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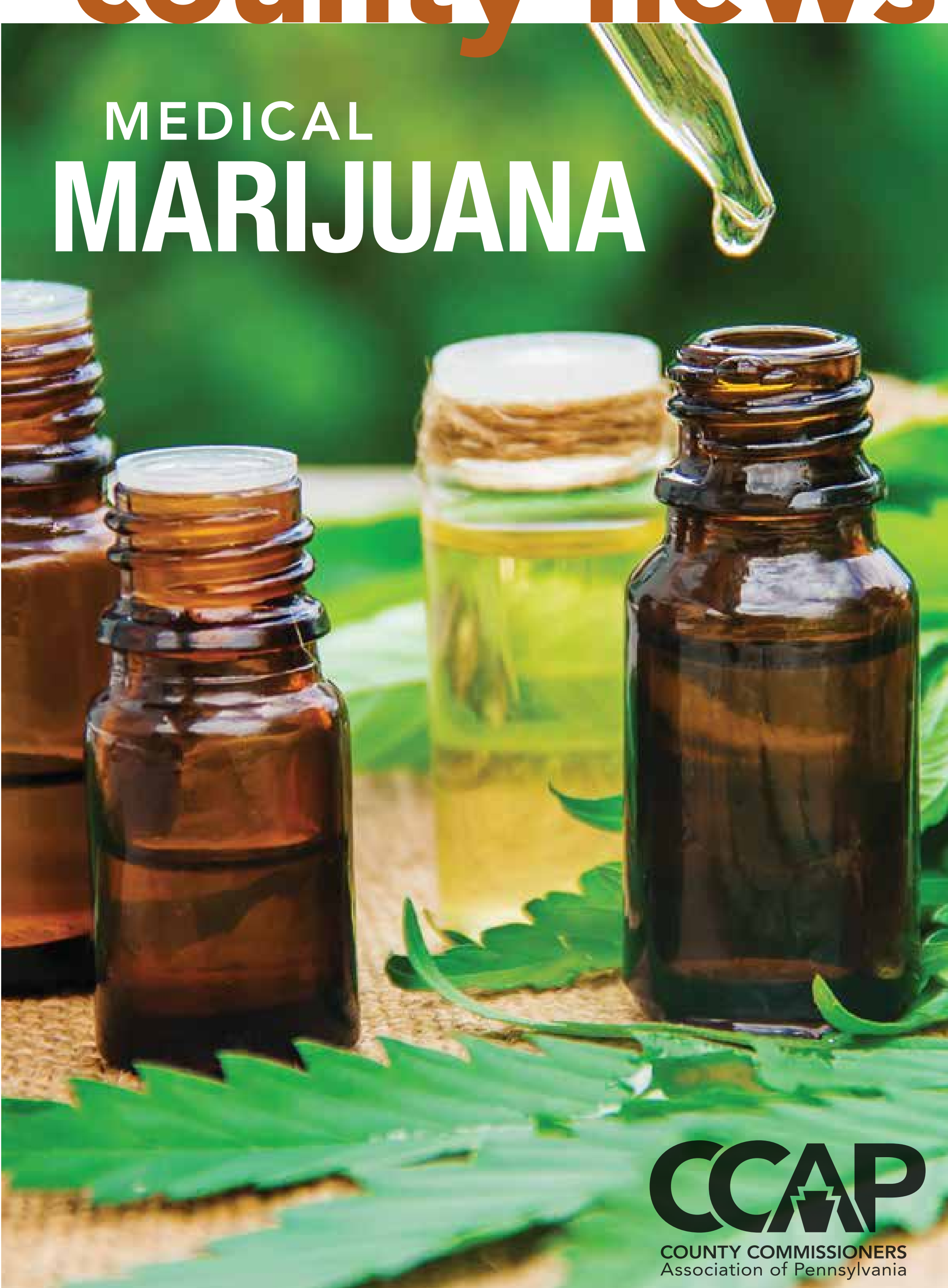

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To acquire an article idea submittal form for CCAP's *Pennsylvania County News* please email Ken Kroski at *kkroski@pacounties.org*.

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spring
2019

PENNSYLVANIA county news

MEDICAL MARIJUANA
In 2016, Pennsylvania legalized medical marijuana. The program has helped people suffering from serious medical conditions, but it has also presented legal and logistical challenges for counties.

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MENTAL HEALTH issues affect many aspects of our communities, as well as our criminal justice system.

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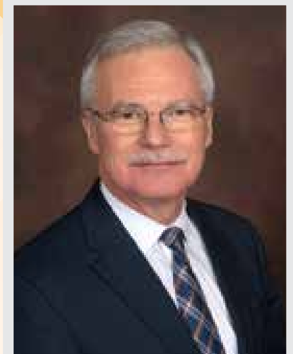

DOUGLAS E. HILL
Executive Director, County Commissioners Association of Pennsylvania

Volunteers Build Community

I've finally come to terms with it. I'm now "that guy." On a recent snowstorm morning, about the time the flakes stopped falling, I heard a noise outside. One of our 20-something neighbors was out front, shoveling our walk. Going back to grade school days, I've always shoveled our house and the properties of a half dozen senior citizen neighbors. But then I realized, to a 20-something I look like a senior, and most neighbors know the bit of heart trouble I had last year. So in his eyes yes, I'm "that guy" who needs some help.*

But his unsolicited assistance also reminded me of community life and by extension that "community" means coming together in many ways to help each other, for a common purpose and common good. Those walks I shoveled were part of my family transmitting to me their community service values, which in my younger days included maintaining our church's landscaping, mowing yards, helping one elderly neighbor read her mail and write her greeting cards, painting the community's Seasons Greetings street banners, lettering the tax collector's office door and window, and occasionally dispatching ambulances—well, more accurately answering the phone at the funeral home, which also back in the day had the community ambulance.

Today's question though is whether our traditions will carry forward; whether we can rely on that set of communal values. Healthy and vibrant communities necessarily require active involvement by the people, not just in deciding civic matters but in contributing time and talent to the provision of services. Yet many of our most important services find it increasingly difficult to get and keep those hands-on volunteers. Whether time pressures, change in values, the isolation of the electronic cocoon, or even a change in self-identification of community from real to virtual (Facebook, Snapchat, the Twitterverse), the connection and commitment to neighbors is not what it used to be.

I brought this up recently with a young man at my church who was wearing a fire company jacket. He comes up from the family tradition mold, going back to his grandfather. He has young children, and acknowledges the time commitments for fundraising and training in addition to the primary mission. Telling me that they sometimes have as few as four responders for their five trucks, he's also trying to help with recruiting. He says they do open houses and get maybe ten people out, and sometimes get two to return for more discussions. His commitment is deep, and after he tells me about an uncle who lost his life a few years ago in a warehouse blaze, his frustration shows. "I have friends who ask me why I do it, putting my life on the line for no pay. It's so sad that they just don't get it."

There is solid work underway to try to address the problem. The Legislature just completed a set of findings and recommendations on volunteer fire and EMS in its SR6 Study Commission report, itself a follow-up to the previous SR60 report and intended to provide specific action steps to implementing the full set of recommendations. CCAP is working on this issue as well, convening an EMS Task Force following its membership's adoption of a resolution calling for recommendations on county government can play a role. In a

> "You make a living by what you get. You make a life by what you give."
>
> **— *Winston Churchill***

different venue, a stakeholder work group convened by the PA Department of State is finalizing recommendations and guidance documents on recruiting, training, and retaining poll workers.

And there are groups working on the cultural basis for community service. The National Association of Counties a number of years ago teamed up with iCivics, a non-profit founded in 2008 by retired Supreme Court of the United States Justice Sandra Day O'Connor, that makes video games and other tools available that explain government and citizens' roles in sustaining its capacity to serve. My favorite effort is PaForward, a multi-pronged literacy project convened by the Pennsylvania Library Association, which has among its work groups one focused specifically on civic and social literacy. Its mission statement is to "envision a Pennsylvania where citizens have the knowledge and skills they need to improve their lives, to participate and contribute effectively to their communities, and to connect to one another through discourse."

Ultimately, our ability to support one another comes down to that set of people who recognize they grow and prosper in direct proportion to the ability of those around them to do the same, and that their role is to create a community where that can happen.

At the most recent meeting of my collegiate alma mater's board of trustees, during a break we brought in a handful of students to talk about their public service experience. We heard wonderful stories that substantiated the school's public service requirement, exposing new generations to our core traditions of public service. But one student in particular stood out. She described a compelling family and community background, and then talked about her most recent project.

She'd convinced the local school that they could develop STEM interest in grade school, second grade and above (although she expanded it to something like ESTEAM, including environmental and arts). She put together an after-school curriculum, a couple days a week over a couple months, worked with local stores on supplies, and gathered student, teacher and parent volunteers. A video clip of one of the sessions showed the delight each child had in that day's experiment.

But the trustees were taken even more by her comment at the end of her presentation, one I can only pray more of us could embrace: "I want to change the world. But I know that's a really big task so I'm pushing that off to 2020. For now I'll settle for changing a few lives."

**While picking up a diagnosis for arterial heart disease last summer, I've been blessed to maintain enough fitness that the cardiologist cleared me to run a half marathon six weeks after a stent procedure.*

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For more information about our vendor opportunities, please contact Mandi Glantz, director of member and vendor relations, at (717) 736-4739 or *mglantz@pacounties.org*.

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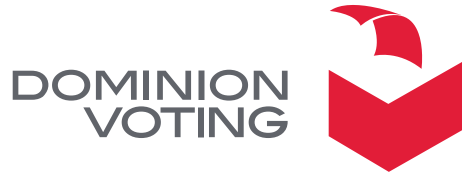

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The program has been successful due to total transparency of claim data and surplus returns that have generated cost savings to member counties.

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Pennsylvania's Scientific, Medically-Based Medical Marijuana Program is HELPING PATIENTS

The Pennsylvania Department of Health

In less than three years, Pennsylvania's medical marijuana program has transformed from a piece of signed legislation to an industry providing medical relief to Pennsylvanians suffering from 21 serious medical conditions.

On April 17, 2016, Act 16 was signed into law by Governor Tom Wolf. The act established Pennsylvania's medical marijuana program, providing a form of medication that was not previously available to Pennsylvanians who suffered from serious medical conditions.

Since the act was signed, the state's Department of Health has been hard at work to create a scientific, medically-based medical marijuana program and the infrastructure to support it. The department has implemented temporary regulations to enact the program; convened the Medical Marijuana Advisory Board; approved six training providers for physician continuing education; and approved four laboratories to test medication before it is delivered to patients, among other milestones.

NEW CONDITIONS AND NEW FORMS

"Medical marijuana assists residents throughout the state as they look for relief from a number of serious medical conditions," Secretary of Health Dr. Rachel Levine said. "Our program's success is the result of hard work by many dedicated people within the Department of Health and its Office of Medical Marijuana, and through the support of advocacy groups, the General assembly, and especially Pennsylvanians—the parents, doctors, and patients—whose tireless efforts have helped make the program what it is today."

"Over the last year, we have worked to increase access to medical marijuana by adding new conditions and new forms of products," Levine continued. "As we move into year two, we are working to get more grower/processors and dispensaries operating to continue the growth of our program to provide relief to patients close to home."

One new form of medical marijuana that has been introduced over the last year is the dry leaf form. Dry leaf was phased in at dispensaries starting in August 2018 and is now available at all operational dispensaries across the state.

The dry leaf form of medical marijuana provides a cost-effective option for patients, in addition to the other forms of medication already available at dispensaries, such as oils, pills and topicals. Under the medical marijuana act, dry leaf is only available for vaporization; it is illegal to smoke it. Patients should talk with their doctor or the medical professionals at the dispensary to see if the dry leaf form of medical marijuana is the best option for them.

IMPACT AND REACH

The state's medical marijuana program has permitted 25 grower/processors and 50 dispensaries, the maximum allowed under the law. All Phase I grower/processors are operational, and 45 dispensary locations are operational and dispensing product. Phase II grower/processors and dispensaries will be working to become operational during the first half of 2019. Nearly 600,000 individual dispensing events have occurred at medical marijuana dispensaries.

As of February 2019, the program has grossed more than $132 million in sales. This amount comes one year after the program's official implementation in February 2018. Implementation of the program required creation of new regulations involving coordination across many areas of the Department of Health.

The program recently reached 1,000 practitioners approved to certify a patient for medical marijuana, with more than 1,450 physicians registered. More than 116,000 patients in Pennsylvania have registered to participate in the program, and more than 83,000 have identification cards and are able to purchase medical marijuana at a dispensary.

ACRCS

Pennsylvania's program is different from other medical marijuana programs across the country because of the research portion of the program. Eight medical schools have been certified as Academic Clinical Research Centers (ACRCs), signaling the next step in moving towards medical marijuana clinical research in the commonwealth.

The research program, guided by Act 43 of 2018, allows for eight ACRCs and eight clinical registrants. Each ACRC must be an accredited medical school in the state that operates or partners with an acute care hospital that is licensed and operating in the state. The clinical registrants will hold both a grower/processor and dispensary permit and will work directly with the ACRCs.

"Pennsylvania's premiere medical schools will be able to help shape the future of treatment for patients not just here, but across the country." Levine said. "These are patients suffering from serious medical conditions such as post-traumatic stress disorder (PTSD) and opioid use disorder."

The eight medical schools are:

- Drexel University College of Medicine, Philadelphia;
- Lewis Katz School of Medicine at Temple University, Philadelphia;
- Penn State College of Medicine, Hershey;
- Sidney Kimmel Medical College at Thomas Jefferson University, Philadelphia;
- The Perelman School of Medicine at the University of Pennsylvania, Philadelphia;
- University of Pittsburgh School of Medicine, Pittsburgh;
- Lake Erie College of Osteopathic Medicine-Erie (LECOM); and
- Philadelphia College of Osteopathic Medicine, Philadelphia.

TIRELESS WORK

For the vast amount of work that the medical marijuana program has done to launch this industry, Governor Tom Wolf awarded the Medical Marijuana office from the Department of Health with a Governor's Award for Excellence for their exemplary job performance and service that reflects initiative, leadership, innovation and increased efficiency.

In 2017, the Medical Marijuana office was responsible for creating registries, ensuring the competent review of applications for Phase I and II grower/processors and dispensaries, and issuing Phase I permits to grower/processors and dispensaries.

"Implementing the Medical Marijuana program has truly been a team effort for the department, and the leadership the Medical Marijuana Office has shown is quite impressive," said Dr. Levine. "Our goal has been to ensure that this medically based program gives another option to sick patients, and our staff has worked tirelessly to ensure that has happened. I am honored to work with these members of my staff, and grateful for the great work they have accomplished."

For more information about the medical marijuana program, visit *www.medicalmarijuana.pa.gov* or follow the Department of Health on *www.health.pa.gov.*

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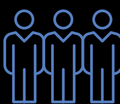

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My Medical Cannabis Journey

Senator Mike Folmer

Much has been accomplished since my medical cannabis legislation was signed into law in 2016. Twenty-five grower/processor and 50 dispensary permits have been determined. Patients have been receiving medicine as a number of these operations have opened across the commonwealth, with more to follow. It's sometimes hard to believe how far we've come.

My medical cannabis journey began in 2013 after meeting two mothers whose children suffered from seizures. These parents had tried many treatments but nothing worked. Medical cannabis was their last hope and they asked me to take the lead on legislation to bring it to Pennsylvania. While skeptical, I agreed to look at the information they shared with me.

At the time, I was going through my own (successful) cancer treatments. The chemotherapy sometimes made it difficult to sleep. So, I spent an entire night looking at both the materials they provided and other information I found on the internet. I decided to help.

After talking with my pastor and praying, I agreed to take the lead—some would say leap as the first bill I introduced had 17 co-sponsors but just one from my caucus. If not for Senator Don White, I would have been both the prime sponsor and the only Republican. Many eyebrows were raised and questions asked. How could a Bible believing, God-fearing Christian support the use of an illegal drug? My answer: because I am a Bible believing, God-fearing Christian.

It didn't take long before I started being called "Marijuana Mike," the guy who was trying to legalize a "gateway" drug. The federal government classifies marijuana as a Schedule 1 narcotic, which means they believe it has no known acceptable medical use and carries a high potential for abuse. Other Schedule 1 drugs include: heroin, Ecstasy, LSD, and Quaaludes.

Having done my research, I knew I was right: this God-given plant could help patients—particularly children—with their medical issues. My determination was reinforced by literally thousands of meetings with patients and parents. Seeing and hearing their stories, I couldn't imagine how you could look them in the eye and not try to help—to give them hope.

Ultimately, that help and hope became the legislation I successfully championed into law to bring medical cannabis to Pennsylvania. Note I call it "cannabis" rather than "marijuana" because I focus on the medical benefits rather than on the buzz, the high, or getting stoned. There's a huge difference.

Getting the votes to pass my bill took persistence: member by member, District by District, meeting by meeting. While some of my colleagues were reluctant or at best lukewarm supporters of my proposal, they all found answers for themselves in their hearts.

For some, it wasn't an easy decision. I continue to respect everyone's decisions—including those who were not able to support it. They all gave me the courtesy of listening and due consideration to the concepts and proposals I brought to them.

Fortunately, the final product was overwhelmingly passed by both chambers of the General Assembly and the Governor signed it into law.

Since then, growing, processing, and dispensing have allowed patients across the commonwealth to receive medicine. Patients and parents now have one more arrow in their quivers to battle their diseases, illnesses, and medical conditions. Patients have been—and will continue to be—my focus in bringing this much needed medicine to Pennsylvania.

Some patients have been travelling long distances to get their medication and all patients pay for their medicines out of their own pockets as medical cannabis isn't covered by insurance. We need to work to increase availability and reduce prices. Each new facility that opens should help with both availability and the price of medical cannabis products.

The one remaining—and key—piece of the medical cannabis program is research, often called "Chapter 20" because this is the part of the law where the research details are found. I believe the research component of Pennsylvania's 2016 law will make our commonwealth a leader in the nation on medical cannabis research.

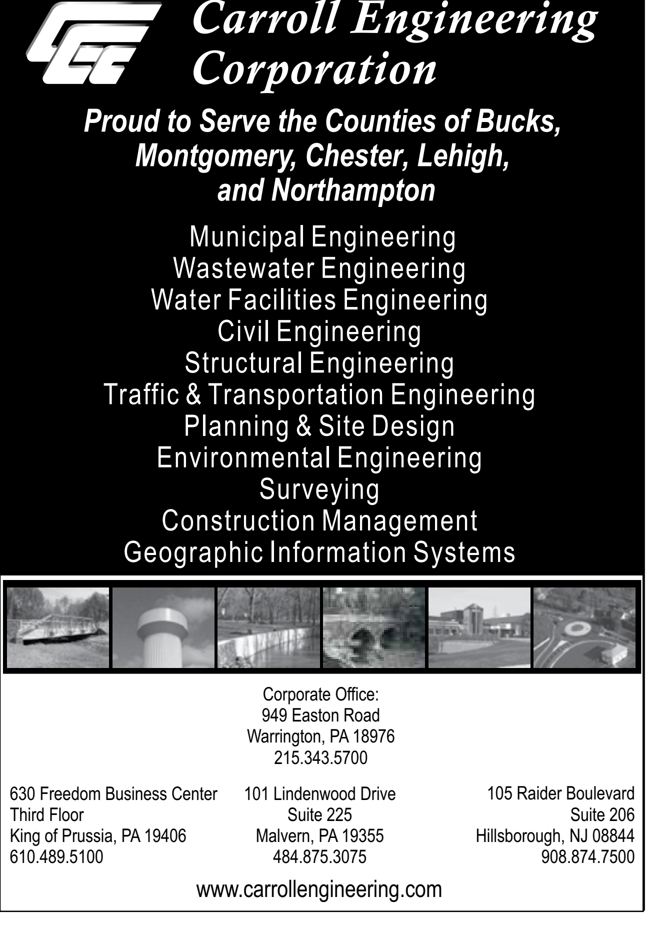
Under the provisions of Chapter 20, eight of Pennsylvania's nine medical schools were previously approved to join in medical cannabis research: Drexel, Temple, Penn State, Thomas Jefferson, University of Pennsylvania, University of Pittsburgh, Lake Erie College of Osteopathic Medicine and Philadelphia College.

Chapter 20 permits are in addition to the 25 grower/processor permits and the 50 dispensary permits (plus the law's five permit holders who are able to operate as both a grower/processor and as a dispensary). Chapter 20 provides for eight additional grower/ processor and dispensary permits.

I was pleased to be part of the efforts to bring medical cannabis to Pennsylvania and I look forward to its continued implementation. Of course, it's now easy to forget the sleepless nights when all I could think about were those we were looking to help: kids, parents, veterans, and others who suffer from diseases and debilitating medical conditions.

As is the case whenever facing difficult challenges, I prayed for guidance. And, as is often the case when you ask the Lord for help, the answers come in mysterious ways—sometimes through unexpected voices.

For me, the answer came through Senate Majority Leader Corman who said: "This issue is too big, it's too important, and there are too many people depending upon us to get it right." In the end, I'm proud to say "we got it right."



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Pennsylvania’s Medical Marijuana Law and

George Hartwick
Dauphin County Commissioner
Co-chair, CCAP Medical
Marijuana Task Force

Jeff Snyder
Clinton County Commissioner
Co-chair, CCAP Medical
Marijuana Task Force

When Gov. Wolf signed legislation legalizing medical marijuana into law as Act 16 in 2016, it created a number of questions for counties.

Some of these centered around county operations—what did counties need to know if their employees began using medical marijuana, or what implications might there be for insurance programs? Others focused on county programs and services—what might counties need to know if they encounter individuals using medical marijuana who are also enrolled in county services?

PENNSYLVANIA'S LAW MAKES IT LEGAL …

The original law allowed Pennsylvania residents to obtain medical marijuana for 17 specific serious medical conditions; in April 2018, the Secretary of Health approved the recommendations of the Medical Marijuana Advisory Board to add four additional eligible conditions, including dyskinetic disorders, neurodegenerative disorders, opioid use disorder and terminal illness. The Board also recommended adding anxiety and Tourette's syndrome in February 2019, but as this article is being written the Secretary was still reviewing those recommendations and had not yet approved them.

Act 16 originally allowed medical marijuana to be obtained in pill, oil, topical gel/cream/ointment, tincture or liquid format. On the recommendation of the Medical Marijuana Advisory Board, the Secretary of Health in April 2018 approved allowing patients to also obtain marijuana in a form "medically appropriate for administration by vaporization or nebulization, including dry leaf or plant form for administration by vaporization." The Board also recommended marijuana edibles be approved for sale when it met in February 2019, though this would require the General Assembly to amend the law.

Act 16 requires a physician to be registered with the state to be authorized to issue certifications to patients to use medical marijuana, and also requires patients and caregivers who wish to obtain or administer medical marijuana to register with the state. More than 116,000 individuals had registered as patients by February 2019, and nearly 1,000 physicians had been approved to certify patients to participate in the program.

More information on Act 16 and Pennsylvania's medical marijuana program can be found at: *https://www.pa.gov/guides/pennsylvania-medical-marijuana-program*.

… BUT MEDICAL MARIJUANA REMAINS ILLEGAL UNDER FEDERAL LAW

Although many states have taken action to legalize both medical and recreational marijuana, marijuana remains on the federal Drug Enforcement Agency's (DEA) list of scheduled drugs as a Schedule I substance. This means marijuana—whether recreational or medical—remains illegal under federal law, which may have implications for programs receiving federal funds. It also means that concrete answers on how medical marijuana should be addressed are few and far between.

CCAP'S MEDICAL MARIJUANA TASK FORCE

Because of all the unknowns around medical marijuana and the state's new industry, in August 2017, the CCAP Human Services Committee requested that the Association establish a Medical Marijuana Task Force. In particular, our charge was not to take sides in the debate over the merits of medical marijuana or to develop policy recommendations. Instead, we were asked to examine county-specific impacts and make sure counties had the information they needed to have thoughtful conversations in reviewing their own practices and policies.

In October 2017, we convened a group representing all of the CCAP policy committees as well as county human services staff from CCAP's six human services affiliates, in order to thoroughly examine the law. We sat down with staff for the law's prime sponsor, Sen. Mike Folmer, and received input from a number of other state associations of counties whose states have previously enacted medical and/or recreational marijuana laws from their experience. In addition, we also reached out to state agencies, state associations and other experts in various aspects of county operations.

WHAT SHOULD COUNTIES KNOW ABOUT THE MEDICAL MARIJUANA LAW?

Over the course of several months of meetings and discussions, it became clear that the most challenging aspect would be the lack of clear guidance due to the disconnect between state and federal law. For this reason, the Task Force was unable to develop recommendations for counties in how to address many of the issues that were raised.

For that reason, the report the Task Force issued in March 2018 serves primarily as a conversation tool for counties to engage their staff to see where the impacts may be and what policies may need to be updated as they relate to medical marijuana—from operational aspects such as employment policies and insurance programs to programmatic considerations for human services, courts and corrections and many others. Each section outlines relevant sections of Act 16, considerations related to other state and federal laws and regulations, and input from Pennsylvania counties as well as other states where marijuana laws have already been in effect.

In addition, the Task Force has identified several areas, particularly regarding human services programs, where further discussion will need to be held with the legislature and state and federal agencies to determine how they intend to view medical marijuana in conjunction with program requirements and funding eligibility.

Presentations and other materials reviewed by the Task Force are available on CCAP's Medical Marijuana Task Force webpage at *http://www.pacounties.org/GR/PagesMedicalMarijuanaTaskForce.aspx.*

The CCAP Medical Marijuana Task Force report covers questions and impacts around many areas, including:

- Workplace performance and restrictions
- Hiring/human resources considerations
- Accommodations
- Human services
- Use of medical marijuana in correctional facilities
- Insurance
- Veterans
- Land use and zoning
- Assessment and taxation

The full report can be found on CCAP's Medical Marihuana Task Force webpage at *www.pacounties.org*.

CONSULT YOUR SOLICITOR

While this report serves as a guide to help create awareness for Pennsylvania's counties regarding the impacts medical marijuana and Act 16 may have in their jurisdictions, it is not meant to offer legal advice. Counties should discuss these considerations with their solicitors to determine how they apply in their own circumstances and whether further action may be needed. Unfortunately, in many cases, given the conflicts between state and federal law, there are often far more questions than answers, and because of the legal questions that remain, CCAP will also not be developing sample policies around these issues.

MOVING FORWARD

Given the number of questions that remain to be addressed as the industry continues to develop in Pennsylvania, the Task Force may review this report on an ongoing basis and issue updates as necessary. Counties can also make use of the CCAP Listserv to learn from their individual experiences, and continue to raise questions to CCAP staff that may need to be considered for additions to future reports.

CASE STUDY:

HOW ONE COUNTY IS ADDRESSING EMPLOYEES AND MEDICAL MARIJUANA USE

Several counties have been discussing whether and how to update their policies to address the potential use of medical marijuana by employees under Act 16 of 2016. As part of an overall process to review the county's policies generally, Centre County updated its drug free workplace policy—required for all counties receiving federal funding to comply with federal guidelines—effective July 2018.

Previously, the biggest question the county had to address had been how to deal with the opioid epidemic, and under the county's policy it had been allowing employees to use opioid medication. However, while medical marijuana had become allowable under state law, the policy did not allow for medical marijuana to be prescribed to or used by employees.

"We felt our policy was out of balance," said Commissioner Mike Pipe. "We needed to appreciate the fact that opioids can be abused, yet we allowed for their use, and wanted to also give employees options to work with their doctors if they felt medical marijuana could be an appropriate treatment for them."

In addition, he noted that the county had a dispensary coming and also had a physician approved to certify patients to use medical marijuana. Pipe said the county put a lot of due diligence into its conversation on the issue with its solicitor. One concern they had was that they did not want to jeopardize the county's federal funding, but Pipe argued that the state receives billions in federal funding and had approved the medical marijuana law, yet that funding had not been withdrawn. Therefore, he felt it would be difficult for the federal government to penalize local governments.

In its policy, the county did not create any special conditions for use of medical marijuana by employees, though it does not that marijuana remains a Class 1 controlled substance. However, Act 16 allowed prison boards to determine whether or not they would allow use at correctional facilities, and in this case Centre County followed the example of the state Department of Corrections in prohibiting the use of medical marijuana by its corrections staff.

In the end, said Pipe, the county tried to strike a balance that would treat employees consistently regardless of the medical treatment they and their doctors determined was best for them.

While this report serves as a guide to help create awareness for Pennsylvania's counties regarding the impacts medical marijuana and Act 16 may have in their jurisdictions, it is not meant to offer legal advice. Counties should discuss these considerations with their solicitors to determine how they apply in their own circumstances and whether further action may be needed.

Medical Marijuana and the LAW

Christine Taylor Brann, Esq.
JSDC Law Offices

From Erie County to Philadelphia County, Pennsylvania's Medical Marijuana Program is in full-swing. This February marked the one year anniversary of medical marijuana sales, and already the Department of Health, which oversees the program, has awarded 25 grower/processor permits and 50 dispensary permits (with each dispensary allowed 3 separate sites). Currently, there are approximately 116,000 registered patients, not to mention the number of caregivers which exceeds 1,200 and over 1,000 registered physicians allowed to recommend medical marijuana. In terms of dollars, dispensary sales total $132 million as a result of more than 600,000 visits. This certainly suggests the program is helping its patients. In turn, Pennsylvania has received over $2 million in tax revenue.

As an attorney, I impress upon my colleagues that while they may not envision themselves as practicing in this field, medical marijuana permeates virtually every area of the law: corporate, employment, tax, education, family and real estate to name a few. The same goes for each of our counties. Although there is the more obvious physical structure of a grower/processor or dispensary, no county will be immune from medical marijuana. There are a myriad of ancillary businesses involved in the medical marijuana industry, including, but certainly not limited to, security companies, transportation services, landlords renting to medical marijuana organizations, doctors' offices and construction companies. Each county will inevitably be impacted in some fashion by cannabis.

FEDERAL LAW IMPACTS

Some of the issues that I have been contacted about involve schools wanting to know how to address a student or staff member who requires medical marijuana during the school day, a nursing home whose residents have asked for assistance in taking their medical marijuana, a veteran receiving medical treatment from a Veterans' Affairs hospital seeking medical marijuana, an employee who filed a worker's compensation claim but regularly relies on medical marijuana, and a financial institution concerned regarding the funds channeled to and from a medical marijuana organization.

One overriding issue that continues to have significant implications regarding most of these concerns is the impact of the existing federal law. Marijuana

remains classified as a Schedule I drug through the Controlled Substances Act, which means that it remains illegal. While there has been some movement on the federal level providing a sigh of relief, there remains inherent conflict even within the federal level, magnifying the uncertainty and exposure to anyone associated with medical marijuana. The Cole Memo, under the Obama administration, provided assurance to those in the medical marijuana industry when it essentially called off prosecutors and law enforcement from focusing on any organization operating in full compliance with their existing state law. However, those assurances were made more tenuous by Attorney General Jeffery Sessions' Memorandum dated January 4, 2018, which rescinded the Cole Memo.

Legislation has since been introduced to ease the minds of those operating or wanting to operate in this industry. The Veterans' Medical Marijuana Safe Harbor Act was introduced in the U.S. Senate in September 2018, which would allow a Department of Veterans' Affairs physician to discuss the use of medical marijuana as a form of treatment and participate as a registered physician under a state's medical marijuana program. The Restraining Excessive Federal Enforcement and Regulations of Cannabis Act of 2018 (yes, it is known as the REFER Act) was introduced to the U.S. House in January 2018, which restores the protections set forth in the Cole Memo: barring the Federal government from spending money on prosecuting individuals and businesses operating in compliance with their state marijuana laws. The Strengthening the Tenth Amendment Through Entrusting States Act (STATES Act) was introduced to Congress in June 2018, which would amend the Controlled Substances Act and prohibit any person or business acting in compliance with their state's marijuana laws from prosecution.

> As an attorney, I impress upon my colleagues that while they may not envision themselves as practicing in this field, medical marijuana permeates virtually every area of the law: corporate, employment, tax, education, family and real estate to name a few.

HAZY LINES

Similar to the increasing amount of proposed legislation advancing medical marijuana, Pennsylvania is also impacted by the 2018 Farm Bill, which removed marijuana's so-called cousin, hemp, from the Controlled Substances Act. Many now believe that as a result, hemp and its derivative, non-psychoactive component, CBD, are now legal. However, the FDA has said in no uncertain terms that it retains jurisdiction of hemp-derived CBD. Therefore, to simply say CBD is now legal is not necessarily accurate. If you have seen CBD products, which have popped up in health foods stores and farmers' markets around the commonwealth, you cannot assume its legality.

The uncertainty from the perhaps hazy lines between the legality and illegality of marijuana has not snuffed out the ever-growing support for marijuana. A recent Gallop Poll in October 2018 indicates that two in three Americans approve of legalizing marijuana, setting a new record high. It is also estimated that U.S. sales of marijuana will top $80 billion by the year 2030. In recognition of this growing support, Pennsylvania's Lt. Governor's statewide tour this year includes stopping in each county to discuss the topic of recreational marijuana. Several of those meetings have been standing room only and others have turned people away at the door.

Despite the rapid implementation and shift in the mindset of many regarding marijuana, our Medical Marijuana Act still calls for regulations that have not promulgated. The Department of Human Services is tasked with issuing regulations, as is the Department of Education. Without these regulations, the application of the Act in certain circumstances will be inconsistent. By way of example, even though the Department of Education has issued guidance as to the administration of medical marijuana in schools, there is no requirement that schools follow it.

I have spoken to solicitors from differing school districts which disclose drastically different policies. Some schools allow medical marijuana on campus, while others have threatened to call Children and Youth or the local police. This inconsistent, if not irrational approach in some instances, make it clear the law is still unsettled and individual perception of medical marijuana may influence how the Act is being applied.

RESEARCH

While the law both here in Pennsylvania and nationally continues to evolve, more research is being conducted on the medical benefits of marijuana. Pennsylvania should take pride because it is in a unique position to lead this research. As part of Pennsylvania's Medical Marijuana Act, up to eight approved academic clinical research centers may be established and contract with acute care hospitals for research purposes. Each of these research centers essentially acts as a grower/processor and dispensary and may provide medical marijuana up to six separate locations. When all eight permits are awarded, Pennsylvania will see an increase of another 48 dispensary locations within the commonwealth.

If you have not had the opportunity to visit a dispensary, you may be surprised to hear that many have the appearance of upscale jewelry stores, with cannabis products displayed underneath glass cabinets. For this reason, the ongoing research is necessary, as the trained medical professional at each dispensary is able to guide each patient as to what form and kind of marijuana is best suited to alleviate that person's condition. As Pennsylvania currently covers over 17 serious medical conditions, research will allow the list of covered conditions to expand. Most recently, as a result of the Pennsylvania's Medical Marijuana Advisory Board's recommendation, anxiety is now part of that list.

If this article causes you to raise more questions, then you are thinking around the right lines. The law surrounding medical marijuana (and hemp) is nuanced and complex, just like the serious medical conditions it may alleviate.

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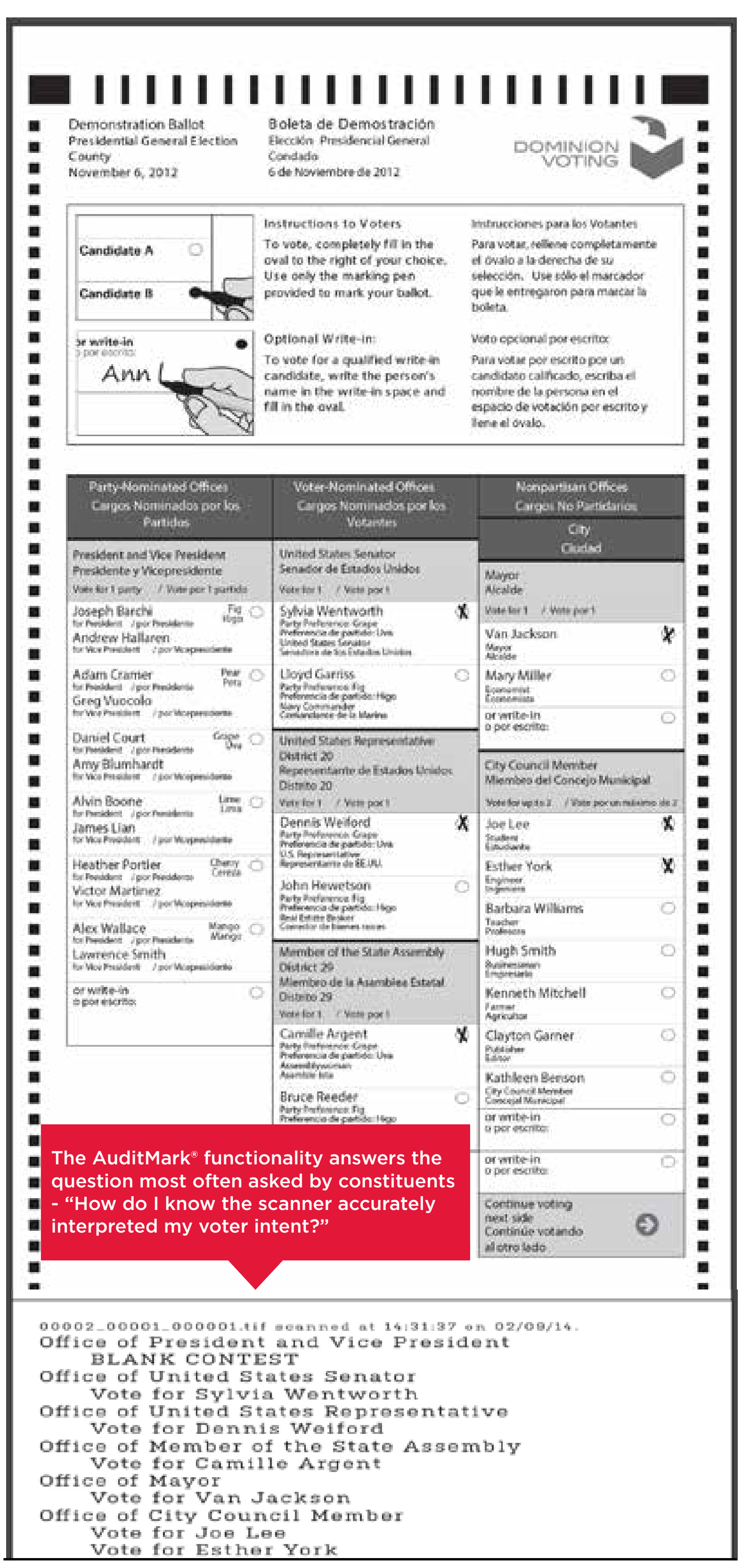
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President and Vice President / Presidente y Vicepresidente
Vote for 1 party / Vote por 1 partido
Joseph Barchi, Andrew Hallaren — Fig
Adam Cramer, Greg Vuocolo — Pear
Daniel Court, Amy Blumhardt — Grape
Alvin Boone, James Lian — Lime
Heather Portier, Victor Martinez — Cherry
Alex Wallace, Lawrence Smith — Mango
or write-in / o por escrito

Voter-Nominated Offices / Cargos Nominados por los Votantes

United States Senator / Senador de Estados Unidos
Vote for 1 / Vote por 1
Sylvia Wentworth (X)
Lloyd Garriss

United States Representative District 20 / Representante de Estados Unidos Distrito 20
Vote for 1 / Vote por 1
Dennis Weiford (X)
John Hewetson

Member of the State Assembly District 29 / Miembro de la Asamblea Estatal Distrito 29
Vote for 1 / Vote por 1
Camille Argent (X)
Bruce Reeder

Nonpartisan Offices / Cargos No Partidarios
City / Ciudad

Mayor / Alcalde
Vote for 1 / Vote por 1
Van Jackson (X)
Mary Miller
or write-in / o por escrito

City Council Member / Miembro del Concejo Municipal
Vote for up to 2 / Vote por un máximo de 2
Joe Lee (X)
Esther York (X)
Barbara Williams
Hugh Smith
Kenneth Mitchell
Clayton Garner
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Vote for Camille Argent
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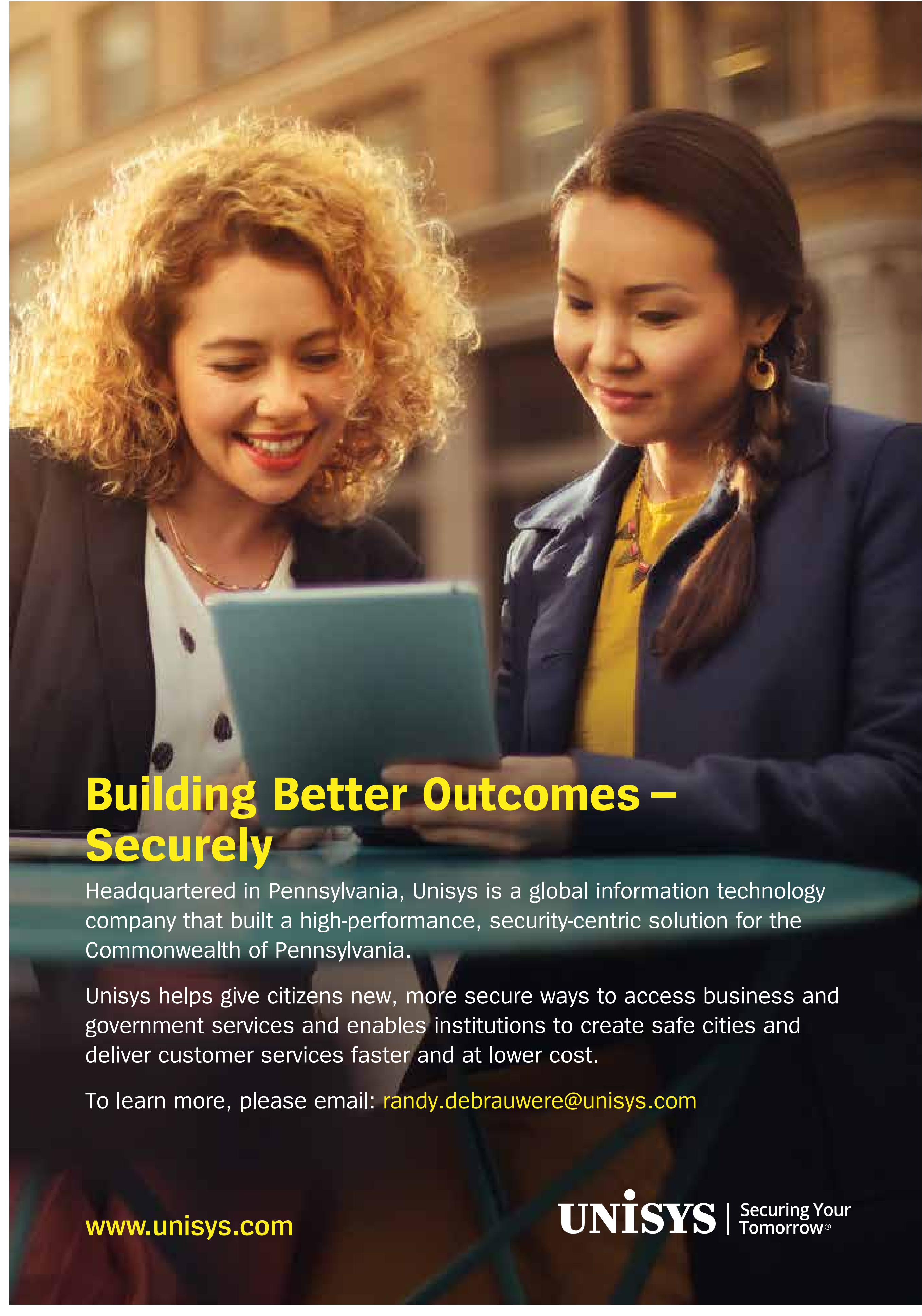

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HR Considerations

in the Age of Medical Marijuana

Marie Milie Jones, Esq.
JonesPassodelis, PLLC

The enactment by Pennsylvania legislators of the Medical Marijuana Act (Act of Apr.17, 2016, P.L, 84, No.16 codified at 35 Pa.C.S.A. 10231.101 et seq.) (MMA), creates challenges for all employers. Must employees who can legally use medical marijuana be treated differently than other employees? Does the fact that an employee needs medical marijuana render that employee disabled under the law? How do employers manage such employees? Does this change drug testing procedures? What other considerations associated with an employee who utilizes medical marijuana must employers address?

While the MMA became effective in May of 2016, the courts in this commonwealth have yet to address these types of questions. While courts in other states authorizing the use of medical marijuana can be a source of guidance on the legal implications arising in the employment context, at this point, it is appropriate for all Pennsylvania employers to "proceed with caution." Human resource professionals should remain vigilant when addressing matters related to employee use of medical marijuana.

QUALIFYING

The MMA permits the issuance of a medical marijuana card to a person who has a serious medical condition (delineated in the Act) and who has been certified by a physician as qualifying for the card. Outside the context of the MMA, a determination of having a serious medical condition triggers many considerations under federal and state law, prohibiting employers from discriminating based on a disability or the perception of a disability. A provision in the MMA though prohibits adverse treatment of employees on the basis of being certified to use medical marijuana. However, the propriety of treating an employee who can use medical marijuana differently may be dependent, in part, on the role the employee plays, the positions the employee holds and the applicable law for the circumstances.

Presently, federal law still makes illegal the use of marijuana as a Schedule 1 controlled substance. Therefore, federal law preempts the MMA. "Nothing in this Act shall require an employer to commit any act that would put the employer or any person acting on its behalf in violation of Federal law". (See Section 2103 (b)(3)) So if a county is subject to federal mandates in any area, it must follow those federal rules; employees would not be "saved" from adverse action by virtue of any protections against

discrimination in the MMA if federal rules were violated. For example, failure to comply with drug-free workplace programs funded by the federal government, failure to follow CDL licensing requirements. To the extent the federal law is changed, and recreational marijuana is deemed legal, at least in certain quantities or circumstances, these issues may be resolved differently.

Looking at state law, the Pennsylvania Human Relations Act (PHRA) prohibits discrimination against a person with a disability. Like claims made under the federal Americans with Disabilities Act, claims under the PHRA for disability discrimination require a showing that somebody has been treated differently due to their disability or being perceived as being disabled. For a person who uses medical marijuana, and who cannot be subject to discrimination under the MMA due to that status, an analysis of whether any adverse action relates to their status as "disabled" or being certified to have a medical marijuana card must be undertaken. For example, was the employee able to perform the functions of the job with the same standard of care normally accepted for the position? Was the employee treated differently because of knowledge of the cardholder status?

INTERACTIVE PROCESS

In terms of accommodating employees with disabilities, which arises in the context of employees with serious medical conditions generally, applicable law requires employers to follow a process to determine if an accommodation is possible and appropriate after engaging in an interactive process with the employee. This same process should be followed for medical marijuana-eligible employees.

While the MMA clearly prohibits discrimination against an employee who is a permitted user of medical marijuana, an employer may still implement and enforce policies which address and even restrict medical marijuana-eligible employees in certain ways while in the workplace. One size may not fit all in this context. Portions of the MMA specifically prohibit patients who have a card from performing certain functions, including working in public utilities or other high voltage electricity areas, working at heights or in confined spaces, performing anything which could be deemed life threatening to either the employee or any other co-worker, or performing duties that could result in a public health or safety risk.

Employers may, and frankly, should formulate policies which identify the circumstances under which someone with a medical marijuana card could still be in the workplace, setting limits on employees who serve particularized functions that could create liability for the employer if the employee was under the influence. Counties routinely employ persons in the types of jobs identified above, which would be prohibited by the MMA, and therefore, could restrict persons who use medical marijuana from holding these positions.

Employers need to focus their attention on the duties of a position to the extent the functions may be performed by the employee who will use medical marijuana. Positions which involve safety or security roles certainly could be restricted for a person who has a medical marijuana card, limiting them from having marijuana in their system that could impact their ability to perform their job functions. Critical functions with significant detail identifying if the position involves safety or security concerns should be included in job descriptions, giving the county employer protection when making a decision about who to hire for a particular role or when taking action against a cardholder employee.

The status of an employee possessing a medical marijuana card is another form of personal private health information. Accordingly, HR professionals must ensure that this form of employee data is also appropriately protected and maintained as confidential.

STANDARDS AND LANGUAGE

Drug testing standards for employers should be reviewed in light of the limits the MAA proscribes for those using medical marijuana. Aside from the federal law issues raised above, an employee who uses medical marijuana may have a limited amount of active THC in their system and still not be considered under the influence by the MMA standards, precluding adverse action based upon a drug test result. HR professionals and the third party vendors used for such testing should be wary of these unique requirements. One court in another state permitting the use of medical marijuana did find that failing a mandatory pre-employment drug test could be the basis for denial of employment, but that decision was based on a finding that no property right in the job yet existed.

Language in the MMA also restricts health insurers from reimbursing costs associated with the use of medical marijuana or costs related to an employer having to make accommodations for the use of medical marijuana in the workplace. Benefits personnel should be familiar with these limitations on coverage to ensure compliance and to verify if this might impact any employer paid programs like flexible spending accounts.

The status of an employee possessing a medical marijuana card is another form of personal private health information. Accordingly, HR professionals must ensure that this form of employee data is also appropriately protected and maintained as confidential.

Becoming better versed in the MMA, therefore, is critical both for addressing current HR matters as well as serving as a foundation for future issues arising out of possible full legalization of marijuana.

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Are Pennsylvania Employers and Insurers Required to Pay for Medical Marijuana?

Christopher Pierson, Esq.
Burns White LLC

When Governor Tom Wolfe signed the Medical Marijuana Act in April of 2016 (MMA) one of the questions employers and insurers that provide workers' compensation insurance in Pennsylvania asked was "Are we now required to pay for medical marijuana if prescribed for treatment of a work injury?"

Prior to April 2016, the sale, use, and distribution of marijuana was illegal in Pennsylvania under both state and federal law. However on April 17, 2016, the MMA was enacted which established a medical marijuana program in the State of Pennsylvania legalizing medical marijuana. After implementation of the MMA, it was unclear whether an employer would be responsible for payment of medical marijuana being prescribed for treatment of a workers' compensation injury. To date, the answer to the question remains largely unanswered; however, there has been some progress.

BEFORE AND AFTER

Under the Pennsylvania Workers' Compensation Act, an employer/insurer is required to pay for all reasonable, surgical, and medical services rendered by physicians or other healthcare providers as well as medicines, supplies, hospital treatment and orthopedic appliances. Prior to the enactment of the MMA, it was illegal in Pennsylvania to prescribe, sell, distribute or use marijuana under Pennsylvania state law. With the enactment of the MMA certain medical providers may recommend medical marijuana for treatment of the following specified "serious medical conditions":

1. Cancer
2. Positive status for human immunodeficiency virus or acquired immune deficiency syndrome
3. Amyotrophic lateral sclerosis
4. Parkinson's disease
5. Multiple Sclerosis
6. Damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity
7. Epilepsy
8. Inflammatory bowel disease
9. Neuropathies
10. Huntington's disease
11. Crohn's disease
12. Posttraumatic stress disorder (PTSD)
13. Intractable seizures
14. Glaucoma
15. Sickle cell anemia
16. Severe chronic or intractable pain of neuropathic origin or severe chronic or intractable pain in which conventional therapeutic intervention and opiate therapy is contraindicated or ineffective
17. Autism
18. Terminally ill: a medical prognosis of life expectancy of approximately one year or less if the illness runs its normal course.

Some of the above conditions are seen in workers' compensation claims, particularly claims involving chronic pain and post-traumatic stress disorder. The statute does not appear to necessarily limit the definition of "serious medical conditions" to the listed conditions, and even if it does, "chronic pain" would encompass many workers' compensation claims that exceed six months in duration.

VIOLATION?

Section 2102 of the MMA states: "Nothing in this Act shall be construed to require an insurer or a health plan whether paid for by commonwealth funds or private funds, to provide coverage for medical marijuana." Therefore, the MMA does not mandate that insurers, which presumably includes workers' compensation insurance carriers, pay for medical marijuana. Additionally, Section 2103 of the MMA states: "Nothing in this Act shall require an employer to commit any act that would put the employer and any person acting on its behalf in violation of federal law." Therefore, the MMA takes into account the practical reality that marijuana/cannabis remains a Schedule I substance under the federal Controlled Substances Act. Under federal law, cannabis is considered to have no current accepted medical use and a high potential for abuse, and its sale, purchase, use, and distribution is subject to criminal prosecution. Thus, while payment for an injured worker's Medical marijuana prescribed in Pennsylvania may no longer violate state law, it may still violate the federal Controlled Substances Act.

It appears an employer should still not pay for an injured workers' medical marijuana despite the passage of the MMA due to the potential violation of Federal law. However, the Pennsylvania Workers' Compensation Act provides for a penalty of up to 50 percent of the amount in question for failure to pay for a medical bill for treatment related to a work injury. This raises the question of whether an employer/insurance carrier should pay for an injured worker's medical marijuana to avoid imposition of a monetary penalty at the risk of being subject to federal prosecution for violation of the Controlled Substances Act. Clearly, it would be preferable to pay a monetary penalty pursuant to the Workers' Compensation Act than to risk prosecution under the Controlled Substances Act.

Additionally, the penalty under the Workers' Compensation Act is at the discretion of the Workers' Compensation Judge and is not mandatory. There will likely be litigation on this issue in the foreseeable future. An employer should argue that it cannot be ordered to pay for medical marijuana as long as it remains illegal under federal law, nor can a monetary penalty be assessed against an employer for refusing to do something that would risk federal prosecution. It has been suggested by some in the Pennsylvania workers' compensation community that an employer/insurer can avoid risking violation of the Controlled Substances Act by having the injured worker purchase the medical marijuana and then subsequently reimburse the injured worker for their out-of-pocket expense under the theory that somehow prevents the transaction from violating the Controlled Substances Act.

While the logic behind the theory may be questionable, this theory is apparently taking hold in some jurisdictions such as New Jersey, New Mexico, and Maine, but does not appear to have been specifically addressed in Pennsylvania, to date.

CHANGING LANDSCAPE

On the federal level, it appears the landscape may be changing towards legalizing employers/insurance carriers paying for medical marijuana. In 2014, Congress passed the Rohrabacher-Farr amendment, which prohibited the Department of Justice from spending funds for the purpose of interfering with the implementation of state medical cannabis laws. This bill must be reauthorized by Congress every fiscal year. Initially its implementation was limited due to a narrow interpretation by the Department of Justice. Additionally, Attorney General Sessions recommended against its renewal in 2017. However, it was renewed in 2017 and 2018, and the amendment remains in effect through September 30, 2019.

On June 25, 2018, the Food and Drug Administration (FDA) approved Epidiolex (Cannabidiol) for treatment of seizures associated with certain forms of epilepsy. This drug apparently does not contain THC, and therefore does not induce intoxication or euphoria. The agency has also approved Marinol and Syndros for therapeutic uses in the

United States, including treatment of anorexia associated with weight loss in AIDS patients. The FDA has also approved Cesamet. These three drugs contain other chemicals with similar components to THC, and therefore it appears the FDA is not totally opposed to approving treatment of certain conditions with cannabis derivatives that produce intoxication. While these drugs have only been approved for treatment of only a few conditions, it is common practice among health care providers to prescribe a drug to treat a condition not specifically approved by the FDA. This is commonly known as an "off label use".

Federal agencies are also authorizing the growing of research-grade marijuana for scientific study. For instance, the National Institute on Drug Abuse has contracted with the University of Mississippi to grow marijuana for research. The Drug Enforcement Agency also accepted applications to become registered under the Controlled Substances Act to manufacture marijuana for research purposes.

On October 10, 2018, the FDA issued a notice for public comment on the impact of drug scheduling on the availability of 16 substances for medical use, including cannabis, under the International Drug Scheduling; Convention on Psychotropic Substances. Comments were due by October 31, 2018. The comments obtained were used by the Secretary of Health and Human Services to prepare recommendations, for the World Health Organization to consider whether cannabis should be removed from Schedule I and reclassified or unclassified as a controlled substance under the Convention on Psychotropic Substances and UN International Treaty. If the United Nations removes cannabis from Schedule I and reclassifies it, this could pave the way for cannabis being removed from Schedule I under the United States Controlled Substances Act even without additional legislation. Section 811(d) of the Controlled Substances Act provides a mechanism for scheduling or rescheduling a controlled substance whenever the U.S. receives notice of a change in designation of a controlled substance under the Convention of Psychotropic Substances.

Finally, on February 28, 2019, New Jersey Senator Cory Booker reintroduced a new version of the 2017 Marijuana Justice Act to legalize marijuana nationwide and expunge federal convictions for possession or use of the drug. The bill was introduced with California Representatives Ro Khanna and Barbara Lee who is co-chair of the Congressional Cannabis Caucus. Senators Kirsten Gillibrand (D-NY), Bernie Sanders (I-VT), Ron Wyden (D-OR), Kamala Harris (D-CA), Jeff Merkley (D-OR), Elizabeth Warren (D-MA) and Michael Bennett (D-CO) all co-sponsored the bill.

CONSIDERABLE INTEREST

While it is unlikely the bill will move forward in the Republican controlled Senate, its introduction and support by 2020 Democratic presidential candidates shows there is considerable interest on this issue. Even if a bill were to pass, and be signed into law there also remains the issue that the United States is bound by a U.N. treaty to maintain the classification of cannabis as a Schedule I drug. However, Canada, a signatory to the U.N. Convention, has already broken the ice on medical marijuana at the Federal level without any apparent consequences on an international level. In October of 2018 the Cannabis Act went into effect in Canada which legalized the production, sale and use of Medical marijuana in Canada. There has been no apparent negative consequences against Canada on the international level for legalizing medical marijuana.

In conclusion, it appears that for the immediate foreseeable future employers/insurers should deny payment or reimbursement for medical marijuana even if related to a work injury in order to avoid potential prosecution under the Federal Law. The MMA does not require payment for medical marijuana by employers, and the Pennsylvania Workers' Compensation Act only provides for a limited potential monetary penalty for failure to pay for medical treatment of a work injury. However, if the federal government removes the Schedule I designation from cannabis then employers and insurance carriers may begin to pay for medical marijuana for treatment of certain work injuries under the Pennsylvania Workers' Compensation Act without risk of criminal prosecution.

County Appointments to State Agency Boards

Board	Name	County
911 Advisory Board	Val Arkoosh	Montgomery
911 Advisory Board	Mark McCracken	Clearfield
911 Advisory Board	Robert Snyder	Forest
911 Advisory Board	Jim Hertzler	Cumberland
911 Advisory Board	Jim Kenney	Philadelphia
911 Advisory Board	Rich Fitzgerald	Allegheny
AOPC MDJ Security Task Force	Todd Graybill	Juniata
AOPC MDJ Security Task Force	Brinda Penyak	CCAP
ATV/Snowmobile Advisory Committee (DCNR)	Robert Snyder	Forest
ATV/Snowmobile Advisory Committee (DCNR)	Brian Smith (alternate)	Wayne
Ben Franklin Technology Development Authority Board of Directors	Brinda Penyak	CCAP
Board of Trustees of Clarks Summit State Hospital	Alan Hall	Susquehanna
Chesapeake Bay Program's Local Government Advisory Committee	Ed Bustin	Brradford
Constables' Education and Training Board	Rodney Ruddock	Indiana
Council of Trustees of California University	Anthony Amadio	Beaver
Council of Trustees of California University	Larry Maggi	Washington
Council of Trustees of Mansfield University	Susan Kefover	Potter
County Probation and Parole Officers' Firearm Education and Training Commission	Larry Maggi	Washington
County Records Committee	Wendell Kay	Wayne
Dairy Advisory Committee	Erick Coolidge	Tioga
Delaware River Joint Toll Bridge Commission	John Christy	Monroe
Department of Agriculture Emergency Food Advisory Committee	Alice Gray	Juniata
Department of Agriculture Emergency Food Advisory Committee	Brinda Penyak	CCAP
DEP Low Level Radioactive Waste Advisory Committee	Jo Ellen Litz	Lebanon
DEP Sewage Advisory Committee	Matt Quesenberry	Elk
DEP Solid Waste Advisory Committee	Matt Quesenberry	Elk
DEP Storage Tank Advisory Committee	Mike Pries	Dauphin
Governor's Advisory Committee on Probation	Bob Thomas	Franklin
Governor's Census 2020 Complete Count Commission	Brinda Penyak	CCAP
Governor's Advisory Council on Rural Affairs	Susan Kefover	Potter
Governor's Invasive Species Council	Robert Loughery	Bucks
Local Government Advisory Committee	Dave Pedri	Luzerne
Local Government Advisory Committee	Harlan Shober	Washington
PA Workforce Development Board	Diane Ellis-Marseglia	Bucks
PA Workforce Development Board	Michael Pipe	Centre
Pennsylvania Commission on Crime and Delinquency	Diane Ellis-Marseglia	Bucks

Board	Name	County
Pennsylvania Convention Center Authority	Robert Loughery	Bucks
Pennsylvania Long-Term Care Council	Ted Kopas	Westmoreland
Pennsylvania Municipal Retirement System	Jeff Pisarcik	Jefferson
Pennsylvania Redistricting Reform Commission	Kathy Dahlkemper	Erie
Great Lakes Commission for the Commonwealth of Pennsylvania	Kathy Dahlkemper	Erie
Sheriff and Deputy Sheriff Education and Training Board	Wayne Nothstein	Carbon
State Agricultural Land Preservation Board	Dennis Stuckey	Lancaster
State Conservation Commission	MaryAnn Warren	Susquehanna
State Geospatial Coordinating Board	Kathi Cozzone	Chester
State Geospatial Coordinating Board	Erick Coolidge	Tioga
State Planning Board	Ben Kafferlin	Warren

Please join CCAP in welcoming the following new Associate members.

Unisys

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Unisys is a global information technology company that builds high-performance, security-centric solutions for the most digitally demanding businesses and governments on Earth. Unisys offerings include security software and services; digital transformation and workplace services; industry applications and services; and innovative software operating environments for high-intensity enterprise computing. In June 2014, Unisys and the commonwealth launched a first-of-its-kind initiative that promises to transform how state agencies acquire IT services. Through this initiative, called Pennsylvania Compute Services (PACS), Unisys is providing and operating one of the largest, secure, cloud-based, on- demand IT computing implementations by a state government. Unisys is teaming with CCAP to provide PACS through COSTARS to local government entities in Pennsylvania.

Rayliant Asset Management

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Rayliant Asset Management (RAM) is an institutional investment firm focused on county and municipal pension plans. RAM delivers innovative asset allocation and factor-based investment solutions ranging from quant-active smart beta to alternative and multi-asset strategies. RAM seeks to have a broad impact on the industry not just through research and results, but by how we operate and interact with clients. We pride ourselves on our knowledge of government retirement plans and their needs.

COSTARS—Commonwealth of PA, Bureau of Procurement

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COSTARS-the commonwealth's multi-award cooperative purchasing program allows county governments to purchase most goods and services without the time and expense of formal bidding by using the state's competitively bid and awarded contracts. Counties may choose from more than 2000 pre-approved suppliers to purchase vehicles, IT Hardware and software, road salt, equipment, voting systems, and much more. In FY2018, PA county governments purchased more than $113 million through COSTARS.

MGT of America Consulting, LLC

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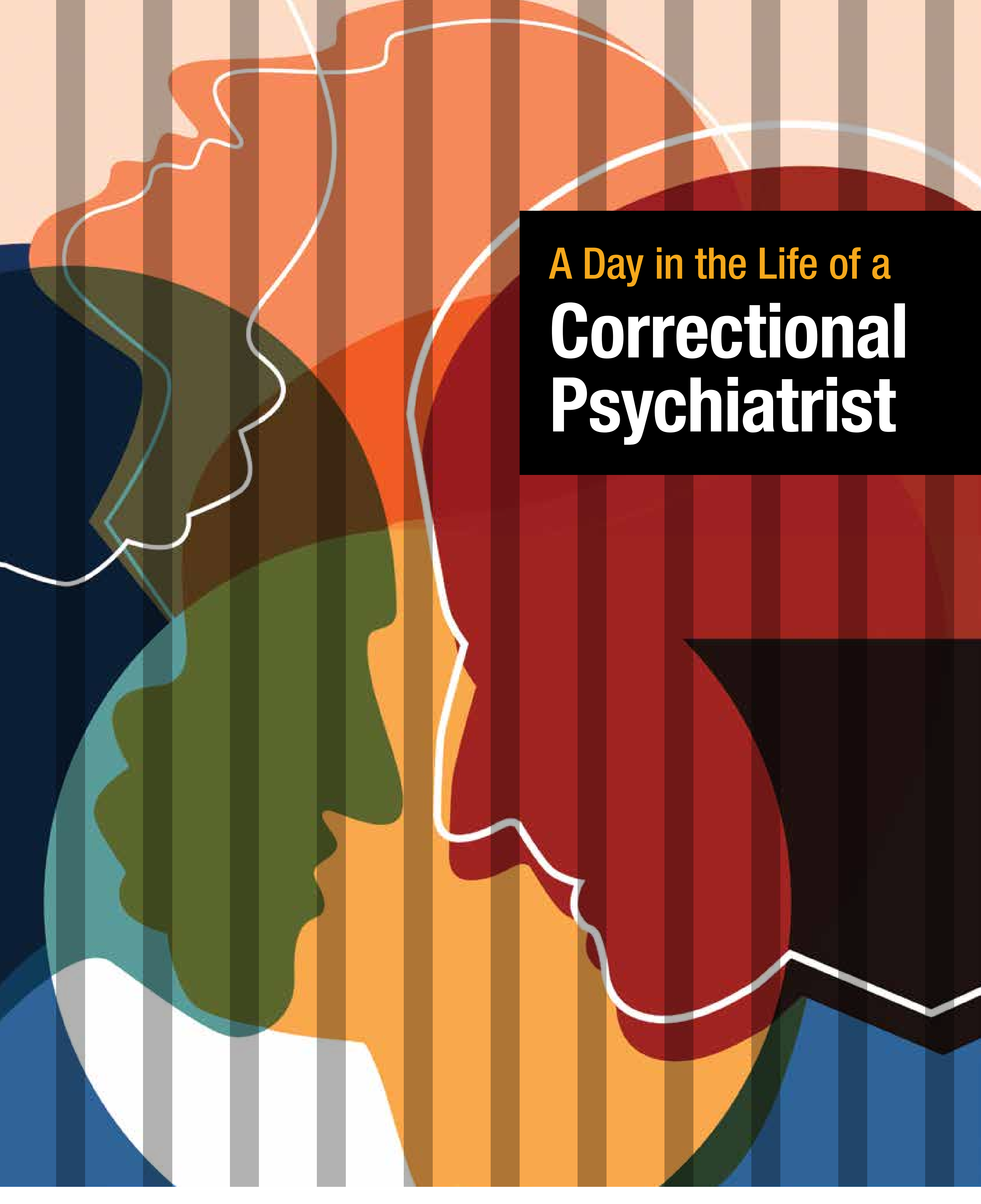
MGT Consulting Group is a national research and management consulting firm specializing in providing management studies and financial cost accounting services to public-sector clients. Our services include: indirect 2 CFR Part 200 Cost Allocation plans, user fee/ cost of service studies, and cyber security risk assessments.



A Day in the Life of a Correctional Psychiatrist

Dr. Pamela Rollings-Mazza
Director of Psychiatry
PrimeCare Medical, Inc.

The number of incarcerated mentally ill has significantly increased over the last ten years. Thus, a review of literature, including textbooks, articles and news reports, highlight the evolution of a subsection of psychiatry—correctional psychiatry.

I am a 'jail' psychiatrist. In the last ten years I have witnessed firsthand the aforementioned increase in the number of seriously mentally ill patients in our county jail facilities. This trend is closely associated with a decrease in access to psychiatric services in the community, a shortage of the number of psychiatric providers, closure of acute care psychiatric beds, and a lack of general mental health supports in the community.

Unfortunately the county jails and prisons have become the de facto mental health systems of care. This has put a strain on the mental health providers in the system. A daily schedule for a correctional psychiatrist requires knowledge of in-patient psychiatry and out-patient psychiatry, along with an understanding of the legal/political system and limitations of the correctional environment.

Psychotic disorders, affective disorders, intellectual disabilities, and cognitive disorders are difficult to manage in traditional health care settings, but in correctional facilities the challenge is far greater. I will use the rest of this article to provide you a glimpse into A Day in the Life of a Correctional Psychiatrist.

THE START OF THE DAY

It's Monday, 8 a.m. As I am navigating the various doors, locks and security barriers I am met by a CERT officer who is concerned about patient J.R., who was arrested in a local park for urinating in public. He was apparently very agitated and described as confused. He was charged with disorderly conduct and public urination. He was believed to be intoxicated. His hygiene was very poor. He apparently was transported initially to the local emergency room. In the ER his clothes were removed and he was placed into a hospital gown. When they removed his shoes the odor was indescribable. J.R was found to have a necrotic toe on his left foot, the recommendation was amputation.

J.R. became extremely agitated in the emergency room and assaulted a nurse. J.R was subsequently charged with assault and eventually transferred to the jail. The CERT officer reports that he has been in the facility 48 hours, he is on suicide watch because he refuses or is unable to provide any meaningful answers to questions. He is not eating or sleeping. Most importantly he is refusing to allow medical staff to examine him or address the necrotic toe. Some collateral history indicates a history of schizophrenia, with no recent follow up or treatment. He does have a history of in-patient treatment. J.R. also has a history of comorbid alcohol use disorder. The CERT officer's concern is obviously justified.

As I approach the segregated housing situation where J.R. is on suicide watch and constant observation I am distracted by a patient, A.C., standing at another cell door. A.C. is also new to the facility. A.C. obviously has Downs Syndrome. The officer informs me that A.C. was admitted on Saturday from a local group home. He has been charged with stalking. He has no diagnosis of severe mental illness but due to his intellectual impairment he is being housed in a segregated area for safety reasons. I checked on him later and within days his family was able to transport him to another facility.

COURT ORDER

Meanwhile, J.R.'s assessment is difficult at best. He presents as disoriented and agitated. He is pacing naked in the cell. The cell is littered with food and trash. He is unable to hold any conversation and will not allow for evaluation. This case is not uncommon.

Fast forward, through the course of his incarceration J.R had numerous trips to the local emergency room for vitals, fluids and labs. A petition for involuntary inpatient treatment (a 304) was pursued with application for expedited placement to the State Hospital. Application was made for a guardian to be appointed in order to pursue treatment for the necrotic toe. J.R. was noncompliant with taking any of his psychotropic medication. His condition continued to deteriorate. He became a risk of imminent serious harm to himself and the determination

was made to pursue emergency court intervention in the form of an order allowing forced medications and assessments.

J.R., in accordance with the court order, was started on psychotropic medication, his parents gained guardianship and provided consent for treatment of his necrotic toe. J.R was eventually transferred to local hospital for surgical treatment and subsequently transferred to an in-patient psychiatric facility.

"Meanwhile, J.R.'s assessment is difficult at best. He presents as disoriented and agitated. He is pacing naked in the cell. The cell is littered with food and trash. He is unable to hold any conversation and will not allow for evaluation. This case is not uncommon."

25 PATIENTS TODAY

Getting back to the day at hand, the Monday schedule progresses to a patient list of 25. The diagnoses range from insomnia to depression, anxiety and psychosis. A highlight of the day is patient C.W. C.W. has been incarcerated several months. His clinical course in the facility started with severe psychosis and numerous suicide attempts. One of these attempts resulted in a prolonged stay in the ICU. C.W. recently returned from the State Hospital. He spent three months at the State Hospital where he participated in medication management and therapy. He was stabilized on a long acting injection. He showed significant improvement. C.W. is now slated for release. The county mental health care program is working with C.W. He has been assigned a case manager. Housing in a group home is pending and the plan is for him to continue with the long acting injection. It is also encouraging when the system works and one of your patients is on a good path moving forward.

Patient D.T. is also seen for follow up. D.T was arrested outside a convenience store as a result of threatening other customers and refusing to leave. He was charged with making terroristic threats and disorderly conduct. Upon intake to the jail he was notably malnourished and had a navy seal tattoo on his left bicep. During transport to the county jail he informed the transporting officer he had nothing to live for, wished he was dead and that voices from the war told him to hurt himself.

Upon intake D.T. was lethargic, a poor historian and denied any mental health issues or drug use. He refused to sign an authorization for the release of medical information. Due to his comments to the transporting officer, his responses to certain questions during intake and the fact it appeared that he had recent cuts to both wrists, D.T. was placed on a Level I suicide watch. Attempts to learn any historical information were hampered due to his poor recollection and the lack of knowledge of a current/recent address.

BECOMING COOPERATIVE

Security attempted to find out additional information including contacting Veterans Affairs. Involvement with the VA was confirmed. His medical and mental health history was rather benign other than a diagnosis of PTSD. Absent an authorization, it was impossible to learn of any possible drug and or alcohol treatment history. D.T.'s interaction with medical was limited at first. However, after a couple of days he became cooperative. He was seen by the mental health clinicians and was stepped down from suicide watch.

During a follow-up mental health appointment he acknowledged suffering from PTSD as well as anxiety. He ultimately signed an authorization and records were obtained that also revealed a history of hypertension, heroin use and more recently use of synthetic marijuana. Additional criminal records were obtained which showed a history of numerous arrests over the past 14 months for various similar charges. It did not appear that he had a permanent address for the past two years and no family. D.T appeared for his initial arraignment. Despite a modest bail being set he could not post it and as a result was remanded to custody.

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Despondent over not being released he refused all future interactions with medical and mental health staff. He also professed that as a former navy seal he could survive for weeks on water alone. D.T. started a hunger strike, refused all medications and any vital sign checks. After 4 days, he had noticeably lost weight and continued to refuse any vital signs or lab work. He began to bang his head against his cell wall. He refused to come out of his cell, began to threaten the correction officers and smeared his feces throughout his cell. He had several trips to the emergency room for vitals, blood work and fluids.

A HAPPY ENDING AND AN EMERGENCY

The 304 process for involuntary commitment was pursued along with an order to force medicate. D.T. was started on injectable medication and eventually agreed to resume his oral medications. He quickly stabilized. His attorney was aware of the concerns for D.T.'s clinical presentation and history. Eventually an application was made to the Veterans Court. D.T. is also pending release and very thankful for the care he received in the facility and feels like the jail was his life saver.

I am about to leave for the day when the warden calls with a referral. Patient S.N. is a 26 year old female who is believed to be 14 weeks pregnant. She was arrested outside the court house. She was threatening a local judge. She is charged with making terroristic threats and disorderly conduct. Her personal hygiene was poor, she was shoeless and her clothes in tatters. All she had in her possession was an expired driver's license from Alabama and what appeared to be bath salts. She appears malnourished. She was combative upon arrest and had been wrestled to the ground.

During transport to the jail S.N. was screaming about her baby and reported thoughts of wishing to be dead. The transporting officers did not take her to the emergency room but rather directly for booking and eventual jail. On arrival to the facility she is refusing to answer any questions or provide any background information. I remain to perform an emergency assessment.

Dealing with this clinical situation requires a different approach. Concerns that this patient is pregnant impacts the decision making process. Pregnant females cannot be physically restrained and chemical restraints can only be used in emergent safety situations because of the impact psychotropic medications can have on the fetus. When I see S.N. she presents as lethargic. She appears fearful. There is evidence of dehydration. In light of her physical and mental health presentation a decision is made to transfer her to the local hospital where she is evaluated in the emergency room and subsequently admitted to the obstetrics floor for hydration, treatment of hypertension and further evaluation for the health of both S.N. and her fetus.

"I am about to leave for the day when the warden calls with a referral. Patient S.N. is a 26 year old female who is believed to be 14 weeks pregnant. She was arrested outside the court house. She was threatening a local judge."

The daily challenges of correctional psychiatry can be overwhelming at times but the successes help counter balance the stresses. The above scenarios provide insight in the type of patients being seen in jails throughout Pennsylvania. Although demographic differences and geographical influences exist across the state, the existence of a mental health crisis (often coupled with alcohol/drug dependence) spans across the entire commonwealth.

ACCESS TO CARE ISSUE

In closing, providing psychiatric care in a correctional setting is both rewarding and at the same time very challenging. The socio-economic and demographic diversity of our patient population is unparalleled. It provides an opportunity to help the neediest of patients. However, there are a number of serious challenges to providing the care.

The decision to close the State Mental Health Hospitals so that the patients could be treated in a community setting was a humane one. However, the absence of adequate funding to the community programs has created a serious access to care issue. Furthermore, the lack of these resources is ever increasingly resulting in patients in need of treatment being relegated to a correctional setting.

Obviously the environment in a correctional setting often times can be counterproductive to maintaining

mental stability. Certainly more funding so as to enlist more providers would be beneficial. However, quality care is expensive and candidly spending on correctional health care is not a priority for most taxpayers unless they find themselves or a loved one incarcerated.

MORE TO DO

Greater acceptance of the fact that mental health issues are in fact a disease and the widespread existence of the drug epidemic will hopefully lead to greater community appreciation for the need to care for this vulnerable patient base. Mental illness and drug addiction is no longer seen as limited to those who took actions to bring their plight upon themselves. It is our brothers, sisters, children, parents and neighbors who are increasingly afflicted.

In addition to awareness and acceptance there can be legislative changes made to make treatment more easily provided. By way of example, gun shops have the ability to search a data base to determine if an individual has a history of mental health disease and has been declared incapacitated. No such ability exists for those providing mental health treatment in a correctional setting.

The judicial system is recognizing the existence of the problem as a result of the same individuals appearing for what can amount to a trivial transgression. This recognition is leading to the creation of more diversionary programs. Greater collaboration between community providers and the correctional health care provider can also improve the chances of sustainable health.

At times this collaboration is hindered by stringent confidentiality laws that do not serve the patient's best interests by interfering with the sharing of information. As the need has increased over the recent past so has the appreciation of the problem. Steps are being made but unfortunately a lot remains to be done. I am hopeful the greater appreciation will lead to a commitment to develop a multi-faceted solution to the systemic problem.

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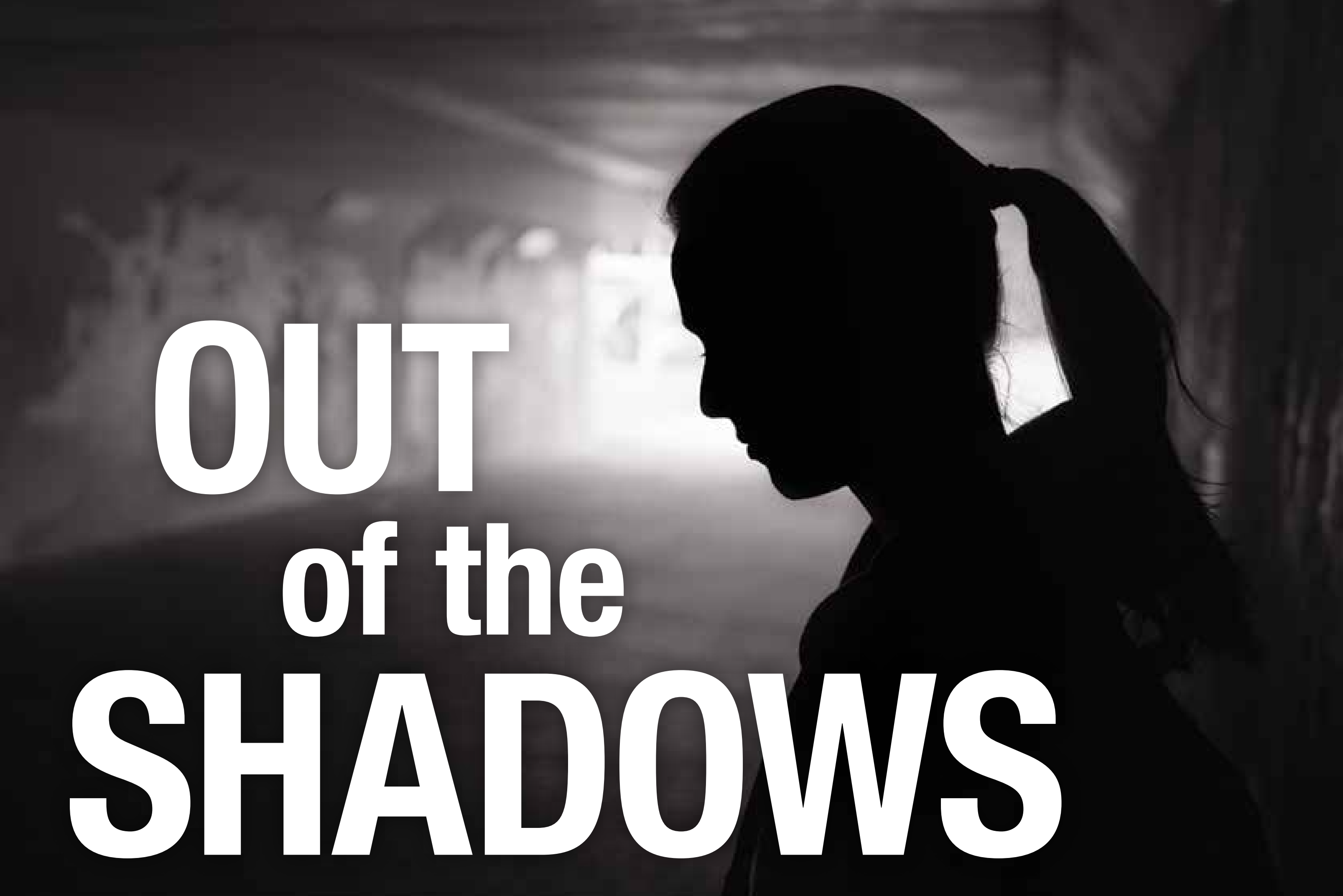
Questions? Contact Desiree Nguyen, Deputy Director, Insurance Pool Operations, CCAP, at *dnguyen@pacounties.org*.



OUT of the SHADOWS

Want to save lives from suicide? START TALKING.

Pam Howard
Administrator
Montgomery County MH/DD/EI

Anna Trout
Crisis and Diversion Director
Montgomery County MH/DD/EI

Talking about suicide is hard. For many, the word itself evokes discomfort and fear. People hesitate to talk openly. They worry about planting the idea of suicide. Shame stops those who are struggling from talking honestly about their experiences. When it comes to suicide, silence is life-threatening.

47,000 people died by suicide in the United States in 2017. Hundreds of thousands more made attempts. It is clear that a default strategy of silence and avoidance doesn't work. In fact the data now leaves no room for confusion: In order to save lives from suicide, we have to talk about it.

The widely mourned deaths of beloved artists and celebrities, the prevalence of social media and the relentless efforts of advocates have changed how suicide is talked about on national and local levels. Informed by the work of the Trauma Informed Care initiative, emphasis is shifting from wondering *"What is wrong with people?"* to a more useful question *"What is happening in people's lives that so many of those we care about are turning to suicide?"*

OPPORTUNITY TO IMPACT

The once taboo conversation is moving out of the shadows, into the light, and the opportunity to impact real change is following close behind. To put it simply, suicide prevention as a topic has been invited in to spaces it could never have entered before, and it's making a difference in ways both obvious and unexpected.

Montgomery County is home to a dynamic Suicide Prevention Taskforce. In partnership with the County's Department of Health and Human Services, this diverse group of advocates made up of doctors, law enforcement, advocates, educators, survivors, family members and human service professionals has pushed for suicide prevention initiatives to permeate the community by way of outreach, education, and the work of the crisis system.

The Montgomery County Suicide Prevention Task Force's initiative to talk about suicide in public spaces is gaining traction. As Montgomery County embraces this approach of dialogue and public conversation, concrete changes are happening. Calls to the mobile crisis line are up 15 percent. The local suicide rate remains below the state and national average. Schools are focusing on wellness. Police are utilizing training in crisis intervention. Faith leaders are providing guidance at the intersection of spirituality and mental health, and lives are being saved. Even with a population that continues to grow, in 2018 the county saw a 15 percent drop in suicide deaths.

TALK ABOUT IT

Over the past year, the taskforce hosted ninety-four trainings and participated in forty-eight outreach events, making over five thousand direct connections. Through those community conversations, the taskforce and crisis system partners reinforced that the pursuit of suicide prevention must include ensuring that on their hardest days people encounter individuals in public spaces, relationships, helpers, and loved ones who listen without judgement and express hope without reservation. The training and the conversations offer people the opportunity to both learn and to talk—to practice the words they will use in a situation, to overcome fear and avoidance and instead embrace empathy and connection.

We have to talk about suicide in school, at work, with our first responders, around the dinner table, in our faith communities, in doctors' offices, and with those we love and care about. Talking about suicide not only saves lives, it opens the door for connection and empathy, essential components of healthy families and communities.

Because of national and media attention to the issue, doors keep opening and connections are being made. Professional groups representing law enforcement, teachers, counselors and clinicians are requiring minimum training hours in suicide prevention. The time is ripe for counties and helping-organizations to step through those doors and into those invitations for conversation; to utilize the momentum being generated in local communities. In Montgomery County advocates are walking through those doors ready to talk about connection, hope, and wellness.

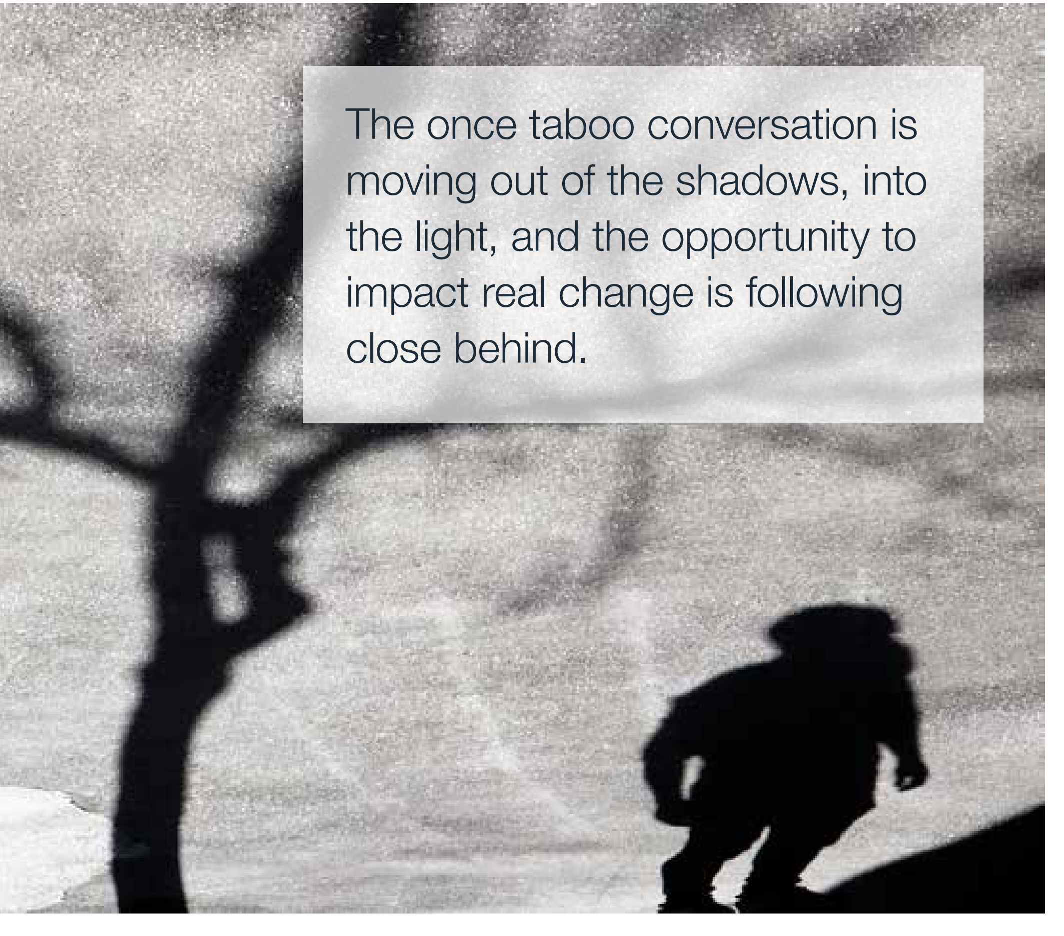
FRESH ENERGY

These connections have led to both new partnerships and fresh energy for existing initiatives at the intersection of policing and wellness in the past year with many of the fifty local police departments serving Montgomery County; five departments participated in a suicide prevention month campaign to outfit patrol cars with the National Lifeline number, four departments have hosted suicide prevention training for their own first responders and the community, twenty-three departments sent officers to Crisis Intervention Specialist training, forty-seven departments utilized the Mobile Crisis team as a way to connect a person in need, and twenty-three departments have participated in collaborative meetings, roll calls, or ride-alongs with the mental health system to strengthen relationships and opportunities to promote wellness.

At the local correctional facility, an original proposal to offer suicide prevention training in regard to inmates has been embraced by jail leadership to include training on self-care for corrections officers, a profession at high risk for suicide. The training has been incorporated into the regular curriculum for all new CO's and a version for supervisory staff is in the works.

Schools are bolstering the work of their Student Assistance Programs in new and exciting ways that honor the balance between a focus on school safety and the promotion of empathy and concern for fellow students. In 2018, twenty districts in Montgomery County participated in the 8th Annual Heroes for Hope campaign during which they displayed mental health awareness banners, hosted assemblies, brought in speakers, and gathered thousands of student signatures in a pledge to support and look out for one another's emotional health and wellbeing.

Municipalities are engaging in incredible collaborative work. Residents are organizing suicide prevention panels, mayors are hosting film screenings, town councils are engaging in social media campaigns to destigmatize suicide and prioritize the importance of many of the social determinants of health. The local regional rail service, Southeastern Pennsylvania Transit Authority (SEPTA) hosted a month long suicide prevention campaign. Volunteers from local taskforces designed posters, and engaged with early morning commuters to raise awareness and share information about resources.



The Montgomery County Office of Public Health incorporated suicide prevention into its yearly trail challenge, placing prevention and awareness materials along local trails and nature walks, in an innovative focus on physical and mental wellness.

PROMOTE HOPE

The spark for wellness revolution is acknowledgement and conversation. Thankfully, "talk" is a widely available resource. The initiatives in Montgomery County are special only because they are happening. The Taskforce has seen several iterations over the past decades; it has been led alternately by clinicians, public health workers, family members, survivors, and mental health advocates. Each version has had its own unique focus and direction, but at the heart has always been a firm belief in the importance of open and honest conversation in public spaces and at the core there has always been hope. Hope that a small group of committed advocates and professionals could change the number of deaths by suicide.

Where to start? Identify and educate champions and send them out into the community ready to shine light at every opportunity. Headed to the doctor for a cold? Ask them if they've ever had suicide prevention training. Meeting with police to discuss a recent interaction? Bring along resource guides and ask about self-care. Is there an education committee at your place of worship? Suggest a panel on wellness and advocate for the inclusion of suicide prevention.

Opportunities are everywhere. Don't stop talking, it's making a difference.

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PTG PensionPro™ evolved out of direct collaboration between public employee pension administrators and a technology team with unrivaled experience in delivering web-based pension administration systems for a wide variety of complex retirement plans. The end result is a streamlined and cost effective implementation methodology. PTG's implementation methodology is extremely agile and flexible. PTG projects are completed within 8 -14 months. Consultant driven projects typically take 24-48 months to complete which poses greater financial and data security risks.

PTG PensionPro™

The PTG PensionPro™ was built from the ground up as a web-based application, with membership data security at the forefront of PTG's system design. 100% of PTG's clients are running on the same core application, which provides for a more effective means of protecting and maintaining the application. PTG's team manages all updates, upgrades and backups for its clients which helps reduce the pension fund's internal technology expenses. Membership data is protected 24x7x365 by trainedsecurity professionals.

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For more information or to request a demonstration, please contact:

Stephan Georgacopoulos, *Director of Northeast Markets*
(617) 977-8408 x15 | stephan@ptgma.com

FOCUS ON

Luzerne County

Luzerne County, located in the heart of Northeastern Pennsylvania and at the foot of the Pocono Mountains, is home to approximately 320,000 residents. Conveniently located only two hours from Philadelphia and New York City, it is easily accessible via four major interstates and the Wilkes-Barre/Scranton International Airport.

So what is there to do in Luzerne County? How about shopping, antiquing, racing, dining, theater, concerts, festivals, farm visits and hunting, just to name a few!

Four state parks offer plenty of opportunities to take advantage of hiking/biking trails, white-water rafting, kayaking and scenic waterfalls; while the beautiful Susquehanna River, the longest river on the east coast, passes through Luzerne County. It provides a source for great fishing and boating and also is the longest "flyway" for migratory birds on the east coast.

Additional recreational options include challenging golf courses, skiing at three nearby resorts, as well as great professional sports teams including the Wilkes-Barre/Scranton Penguins (the AHL affiliate of the Pittsburgh Penguins) and the Scranton/Wilkes-Barre RailRiders (the Yankees' AAA affiliate). The area is also home to NASCAR racing at nearby Pocono Raceway.

You also can enjoy casino gambling and harness racing, at Mohegan Sun Pocono or world-class entertainment at the FM Kirby Center for the Performing Arts.

HUNGRY?

Luzerne County also hosts some of the best-tasting ethnic food restaurants, venues and food festivals anywhere including: The Edwardsville Pierogi Festival, held in June; the Pittston Tomato Festival, held in August; and the Plymouth Kielbasa Festival, also in August. The Lands at Hillside, has some of the best homemade ice cream and offers tours of their dairy barns.

Some of our local favorite restaurants are: The Pines Eatery and Spirits in Hazleton, Oyster Seafood & Steakhouse in Wilkes-Barre and Pickle's Pub & Restaurant, also in Wilkes-Barre.

If you are looking for fresh fruits and vegetables from our local farmers, visit the Farmer's Markets held throughout the area, in Avoca, Dallas, Freeland, Mountain Top, Hazleton and Wilkes-Barre.

While you are in town, you might also want to sample some of our thirst-quenching craft beers from Benny

Fall Waterfall in Luzerne County.

Luzerne County courthouse.

Brewing Company in Hanover Township, North Slope Brewing Company in Dallas, Breaker Brewing Co in Wilkes Barre Township, or Susquehanna Brewing Company in Pittston. Luzerne County also is home to several local wineries, including: Bartolai's Winery in Exeter Township, Honey Hole Winery in Drums and Colonel Ricketts Hard Cider winery in Benton.

So what is there to do in Luzerne County? How about shopping, antiquing, racing, dining, theater, concerts, festivals, farm visits and hunting, just to name a few!

HISTORY AND LIVING

Luzerne County also is rich in history. Explore our Revolutionary War history and learn how Northeast Pennsylvania helped General Washington cut off supplies to the British Troops.

Take a tour of some of the areas renowned, historic architecture. Enjoy guided tours of the Forty-Fort Meeting House, the Nathan Denison House, located in Forty-Fort, and the Swetland Homestead in Wyoming. The Mary Stegmaier Mansion, as well as the Frederick Stegmaier Mansion in Wilkes Barre, lets you look at how the wealthy in our area lived back in the mid 1800's. Eckley Miners Village is also just a short drive from downtown Hazleton, and represents our rich anthracite coal mining heritage.

Luzerne County residents enjoy a cost-of-living (96.5 Cost of Living Index) that is consistently lower than many other regions in the northeast, and with a strong, educated workforce, we attract employers representing some of the largest companies in the country, including Amazon, Chewy, Gatorade, FedEx, Hershey, Pride Mobility and WestGuard Insurance (a Berkshire-Hathaway company).

The housing market has been relatively stable in Luzerne County, with the Median Listing Price increasing slightly from $120,750 in 2013 to $122,375 in 2017, according to information provided by Zillow and shared by The Institute for Public Policy and Economic Development at Wilkes University.

Luzerne County courthouse interior.

Employment for all sectors in Luzerne County also increased by 6.3 percent from 2011-2015, according to the same Institute, showing a strong employment picture. According to the *2018 Indicators Report* published by the Institute, Luzerne County had a higher percentage of the population with an "associates degree or higher", 10.9 percent, compared to Pennsylvania overall, 8.2 percent.

And, need a place to stay? There are 3,200 rooms at more than 30 hotels throughout the county.

With all the natural beauty, outdoors activities, food choices, attractions and great work ethic, Luzerne County truly is a terrific place to live, work and visit!

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NORTHWEST 9

Goes Regional for Mental Health Solutions

Paul Heimel
Potter County Commissioner

Jim Kockler
Potter County Administrator

Rural counties have limited resources to address the challenges of providing services to mentally ill inmates in county jails. Collaboration allows counties to provide a higher quality of care and satisfies state mandated reforms.

A 2015 American Civil Liberties Union class-action lawsuit shed light on serious shortcomings in services provided to county jail inmates who are mentally ill. While the Pennsylvania Department of Human Services (DHS) settled the litigation by agreeing to a series of reforms, those changes have created challenges for county governments seeking to improve outcomes for the approximately one-third of prisoners diagnosed with one of more mental health disorders.

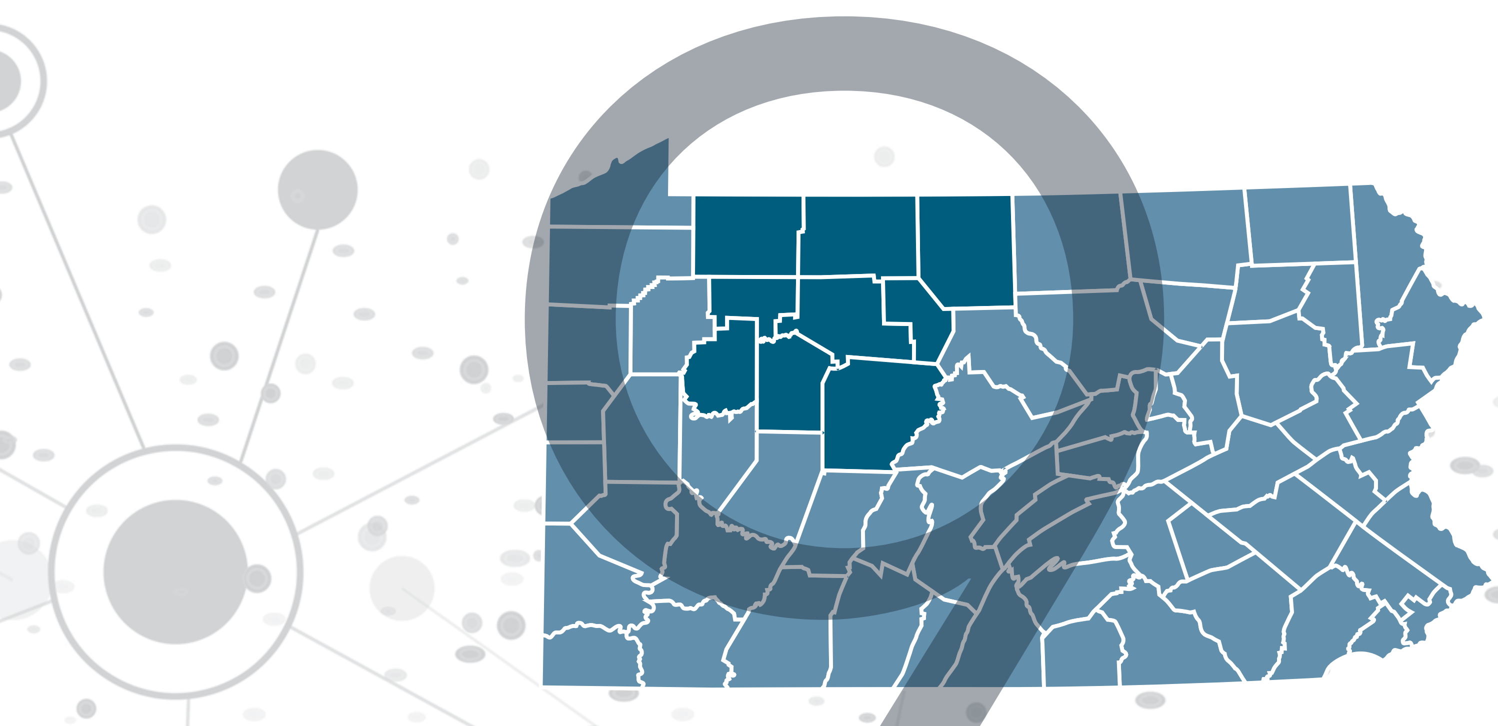
The obstacles are even higher in rural counties, some of which do not have a single psychiatrist within their borders. While Potter County (pop. 17,000) has established itself as a rural leader in the national criminal justice reform movement, developing effective alternatives for the mentally ill has been vexing. But a new strategy that has been unfolding this year shows promising potential.

BETTER SERVICE

We have teamed up with eight of our counterparts to create the "Northwest 9." This strategy, which allows all nine counties to benefit from the economies of scale, has qualified for funding by DHS as part of the court settlement. Other Northwest 9 counties are Cameron, Clarion, Clearfield, Elk, Forest, Jefferson, McKean and Warren.

Each county acknowledged a need to better serve criminal offenders with mental health disabilities. The Northwest 9 counties had limited options for judges to consider as alternatives to incarceration, or for competency evaluations.

Potter County does have a residential treatment program for females, but there are no options available for males. Many of the individuals we serve though the mental health system are currently incarcerated.



Therefore, the Northwest 9 strategy was welcomed by the commissioners and our human services agency.

THE MODEL'S GOALS

Representatives from each county developed a model to reduce incarceration for individuals with mental illness; provide options for those transitioning into society from correctional or forensic state hospital settings, and provide focused mental health evaluation and treatment for competency restoration for individuals involved within the criminal justice system.

This partnership led to the development of a plan for a centrally located long-term structured residence (LTSR) that would provide treatment for 15 men—mental health services and a focus on recovery principles and responsible citizenship.

A forensic evaluator will share findings with the court system to assist in the disposition of the individual's criminal case.

The LTSR will have 24/7 access to an on-call psychiatric system and comprehensive nursing services to ensure that residents' whole health needs are managed and to manage medications.

In addition, each county was provided with state funding to hire a re-entry/forensic services specialist. We have filled the position and are moving forward on a comprehensive strategy to improve outcomes at our jail.

ENSURING A WARM HANDOFF

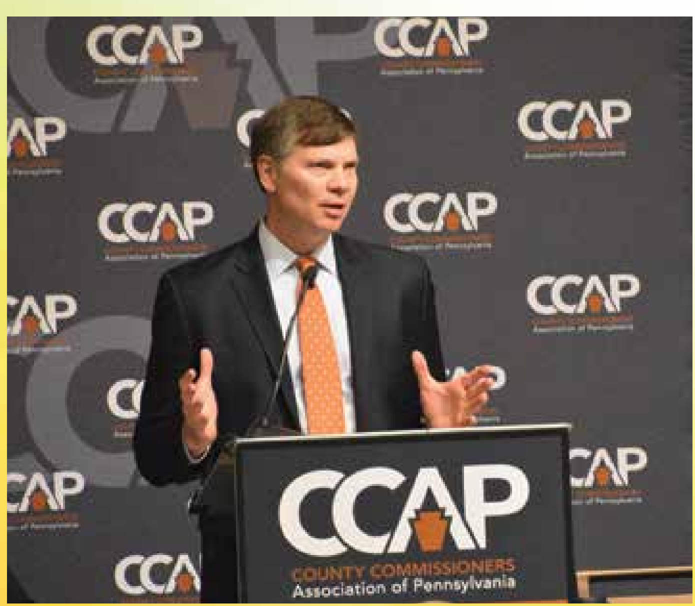
The specialist is charged with coordinating a system of treatment to address the increasing mental health and substance abuse problems among Potter County inmates. He will work with the national Stepping Up Initiative and the Potter County Commissioners' Smart Justice Strategic Planning Council to ensure a "warm handoff" between and within the criminal justice, mental health and drug and alcohol systems.

Responsibilities also include providing re-entry services for inmates, focused on housing, education, life skills, employability and compliance with probationary supervision. Services will continue for six months to a year after release.

Our overarching mission is to invest in community-based options and produce effective supports and services to reduce entry into the criminal justice system, and to improve outcomes for those who are re-entering society. Jails are not the place to care for individuals with mental illness.

2019
Spring Conference Highlights

CCAP President and Chester County Commissioner Kathi Cozzone

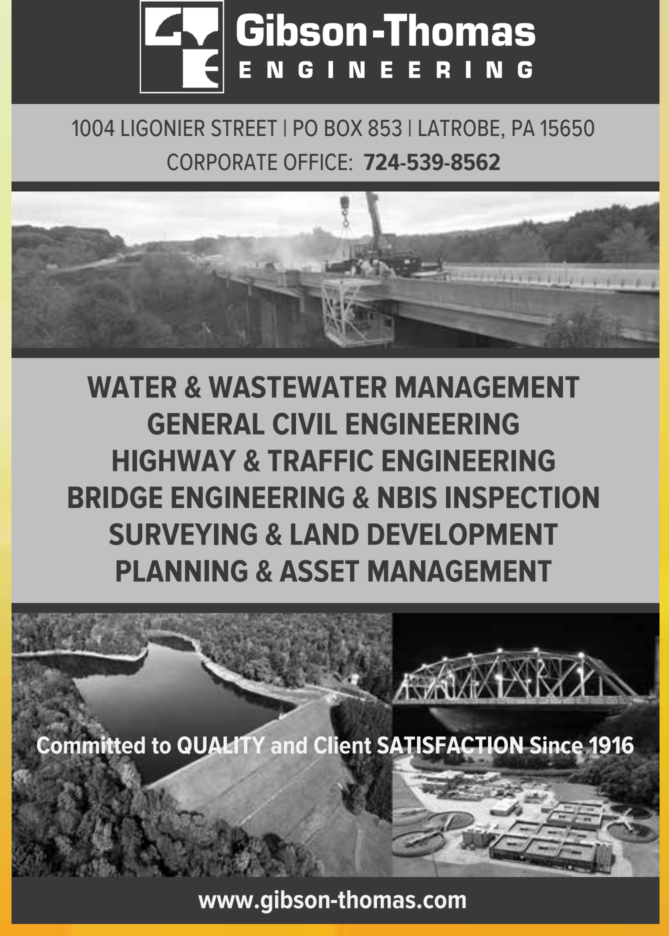


NACo Executive Director Matt Chase

Budget Secretary Jen Swails

Legislative panel with CCAP Board Chair and Lancaster County Commissioner Dennis Stuckey, CCAP President and Chester County Commissioner Kathi Cozzone, Environmental Resources & Energy Minority Chair Senator John Yudichak, House Republican Policy Committee Chair Donna Oberlander and House Democratic Policy Committee Chair Representative Mike Sturla

Department of State Acting Secretary Kathy Boockvar



COUNTY HIGHLIGHT:
FRANKLIN

Julia Lehman
Communications Coordinator
Franklin County Commissioners

Teamed Up and Taking On Franklin County's Behavioral Health Needs

Franklin County recognizes that serious mental illness (SMI) is overrepresented in corrections systems nationally and at the local level. In 2018, approximately 11 percent of Franklin County inmates were estimated to have a serious mental illness as opposed to 4 percent in the general population.

Partnership is the key to carrying out Franklin County's behavioral health (BH) strategy. Federal, state, and community entities are part of a collaborative commitment to creating a process, effective for all citizens, which meets the unique needs of our county, keeps pace with change, and connects individuals with mental illness to expanding treatment options.

Franklin County makes a concerted effort to work across intercepts.[1] Led by the Behavioral Health Committee of the Criminal Justice Advisory Board, professionals from behavioral health, law enforcement, court and county administration, jail administration and local organizations gather at bi-monthly meetings to identify and discuss county-wide issues, develop programs, and recommend solutions. As a member of this committee as well as CCAP's Behavioral Health Task Force, Franklin County Commissioner Bob Thomas stays informed of the current behavioral health concerns affecting the state and county while keeping a vision for the future and helping to determine a strategy to get there. "Together, we are determined to address mental health needs and expand resources so that everyone who needs them is met where they are and with the care they require," said Commissioner Thomas.

Franklin County recognizes that serious mental illness (SMI) is overrepresented in corrections systems nationally and at the local level. In 2018, approximately 11 percent of Franklin County inmates were estimated to have a serious mental illness as opposed to 4 percent in the general population. Those without an SMI but having a mental health concern of some type totaled 66.2 percent compared to 18 percent in the general population. Using these statistics as a measure and motivator, the committee examines what can be done at each intercept to ensure individuals with mental health issues are matched with appropriate treatment and avoid the criminal justice system. "Many folks end up in jail because they lack coping mechanisms to deal with stressful situations. Our goal is to keep folks that don't need to be incarcerated out of jail," said Commissioner Bob Ziobrowski.

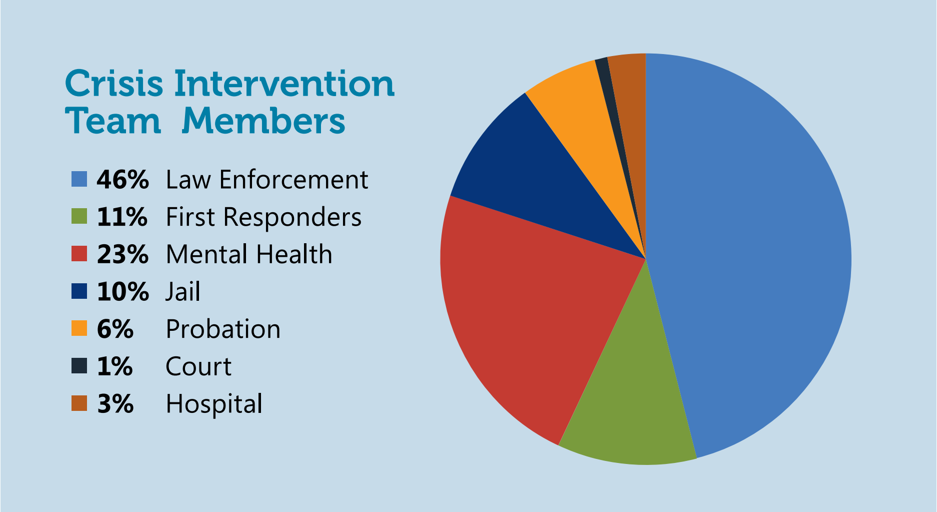
By teaming up, Franklin County is taking a holistic approach to mental health. Guided by evidenced-based and best practices, along with the unique needs of the area, programs are piloted and implemented with successful results. The following describes a few of our successful programs:

CRISIS INTERVENTION TEAM

With more than 100 trained members, the Crisis Intervention Team (CIT) is the foundation of Franklin County's BH strategy. Started in 2015, CIT represents state and local law enforcement, first responders, crisis, jail officers/staff, probation/parole officers, hospital staff, mental health professionals and advocates. The team's goal is to provide safer interventions for officers and community members while intentionally approaching incidents with concern for the wellbeing of the citizens involved. Training focuses on effectively de-escalating incidents in the community when encountering individuals who are experiencing behavioral health crises due to mental illness and/or co-occurring substance use disorders. It also provides the information necessary to guide officers in re-directing these individuals into emergency behavioral health facilities.

Cori Seilhamer, Franklin County Mental Health Program Specialist and Certified CIT Coordinator and Kay Martin, Keystone Mental Health Community Liaison/Co-responder at the 2017 CIT International Conference in Ft. Lauderdale, FL.

According to Franklin County Mental Health Program Specialist and Certified CIT Coordinator, Cori Seilhamer, "CIT is more than training—it brings organizations together and provides tools to enhance supports in our community." Greencastle Police Chief John Phillippy agreed, "This is, without a doubt, the most productive collaboration I've seen in Franklin County. It keeps the members of my community safer as well as the members of my department." Franklin County has joined with Cumberland and Perry counties to provide trainings and would like the opportunity to include more joint trainings with other counties in the future. "We appreciate how local and state police have embraced Franklin County's Crisis Intervention Training. We encourage more counties to incorporate this training as part of their standard practice," said Commissioner Chairman Dave Keller.



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CO-RESPONDER PROGRAM

"The Mental Health Co-Responder Program is reducing the number of individuals involved in the criminal justice system and freeing up police to focus on the safety and security of the community," said Commissioner Chairman Dave Keller.

Through a Pennsylvania Commission on Crime and Delinquency grant awarded in 2017, Franklin County piloted the innovative Mental Health Co-responder Program. Through this program, individuals identified as being in crisis are diverted from the criminal justice system and connected with community based supportive services and natural supports. When police are dispatched to an incident where the behavior does not escalate to the level of police officer custody, the mental health co-responder is called to begin a screening and risk assessment process to determine the needed level of care. In addition to helping reduce criminal justice system involvement for individuals who may be living with a mental illness, intellectual or developmental disability, autism, and or co-occurring disorder, the program has had the added benefit of helping to connect senior citizens with services.

"The biggest benefit of this program is that we meet people where they are and help them identify their needs. We are person-focused and not service-focused," said Keystone Mental Health Community Liaison/Co-responder, Kay Martin, who recounted a referral for a 92 year old woman who was showing increased confusion and paranoia. "When I got there, she told me that her aide had left and there were clothes in the washing machine. That was the only thing she could focus on—the clothes in the washing machine that will get moldy. So the first thing to do to help—I put the clothes in the dryer! It helped her to be able to focus on something else."

Developed with a goal of responding to 80 individuals over a two year period, the demand for services doubled the two year projection in just seven months. "We knew we needed the program, we just didn't realize how much," said Seilhamer—a driving force behind Co-responder program development. Since inception in January 2017, the program has had 397 participants, diverted 48 individuals from jail and shows more than 1,000 interactions. "Local law enforcement embraced this program from the start. It wouldn't be successful without them," she said.

Piloted in the southern part of the county, the program has recently expanded to the Borough of Chambersburg through funding from the PA Department of Human Services—Office of Mental Health and Substance Abuse Services. As expected, it is seeing success. "The Mental Health Co-Responder Program is reducing the number of individuals involved in the criminal justice system and freeing up police to focus on the safety and security of the community," said Commissioner Chairman Dave Keller.

Last May, Franklin County's Co-responder program was recognized for a Justice Public Safety Achievement Award from the National Association of Counties (NACo) as a model program.

JAIL TO COMMUNITY TREATMENT (VIVITROL[2])

In early 2017, the jail implemented the Jail to Community Treatment program to help incarcerated individuals with substance use issues. "The jail staff meets weekly with representatives from Drug and Alcohol, Mental Health, Adult Probation and other departments to review potential participants. This makes our program really successful," said Warden Bill Bechtold. "The program focuses on counseling and provides offenders the opportunity to connect with community providers prior to their release," he added. Program participants receive 4-6 weeks of counseling prior to getting their first injection. Treatment and medications are then continued into the community. This sets participants up for success upon their release due to the connections created and trust built with community providers. Franklin County community providers are measuring Franklin County's success rates at an average of 74 percent, which is 14 percent higher than similar programs. Last year, Department of Corrections' representatives visited the jail to observe the program with plans to replicate the Franklin County model in other counties.

A recently implemented jail program is TARGET, which stands for Trauma Affect Regulation: Guide for Education and Therapy. It is a seven-step educational and therapeutic approach for the prevention and treatment of post-traumatic stress disorders (PTSD) and is funded by Tuscarora Managed Care Alliance reinvestment funds.

Upon entering the community, formerly incarcerated individuals may be eligible for the Case Assisted Re-Entry (CARE) jail diversion program which provides screening, risk assessment, case management and support to individuals who have a mental health disorder who are involved in the criminal justice system. The program links participants to resources to help stabilize the person's mental health condition through psychiatric consult, medication management, therapy, and peer support. CARE program resource linkages include mental health services, substance use services, medication management, peer support, educational/vocational assistance, transportation and housing.

The Case Assisted Re-Entry (CARE) jail diversion program provides screening, risk assessment, case management and support to individuals who have a mental health disorder who are involved in the criminal justice system.

May 8, 2018—Each May, the Franklin County commissioners proclaim a Franklin County Stepping Up Day of Action to bring awareness to the efforts being made to connect people to treatment and services in lieu of incarceration.

NACo STEPPING UP INITIATIVE

In 2016, Franklin County joined the Stepping Up Initiative led by the National Association of Counties, the American Psychiatric Association Foundation and The Council of State Governments Justice Center. Stepping Up provides counties with a framework and tools for creating a system-wide plan of action to reduce the number of people with mental illness in jail in ways that not only improve public safety but also promote positive outcomes for individuals with mental illness, their families and our community.

Franklin County continues to work collaboratively with law enforcement, the courts, the jail and human services agencies to reduce the number of people with mental illness in the Franklin County Jail. We are proud to pilot innovative local programs, partner with the state on large scale projects as well as join nationwide initiatives to improve the lives of some of our most vulnerable residents. "These programs save tax dollars in many ways. I'm proud that Franklin County is a leader in justice, mental health, and drug and alcohol initiatives," stated Commissioner Bob Thomas. Though we have more work to do, we are committed to creating a system that is dynamic, easily accessible and responsive to the needs of all citizens.

[1] Stages of the criminal justice system as part of a sequential intercept model.
[2] Vivitrol is an injectable medication used to reduce and suppress cravings for alcohol and/or opiate drugs.

Taking steps to prevent labor and employment issues is a far better strategy than trying to mitigate them after the fact. We partner with counties in every corner of the Commonwealth, helping them address potential risks and create work environments where people and public service can thrive. We'd like to do the same for you.

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2019 Program Participants

Pat Fabian, Commissioner, Armstrong County

Deanna Giorno, Chief Clerk, Bucks County

Ed Heasley, Commissioner, Clarion County

Robert Kagel, County Administrator, Chester County

Richard Mirabito, Commissioner, Lycoming County

Steve Nevada, Assistant County Administrator, Franklin County

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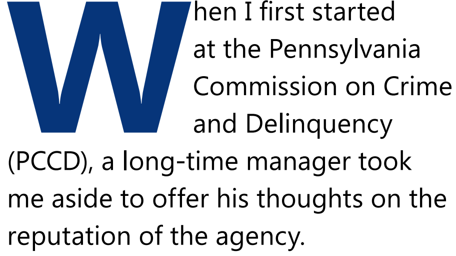
More Than Just Crime and Delinquency:

PCCD's Mental Health Initiatives

Kirsten Kenyon
Director
Pennsylvania Commission on Crime and Delinquency
Office of Research and Child Advocacy



When I first started at the Pennsylvania Commission on Crime and Delinquency (PCCD), a long-time manager took me aside to offer his thoughts on the reputation of the agency.

"Every time I walk into a meeting and identify that I am from PCCD," he said, "Everyone smiles and says, oh, good, the 'checkbook' has arrived."

While a nod to one of our agency's main functions—grant-making through the redistribution of available state and federal funding—'the checkbook' is not an accurate nor complete picture of what our agency has to offer.

Since 1978, PCCD has served as the justice planning and policymaking agency for the commonwealth. PCCD's mission is to enhance the quality, coordination, and planning within the criminal and juvenile justice systems, to facilitate the delivery of services to victims of crime, and to increase the safety of our communities.

We do this through a 48-member commission of gubernatorially-appointed board members, who are advised by five established advisory committees and two training boards that are comprised of more than 100 experts on criminal justice, juvenile justice, victim advocacy, mental and medical health, social services, prevention, substance abuse, research, and other related fields. Elected officials—including legislators, county commissioners, judges, district attorneys and sheriffs—also serve. A staff of 90 assists and implements the work of the Commission.

The Commission and its advisory committees meet on a quarterly basis to discuss criminal justice-related issues facing the commonwealth, devise possible solutions to common problems, determine where limited resources should be directed, and evaluate the effectiveness of implemented programs. The Commission has long supported County Justice Advisory Boards (CJABs), too, as a key component to organizing the justice system partners to develop strategies to address local issues.

One of the largest challenges identified over the past decade by CJABs, PCCD and other state partners has been how to address mental health issues with those that have entered the criminal justice system. It is an issue that touches all parts of the system—from initial interactions with law enforcement to treatment to reentry.

In 2008, the Commission of Justice Initiatives' Mental Health Task Force, was convened at the request of former PA Supreme Court Justice Ralph Cappy, and assisted by the Council of State Governments (CSG), to study the difficulties faced when individuals with mental illness interact with the system. A state-wide strategic plan was adopted to coordinate Pennsylvania's response.

One of the key recommendations of that response was the establishment of the Mental Health and Justice Advisory Committee (MHJAC), which was created at PCCD in 2009. In partnership with the PA Department of Human Services' Office of Mental Health and Substance Abuse Services (OMHSAS), MHJAC includes representatives from state agencies, county leadership, the courts, district attorneys, public defenders, consumers and families, and other criminal justice and mental health advocates and practitioners from across the commonwealth.

MHJAC provides guidance and structure to ensure that Pennsylvania's criminal justice/mental health activities are coordinated across the state, and to ensure counties receive the guidance and support necessary to implement effective responses. Some of MHJAC's key initiatives include the following.

CoE

In 2009, PCCD administered a competitive bidding process to select an institution of higher education to serve as the Center of Excellence for the Development and Improvement of Programs Serving Adults with Mental Illness Involved in the Criminal Justice System (CoE). In February 2010, the Pennsylvania Mental Health and Justice Center of Excellence was launched as a joint, collaborative effort of Drexel University and the University of Pittsburgh. CoE worked collaboratively with the commonwealth and locales in planning and implementing programs, providing information to promote their use of evidence-based practices and served as a resource for technical assistance and training. The CoE also worked with Pennsylvania communities to identify points of interception at which an intervention can be made to prevent individuals with mental illness or co-occurring substance use disorders from entering or penetrating deeper into the criminal justice system.

Although the CoE was discontinued due to a lack of funding in 2016, PCCD continues to support similar activities, including Cross Systems Mapping, through MHJAC. The CoE's central repository for collected data and information on criminal justice/mental health responses throughout the Commonwealth of Pennsylvania can still be accessed as well through the PA Center of Excellence website maintained at *pitt.edu*.

PROBLEM SOLVING COURTS

During that initial 2008-2009 period, PCCD supported the start-up funding and enhancement of nine mental health courts throughout Pennsylvania. Today, the commonwealth has 19 mental health courts, which seek to divert offenders with severe mental illness into community-based treatment. The judicial oversight, coupled with treatment, have proven to be successful for many mentally ill defendants.

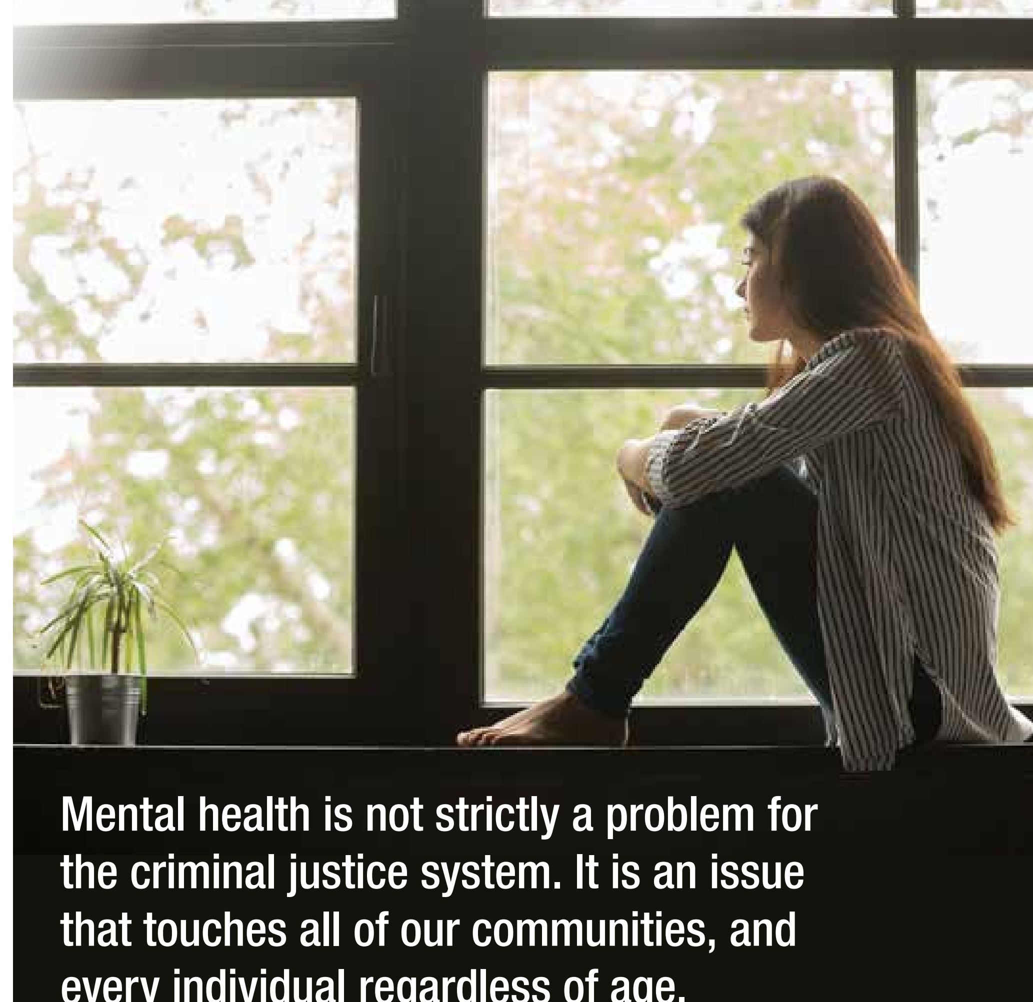
In the past few years, PCCD has been the recipient of state appropriations to expand the use of drug courts throughout the commonwealth. Statutory provisions related to the use of county intermediate punishment dollars were also amended to allow for mental health and co-occurring disorder treatment. Counties are encouraged to utilize these funds to expand treatment efforts.

REENTRY PROGRAMS

In 2011, PCCD established the Community Revitalization through Reentry Unit under the Office of Criminal Justice System Improvements. The work of the Units' Reentry Coordinator is to ensure linkages and collaboration among community and faith-based service providers with county planners around reentry efforts.

CJABs are now using the data provided by federal, state, and local jails to expand their comprehensive strategic plans to include reentry plans. CJABs task a reentry subcommittee to assess local offender reentry services and providers; identify gaps; and create strategies complete with objectives/goals that address, housing, drug, alcohol and other drug treatment, mental health treatment, education needs, unemployment and skill building needs, and other social/behavioral issues for returning citizens. To date, 28 counties—a 22 percent increase over FY16-17—have reentry sub-committees or coalitions.

PCCD also continues to be a key participant in the Pennsylvania Reentry Council, which was convened in early 2017 by Governor Tom Wolf and Attorney General Josh Shapiro with the sole purpose of exploring all the issues related to offender reentry and making recommendations to improve the system. More information about the Reentry Council's work can be found on the Attorney General's website.



Mental health is not strictly a problem for the criminal justice system. It is an issue that touches all of our communities, and every individual regardless of age.

CIT

Since 2014, PCCD has supported Crisis Intervention Team (CIT), CIT-Youth, CIT-Veterans, and Mental Health First Aid (MHFA) training for law enforcement and justice practitioners. The goal of this training is to educate justice practitioners on how to effectively identify and respond to a crisis involving an individual diagnosed with mental illness or an intellectual disorder and de-escalate a potentially dangerous situation. For more than five years, PCCD has hosted an Annual Statewide CIT Meeting/ Training in March. PCCD has also held CIT Verbal De-escalation Train-the-Trainer Sessions in May.

Recently, PCCD funded a study conducted by Dr. Edward Mulvey and Carol Shubert from the University of Pittsburgh to evaluate the effectiveness of CIT in Pennsylvania. Looking at more than 2,000 randomly selected incident reports from 11 police departments in four Pennsylvania counties, the general trends showed that CIT trained officers were more likely to handle a mental health call by utilizing a non-criminal justice option. Additionally, officers who were not trained in CIT but worked in a department where there were CIT trained officers were also more likely to use a non-criminal justice option when responding to a mental health call. Ultimately, it showed that a CIT trained officer at the scene reduced the likelihood of a criminal justice outcome by 30 percent above all other influences.

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DIVERSIONARY PROGRAMS

Over the past few years, PCCD has also provided Allegheny County with funding to support their Data-Driven Mental Health Diversion project. The overall goals of this project are to develop processes to ensure the optimal use of facilities where law enforcement can triage persons who they meet and who are in crisis; continue efforts to establish a jail-based competency restoration program; improve diversionary programs to enable a larger population to be diverted; and develop data dashboards to measure progress towards benchmarks related to individuals with mental health issues in the criminal justice system. More information about the effectiveness of this project will be released in the coming years.

STEPPING UP

The Stepping Up Initiative was launched in May 2015 as a partnership of the CSG Justice Center, National Association of Counties, and the American Psychiatric Association Foundation to rally national, state, and local leaders around the goal of achieving an actual reduction in the number of people with mental illnesses in jail.

MHJAC, in partnership with DHS/OMHSAS, the PA Department of Corrections, and the County Commissioners Association of Pennsylvania, kicked off Pennsylvania's participation in the Initiative at the April 2017 CJAB Conference. As a follow-up, a Statewide Stepping Up Summit was held in December 2017, with 45 counties represented. A broad cross-section of county leaders, state officials, and representatives from state and national organizations met and shared challenges, best practices, and advanced their plans for measuring and reducing the number of people with mental illnesses in Pennsylvania jails following the CSG Six Step Action Plan. There are currently 29 Pennsylvania counties committed to Stepping Up.

In 2017, Dauphin County was also selected by PCCD as one of the designated sites for the County Justice and Behavioral Health Improvements Projects with CSG. With intensive technical assistance from CSG, Dauphin County will receive relevant data for analysis; develop data-sharing agreements with appropriate agencies; review existing programs, policies and practices; and the CSG Justice Center will use quantitative and qualitative discussions to develop preliminary findings for review by their CJAB. The Dauphin County pilot's results will be used by CSG's Training and Technical Assistance project to assist counties in developing effective strategies to advance the Stepping Up Initiative.

A HOME TO CONVERSATIONS

Mental health is not strictly a problem for the criminal justice system. It is an issue that touches all of our communities, and every individual regardless of age.

MHJAC's accomplishments are a major component of our agency's objective to address mental health; however, there are other Advisory Committees, such as the Juvenile Justice and Delinquency Prevention Committee and our recently formed School Safety and Security Committee, which also address behavioral health and, particularly, school climate issues for students and communities. More information on their efforts—and all of the initiatives addressed above—can be found on our website at *www.pccd.pa.gov*.

The bottom line is that we are more than just a 'checkbook.' While we may award millions of dollars in federal and state funding as grants to local non-profits, municipalities, counties, and other state agencies, we are home to where conversations take place to resolve some of the greater policy challenges our system faces. We hope you continue to join us in that discussion.

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THE FUTURE IS NOW: TELEPSYCHIATRY

Dr. Pamela Rollings-Mazza
Director of Psychiatry
PrimeCare Medical, Inc.

The reality is there is an increasing demand for psychiatric services co-occurring with a growing shortage of psychiatric services across the United States. This has created crises in the health care system. According to 2017 Bureau of Statistics the number of employed psychiatrists in Pennsylvania was 990. A large percentage of these psychiatrists practice in urban areas leaving the rural areas of Pennsylvania underserved. **Studies indicate for various reasons that this shortage will get worse.**

Telepsychiatry has been described as the new frontier in mental health. Telepsychiatry simply put is the application of telemedicine to the specialty field of psychiatry. It involves the use of live two-way videoconferencing to provide mental health services. Its use has steadily been increasing as a means of overcoming geographic limitations to clinician availability which is a frequent problem in correctional settings. Use of telepsychiatry has been found to be efficacious, without negative impact on clinician-patient communication, rapport, or satisfaction with treatment, at least with assessment and short term treatment.

> Through these technologies, health care providers can overcome the barrier of distance, deliver better and timelier care to inmates/patients, and work more productively through remote face-to-face collaboration in a medical setting.

AN EXCELLENT METHOD

I have been using telepsychiatry for 10 years. Over that timeframe I would estimate I have had approximately 31,000 telepsychiatry patient encounters. At first I was skeptical as to how effective it would be. However, over time and with the improvement of technology I now find it to be an excellent method to provide the vast majority of care needed in the correctional setting. Certainly there are types of interactions that still require face to face interaction. The most common of these is when the patient refuses to leave their cell. At times, with the use of laptops this too can be overcome.

MOBILITY AND EASE OF USE

In today's age of advanced technology, psychiatrists are able to implement and utilize state-of-the-art telemedicine technologies to assist with the provision of mental health care in correctional facilities. Designed for mobility and ease of use at the point of care, a high-definition video collaboration system with functionality make it ideal for medical cases ranging from remote inmate/patient consultations to virtual care teams and medical education. Through these technologies, health care providers can overcome the barrier of distance, deliver better and timelier care to inmates/patients, and work more productively through remote face-to-face collaboration in a medical setting.

Telemedicine has been utilized as an important adjunct to correctional facility staff for years. In some jurisdictions, psychiatric providers have utilized this critical technology for emergent mental health evaluations. Technology systems allow off-site providers to see the inmate/patient, complete documentation, and issue orders directly in the inmate's/patient's electronic health record.

An example of technology used by PrimeCare Medical involves "Cisco TelePresence—Jabber" telemedicine devices. The Cisco Jabber brings the power of telepresence to health care environments. The total solution approach includes content sharing, recording, firewall traversal, and management capabilities. Healthcare providers can overcome the barrier of distance, deliver better and timelier care to inmates/patients, and work more productively through remote face-to-face collaboration in a medical setting.

WHAT'S THE BOTTOM LINE?

Telepsychiatry can increase the efficiency and delivery of psychiatric services. Telepsychiatry has the potential to dramatically increase geographic access to psychiatric services. Telepsychiatry has been found to be efficacious, without negative impact on clinician-patient communication, rapport, or satisfaction with treatment.

FUTURE RELIANCE

Questions as to what type of "read" you can get on a patient through a monitor really do not present a problem. It does help that when I am utilizing telepsychiatry there is another mental health clinician with the patient. These individuals provide an extra set of eyes and ears to corroborate what I am witnessing. Perhaps the largest hurdle encountered is the internet accessibility in some remote portion of a correctional facility. However, we have often been successful in working with its correctional partners to overcome these hurdles.

As the need for mental health services increases and the availability of psychiatrist contracts, reliance on telepsychiatry, as at least a part of the health care delivery system, will become increasingly important.

COUNTY HIGHLIGHT:
POTTER

Real World Lessons in Potter County

Paul Heimel
Potter County Commissioner

> "This was arguably the most effective lesson we've ever provided. As the students could clearly see, Potter County is fortunate to have dedicated leaders who are committed to working as a team to improve the outcomes of the criminal justice system. They set an excellent example of finding common ground and working together for some significant accomplishments."
>
> *—Bob Wicker advisor for LPC*

Let's face it—most Pennsylvanians have only a vague knowledge, at best, about county government. Even high school curriculum planners don't emphasize it. So, a partnership that formed in Potter County set out to do something about the education gap. The commissioners teamed with members of the criminal justice system and the county's fiscal department to create an engaging daylong exercise for trainees in the Leadership Potter County (LPC) program.

In January, the future leaders had a rare opportunity to walk in the shoes of nearly two dozen people who are actively engaged in the county's criminal justice reform mission. They spent the day engaged in an exercise that demonstrated the complexities, the challenges and the accomplishments of changing decades-old systems of administering justice. It was all played out against a backdrop of fiscal limitations and differing philosophies and beliefs.

Bob Wicker, advisor for LPC, summarized the results, "This was arguably the most effective lesson we've ever provided. As the students could clearly see, Potter County is fortunate to have dedicated leaders who are committed to working as a team to improve the outcomes of the criminal justice system. They set an excellent example of finding common ground and working together for some significant accomplishments."

EXERCISING MINDS

In prior years, the students toured county offices for a general lesson in local government. This year, the future leaders participated in an exercise involving the offer of a $500,000 federal grant that could be used for any number of criminal justice initiatives. Of course, there really wasn't such a grant, but all of

Leadership Potter County class members met with a broad variety of officials. One of the panels, shown above, consisted of (from left) Brian Abel, chief probation officer; Gabrielle Milford, criminal justice community service coordinator; David Hyde, executive director, A Way Out, domestic violence and sexual assault services agency; and Andrea Lehman, domestic relations director.

the speakers played along to bring realism to the scenario.

The day began with a mock meeting of the Potter County commissioners, during which there was a spirited debate focused on whether to accept the grant - and somehow come up with a required $250,000 in matching funds from the county - or forego the opportunity. LPC members then met with a broad variety of county officials whose jobs would be affected. One of the panels consisted of President Judge Stephen Minor; District Attorney Andy Watson; Derick Morey, Probation Department; and Colleen Wilber, administrator of drug and alcohol treatment programs.

They also heard insights from a state police trooper, two magisterial district judges, and toured the county jail while interviewing Deputy Warden Angela Milford. Further insights into the real world of criminal justice and its many tentacles were shared by the director of a domestic violence/sexual abuse services agency and by the Potter County Domestic Relations Department.

DEEPENING APPRECIATION

All of the speakers discussed the latest trends in justice administration, focusing on the county's DUI and Drug Treatment Courts and related alternatives; Pre-Trial Diversion options for qualifying offenders who suffer from addiction and/or mental illness; re-entry services that could be implemented at the jail to help inmates successfully transition back to society, and others.

To deepen students' appreciation of the 168-year old county courthouse, which is recognized on the National Register of Historic Places, county historian David Castano spoke to the group on the evolution of the landmark building, complete with interesting anecdotes from the past.

Finally, to close out the exercise, the commissioners reconvened their mock meeting. The board simulated a fiscal review with Chief Clerk Kathleen Majot, who pointed out that accepting the grant and meeting its required match could result in a tax increase or a reduction of other services.

LPC students were then called upon to offer recommendations and explain their reasoning. A majority of them recommended that the board move forward, even if it meant raising taxes, making cuts in other budget line items or borrowing the money. "This was an excellent indication that, after hearing many of the arguments—both pro and con—the future leaders had a broader understanding of the benefits of improving the criminal justice system," Wicker said. "They also came away with an appreciation of the complexities that their county elected officials are facing and the far-reaching impact of their decisions."

Potter County Education Council sponsors the LPC program, which is geared toward developing leaders in area communities and/or local government while educating them on local issues and institutions, and preparing them for public service and career advancement.

THERE'S POWER IN THE Partnership

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Farmland Preservation Celebrates 30 Years

Cassandra Barrett

As the Pennsylvania Department of Agriculture celebrates the 30th anniversary of its Farmland Preservation program, its facilitators reflect on the program's successes and look ahead to the future of Pennsylvania agriculture.

In the 1980s, Pennsylvania saw a boom of haphazard development and sprawl, leading to the massive increase of commercial and residential buildings across the state. According to Douglas Wolfgang, bureau director of farmland preservation, the mentality at the time was to continue building and expanding rather than reinvesting in and reusing agricultural resources.

"It just so happens in Pennsylvania that, and in most areas, that the most developable land is also what happens to be the best farmland for agricultural production," Wolfgang said. "We were seeing some of our best farmland in southcentral and southeastern Pennsylvania being consumed at a rate that just wasn't sustainable."

In November of 1987, Pennsylvanians took to the polls to address this growing concern by way of a bond referendum. Voters approved by wide margin the expenditure of $100 million to fund farmland preservation efforts. The vote was championed by the League of Women Voters and supported heavily by suburban Pennsylvanians who recognized the potential for both an agricultural and economic crisis to occur should Pennsylvania farmland continue to be consumed by unsustainable development.

Pennsylvania Secretary of Agriculture Russell Redding credits much of the program's success to how it was created by public efforts. "The other states have done things around preservation, but we're the only one that went to a voter referendum," Redding said. "It wasn't a simple act of legislature. It wasn't a budget request of the governor solely. It wasn't an individual department's desire to do something. It was the collective."

FRAMEWORK TO SUCCESS

The Farmland Preservation program was created in 1988 by Act 149, which amended the Agricultural Security Law, Act 43, creating the framework for an easement purchase program. The first farm was preserved in 1989. Now, 30 years later, 560,000 acres of land have been preserved on 5,400 farms across the program's 58 partnering counties. More than 1,500

farms currently sit in the program's backlog, waiting to be preserved.

Wolfgang contends that the strength of the program is rooted in these county partnerships.

"Counties are instrumental," Wolfgang said. "It was intended to be county-driven. The reason the program has been successful is because it's administered at the local, grassroots level."

Within the 58 counties that partner with this program, county commissioners appoint volunteer county boards that serve and make decisions on behalf of the county and champion the program at the local level. There are estimated to be nearly 400 board members across the state who report to a 17-member state board. Redding previously served as an Adams County board member, appointed a year after the Act had passed, and was instrumental in structuring the county's program.

Through his experiences at the county level as a board member and now at the state level as the Pennsylvania Secretary of Agriculture, Redding says that the statewide program is still reflective of what the local community sees in its farms and he appreciates the program's partnership with and respect for the counties and what they value as individual entities.

"It's been nice to watch the program develop over the years, to see it as a county board member and the decisions we made, and then to see it as Secretary 30 years on," Redding said.

As an agricultural leader since colonial times, Pennsylvania has a rich heritage and way of life that are protected through this preservation program.

FEEDING THE FUTURE

In Lancaster County, Commissioner Dennis Stuckey, who also is a member of the state Farmland Preservation Board, says that farming and agriculture are the fundamentals of Lancaster's history, a county that leads the state in number of farms preserved and is vital in supplying the nation with agricultural production.

"With more than 400,000 acres of farmland in the county, we are the largest farmgate sales county in the commonwealth with over $1 billion in sales each year," Stuckey said. "Lancaster County is a national leader in farmland preservation as is the Commonwealth of Pennsylvania because of the importance of agriculture in feeding a nation."

After 30 years of preserving more than 500,000 acres of farmland in Pennsylvania, the program's facilitators now look ahead to the future of the program and examine what could be done to further its successes. The bureau will continue to work on preserving additional farms and has set a goal of preserving at least 200 farms per year for the next four years.

The future goals of the bureau also involve more than preserving additional farms. Facilitators of the program understand that the preservation investments made in the program's first 30 years must be protected by making sure that the

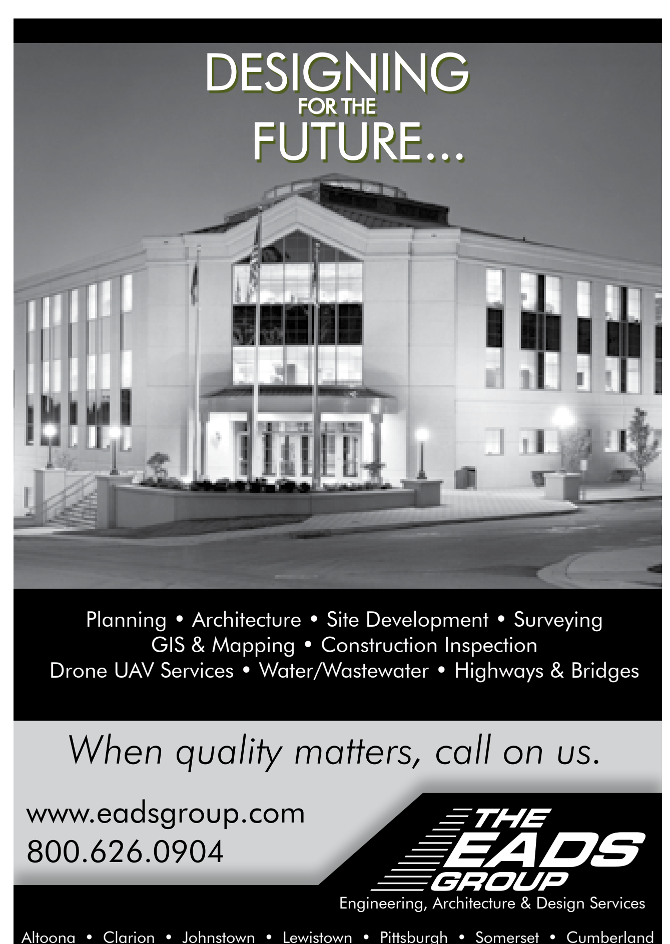
new and beginning farmers have the tools necessary to take over farms and keep them viable in the future.

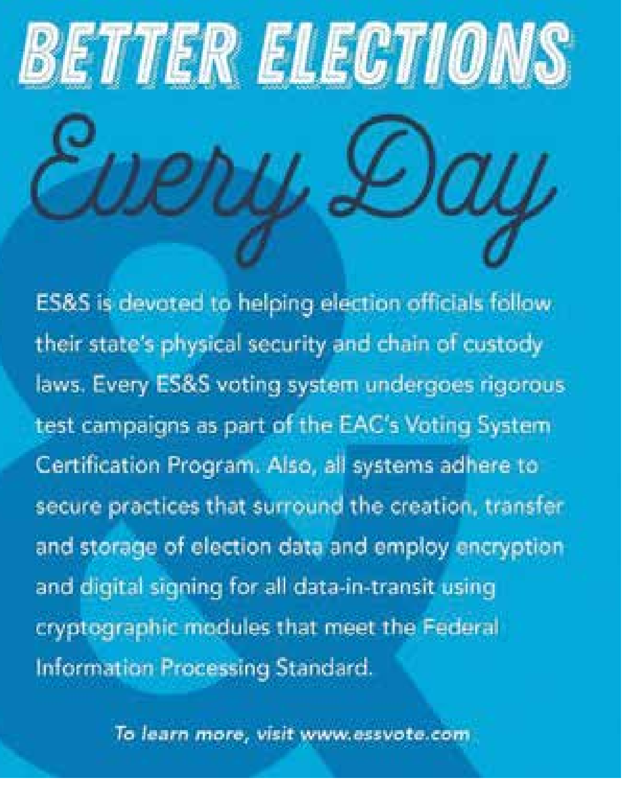
Since the beginning of the program, 1,500 farms have changed hands at least once and have done so successfully. Redding says that this success impresses him the most. "We have confirmation that those farms can successfully move from one generation to the next as envisioned, and that the current generation sees the value of that easement and protects it," Redding said. "I'm proud of that."

Another piece of the program that Redding takes pride in is the immense dedication and passion of the farmers and their families. He says that when the families decide to preserve their land, they obligate the current generation to responsibilities as well as future generations to come. In doing this, they make a very clear statement about the intent of the land as well as their legacy as stewards of it.

When Redding has the opportunity to interact with these farmers and their families, he understands why they chose to be a part of the program. "It's a very heartfelt decision about where they see their future, how they want to be remembered and what they want the land to honor, both their work and the work of generations to come," Redding said. "That's the proud piece of this. Every time I'm with the families who have made the decision to preserve their farms is a proud moment."

The Farmland Preservation program is a story of Pennsylvania. It embodies the history, heritage and legacy of the commonwealth and its people. In the program's first 30 years, it has already recorded tremendous success, leading the nation in both the number of acres as well as in the number of farms permanently preserved for agricultural production, protecting Pennsylvanians' agricultural economy, food systems and quality of life. This preserved land will be here in perpetuity, protecting not only the land itself, but also the farmers and Pennsylvanians for many more generations to come.





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Andrew C. Smith
Risk Control Specialist/PELICAN Marketing Specialist
County Commissioners Association of Pennsylvania

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COUNTY HIGHLIGHT:

PIKE

Krista Gromalski
Communications Coordinator
Pike County

Tackling **Tick Borne Diseases** in Pike County

Pennsylvania has many claims to fame. It is home to America's oldest brewery (Yuengling), and to the Chocolate Capital of the United States (Hershey).

Recently, however, the serious health threat of Lyme disease—caused by a tiny arachnid, called a tick—has captured the spotlight.

In 2016, Pennsylvania had 11,443 reported cases of Lyme disease, the highest in the country, according to the Center for Disease Control. Lyme disease occurs when the bacterium *Borrelia burgdorferi* is transmitted to a human through the bite of an infected tick.

Several affected counties are tackling this challenge with a collaborative approach to solutions, which convenes public health officials, medical professionals, representatives from government agencies, elected officials and patients.

TASK FORCE APPROACH

Pike County, for example, in the state's rural northeast corner, experienced a significant increase in confirmed cases of Lyme disease in recent years: from 13 in 2012 to 114 in 2016. As a result, some concerned residents, spearheaded by retired educator Mikki Weiss and microbiologist Dr. Robert Ollar, formed a Tick Borne Diseases Task Force in 2014. These volunteers initially met at the Pocono Environmental Education Center in the Delaware Water Gap National Recreation Area.

Not long after, in May 2015, the Pike County commissioners recognized the need for action and made the task force an official county initiative.

Pictured at a recent meeting of the Pike County Tick Borne Diseases Task Force are, from left to right: Dr. Cathleen Mattos, Dr. Robert Ollar, Pike County Commissioner Ron Schmalzle, Task Force Chairperson Rosemarie Schoepp, Jill Gamboni of Representative Mike Peifer's Office, Hemlock Farms Conservancy Executive Director Kelly Stagen, Stephen Alessi of PennState Extension, Ellen Scarisbrick of Wayne Memorial Hospital, Pike County Commissioner Matt Osterberg, Task Force Liaison Brian Snyder of the Pike County Community Planning Office, and Pike County Health Nurse Tammy DeLeo.

"Mikki called me about this terrible disease, which was causing so much suffering," says Matthew Osterberg, Chair of the Pike County commissioners. "From that one phone call and Mikki's perseverance, we took the task force to a new level, which in turn led to increased awareness, and similar efforts in near-by Wayne, Monroe and Susquehanna counties."

This approach was in-line with the state's response to the staggering health statistics outlined in Act 83 of 2014, which established the Pennsylvania Lyme Disease and Related Tick Borne Disease Task Force, of which Dr. Ollar from Pike was a member. In 2015, the state group identified important recommendations for public health officials, medical professionals, and patients. "Having Dr. Ollar on the state board really gave Pike County a voice in the commonwealth," adds Osterberg.

Weiss, who has a tick borne disease, went on to establish the non-profit Tick Borne Diseases Support Network in 2016 to help people in the tristate area of Pennsylvania, New York and New Jersey manage health issues and improve their quality of life. "There is a journey of wellness that people who are affected by tick borne diseases experience as they try to sustain their health," says Weiss. "The support network is focused on the patients."

Wayne Memorial Hospital also sponsors a monthly Tick Borne Disease Support Group within the county.

PIKE'S PROGRESS

The Pike County Tick Borne Diseases Task Force is currently administered by the Community Planning Office, under the auspices of Planning Director Michael Mrozinski and Community Planner Brian Snyder.

Since its inception, the Pike Task Force has worked to decrease the number of tick borne illnesses through public awareness about the prevalence and dangers of tick borne diseases as well as proactive steps that people can take to protect themselves from infection while enjoying the outdoors. The process has resulted in productive partnerships with the Delaware Valley School District, Pennsylvania Department of Health, East Stroudsburg University, Wayne Memorial Hospital, Hemlock Farms Conservancy and Penn State Extension.

A cornerstone of Pike County's educational outreach is an easy-to-

understand Tick 101 brochure that contains basic information about ticks and tick borne diseases. It was produced with funding from the Pike County Conservation District and the commissioners. To date, approximately 8,000 copies have been distributed to local residents.

In collaboration with the Delaware Valley School District, a protocol was developed for school nurses to use when a student reports an embedded tick. Prior to the protocol, a nurse would remove the tick and dispose of it without informing a parent or guardian. Through the new protocol, guidance is provided on proper tick removal and treatment of the affected area of the skin. Nurses are also instructed to contact a parent or guardian to share the Tick 101 brochure and to inform the parent that he or she may take the tick to be tested.

TICK RESEARCH

One of the major achievements of the Pike Task Force is the completion of scientific research that has given insight into the types of ticks and diseases present locally. The Task Force commissioned a pilot study of the county seat of Milford Borough, funded by the Tick Borne Disease Support Network and the Pike County Commissioners. Northeast Wildlife DNA Laboratory of East Stroudsburg University tested 100 blacklegged ticks collected at three sites.

The study, which was completed in June 2018, showed that 51 percent of the collected ticks carried at least one tick borne disease, and 11 percent were co-infected with two or three tick borne diseases. The highest infection rate identified was Lyme disease, at 37 percent. A primary recommendation included screening for all possible tick borne diseases by local doctors to ensure accurate diagnoses.

These results prompted the Task Force to call for a county-wide study, which is again being conducted by Northeast Wildlife DNA Laboratory of East Stroudsburg University. This study, which is in progress, is funded by the Delaware Valley Educational Foundation, Lyme Disease Association and the Pike County commissioners.

It divides Pike's approximately 546 square miles of land into nine collection grids from which 100-200 ticks from each grid will be collected and tested. In addition, ticks will be collected from Milford Borough to compare pathogen changes over time and to test for the Powassan virus, which was not included in the pilot study.

FUTURE GOALS

The Pike County Task Force maintains open lines of communication with elected officials such as Rep. Michael Peifer (R-139), Rep. Rosemary Brown (R-189), and Senator Lisa Baker (R-20). These relationships have fostered an ongoing dialogue on legislation surrounding issues such as continuing education for doctors and mandates that would require health insurance companies to pay for tick borne disease treatment.

On the horizon for the Pike Task Force is a potential collaboration with Wayne Memorial Hospital to establish a Tick Borne Diseases Clinic, a first of its kind in the commonwealth.

With model initiatives such as Pike's to combat the mounting challenge of tick borne diseases, Pennsylvania may well be on its way to a new claim to fame: the solutions state.

"Pike County has really taken a unique and comprehensive approach to dealing with this health conundrum," says Weiss. "Good leaders are necessary, but with a good team you can achieve anything."

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2019 COUNTY BUDGET SURVEY

The County Commissioners Association of Pennsylvania has released its survey of county budget and taxation rates for 2019.

The budget chart on the following pages lists the 2019 budget figures for each county (general, special and other funds) and compares this year's data to 2018.

The taxation chart looks at millage rates, predetermined rations and the latest assessment charges.

2019 COUNTY BUDGET SURVEY

	2019 BUDGET				PERCENT BUDGET INCREASE/DECREASE FROM 2018			
County	General	Special	Other	Total	General	Special	Other	Aggregate
Adams	63,649,604	862,925	0	64,512,529	20.39	-93.61 [1]		-27.26 [2]
Allegheny	802,896,368	4,914,995	124,567,687	932,379,050	3.34	-11.05	0.03	2.80
Armstrong	23,075,657	34,551,440		57,627,097	9.09	-14.60		-6.47
Beaver	78,088,099	129,900,585	2,310,524	210,299,208	-1.41	2.45	100.74	1.52
Bedford	19,424,428	1,340,000	13,500,000	34,264,428	-3.42	30.60	-3.57	-2.49
Berks	236,829,225	319,488,982	921,466	557,239,673	4.16	4.78	177.12	4.63
Blair	55,316,863	20,703,799	9,497,786	85,518,448	-14.17	-6.82	6.08	-10.57
Bradford	85,198,369			85,198,369	12.83			12.83
Bucks	259,616,300	318,503,700	147,260,000	725,380,000	-2.22	7.49	34.84	8.10
Butler	65,162,312	101,500,443		166,662,755	1.17	-1.62		-0.55
Cambria	60,053,560	104,969,780	17,772,466	182,795,806	-1.15	-0.54	1.70	-0.53
Cameron	5,473,116	2,042,245	1,497,194	9,012,555	15.25	54.31	-27.23	10.86
Carbon	24,657,667	21,731,147	16,400,986	62,789,800	1.72	2.82	47.88	11.20
Centre	38,693,472	30,858,361	13,514,278	83,066,111	4.79	7.96	33.38 [3]	9.82
Chester	172,580,602	224,413,706	142,439,707	539,434,015	4.65	0.56	3.17	2.53
Clarion	18,340,152	6,912,595	1,515,755	26,768,502	7.54	-1.91	0.99	4.56
Clearfield	20,834,460	16,459,296	421,910	37,715,666	1.23		598.11	3.86
Clinton	23,114,975	16,027,769	770,000	39,912,744	0.10	12.69	-41.22 [1]	3.34
Columbia	26,746,577	9,012,648		35,759,225	1.49	-3.32		0.24
Crawford	61,415,932	3,223,981	12,412,728	77,052,641	12.54	-4.60	2.43	9.97
Cumberland	90,175,832	77,596,071	72,046,148	239,818,051	1.30	17.68	1.99	6.30
Dauphin	181,261,763	158,067,707		339,329,470	-4.21	12.54		2.92
Delaware	278,004,000	307,856,000	76,873,000	662,733,000	1.55	3.81	-4.55	1.83
Elk	12,649,429	25,934,051		38,583,480	-0.40	6.54		4.16
Erie	103,948,587	246,896,470	87,376,458	438,221,515	4.78	-6.22	1.56	-2.29
Fayette	36,614,314			36,614,314	5.20			5.20
Forest	2,999,300		877,341	3,876,641	2.99		13.95	5.28
Franklin	50,431,099	51,091,160	62,161,603	163,683,862	-0.68	319.76 [3]	0.96	31.46 [3]
Fulton	7,434,744	4,541,091		11,975,835	2.22	16.86		7.32
Greene	19,238,525	8,218,763	1,120,000	28,577,288	2.73	-8.92	0.00	-1.01
Huntingdon	21,490,133	489,877	207,062	22,187,072	3.56	0.47	0.47	3.46
Indiana	45,383,252	655,650		46,038,902	13.01	23.94		13.15
Jefferson	13,959,160	13,591,856	3,725,326	31,276,342	-0.73	30.77	59.43	16.74
Juniata	10,983,429		3,415,578	14,399,007	3.88		0.00	2.94
Lackawanna	127,254,884	62,356,972	20,371,725	209,983,581	3.68	-17.14	2.28	-3.64
Lancaster	163,009,370		102,846,515	265,855,885	1.94		0.51	1.38
Lawrence	33,721,874	455,948	34,707,867	68,885,689	3.60	0.79	11.10	7.23
Lebanon	46,759,406	2,564,474	34,136,617	83,460,497	2.51	407.95 [3]	12.40	9.12 [3]
Lehigh	122,988,612	277,366,902	106,776,211	507,131,725	0.40	10.13	4.38	6.40
Luzerne	137,847,057	168,169,182		306,016,239	-0.42	-0.32		-0.37
Lycoming	66,604,673	16,638,259	20,213,873	103,456,805	13.86	-26.65	3.29	2.69
McKean	17,656,492		22,310,931	39,967,423	2.92		7.57	5.46
Mercer	32,412,105		2,628,600	35,040,705	2.33		5.78	2.58
Mifflin	32,286,627			32,286,627	8.55			8.55
Monroe	62,446,007	33,972,647	12,008,357	108,427,011	2.90	-0.48	34.16	4.48
Montgomery	420,088,398	163,638,093	46,338,163	630,064,654	4.13	19.05	1.46	7.42
Montour	8,173,251			8,173,251	-1.75			-1.75
Northampton	119,910,400	284,452,700	53,042,900	457,406,000	0.64	0.55	107.49	6.97
Northumberland	26,509,726	48,392,629	1,578,011	76,480,366	2.56	9.90	-93.64	-19.23 [3]
Perry	19,965,789			19,965,789	2.07			2.07 [3]
Philadelphia*				0				
Pike	41,921,184	1,520,457		43,441,641	8.57	6.08		8.48
Potter	10,352,862			10,352,862	5.01			5.01
Schuylkill	63,928,879	75,086,695	7,172,285	146,187,859	3.83	9.81	-19.34	5.29
Snyder	20,884,935		31,702,213	52,587,148	0.95		7.94	5.05
Somerset	49,505,385			49,505,385	8.84			8.84
Sullivan	5,148,769	441,752		5,590,521	2.88			11.71 [1]
Susquehanna	23,344,684	14,637,374		37,982,058	27.90	3.36		17.18
Tioga	20,010,883	16,141,848		36,152,731	-0.30	5.37		-61.71
Union	19,438,672	1,280,215	1,069,050	21,787,937	-3.20	156.04	-18.77	-0.50
Venango	40,019,761	15,145,415	1,905,417	57,070,593	-0.13	35.42	-14.10	6.73
Warren	14,765,722			14,765,722	-7.28			-7.28
Washington	95,337,601	29,541,036	25,018,786	149,897,423	5.02	-29.88	6.28	-4.19 [1]
Wayne	33,037,143	58,649,099		91,686,242	3.85	5.50		4.90
Westmoreland	146,519,720	83,077,735	118,503,771	348,101,226	5.22	1.76	2.70	3.52
Wyoming	13,163,612	2,753,055	1,013,913	16,930,580	-12.33	6.79	-0.47	-9.03
York	252,639,298	260,346,349	60,520,100	573,505,747	1.19	4.46	-40.55 [4]	-4.53
AVERAGE	80,354,471	74,595,883	33,699,340	159,684,348	3.23	20.23	23.38	2.49
TOTAL				*10,698,851,323*				

Footnotes:

[1] Increase/Decrease due to reallocation of funds

[2] Increase/Decrease due to HealthChoices

[3] Increase/Decrease due to Capital Projects

[4] Increase due to sale of nursing home

**no data submitted*

	MILLAGE RATE				MILLS INCREASE/DECREASE FROM 2018				LAST ASSESSMENT CHANGES		
	General	Special	Debt	Total	General	Special	Debt	Total	Assess-ment Ratio	Full Reass-essment	Ratio Change
Adams	4.19			4.19	0.48			0.48	100%	2010	
Allegheny	3.98		0.75	4.73	0.02		-0.02	0.00	100%	2012	2000
Armstrong	14.80		4.20	19.00	0.00		0.00	0.00	50%	1997	1985
Beaver	25.00		1.00	26.00	0.00		0.00	0.00	50%	1982	1982
Bedford	2.43		0.61	3.04	0.00		0.00	0.00	100%	2012	
Berks	7.67			7.67	0.00			0.00	100%	1994	
Blair	3.52	0.03	0.38	3.93	0.00	0.00	0.00	0.00	100%	2017	
Bradford	10.43			10.43	0.00			0.00	50%	1999	1992
Bucks	19.09		5.36	24.45	-0.44		0.44	0.00	100%	1972	2004
Butler	21.46	2.94	3.24	27.63	0.05	0.00	-0.05	0.00	100%	1969	
Cambria	27.50	2.00	4.00	33.50	0.00	0.00	0.00	0.00	100%	1972	2004
Cameron	20.50	1.50	5.00	27.00	0.00	0.00	0.00	0.00	50%	1986	
Carbon	10.00	0.00	0.25	10.25	0.00		0.00	0.00	50%	2001	
Centre	6.65		1.19	7.84	0.00		0.00	0.00	50%	1995	
Chester	3.01	0.25	1.11	4.37	0.14	-0.03	-0.11	0.00	100%	1998	
Clarion	20.50		1.50	22.00	0.00		0.00	0.00	100%	1975	2008
Clearfield	19.50			19.50	0.00			0.00	25%	1989	1989
Clinton	6.00			6.00	0.00			0.00	100%	2009	2009
Columbia	11.39		1.00	12.39	0.00		0.00	0.00	50%	1992	
Crawford	20.25	0.70	0.90	21.85	2.00	0.10	0.65	2.75	75%	1971	1985
Cumberland	2.20	0.02		2.21	0.00	-0.15		-0.15	100%	2010	
Dauphin	6.88	0.35		7.23	0.00	0.00		0.00	100%	2002	2002
Delaware	4.53		0.93	5.46	-0.18		0.04	-0.14	100%	2000	
Elk	15.40		0.75	16.15	0.00		0.00	0.00	50%	1984	2006
Erie	5.71			5.71	0.30			0.30	100%	2013	2003
Fayette	5.17		0.34	5.51	0.00		0.00	0.00	100%	2003	
Forest	18.91			18.91	0.00			0.00	100%	1974	2017
Franklin	25.00	1.05	4.10	30.15	0.00	0.00	1.50	1.50	100%	1961	2001
Fulton	12.40			12.40	0.00			0.00	100%	1990	2002
Greene	6.77	0.07	0.70	7.54	0.00	0.00	0.00	0.00	100%	2003	2003
Huntingdon	16.25	0.41	0.97	17.63	0.00	0.00	0.00	0.00	80%	1978	2013
Indiana	3.51	0.94		4.45	-0.18	0.94		0.76	100%	2016	
Jefferson	12.00			12.00	0.00			0.00	100%	1972	2004
Juniata	22.75			22.75	0.00			0.00	100%	1974	
Lackawanna	40.49	3.82	13.11	57.42	-1.36	0.00	1.36	0.00	100%		1986
Lancaster	2.91			2.91	0.00			0.00	100%	2017	
Lawrence	6.51	0.14	0.66	7.31	-0.06	0.00	0.06	0.00	100%	2003	
Lebanon	3.29			3.29	0.00			0.00	100%	2012	2005
Lehigh	3.64			3.64	0.00			0.00	100%	2013	2013
Luzerne	5.98			5.98	0.00			0.00	100%	2009	2009
Lycoming	6.50			6.50	0.00			0.00	100%	2005	2005
McKean	11.25			11.25	0.00			0.00	100%	1998	2005
Mercer	22.25		1.40	23.65	0.00		0.00	0.00	100%	1974	2002
Mifflin	15.77			15.77	0.00			0.00	50%	1999	
Monroe	18.41	1.10	2.84	22.35	-0.01	0.00	0.01	0.00	25%	1989	
Montgomery	3.46	0.39		3.85	0.00	0.00		0.00	100%	1998	1998
Montour	3.60			3.60	0.25			0.25	100%	2004	
Northampton	11.80			11.80	0.00			0.00	50%	1995	1972
Northumberland	23.73		6.49	30.22	0.00		0.00	0.00	100%	1972	2005
Perry	3.31			3.31	0.00			0.00	100%	2010	2000
Philadelphia				0.00				0.00	100%	2014	2014
Pike	17.32	2.32	0.10	19.74	0.00	1.05	-1.05	0.00	25%	1981	1996
Potter	18.50		0.74	19.24	1.00		0.71	1.71	100%	1977	2002
Schuylkill	15.38		0.60	15.98	0.00		0.00	0.00	50%	1996	
Snyder	21.63	0.19		21.82	0.00	0.00		0.00	100%	1973	2007
Somerset	11.26		2.10	13.36	0.00		0.00	0.00	50%	1998	1998
Sullivan	4.05			4.05	0.00			0.00	100%	2004	
Susquehanna	10.50	0.33		10.83	0.00	0.00		0.00	50%	1993	1993
Tioga	6.75			6.75	0.00			0.00	100%	2002	
Union	4.56	0.16	0.84	5.56	0.00	0.00	0.00	0.00	100%	2005	2006
Venango	6.00			6.00	0.00			0.00	100%	2000	
Warren	21.50			21.50	1.00			1.00	50%	1989	
Washington	2.43			2.43	0.17			0.17	100%	2017	2017
Wayne	3.61		0.38	3.99	0.00		0.00	0.00	100%	2005	2005
Westmoreland	20.99			20.99	0.00			0.00	100%	1972	
Wyoming	23.87		1.98	25.85	1.50		0.00	1.50	50%	1988	1996
York	5.71	0.09		5.80	0.00	0.00		0.00	100%	2006	
AVERAGE	12.00	0.85	2.11	13.14	0.07	0.09	0.11	0.15	85%		

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Penn State Extension Offers **Free Videos** to Aid Community Relations

Norma Young
Penn State Extension Educator

Everyone has different opinions or information when it comes to community issues. These issues can be simple and easy to understand or complicated and divisive, often involving some degree of controversy and public discourse. How can community conflicts be handled to have a positive outcome for all?

As a community leader, it is important to create a civil environment to explore the issues at the heart of polarizing conversations and 'hot button' topics. To help community leaders achieve success, Penn State Extension has produced a free online video series titled, "Community Conflict: Finding Middle Ground."

STRATEGIES TO ENGAGE

Twelve short videos explore the dynamics of community controversies and offer strategies to engage your audience, facilitate and build trust in the community, have productive conversations, prepare for public meetings, and effectively deal with barriers to civil dialogue—tips that can be valuable for any leader. The video topics include:

- Community Conflict: Finding Middle Ground
- Effective Engagement
- Social License
- The Role and Importance of Trust
- Public Meetings
- Understanding Risk
- Framing the Issue
- Anticipating Public Response
- Difficult Audiences
- Myths and Misinformation
- Combating Misinformation
- Building a Network

Effective community engagement strategies are important to ensure that the interests and priorities of residents are reflected in the decisions that affect them, according to Walt Whitmer, senior extension educator with Penn State's Department of Agricultural Economics, Sociology, and Education.

EARNING TRUST

Whitmer and other Penn State Extension educators are sensitive to the importance of effective engagement and earning the trust of stakeholders for optimal open conversation. "The research and experience of countless practitioners makes this crystal clear," said Whitmer. "Without a purposeful and consistent effort to foster trust and build strong relationships at every opportunity, even the best-designed community engagement or conflict-management processes will fall short."

Tom Murphy, co-director of Penn State's Marcellus Center for Outreach and Research, highlights the importance of understanding risk from a community perspective. "Identifying these risks and assisting community members as they work through known facts and discover new information and benefits will provide authenticity and transparency to a community leader's discussion," he said. "Sorting out 'possible' versus 'probable' risks is a key component of this transparent process."

APPRECIATING OTHERS

Determining the makeup of the audience and perceived risks will help a community leader or municipal official to understand audience members' positions on a subject. "Identifying and appreciating all the concerns, emotions, uncertainties and fears surrounding the subject prior to a meeting can provide the best frame for a productive discussion," Murphy said.

At times, dealing with a difficult audience or dealing with myths and inaccurate information may be necessary, pointed out extension educator Dan Brockett. Successful coping strategies can provide any leader with the tools to handle difficult audience members or protestors. "These strategies—along with sorting out fact versus fiction early in a discussion—can help a leader reduce negative impact and keep the dialogue focused on accurate details, likely leading to a better outcome," he said.

Lisa Hrabluk, a consultant and founder of Wicked Ideas, whose mission is to create safe and welcoming spaces for people to learn about complex issues and work together to develop solutions, worked with a team of Penn State Extension educators to develop the video series. She introduces the videos and then wraps them up with insights into building an effective network.

PARTNERS IN CHANGE

"Over the past decade, the rise of grassroots, community-based networks has been instrumental in driving economic, social and political change," Hrabluk said. "The hierarchical nature of corporations and governments does not adapt easily to the fluidity of movements, and I've had success helping institutions broaden their traditional stakeholder-engagement process to make room at the table for community-based movements and treat them as partners in change."

Penn State Extension has made this video series available at no charge for all community leaders, officials, educators and facilitators. The series can be found on the Penn State Extension website at *http://pages.extension.psu.edu/community-conflict-finding-middle-ground*.

The video series is supported by the U.S. Department of Agriculture's National Institute of Food and Agriculture.

> Successful coping strategies can provide any leader with the tools to handle difficult audience members or protestors.

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