# DAUPHIN COUNTY BOARD OF COMMISSIONERS

## WORKSHOP MEETING

**JUNE 2, 2010**
**10:00 A.M.**

## MEMBERS PRESENT

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

Jeff Haste, Chairman (ABSENT)

## STAFF PRESENT

Chad Saylor, Chief Clerk; Marie E. Rebuck, Controller; William Tully, Esq., Solicitor; Gary Serhan, Deputy Controller; Dave Schreiber, Personnel; Fred Lighty, Esq., Human Services Director's Office; Dave Onorato, Commissioners' Office; Charles McElwee, Commissioners' Office; Kay Lengle, Personnel; Sue Cohick, Director of Children and Youth; Sandy Pintarch, Children & Youth; Chad Libby, Juvenile Probation; Peter Vriens, Director of Human Services; Leila Brown, Solicitor's Office; Mike Yohe, Director of Budget & Finance; Carl Dickson, Director of Parks & Recreation; Mike Pries, Director of Safety & Security; MaryAnn Boyer, Registration & Elections; Amy Richards, Commissioners' Office; Terry Kaufman, Solicitor's Office; Danielle Vayda, Solicitor's Office; Randy Baratucci, Director of Purchasing; Brenda Hoffer, Commissioners' Office; Jena Wolgemuth, Commissioners' Office and Richie-Ann Martz, Assistant Chief Clerk

## GUESTS PRESENT

Dr. James Leaming, Stacey Cleary and Kathy Hay

## MINUTES

## CALL TO ORDER

Mr. DiFrancesco, Vice Chairman of the Board, called the meeting to order at 10:07 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. DiFrancesco: We have three sets of meeting minutes, the May 19, 2010 Workshop Meeting, the May 26, 2010 Legislative Meeting and the May 26, 2010 Election Board Meeting, that we will take up at next week's meeting.

## ELECTION BOARD

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

## PUBLIC PARTICIPATION

Mr. DiFrancesco: We are at the point in time in the meeting for public participation. Is there anybody in the audience that wishes to address the Board? (There was none.)

## DEPARTMENT DIRECTORS/GUESTS

### A. Dr. James Leaming, MD, FACEP, Hershey Medical Center

#### 1. Immediate Myocardial Metabolic Enhancement Intermediate Trial

Dr. Leaming: Thank you ladies and gentlemen for letting me come in today to report on a research opportunity that we have here at Penn State Hershey called Immediate.

I'm a researcher at the Penn State Hershey Medical Center. I have been there almost four years now. We have an opportunity to participate again in a research project that I would like the chance to talk to you about today called Immediate.

Immediate is a nationwide study that is done to test whether giving an intravenous solution of a medication that contains glucose (sugar), insulin (something you use in diabetes) and an electrolyte called potassium (very common and found in things like bananas or orange juice). We are using this combination of medication to find out if it is helpful in patients at the first sign that they are having a heart attack. That is the premise of the research.

The research team locally is the Penn State Hershey Medical Center and one ambulance company, which is Life Lion EMS, which again is our hospital affiliated

ambulance company. The study is funded by the National Institutes of Health (NIH) and the National Heart, Lung and Blood Institute (NHLBI). We are working in conjunction with other institutions and it is primarily organized through the Medical Center in Boston, Massachusetts.

Enrollment in the trial is being done during emergency situations. Therefore, it becomes difficult in an emergency where patients are unconscious or are undergoing significant duress to adequately obtain an informed consent prior to starting a drug such as that which we are talking about here. They may not be physically able or emotionally able to understand the implications of being involved in a research study and to give adequate informed consent to participate. To test this combination of medication, glucose, insulin and potassium, at the earliest possible opportunity during these kinds of problems, such as a heart attack, it must be issued as quickly as we possibly can, understanding that this means sometimes prior to a patient getting to the hospital.

It is estimated that 8.5 million people have heart attacks every year. This is based on statistics from around 2007 from the National Institute of Health. Approximately 10.2 million people have angina episodes. Angina is heart pain, which can be the result of a decrease in flow to the heart itself. It doesn't always necessarily mean that it is a heart attack. Early recognition and treatment of these symptoms, we have learned from decades of research, is a prudent aspect of us either preventing them from going on to have a severe heart attack or preventing them from having a heart attack at all. That is what I do on a regular basis is to try to identify them early and manage them quickly.

The purpose of this study is to test whether using glucose-insulin-potassium, in a combination, at the earliest possible time in the treatment of threatened or established heart attack is beneficial. We would determine if the glucose-insulin-potassium can prevent the threatening heart attack from occurring at all and to find out for people who have already had a heart attack to determine if this solution decreases the amount of injury to the heart and thereby decreasing complications or possible death from a heart attack.

What is glucose-insulin-potassium? Glucose is the sugar that fuels the heart muscle itself, but also fuels all the other cells in our body. Insulin is a hormone that moves the glucose into the cells. Potassium or electrolytes is found in salts and is stored in the body. It is found in most foods. This solution of glucose-insulin-potassium would be compared to a placebo. A placebo is a standard IV solution of sugar and water. This provides us the opportunity to determine whether or not it is the affect of the medication or something else that was causing you to improve quickly.

People are randomly assigned, meaning about 50% of the time they will get a placebo and 50% of the time they will get the medication. I will be blind to the study and anybody else that is in contact with the patient. We will not know whether it is the glucose-insulin-potassium or whether it is the placebo that is injected into the patient.

Who will be in the study? You have to have signs and symptoms of a heart attack, which you can find on an EKG by paramedics and ambulances, you must be 30 years old or older, you can also have an EKG that shows signs and symptoms of possibly developing a heart attack, angina symptoms that can be seen on an EKG. It has to be more than a suspicion. It has to be a good probability.

Who will not be involved? People that are less than 30 years of age, people who are unconscious or unable to communicate, if you are unable or unwilling to comply with the study. In other words, I asked you if you would like the medication and you say no, you will absolutely not be forced into this kind of an opportunity. If you are undergoing dialysis for kidney disease or congestive heart failure, again we want to avoid giving you more fluid in that kind of a situation, if you are a prisoner or known to be pregnant. These are sort of fairly standardized ways of assuring that our patient population is not an at-risk kind of a group of people that we can do good things for. That still leaves us a large number of people that can be helped by this kind of research.

How is the patient enrolled? The patient must meet the study inclusion criteria that I described before. The patient will not be provided with full informed concept prior to receiving the study drug and this is an exception from informed concept, which is under emergency conditions. Again, this has to do with its difficult for people to give an informed consent under duress, such as a heart attack. It is a very emotional time, much less painful time for people to assume that they can give adequate informed consent at that time. We would be able to inform after we got that patient under control about what is going on and if they don't want to participate further we would stop giving them medication or if a family likewise says we don't want them involved, we can stop the medication as well.

The reason for the consent is we need to start these treatments early. We don't know the side effects that are possible as a result of giving you these kinds of treatments. That is the premise for the consent. One of the reasons we are here today is to give public disclosure about the possibility of starting this study. The patient may tell the paramedic that they don't want to be involved after being read this information by the paramedic. If the patient does not decline the study drug is started. Of course all these patients will receive the standard of care for managing patients who have suspected heart attacks or actual heart attacks. This will not preclude them from being treated as we always would. It would be in addition to their current management.

The emergency department would confirm the diagnosis that was made by the paramedics. We would then be given the opportunity at that point to further inform the patient of the opportunity to be involved in this study and make sure that we can get their consent. The glucose-insulin-potassium or placebo will continue for 12 hours. All other healthcare will remain the same. We will follow-up with these patients three times after they are discharged from the hospital.

What are the benefits of using glucose-insulin-potassium? It decreases the damage to the heart. It allows other treatments a better chance of working. Again, standard treatment is still the main stay.

What are the risks? There are unknown or unanticipated risks, which are difficult to describe. However, things like redness, soreness or inflammation at the IV site are common possibilities for getting an IV. It is very possible that just with our standard management, starting an IV can cause these kinds of symptoms, but we want people to understand. Potassium levels will change when given potassium. They may be high and they may be low, which can cause things like an irregular heartbeat or dizziness. We, of course, will be watching for those kinds of risks to develop. Blood sugar levels can change, again high or low when given glucose, which is a sugar. This may cause weakness, dizziness or thirst. Again things we look out for and manage as we would normally do in a hospital. As we are giving fluid, it could cause an increase of fluid in the lungs, which again is something that we can look out for and manage in the emergency department.

It is a nationwide study, again, not starting at Penn State Hershey, but we would be interested in being involved with the centers that are currently ongoing. It has been active since around 2005 in some centers. So, this is not a brand new study. We are being linked to it in our region and it allows us to contribute to the opportunity to help the people of Central Pennsylvania in a unique way.

It is a one year duration study with the possibility of renewal after that. It will be an ongoing 24 hours a day/7 days a week kind of study as is typical for our emergency kinds of conditions. We don't close the doors or turn off the lights.

As far as financial benefits to the patient, there are none in particular. Alternative procedures are none. Confidentiality is important to us. Information will remain confidential for the patient's care and access to medical records is very much restricted onto the guidelines that are listed (FDA, NIH, NEMC and IRB).

Quick summary – you are having symptoms of a heart attack, we would like you to be considered for the possibility of being involved in this study. You call 9-1-1 and Life Lion EMS cares for you. Paramedics will have information to read to the patients while in the ambulance. The study will be started in the ambulance, the paramedics will notify us in the emergency department at Penn State Hershey, which is the only institution which currently will be involved in it, that they are enrolled in the study and as we always do there is patient who is having a heart attack is coming. Then a detailed description of the study (informed consent form) will review what the study means. We will continue to do our good standard of care for patients who are being managed for heart symptoms. Thank you very much.

Mr. Hartwick: What have other test sites seen in the way of successful outcomes?

Dr. Leaming: We are approximately three quarters of the way through the total number of patients for all hospital systems. No interim analysis has been done other than to say there have been no adverse outcomes to require the trial to stop prematurely. There have been analyses of similar trials. Oftentimes the use of glucose-insulin-potassium at a later time has shown variable benefits. The evidence does show that there is a better than average chance that we might have some benefit if it is started earlier.

Mr. Hartwick: Diabetes runs in my family and you talked about the use of insulin and things that might increase somebody's blood sugar level. Is that something would prohibit somebody from being involved in the study if they come in and you find out they are diabetic?

Dr. Leaming: Very good question. For example if you, yourself, had diabetes and were managing it with insulin or with oral medication to control the blood sugar, I would be hesitant to give you glucose (sugar) to cause your blood sugar to be harder to control. If it is not a main condition or very well under control, it wouldn't necessarily preclude you from being involved, but we do have an exclusive that if you are a known diabetic we would prefer you not to be involved, because it would make your management much more difficult for you.

Mr. DiFrancesco: What happens to the case with the unknown diabetic?

Dr. Leaming: If diabetes is not known to you, if it can be quickly identified that it is a problem, we manage diabetes as a standard of management of patients every day in hospitals, we do have patients who come in with unknown conditions such as diabetes that can be exasperated by things like a heart attack or an infection. We find this out after the fact. Just like in a patient who is having a heart attack with standard of care or a patient who has an infection, we can manage those problems.

Mr. DiFrancesco: When the person gets in the ambulance and for whatever reason they appear to be conscious and coherent and says yes go ahead and start it. I don't have diabetes when they actually have diabetes. Is the glucose-insulin-potassium mix going to create a problem for that person who all of a sudden takes the heart attack into a whole different level?

Dr. Leaming: It could take the blood sugar control into a different level. If unbeknownst to you that you are diabetic and I'm managing you for a different condition and find this as a secondary problem, we will begin managing it. Being involved in this study will not change that.

Mr. DiFrancesco: You don't see this as an immediate health risk if someone gets injected with the medication…

Dr. Leaming: Absolutely not.

Mr. DiFrancesco: This was for public disclosure.

Dr. Leaming: What we do prior to the study is make sure that we have an opportunity to let the community that I'm a member of, understand what potentially we are doing and to get some feedback on those types of questions.

Mr. DiFrancesco: I would urge you to get together with Amy Richards, our Public Relations Director so that when she puts information out that we have the right message and the right information.

Mr. Hartwick: Who is with you?

Ms. Cleary: My name is Stacey Cleary and I work with Dr. Leaming. I'm the coordinator for the study. If anyone has any questions or concerns about the study they can reach Dr. Leaming and I at jleaming@hmc.psu.edu and scleary@hmc.psu.edu or 717-531-1707 Option 1.

**B. Sue Cohick, Director, Children & Youth**

**1. 2010/2011 Budget Presentation**

Ms. Cohick: First of all we would like to express our appreciation for your flexibility in allowing us to present today rather than the scheduled meeting tomorrow. We actually have to be in attendance at a meeting in State College sponsored by DPW regarding the Needs Based Budget.

Our presentation will be brief, just to allow you the opportunity to ask the questions that you have interest in us answering. We will provide you with some background information and then see where you want to go from there.

I would like to summarize the 2009/2010 fiscal year that we are currently in. I just want to emphasize that we are in a position where there is no over match that is being requested for the County. As we move forward in planning for the 2010/2011 fiscal year, you will note in the information that you received that we are looking at a 1.3% increase over the approved 2009/2010 budget. Probably more importantly than that, we want to highlight that the budget includes a decrease of 2% in the County match dollars.

There are some budgetary impacts that we want to highlight for you that we took into consideration as we looked at preparing the budget. There are some challenges related to Federal funding. We continue to see a decrease in Federal funds. There has been some increased attention by the Feds to some of our non-reimbursable for E costs. We also are looking at an increased number of children that are receiving adoption subsidies, which is good news, because our number of adoptions have increased, but in correlation to that so have our adoption subsidies for those children to support the families. We also have had some new programs that we are considering for the new fiscal year that although supported in the philosophy by DPW may not have been approved with dollars attached by DPW. For example, we are looking at bringing in

some additional support for some of our youth and families through mentoring services. The State, DPW, says that's great, but we are not able to provide any additional dollars to help support those initiatives. We are facing some challenges where we are really trying to be creative in some of our programming. Again, philosophically DPW supports us, but that doesn't mean they are attaching dollars to that. What we are counting on in our budget is that we continue to reduce the number of placements of children and youth, always evaluating to make sure that where the children are placed it is a safe environment, an environment that can assure the safety and well-being of the child, but looking at the least restrictive environment where that child can go. We, as well as JPO, have been successful in reducing placements over the last few years. In preparing the budget, we kind of projected a flat line, meaning that for placements next year we looked at what our rate is this year and we flat-lined it. We will not go above that next year, again, hoping that we would decrease that, thus reducing our reliance on the county over-match. Do you want any other information? Would you prefer we just address your questions at this point?

Mr. Hartwick: I've asked a ton of questions. I don't know if we need to belabor it today. The only question I have for Sandy is I was with Richard at the Court Improvement Project and he talked about a IV-E settlement that they finally reached with HHS and I would like to know if those numbers have been included in the amount of reimbursable IV-E costs that we are now, hopefully, going to be the recipient of as a result of that Federal settlement?

Ms. Pintarch: This settlement, all those funds do relate to our 2009/2010 budget, estimates and all the revenue that we anticipated through the settlement is included in our projections for 2009/2010.

Mr. DiFrancesco: What is driving the budget over-match, the $316,000?

Ms. Pintarch: There is probably no one single factor that would contribute to over-match. Sue already mentioned the increased number of adoption assistance subsidies which we are paying, which is a good thing. It means that children are moving from foster care into a permanent situation. We do have a growing number of children that qualify for special board rates, because they are exhibiting mental health or behavioral health issues. Also, we are not projecting a significant decrease in the number of placements. We are hopeful that will happen. Our budget is really predicated upon worst case scenario, just to prepare the county for what we hope is the maximum amount of county dollars that will be required. We also didn't include in our budget, the normal increases that are associated with the operations of Schaffner, which we support 100% through our budget. Again, Sue mentioned several new programs that we feel will be instrumental in maintaining youth in their own homes, hopefully reducing the reliance upon detention and out-of-home costs. Those are mentoring programs, some detention alternative programs for delinquent youth. We are also hoping to expand some truancy prevention and are getting a lot of attention right now from the local school districts and DJs in addressing those issues. We are very interested in working with local groups in trying to find some solutions to the growing truancy problems in

Dauphin County. Our budget also includes normal salary and benefit increases for staff. We also are anticipating continuing possible reductions in our Federal Title IV-E, which has been an issue that we have dealt with increasingly over the last four or five years and certainly is not a situation that is going to get any easier, although the Feds continue to implement new mandates, such as the fostering connections, which will increase our transportation costs per children in placement. Meaning, that if a child is placed from Harrisburg, they may be placed in a foster home in Millersburg, the Federal Act demands that we find transportation for that child every day round-trip back to the Harrisburg School District if it is felt to be in the child's best interest. Those are the kind of Federal mandates that we need to address in our budget, but along with those mandates has come no additional Federal funds. The Federal funding issue is a major issue in child welfare nationwide. I would wrap up in just saying that those are a number of contributing budgetary factors.

Mr. Hartwick: I just enjoy the trend going from the County match at close to $11 million down to the County match that is reduced by 2% over what it was last year. We are hopeful again, as we've been over the last two years, that we can reduce that county match at the end of our fiscal year based upon our success in reducing the out-of-home placements and transfer the larger amount of costs that we can to both State and Federal reimbursements, and reduce the reliance on county funding. I want to certainly say that Sandy and Sue have done a fabulous job. The fiscal part of this is so critically important. Can I have your public commitment to be here as long as I am, Sandy?

Ms. Pintarch: It depends. She has done a phenomenal job. The more that I understand this budget, we have been really able to work through shifting those costs and seeing a significant improvement to our system, while our taxpayers have saved millions of dollars in the process, which has been nothing short of remarkable. I'm really proud of what we have been able to achieve with JPO and C&Y, particularly for taxpayers as well. Kids are getting help and we are reducing our money that we are putting in to provide the help.

Mr. DiFrancesco: The example that is set here in Dauphin County, the fact that we are actually saving the State money through changes that we are implementing here in the way we care for our children is really a model that the State certainly should be looking at to institute other places. I'm not sure that same model works in every county, but I'm sure there are several counties out there… What did we save ultimately last year? Was it in excess of $2 million, which is more than any elected State leader has done for the State budget.

Ms. Pintarch: If you look at our grants, special State grants, have really increased significantly. It is enabling us to be one of the most advanced counties in the State in providing evidence-based practices to our families and children. I believe our grants, off hand, I would say they are almost doubling in the last two years. That is in recognition to the practices that Dauphin County has implemented and we have been recognized for that by the Department in additional funding.

Mr. Hartwick: The only thing that concerns me about the whole special grant allocation process is while we have seen measurable results and quite frankly it is the special grant dollars that have allowed us to continue the momentum and success. Depending on whom the next governor is they are going to view that as fair game in taking resources back when that would be penny-wise and pound foolish, because we have seen a total reduction in expenditures in the system rather than seeing the special grants now go away. It is an investment that has saved millions for pennies on a dollar.

Mr. DiFrancesco: We have said all along, the State should give us our money on a flat basis. Give it to us in the form of a block grant and let us use it as we feel we best can serve this community and we will get a lot more bang for the buck. I think while that is not the case in terms of policy, I think we are as close to it as we can get through these flexible grants and so forth that they have been giving us. The record is great. We are saving State tax dollars and County tax dollars. I believe we are putting a better service out on the street for the people that come through the system. We are getting a lot smarter with the way we do things and that when I say, we, the bottom line is all the professionals doing the job every day are the ones that have made this possible here in Dauphin County. Thank you very much.

Mr. Saylor: I have some questions regarding the current budget and the year-end.

Ms. Pintarch: I can make two comments that might explain some of the differences. If you look at some of our projections for 2009/2010 compared to 2010/2011, we have almost $2.1 million additional expenditures in the special grant line items. Those carry a minimal County match. Many of them are only 5% County match. Some are actually zero percent. That really accounts for almost half of the differences. Also, when I complete a budget, I budget for staff at 100%. Again, that is the worst case scenario. It would be good for us to have a full staff complement, but our staff turnover always results in some savings in our expenditures.

Mr. Hartwick: The worst thing you can do is budget $41 million and see placements in home and out-of-home placements increase exponentially, because when we finally do the needs based allocation anything beyond that $41 million is going to be 100% County taxpayer dollars. We need to estimate where we think we may be based upon current trends, but if you short change yourself in that process it all comes from County dollars.

Mr. DiFrancesco: I have an assumption that I want to confirm. The $4.5 million that we are under, a significant portion of that was because of the way we changed the way we deal with children. The way we deal with placements and so forth.

Ms. Pintarch: Correct.

Mr. DiFrancesco: The impact of that was felt.

Ms. Pintarch: We had significant reductions in placements, particularly with Juvenile Probation youth. When you talk about children being in placements, it costs anywhere from $150 to $300 per day. Every child that you can keep out of placement is a significant savings in our budget.

Mr. DiFrancesco: Now, looking at that, when you budgeted this did you budget for current trends or place trends?

Ms. Pintarch: Current trend, not a declining trend. Current numbers with some possible increases in the event there were additional arrests or we are seeing a significant increase in the number of referrals to our Intake Unit, both because of abuse, but also because of many of the stressers that families are experiencing, the current economy, families without housing, etc. We did not predict a continuing decrease in the number of placements. We are hoping for that. A lot of our practices are really geared towards that goal, but we did not budget to assume that would happen.

Mr. Hartwick: Any additional decreases in those placement costs are going to allow us, again, the flexibility within the budget to direct more of those dollars out of the formal system and more into the community-based service provision, which is going to save us additional money and also help us build up a network of those alternatives despite what is happening from the budget cut.

Mr. DiFrancesco: The only thing I would ask of you, it was a good presentation and great work. I would like to get a meeting scheduled before we vote on this to sit down and tear it apart.

Ms. Cohick: Are you asking for us to meet with just you to go through it?

Mr. DiFrancesco: Yes.

Ms. Cohick: Absolutely.

Mr. DiFrancesco: There is so much in transition right now. I do want to understand that over match a little bit better and so forth.

Mr. Hartwick: Make sure you handle that conversation both the detention and shelter reimbursements for both county-run and private-run and what that could mean from the budget impact.

Mr. DiFrancesco: Specifically, I really want to focus on the new programs that you mentioned. I would like to know a lot about those. Thank you.

## PERSONNEL

Ms. Lengle: Do you have any questions on the Personnel Packet? (There was none.)

## PURCHASE ORDERS

Mr. Baratucci: You should have all received your Packet yesterday. Outside of the normal budget adjustments that we have to make, if you have any questions right now I will try to answer them, otherwise, we'll have it ready for next week. (There was none.)

## TRAINING PACKET

Mr. DiFrancesco: Is there anything in the Training Packet that needs to be addressed?

Mr. Saylor: Commissioners, I do not see anything.

## ITEMS FOR DISCUSSION

A. Petty Cash Advance in the amount of $500 for the upcoming Parks & Recreation Music Festivals. **(***A VOTE IS REQUESTED***)**

B. Rutherfoord Insurance Binding for property (Travelers Insurance Co.), automobile (Travelers Insurance Co.), excess liability (States Risk Retention Group), crime (Travelers Insurance Co.) and excess crime (Great American Insurance Co.). **(***A VOTE IS REQUESTED***)**

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

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

## SOLICITOR'S REPORT

Mr. Tully: I have nothing to add to the report, but happy to answer any questions you might have. (There was none.)

## REPORT FROM CHIEF CLERK – CHAD SAYLOR

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

## COMMISSIONERS' COMMENTS

Mr. DiFrancesco: I would like to offer our condolences as a County to Commissioner Hartwick who lost his Grandfather this morning. I appreciate you coming in and living up to the Hartwick name, because he would have expected that of you. Your family is here for you.

## PUBLIC PARTICIPATION

Mr. DiFrancesco: We are at the point in time in the Agenda again for public participation. Is there anybody who would like to address the Board? (There was none.)

## 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