



DAUPHIN COUNTY BOARD OF COMMISSIONERS

WORKSHOP MEETING

MAY 18, 2011
10:00 A.M.

MEMBERS PRESENT

Jeff Haste, Chairman
Mike Pries, Vice Chairman
George P. Hartwick, III, Secretary

STAFF PRESENT

Laura E. Evans, Esq., Chief Clerk; Marie E. Rebuck, Controller; Janis Creason, Treasurer; William Tully, Esq., Solicitor; Fred Lighty, Esq., Human Services Director's Office; Danielle Vayda, Solicitor's Office; Dan Eisenhauer, Director of MH/ID; Brad Winnick, Chief Public Defender; Dave Schreiber, Human Resources; Kay Lenge, Human Resources; August Memmi, Director of Community & Economic Development; Leila Brown, Solicitor's Office; Bree Thomas, Commissioners' Office; Joshua Eisner, Commissioners' Office; Randy Baratucci, Director of Purchasing; Rose Schultz, MH/ID; J. Scott Burford, Deputy Chief Clerk; Amy Richards, Commissioners' Office; Brenda Hoffer, Commissioners' Office; Abby Gabner, Commissioners' Office and Richie-Ann Martz, Assistant Chief Clerk

GUESTS PRESENT

Matt Miller and reporters from Central Penn Business Journal

MINUTES

CALL TO ORDER

Mr. Haste, Chairman of the Board, called the meeting to order at 10:12 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 series 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. Dan Eisenhauer, Director, MH/ID

1. MH Plan

Mr. Eisenhauer: With me is Rose Schultz, our Deputy Mental Health Administrator. We are here this morning to present the Dauphin County Mental Health Plan, which is a five-year plan covering fiscal year 2013 to 2017. We are submitting this Plan in compliance with new guidelines from the State Office of Mental Health and Substance Abuse Services. They have sort of radically altered their planning guidelines to where the Plan that we submit is a five-year plan instead of what used to be an annual plan with updates. I'll talk a little bit about how the plan was developed.

We went through a pretty extensive public input process and we also had to review service data, surveys and reports. We surveyed consumers, providers and family members about their understanding of services and their satisfaction with services. We also got input from our Adult Mental Health Committee, community support program, a collaboration team and a recovery-oriented system inventory team, as well as our County staff.

One of the first things we have to do is do what we call a system assessment. What are the resources and strengths in Dauphin County's Mental Health system? Later you will see what our needs are. Our resources and strengths are our community support program committee and our jail diversion mental health court re-entry programs and we have a pretty robust provider network. We are moving our system along with recovery and resiliency principles in collaboration with our provider network. We are also working

on children's residential treatment facility reform. We have been able to reduce our use of RTFs by something in excess of 50% over the last two years. At our high mark about two years ago, we had about 110 kids in placement on a given day and now we are down to around 50 on a given day. So, we've dramatically reduced out of home placement. We are also working on initiatives for a cultural competence. We worked with CBHMP, our managed care partner, on service utilization and the Medicaid program. We also are working on supportive employment opportunities and housing efforts. We are working with the YWCA. They have secured a Federal grant for employment for people with serious mental illness who are homeless. So, we have a lot of collaboration going on right now with the YWCA around employment.

Some of the system needs are treatment, needing to improve crisis intervention, working with our case management, rehabilitation services, what we call enrichment or life skills training, having folks participate in community resources, rights protection, basic support, self-help and wellness and prevention. We have a couple of wellness and prevention activities that Dauphin County has been doing for adults and children. One of the concerns we have is adults with serious mental illness have a life expectancy of about 25 years less than the normal population. So, we have been working with some of our physical health managed care company representatives and our providers to try to do some education and lifestyle improvements. Unfortunately a lot of our adults have poor health habits to go along with their serious mental illness. We are trying to cut down on people smoking, increase activity, exercise to try to improve those opportunities for adults.

Some of our unmet system and service gaps are what we call "system transformation." We're on our 5th year of trying to sort of reorganize the manner in which we offer services. You've heard us talk in all the human services in Dauphin County about consumer and family engagement. We are going through the same sort of transformation in the Mental Health system. We are moving away from a professionally directed service system to more of a partnership with consumers and family members. We think we can provide more effective services if folks receiving services have a say in how it is going. There is a lot of work involved in how that plays out with treatment planning and the delivery of services. So, our whole system is transforming to more consumer and family centered and more engagement techniques.

We also have concerns about our capacity to meet demand. You've heard us talk about this over and over again. We have waiting lists for most of our intensive services. What we call "front door" services from the point of intake at our case management unit to our first appointment with an outpatient provider can take weeks or months in some cases. So, people come in with a need, we verify the need, but their first appointment is sometimes delayed to the point where we are trying to hold on with folks, re-prioritize to see if we can get them emergency appointments, but just our overall capacity to be able to provide services quickly is hampered in the current system.

Mr. Haste: Is that because that part is being handled by the State? All you really are is managers now, right?

Mr. Eisenhower: That's the ODP system. In the Mental Health system, we just have a gradual erosion of services. Our outpatient providers are what we are mostly concerned about. We have not been able to have them hire new staff. We have no money to increase their contracts so they can hire more staff so they can hire more doctors. Most of our outpatient providers are operating at what we call "fixed capacity." They can just see so many appointments in a day. When you are balancing the people that they are continuing to provide care for, which is something like 4,000 adults and children on a daily basis and then bringing in new people it just takes a long time to be able to fit in all the folks that need the service.

Mr. Hartwick: The biggest over-stressed system that we have in all of human services is mental health. We know that. We are in a response mode, treatment mode. The only direct services that we provide are crisis intervention. We see the same people coming in and out, even worse than hospitals. Until we provide community-supportive services for folks and there are no resources to do it, we are going to continue to deal with the same issues. People who have mental health disorders and other issues to be able to have an advocacy voice in the legislature otherwise they are going to continue to be underserved.

Mr. Eisenhower: Correct, you will see a little bit later on, it is rough estimates, but we had about a 50% increase in the number of people that we are serving compared to five years ago and yet we've had a funding decrease of about 6%.

Mr. Hartwick: This is the most over-stressed system in our human service system by far. This costs jail time and hospital time.

Mr. Haste: I think I know this answer, but I'm going to ask it. I assume that we are identifying those that are veterans and getting the VA involved whenever we can, because that seems to be one of the few areas that they are really beefing up. When I say they I mean the higher governments.

Mr. Eisenhower: Correct. There's actually an increased level of resources.

Mr. Haste: An interesting point that they raised the other day, which I would have never thought of and I guess it is how we ask the question. I've heard if you ask if they are a veteran, some veterans will say no. We are being told now to ask have you ever served in the armed forces. So, we are asking.

Mr. Eisenhower: Correct, it is how you ask the question. Even then whether it is Crisis Intervention or our Case Management Unit, we have to work with the Veterans Administration eligibility department anyway, because there's a level of service connected disability that we have to sort through. So, whether you are a Veteran or not may or may not mean that you are eligible for Veterans' funded services. We have to sort through having people disclose whether they have ever served in the armed forces.

Mr. Haste: I assumed you were doing that, but I didn't want to sit here and make that assumption so I had to ask the question. Thank you!

Mr. Hartwick: Even if people are receiving veterans' services they should still be receiving services. Post traumatic stress disorder was the topic of conversation. Do we have behavioral health services for post traumatic stress disorder and rates for that for non-okayed and eligible veterans' benefits folks in the County? Do we go through a process that allows for that treatment to be provided from a mental health side for folks who have post traumatic stress disorder that may not be eligible for veterans' services?

Mr. Eisenhower: If you are not eligible for veterans' services, we offer outpatient services.

Mr. Haste: Under our normal...

Mr. Eisenhower: As if you were not a veteran. We just rule it out and then you are eligible for services and you get it. The second question is do we have a skilled labor force in dealing with post traumatic stress disorder? That's a work in progress. You'll see that a little bit later. With three providers we have piloted a specific post traumatic stress curriculum as part of our jail diversion program, because again 90% or more of the folks in our jail diversion and mental health court are also victims of post traumatic stress. So, it is a learning curve to get our providers trained. We have been promoting "Seeking Safety", which is a trauma and foreign treatment approach. It is particularly good with adults with co-occurring disorders as well, which many veterans and adults with post traumatic stress have. They are mentally ill and also unfortunately abusing substances as part of a way of coping with their stress. That is why we like "Seeking Safety." There are other models that we're also getting ready to start training providers on with collaboration of our managed care company. We have a ways to go. I'll be honest. We recognize the need to treat people with post traumatic stress disorder, but bringing along all the training and qualified staff we have a ways to go. We have some, but we would like to saturate our system with trained professionals where now they are in spots. Like if you would go to agency A, they might have two therapists that are trained, but we would like to have all the therapists trained.

We are also working on improving access to services for older adults. We've worked with Bob Burns in the Aging Department. We have an MOU. We have a collaborative arrangement. They work pretty well with our crisis intervention. We do conjoint efforts. We work with the ODP staff, our ID staff. So, we are constantly working on those bridges with other County programs as well.

The last part is our CHIP program, out state hospital deinstitutionalization. There is nothing on the horizon that we know of impacting Dauphin County first day hospital deinstitutionalizations. We have had two people that we've gotten additional funding for to bring out of a state hospital in the last fiscal year.

Again, some of our data just does sort of a baseline. Our funding for FY 2009/2010 was \$19.2 million. We served almost 5,000 people. We looked at our consumer satisfaction rate, which is pretty high, 79%. We are also very careful with that though, because when you are asking people about their satisfaction with services most people don't tend to complain. So, for me I like to see something closer to 85%. That tells us, even though it seems pretty high it actually tells us that we have some work to do on consumer satisfaction.

We also have some data about some of our specialty programs. We are serving 36 people in the shelter plus program, which is in collaboration with the Housing Authority of the County of Dauphin. They supply vouchers for subsidized housing and we provide treatment and resources for adults with serious mental illness who are homeless. We get people from the street to an apartment in 60 days with treatment and support.

The employment services, which I mentioned with the YWCA, we have 77 people that are engaged in that. That doesn't mean that they all have jobs yet, but they are in job training, job readiness and job matching.

Ms. Schultz: This is a competitive employment program. So, the goal is competitive employment.

Mr. Eisenhauer: As you know our jail diversion program has been pretty successful – 159 people. We don't have mental health court data in here yet, because we had six months of last fiscal year, but we will get more data on the mental health court as this year progresses. We served 562 people with our path funds. Path is prevention efforts for people that are at risk of homelessness.

We are within our 20 main categories of services. Do people get services? You can see a lot of folks get administrative case management. A lot of people get outpatient services. A lot of people get residential. A lot of people get social rehab. Those numbers haven't changed much over time. Again, those are the areas that we see waiting lists as well.

Underserved populations, the State has asked us to look at, even though we know we have all these concerns, they want us to look at our ability to serve people. They want us to try to identify particular groups that need outreach, culture specific language. So, if you speak Spanish or an eastern bloc language you might not be readily accessing services. We might be missing those folks. We try to do targeted outreach for those folks. As you know Upper Dauphin we are making improvements, but we still have a disparity of service available to residents in upper Dauphin. A little bit less access to outpatient and a little bit less access to in-home and community services. Homelessness has been a priority for us for at least ten years. Deaf and hard of hearing, HIV-AIDS, lesbian and gay bisexual transgender etc., age 60 plus and people with physical illness and disabilities. Again, our service system kind of struggles with any special population, but gradually over time we are developing strategies for each of those special populations.

Ms. Schultz: We did add an outpatient clinic site in upper Dauphin during this past year that serves primarily children in a school-based clinic model.

Mr. Eisenhauer: Again, the main focus of this five-year plan is how are you, the County, going to lead change in spite of no funding. So, we listed some transformation priorities that basically don't involve funding. It is changing how we do what we do. There is a little bit of training expenses in these priorities, but it is how we implement evidenced-based programs, how we continue to train staff in recovery and resiliency strategies to have consumers and family members be more involved, not just in how their services are delivered, but how they are monitoring services, being part of community boards, being a part of provider agency boards, participating in the MH/ID Advisory Board and Committees. We are continuing to work with our housing partners, the Housing Authority of the County of Dauphin, the folks from CASH on homelessness and housing opportunities. Again we are expanding our network beyond just the mental health system to try to take advantage of community resources for our consumers.

The funding – increase demand by about 50% and decrease the funding of the last five years of about 6%. We feel like we are not well-funded. It's almost gotten to the point where the current House version of the budget bill proposes about a 1% reduction in funds for the mental health program for next fiscal year. We actually consider that to be pretty good compared to other scenarios. We are at the point in our system where we say a 1% cut is not too bad as opposed to in the good old days we used to be able to count on at least a 2% or 3% COLA adjustment. For the last four years we've been sort of living on 1% or 2% cuts.

Mr. Haste: It sounds like some of our Retirement Board discussions we've had where you are losing money, but you feel good because you are not losing as much as everybody else is.

Mr. Eisenhauer: That is pretty much where we are in the mental health system. It could be worse.

Mr. Hartwick: It can't be much worse with system stuff. There are so many waiting lists. There are so many struggles and we are only in a reaction service mode. We support very little folks in the community after an episode of...it is one of the most stressed systems we have in all County government.

Mr. Eisenhauer: What we do to people is sort of the minute you get stabilized and start to progress we have to decrease the level of services to that individual so we can provide services to somebody else who needs them more now. My assessment of our system is that we just can't provide the appropriate amount of service intensity to the right number of people. Most people are underserved is the bottom line. They get something as opposed to nothing, but very few people are really having all their needs met.

Mr. Hartwick: That is why we are seeing them come back. It is worse than our criminal justice system.

Mr. Eisenhauer: The normal course of an adult with serious mental illness they have periods of time where their systems are kind of stable and there are periods of time where their systems kick up. When their systems kick up we try to provide more intense services and more support, but then as their systems subside we have no choice but to sort of withdraw those services. Where in a perfect world, we keep those intense services for awhile and we would really make sure people have a better chance at long term recovery if we had the resources to do it. Even though there is no funding available, the State asks us well if you had money what would you do and so we have a couple of ideas. Education and training, give providers an increase so they can give their staff increases. That is the other thing that we are doing. People in the system, this is the 4th year in a row that I stood in front of our providers and said submit a budget that is flat funded. Most of the staff working in most of our agencies has not had a salary increase for four years. That is a long time to work at the same level of pay in a high stress work environment with people with lots of needs. We are unfortunately burning out our workforce as well. We have staff turnover. It has become entry-level jobs and it is an ongoing concern. It is not just what we are doing to consumers that I worry about. It is what we are doing to our staff.

Mr. Haste: When you say our staff, you don't necessarily mean County staff.

Mr. Eisenhauer: I mean provider network staff. We also have to have, in addition to the big plan, three little mini plans within the plan. Dauphin County is fortunate enough to be a County that gets special funds from the State for homeless transition. We actually got a new opportunity for some additional funding. Rose wrote a very excellent grant I will say, because it was a competitive grant process involving many counties. I think Dauphin County got the second highest score proposal.

Ms. Schultz: Third.

Mr. Eisenhauer: We got additional funds. It is funds dedicated to getting adults with serious mental illness engaged in the mental health system. What we are going to be doing with those funds is increased outreach. There is very limited use. We can't use the PATH funds for treatment, even though we would like to use it for treatment. The State has rules for the funds, or the Federal government actually has the rules for what the funding can be used. We are going to increase our outreach step through a community provider. Downtown Daily Bread is our provider and we are going to be able to have them enhance their lunch plus program. One of the things we've learned is that a lot of adults with serious mental illness who are homeless don't necessarily trust Crisis Intervention. We thought the best place to put an outreach worker is with a provider that they know and trust. That is what we are going to do. Hopefully that person will work with the folks to get them engaged in our system better than we have. That is a new funding opportunity.

We also have to submit a housing plan. We have no new resources lately, but we did get some services through the HUD Continuum of Care. We partnered with the YWCA. We partnered with Shalom and Christian Churches United, but they are not direct funds to the MH program. We had some reinvestment from our HealthChoices Program a few years ago. We've also exhausted all those funds as well. We're mostly now working on maintaining what we have. We continue to work with our landlord and tenant relationships. We have adults with serious mental illness in traditional renting arrangements. They just need support to be able to stay where they are living.

We also have to have a supporting employment plan. This is again supporting adults with serious mental illness getting regular paid employment. As you know the economy is tough so opportunities to hire adults with disabilities is even tougher, but we are trying to work with the YWCA. We have to get folks to understand how to get to work, how to use the bus, how to use community resources, resources to find and keep a job and then we supply a job coach that helps people get one-on-one job training. As they learn the job, again, the support is withdrawn and eventually the person is working competitively either part-time or full-time, but they are getting competitive wages. We've had some success despite the economy. Employment is attainable. The quicker we can get people to a job instead of trying to go through job training and job preparation, the quicker we get people who want to work just get them working the more successful we are. We try to work around what individual's strengths and needs are. Some of these folks haven't had work histories for 10, 15 and 20 years. So, we are trying to retrain as we get people involved in the workforce.

Do you have any questions? (There was none.)

HUMAN RESOURCES

Mr. Haste: There are some that need voted on. Which ones are they?

Ms. Lengle: The items that I need voted on today are #4, #7, #8 and #11. Are there any questions on anything in the Packet? (There was none.)

It was moved by Mr. Hartwick and seconded by Mr. Pries that the Board approve Items #4, #7, #8 and #11 in the Personnel Packet.

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

PURCHASE ORDERS

Mr. Baratucci: You should have all received your Packet yesterday. There are a few budget adjustments to make as usual. I wanted to point out on Page 33 that large maintenance agreement for EMA is for the radio system that Steve was in to discuss. It is over \$1 million. Steve and I did talk a little bit about whether that is traditionally paid out yearly upfront. Steve is going to check to see if that could be paid in some type of

installment so it didn't all go out immediately. That is the amount that needs to be encumbered. Steve is working on the maintenance schedule for that. Unless you have any other questions, we'll fix up the over budgets and be back next week for approval.

TRAINING PACKET

Mr. Haste: Are there any items that we need to address today? (There was none.)

ITEMS FOR DISCUSSION

- A. Appointment of Jackie Cherrybon to the Fort Hunter Board of Trustees. Ms. Cherrybon's term will expire December 31, 2011.

SOLICITOR'S REPORT – WILLIAM TULLY, ESQ.

Mr. Tully: I have no changes to the draft report, but happy to answer any questions you might have. (There was none.)

CHIEF CLERK'S REPORT – LAURA E. EVANS, ESQ.

Ms. Evans: I would like to take this opportunity to introduce our new interns, Josh and Bree. They are in the back. We are very happy to have them here with us this summer.

The other item I wanted to note was that the Commissioners are taping the Comcast Newsmakers later today to highlight the County's summer concert series. Comcast is a sponsor of the festivals. No tax or ad dollars are used for this promotion.

COMMISSIONERS' COMMENTS

Mr. Pries: I would just like to give an overview of yesterday's Election. As the oversight for the Bureau of Elections and Registrations, voter turnout in Dauphin County was just below 20% County-wide. Our 509 voting machines at the 159 precincts and wards functioned very well. We had no major problems throughout the day even though we had upwards of over 1,000 write-ins around the County. All voting machines were tested multiple times and sealed to protect the accuracy of the voting machines. All the workers at our polling places received extensive training ahead of time on how to confirm the identity of voters, handle electioneering, and process the provisional ballots and more. I want to personally thank and on behalf of my fellow Commissioners and the row officers, the many volunteers, over 1,000 County-wide, who worked a very long day at the polling places throughout the County; which was made even longer by the rain throughout the day and the low turnout. Our County's Information Technology Department did a great job managing the website throughout the evening and updating the vote counts; which are still unofficial. The official vote count for all offices will start at 9:00 a.m. this Friday, May 20th in the Voter Registration Office and may take one to two weeks to complete due to the number of write-ins throughout the County. First up will be the County Commissioner position on the Democratic side. Absentee ballots

were included in the total numbers reported last evening except for nine precincts around the County that did not call in last night. They have now been counted and the race that is out there that folks are looking at is the Commissioner race on the Democratic side and Wendy Jackson-Dowe is currently leading by 16 votes. There were approximately 20 provisional ballots cast throughout the County and they need to be processed as well. The voting machines, which the prior Board of Commissioners, including Nick DiFrancesco, supported getting are state-of-the-art machines that are still proving to be a remarkably sound investment. We were able to upgrade our software four years ago in 2006 allowing the County to save millions of dollars it would have had to pay in purchasing new machines. I want to thank Nick, Jeff and George for being proactive in doing that several years ago when we had the opportunity.

Thanks to everyone who assisted yesterday. It was a long day. Without all the volunteers that worked the 159 polls it would not have been possible to have the Election run so efficiently.

PUBLIC PARTICIPATION

Mr. Haste: We are again at the point in time in the meeting 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. Pries and seconded by Mr. Hartwick the Board adjourned.

Respectfully submitted,

Laura E. Evans, Esq.
Chief Clerk

Transcribed by: Richie-Ann Martz