types of employment.
23 MR. ROYER: Again, I guess from my perspective, it wouldn't
24 reflect immigration that has occurred during the last nine
25 years.

Page 29

1 MS. SWEENEY: Correct.
2 MR. ROYER: So areas that have significant immigration which
3 tend to be more poor would not be reflected in this 100 percent
4 Holzer; would that be correct?
5 MS. SWEENEY: That would be correct. And it also doesn't --
6 if you even think about a county that lost just a lot of people,
7 not through births and deaths, but they moved out of the county,
8 that's one of the problems also, or if you had a major influx of
9 people, so immigrants would be one of those.
10 MS. SCHERRA: I appreciate you doing the 30 percent of
11 poverty because I was the person who brought that up, and I
12 think what that illustrates is back to the issue we keep
13 skirting around all the time about who is it that we're supposed
14 to serve in the county population because clearly under that
15 model, my own county gains.
16 And all that does really is reflect to me, it's exactly what
17 we've been saying is we think the growth in our population has
18 been in that underinsured, uninsured. That's who keeps moving
19 into our -- that's who's in our county. That's who we can't
20 serve.
21 I don't necessarily believe that is the appropriate way to
22 do this, I think, but this shows though is that it's one of the
23 things we do have to consider along with these other factors
24 that people are bringing up, particularly, that are very
25 specific to urban counties because those of us who are next to

Page 30

1 the urban counties who are getting these influx of people, that
2 seems to be the population that's moving. It is not those that
3 have Medicaid. It is not those who have means. It's that
4 in-between.
5 So I think when you look at this data and sort of how
6 everybody ends up, it reflects very strongly that that's what's
7 happening, even though it's based on things from ten years ago.
8 My guess is it would even be stronger on updated numbers. Now,
9 it may be balanced by poverty figures, but I think it really
10 illustrates that.
11 So I think it's just a really good example of why we really
12 have to look at all the different variables and, again, tie them
13 back to who is the population that we're really supposed to be
14 directing the funds at and serving because until we know that,
15 it's very difficult to know where to land on some of these
16 variables and weightings.
17 MS. SWEENEY: I did talk to California, and they're going to
18 find out how that they use the numbers for budgeting. They
19 weren't sure. And they're going to get back to me with that
20 here in a couple days, and I'll get the answers sent in an
21 e-mail for everybody.
22 MS. SCHERRA: When you say how they use it, Holzer is a
23 piece of what they --
24 MS. SWEENEY: They're not sure. They weren't sure. These
25 were policy people who don't do the budgeting. So they were

Page 31

1 going to be nice and go find out.
2 MS. SCHERRA: Okay. They do know -- well, we do know they
3 use it in some manner, we just don't know how.
4 MS. SWEENEY: Right. They're going to give us all the
5 different ways.
6 MS. SCHERRA: The specifics. Okay.
7 MS. SWEENEY: That's all I have.
8 MR. STEWART: The things that we've talked about are things
9 that -- I mean, all of these other factors that we've talked
10 about, we consider things that, again, I am not optimistic can
11 be accomplished for the upcoming fiscal year. But I'm very
12 concerned about one particular factor that I've raised that I
13 think could get included, which is the disparity in hospital
14 utilization and the need for us somehow to take into account
15 that particular issue for the coming fiscal year.
16 And Orman and I and Helen and some other folks had the
17 opportunity to speak yesterday morning a little bit about that,
18 and I think that the model that Orman and I were proposing is a
19 little bit different maybe from what Helen and her folks looked
20 at yesterday. And I appreciate the fact that you did put forth
21 that effort so quickly. Can we maybe talk about where that's at
22 and in what direction we should move?
23 MS. SWEENEY: Well, Orman had said that he wanted to meet
24 first part of next week.
25 MR. HALL: We need to include Eric in that process, too.

Page 32

1 MS. SWEENEY: Okay. Because we have all the data and we
2 need to kind of get specifics of how you want those variables
3 and stuff like that because I think when Orman and I were
4 talking about before there were maybe different ways to do the
5 transformations of the variables and things because it is a
6 cross-sectional model, things weren't necessarily data specified
7 correctly, and we need to look at that. And we are all going
8 kind of fast, and I think yesterday we, at 5:00, we decided,
9 let's back up and see and take a little bit more time.
10 MR. STEWART: But we feel that is something that we would be
11 able to accomplish relatively soon?
12 MR. HALL: I think so. The data is already in. It's
13 already in an SPF system file. And the amount of work that
14 needs to be done I don't think is substantial, again, to get us
15 to that proof of concept phase. And it is true, I think, Helen
16 and co-op were able to determine that that dummy variable, Eric,
17 that you had originally modeled is very significant in terms of
18 explaining hospital use. So I think we're close --
19 MS. SWEENEY: Uh-huh.
20 MR. HALL: -- to at least being able to have something that
21 we can at least examine.
22 MR. STEWART: Can I just ask where that would put us with
23 the allocations? Last week, you know, we talked about and I
24 think Don mentioned the allocations are out there. My
25 expectation, in all honesty, is that this could have a

Page 33

1 significant shift in how the dollars would be disbursed among
2 the board areas by giving consideration to that variable. So
3 would that impact those allocations then?
4 MR. ANDERSON: As I said last week, we have allocations that
5 are out and those are the operative -- that's operative. So
6 those are still -- those are still in place until the Director
7 makes a decision to change that.
8 And we're open to suggestions concerning what those -- what
9 that change could be, if any. But it's, you know, those stay
10 until we go through a process of changing. And she's,
11 obviously, going to have to be the final determiner of that.
12 I don't know how -- and, you know, these meetings were set
13 up as a result of an agreement with the attorneys. And we've
14 exchanged a lot of information and so forth. But we really had
15 four meetings now, we were originally agreed to have three. And
16 so in some respects, I think, you got that issue of where we
17 stand with that agreement with the attorneys. And then the
18 other -- but I think it would be fair to say that we would be
19 open to suggestions perhaps outside of that context, of that
20 legal arrangement.
21 MS. WALTER: We had hoped to come today with a
22 recommendation. And I had called you --
23 MR. ANDERSON: Yes.
24 MS. WALTER: -- apparently the three folks working together
25 weren't quite able to pull it off today, but they think they

Page 34

1 still can. They just, unfortunately, weren't able to get it
2 done today.

3 MR. ANDERSON: I think we would like to get beyond that kind
4 of that legalistic part of this thing. And we just -- we
5 would -- I mean, if there is a recommendation to move forward,
6 that would be put in the mix as a consideration. But it is
7 important to say that today, for today, the allocation
8 guidelines as they were distributed are what are -- those are
9 operative today. And I think there was in the cover letter,
10 there was potential for considering in a process a change to
11 that if that -- so but it would be a consideration. It would
12 be -- this input would be considered.

13 MS. NIXON-HUGHES: At this particular time, I think we're
14 looking for a recommendation from the association and not
15 individual boards attempting to negotiating.

16 MS. WALTER: These guys were doing it on behalf of all of
17 us. We had a conversation, just, they're the expert in this
18 area. We haven't gotten there yet, frankly, so we can take back
19 to all the boards the numbers and so forth to come forward.

20 MR. ANDERSON: I guess that would be helpful. And we're
21 more than willing to work with this running -- this statistical
22 runs and doing all that.

23 MS. SCHERRA: I think the important piece for this, Don,
24 especially to get buy-in from our entire membership is that
25 whatever we come up with is still being done in the context of a

Page 35

1 very quick timeline and not really the ability to look again at
2 all of the factors and all the variables that might be
3 considered.

4 So I think connected to any recommendation would be, I
5 guess, a second recommendation that there be a commitment of the
6 Department to work with the boards to continue to look at the
7 formula, to maybe do further refinement of that, and that we
8 would be a partner in that process to really look at all those
9 aspects that we don't have the time to do now so that it would
10 not be seen as a recommendation for a permanent formula but for
11 a one year or time limited, however you want to form that,
12 formula with the understanding that we would work collectively
13 to come up with something that really makes sense and maybe get
14 to some of these other issues that we've been talking about,
15 such as, who are we supposed to serve; and then how do you
16 reflect that in the formula and things like that.

17 So I think it's very critical for you to hear that piece
18 because this has been a very quick process. And I think we're
19 trying to come to something that is based in science, but
20 certainly we have not had what I would think would be really
21 sufficient time to really look at all of that, and quite
22 honestly, neither have you. So I think we need that time and we
23 need that commitment to work together.

24 MR. ANDERSON: And if that is what you're recommending, then
25 you should state that.

Page 36

1 MR. HALLIDAY: Well, yes, I agree that whatever we come up
2 with this year should not be considered an etched-in-stone
3 precedence. We need to get through this first year. But I
4 agree completely with Karen's idea that the process needs to be
5 ongoing for future years.

6 MS. WALTER: And I think you're saying that you need to hear
7 that as a recommendation. That is a recommendation. Our
8 membership as a whole voted on that or talked about that the
9 other day. And so whatever we come up with -- I don't know if
10 you want us to put it in writing or whatever -- but our formal
11 recommendation is that this be an interim step to then allow us
12 to work together moving forward as Karen just said.

13 MS. SWEENEY: Well, after the meeting, if both of you have
14 your calendars, I brought mine so we can get some times
15 established.

16 MR. ROYER: And I think what I heard yesterday -- or not,
17 was it yesterday? Two days ago --

18 MR. ANDERSON: Monday.

19 MR. ROYER: -- on the conference call that absent finding an
20 equitable one-year temporary formula, with the commitment to
21 move forward, that individual boards are going to have to
22 reserve their rights to pursue their options via other venues if
23 necessary if we proceeded with the status quo.

24 MS. NIXON-HUGHES: When you say status quo, as the
25 allocations as proposed or --

Page 37

1 MR. ROYER: Proposed.

2 MS. NIXON-HUGHES: Okay.

3 MR. HALLIDAY: And also currently.

4 MS. WALTER: We are hopeful that if we can agree to a little
5 more time with Eric and Orman working with Helen Anne, that we
6 can come back with a recommendation. I mean, that is our hope.
7 I guess today was about is there enough time for us to continue
8 that work and get you a recommendation. And I guess if the
9 formula is what is, it's been what it's been since the
10 allocation guidelines went out, I guess. So I guess the bottom
11 line question is, and I think maybe you answered it, Don, but
12 correct me if I'm wrong, you're saying there still is time for a
13 recommendation; and I guess that's what we're hoping.

14 MR. ANDERSON: Yeah. I think that's a fair assessment of
15 what I said.

16 MS. WALTER: Okay.

17 MR. HEDGE: Again, this is my interpretation what I was
18 hearing from the membership is that using the current formula,
19 everyone wants to move away from the current formula. So the
20 status quo of the formula as it was before 2000 -- proposed 2010
21 is not acceptable. They want to move forward.

22 The other side I heard, and again, this is not formalized,
23 is using some kind of prevalence as a factor was supported by
24 the members. So how that gets played out is the next step.
25 Obviously, you're doing a lot of good work to look at that.

Page 38

1 So just to give you kind of a sense that they want to move
2 towards more of a prevalence type approach. There may be other
3 factors based on our joint developments and things. But that
4 was a clear message is they want to move towards that kind of an
5 arrangement that makes sense overall and is based on the science
6 type of things. But at this point, since there's a lot of
7 information not there in their hands, they can't make a formal
8 recommendation until we have that information.
9 MR. ANDERSON: Sure. We understand.
10 MS. MARTIN: We're about eight weeks or ten weeks, whatever
11 it is, until July 1. Is there a time frame that -- where this
12 has to be -- where there's a no return time for you?
13 MR. ANDERSON: I don't know. Is there?
14 MS. NIXON-HUGHES: Quite honestly, we're looking at at least
15 trying to finalize something before May 1. So I know that's
16 pushing the timeline back. But, again, people are projecting
17 their bed days and a number of other things. So May 1 is our
18 preferred date unless something else comes up.
19 MS. WALTER: Do you think a week is enough time? I mean, I
20 know I'm putting you on the spot Orman, Eric, and Helen Anne,
21 but if we were to meet a week from today, would that be enough
22 time do you think for you to do the work that you need to do?
23 MR. HALL: I think if we have one full day. Right now
24 Tuesday is looking good for me, if that works for Eric and Helen
25 Anne. I think we'll be able to determine whether or not the

Page 39

1 approach that we're taking is feasible. And if it is, we should
2 have that proof of concept data available after that day for
3 people to look at.
4 MS. MARTIN: Are you going to have numbers for board areas?
5 Because concept is good, but I need to know what the numbers
6 are.
7 MR. HALL: I think we would have numbers that would be
8 formatted like this based on the regression approach.
9 MS. WALTER: So if you think you can do that Tuesday, could
10 we meet Wednesday? I know I'm pushing hard, but I'm just trying
11 to keep us moving.
12 MR. ROYER: That's the 29th.
13 MS. WALTER: Yeah. 29th. It really would be helpful to me
14 if we could start a little later. I have a couple of meetings.
15 Could we start an hour later than usual? Is that a major
16 problem for anybody? No?
17 MR. HALL: Can we maybe add a proviso in -- on all of this.
18 Obviously, we're -- this is all sort of experimental work. What
19 if we find ourselves in a position after the work that we do on
20 Tuesday where we don't have what we would consider to be a
21 productive model to recommend to the group?
22 MS. WALTER: You could call me and I could get ahold of
23 everybody. And I can make sure you have my cell phone number so
24 it's -- if it's later than normal, I can call people off. I
25 think I have most everybody's cell phone number here, but I'll

Page 40

1 make sure that I do for all our folks. And then if I need to
2 call people Tuesday night, I can. I mean, I'll make myself
3 available to do whatever is necessary.
4 MS. SCHERRA: Can we set a time for Thursday then, too, so
5 that if Wednesday is not workable --
6 MS. WALTER: Sure.
7 MS. SCHERRA: -- we can get together Thursday, or are you
8 just talking about delaying Wednesday?
9 MR. HALL: I'm going to look at Helen Anne. If we come up
10 with a need model, how long would it take for you to format the
11 data?
12 MS. SWEENEY: About 15 minutes.
13 MR. HALL: I think we'll probably be okay for Wednesday.
14 MS. WALTER: I'll still pass a sheet around and make sure I
15 have everybody's telephone numbers.
16 MR. MYRICKS: Unless she needs 16 minutes, that could be
17 pushing it.
18 MS. WALTER: So can we meet at 11:00, will that work for
19 folks --
20 MS. MARTIN: I won't be here.
21 MS. WALTER: -- on Wednesday the 29th? I'm staying away
22 from Thursday, I think, because you guys have testimony in the
23 Senate, and I figured you don't want to be meeting Thursday.
24 MR. ANDERSON: That's true.
25 MR. HEDGE: Is there still the option to call in, to be a

Page 41

1 part of a conference call?
2 MS. MARTIN: Yeah, because I can't be here Wednesday.
3 MR. ROYER: On Wednesday?
4 MR. HEDGE: Yes.
5 MS. WALTER: Yeah. Yeah. We can make that work.
6 MS. SCHERRA: Wednesday at 11:00. Are we set with that?
7 MR. HEDGE: Wednesday the 29th of April at 11:00 is the
8 tentative date?
9 MR. HALL: That's okay.
10 MR. ROYER: Orman, how long do you think this meeting will
11 take?
12 MR. HALL: If all we're going to be talking about is looking
13 at the formula and the spreadsheets, I don't think that it needs
14 to be a long meeting.
15 MR. ANDERSON: I think -- I don't want to -- obviously,
16 you're going to run some numbers, you're going to do that. I
17 guess -- and then there has to be some kind of a conversation
18 that occurs with the membership, right?
19 MS. WALTER: Right.
20 MR. ANDERSON: So, I mean, just so that's factored in here
21 to make sure so that if we are going to meet, it's a productive
22 meeting. I hate to have a meeting just to have a meeting. I
23 think if we're going to have a meeting, it would be nice if --
24 MS. WALTER: Well, the other option is since Thursday is
25 your testimony, could we move the meeting to the 1st, which I

Page 42

1 realize is the day you hoped it would be done by, which would be
2 Friday, and how many people could come then, and that would give
3 us time to get the numbers out, to talk to our membership, and
4 then come to this meeting, plus it would give you guys an extra
5 day if something didn't look right, I mean, if you're okay with
6 waiting until the 1st, maybe that's best for everybody. How
7 does that work for people?
8 MR. ANDERSON: It works for me.
9 MS. WALTER: If we do it the 1st, I can go back to 10:00,
10 that's not a problem. I'm sorry. It was just Wednesday that I
11 had a problem. Would that work with folks, Friday at 10:00?
12 MR. ANDERSON: I'm just concerned that if we are going to
13 meet, that it be a productive meeting.
14 MS. WALTER: I agree with you, Don. I think that's a good
15 idea. I just was trying to get to your May 1 date. But if you
16 guys are willing to wait a day, that's great. We'll make sure
17 then that we've talked to our membership and, again, if there's
18 some reason not to have the meeting, we'll be talking with you.
19 But I think that makes sense.
20 MS. SCHERRA: When you're looking for the recommendation,
21 I'm assuming you're looking for specifics on the formula. Are
22 you also looking for recommendations on the pace issue?
23 MR. ANDERSON: Any recommendations that you would like to
24 make, we're open to hear.
25 MR. HEDGE: One more time in clarification on the meeting

Page 43

1 dates, Wednesday the 29th is or --
2 MS. WALTER: No. We're just going with Friday, May 1 now
3 10:00 a.m.
4 MR. HEDGE: 10:00 a.m. And the idea is we want to meet back
5 with the membership, that has to come after 10:00 sometime on
6 May 1?
7 MS. WALTER: No. No. Before.
8 MS. SCHERRA: Before.
9 MS. WALTER: Before we come here so that we're having this
10 meeting --
11 MS. SCHERRA: We're actually making a recommendation on
12 behalf of the entire association.
13 MR. HEDGE: So that means the information that the folks who
14 work on it will go out to the membership before May 1.
15 MS. SCHERRA: They'll have a conference call.
16 MS. WALTER: Right. I'll get a conference call scheduled.
17 MS. SCHERRA: Probably Wednesday.
18 MS. WALTER: Right, Wednesday because if something needs
19 tweaked --
20 MR. HEDGE: That's helpful to know the time frames. Thank
21 you.
22 MS. WALTER: So I'll work on scheduling a conference call
23 Wednesday at 3:30. That way if Orman and folks need to do some
24 tweaking on Thursday, we're good.
25 MS. SCHERRA: I also think as a committee we need to talk

Page 44

1 because we're presenting something --
2 MR. JENKS: Can I ask just a quick question just to Orman
3 and what you guys are doing, I'm not quite as clear as what
4 you're doing because it's kind of -- it's just a little bit
5 above my technical background.
6 But how does it relate to what Helen did today in terms of
7 like the poverty piece? We got a new column here and I'm
8 looking at it and trying to make sense and I don't know exactly
9 how to make sense of it yet. I would like to ask that question
10 as well.
11 But if she could answer a little bit about how you feel
12 about 300 percent of poverty. It made some pretty good changes
13 here. And I guess I'm just curious what your reaction to that
14 is. Then after that, could you just elaborate on what does your
15 work build on that or one of them? That's where I'm getting a
16 little bit of a disconnect. I apologize.
17 MS. SWEENEY: No. It's no problem. Holzer 300 percent of
18 poverty, I think it still has the same issues that the other
19 data did, that it's relying on 2000 census numbers. And what
20 they're trying to do is have us come up with a different
21 prevalence number. We'd use Holzer's data and use hospital days
22 and hospital dummy and predict a whole new variable here.
23 MR. JENKS: I get that. But my point is what is it using as
24 a poverty, is it using 300 percent, 200 percent, or am I missing
25 that?

Page 45

1 MS. SWEENEY: Yesterday we used 200 percent. We can
2 substitute 300 percent, do it both ways.
3 MR. JENKS: I would like -- I guess I'm trying to understand
4 the impact, the 200 percent of poverty, we're losing 1 million,
5 300 percent of poverty I gain a million. I guess what I'm
6 saying is I think, connecting with what Karen said, something's
7 happening in there, something pretty big is happening, kind of
8 that intuitive level, it's not jumping out at me. I think I
9 agree with what Karen is saying, but I was interested in your
10 general reaction, what is 300 teasing out in Medina that didn't
11 get teased out before? I'm just trying to understand it.
12 MS. SWEENEY: Sure. It's getting closer to what your
13 average income in the area is. You're a little bit wealthier,
14 and you've got a bigger group that is over 200 percent of
15 poverty. And that's what you're getting to.
16 MR. STEWART: You don't have -- Medina, what's happening to
17 Medina is they don't have the poor poor.
18 MR. JENKS: Right.
19 MR. STEWART: They have those people who are a little better
20 off than the poor poor. What happens to others like Hamilton
21 County, we have the poor poor. So going to 300 percent actually
22 hurts us because we're not gaining those people that are a
23 little better off than the poor poor.
24 MR. JENKS: I see. Okay.
25 MR. STEWART: You'll probably find that trend as you look at

Page 46

1 the suburban counties, counties outside of those urban courts.
2 MR. JENKS: But is it starting to get at some of the issues
3 we talked before about, the ability to pay and these folks that
4 aren't really covered by Medicaid but we're still using them
5 heavily in the subsidy of our level services?
6 MS. SCHERRA: They don't qualify for almost anything in
7 terms of public assistance.
8 MR. JENKS: Right.
9 MS. SCHERRA: So they are, again, it goes back to who are we
10 supposed to serve and what is our money supposed to be directed
11 towards. You mentioned sliding fee scale the other day. It's
12 that sliding fee scale, and it's that group of people that can
13 pay almost nothing. We're almost paying 100 percent of their
14 care. And that's what's sort of draining for some of us and
15 limiting our ability to serve more people because those we are
16 serving is taking such a bulk of our dollars.
17 MR. JENKS: I'm not saying it's right. I would just like to
18 see it, start to tease out a little bit.
19 MS. SWEENEY: It also starts to get to those people who
20 after you apply the disregard for Medicaid when they come into
21 the 200 percent of poverty level, there's that cliff effect.
22 MS. SCHERRA: I think this is why the continued conversation
23 is so critical because I think -- at least I can only speak for
24 myself -- I may be willing to compromise on what the factors are
25 for the short term so we can move forward as long as there is a

Page 47

1 recognition, understanding, that there are a slew of variables
2 that really have to be talked about and looked at. And we do
3 have to get to the science behind it. It is not just because it
4 benefits me or it sounds good, it's what really makes sense
5 scientifically and also back to who are we trying to serve and
6 do we need to have dollars directed to those populations, or is
7 the bottom line that we're not supposed to serve them? We don't
8 have enough resources. We're not supposed to serve them. Then
9 I have a whole different way of approaching the way I do
10 planning of services in my community. So I think that's why I
11 think the commitment to going forward with this is so critical
12 to us coming to a consensus on a recommendation for now.
13 MS. WALTER: And actually, that's what I was just going to
14 ask, Don, if it would be possible if maybe you or Debbie could
15 get back to me and just let me know if you guys are open to,
16 after we come up with something for this year, looking at next
17 year and sitting down again because how our members respond to
18 whatever we give them for this year will be maybe dependent upon
19 that.
20 And if we can go back and say to them, look, the Department
21 recognizes this is a one-year. There's still more science to be
22 worked out and they're willing to sit down with us, continue
23 looking forward, that would be helpful for us. So is that a
24 possibility that you guys could check and get back to me on that
25 before our conference call on Thursday?

Page 48

1 MS. NIXON-HUGHES: I think the Director has said that in the
2 past.
3 MS. WALTER: Okay.
4 MS. NIXON-HUGHES: She has acknowledged that we need to do
5 something this year. And so it sounds like we have looked at
6 something at least to move forward this year, but that we could
7 continue to look at things --
8 MS. WALTER: That's --
9 MR. ANDERSON: Continuing refining based on good information
10 as appropriate --
11 MS. WALTER: That's helpful.
12 MR. ANDERSON: -- is what we would be open to.
13 MS. SCHERRA: And not to belabor the point, but I think the
14 critical piece there is not just her willingness to look at the
15 formula, but that the boards are a partner in that process. I
16 think that's the critical piece here. That's what we're trying
17 to do here. It's a continuation of what we've been trying to do
18 collectively.
19 MR. ANDERSON: And I think -- I don't want to put words in
20 your recommendation -- but why don't you tell us about how you
21 would like that done.
22 MR. ROYER: Can I ask, are you going to be able to insert
23 the 2005 poverty statistics in this?
24 MS. SWEENEY: We can see what we can do.
25 MR. ROYER: My concern is, and it's very parochial concerns,

Page 49

1 the 2000 statistics don't reflect, we in Franklin County have
2 absorbed in excess of 150,000 immigrants in the last ten years,
3 which represents one-tenth of our population, which tends to be
4 more poor. And that, I think, is a significant issue relative
5 to the 200, 300 percent poverty discussion.
6 MR. ANDERSON: Right.
7 MS. SCHERRA: To be honest, it affects all of us. I mean,
8 we have -- we still have a very small minority population. But
9 what's growing in our county is immigrants and Hispanics. I
10 think it is something, it may affect you significant, but I
11 think it does affect all of us.
12 MR. ROYER: Right. But not only are they immigrants,
13 they're minority immigrants. And when we are not factoring
14 under the current proposal any minority factor, the reality is
15 that it's, to me, it's a double hit in my view because we're not
16 factoring minority presence; and if you don't factor immigrant
17 minorities, such a huge rate, nearly 100,000 Somalis, in excess
18 probably of 60,000 Latinos, poor, for the most part, that's a
19 real issue. I think it would be hard to defend from the
20 Department's perspective.
21 MS. NIXON-HUGHES: The only other thing I would throw out, I
22 know this isn't like the most popular belief in the world, but
23 in terms of as we look at moving forward, integrating our talks
24 with some of our other stakeholders I think would be real
25 helpful and a learning for everybody as well as aligning some of

Page 50

1 the work that we're doing with that TWG because that will begin
2 to answer the question who are we serving. So we need to figure
3 out a way to do those two things.
4 MR. ANDERSON: TWG means Transitions Work Group.
5 MS. NIXON-HUGHES: Cheri said something --
6 MS. WALTER: Yeah. We talked a little bit about that.
7 That's what we're looking at.
8 MR. ANDERSON: It, obviously, this work as we go forward
9 needs to align underneath what we're doing there. So it all
10 connects. That is a place where we are bringing the other
11 stakeholders to the table.
12 MR. HEDGE: The other component of that is you talk about
13 counting future, not only who we're supposed to be serving, how
14 do we serve them. That's always been the discussion we've had
15 for at least the last ten years, what is the cost to serve
16 folks? Once you know who you're supposed to serve, what does it
17 cost to serve them? And then do we have the resources to do
18 that? That kind of gets to the question you're raising of who
19 can we serve and who can't we serve. That was a joint effort
20 that we want to continue to pursue, what does it take to serve
21 our populations which we're charged as serving? Hopefully
22 that's also on the plate of the big group.
23 MS. WALTER: It is. That's that committee I was telling you
24 where we really come together moving forward.
25 MS. MARTIN: Is the transition group then, if that's the

Page 51

1 group, is that where that synthesis project is, that Bill Rubin
2 synthesis project?
3 MR. HEDGE: That's the modeling or the --
4 MS. KELLEY: Clustering.
5 MR. HEDGE: Clustering.
6 MS. MARTIN: Clustering. Clustering.
7 MS. WALTER: That's a longer term piece, not the short-term
8 piece that we're looking at around amount, scope, and duration
9 and defining the core population. That's a different -- further
10 on.
11 MR. ANDERSON: All this relates. That's our point.
12 MS. WALTER: Yeah.
13 MR. ANDERSON: You can't do these things in isolation from
14 each other as we have in the past.
15 MS. WALTER: So we're good. You guys are going to get
16 together on Tuesday.
17 MR. HALL: We are.
18 MS. WALTER: We'll get together then again next Friday. And
19 let me just say, I do think I need to say thank you, Don, you
20 know, and Debbie. When I called, you let us use Helen Anne and
21 that was very helpful, and we appreciate that. And I appreciate
22 your flexibility letting us meet on Friday. We're appreciative
23 of that. And hopefully we're all going to move in the same
24 direction.
25 MR. HEDGE: Also want to thank Orman and Eric --

Page 52

1 MS. WALTER: Orman and Eric, absolutely.
2 MR. HEDGE: -- because the expertise is really coming to the
3 forefront what we need to put on the table. So I appreciate all
4 the efforts you guys are doing.
5 MS. WALTER: I feel like we're heading in the right
6 direction. That's a good thing. So we'll just keep working at
7 it.
8 MR. HEDGE: Some really smart people.
9 MS. WALTER: Yeah.
10 MR. HALL: Fun stuff.
11 MS. WALTER: Thank you.
12 ---
13 And, thereupon, the meeting was adjourned at 11:32 a.m.
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Page 53

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2
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4 C-E-R-T-I-F-I-C-A-T-E
5
6 I do hereby certify that the foregoing is a true, correct
7 and complete written transcript of the proceedings in this
8 matter, taken by me on the 23rd day of April, 2009, and
9 transcribed from my stenographic notes.
10
11
12
13 _____
14 Ann Ford
15 Registered Professional Reporter
16 and Notary Public
17
18 My commission expires: 4-18-11.
19
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	<p>3:30 43:23 30 5:11;6:9,11;7:1,15;13:5;14:14;15:7,24,25;29:10 300 24:5,19,23,24;25:10,11,17,24;44:12,17,24;45:2,5,10,21;49:5 31 6:15,25;7:25</p>	<p>Actually 21:8;27:18;43:11;45:21;47:13 add 8:7;39:17 added 15:19,20 additional 12:2 address 4:10;5:13;9:23;12:17 adjourned 52:13 adjust 8:8,10 administration 19:24 advisers 26:16 advocate 19:7 affect 3:24,25;8:19;10:17;12:2;49:10,11 affected 5:17 affects 12:6;49:7 again 7:16;8:18;10:20;14:7;28:23;30:12;31:10;32:14;35:1;37:17,22;38:16;42:17;46:9;47:17;51:18 against 27:15 agencies 7:19;9:23;13:15,21;18:19 agency 6:24;8:3;10:9,23;17:19;18:5,6 agenda 23:23 aggressive 10:4 ago 27:19;28:2;30:7;36:17 agree 16:4,5;36:1,4;37:4;42:14;45:9 agreed 33:15 agreement 33:13,17 agreements 4:20;5:13 ahold 39:22 align 50:9 aligning 49:25 Allen 26:11 allocation 27:25;34:7;37:10 allocations 32:23,24;33:3,4;36:25 allotment 8:15 allotments 8:8,11 allow 36:11 allowed 12:21;18:18 almost 46:6,13,13 along 29:23 Although 27:11 always 6:7;16:23;50:14 ambiguity 17:16 among 33:1 amount 11:24;32:13;51:8 and/or 3:7;8:3 ANDERSON 3:9;4:24;5:25;6:21;8:7;11:6,15;12:6,21;22:11;27:21</p>	<p>13:10;14:10,13,15;15:10;16:16,18;8;20:10,12,15,19;21:3;22:7,10,19;23:22;24:10;33:4,23;34:3,20;35:24;36:18;37:14;38:9,13;40:24;41:15,20;42:8,12,23;48:9,12,19;49:6;50:4,8;51:11,13 Angie 21:8,9;22:14 Anne 23:23;37:5;38:20,25;40:9;51:20 answered 37:11 anymore 12:22 apologize 44:16 apparently 21:10;33:24 appearing 3:6 apply 46:20 appreciate 16:19;29:10;31:20;51:21,21;52:3 appreciative 51:22 approach 9:24;15:1;38:2;39:1,8 approached 27:22 approaches 14:18 approaching 47:9 appropriate 18:10;29:21;48:10 appropriation 8:15;11:21 approval 7:7;8:10 approvals 8:1 approve 19:24 approved 7:7,8,25;8:1,9,16;19:11 April 3:4;21:21,25;22:1,4;7 area 4:22;13:18;18:13;26:21;34:18;45:13 areas 5:13;7:3;9:1;10:9;16:15;29:2;33:2;39:4 argue 9:17;19:5;27:15;28:15 argument 16:17;18:4 arguments 16:14 around 4:7;17:16;29:13;40:14;51:8 arrangement 33:20;38:5 aspect 19:23 aspects 35:9 assessment 5:21;16:5;37:14 assistance 46:7 Association 3:5;34:14;43:12 assuming 42:21</p>	<p>attempt 18:16,21 attempting 34:15 attention 12:8 attorneys 33:13,17 audience 4:4 Authorities 3:6 automatically 11:22 available 7:23;8:14;39:2;40:3 average 45:13 aware 8:20,23;11:15;19:19 away 12:8;37:19;40:21</p>
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<p>2 2 24:18;25:10 20 15:7;27:19 20,000 25:16 200 24:8;25:5,16,21;26:3;44:24;45:1,4,14;46:21;49:5 2000 28:3,8;37:20;44:19;49:1 2005 28:10,12;48:23 2009 3:4 2010 37:20 21 27:22 23rd 3:4 24 10:19 27th 5:2;6:23 29th 39:12,13;40:21;41:7;43:1</p>	<p>A ability 23:13;35:1;46:3,15 able 6:12;9:17,24;11:13;12:13,15,17;14:17;32:11,16,20;33:25;34:1;38:25;48:22 above 44:5 absent 36:19 absolutely 52:1 absorbed 49:2 acceptable 37:21 accomplish 32:11 accomplished 31:11 account 11:23;31:14 accounts 17:24 accrue 11:9 achieving 18:16 acknowledged 48:4 across 16:1;18:17;28:18 Act 27:20 action 8:5;20:1,6,7 actions 5:17;10:4;19:9 actual 8:15;15:13;22:11;27:21</p>			
<p>2 2 24:18;25:10 20 15:7;27:19 20,000 25:16 200 24:8;25:5,16,21;26:3;44:24;45:1,4,14;46:21;49:5 2000 28:3,8;37:20;44:19;49:1 2005 28:10,12;48:23 2009 3:4 2010 37:20 21 27:22 23rd 3:4 24 10:19 27th 5:2;6:23 29th 39:12,13;40:21;41:7;43:1</p>	<p>A ability 23:13;35:1;46:3,15 able 6:12;9:17,24;11:13;12:13,15,17;14:17;32:11,16,20;33:25;34:1;38:25;48:22 above 44:5 absent 36:19 absolutely 52:1 absorbed 49:2 acceptable 37:21 accomplish 32:11 accomplished 31:11 account 11:23;31:14 accounts 17:24 accrue 11:9 achieving 18:16 acknowledged 48:4 across 16:1;18:17;28:18 Act 27:20 action 8:5;20:1,6,7 actions 5:17;10:4;19:9 actual 8:15;15:13;22:11;27:21</p>			
<p>2 2 24:18;25:10 20 15:7;27:19 20,000 25:16 200 24:8;25:5,16,21;26:3;44:24;45:1,4,14;46:21;49:5 2000 28:3,8;37:20;44:19;49:1 2005 28:10,12;48:23 2009 3:4 2010 37:20 21 27:22 23rd 3:4 24 10:19 27th 5:2;6:23 29th 39:12,13;40:21;41:7;43:1</p>	<p>A ability 23:13;35:1;46:3,15 able 6:12;9:17,24;11:13;12:13,15,17;14:17;32:11,16,20;33:25;34:1;38:25;48:22 above 44:5 absent 36:19 absolutely 52:1 absorbed 49:2 acceptable 37:21 accomplish 32:11 accomplished 31:11 account 11:23;31:14 accounts 17:24 accrue 11:9 achieving 18:16 acknowledged 48:4 across 16:1;18:17;28:18 Act 27:20</p>			

<p>24 bienniums 10:25 big 7:18;45:7;50:22 bigger 45:14 biggest 22:25 Bill 51:1 billed 21:10 births 29:7 bit 21:5;31:17,19; 32:9;44:4,11,16; 45:13;46:18;50:6 blanket 19:3 board 21:14;26:21; 27:4,4;28:2;33:2;39:4 boards 16:25;23:1, 3;34:15,19;35:6; 36:21;48:15 body 7:24 both 5:8;7:22; 15:16;36:13;45:2 Bottom 5:25;37:10; 47:7 briefing 3:10;4:7 bring 15:23 bringing 29:24; 50:10 brought 4:6;25:21; 29:11;36:14 budget 6:2;7:2; 20:17,20,20 budgeting 30:18,25 budgets 8:19 build 44:15 bulk 21:19;46:16 business 5:1,16,18; 14:4;16:12 buy-in 34:24 buying 13:20;14:16</p>	<p>candid 12:24 capita 26:22;27:3,8, 12,21,23 capture 11:12;26:2 car 15:12 care 16:21,22;17:6, 7;46:14 carry-over 6:1 cars 19:9 case 15:10;16:9,10; 17:9 cash 5:22 cashing 22:12 categories 4:16; 5:12;7:5;9:5 cause 3:5 causes 5:5 cell 39:23,25 census 44:19 central 17:5 cents 19:16 certain 13:19;18:13; 28:18 certainly 35:20 cetera 12:5,5 CFOs 4:6 chance 13:8 change 11:22;14:6; 33:7,9;34:10 changes 26:6;44:12 changing 33:10 channel 8:1 charged 50:21 check 47:24 Cheri 27:1;50:5 choose 26:19 CIOs 4:6 Clarification 25:4; 42:25 clarify 23:8 Clean 6:21 clear 7:9;38:4;44:3 clearly 29:14 client 17:6 cliff 46:21 close 5:1,16;25:15; 32:18 closely 27:23 closer 45:12 Clustering 51:4,5,6, 6 code 4:24 coffers 8:13 collections 20:18 collectively 11:6,7; 35:12;48:18 College 26:12 column 24:17,19; 27:6;44:7 comb 10:15 coming 11:22; 21:14;31:15;47:12; 52:2</p>	<p>commitment 35:5, 23;36:20;47:11 committee 43:25; 50:23 communicating 17:9 communication 17:7 communications 19:14 community 3:24;4:1; 9:2;47:10 compared 26:6 completed 6:9 completely 7:21; 36:4 component 50:12 compromise 46:24 concept 32:15;39:2, 5 concern 48:25 concerned 31:12; 42:12 concerning 3:17; 33:8 concerns 48:25 conditions 28:13 conference 21:4; 36:19;41:1;43:15,16, 22;47:25 conjunction 10:10 connected 35:4 connecting 45:6 connection 9:19; 10:20;18:7 connects 50:10 consensus 47:12 consider 7:6;29:23; 31:10;39:20 consideration 33:2; 34:6,11 considered 7:16; 15:12;27:14;34:12; 35:3;36:2 considering 34:10 consistent 26:8 context 33:19;34:25 contextural 3:15 continual 10:14 continuation 48:17 continue 35:6;37:7; 47:22;48:7;50:20 continued 46:22 Continuing 48:9 continuity 17:6 contract 10:3,25 contracted 15:10 contracts 4:19;10:1, 11 contributing 8:21 conversation 16:6,7; 34:17;41:17;46:22 conversations 23:24 co-op 32:16 coordinated 9:25</p>	<p>copies 24:21 core 12:11;51:9 correctly 32:7 correlate 28:11 correlations 28:11 cost 50:15,17 counsel 3:7 count 23:4 counties 28:18,18, 21;29:25;30:1;46:1,1 counting 50:13 County 3:5;28:20; 29:6,7,14,15,19; 45:21;49:1,9 couple 20:5;25:2; 28:2,13;30:20;39:14 course 8:5;9:7;20:5, 19 COURT 20:25 courts 46:1 cover 34:9 covered 46:4 creates 27:24 creating 18:5 criteria 5:3;7:10 critical 5:4;7:11; 9:17,20;15:22;17:1,8; 19:6;35:17;46:23; 47:11;48:14,16 cross 10:25 cross-sectional 32:6 CSNs 19:5 curious 44:13 current 20:11;27:19; 37:18,19;49:14 currently 19:16;37:3 curve 14:7 cut 18:12;20:14 cuts 9:13;20:8;23:2 cutting 15:25</p>	<p>dealing 3:11;4:15, 16;6:3,9;8:23;13:15 dealt 13:17;19:22 deaths 29:7 Debbie 25:3;47:14; 51:20 debt 6:1 December 21:23 decided 32:8 decision 33:7 declaration 7:9,13 defend 49:19 defining 51:9 delaying 40:8 demonstrate 15:24 demonstrating 19:23 Department 16:19; 35:6;47:20 departments 21:11 Department's 49:20 dependent 47:18 described 21:6 designee 8:3 detail 13:7 determine 32:16; 38:25 determiner 33:11 determining 27:13 detrimental 16:1 development 7:6 developments 38:3 DHO 28:19 diem 10:18 dietary 10:11 difference 7:18;21:5 different 7:5;14:4; 20:16;26:5;30:12; 31:5,19;32:4;44:20; 47:9;51:9 differently 28:15 difficult 30:15 diligence 9:20 direct 22:24 directed 46:10;47:6 directing 30:14 direction 31:22; 51:24;52:6 directly 22:12 director 8:3,4;33:6; 48:1 disbursed 33:1 disconnect 44:16 discussion 49:5; 50:14 disparity 31:13 disregard 46:20 distinguish 24:16 distributed 34:8 documentation 26:13 dollars 10:8;33:1; 46:16;47:6 Don 9:10;22:8;</p>
C			D	
<p>calculate 26:22;27:8 calendars 36:14 California 30:17 call 21:4;36:19; 39:22,24;40:2,25; 41:1;43:15,16,22; 47:25 called 33:22;51:20 came 3:5,11;18:1 can 7:5;12:10;13:1, 25;14:8,25,25;15:2, 24;16:9,10;17:4; 18:20;19:24;20:10; 23:12;25:3;26:9,14, 25;27:8;31:10,21; 32:21,22;34:1,18; 36:14;37:4,6;39:9,17, 23,24;40:2,4,7,18; 41:5;42:9;44:2,45:1; 46:12,23,25;47:20; 48:22,24,24,50:19 canceled 6:15</p>			<p>Dalon 3:21;8:8; 15:3;26:10 dancing 18:2 DAS 9:22,25;10:10 data 24:1,4,4,8,18, 19;26:18,20;30:5; 32:1,6,12;39:2;40:11; 44:19,21 date 6:16;38:18; 41:8;42:15 dates 43:1 day 3:4;6:5;10:18; 21:4,9;36:9;38:23; 39:2;42:1,5,16;46:11 days 11:2;15:17; 28:2;30:20;36:17; 38:17;44:21 deadline 6:23 deal 8:20;9:9;13:14, 16;14:18,19,22</p>	

<p>32:24;34:23;37:11; 42:14;47:14;51:19 done 6:24;7:20; 10:9;32:14;34:2,25; 42:1;48:21 double 49:15 Doug 21:9 down 16:5;19:21; 47:17,22 draining 46:14 draws 12:7 dropping 5:10 due 9:20 dummy 32:16;44:22 dumping 12:1 Dunby 26:11 duplicate 4:12 duration 51:8 during 7:1;22:2; 28:24</p>	<p>15:9 equitable 36:20 equitably 28:17 equity 18:17;27:13 Eric 26:12;27:18; 31:25;32:16;37:5; 38:20,24;51:25;52:1 especially 34:24 essence 8:12 establish 14:23 established 36:15 et 12:5,5 etched-in-stone 36:2 evaluation 12:4 even 8:14;17:7,20; 23:10;29:6;30:7,8 everybody 7:11; 16:2;30:6,21;39:23; 42:6;49:25 everybody's 39:25; 40:15 everyone 37:19 exactly 18:2;29:16; 44:8 examine 32:21 example 13:18; 14:15,24;18:8,18; 30:11 excess 49:2,17 exchanged 33:14 exclude 25:24 Executive 3:10;4:7; 7:4 exempt 9:12 exemptions 9:10 exempts 19:16 expand 15:20 expectation 32:25 expenditure 5:5;8:9; 9:6;18:10,15 expenditures 13:14, 17;15:1;18:12 expense 15:13,14, 16 expenses 15:11,11 experimental 39:18 expert 34:17 expertise 52:2 explain 3:13,21,23 explaining 32:18 extended 28:16,17 extends 6:16 extent 13:20 extra 24:23;25:1; 42:4</p>	<p>factored 41:20 factoring 49:13,16 factors 20:2;27:14; 29:23;31:9;35:2; 38:3;46:24 fair 33:18;37:14 fall 5:14;23:7 familiar 15:17 family 25:14 far 28:8 fast 8:6;18:1;32:8 feasible 39:1 federal 17:12,17,18; 18:1,4,9,14,20,25; 19:20 Feds 19:23 fee 46:11,12 feel 12:16;13:9; 32:10;44:11;52:5 felt 13:1 fiefdoms 13:20 field 15:20 figure 21:13;23:6; 25:16;50:2 figured 40:23 figures 30:9 file 18:3;32:13 final 5:19;6:5,11; 12:1;22:21;33:11 finalize 38:15 finals 20:17 find 22:25;30:18; 31:1;39:19;45:25 finding 36:19 finish 4:9 first 4:14,14;14:16; 16:3,8;21:19,22;23:8, 25;24:6,17;25:1,4; 27:20;31:24;36:3 fiscal 6:1,8;7:2,15, 17;23:7,19;31:11,15 fits 18:4 five 4:16;15:19 Five-line 4:25 flexibility 15:24; 51:22 flow 8:5 FMAP 20:24;21:2,6, 11;22:3;23:2 focus 12:8 focused 9:6 focusing 9:5 folks 4:15;11:20; 14:16;31:16,19; 33:24;40:1,19;42:11; 43:13,23;46:3;50:16 follow 19:10 following 3:8 forced 13:25 forced 18:12 forces 13:21 forcing 8:25;13:12, 13</p>	<p>forecast 26:21 forefront 52:3 form 35:11 formal 36:10;38:7 formalized 37:22 format 40:10 formatted 39:8 formula 35:7,10,12, 16;36:20;37:9,18,19, 20;41:13;42:21;48:15 forth 3:7;4:20;14:9; 16:21,24;17:9,10; 31:20;33:14;34:19 forward 3:13;6:14; 7:8;8:20;10:8;22:4; 34:5,19;36:12,21; 37:21;46:25;47:11, 23;48:6;49:23;50:8, 24 four 25:15;33:15 frame 38:11 frames 43:20 framework 13:16,24 Franklin 49:1 frankly 34:18 Friday 42:2,11;43:2; 51:18,22 front 5:4;11:25;18:3 full 38:23 Fun 52:10 fund 6:5;18:11,19; 23:6 funded 5:2 funding 4:15,16; 18:17;20:9 funds 7:15;9:19; 17:11,12,13,13,17,19, 23;18:4,9,20,25; 19:20;30:14 further 20:8;35:7; 51:9 future 3:11,12,18; 36:5;50:13 FY09 4:9,14;6:7 FY10 4:10</p>	<p>goal 12:9 goes 10:6;19:21; 21:10;46:9 good 8:22;12:15,16; 13:11;14:1;17:15; 19:14;28:7,9;30:11; 37:25;38:24;39:5; 42:14;43:24;44:12; 47:4;48:9;51:15;52:6 goods 4:21;15:8 Governor's 3:10 grant 18:14 great 42:16 greater 8:21 GRF 4:15;5:2,12; 7:17;17:11,13,16; 18:3 group 39:21;45:14; 46:12;50:4,22,25; 51:1 groups 26:2 growing 49:9 growth 29:17 guarantees 9:7 guess 12:23;14:21; 28:23;30:8;34:20; 35:5;37:7,8,10,10,13; 41:17;44:13;45:3,5 guidelines 34:8; 37:10 guys 34:16;40:22; 42:4,16;44:3;47:15, 24;51:15;52:4</p>
<p style="text-align: center;">E</p> <p>earliest 21:13; 22:14,16 early 11:13;27:2 easier 16:15 economy 9:1 effect 46:21 effort 19:20;31:21; 50:19 efforts 52:4 eight 38:10 either 5:13;10:22; 17:4;19:22 elaborate 44:14 element 3:19 eliminate 19:2,3 eliminating 5:5 else 38:18 e-mail 21:15;27:1; 30:21 embarked 20:5 employees 19:18 employment 28:22 encumbrance 5:3 encumbrances 6:8 end 6:1,2;10:5,23; 11:23;14:3;22:21 ends 30:6 energy 14:20 engaged 20:2 enough 24:21; 25:15;37:7;38:19,21; 47:8 enterprise 13:13,18, 23;14:17,19;15:2 entire 34:24;43:12 entity 5:6 environment 4:17; 27:19 equally 28:17 equipment 4:22,24;</p>	<p style="text-align: center;">F</p> <p>facing 9:9 fact 4:4;10:19; 23:19;31:20 factor 27:25;31:12; 37:23;49:14,16</p>	<p style="text-align: center;">G</p> <p>gain 45:5 gaining 45:22 gains 29:15 game 11:7;20:16 gasoline 15:15 gave 26:13 General 18:11,14, 18;45:10 generate 12:12 generating 5:7 generically 17:23 gets 7:8;8:16;37:24; 50:18 Given 10:19;16:14 giving 7:4;8:18;33:2</p>	<p style="text-align: center;">H</p> <p>HALL 26:20;27:2, 10,17;31:25;32:12, 20;38:23;39:7,17; 40:9,13;41:9,12; 51:17;52:10 HALLIDAY 6:18; 10:17;12:1,18;14:6, 12;19:19;23:18;26:5; 36:1;37:3 Hamilton 45:20 handing 24:3 handling 3:18,20 hands 17:20;38:7 hands-on 17:20 happen 10:5;18:20; 23:5,13 happening 5:23; 30:7;45:7,7,16 happens 45:20 hard 39:10;49:19 hardship 11:20 hate 41:22 head 7:14 heading 52:5 Health 3:6;5:4,9;17; 16:16;26:13;27:20 hear 20:25;35:17;</p>	

<p>36:6;42:24 heard 16:3;36:16; 37:22 hearing 37:18 heavily 46:5 HEDGE 16:18;20:7; 24:12;25:2,4,8;37:17; 40:25;41:4,7;42:25; 43:4,13,20;50:12; 51:3,5,25;52:2,8 Helen 23:23;24:12; 25:4,20;26:20;28:1; 31:16,19;32:15;37:5; 38:20,24;40:9;44:6; 51:20 help 23:2,2;26:17 helpful 16:18;17:5, 10;27:10;34:20; 39:13;43:20;47:23; 48:11;49:25;51:21 helping 9:6 hereinafter 3:7 Here's 18:8 high 19:24 highest 26:22;27:4 Hispanics 49:9 hit 7:13;49:15 hits 15:16;20:17 hold 5:21 Holly 26:10 Holzer 24:1,4,8,18, 19;25:4;27:22,24; 28:2,8,10;29:4;30:22; 44:17 Holzer's 44:21 honest 49:7 honestly 35:22; 38:14 honesty 32:25 hood 13:8 hope 19:24;20:10; 21:16;22:2;37:6 hoped 33:21;42:1 hopeful 37:4 hopefully 8:24; 50:21;51:23 HOPES 26:12 hoping 21:22;22:19, 19;23:2,4;37:13 hospital 8:19;10:18; 31:13;32:18;44:21,22 hospitalization 27:18,21 hospitals 9:12; 10:11;16:20,20,24; 17:5;20:9 hour 39:15 hours 10:19 huge 49:17 hung 17:22 hurry 18:1 hurts 45:22</p>	<p style="text-align: center;">I</p> <p>idea 36:4;42:15; 43:4 identify 5:2,13;9:15 illustrates 29:12; 30:10 immigrant 49:16 immigrants 29:9; 49:2,9,12,13 immigration 28:24; 29:2 impact 4:4;11:18; 16:21,22;17:8;28:20; 33:3;45:4 implemented 8:16 important 3:15;4:3, 7;11:10;34:7,23 in-between 30:4 include 17:12; 25:21;31:25 included 31:13 income 45:13 increased 14:6;22:3 indicated 12:3 indicating 14:11 indication 10:17 individual 9:24; 13:15,21;16:24; 19:14;34:15;36:21 inequity 27:13 influx 29:8;30:1 information 13:19; 33:14;38:7,8;43:13; 48:9 initial 4:13 initially 3:9 input 34:12 insert 48:22 inside 16:15 instance 12:4; 14:11;18:11 in-state 19:2,3 institutional 25:22 integrating 49:23 interested 45:9 interim 36:11 interpretation 37:17 inter-relate 16:20; 18:23 into 3:13;5:14;8:13; 18:4,14;19:15;21:14; 29:19;31:14;46:20 intuitive 45:8 invoice 5:19 invoices 6:11 involved 19:7 isolation 51:13 issue 18:24;22:10; 29:12;31:15;33:16; 42:22;49:4,19 issues 5:4;16:22;</p>	<p>17:6,7;19:6;25:20; 35:14;44:18;46:2 issuing 5:16 item 5:6;8:2,2;9:12; 23:23 items 3:23;5:2;7:12; 8:9;10:22</p> <p style="text-align: center;">J</p> <p>January 21:24 JENKS 14:14;15:3, 12;25:11,18;44:2,23; 45:3,18,24;46:2,8,17 JFS 17:21 job 18:5 jobs 5:6;28:19 joint 38:3;50:19 Jones 26:10 July 6:10,15;38:11 jumping 45:8 June 6:10;21:15,22; 22:2,4,15,16,21;23:5, 9</p> <p style="text-align: center;">K</p> <p>Karen 36:12;45:6,9 Karen's 36:4 keep 5:6;26:7; 29:12;39:11;52:6 keeping 27:7 keeps 29:18 KELLEY 51:4 kind 3:13,16,21;9:4; 10:15;13:24;16:7; 18:15,16;27:23;28:6, 9;32:2,8;34:3;37:23; 38:1,4;41:17;44:4; 45:7;50:18 kinds 17:14</p> <p style="text-align: center;">L</p> <p>labels 15:4 land 30:15 lands 20:4 largely 4:22 last 16:6;20:5,7; 23:20,25;24:17,19; 25:21;27:6;28:13,24; 32:23;33:4;49:2; 50:15 late 16:11;20:14 later 22:17;27:17; 39:14,15,24 latest 26:5 Latinos 49:18 lay 18:3 layoffs 9:4 learning 14:7;49:25 lease 15:14 least 32:20,21;</p>	<p>38:14;46:23;48:6; 50:15 led 9:22 legal 13:24;33:20 legalistic 34:4 legs 7:21 lens 13:12 lenses 5:9;9:15 less 17:8 letter 34:9 letting 51:22 level 10:14;13:18; 25:14;45:8;46:5,21 levels 4:23 leverage 10:7; 17:17;18:4 leveraging 10:7 life 5:4;9:17;19:6 likes 25:2 Likewise 13:4 limit 14:8 limited 35:11 limiting 46:15 line 3:23;5:25;26:8; 37:11;47:7 literature 26:17 litmus 7:10 little 13:20;14:11; 16:14;21:5;31:17,19; 32:9;37:4;39:14;44:4, 11,16;45:13,19,23; 46:18;50:6 locally 17:1,3 long 40:10;41:10, 14;46:25 longer 51:7 look 8:16;10:13; 13:5,8,11,22;15:7; 17:5;18:9,22;20:2; 24:16;26:14,20;30:5, 12;32:7;35:1,6,8,21; 37:25;39:3;40:9; 42:5;45:25;47:20; 48:7,14;49:23 looked 5:9;27:4; 31:19;47:2;48:5 looking 9:25;11:1,2; 13:2;17:1,25;19:2; 27:16;34:14;38:14, 24;41:12;42:20,21, 22;44:8;47:16,23; 50:7;51:8 looks 8:15;13:5 losing 45:4 loss 5:5;15:23 lost 28:19;29:6 lot 4:19,21;7:4;10:4; 14:20;16:15,15; 17:15,16;18:2;29:6; 33:14;37:25;38:6 lowest 26:23;27:5</p>	<p style="text-align: center;">M</p> <p>main 27:24 maintain 6:4 maintenance 4:20; 15:8;19:20 major 12:2;16:22; 29:8;39:15 makes 15:15;33:7; 35:13;38:5;42:19; 47:4 making 43:11 management 5:23 managers 17:9 manner 31:3 many 16:13;19:20; 24:12;28:19;42:2 March 21:24,25 MARTIN 24:15,24; 38:10;39:4;40:20; 41:2;50:25;51:6 matter 7:12 may 4:11;5:20;6:25; 7:25;8:14;21:21,25; 22:1;28:15;30:9;38:2, 15,17;42:15;43:2,6, 14;46:24;49:10 maybe 10:19;15:3; 17:8;27:2,16;28:7; 31:19,21;32:4;35:7, 13;37:11;39:17;42:6; 47:14,18 mean 11:16;12:6, 14;14:24;20:19;31:9; 34:5;37:6;38:19; 40:2;41:20;42:5;49:7 meaning 3:12 means 25:12;30:3; 43:13;50:4 meanwhile 12:18 measure 11:13 mechanism 6:3 Medicaid 30:3;46:4, 20 medications 9:11, 16,16 Medina 45:10,16,17 meet 31:23;38:21; 39:10;40:18;41:21; 42:13;43:4;51:22 meeting 3:5;23:25; 26:11;36:13;40:23; 41:10,14,22,22,22,23, 25;42:4,13,18,25; 43:10;52:13 meetings 3:17; 33:12,15;39:14 meets 7:10 members 37:24; 47:17 membership 34:24; 36:8;37:18;41:18;</p>
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<p>42:3,17;43:5,14 Mental 27:20 mentioned 27:11; 32:24;46:11 message 4:4;38:4 met 7:10;12:11 method 27:25 metric 27:13,15 might 27:25;35:2 milage 19:16 million 6:5;45:4,5 mind 3:22;20:23; 21:1 mine 36:14 minor 14:15 minorities 49:17 minority 49:8,13,14, 16 minutes 40:12,16 mirrored 27:23 missed 15:3 missing 44:24 mix 34:6 model 27:22;29:15; 31:18;32:6;39:21; 40:10 modeled 32:17 modeling 51:3 MOE 20:3 moment 13:6 Monday 5:2,16; 6:23;36:18 money 11:12;15:2; 21:13;46:10 month 6:18 month's 23:20 more 13:17;28:21; 29:3;32:9;34:21; 37:5;38:2;42:25; 46:15;47:21;49:4 morning 13:2;31:17 most 4:3;39:25; 49:18,22 motivation 3:16 move 7:8;10:8; 12:10;31:22;34:5; 36:21;37:19,21;38:1, 4;41:25;46:25;48:6; 51:23 moved 29:7 moving 28:19; 29:18;30:2;36:12; 39:11;49:23;50:24 much 11:23;14:18, 18,21;16:1,11;28:21 MYRICKS 4:3;5:1; 6:4,20,22;9:14;10:19; 11:13,20;12:11,20, 23;15:6,13;16:3,10; 17:15;19:2;20:1,11; 40:16 myself 4:11;12:25; 40:2;46:24</p>	<p style="text-align: center;">N</p> <p>natural 13:6 nearly 49:17 necessarily 23:4; 29:21;32:6 necessary 36:23; 40:3 need 7:22;11:15; 14:16;23:6;24:23,24; 27:14;31:14,25;32:2, 7;35:22,23;36:3,6; 38:22;39:5;40:1,10; 43:23,25;47:6;48:4; 50:2;51:19;52:3 needs 32:14;36:4; 40:16;41:13;43:18; 50:9 negligible 16:12 negotiating 14:19; 34:15 neither 35:22 new 12:4;23:9,12; 44:7,22 news 14:1 Next 17:12;23:23; 29:25;31:24;37:24; 47:16;51:18 nice 31:1;41:23 night 40:2 nine 28:24 NIXON-HUGHES 22:14;34:13;36:24; 37:2;38:14;48:1,4; 49:21;50:5 normal 39:24 note 4:7 notes 21:17 November 6:9,11 number 11:23;13:5; 14:25;25:15;38:17; 39:23,25;44:21 numbers 4:17;7:5; 13:4;15:4;24:10,11; 25:2;26:5;30:8,18; 34:19;39:4,5,7;40:15; 41:16;42:3;44:19</p> <p style="text-align: center;">O</p> <p>Oaks 4:17 obligated 6:16 obligation 5:22 obligations 5:20 OBM 8:8 obvious 16:16 obviously 8:4;12:7; 16:18;17:7,17;19:4; 28:20;33:11;37:25; 39:18;41:15;50:8 occur 11:8 occurred 28:24</p>	<p>occurring 3:12 occurs 41:18 October 19:18; 21:23 ODADAS 21:7 ODMH's 26:6 off 3:22,25;8:3,25; 9:2;10:13;33:25; 39:24;45:20,23 offset 23:3 Ohio 3:5;25:14 oil 15:15 old 15:17,17 once 7:25;8:1; 20:16,17;50:16 one 3:19;4:8;6:18; 9:10;11:18;13:10,11; 17:18;20:7;21:19,19, 20;24:6,15,17,18,23; 25:1,9,20;26:19,19; 27:3,6;28:9;29:8,9, 22;31:12;35:11; 38:23;42:25;44:15 one-line 15:18 one-tenth 49:3 one-year 36:20; 47:21 ongoing 20:3;36:5 only 4:15;8:7;14:16; 15:10;17:12,13,13,19, 20;20:10;46:23; 49:12,21;50:13 onus 18:6 open 6:8;13:8;33:8, 19;42:24;47:15;48:12 operate 7:16,17 operating 13:19 operationalizing 11:21;25:12 operative 33:5,5; 34:9 opportunity 31:17 opposed 13:14; 14:19;22:12 optimistic 31:10 option 10:12,12; 40:25;41:24 options 10:24;36:22 Order 3:10;4:7; 5:16,18,19;7:4;14:5; 15:20;18:3;19:10; 20:2 original 11:3;26:6 originally 32:17; 33:15 Orman 25:2;31:16, 18,23;32:3;37:5; 38:20;41:10;43:23; 44:2;51:25;52:1 OSU 26:11 others 28:15;45:20 ought 13:17;17:5 ourselves 11:3;</p>	<p>14:23;39:19 out 3:11;4:5;5:20; 7:21;10:3,22,24;11:3, 14,22;13:25;17:22; 18:20,21;21:15; 22:13,25;23:3,6;24:3, 17;25:16;27:7;28:19; 29:7;30:18;31:1; 32:24;33:5;37:10,24; 42:3;43:14;45:8,10, 11;46:18;47:22; 49:21;50:3 outlined 28:1 out-of-state 19:4 outset 3:23 outside 33:19;46:1 outstanding 5:20 over 8:2;10:21; 12:25;18:13,19; 23:23;28:13;45:14 overall 5:22;38:5 own 9:24;14:19; 23:2;28:10;29:15</p> <p style="text-align: center;">P</p> <p>pace 42:22 paid 6:12;7:12,12 parochial 48:25 part 4:14;7:19;10:5, 6;12:24;20:1;21:9,10; 31:24;34:4;41:1; 49:18 partial 21:20 particular 9:22;10:9; 28:20;31:12,15;34:13 particularly 9:11; 16:19;20:9;26:18; 29:24 parties 3:6;5:17 partner 35:8;48:15 parts 15:15 pass 40:14 passed 24:17 passing 17:18;27:7 past 3:17;8:18;9:2, 3;11:2;48:2;51:14 pay 22:5;23:9,13; 46:3,13 paying 22:12;46:13 payment 6:17; 22:11,11;23:12 payments 21:18,19; 22:4,9 PDAs 14:15;17:8 people 11:10;17:8, 24;24:11;26:11;29:6, 9,24;30:1,25;38:16; 39:3,24;40:2;42:2,7; 45:19,22;46:12,15, 19;52:8 per 10:18;26:21; 27:3,8,12,21,23</p>	<p>percent 5:11;7:1,15; 13:5;14:14;15:24,25; 24:2,3,5,8,9,15,18,19, 20;25:5,7,10,10,11, 16,17,21,24;26:3; 29:3,10;44:12,17,24, 24;45:1,2,4,5,14,21; 46:13,21;49:5 percentage 24:7 perhaps 33:19 period 6:8,11,13; 7:2;22:22 periods 4:13 permanent 35:10 person 3:7;29:11 personal 4:19;19:12 personnel 9:4;15:7, 10,11 perspective 28:23; 49:20 phase 32:15 phone 39:23,25 phones 14:12 picture 5:8,9;6:7; 8:25;9:8;16:11 piece 5:23;6:7;16:6; 17:11;30:23;34:23; 35:17;44:7;48:14,16; 51:7,8 place 9:9;12:4;33:6; 50:10 placements 25:22 plan 4:10;5:13; 6:25;7:7;8:4,9,15; 14:14 planning 21:17,18; 47:10 plans 7:22 plate 50:22 played 37:24 plus 42:4 point 5:15;11:19; 12:4;38:6;44:23; 48:13;51:11 policy 30:25 pool 19:9 poor 29:3;45:17,17, 20,20,21,21,23,23; 49:4,18 popular 49:22 population 24:2; 27:13;28:3;29:14,17; 30:2,13;49:3,8;51:9 populations 47:6; 50:21 portion 6:24;18:2 position 12:15; 18:25;39:19 possibility 47:24 possible 47:14 posted 7:9,13 potential 13:13; 19:19,25;34:10</p>
--	--	--	---	--

<p>potentially 23:18 pouring 12:25 poverty 24:2,5,7,20; 25:5,12,14,26:19; 28:3,7,10,12,16; 29:11;30:9;44:7,12, 18,24;45:4,5,15; 46:21;48:23;49:5 precedence 36:3 predict 44:22 preferred 38:18 preliminary 26:11 preoccupied 12:7 prepared 23:6 presence 49:16 presenting 44:1 preserving 5:7;18:5 pressure 8:25;9:1 pretty 16:1;20:14; 27:23;44:12;45:7 prevalence 24:1,9, 18,20;25:6,10;26:21; 37:23;38:2;44:21 price 4:23;10:4,5, 21;11:4,5 printing 9:23,24 printouts 23:25 probably 4:3;8:19; 11:16,16;18:13,16, 21;20:13;21:15,24; 28:9;40:13;43:17; 45:25;49:18 problem 14:7;19:19, 25;27:24;39:16; 42:10,11;44:17 problematic 28:12 problems 29:8 proceeded 36:23 proceedings 3:8 process 7:7;8:10, 22;11:9,24;22:12; 27:12;31:25;33:10; 34:10;35:8,18;36:4; 48:15 processing 21:6 productive 39:21; 41:21;42:13 program 18:14 project 51:1,2 projecting 38:16 proof 32:15;39:2 proposal 49:14 proposed 36:25; 37:1,20 proposing 31:18 providers 16:25 proviso 39:17 prudent 10:10 public 7:12;26:13; 46:7 pull 8:17;10:12; 33:25 pulled 6:14;8:21</p>	<p>pulling 8:12,13; 22:23 purchase 15:13 purpose 19:12 pursue 36:22;50:20 pushing 38:16; 39:10;40:17 put 9:8;12:4;18:24; 19:8,8;31:20;32:22; 34:6;36:10;48:19; 52:3 putting 19:11;38:20</p> <p style="text-align: center;">Q</p> <p>quality 46:6 quarter 21:19,20,20 quick 3:10;8:6;18:1; 35:1,18;44:2 quickly 31:21 quite 33:25;35:21; 38:14;44:3 quo 36:23,24;37:20</p> <p style="text-align: center;">R</p> <p>raised 31:12 raising 50:18 ran 25:6 rate 15:22;19:16; 23:10,12;49:17 ratio 26:23;27:8 raw 26:20 reached 10:23 reaction 44:13; 45:10 ready 22:20 real 3:10;8:6;10:20; 13:25;49:19,24 reality 49:14 realize 11:8,17; 24:21;42:1 realizes 19:24 really 9:5;12:6;13:1, 17,22;29:16;30:9,11, 11,13;33:14;35:1,8, 13,20,21;39:13;46:4; 47:2,4;50:24;52:2,8 reason 19:22;42:18 rebid 10:1,22 rebidding 11:9 recognition 47:1 recognize 7:19;15:5 recognizes 47:21 recollection 27:22 recommend 39:21 recommendation 33:22;34:5,14;35:4, 5,10;36:7,7,11;37:6,8, 13;38:8;42:20;43:11; 47:12;48:20 recommendations 42:22,23</p>	<p>recommending 35:24 reduce 7:1,3 reduced 14:8 reduction 11:8 reductions 3:11;9:3, 4 refer 7:5 refinement 35:7 refining 48:9 reflect 8:9,11;28:3, 24;29:16;35:16;49:1 reflected 29:3 reflects 30:6 regards 9:16,16 regression 39:8 reimbursement 19:16;21:2,11,12 relate 4:18;17:2; 44:6 related 16:23 relates 16:20,24; 17:1,6,9;51:11 relative 49:4 relatively 32:11 relevance 4:17 relying 44:19 remaining 5:11 REMEMBERED 3:4 reminder 25:20 renewal 10:2 repeating 4:11 REPORTER 20:25 represents 49:3 request 5:19 required 6:4 requirement 14:23 requirements 19:21 re-say 25:11 reserve 36:22 resources 7:23; 8:13;47:8;50:17 respects 33:16 respond 12:13; 47:17 responsibilities 5:10 responsibility 9:14, 18 responsive 12:15 result 28:19;33:13 retro 22:21;23:10, 13,18 return 38:12 revenue 3:19;5:7; 8:25;9:7;18:5,11,14, 18 revenues 15:23 review 16:4 right 3:22;5:10,23; 6:22;9:19;11:1;12:7, 8;14:12;20:20,21,22; 22:16,18;25:13,15; 26:6;27:6;28:14;</p>	<p>31:4;38:23;41:18,19; 42:5;43:16,18;45:18; 46:8,17;49:6,12;52:5 rights 36:22 rolling 19:17 room 11:4;21:17 rotary 14:12;17:13, 24 ROYER 20:23;21:1, 4;22:6;28:1,5,23; 29:2;36:16,19;37:1; 39:12;41:3,10;48:22, 25;49:12 Rubin 51:1 run 16:3,8;24:1,4,4; 25:10;41:16 running 19:15;34:21 runs 17:20;26:5,17; 34:22</p> <p style="text-align: center;">S</p> <p>safety 5:4;9:17; 16:17;19:6 salaried 15:11 sales 12:19 same 8:20;16:25; 44:18;51:23 save 15:2 saving 27:17 savings 13:25 saying 6:19,21;8:8; 10:21;18:22;23:8; 29:17;36:6;37:12; 45:6,9;46:17 scale 46:11,12 scaling 19:15 schedule 12:14 scheduled 43:16 scheduling 43:22 SCHERRA 15:22; 16:9;22:17,20,23; 23:8,15,17,21;24:23; 25:1;29:10;30:22; 31:2,6;34:23;40:4,7; 41:6;42:20;43:8,11, 15,17,25;46:6,9,22; 48:13;49:7 science 35:19;38:5; 47:3,21 scientifically 47:5 scope 51:8 search 26:18 Second 5:15;6:7; 21:20,24;24:18;25:9, 12;35:5 secondly 14:17,22 Seeburg 26:12 seeing 28:11 seems 12:12;27:2; 30:2 Senate 20:17;40:23 send 21:14</p>	<p>sense 20:8;21:5; 26:23;35:13;38:1,5; 42:19;44:8,9;47:4 sent 30:20 separate 4:8 Series 24:18;25:10; 26:18 serve 29:14,20; 35:15;46:10,15;47:5, 7,8;50:14,15,16,17, 19,19,20 servers 14:25 service 6:8,11 services 15:8;17:2; 46:5;47:10 serving 30:14; 46:16;50:2,13,21 set 3:7;9:8;33:12; 40:4;41:6 setting 13:16 share 17:4;25:3 sharing 16:19 sheet 40:14 shift 11:11;33:1 short 46:25 short-term 51:7 shows 10:10;29:22 side 15:1;18:12,15, 19;28:7;37:22 signed 8:2 significant 28:21; 29:2;32:17;33:1;49:4, 10 similar 16:25;17:2; 18:15 simultaneously 23:14,15 sit 16:5;47:22 sitting 10:24;12:24; 13:3;47:17 situation 3:19;9:9 skirting 29:13 slew 47:1 sliding 46:11,12 small 14:24;49:8 smart 14:1;52:8 snowed 24:10 Somalis 49:17 somehow 31:14 something's 45:6 sometime 43:5 soon 32:11 sorry 22:1;24:6; 42:10 sort 30:5;39:18; 46:14 sound 4:11;16:22 sounds 16:24;47:4; 48:5 source 9:19 sources 18:17 speak 20:3;31:17; 46:23</p>
--	---	---	---	---

<p>speaking 17:24 specific 4:16;29:25 specifics 31:6;32:2; 42:21 specified 32:6 spend 14:20,22 spending 19:21 SPF 32:13 spot 38:20 spreadsheet 27:7 spreadsheets 24:3; 26:8;27:9;41:13 stack 25:4 stacks 24:12,16 staff 12:11;14:9 stages 21:18 stakeholders 49:24; 50:11 stand 33:17 standard 20:5 standpoint 3:15; 5:21 start 22:11,23; 23:12;39:14,15;46:18 started 22:11;27:20 starting 3:12;46:2 starts 46:19 State 5:25;6:4,12, 16:8;13;11:9;13:13, 16:14;1,4,17,20; 17:19,21;18:11; 19:21;25:14;35:25 statement 19:3 state-related 17:13 State's 3:18;5:22 statistical 34:21 statistics 48:23;49:1 status 36:23,24; 37:20 statute 6:4,6 stay 10:14;33:9 Staying 20:11;40:21 step 13:21;19:9; 36:11;37:24 steps 4:9;19:11 STEWART 25:20, 24:26;2;27:11;28:12, 15;31:8;32:10,22; 45:16,19,25 still 6:12;7:20;20:8; 22:10;25:9;33:6,6; 34:1,25;37:12;40:14, 25;44:18;46:4;47:21; 49:8 stop 5:16,17,19 stopped 22:23 straight 16:1 strategic 4:10 strategically 7:1 stronger 30:8 strongly 30:6 structure 15:20 stuff 12:3;14:24;</p>	<p>32:3;52:10 submit 6:25 submitted 11:4 subset 28:8 subsets 25:25;28:5 subsidies 3:24,25; 4:5;7:16;9:2;20:9 subsidy 4:25;9:3; 46:5 substantial 32:14 substitute 45:2 suburban 46:1 sufficient 35:21 suggestions 33:8,19 supplies 4:21,21 supported 37:23 supposed 10:5; 29:13;30:13;35:15; 46:10,10;47:7,8; 50:13,16 Sure 4:3;9:18; 25:13,19;27:19; 30:19,24,24;38:9; 39:23;40:1,6,14; 41:21;42:16;45:12 survive 20:21 SWEENEY 23:25; 24:8,14,16;25:3,6,9, 13,19,23;26:1,4,7,25; 27:6;28:4,6,14;29:1, 5;30:17,24;31:4,7,23; 32:1,19;36:13;40:12; 44:17;45:1,12;46:19; 48:24 synthesis 51:1,2 system 10:15;12:5; 21:11,14;32:13 systems 15:17</p>	<p>technology 13:19,20 telephone 40:15 telling 22:8;50:23 temporary 36:20 ten 30:7;38:10; 49:2;50:15 tend 29:3 tends 49:3 tentative 41:8 term 46:25;51:7 termination 5:18 terms 7:18;8:4,9;7; 11:2;12:17;13:3; 14:8;22:10;32:17; 44:6;46:7;49:23 test 7:10;20:3 testimony 40:22; 41:25 thereupon 52:13 thinking 9:11 third 5:6;21:20; 22:21 though 8:14;12:9; 14:6;18:8;29:22;30:7 thought 3:9 thousands 28:19 three 4:16;5:3,9,11; 8:9;9:5,15;21:18,19; 24:13;27:3;33:15,24 three-line 4:22,24; 15:8,14,18 throw 49:21 Thursday 40:4,7,22, 23;41:24;43:24;47:25 tie 30:12 tighter 16:15 timeline 35:1;38:16 times 36:14 today 3:12;21:15; 33:21,25;34:2,7,7,9; 37:7;38:21;44:6 together 4:6;11:7; 33:24;35:23;36:12; 40:7;50:24;51:16,18 took 25:13;27:3 tools 9:8 top 12:9,13 towards 9:21,24; 11:24;38:2,4;46:11 track 6:12 tracking 28:7 tracks 4:8 transfer 15:19 transformations 32:5 transition 50:25 Transitions 50:4 travel 12:21,21; 18:17,18,20;19:4,7, 10,11 trend 45:25 True 14:10;32:15; 40:24 try 4:18;9:9</p>	<p>trying 5:21;19:8; 20:21;26:7;35:19; 38:15;39:10;42:15; 44:8,20;45:3,11;47:5; 48:16,17 Tuesday 38:24; 39:9,20;40:2;51:16 turn 23:23 tweaked 43:19 tweaking 43:24 TWG 50:1,4 two 4:8;14:3;23:13; 24:12,14,16,24;27:3; 36:17;50:3 two-line 9:12;15:13, 16,18 two-month 22:5 type 25:22;38:2,6 types 28:22</p>	<p>variance 26:22; 27:3,21 various 18:17 vehicle 15:14,14; 19:12 vendors 6:10 venues 36:22 versus 17:20;21:6 via 36:22 view 13:24;49:15 viewed 17:18 volunteer 12:18 voted 36:8</p>
		T		
<p>statute 6:4,6 stay 10:14;33:9 Staying 20:11;40:21 step 13:21;19:9; 36:11;37:24 steps 4:9;19:11 STEWART 25:20, 24:26;2;27:11;28:12, 15;31:8;32:10,22; 45:16,19,25 still 6:12;7:20;20:8; 22:10;25:9;33:6,6; 34:1,25;37:12;40:14, 25;44:18;46:4;47:21; 49:8 stop 5:16,17,19 stopped 22:23 straight 16:1 strategic 4:10 strategically 7:1 stronger 30:8 strongly 30:6 structure 15:20 stuff 12:3;14:24;</p>	<p>table 3:25;10:13; 50:11;52:3 tackle 11:4 talk 27:18;30:17; 31:21;42:3;43:25; 50:12 talked 17:11,23; 31:8,9;32:23;36:8; 42:17;46:3;47:2;50:6 talking 4:13;23:9; 32:4;35:14;40:8; 41:12;42:18 talks 49:23 task 12:2 tax 20:18 taxpayer 13:12 taxpayers 13:10 tease 46:18 teased 45:11 teasing 45:10 technical 19:19; 26:16;44:5</p>	<p>today 3:12;21:15; 33:21,25;34:2,7,7,9; 37:7;38:21;44:6 together 4:6;11:7; 33:24;35:23;36:12; 40:7;50:24;51:16,18 took 25:13;27:3 tools 9:8 top 12:9,13 towards 9:21,24; 11:24;38:2,4;46:11 track 6:12 tracking 28:7 tracks 4:8 transfer 15:19 transformations 32:5 transition 50:25 Transitions 50:4 travel 12:21,21; 18:17,18,20;19:4,7, 10,11 trend 45:25 True 14:10;32:15; 40:24 try 4:18;9:9</p>	<p>U under 7:16,17; 29:14;49:14 underinsured 29:18 underneath 13:8; 50:9 unemployment 28:16 unfortunately 20:4; 34:1 uninsured 29:18 unit 19:18 unless 38:18;40:16 up 5:12;6:10,21; 10:10;13:8,16;15:25; 18:1;25:21;26:8; 29:11,24;30:6;32:9; 33:13;34:25;35:13; 36:1,9;38:18;40:9; 44:20;47:16 upcoming 31:11 updated 26:18;30:8 upon 47:18 urban 29:25;30:1; 46:1 use 17:16;27:12,25; 30:18,22;31:3;32:18; 44:21,21;51:20 used 28:2;45:1 using 19:12;24:9; 25:9;27:15;28:8,10, 12;37:18,23;44:23, 24;46:4 usual 39:15 utilization 31:14</p>	<p>W wait 42:16 waiting 42:6 waiver 19:23 walked 21:8,9;22:5, 9 WALTER 9:10; 20:13,16;21:8;22:8, 16,18,22,25;23:11,16, 20;24:6,21;33:21,24; 34:16;36:6;37:4,16; 38:19;39:9,13,22; 40:6,14,18,21;41:5, 19,24;42:9,14;43:2,7, 9,16,18,22;47:13; 48:3,8,11;50:6,23; 51:7,12,15,18;52:1,5, 9,11 wants 8:5;37:19 way 8:12;9:6;11:18; 14:4;15:6,6;16:12; 17:18;28:21;29:21; 43:23;47:9,9;50:3 ways 15:16;31:5; 32:4;45:2 wealthier 45:13 web 7:9,13 Wednesday 39:10; 40:5,8,13,21;41:2,3,6, 7;42:10;43:1,17,18, 23 week 21:22,24; 22:2;23:9;25:21; 31:24;32:23;33:4; 38:19,21 weeks 38:10,10 weightings 30:16 weren't 30:19,24; 32:6;33:25;34:1 what's 5:23;17:1; 30:6;45:16;46:14; 49:9 Whenever 22:23 whole 11:20;17:21; 20:16;36:8;44:22; 47:9 who's 29:19 wide 10:15</p>
		V		
		<p>variable 32:16;33:2; 44:22 variables 30:12,16; 32:2,5;35:2;47:1</p>		

widely 18:20
willing 34:21;42:16;
46:24;47:22
willingness 48:14
Wilmington 28:18
wish 20:12
within 12:14
wonderful 24:11
word 23:3
words 48:19
work 4:8,12;6:5,10,
22;7:20,24;8:4,25;
10:6,15;11:25;12:2,8;
13:25;15:15,15;19:4,
6;26:12;32:13;34:21;
35:6,12,23;36:12;
37:8,25;38:22;39:18,
19;40:18;41:5;42:7,
11;43:14,22;44:15;
50:1,4,8
workable 40:5
worked 47:22
working 33:24;37:5;
52:6
works 26:10;38:24;
42:8
world 49:22
worrier 13:6
worry 13:7
worth 15:19;23:20
writing 36:10
wrong 37:12

Y

year 6:1,8,13,15,25;
7:2,15,17;10:12,12;
16:11;17:12;23:7,19;
31:11,15;35:11;36:2,
3;47:16,17,18;48:5,6
years 14:3;20:5;
27:19;28:13,25;30:7;
36:5;49:2;50:15
year's 17:11
yesterday 3:11;4:6;
12:23,24;13:2;21:8;
22:5,9;23:1;31:17,20;
32:8;36:16,17;45:1

Z

zero 15:20;24:2