



**DAUPHIN COUNTY BOARD OF COMMISSIONERS**

**WORKSHOP MEETING**

**MARCH 10, 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; Randy Baratucci, Director of Purchasing; Kay Lengle, Personnel; Melissa Wion, Personnel; Leila Brown, Solicitor's Office; Gary Serhan, Deputy Controller; Dave Schreiber, Personnel; Randi Yeager-Marker, Human Services Director's Office; Amy Richards, Commissioners' Office; Carolyn Thompson, Court Administrator; Brenda Hoffer, Commissioners' Office; Jena Wolgemuth, Commissioners' Office and Richie-Ann Martz, Assistant Chief Clerk

**GUESTS PRESENT**

Emily Opilo, Elizabeth Kelly Richwine, Joanna Kreider, Kara McClain, Catherine Conry, Stephen Hetrick, Mr. Boyd and William Range

**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**

Mr. Haste: We have a number of meeting minutes that we'll take up at next week's meeting.

## **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 Kelly Richwine, Leap General Manager Joanna Kreider, Leap Research Manager**

#### **1. Findings from the Dauphin County Gambling Study on Addictions**

**Kara McClain, NHS Gambling Addictions Program Director  
Catherine Conry, NHS Community Outreach Specialist**

#### **2. Treatment Program for Gambling Addicts**

Ms. McClain: It is an honor and a pleasure to be here today to review the NHS Gambling Addictions Program. My name is Kara McClain. I am the Program Director for NHS Gambling Addictions Program. With me is Catherine Conry and she is the Community Outreach Specialist for the Program.

Our goal today is to provide you with a general brief overview, if you will, of the program, as well as to go over some of the research findings specific to Dauphin County residents.

NHS Gambling Addictions Program was designed to provide four key services to the residents of Dauphin County. The first is to assess the nature and prevalence of gambling problems and their impact upon individuals, families and the community. To accomplish this task NHS has contracted with Leap Research, which is an independent research firm here in Dauphin County. They are going to have the opportunity today to also review their findings. The second key service was to provide both confidential screenings and assessments to those interested. The third was to provide outpatient clinical treatment, which would include individual, family and group therapy sessions. Lastly, we were to provide, through our community outreach specialist, education to the community through professional presentations, focus on promoting awareness of

gambling related problems and their impact upon individuals, families and the community.

Dauphin County truly is on the forefront here with this unique program in that we are not just solely providing treatment for individuals with gambling problems, but we are also completing a research program to get a true pulse on what the gambling problem and impact is for the residents of Dauphin County; in addition to educating the community and promoting awareness for gambling addictions.

Referrals to NHS Gambling Addictions Program can come from a variety of sources. Those referrals could be for screening assessments and also for treatment. A few examples of the various referrals we could receive or where they could be from. The first listed is self referral, which means that an individual that is experiencing a gambling problem can directly contact the program seeking an assessment or service. Others listed are gambling addictions hotlines, gamblers' anonymous, social service agencies, drug and alcohol programs, probation and parole offices, student assistance programs, children and youth agencies and employee assistance programs. At present the program has the ability and capacity to accept new referrals for treatment. We are currently reaching out to various human service agencies in Dauphin County to not only promote awareness of gambling addictions, but also to inform the public of the various treatment options available to them in the County.

Ms. Conry: My name is Catherine Conry of NHS Gambling Addictions Program. As the Community Outreach Specialist, I am going out to tell folks if you or someone you know is beginning to lose control over your gambling impulses or your life is becoming negatively affected by gambling you can just contact us directly. We have streamlined the access process to our program. Kara had mentioned all those agencies that can refer to us. A person can simply call us directly. Our program and contact information is also available on the following hotlines: PA Gambling Addiction Hotline, the Council on Compulsive Gambling and the National Council on Problem Gambling Hotline. Our program information can also be accessed through the Department of Health's website.

As soon as an individual contacts our program we do complete a confidential screening and we will go ahead and schedule an assessment at this time. We have assessment appointments available several times a week and at varying times. We would like this person to come in as soon as possible, but within a seven day timeframe. We are not just going to look at their gambling behaviors. Problem gambling can affect so many other areas in a person's life that we want to identify individual's needs and strengths in all of these areas: gambling, drug and alcohol use, financial, legal, vocation/education, medical/health, mental health, family relationships and risk to self or others. We also, even as early as the assessment process, are going to be developing the treatment goals. Treatment goals can be any and all of these areas.

Ms. McClain: Treatment is available to those impacted by gambling behaviors through the NHS Gambling Addictions Program. Individuals with a gambling problem are able to seek services directly or individuals who may be related to an individual whose

gambling behavior negatively impacts their life can also seek treatment. During outpatient therapy services, the program's certified gambling counselor will work with the client to develop a comprehensive gambling recovery plan. It is a treatment plan if you will. The gambling recovery plan identifies five key components. The first is both short and long term goals are identified. That is, as Catherine mentioned, based on the assessment that was completed when one first seeks treatment. The second key component is to identify specific behaviors that are to be modified and/or skills that need to be developed while someone is in treatment. The third would be to identify the type and frequency of the service to be provided. For example an individual may come in for service and receive family therapy on a weekly basis for one hour duration. The fourth would be to identify methods of treatment, which would include individual counseling styles that would be utilized by the therapist during those sessions. Lastly, our goal would be to identify both natural and community supports available to an individual to aid them in meeting their identified short and long term goals while in treatment.

Ms. Conry: What makes our program unique is really having the ability to go out and provide intervention and prevention services to the Dauphin County community. When we started this program I began reaching out to key informants in Dauphin County and spoke with several providers to try to get a base line of what these folks are seeing, what they are hearing about problem gambling and their educational needs. What I found out is that there is a need for education and these agencies are very interested in learning more about this disorder, but they really don't know much. So, they really need to learn the basics – what is problem gambling, what are the signs and symptoms, how do we assess somebody, how do we approach a client that we feel may have a gambling problem. This really allowed me to tailor presentations for these providers to meet their needs. Public speaking engagements are also provided to the community, special interest groups, community meetings, schools or businesses really in an effort to raise awareness about problem gambling. Just talking about gambling, talking about low risk versus high risk gambling, what are the warning signs and with both the prevention and intervention efforts we really want to let folks know where they can go and get help.

Ms. McClain: We're going to turn the floor over to the Research and they can present their findings.

Ms. Richwine: I'm Elizabeth Kelly Richwine from Leap Research located here in Dauphin County. Leap Research is an independent research firm. We partner with a wide variety of companies, businesses and entities to research a whole host of issues, products and services. We want to give you a brief overview of a comprehensive study we did on Dauphin County gambling for NHS.

The purpose of the research study was to identify types and frequency of gambling in this County, awareness of the activities and prevalence of gambling in this area, determine how residents define gambling, what kind of activities do they consider gambling and what constitutes problem gambling. How does this County interpret gambling when it becomes a problem? We sought to gain an understanding of the

extent to which gambling and problem gambling is present or problematic in this County. We also wanted to inform the development of follow-up research, targeted drill down areas that would give us a more layered and textured perception of what is happening in gambling in the County. One of those segmented research studies we just currently completed with the adolescent age group. We are in the process of analyzing and reporting on that with NHS, our client.

Our last research objective was to inform prevention and intervention messages, finding out what is most compelling, what is most motivational, how do we talk about gambling in the ways that would benefit prevention and intervention measures.

Our study was comprised of 750 telephone interviews throughout Dauphin County with residents between the ages of 18 and 82. It was fielded in November 2009. We are going to give you a brief glimpse of some of the most important highlight tables.

Mr. Haste: How did you pick that 750?

Ms. Kreider: It was randomly sampled.

Mr. Haste: So, these are not known gamblers.

Ms. Kreider: No, it is not known gamblers. It was to take a pulse on what percentage of the population is gambling and their involvement in those different activities.

Mr. Hartwick: 750 is a pretty good amount.

Ms. Kreider: Yes it is.

Ms. Richwine: Some of the drill down segmented research follow-up studies was meant to get at more of the specific gambling population where we found issues to exist in the large studies. We would want to then drill down in some of the segmented studies. We are planning on doing that. We will be highlighting some of the most important data tables and some of the most important findings. Please note that we will be breezing through about seven slides out of a comprehensive report, which includes about 70 slides. I'm more than willing to address questions as we go on.

Ms. Kreider: My name is Joanna Kreider and I'm the Research Manager at Leap Research.

Who are gamblers? We looked at the demographic profile of gamblers and we did not find any significant differences on their gender, ethnicity, education level or their occupation. We did, however, find slight differences on income, as well as marital status or relationship status. Gamblers seemed to have a higher income level than non-gamblers. They also seem to be in less committed relationships than non-gamblers. Those were two distinct findings that we found based off of the demographics of who gamblers are.

Ms. Richwine: In that chart, specifically the way we identified gamblers versus non-gamblers obviously people who participate in gambling activities versus people who don't.

Ms. Kreider: When we looked at the behaviors of gamblers, the common behaviors that gamblers have there is a propensity for the lottery, that is the number one gambling activity that they participate in. Nearly a third do so on a weekly basis and they spend about \$50 or less each time that they are doing it. We asked about frequency for each of the gambling activities that we reported on. We also found that home poker and raffles are also top gambling activities in Dauphin County. People are doing that about several times a year and are spending around \$50 to \$100 each time that they are doing that. We found that the people that are gambling are not inclined to reach out for help. They don't think that they necessarily have a gambling problem, but those that do reach out for help are most likely to call a gambling addiction hotline, try to find a private counselor or therapist or get financial or debt consolidation counseling.

We wanted to know how prevalent gambling was in Dauphin County.

Mr. Haste: You consider buying stocks gambling?

Ms. Kreider: Do they consider stocks gambling?

Mr. Haste: I see that listed.

Ms. Kreider: We gave them a list of different activities. They do not consider that to be gambling even though we considered it to be gambling for the purposes of the survey.

Ms. Richwine: In the true definition of gambling...

Ms. Kreider: You are risking money for a chance. So, stocks do fall under.

Mr. Haste: Buying a house could be the same.

Ms. Kreider: Yes, it could be. Many things could be. We did touch upon in the survey the different types of activities that they are involved in, their association of those activities with being gambling or not gambling activities and also if they feel that the different activities are acceptable or unacceptable and as to why they feel that way. Stocks were on the lower end of the association to gambling activities.

We did determine that there isn't a prevalence of gambling in Dauphin County. When we looked at the total population...

Mr. Haste: Say that again.

Ms. Kreider: There isn't prevalence.

Mr. Hartwick: These results were shocking to me. I expected it to be a lot higher.

Mr. DiFrancesco: Again, going back, you said you polled 750 people randomly. Based on what geography, what age, demographics, etc.?

Ms. Kreider: They were between the ages of 18 and 82 and they were all residents of Dauphin County.

Mr. DiFrancesco: Was it completely random?

Ms. Kreider: It is a purchased list of phone numbers. We gave specific zip codes that we wanted to pull from and it is based off of the population and the census. So, the natural fall-out...

Mr. DiFrancesco: So, the percentage of people over 55 would be of the percentage of the population. None of that information is in here, correct?

Ms. Kreider: We are not reporting on that today, but it is in the larger comprehensive report.

Ms. Richwine: It is in the report that he has in front of him.

Mr. DiFrancesco: I'm flipping through quickly and I didn't see it.

Ms. Kreider: It should be in the section about demographics.

When we looked at the different forms of gambling that people are participating in Dauphin County around 30% participated in any given activity. So, you can see that the top activity was the lottery. So, around 30% of Dauphin County residents are participating in the lottery. When we look at just gamblers and those people that are participating in any one gambling activity that goes up.

Mr. Haste: Does that include stocks?

Ms. Kreider: Yes.

Mr. Haste: So, if I own stocks I'm a gambler?

Ms. Kreider: Yes, you are classified as a gambler if you participated in any of the listed activities.

Mr. Haste: Did they associate it or did you associate it?

Ms. Kreider: They did.

Mr. Haste: If I get the phone call and you ask me all these questions and I say that I own stocks am I now listed as a gambler?

Ms. Kreider: You are listed as a gambler, but we are also asking you if you consider that to be a gambling related activity; to clarify our definition of gambling versus their definition of gambling; things that they consider to be gambling.

Mr. Haste: So, almost any investment is a gamble to your group?

Ms. Kreider: Yes.

Mr. Haste: I would never classify it that way.

Mr. DiFrancesco: I think it comes down to a guy sitting at his desk day trading.

Mr. Haste: That is different. A day trader I agree is gambling.

Mr. DiFrancesco: I own stocks, but they are all mutual funds or whatever it might be the risk is negligible.

Mr. Haste: That is as risky as buying a house.

Mr. DiFrancesco: If I am day trading every day then obviously I'm gambling as much as I'm sitting in a casino.

Ms. Richwine: I think overall to keep that into perspective we found only a small percentage who are participating in stocks as we named in here. A small percentage is participating in that and of those they are not problematic or prevalent activities.

Mr. Haste: It must be the way in which you ask the questions. Almost anybody who has a retirement plan has stocks.

Ms. Kreider: When we look at it on the level of what is and is not acceptable, stocks is very acceptable.

Mr. Haste: To me that skews the data. Say in the married category you are saying that 56% of those are gamblers if you are counting stocks that could be the answer for all 56%.

Ms. Kreider: Actually we are going to get to that and we'll show you the breakout of what activities those gamblers are participating in. You will be able to see that. When we looked at the lottery, which is the top form of gambling that people are participating in, more than half of gamblers do participate in the lottery. They do so on a weekly basis and again spend less than \$50. The other top forms of gambling that people are participating in are the raffles, home poker games or other card games, the slots at the casinos, stocks, organized pools, which include the sports betting and things like that.

We also found that gamblers, people that are gambling, also have family members that are participating in the same types of activities. So, it is a learned behavior. When we look at the prevalence of gambling in Dauphin County, the breakouts, this is just among gamblers; we had 52% of people that are gamblers in Dauphin County are participating in the lottery. When we look at the stocks it drops to 20%. So 20% of people that are considered to be a gambler are participating in the stock market. There could be a difference in perceptions of participating in the stock market versus retirement accounts.

Mr. Haste: I would be curious how you ask that question. If you ask do you own stocks, there is no way that number is as low as 20%.

Ms. Richwine: Your report actually has the questions exactly as we asked them. "Which of the following do you, your spouse/significant other, parents or children participate in on a regular basis?" Then we said I only want you do indicate yes for the things that are done on a regular basis.

Mr. DiFrancesco: You didn't qualify "regular basis" at all. You left them decide what they believe to be a regular basis.

Ms. Kreider: Yes.

Mr. Haste: If you update your portfolio once a year some would say that is regular and some would say it's not.

Mr. DiFrancesco: Again, reading this 10% of the total population, stocks for instance was 10% of the total population. So, 75 people basically acknowledged that out of 750.

Ms. Kreider: That they are doing that on a regular basis.

Mr. DiFrancesco: Was this the only time it was asked, the stocks?

Ms. Kreider: It was asked in every single question that we addressed the gambling activity.

Mr. DiFrancesco: What I'm trying to get at maybe more directly is could somebody be a gambler under this survey having only gambled with the stock market and not done anything else?

Ms. Kreider: Yes.

Ms. Richwine: I don't know if it is helpful to know that stocks were among a list of a whole list of things. You are right in that stocks in the context in which it was presented and asked would have sounded like something we consider to be in the same category as raffles, home poker, pools, casinos, bingo, etc. The context probably really helped it be interpreted as gambling. We didn't say do you have a retirement account.

Mr. DiFrancesco: I just want to have a frame of reference on the results. Not that having it in is, in my opinion, good or bad. In reality I never would have thought of it this way, but again the person that is sitting at the day trade table and is obsessed with that is just as bad as someone sitting at a blackjack table. It may even be more dangerous.

Mr. Hartwick: The question is who is going to report themselves as doing something illegal. You are not going to have somebody over the phone talking to somebody they don't know saying I'm a sports gambler. I do online betting. They might think that is the beginning of a police call.

Ms. Richwine: We'll move further in the summary. Important to our study was to determine what activities are considered gambling and what activities aren't considered acceptable or unacceptable gambling. The majority of residents think game of chance is really the definition of gambling, where money is risked. Residents associate that definition of gambling "game of chance, where money is risked" with the slots, casino card games, dog/horse racing, roulette and sports. You see where stocks are on that. The association for the types of gambling is high on the left hand side of the box.

Mr. Haste: Which page are you on now?

Ms. Richwine: This was an aided question, meaning we asked which of the following do you consider to be gambling. Do you consider slots to be gambling? Do you consider casino card games to be gambling?

Mr. DiFrancesco: How do you answer no are slots gambling?

Ms. Richwine: You don't answer no to that, but this was the importance here was the long...

Mr. DiFrancesco: 4% of the respondents were no it is not gambling. I could answer that it is not gambling that I'm interested in, but it is definitely gambling.

Ms. Richwine: Then drilling down into problem gambling. All residents, whether they are gamblers or non-gamblers, acknowledged the problematic affects of gambling – loss of money, impact on the family dynamic, emotional state and an addiction potential. More on religious reasons are the top drivers for why gambling is seen to be unacceptable. Non-gamblers also say that moral, religious reasons and marital relationship compromise would be reasons that gambling would be most unacceptable. The lottery, raffles and home poker are the most acceptable forms of gambling.

Ms. Kreider: These reports are in the comprehensive report. We have just summarized them here today.

Ms. Richwine: The forms of gambling that are seen to be the most unacceptable don't have a high rate of involvement or participation – online internet waging, dog/horse/auto, dice, roulette, casino card and video poker. Not a high rate of

participation in those most unacceptable across the board. Overall, residents believe that the signs that somebody has a gambling problem include that they deny they have a gambling problem, they have an overwhelming need to gamble, they have a focus on gambling, they talk about gambling all the time and they have gambling as a priority in their minds. This is important. A lot of it is very intuitive. It is also important in terms of staging up how NHS communicates to the County about prevention and intervention. We need to know what problematic affects people are aware of and what it looks like for a person that has a gambling addiction. Most residents have not had a negative consequence or experience as a result of gambling. Most of them do not associate themselves with any problem gambling behaviors. That again, is partly a consequence, because there is not a whole lot of problem gambling happening in this County so the consequence of those problematic behaviors aren't felt. The most significant results or consequences are the monetary, emotional and psychological are definitely recognized and well known. Do you have any other questions at this time? It is definitely hard to bring up the most important points without going through the comprehensive report.

Mr. Hartwick: We had a chance to dialogue about the comprehensive report. I was just very shocked by the actual data. I thought the folks who would gamble would be a whole lot higher on the report. The idea of folks self-reporting is sort of like we do a drug and alcohol survey. How many of you drink and how many do drugs? There are not a lot of people that are going to say I do. That is the issue that I have in really trying to get a good snapshot of what is happening. This is very good data, but we need to drill down a little bit to get to what this is actually telling us. Dauphin County doesn't have a gambling problem based upon the survey. We need to figure out a way to talk to folks and understand where the issues exist. This gives you a baseline. I know that is what it was designed to do. Quite frankly, the challenge with this is when you take a look at gaming information, you have far left gaming stuff that tells you that the end of the world is coming, because gaming is coming and they are usually sponsored by religious groups and then you have the casinos that sponsor the other side of the gaming research that tells you that there are no affects. This was probably one of the first that I have seen that has been really based upon a non-biased survey that takes a look at the actual issue. Whether or not this is the whole picture or whether or not we need to get below the surface of what people are telling us to develop a real message for prevention and intervention is going to be a whole other strategy. I want to commend you for what you have been able to accomplish. The self-reporting concern I have and how are we going to engage... I always refer back to Steelton; we have one of the highest lottery sales per capita of any other place in the Commonwealth. There are people that I know that are playing the lottery. I don't see that reflected here and the idea that folks talk about the lottery to the extent that I see it being played, we should try to match up some of our results. Aside from lottery sales of what is happening actually in our convenience stores and our grocery stores versus what people are self-reporting. I think you will find that there is a distinct difference between the actual utilization of lottery and other forms of chance. I go out to the Hollywood casino once in awhile. That place is always packed. I know there are a lot of residents from our area that are playing at the casino and again I don't see that reflected in our numbers. Again, we just really need to figure out a way for us to get past these general

questions and try to figure out a way to drill down a little deeper. Understand that this is not a follow-up to a police call. It would be an opportunity to try to craft a message for prevention, intervention and help for folks who are struggling, because they have a gambling addiction. It follows drug and alcohol, smoking, which is why it is still legal in the casino, all of those things are usually co-occurring disorders. We need to drill deeper to see where these issues exist and I bet you find in socio and economic areas probably exist, particularly in lower socio and economic areas at a higher level than it does at higher socio and economic levels. Everybody wants that ticket to success. They feel it is an easy chance to hit the lottery. The bottom line is I would really like to discuss how we get to getting below the service and really define where the real issues are versus what we've seen from general questions.

Ms. Richwine: A valuable exercise with data like this is to overlay the behavioral measurement piece too, because this is a self-reported study. To look at some of those other measures and overlay the two and start to look at measurements or metrics that say self-reported we can expect this type of patterns to happen. Behaviorally we know about sales and how many people are going to the casinos, etc. and we start to develop some metrics that we can track over time. Self-reported will always be self-reported. Even as gently as we got into the subject through the survey it will still be self-reported. Doing that overlay with behavioral data would really help.

Mr. Hartwick: Have we reached out to the Gaming Commission and Lottery Commission to talk about trying to work together cooperatively with both of those agencies to... Actually I had the Executive Vice President of the Casino in here and he was very clear in saying... he was the last line of defense sometimes for problem gamblers. He was the person that they came to for the final credit check to get more money to put into the slot machines. He knows that problem gambling exists and he wants to partner with us to get the people help who really need help. We should form those partnerships in order to address the real need.

Mr. Haste: Is this linked to our human services website at all? If someone wants to do the self-reporting and I may be totally wrong. It is just my perception. Those who have a gambling problem have another addiction problem. Of those that I know it is rare that this is the only addiction they have. I'm just wondering if someone is on our site looking at drugs or alcohol do we have a way for them to also link in and get help on this?

Mr. Hartwick: This is a part of the study. We are really talking about how we link up those services. We want to get a handle first on what is the real problem. We are going to take a look at how we link in with other services and our County agencies. Right now there is a gambling addiction hotline that you call. They give you a card at the casino and you call this number and there is a certified gaming addiction counselor that you would be referred to in that case. We clearly should have a relationship between that and our Drug and Alcohol Department. That is going to be a part, because the initial stages is that there are going to be additional recommendations that come on how we are going to do that.

Mr. Haste: If we are trying to get it, we should do that. I also think this information should be made available to the caseworkers out at the jail, because again that is where you are going to get a higher hit of problems, as well as, to our folks in Pre-Trial Services.

Mr. Hartwick: And law enforcement.

Mr. Haste: Again, they are going to see this hit. Unlike what Commissioner Hartwick said of the folks that I talked to on a regular basis if they go to the casino once a month that's a lot. I don't really know...maybe I do know people that are playing the lottery that much, but I don't see it and don't hear about it. I'm still trying to wrestle with this data, because some of this I can't find the logic on why some of it is even included. I'll go through it and try to deal with that. The other thing that you missed completely and I only know this from being involved with youth. I coach. There are kids, particularly teenage boys, doing online gambling. I suspect that when you make the phone calls that is not who you talk to. It is way lower than what you are reporting here. I think that you should get out to the schools. I don't know how much of an impact that has, but I would say the young teenage boys that are doing online gambling think they are going to hit it big and be on the poker channel some day. I'm shocked with the numbers that are out there.

Ms. Richwine: We have just completed a study with 50 adolescents from 12 to 17. It was a focus group setting so it was more qualitative so I can't say that 10% do online gambling, because it isn't that type of a research format, but we did learn about what activities they are participating in and the geographical differences that exist within the County; in terms of the activities, the perceptions, the prevalence of gambling within their lives. We are just now starting to report on that. We are just starting to discuss it. I think our last focus group, which was in Middletown, was a couple of weeks ago. We are finishing the reporting on that drill down area.

Mr. Haste: On the online? This is just my snapshot of dealing with kids. It is the more well-to-do kids are sitting around on a Friday or Saturday night and not only are they competing against those online, they are competing against the other kids. It is a competition, bragging rights and they have the money to burn. There are a number of these young boys who are from well-to-do families who apparently it is a thing and they know who else is doing it. I was shocked.

Mr. Hartwick: It tells you the geographic difference. In the neighborhoods that I was from I still see people shooting dice and playing the lottery. I guarantee you socio and economically you will find different types of gambling in different areas of this County based upon that income level. We should be basing our prevention and intervention efforts and spending those dollars based upon what people are doing, not what we perceive they are doing. That is my only suggestion.

Mr. Haste: I would somehow get a link on for those who need help or if another family member needs help. I would get that link there. Those who are going to see...I think

that the higher percentage of folks is juvenile detention center, the jail and Pre-Trial Services. Commissioner Hartwick is right the law enforcement is going to see it too. Those folks are going to come in and they are probably in for another problem.

Mr. Hartwick: Training them to understand what the co-occurring disorders are, they can make referrals from the frontline levels to our caseworkers that can assist them with a multitude of issues.

Mr. Haste: I think our caseworkers understand co-occurrence of mental health and drug and alcohol. Now this is a new twist that you need to throw in there.

Ms. Kreider: We found that in contacting, as Catherine mentioned, some of the key informants in the area, we did find that they don't have even a tool to assess this, which therefore means that they are linking these clients with the service and treatment available. Knowing that we have that big gap there, we are doing a lot to educate folks about what this is, here are some tools you can use, we are available to come out and do trainings. We have contacted various human service groups at this time, the case management unit in Dauphin County, Keystone Intensive Case Management Services, the Aurora Club Drop-in Center, just to educate people who are that first responder so they can identify, as you mentioned, and hook people up with the service that they need.

Mr. Hartwick: The other avenue that you should take is the chiefs of police in Dauphin County. That would be an appropriate forum for you to talk about how you can train their officers. You would probably have to do it based upon their shifts. I can arrange that for you to get on their agenda.

## **PERSONNEL**

Ms. Lenge: Are there any questions on the Personnel Packet and the Addendum? (There was none.) I would like to request a vote on the item in the Addendum today, due to the effective date.

Mr. Hartwick: Are you okay with that?

Mr. DiFrancesco: I'm assuming that if it comes on here that it meets all the criteria.

Ms. Lenge: Yes, it does.

**It was moved by Mr. DiFrancesco and seconded by Mr. Hartwick that the Board approve the Personnel Packet Addendum.**

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

Mr. Saylor: I would only note for the record that I see you have three JPO vacancies that have been approved by the President Judge. I know we have been watching filling these vacancies.

Ms. Lenge: Those positions are actually being filled in the Personnel Packet in the Changes. There are not any vacancies. They are just being moved around. Someone is taking a voluntary demotion so they are shifting positions. There are no new hires.

Mr. Saylor: So, there are not really vacancies, they are transfers.

Ms. Lenge: This is our process of requesting to fill the vacancies so the people can move into the slots. It is all closed after this packet.

### **PURCHASE ORDERS**

Mr. Baratucci: You all should have received a Purchase Order Packet yesterday. Are there any questions on it? (There was none.)

I also understand that we are ready to vote on the Domestic Relations Remote Access item.

Mr. DiFrancesco: I did talk with Tom and we had a good conversation. He is exploring options in terms of making Wi-Fi accessible in certain categories. Due to some technical issues, that is not going to move forward any time soon. As I understand these are month-to-month air cards. Even if we would make a decision six months down the road to switch over to something else, we could stop using the air card and switch over to something and save the money.

**It was moved by Mr. DiFrancesco and seconded by Mr. Haste that the Board approve the Domestic Relations Air Card.**

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

Mr. Baratucci: Just one bit of sad news that I would like to report is that our warehouse cat, Pumpkin, of 17 years died yesterday. We have already been inundated with offers of a new employee out there and we will respect Chad's hiring window. All kidding aside, for many years we joked about that. In the beginning we had a lot of problems with mice and when we got the cat I wasn't sure how it would work and it is better than any program. She did a great job. We didn't have any mice problems.

Mr. Hartwick: You can check at the Humane Society.

Mr. DiFrancesco: She was the queen of the warehouse.

Mr. Haste: We should have done a Proclamation.

Mr. Baratucci: Today could be proclaimed as “Pumpkin, the Warehouse Cat, Day” in Dauphin County.

### **TRAINING PACKET**

Mr. Saylor: I’m told that we have several items that need approval. A lot of them are mandated. We have #2, #4, #5...

Mr. Hartwick: Can I ask why #4 and #5 are so different in cost?

Mr. Haste: It is the length of time they go. COs go longer than other staff. Other staff get a minimum training and COs are there longer.

Mr. Saylor: Also #11, #12, #14 and #16.

**It was moved by Mr. Hartwick and seconded by Mr. DiFrancesco that the Board approve the following training requests listed on the Training Packet: #2, #4, #5, #11, #12, #14 and #16.**

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

### **ITEMS FOR DISCUSSION**

- A. Approval of recommendations from Voluntary Employee Benefits Committee – replace the Fidelity Emerging Market Fund with the Evergreen Emerging Market Growth Fund A, replace the American Century Real Estate Fund A with the First American Real Estate Securities A and implement the changes to the asset allocation of the Dauphin County, PA Deferred Compensation Plan. (**\*\*\*VOTE REQUESTED 3/10/10\*\*\***)
- A. Energy Conservation and Assistance Agreement between Dauphin County and L.R. Kelchner. (**\*\*\*VOTE REQUESTED 3/10/10\*\*\***)
- B. Iron Mountain New Fee Schedule. (**\*\*\*VOTE REQUESTED 3/10/10\*\*\***)

Mr. Haste: We have Items for Discussion and a vote is being requested on all three items. Item A is our stock plan for our Employee Benefits. Item B is our energy conservation contract that Scott has been working on. Item C is the new Iron Mountain Fee Schedule that our Treasurer has worked diligently on and we thank her for that.

Mr. Hartwick: You deserve a lot of credit for that Janis.

Mr. DiFrancesco: You saved a lot of money.

**It was moved by Mr. DiFrancesco and seconded by Mr. Hartwick that the Board approve Items A through C, listed above under Items for Discussion.**

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

### **SOLICITOR'S REPORT**

Mr. Tully: I have no changes to the draft, but would be happy to answer any questions you might have.

Mr. Hartwick: With #8 and #9, does that mean that we will see a decrease in the request for new periodicals next year, because we are actually using internet services?

Mr. Tully: I kind of doubt it.

Mr. Saylor: I advised Fred that this might come up as an issue so he will need to discuss this with you.

### **CHIEF CLERK'S REPORT**

Mr. Saylor: I have nothing unless you have any questions of me. (There was none.)

### **COMMISSIONERS' COMMENTS**

Mr. DiFrancesco: Yesterday I received a piece of mail from the Census Department basically telling me to look out that a piece of mail would be coming a week down the road from the Census Department and asked me to answer the questions. I'm assuming everyone else in this room did also. I looked at it and said the United States is so flushed with cash right now that they can afford to send out a piece of mail in preparation for a piece of mail that is going to come next week. I have a serious problem with that. I'm sure that added up to I can't even begin to imagine how many dollars just in postal fees to let us know that the census is coming. I'm amazed as I look at where the country is right now and just see the level of waste and am just stunned by the absolute lack of good choices being made on the part of the government.

### **PUBLIC PARTICIPATION**

Mr. Haste: We are at the point in time again in the meeting for public participation. Is there anyone in the audience that would like to address the Board?

Mr. Boyd: My name is Mr. Boyd. It is a pleasure being here this morning in front of the Dauphin County Board of Commissioners. At this time I'm going to state that I'm an advocate for the homeless and the poor. I have been doing this for about 18 months. I would like to remind all the Commissioners, I'm born here in this great city. I love my city. As of March 31, 2010 there will be people put out on the streets. Dauphin County,

and you are the Commissioners, I would like to make a plea to you. For years, things have not been done right for the poor of this city and the homeless. Let's do something different this year. We have a lot of great things coming to the Commonwealth from the Obama administration. At least this President is trying to do the right thing. Monies are coming to this County to help the homeless and poor. Some of those monies are not being directed to the homeless and the poor. You are quite familiar with some of the things that are going on, but I do state this morning in front of you, we know that there are problems here. I would like to say that I am an advocate. I want to unify with the City and the County. I'm the one that slept at many of these churches of the CCU. I've experienced the abuse first hand. I didn't document anything. I'm the one to set here and tell the Commissioners please this year let's do the right thing.

Mr. Hartwick: Can you give me some specifics about money that is not being directed to the homeless? What happens March 31?

Mr. Boyd: The Haven here. It is true that HUD said that they will not fund shelters. Again, we will do something with the Haven. Webster's dictionary states that a haven is a shelter.

Mr. Hartwick: Are you talking about the Susquehanna Safe Haven?

Mr. Boyd: That's correct. I'm saying that Dauphin County put money there, HRA and the City of Harrisburg. The homeless population of this city for years has been told that when this shelter is built it would be for everyone. But when the Mayor of this great city cut the river last year, that whole thing changed. I'm just saying let's not cast all of these people into the streets, because a lot of them count on these services.

Mr. Hartwick: I would like to have some dialogue here if I could. How are they going to be cast into the streets and where are the issues related to acceptance? I know that it is an all male shelter. The need was for a male shelter. What has changed since the time of the ribbon cutting that we need to be made aware of?

Mr. Boyd: First of all the cutting of the ribbon now the four churches that are now controlling this and the inner city, there was a church that didn't negotiate to have this continue. CCU stated to this church that is no way. We will not allow you. My basic thing here what is going on males being an advocate for the homeless and poor, we are all receiving federal dollars, state and local monies, on the one side you live like a king, the other side they are laying in filthy mattresses with urine and feces and they refuse certain times to even clean the area. All I'm saying is let's be humane. They lied to the homeless population of this city. We know that. It has been documented. I know this County has also received Federal dollars. \$400,000 was given to CCU to take care of the homeless problem in this city. The money that was allocated is going more to administrative costs than to the ones that receive it.

Mr. Hartwick: You are saying that there are management issues. I will go there personally.

Mr. Boyd: We need you to go and see for yourself.

Mr. Hartwick: The idea is that there are poor living conditions.

Mr. Boyd: You need not go to the front of there.

Mr. Hartwick: I'll go unannounced. It is called the overnight shelter, because if you go to the front these are the ones that we do commend the Obama administration with the drug and alcohol problem, but that is not the jist of what is going on. There are people that are coming as far as Maine to live here in these streets that are taking a lot of things away from other people. He can elaborate more because he has figures. I'm the one that stays in the Haven. So, I'm the one that sees it firsthand.

Mr. Hartwick: Thanks for bringing it to our attention.

Mr. Range: I'm William Range. I'm a resident of Harrisburg, PA. I fail to understand that we live in a County that has several towns in the County. What we are finding out is that we are getting people from Baltimore, New York, Philadelphia and Maine. How could two separate entities hope to solve the problem of people who have lost their jobs, are being transitioned out? Since 1989, the Federal government, HUD, gave out \$1.5 billion for homelessness and you build a facility up on Cameron Street with Dan Eisenhower, your MH/MR Director, and a grant with a young lady with the City that suits 25 people to live there the rest of their lives. Since I'm a retired individual I have been going around the country, I find out that the housing alliance is an organization that deals with homelessness across the country. How is housing first solving the problem of homelessness? Why would you put a group of mentally ill people in a building without giving them the ability to survive on their own with casework services? I don't understand why the CMU works the way they do? I don't know all the things that they do. I know I was sent there for a brief minute and my caseworker told me she has 450 cases and that there was no way that she could see me even to talk to me for a brief minute. I'm saying to you that in housing first, which is nationally known across the country is where they catch you as a drug addict, alcoholic and ask you to come off the street and then they start to adhere to you. We are getting an awful lot of money in this County and the city that is going through, what they call the Dauphin County Coalition for Homelessness. Some of the people are sitting there doing a half-ass job. They said in their 10-year study and we are in the third year of the 10-year study that they had 1,300 people. Most of the homeless people, of which I used to be, have not been polled. I would like to know where they get these figures. I don't understand how they come up with these figures. When they go and apply for the grant where does the money go? They get money from the City and I suppose they got money from you. Every day I'm talking with somebody who needs some help. They got out there and they can't get help. The money that was given out by Obama that says we want you to have some help, CCU says that if you got money the first time you can't go back a second time and get it. That's not the way the money was issued by Obama. You need to follow up. They don't work 8-4. The homeless people are out early in the morning.

You can see them lay at the bank or the train station. I don't know how your MH/MR people check on these people. I was there when Dan stood in the Grace Church and said hey if you are homeless come and see me. I was homeless and I went to see him. Four people escorted me to the door and said we only work with mentally ill people. You get \$636 if you are a mentally ill person. What happens to their money? What happens to them? How do you get to the house to find out if they have a house? There is a responsibility owed to them and we are not getting it done. That's the bottom line. If you want to walk down by the dam you can see the village down there that people are living in tents, all the way to Steelton. The Redevelopment Authority of which we are debating with the Mayor about is not doing their job. They are sitting there collecting data and submitting it for money. I see people, that are young and old that are homeless on the street. I saw some women yesterday that are between the ages of 18 and 22 who couldn't get into the YWCA who just got \$85,000. I'm saying to you that we are top heavy in administration, duplicating each other and somebody needs to talk to someone. If you are a caseworker you need to go at 2, 3 or 4 in the morning to get people off the street. You have to go back to people. The mission that is called the mission is an alcohol and drug abuse rehab. Out of the goodness of their heart and the economics they allow people to come in. They can say like last Friday, you are out. Where to people go? I said it to the city and I'm saying it to you, I really would like to know where all this money is that was given to this project and the people who need it can't get it. Thank you.

Mr. Boyd: \$117,000.

Mr. Hartwick: You said how did you come up with the 1,300 people? I actually worked in Crisis Intervention for three days. I was responsible for an 8 hour shift, which was 3-11. We had 22 302's and you know what that is, it is where someone is a threat to themselves or the community. I'm going to explain how they came up with the 1,300. It has been tracked through the homeless management information system, which was an opportunity for us to get along with about 20 other organizations and caseworkers, as well as County employees, as well as Christian Churches United, as well as Harrisburg Housing; they sent a task force to interview folks on the street. It wasn't from 7-3. It was around the clock and they know when folks are out. They interviewed them, both in churches and on the street. They came up with the actual names and information to input some real data. They did an actual tracking and interview process where they were able to collect information from over 1,300 individuals. That number might have increased or decreased based upon the economy. At the time the study was done it was a walk the street, walk the beat and it was done over a three week time period. That case in point study showed 1,300 people that were identified as being homeless, not only the City of Harrisburg do we have the responsibility, there are folks that are sleeping in cars in northern Dauphin County. There are people that are also homeless in Susquehanna Township. They have people that are homeless in Middletown. While they may gather in Harrisburg and we may get people from Baltimore, New York, Philadelphia and Maine, it is because, quite frankly, this County has taken a proactive approach in attempting to address the issues of homelessness. Maine, Baltimore and New York, I'm sorry that the message is getting out. We have a responsive

organization that is attempting to provide quality services and a home for the homeless. We got an obligation to address those issues. The number may be larger than it has been in the history of this County because of economics and other issues that are going on, both in the city and outside the city. There are real people that have been displaced and quite frankly we have a housing list right now for Section 8 and public housing that exceeds 4,000. The need for housing in this County is very clearly demonstrated. We are trying to attempt to address the issues of homelessness by providing a shelter rather than relying on the churches that have so graciously stepped up to the plate and provided that network prior to this point. I believe that homelessness is larger than 1,300 people at this point. I believe that it continues to grow. I believe that we should try to attempt and your point is well taken as to what the real issue is today versus when that point in time study was done. We need to eradicate homelessness. Maybe it's time to get back together. Take a look at the number of people that we serve. The need far exceeds the amount of Federal and State dollars that this County is receiving in order to address the issue. Last year we had an increase in service that was provided, over 40% increase in the level of services that were provided by our Crisis Intervention team and we received a \$1.5 million cut from State government. We are asked to provide more services for fewer dollars. I think it is time to call the group together and take a look again for another point in time study of what the real issues are. If there are problems with living conditions, folks getting kicked out of shelters, if there is a need for the churches to become re-engaged, quite frankly, we need to have that dialogue. Just having a safe haven doesn't mean that the issue is being addressed. May be we need to have an emergency plan to address with the churches to be able to provide an opportunity for people that are living on the streets. We've also have a task force right now that is taking a look from the local law enforcement perspective for folks who have public housing opportunities, for folks who are abusing those public housing opportunities and Section 8 opportunities, we need to make sure that the people abide by the Federal law and the Federal HUD laws that are selling drugs and having folks live in the houses, we have a housing list of 4,000 people who are not going to stay in this forever. When that happens you are going to hear more complaints, because we are going to take a strict enforcement of folks who are living, both in public housing and Section 8 and if you are not living up to the standards, quite frankly we need to make room for families and homeless people who are on the street, through no fault of their own, that have ran into tough times and are in need of that kind of public housing. Both of those things are occurring as we speak. Yesterday I met with the Chiefs of Police, local law enforcement to talk about the housing issue. Those are all things that are happening to try to address the issue.

Mr. Range: There wasn't a plan. Individuals that walk the streets are placed in a home nationally and then a program is designed for the individual to get them back to a normal lifestyle. The case manager needs to help them get off their feet, get a haircut, get himself washed up and evaluated. Then take him for a job that he can do. Do not just place them in a home, because it sounds good to have him living somewhere. We are trying to get people to be responsible for their own lifestyle. I have talked to the people in the County offices and nobody at the table works after 4:00. This point in time study that is going to be presented is going to be a false one, because people that need

to be talked to aren't being talked to. Our illustrious Mayor that just left wanted to take the tent city down all the way to Steelton. There were almost 300 people living back there. Nobody is going down there. The people that are doing the census won't go down there, because they are afraid. I'm tired of people lying and telling that they are doing stuff that they are not doing. Somebody needs to step up and be responsible. I'm on the Council and so is Mr. Boyd. I've talked to Mr. Piccola. I talked to Mr. Buxton last week and he is talking about cutting their funding off, because all they do is get figures and not apply them with a plan. A plan is to get a person up and not just give him \$10 this week and next week give him another \$10. That is a waste of money. Make them responsible for the job that he has and that is to live like a human being. That's the bottom line.

Mr. Hartwick: I don't want to get into a dialogue. When I went out I interviewed a woman that lived up by the train station. She didn't want to see a caseworker. She was bitten by a rat at the time that I was up there. We had to arrange for medical services to come and address that or that woman would not have lived. Quite frankly we arranged for a doctor to come in and see her at that location. She didn't want to leave. We arranged for housing on separate occasions, she had a more comfortable arrangement and she didn't want to have housing. You can't force someone into a home who also does not want to live off the street. Quite frankly they have a personal right to be able to do that. You have a handle on who is living in the street and who is not living in the street and quite frankly the problem is bigger. I know that we have an idea of who is living on the streets and quite frankly there are folks that don't want to live anywhere else. You could offer them a place. You can lead a horse to water, but you can't make them drink. How are you going to get those folks to do things that they are unwilling to do.

Mr. Range: These people are sacrificing themselves to trust that. You have people that have said that they tried the system. They didn't follow through and what happens is those people don't want to participate. If you go right now to the Martin Luther King building you will have six people sitting in there that are mentally ill. I've never seen a caseworker come in there and talk to those people. I asked your MH/MR office and they don't do outreach. It has to change. Last Friday, I walked into the train station in Harrisburg and ran into a young lady who was about 40 years of age. She came into Harrisburg at 4:30 in the afternoon from Chicago. She was going to Chambersburg and missed her connection. There's no sign in the train station that says if you are stranded and have a problem call this number. I said this to City Council. Nobody at 12:00 this building is locked up and people are shut out. It could have been your wife or sister. She was bawling. Remember two weeks ago there was a gentleman that had the same problem. He came in and his connection was missed and he ended up dead under the Mulberry Street Bridge. The bottom line is we have a responsibility to this community and we are not separate entities. Everybody works together for the betterment of the community. If that is not happening then we are not doing our job.

Mr. Saylor: Perhaps I could suggest...

Mr. DiFrancesco: The tent community that you mentioned down. Is that organized to any degree? Are there people down there that are trusted that could communicate? Is it organized to the point where there would be a couple of people that are known in that community?

Mr. Range: There are a whole lot of people that live there. They do not trust enough right now, because it is the system that put them out there for whatever reason. Volunteers are used at the haven and they have not had first aid or training in CPR. These people are working on the front lines. Somebody has to be truthful about the fact that you give them leadership positions to lead. You can't take the people from the mission and put them in leadership at the haven. You are taking people that used to be past drug addicts and affording them the opportunity to work in a facility. You need professional skills in dealing with people. Have you seen the little square area that people are living in overnight? You have the flu that is going around this country killing people and you are going to put them in a little square spot and tell them this is where you are going to sleep tonight and when you turn over you are in someone else's face. It is not realistic. We have a lot of buildings in this town that we could have been transposed. If you go to Reading and York, they have a mission. When you come off the street the first thing they do is they let you take a shower, change your clothes, and get a bed and a hot meal. None of that happens here unless you sign up to be in the mission program for 120 days and they get paid for you being there. I'm tired of listening to the message that is being portrayed on the radio...the mission is saying that they help homeless people. The last snow that we had on Cameron Street at 7:00 a.m. they put all those people out. Somewhere along the line we need to take some leadership on what the responsibilities are. This being the capital city and we don't have a mission.

Mr. Saylor: On behalf of Richie, who has to transcribe this, we can continue the dialogue, but for the sake of the agenda, why don't we just adjourn the meeting and then you guys can continue to talk after.

## **ADJOURNMENT**

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

Respectfully submitted,

Chad Saylor, Chief Clerk

Transcribed by: Richie-Ann Martz