



DAUPHIN COUNTY BOARD OF COMMISSIONERS

LEGISLATIVE MEETING

MAY 26, 2010
10:00 A.M.

MEMBERS PRESENT

Jeff Haste, Chairman
Dominic D. DiFrancesco, II, Vice Chairman
George P. Hartwick, III, Secretary

STAFF PRESENT

Chad Saylor, Chief Clerk; Marie E. Rebeck, Controller; Janis Creason, Treasurer; William Tully, Esq., Solicitor; Brooke Miller, Personnel; J. Scott Burford, Deputy Chief Clerk; Dave Onorato, Commissioners' Office; Charles McElwee, Commissioners' Office; Jack Wright, Human Services Director's Office; Danielle Vayda, Solicitor's Office; Terry Kaufman, Solicitor's Office; Fred Lighty, Esq., Human Services Director's Office; Leila Brown, Solicitor's Office; Faye Fisher, Director of Personnel; Steve Chiavetta, Director of Registration & Elections; Elizabeth Nichols, Prison, Dan Eisenhauer, Director of MH/MR; Rose Schultz, MH/MR; Garry Esworthy, Risk Manager; Mike Yohe, Director of Budget & Finance; Tom Guenther, Director of IT; Amy Richards, Commissioners' Office; August Memmi, Director of Community & Economic Development; Gary Serhan, Deputy Controller; Carolyn Thompson, Court Administrator; Brenda Hoffer, Commissioners' Office; Jena Wolgemuth, Commissioners' Office and Richie-Ann Martz, Assistant Chief Clerk

GUESTS PRESENT

MINUTES

CALL TO ORDER

Mr. Haste, Chairman of the Board, called the meeting to order at 10:14 a.m.

MOMENT OF SILENCE

Everyone observed a moment of silence.

PLEDGE OF ALLEGIANCE

Everyone stood for the Pledge of Allegiance.

APPROVAL OF MINUTES

It was moved by Mr. DiFrancesco and seconded by Mr. Hartwick that the Board approve the May 5, 2010 Workshop Meeting Minutes and the May 12, 2010 Legislative Meeting Minutes.

Question: Mr. Haste – Aye; Mr. DiFrancesco – Aye and Mr. Hartwick – Aye; motion carried.

It was moved by Ms. Rebuck and seconded by Mr. DiFrancesco that the Board approve the May 12, 2010 Salary Board Meeting Minutes.

Question: Mr. Haste – Aye; Mr. DiFrancesco – Aye; Mr. Hartwick – Aye and Ms. Rebuck – Aye; motion carried.

ELECTION BOARD

A complete set of Election Board Minutes are on file in the Commissioners' Office.

EXECUTIVE SESSIONS HELD BETWEEN MEETINGS

Mr. Saylor: Commissioners, as you know we met yesterday in Executive Session to discuss matters of litigation.

PUBLIC PARTICIPATION

Mr. Haste: We are at the point in time in the meeting for public participation. Is there anyone in the audience that would like to address the Board at this time? (There was none.)

DEPARTMENT DIRECTORS/GUESTS

- A. Elizabeth Nichols, Deputy Warden, Dauphin Co. Prison**
 - 1. Presentation on PCCD Grant – Female Re-entry Program**

Ms. Nichols: Thanks for letting me come and do an update for you. As you are well aware, we had a competitive selection process with PCCD. We are about to receive \$300,000 of ARRA Stimulus money. We have been starting some things, because technically the grant started April 1, 2010. We have several females that are currently enrolled in the program. What they will be doing is attending parenting classes, going down to the Woodside Family Center, completing job training. HBI will be assisting with the job training. Female Offenders has already hired the life skills person that will be working with them and HBI has two people ready to start as soon as we receive the monies. I did go and tour two houses the other day. The Brethren Housing Association thinks they have a house for us. We looked at it. It looks really good. They presented it to their board and we are waiting for final approval to possibly reside in the house and fix up the house. The house is located in Harrisburg in the Allison Hill Area. That would be really good. You have a packet of everything that Jack prepared for you on the grant.

Mr. Haste: Kudos to you. This is a program that Betsey has been talking and working on for awhile. I don't know how many different sites have been looked at in the process trying to get us to this point. Again, the idea is to be able to teach some of these ladies a skill that can be, even though some may view it as somewhat non-traditional skill, a skill that they can hopefully use when they leave the facility and not come back to see us.

Ms. Nichols: As you remember, we had the project trade for the men. It was a very excellent project. Of course after the PCCD funds ran out we didn't have the monies to continue it. The women are less employable than the men. The jobs that they currently have, the few that do have jobs, are as maids, McDonald's and things like that. It is also harder to place these people, because they have criminal records. I think there is a good job market out there for them and hopefully by the end of the project we'll have 50 women who successfully completed the project and are employed.

Mr. DiFrancesco: Betsey, these women are coming from the entire spectrum of criminal activity. Basically, they are all over the board for the reasons they are in Prison, correct?

Ms. Nichols: They are coming from the Prison. We have ordered the LSI-R, which is a test that screens violence. It is a predictability test that will allow us to see if they are an escape risk. As you know, someone could be in for non-support and they could be an escape risk. These women will all meet the criteria of work release before we go into the HBI program; whereas before, the men were up in the Prison. The women will actually be at the Woodside Family Center and will be Work Release eligible. It will be all minimum security women that we will have out there in the community.

Mr. DiFrancesco: The house that you talked about is a work house. They are living at Woodside.

Ms. Nichols: They will live at Woodside. They went in and gutted the house. It is a house that the Housing Authority bought off the tax rolls. This will be where their lockers are stored, the uniforms are stored and their tools will be stored. They will go in there and work. One of our volunteers has a partnership with Home Depot and they are looking at giving us a lot of things like the toilets, bathtubs and things like that.

Mr. DiFrancesco: I just wanted to be clear that the house was a training ground and not a residence.

Ms. Nichols: There is no heat or plumbing at this time. There is plumbing right next door that will be available for the workers.

Mr. DiFrancesco: So, they are rehabbing a house, learning a trade and potentially becoming employable.

Ms. Nichols: As we have all seen we will be getting rid of a house that used to be a drug house.

Mr. Haste: Just to clarify one thing that Commissioner DiFrancesco asked about. You said about the spectrum of their criminal activity. Well, it is only criminal activity that would get them a County sentence, not a State or Federal. A lot of people forget that. There is a difference. The people who get sentenced to our facility versus stay there for awhile before they get sentenced.

Mr. Hartwick: I would like to commend you for your efforts. I know one of the things that this Board has talked about since taking office in 2004 that was the lack of opportunity for female inmates and the disproportionate opportunity that may have been available for males versus females. I think this is another effort to include those same opportunities for our ever-growing, unfortunately, female population out of Dauphin County Prison. They seem to be the fastest growing segment of our population. We need to be equally cognizant and provide the same opportunities. We talk about kids and individuals who move forward in the same cycle where you don't have your mom at home and you don't have that caregiver, the kids are more than likely to be in a position to also follow that cycle. So, giving them a skill and the ability to get back on their feet and ultimately raise kids will hopefully go a long way in stopping recidivism. You know if you get out and you go to McDonalds, your options are going to be few and far between. Kudos to your efforts!

Ms. Nichols: Thanks! Actually Jack Wright did a lot of the grant writing. I just had the idea.

B. Dan Eisenhauer, Director, MH/MR

1. FY 2011-2012 Mental Health Plan (Listed as Item V Under Matters Requiring Board Action)

Mr. Eisenhower: I'm here to present a summary of our required Mental Health Plan for 2011 and 2012. We actually submitted a three-year plan to the Office of Mental Health and Substance Abuse Services that covered years 2009 to 2012 and then every year in that period of time they ask us to update the plan. This is an update of a three-year plan.

Planning for us is a constant, continuous year-around event. Then, we have to stop and write it down and submit it to the State once a year. We are constantly working with consumers, family members, and providers, community constituents to get feedback about mental health services and to help us in our planning. We listed just some of the partners and some of the process. We do a data analysis, conduct consumer surveys and reports, engage our Adult MH Committee of our Board, our Community Support Program, Collaboration Team, ROSI Panel (Recovery Oriented System Inventory) and then County MH staff comply with the plan.

One of the things that we talked about is the resources and strengths that we have in Dauphin County like the jail diversion program, Mental Health Court, which by the way we just got a Bureau of Justice Assistance approval for our plans. We will be starting our Mental Health Court in June. We have a strong provider network, the JEREMY Project, which is a transition age program for youths 16 to 24 that are in the Children's Mental Health System and transitioning to an adult mental health system. We have a Residential Treatment Facility Reform Group that is looking at how we can better serve kids in our community versus sending them away to facilities in Pittsburgh, out-of-state, etc. We dramatically reduced the number of kids in out-of-home placement over the last two years. We have an Adult Residential Planning team, Cultural Competence Task Force and we do participate with CBHNP, our managed care partner in utilization management. We have a strong network of housing resources.

What do we need and what do we offer? The State has moved us away from what we used to call a Treatment and Service Inventory to a Recovery Oriented Crosswalk of Systems and Services. Basically, Recovery Oriented System means that we are promoting people taking control of their lives, participating as partners in treatment and you get better treatment outcomes if professionals are viewed as assisting individuals in achieving stability and achieving recovery versus professionals telling people what they need to do. There is a whole dynamic about how we are changing our provider network to view consumers as partners in treatment and services more self directed care. It is a mind-set that we have been working on for about 10 years in Dauphin County. All that means is that we map our current service system to what our recovery oriented system looks like. Dauphin County scores pretty well when consumers and family members are surveyed about how Dauphin County is doing in the Recovery Oriented System. We have continuously received positive feedback. We are proud of that and we are proud of our partners work with that.

We do have unmet needs and service gaps. The system transformation that I was talking about is a work in progress. We need to continue that. One of our big concerns is capacity to meet demand. You will see later on that our request for services, a

number of people seeking services continues to go up quite dramatically. We are also concerned about the physical health of the people that we are serving. Adults with serious mental illness have a life expectancy of 25 years less than the general population. It is partly because of lifestyles, medication, at risk for lack of access to medical care than other folks are. We have a variety of initiatives that we are trying to work on improving the life expectancy of adults with serious mental illness. We also have a gap in services to older adults. Medicare is the primary payer source for adults. Medicare is probably a worse benefit package than any other form of insurance for mental health services. It is a barrier that we are trying to work through. We also continue to work on appropriate utilization of State Hospital. We have about 35 beds at Danville State Hospital, which we utilize, but the majority of people that we serve are in the community. We also have been working with Philhaven on a program that we call "Extended Acute Care". It is an alternative to State Hospital. People go to Philhaven for three to six months length of hospital stay as opposed to going to a State Hospital where people tend to stay a year or two and then it is harder to bring them back to the community. We have been really successful, again, at serving people in our community closer to home and getting them back out.

We have to do an analysis of Underserved Populations. Again, this is feedback from a wide variety of stakeholders. Dauphin County could do a better job in cultural-specific and language-preferred. We have, as you know, quite a melting pot of cultures and people from other nationalities living in Dauphin County. Our service system has some work to do, especially working with people in the Hispanic race, Asian and some of the Eastern countries. We have a significant population in Dauphin County, but not a good service system to meet their needs.

Mr. DiFrancesco: I understand that there was a recent change through Court-order or something that interpreters had to be certified.

Mr. Eisenhauer: We have been working under those guidelines under the Office of Mental Health and Substance Abuse for about five years.

Mr. DiFrancesco: So, it didn't create more of a problem for you?

Mr. Eisenhauer: We've always required certified interpreters. It's not to say that everybody does it. There are times that a family member will translate for another family member. It is not a best practice and is not something that we support.

Mr. DiFrancesco: My understanding is that life became a lot more complicated because there are fewer, actually from what I have been told, a very few number of people who are actually certified.

Mr. Eisenhauer: To obtain certification is difficult. Yes, we have a shortage of qualified certified interpreters. Through our Crisis Program, we use language line. It is not a perfect solution. We have access to someone that is fluent in up to 50 languages. It is prompt and quick. It is a person on the phone with a person on the phone and is not in

person. We have work to do. Upper Dauphin, as you know, is an area that we continue to have difficulty providing the same level of access as the Harrisburg Area. The proportion of individuals getting services is similar to the Harrisburg Region. It is just that the availability of providers is not the same. It is harder for people to get access to services.

Mr. Hartwick: Because we have been working on that strongly. It is the recruitment challenge for individuals to find certified individuals in the field to be able to provide the services in the region. That has really been a huge challenge, as well as the cost of providers if they don't have somebody from the region to be able to provide those services who are qualified and certified, the transportation cost to get those individuals to do the paperwork that is necessary, all the requirements that are necessary and plus the travel that is required is an extreme challenge. We are focused on that and trying to work on recruitment and other efforts.

Mr. Eisenhower: And provider network development in the area. Homelessness, as you know, is an area that we have been working closely with our partners for years. There has been a lot of attention lately to people who are homeless, but for our program we have had dedicated programming for people that are homeless and it continues.

We also have a list of people with special needs that our system struggles to serve. People who that are deaf and hard of hearing, people with HIV/Aids, a more recent phenomenon is people that are lesbian, gay, bisexual, transgender, questioning and intersex persons. That is a new term. LGBTQIP and you can see what that is. People that have sexual identity or gay or lesbian have higher rates of suicide than the general population. There is a national focus and we are just in the beginning stages of trying to understand locally what we can do. The issue is people tend to be estranged from families, they don't have as much of a support network and they have higher ranks of suicide is the bottom line. We are trying to work through our provider network to assess who got skill in this area. Pennsylvania just started a survey of all managed care companies in Pennsylvania. It is a national trend to start examining the issue. We are participating.

Mr. Tully: What is an intersex person? This is one that I have not heard.

Mr. Eisenhower: It is a person that one day perhaps has the identity of a male and on another day a female.

Mr. Tully: It is different than transgender. It is just more physiological.

Mr. Eisenhower: Correct. It is a new term.

Mr. DiFrancesco: Will this be coming from the top down or the bottom up? Are you finding this as a problem, because sort of the national level saying it is a problem or is because genuinely somehow within the community it has been identified as a problem.

Mr. Eisenhower: Both. Dauphin County has known of individuals in our service system that are gay, lesbian or transgender. There have been support groups locally for those folks for a long time. It is getting more national, because of the suicide rate that has come to the attention of the Federal level. We would not say that it is a new phenomenon. We would say that the attention that it's receiving is new.

Mr. DiFrancesco: Again, in my mind and I'm sitting here trying to figure this out. Is this a matter of basically trying to organize support services in the community?

Mr. Eisenhower: Actually it is as much about attitudes. Twenty years ago a therapist might have tried to say to a person who's gay or lesbian don't be gay or lesbian and therapy and treatment was trying to get a person to be heterosexual and it created an adverse clinical environment. People responded to that by withdrawing from treatment generally speaking, because that's not necessarily what their issues were. They were not seeking therapy to be told to be something else from an identity perspective. That has been a concern is are providers capable of working with individuals to meet their needs and not try to change them.

Mr. DiFrancesco: Change them in particular ways. I think they want to change them from suicidal to something else.

Mr. Eisenhower: As opposed to you're gay, don't be gay.

We have concerns about peoples' physical illness and disabilities. Again, our adults with serious mental illness have a much higher rank of physical illness than general population.

The increase in people that we are serving is a phenomenon that we are seeing at our Case Management unit and in the Crisis Intervention Program. We have, over the last three years, a 52% increase in a number of people seeking services through our system. We just did a nine month look at our Crisis Intervention Program and I think that's an important phenomenon that is more recent. We've had a 7% increase in first-time contacts in our Crisis Program in the first nine months of this year compared to last year. The rate of hospitalization is up 14%. So, what that means is more people are coming to the attention of our crisis as a first-time contact and are in more serious emotional disturbance, needing hospitalization. It's been a concern of ours for awhile. We've seen the growing demand and request for services, but this year is the first year that we can demonstrate more people in higher need the first time they talked to us essentially. We believe that it's a symptom of the lack of infrastructure and capacity first-time call needing to be hospitalized. Again, that is our data.

These people have been getting treatment from various cost centers. The number one growth area is administrative case management. That simply means we don't have enough other intensive resources to serve people. They are basically getting a case manager, a caseload of 250 to 300 individuals and all they are really able to do is to make referrals for services. They are not able to do hands-on approaches with people.

They are not able to face-to-face. Most of the times they are not able to do the ongoing work of support that helps people get a benefit from service. A lot of those folks are literally on waiting lists for first appointments at various agencies in our community. When we see an increase in a number of people getting administrative case management that is not a good thing. It means that they are not getting a higher level of service that most folks need. That is where the waiting list appears in our mental health system.

We do have transformation priorities. We have to do a better job with what we have. We are focusing on evidence-based programs and strategies to help our providers do a better job and a more efficient job with the people that they are serving. We have a number of examples of programs and services that we are developing in both the kids and adult system. We are working with all new staff about recovery and resiliency. We are developing consumer-run services. There is a lot of evidence that says when consumers have a say in how services are delivered, services are more effective and better outcomes. We continue to promote those. Again, increase participation of persons and families receiving services in evaluation roles. If we know more about what's working and what's not working from the people receiving services, providers can make adjustments to how they are delivering services so they are more efficient and more effective. It cuts down on no-show rates, better client engagement and better outcomes. We continue to work on housing supports. It is probably our number one area. Most people in the adult mental health system are poor. They meet the Federal guidelines for poverty. So, they have a serious mental illness and they are poor so stable housing is a need for almost everybody that we are serving.

Mr. Haste: How do those five priorities have a positive impact on the number one problem, administrative management?

Mr. Eisenhower: We are just trying to serve more people with the same amount of money. Let's just say that someone needs intensive service for nine months to get to where they're stable. We are constantly adjusting the level of service to the level of need of everybody we are serving. It is a very dynamic system. If someone is not doing well, they will get more contact; either more intensive services or they'll literally get seen by professionals more often. The faster and better we can get people to be stable and need less service from that group of professionals, that group of professionals can literally work with other individuals. It is really about most adults with serious mental illness go through cycles of recurrence of symptoms and then we work with them until their symptoms subside and then gradually withdraw supports. The quicker and more efficiently we can get people stable, doing well and not needing that level of support, then we can serve other people. It is just a very dynamic system. People's caseloads are changing. People might get this service for six months or nine months and another individual might get a service for years and years, but it is very individualized. So, the better our providers are at working with individuals, helping to get them stable, helping to get their needs met as far as support services, they can move on to the next person.

Mr. Hartwick: The bottom line and what I see and I'm going to be a straight-shooter, the mental health system is probably the most under-funded and over-stressed system in all of our human service systems. Quite frankly, it is a triage of support to get people stabilized versus on-going care that will maintain their stabilization within the community and the supports that are necessary. The resources are not there. The number of people that we need to serve is overwhelming. They continue to grow. We received a reduction in State funding even though we showed and demonstrated a 40% increase in the folks that we needed to serve from the direct front lines. This is a huge problem, not only with the homeless population, but with crisis intervention. It is overwhelming. We can be thankful that we have PPI as a community alternative, because these folks have been turned away from emergency rooms than have been in the past to be able to provide that immediate stabilization. There was really no other alternative with the closing of the State Hospital and with the lack of formal resources for us to be able to rely on the medical system for stabilization and that is not a perfect system. It is extremely underfunded and still costing Hershey Medical Center and Pinnacle Health hundreds of thousands of dollars to operate, because the cost of care is not keeping up. The reimbursements for the costs of care are clearly not what they actually cost to provide the care. I would venture to say that this is clearly the highest need and priority. We have a huge issue with mental health in this County and surrounding counties. This is not Dauphin County specific. We all know people personally that are engaged with law enforcement and otherwise that are in that position as we speak that if served adequately by the mental health system wouldn't be costing us money on those formal sides if we were able to provide the adequate level of service to them within the community. It is my pitch to say clearly that the largest demand, need and impact to surrounding systems and the most underfunded is our mental health system. It is really painful that our leaders, both federal and local, don't put the resources in to support the mental health system. All mental health is able to do is a triage.

Mr. Haste: I wasn't trying to be critical of anybody, but I still don't see how, and I understand we have to do that and those 5 points look good, but I don't see how they do anything to address the numbers in the #1 category. I suspect that those numbers will continue to grow and this is a way to manage that.

Mr. Eisenhower: Correct. We are not getting in front of it. You are right, correct. We are doing our best to tread water.

Mr. Haste: Right.

Mr. Eisenhower: That is what these initiatives are they are helping us tread water.

Mr. Haste: Thank you. I was just trying to get someone to finally say that.

Mr. DiFrancesco: What role does Family Group Conferencing play in the mental health area?

Mr. Eisenhower: Family Group Conferencing is an effective tool for families, especially if they are involved in Children & Youth. We offer Family Group Conferencing through a bunch of different forums. Something that the Mental Health System has been doing even before Dauphin County fully embraced Family Group Conferencing is we've been doing interagency team meetings for kids and families in services since 1994.

Mr. DiFrancesco: I'm thinking about the adult population.

Mr. Eisenhower: That has been an area of growth for us. The team concept has been in place for the children's mental health system since the early 90's. Actually it's something that Rose, our Deputy here, has been really a benefit to the adult system is developing team concept. We don't traditionally offer Family Group Conferencing in a formal structure, but we do build teams around adult individuals that look like family group conferencing, but we don't use the formal mechanism that we call family group conferencing. We call it a team meeting.

Mr. DiFrancesco: When you say team meeting, that would be...

Mr. Eisenhower: Family members...

Mr. DiFrancesco: When you say team to me I think our staff teams.

Mr. Eisenhower: It is a similar concept, but we don't have the outside formal facilitation. Case managers are usually in the role of doing the facilitation, but a team is anyone that the individual or family identifies as a support to them; like family members. Often adults don't have family members. They are estranged from family members, but some do. Some we use the team concept to re-engage them with families. It is families, clergy supports, employers, whoever the person identifies as a support, plus the formal mental health system and providers make up what we call a team. The bottom line is it's trying to do a better job so we can stay afloat.

Mr. Haste: We have 180 more folks, when you total up all your categories, and 200 more happen to be in the first line. So, it is not a drastic slip, but it is slipping there.

Mr. Eisenhower: The number of intakes that we do every year at our case management unit is astounding. I think it is like 2,500, give or take intakes per year. Those are people coming in and requesting services.

Mr. Haste: I don't mean to put Betsey on the hook, but I will. The numbers of the clientele in the jail are they stabilizing because of the diversion or are we seeing a rise there too?

Ms. Nichols: We're seeing a rise in the overall population, but I think we are managing it very well, because of the diversion. I think a lot of it is communication and also Gibson House has been a lifesaver.

Mr. Haste: I noticed. I saw that was not listed as one of your facilities.

Mr. Eisenhauer: That was a special housing initiative. We are funding Gibson House in another way.

Ms. Nichols: At Gibson House, the male beds are full. They have a couple female beds.

Mr. Haste: The total number there, 14?

Mr. Eisenhauer: Correct.

Mr. Haste: That's not a whole lot.

Mr. Eisenhauer: That's not the only program we have.

Mr. DiFrancesco: The pressure that we are talking about here and the slippage, in your judgment it has been how many years now since the State Hospital closed? How much impact is that closure having, do you think, in terms of the philosophy of now keeping people in the community?

Mr. Eisenhauer: That's not it at all. If we look at sort of a range of severity of people that we are working with, again, let's start off at the top. We are working with people with a diagnosis of serious mental illness, which is a technical term. There is mental illness and then there is serious mental illness. The general population data is that about 28% of the general population has or will have some form of mental illness sometime in their life. About 5% of people in the general population have serious mental illness. So, we are talking about a small number of people, but they have extremely high demands. Even within that 5% of serious mental illness, we have less than 1% of people that would ever be considered to need the level of care of a State Hospital.

Mr. DiFrancesco: Are we seeing any transient movement where people are coming from other places to Dauphin County to get services?

Mr. Eisenhauer: We have people coming in and out of Dauphin County all the time, not necessarily seeking services.

Mr. DiFrancesco: Every place has that. What I'm trying to figure out is have we become a focal point, because of the services that we provide, the way that we provide them, the manner, etc? Is that an issue? I'm just trying to get a feel if that is an issue?

Mr. Eisenhauer: No.

Mr. DiFrancesco: When we look at the underserved population, again, keeping things into perspective, these breakouts are only people with a serious mental health issue?

Mr. Eisenhauer: Correct - people with a serious mental illness and then is complicated circumstances.

Mr. DiFrancesco: Again, I just wanted to be clear that you weren't talking about the general population of the County. It was those with serious mental illness.

Mr. Eisenhauer: Something new this year on top of all these system shortages that we are talking about, they want us to help people find jobs. The State has an initiative and we agree that if you can get people with serious mental illness a job they will do better. They have higher self-esteem; they earn some money and make friends and relationships. So, we have a supportive employment plan that we are submitting as part of this year's plan. Actually we are partnering with the YWCA. They got a five-year grant from SAMHSA to do more supported employment for people with serious mental illness. It is a good opportunity for us and the timing is right.

The PATH Intended Use Plan, this is what we do. We get a special allocation to work on issues impacting homelessness. We provide services through crisis. We provide some specialized community services and more importantly training homeless provider network about how to work with individuals with serious mental illness, because that is their number one population group is people with serious mental illness or maybe number two behind D&A. It is kind of a tie.

We have a Housing Plan. We got reinvestment funds through the Health Choices Program, three years ago, and we needed to come up with one-time use of funds for those reinvestment funds. We submitted a plan to OMHSAS, which they approved. It had to be a one-time type of expenses, because the reinvestment was just for a period of time. So, this update is just we had a plan for part of the funds to support an individual and that plan did not work out so we are redistributing the funds to Volunteers of America and Paxton Ministries for their Community Lodge program. It is one-time start-up construction funds that we are assisting with.

What we are trying to do to trend water. We have a 2.6% reduction in funds over three years at the same time we have a 52% increase in demand for services. Doing more with less money is just a way of life. We have been doing it for so long. We just continue to try to do it. We change programs. We adapt programs. We refocus priority for service, which means we are triaging all the time. The reality is the waiting lists are growing. We have a waiting list for intensive services. I don't know why the State makes us do this, but they ask us "what would you do if you had new funding." We haven't had any new funding for years and years, but they make us do it. If we had new funding this is what we would do.

Mr. Haste: The likelihood of you getting new funding is not good.

Mr. Eisenhower: None of us think so.

Mr. DiFrancesco: With regards to the employment phase, is there a model where somebody that is not connected to an individual with mental illness, basically adopts that person, not formally, but basically takes them under their wing? There is a model here in Dauphin County where a certain individual was embraced by basically many people within the County, employed and there is support there. Is that model replicated any place else? Have we tried to reach out to employers and basically recruit them to say “hey, would you”?

Mr. Eisenhower: Yes, with some success.

Mr. DiFrancesco: Is that done through us directly or through one of the providers that were listed?

Mr. Eisenhower: One of those providers and, again, when we are talking about teams and individuals, like if someone has a relationship with someone that can help them maintain employment without a system that happens. I wouldn't say that happens a lot, but it does. Most of the relationships are formed through professionals. Over time professionals may withdraw, because they built that support network around an individual. Most of the time it starts with a professional agency that's working to develop that relationship between the consumer, family and employer and then whoever else the employer might be able to pull in.

Mr. DiFrancesco: This particular example didn't involve an agency, did it?

Mr. Eisenhower: I don't know.

Mr. DiFrancesco: This was an individual... It is probably one of the most successful models that I have ever seen, not that I've seen a lot of models, but I was just wondering if there are ways that we can use that as an example and try to replicate it in other places.

Mr. Eisenhower: In our sense it starts with a formal system, but it doesn't have to. You are correct.

Mr. Hartwick: Dan and Rose, thank you for doing an extremely good job with limited resources in a very difficult situation. We understand the constraints that you are under and to the extent that we have not heard a significant uprising within the community, although we know there is need for support is a great credit to all the work that you and your staff have done.

Mr. Haste & Mr. DiFrancesco: Thank you!

C. Garry Esworthy, Risk Manager

1. Presentation on Insurance Renewals

Mr. Esworthy: I'm sorry that this is a last minute item. I just received our renewal proposals for our insurance for the upcoming year, effective June 1, 2010. This involves the commercial property, automobile, excess liability, crime and excess crime. This is the first year that we actually went out and tried to get two different brokers to give me quotes on them. One was AIA out of Mechanicsburg. The other one was Rutherford out of King of Prussia, PA. We tried to put a property on a bill and gave me an automobile of \$75,000. Rutherford, on the other hand, came back with a proposal for everything as one group, with the automobile at \$55,000. Based upon those numbers, the total premium for 2009 and 2010 was \$606,848. This year it will be \$613,685, less than 1% increase. It is my suggestion that we stay with our incumbent carrier, Rutherford, and move forward. They have been very good. In fact, they were requiring a \$16,000 fee for extra services when we first started with them, because we had a lot of questions. They waived that fee. Part of that reason is Donna's skills. We saved another \$16,000 off of their quote from last year. It is my recommendation that we stay with Rutherford and I would request a vote on this today since the renewal is June 1.

Mr. Haste: Just a quick question. Do we need to do that by a contract? Since it is an existing provider, can we just... What do you need to see Bill?

Mr. Tully: It should be a contract. You can vote on the renewal, but then submit a contract.

Mr. Haste: We will then see a contract on the Agenda at sometime in the future.

Mr. Tully: That's what I envision.

Mr. Esworthy: What you will see is a letter from the carrier saying that this is the proposal and the total amount due. That is what is normally presented. We usually bind coverage. A letter saying that we are binding the coverage is normally what is done and signed.

It was moved by Mr. Hartwick and seconded by Mr. DiFrancesco that Garry Esworthy, Risk Manager, be authorized to proceed with the renewal of the County's insurance and that a letter from the provider be obtained and forwarded to the Solicitor's Office for official action to be taken at the next meeting.

Question: Mr. Haste – Aye; Mr. DiFrancesco – Aye and Mr. Hartwick – Aye; motion carried.

PERSONNEL

Ms. Miller: Are there any questions on the Addendum for today? (There was none.) There are no other changes this week to the rest of the Packet.

It was moved by Mr. Hartwick and seconded by Mr. DiFrancesco that the Board approve the Personnel Packet, noting that he will be abstaining on Item #1 of today's Personnel Packet.

Question: Mr. Haste – Aye; Mr. DiFrancesco – Aye (abstaining on Item #1) and Mr. Hartwick – Aye; motion carried.

PURCHASE ORDERS

Mr. Baratucci: On Page 10 of the Packet, we have an item that was added at the bottom. It is some software and some upgrades to the water system out at the Prison. Commissioner Haste is aware of this. It is somewhat related to the water project, but it is going to be reimbursed out of commissary funds. This was not in your Packet last week. Everything else is the same and all the budget issues have been resolved. Do you have any questions?

Mr. Haste: That item is to allow us to basically shut off water service to cells by way of the computer to minimize our waste of water.

It was moved by Mr. Hartwick and seconded by Mr. DiFrancesco that the Board approve the Purchase Order Packet.

Question: Mr. Haste – Aye; Mr. DiFrancesco – Aye and Mr. Hartwick – Aye; motion carried.

REPORT FROM BUDGET & FINANCE – MIKE YOHE, BUDGET DIRECTOR

Mr. Yohe presented the following report:

Report from the Office of Budget & Finance May 26, 2010

- **May 14, 2010** transferred **\$1,036,521.16** to the **Payables** account from the County's Concentration account for checks issued that week.
- **May 21, 2010** transferred **\$4,653,553.04** to the **Payables** account and **\$1,889,269.42** to the **Payroll** account from the County's Concentration account for checks issued that week.
- **Total Term Investments**
 - 1/14/10 - **\$20,046,771.99** 6-mo. CD - Susquehanna Bank – **0.800%** - matures 7/15/10
 - 3/18/10 - **\$ 5,000,000.00** 9-mo. CD - Graystone Bank – **0.900%** - matures 12/16/10

- 4/21/10 - \$10,000,000.00 3-mo. CD – Fulton Bank – 0.400% - matures 7/21/10
 - 4/29/10 - \$10,000,191.44 3-mo. CD - Susquehanna Bank – 0.350% - matures 7/29/10
 - 4/29/10 - \$20,000,600.92 6-mo. CD - Susquehanna Bank – 0.550% - matures 10/28/10
- **Balance today in INVEST account \$1,376.26 rate 0.212%**
 - **Balance today in Susquehanna Bank investment account \$62,692,297.78 rate 0.250%**
(This rate is fixed for the month)
 - **Balance today in First National Bank investment account \$7,513,961.60 rate 0.600%**
(This rate equals today’s PLGIT-Class interest rate of 0.050% plus 55 basis points)
 - **Balance today in Citizens Bank Municipal Money Market account #6223510156 - \$15,482.98 rate 0.200%** (This rate is fixed for the month)
 - **Balance today in Citizens Bank Municipal Money Market Checking account #6221269710 - \$11,536.31 rate 0.200%** (This rate is fixed for the month)
 - **Balance today in Integrity Bank Money Market Checking account 1- #2206001209 - \$5,000,232.88 rate 1.000%** (This rate is fixed for the month)
 - **Balance today in Integrity Bank Money Market Checking account 2- #2206001217 - \$5,000,273.97 rate 0.850%** (This rate is fixed for the month)
 - **Balance today in PNC Bank investment account \$1,046.11 rate 0.200%** (This equals today’s Fed Funds rate of 0.250% minus 5 basis points)
 - **Balance today in Graystone Bank investment account \$1,030.60 rate 0.050%** (This equals today’s Fed Funds rate of 0.250% minus 20 basis points)
 - **Balance today in Metro Bank investment account \$100.00 rate 0.000%** (This equals today’s 90-day T-Bill rate of 0.170% minus 25 basis points)

No T.R.A.N. Line of Credit required for 2010.

Mr. Yohe: I did check again this morning all the CD rates are the same. There has been no movement in the last two and a half months. Again, all these banks have maxed out anyway. If the rates go up maybe I can talk them into taking a little bit more.

Next Thursday is the Public Hearing for the fiscal budget.

REPORT FROM CHIEF CLERK/CHIEF OF STAFF – CHAD SAYLOR

Mr. Saylor: You may have noticed that we have staffed up for the summer. I would like to officially introduce our two Interns for the year – Dave Onorato, who is from

Bloomsburg University and Charles McElwee who is from Lebanon Valley College. Both gentlemen hail from the Hummelstown area. They are already working. We also have a Law Clerk, Terry Kaufman and he hails from Halifax, another LVC grad, but is attending Dickinson.

Other than that I have nothing, unless you have questions of me. (There was none.)

SOLICITOR'S REPORT – WILLIAM TULLY, ESQ., SOLICITOR

Mr. Tully: All the items requiring Board vote have been reviewed and are ready for a vote. I would be happy to answer any questions you might have. (There was none.)

MATTERS REQUIRING BOARD ACTION

- A. Training Packet.
- B. Request to contribute the County's pro rata share (\$1,327.50) for appraisal services and trial costs needed to ascertain the true value of Riveroaks Associates, 3401 N. Front Street, Parcel #62-017-207, Dauphin County Docket No. 2009-CV-15690-TX.
- C. Proposed Stipulations of Settlement:
 - 1. Rite Aid: WEC 97A Investment Trust, Parcel #10-047-064, 2103 North St., Harrisburg, PA.
 - 2. Prologis/Keystone Capital, LP, Parcel #36-013-139, Capital Business Center, Docket No. 2009-CV-14309-TX.
- D. Professional Services Agreement between Dauphin County, South Central PA Task Force and DNH Management, LLC as a Planning Specialist/Subject Matter Expert.
- E. Request for exoneration of 2010 Dauphin County and County Library Real Estate Taxes for tax parcels #31-033-001 (\$202.33) and #31-033-018 (\$66.48) – Hummelstown Borough.
- F. Partial Refund of 2009 and 2010 Real Estate Taxes on Parcel #29-018-020-001-0001 – American Tower - \$845.54.
- G. Partial Refund of 2009 and 2010 Real Estate Taxes on Parcel #24-052-261-001-0001 – American Tower - \$1,017.51.
- H. Partial Refund of 2008 and 2009 Real Estate Taxes on Parcel #35-067-061 – Sir Thomas CT - \$325.18.
- I. Third Party Disclosure Agreement between Dauphin County and Highmark allowing County Stop Loss carrier access to County's claim data.
- J. Authorization to PA County Health Insurance Purchasing Cooperative to distribute surplus funds.
- K. Performing Artists Contracts:
 - 1. Dauphin County – Fort Halifax MusicFest – July 17, 2010 – Pentagon

2. Dauphin County – 4th Annual Jazz Festival – September 12, 2010 – EDclectic Entertainment-Shae Fiol
- L. Inmate Telephone Service Agreement between Dauphin County and Global Tel*Link Corporation for the Dauphin County Work Release Center.
- M. 2009 Engagement Letter between Dauphin County and Zelenkofske & Axelrod (ZA), LLC for the annual County audit and the 911 audit for the year ending December 31, 2009.
- N. Purchase of Service Agreement between Drug & Alcohol and Regal Entertainment Group, Inc. **(Pulled)**
- O. Amendment #1 to Purchase of Service Agreements between Drug and Alcohol and The Pennsylvania D.U.I. Association, Inc. – Amendment #1
- P. Addendum #1 to a Purchase of Service Agreement between Drug & Alcohol and Pennsylvania Recovery Organizations Alliance, Inc. (PRO-A).
- Q. Purchase of Service Agreement between Children & Youth and Pressley Ridge.
- R. Adoption Assistance Agreements #2010-16, #2010-17, #2010-18, #2010-19, #2010-20 and #2010-25.
- S. MH Purchase of Service Agreements between MH/MR and:
 1. The Advocacy Alliance
 2. Contact Helpline
 3. Cumberland-Dauphin-Harrisburg Transit Authority t/d/b/a Capital Area Transit
 4. Harrisburg Senior Care, LLC t/d/b/a Graysonview Harrisburg Assisted living Community
 5. Impact Systems, Inc.
 6. Pennsylvania Grand Lodge, Inc. t/d/b/a Masonic Village at Elizabethtown
 7. Rachel Bechtel, M.S.
 8. Merle J. Crawford, M.S., OTR/L
 9. NAMI Pennsylvania
 10. Pressley Ridge
 11. TMB Developmental Therapy & Infant Message, Inc.
 12. Karen K. Reale, OTR/L
- T. Medical Assistance Transportation Program Agreements between MH/MR and:
 1. Cumberland-Dauphin-Harrisburg Transit Authority t/d/b/a Capital Area Transit
 2. Center for Community Building, Inc.
 3. Pediatrics Healthcare, LLC t/d/b/a Pediatrics HealthCare for Kids
 4. Philhaven
- U. Administrative Entity Operating Agreement between Dauphin County and the Commonwealth of Pennsylvania Department of Public Welfare.
- V. Fiscal Year 2011-2012 Mental Health Plan.
- W. Purchase of Service Agreement between Dauphin County and Jump Street, Inc.
- X. Engineering Agreement between Dauphin County, Herbert, Rowland & Grubic (HRG) and the Pennsylvania Department of Transportation for NBIS Bridge Inspection and Inventory in Dauphin County.

- Y. Satisfaction Piece for Ashley L. Garland on the property located at 6116 Spring Knoll Drive, Harrisburg, PA (\$5,000.00).
- Z. Refund of 2009 County Real Estate Tax penalties and interest, Library Tax penalties and interest and Bureau costs – Parcel #68-048-091 – Stephen & Korie Talian - \$245.86.
- AA. Hotel tax distribution to Central Pennsylvania Friends of Jazz for \$5,000.
- BB. Hotel tax distribution to Harrisburg Riverboat Society for \$10,000.
- CC. Resolution #22-2010 appointing Palmetto Posting, Inc. to effectuate the required service and posting of Tax Claim notices.
- DD. Resolution #23-2010 establishing the operating costs attributable to the rental area of the Dauphin County Human Services Building for FY 2010-2011.
- EE. Park Permit Application for the rental of Sunshine Park, City of Harrisburg. **(Pulled)**
- FF. PCCD Pass-through Agreement between Dauphin County and the Home Builders Institute, Inc.
- GG. PCCD Pass-through Agreement between Dauphin County and the PROGRAM for Female Offenders of South Central Pennsylvania, Inc.
- HH. PCCD Pass-through Agreement between Dauphin County and the Partnership CDC, Inc.

Mr. Haste: We have Items on the Agenda today for Board action, Items A through HH. EE will be pulled. Are there any other items that need to be discussed or pulled out separately?

Mr. DiFrancesco: I would like N to be pulled out for a separate vote.

Mr. Hartwick: I had some questions on that as well.

Mr. DiFrancesco: I did check it out, but... I'm not supportive of it.

Mr. Hartwick: Why don't we pull it off the agenda?

Mr. DiFrancesco: That's your call. I think there are other places where we can do the same outcome.

Mr. Hartwick: As a matter of fact that was one of the questions I had for Fred this morning that we were not able to discuss. I'm fine with pulling that off of the agenda.

It was moved by Mr. DiFrancesco and seconded by Mr. Hartwick that the Board approve Matters Requiring Board Action Items A through HH, minus Items N and EE.

Question: Mr. Haste – Aye; Mr. DiFrancesco – Aye and Mr. Hartwick – Aye; motion carried.

FORMER BUSINESS

(There was none.)

NEW BUSINESS

Mr. Haste: We have Retirement Board that we will take up after the meeting.

CORRESPONDENCE

Mr. Haste: We have correspondence listed on the Agenda, Items A through K, which will be handled by the staff appropriately.

- A. Notification from Act One Consultants, Inc. advising that Kings Crossing, Inc. is applying to DEP for a NPDES Permit for stormwater discharges associated with construction activities at the Kings Crossing Phase C Project in Lower Paxton Township.
- B. Notification from Skelly and Loy advising that Norfolk Southern is applying to DEP for a Water Obstruction and Encroachment Permit (GP 11) for the Royalton Bridge Structure Repair in Londonderry Township.
- C. Notification from Norfolk Southern Corporation (facility at Lucknow Yard, 3322 Industrial Road, Harrisburg) advising of the presence of regulated substances within 20 miles upstream of our location.
- D. Notification from Norfolk Southern Corporation (facility at Enola Yard, 218 Enola Road, Enola) advising of the presence of regulated substances within 20 miles upstream of our location.
- E. Receipt of a copy of a letter from DEP to Ladnar, Inc. advising that the annual bond review for Surface Mining Permit No. 22031301 (Ladnar Rocky Top Mine Operation in Williams Township) has been determined, by both the Compliance and Technical Services Section of the Pottsville District Mining Office, to adequately represent current and planned site operating conditions and is acceptable to the Department.
- F. Notification from Light-Heigel & Associates, Inc. advising that PA American Water is applying to DEP for a General Permit 5 for the installation of a new water main between Caracas Avenue and Crest Lane in Derry Township.
- G. Notification from William Nace and Robert Pennell advising that The Wiconisco Creek Restoration Association has voted to discontinue its efforts to proceed with the proposed Marie Smith Disabled Fishing Access.
- H. Notification from James Long advising that he is applying to DEP for a General Permit 6 for the installation of 2 agricultural stream crossings on property he operates, which is located at 650 Powells Valley Road in Halifax Township.
- I. Notification from ArcelorMittal advising that they have submitted a Title V Permit Renewal Application to DEP in order to comply with the PA Air Pollution Control Act.

- J. Notification from Millersburg Area Authority advising that they are applying to DEP for a General Permit 3 for some stream bank stabilization work along the Little Wiconisco Creek.
- K. Notification from dhi engineering & environmental services advising that Dura-Bond Pipe LLC is applying to DEP for an air quality permit for various natural gas fired process heaters used in the steel coating operation in the Borough of Steelton.

PUBLIC PARTICIPATION

Mr. Haste: We are again at the point in time for public participation. Is there anyone in the audience that would like to address the Board? (There was none.)

ADJOURNMENT

There being no further business, it was moved by Mr. DiFrancesco and seconded by Mr. Hartwick that the Board adjourn; motion carried.

Respectfully submitted,

Chad Saylor, Chief Clerk

Transcribed by: Richie-Ann Martz