

**PORTER COUNTY BOARD OF COMMISSIONERS
TUESDAY, May 17TH, 2022
10:00 A.M.**

(The entire meeting is available to watch on the Porter County website.)

The Regular meeting of the Porter County Board of Commissioners convened at 10:00 a.m. on Tuesday, May 17th, 2022 in the Commissioners' Chambers of the Administration Center.

Those present were: Commissioners Laura Blaney, Jeff Good, Jim Biggs, County Attorney Scott McClure; Executive Administrative Asst. Melanie Massey and Recording Secretary Kathy Merle.

Com. Good, Good Morning this is the Porter County Board of Commissioners' meeting Tuesday, May 17th, 2022.

Call to Order/Pledge

CONSENT AGENDA

Approval of Payroll – April 29th, May 13th and May 27th, 2022.

Approval of Claims – April 21st, May 5th, May 12th, 2022.

Approval of Minutes for April 19th, 2022.

Weights and Measures Monthly Report – March 16th to April 15th, 2022 – Filed.

MEMORIAL OPERA HOUSE – SCOT MACDONALD, DIRECTOR

ARTISTIC SERVICES AGREEMENT

VENUE RENTAL AGREEMENT

Joseph Gianotti

Com. Blaney, moved to approve the Consent Agenda, Com. Biggs, second, motion carried.

ANNOUNCEMENTS

Jeff Imhof has been named Director of the Porter County Veteran's Office.

Com. Good, Jeff would you like to come up and say a few words to introduce yourself to the public.

Mr. Imhof, I didn't have anything prepared. I'm just glad that the Commissioners' accepted my appointment downstairs to be the Director. I look forward to trying to develop the office (Inaudible) for the rest of the County to follow. Thank you and I hope I have a long career here.

Com. Good, We provide an important function for the County. You are the link between us and the Veterans. God speed and good luck.

NEW BUSINESS

COMMISSIONERS

Appointment of a Citizen to the Plan Commission Board – Must be of Democrat affiliation. The appointee will complete the term of Michael Mirochna which ends December 31st, 2022.

Com Good, We are going to defer this until the next meeting. We received a couple of applications in late. We want to be able to look them over. Our next meeting is June 7th so we will appoint at the June 7th meeting.

Accepting Applications to Appoint a Citizen to the Board of Trustees Porter County Public Library System. The deadline will be June 2nd, 2022.

Com. Good, There is no political affiliation required. Stu Summers' term is up.

Com. Blaney, I received an email from Stu stating that he would like to be reappointed.

Com. Good, Okay, but whatever we do we're accepting applications starting today.

Accepting Applications to Appoint a Citizen to the Convention, Recreation and Visitors Commission. The appointee will complete the term of Harry Peterson which ends December 31st, 2022.

Com. Good, This appointment will go until the end of this year and then be up for reappoint for next year.

Accepting Applications to Appoint a Citizen to the Alcoholic Beverage Commission – Must be of a Republican affiliation. The appointee will complete the term of Jason Gilliana which ends December 31st, 2022.

Com. Good, Jason Gilliana has become a governor's appointment to the RDA to the Development of Infrastructure Committee. He cannot serve two lucrative positions.

An Employee's Request for Insurance Coverage.

Atty. McClure, Pursuant to our handbook if a retiree qualifies under all of the state statutes for our retiree insurance they have to make a formal request to the Commissioners. That has been made through the H.R. Department. All qualifications have been reviewed and this individual does comply with all of those.

Com. Good, Is that Cobra?

Atty. McClure, It's not Cobra but the same rate is utilized for the retiree insurance as Cobra.

Com. Biggs, moved to approve the Employee request for Insurance Coverage, Com. Blaney, second, motion carried.

Jan Pyrce, Pyrce Healthcare Group – Mental Health Survey Presentation.

Ms. Pyrce, Thank you appreciate the opportunity to be here today to present the results of an assessment that we did for the community. First I just would like to start out and thank the County for the opportunity to provide this and commend the County for your leadership in taking these steps to conduct a community assessment on suicide awareness and prevention. As we know there's has been growing concern in our country in this area and I appreciate your interest and commitment to this area. As a county I'd also like to thank, there's a number of people here in the audience who participated in the assessment in the interview process and I wanted to recognize and thank all of them as well. Obviously an initiative of this nature does its best by having as much participation as possible and I appreciate the folks who did support us in there and who have come today to hear the presentation. So we began this assessment in November 2021 and completed it in May. We have the full report which is 40 pages. Today I will be going over a PowerPoint summary of some key national issues, the findings and the recommendations to go over with you today. So this is the executive summary of the full report. This is the team that worked on the report with me today are Ann Schreiner our senior clinical consultant who has a master's in social work and has worked as a CEO of a large community mental health center social service agency and has extensive experience.

Ms. Schreiner, My background is both in social work and in business with an MBA. I kind of approached this from both lenses both looking at strategic planning as well as good clinical care.

Ms. Pyrce, Also working on the project was Mimi Peck who is our analytics person. The methodology is a big part of this. Our approach is to do qualitative research by engaging key individuals as participants who are stakeholders in a number of different areas. We did 38 interviews with individuals representing agencies, law enforcement, schools, criminal justice, the recovery community state agencies and local government. We also took a look at trends obviously looking at qualitative and quantitative factors both from the coroner's office here, the CDC as it has breakouts for the state and for Porter County. As

well as other databases and then we looked at some of the key research studies really looking at this field of suicide awareness and prevention is evolving and really wanting to be sure our approach is using the best research findings. There were two kind of significant research studies that were just published in January and those are some highlights from those are included in here because I think they have a lot of relevance for the framework on suicide awareness and prevention. I should also mention and I know I think the agenda it says mental health survey, I mean obviously suicide awareness and prevention has links to both mental health and mental illness as well as substance abuse. The focus of the study was specifically on suicide awareness and prevention and we certainly will touch on many of those interfaces in the mental health and substance abuse arenas. So a couple key trends just to set the umbrella framework for what's happening in this country in terms of suicide rate in 2020 in the U.S. Per hundred thousand individuals a couple trends highest in middle-aged white men on average 130 suicides a day. It gives you a few other here in the bullet points. I think everybody can see the power point here. Rural counties being hit particularly hard and I think what's most important on this PowerPoint slide is the last bullet here that suicide touches whole communities and this is again national CDC trends. Each person who dies by suicide leaves behind 135 people who knew that person and the impact in suicide and the bereavement that follows. This is how it certainly developed into a community issue in addition to the individuals impacted. All the family and other members who are impacted. Here's some quick trends. Taking a look Porter County compared to Indiana and compared to U.S. Looking again at this incident level per hundred thousand individuals as you can see the far....as you're looking at it the far right shows you Porter County had a spike in 2017 that's come down some, but has you know really trended and closer to the Indiana rate. Higher than the U.S rate in terms of suicide death age adjusted per hundred thousand and this kind of gives you that same data in the graph where you can see that kind of spike. We're starting out 2012. The green again being Porter County kind of higher than the state, higher than the U.S and peaking in 2017. Coming down a little bit closer still somewhat higher there in 2020. So what part of the framework we use for this assessment comes from SAMSHA the Suicide Prevention Resource Center. They've provided five guiding principles or pillars for looking at suicide awareness and prevention. Starting from the right one is using evidence-based prevention and we continue to look in our field for where the research studies, what communities are on there, how do we use best evidence-based practice and that's still a dynamic process. I mean research is ongoing as we sit here today. You know that using research-based approaches is extremely important. Second kind of going from the left culturally competent approaches. Third safe and effective messaging and reporting. Fourth very important partnerships and collaboration. No single organization or entity is going to be able to have full responsibility. There really has to be partnerships and collaboration and it has to be from professionals, mental health professionals, individuals in the substance abuse field, the health care field as well as the community at large and you'll see some research how there really needs to be a big tent in terms of partnerships and then last is engaging individuals with lived experiences. The research has shown this is even more important than individuals who have this experience that we engage them. There's an initiative in the field now that is percolating in Indiana described as lost teams. In fact I think there's some state funding for developing those programs. Again, this is from a national framework. One of the key elements in the process. Two just researched studies that again I want to mention is that they both at the kind of final bullet here although there's been a growth if we graft this in suicide prevention programs nationally. Utilization of those programs has not grown at the same level that the programs have. Again, the concern there is that as risk individuals are not always assessing the programs within the formal behavioral health system. So that's I think important for us to think about in how we build community-based programs. A couple of the other research findings that several factors that they found that contributed to non-use first and foremost stigma which has to be a huge part of addressing that in any awareness and prevention program. Negative limited access, so of course how services are accessible to the person that needs them is important and as well as negative attitudes or negative experiences with the mental health system. This is where the authors made a couple recommendations too. I think important to us today one is this idea of peer supporters which goes back to that kind of loss team idea. The second is taking a public health approach outside of the formal treatment that we really have to think of suicide awareness and prevention as a public health issue. From a public health model what we would hope to focus on in building the most effective suicide awareness and prevention are four arenas as in this diagram. The first if looking at it from the left would be promotion or what was the term we use more often as awareness. Then we look at prevention. Then we have treatment where we actually have an intervention within an individual and then the fourth area being recovery where again we have support for that individual through our support communities for recovery. I think many of you may be familiar with that concept from the addiction substance abuse community and I think that idea of recovery is now being used much more broadly in the whole mental health arena.

We think what the public health model suggests is although many times we get focused on treatment which of course is extremely important. We want somebody that presents the absolute best that we can do for the individual. How do we go upstream and do the kind of awareness promotion prevention but to work with individuals before they get to that point of needing services. So we need all four of these arenas. Going into the study here are key findings. Again and I should really start with saying that the County does have some very good evidence-based programs in awareness and prevention that are currently ongoing. I'll mention a few of them. One is question persuade and refer QPR. One is mental health first aid. Another one is sources of strength and these are training programs that have involved and occurred in the in the County with agencies, schools, law enforcement, veteran groups and others to again engage. We need to have widespread engagement of individuals not only in the professional community but in the community at large and these training programs are one way to engage individuals. There are several tools that are being used by professionals in the field that have good evidence-based underpinnings. The Columbia Suicide Severity rating scale and the Stanley Brown Safety Planning Intervention so these are all positives that are in place. There's also been some really good initiatives at integrating physical health and mental health and I think that we have more and more research in the field there. We have our FQHC offering behavioral health services. Porter Stark exploring being a CCHHC. We have primary care physicians who are reported to use PHQ2 and PHQ9 that are screening tools you can use in a primary care visit to identify if there's depression and some other mental health issues. These are all positive. There's also several porter county task force and councils that are very actively involved in suicide awareness and prevention. Again a positive and I think indicative of the care, concern and compassion of many Porter County Community members to get involved in this area and looking for what's the best way to engage. As we talked to 38 individuals and then we asked where the gaps and where the areas and how can we take this to the next generation and where do we want to go? There were four key areas that were brought to our attention in the interview. The first is the concern about stigma and seeing that there's still a significant stigma here pervasive that is a barrier to individuals accessing help. Second concern raised about wait time for initial outpatient behavioral health appointments and some of the challenges being able to access inpatient care. These are again if you think of the four elements of our public health perspective. We're in that treatment segment about when we have someone that needs help how do we get help on a very responsive very timely basis? Third our fragmentation of some of the suicide awareness and prevention initiatives and in part this is because the initiatives have been very much a grassroots effort. We have several different task forces and entities that are looking at this. Several organizations offering services and a number of the individuals that we interviewed said you know they think that there's a little bit of silos going on and that we're really not using the kind of breath the depth of coming together as a community. Again, the positive is its grassroots appearance but how do we build this into a stronger system that has some structure. The right hand knows what the left hand is doing. Then the fourth is behavioral health workforce challenges. I think that this was shared with us particularly at the licensed staff level and suggestions made about you know initiatives that could be in place where we could build some bridge for unlicensed clinical staff to become licensed staff to be able to build and strengthen our workforce.

Com. Good, I have a question I want to interrupt you. In your presentation but when we had Porter Stark come in here last year, I see her in the audience today. The one that sticks out to me that I heard in that presentation was the stigma is a barrier to accessing help. I was amazed by how many people that had actually prevented suicide that there wasn't even a sign or anything that that happened. It just seems to me if it is a stigma and it's a barrier to accessing help how do you combat that? Is it is it P.R.? Is it....because you know governments aren't real good at doing marketing and public outreach. You know I'm just wondering because that seems to me like the road jam in front of everything. That's just my assessment. Is that.....

Ms. Pyrcce, It's critically important and I appreciate you highlighting it and there's no I wish, there was one answer right but it's going to take moving to that public health approach. Getting really focused on that awareness and prevention side and it's going to take widespread participation we have to be out there in the churches. We have to be out there in the community groups. We have to make it speak able and even though there might not be big signs and symptoms we know folks that are too isolated are more at risk. I mean we're going....and we can define that and develop a community-based program getting into the schools. Starting with our children. Starting to make it speak able for our children and you know Ann and I met with a number of people from the schools. I think there's some really good initiatives there and I think that's a really important place to start. If you grow up making mental health and substance abuse so speak able it becomes more part of your life now. The schools have some challenges as they pointed out because obviously there's a privacy element. Their role is to be educators and some families may welcome help and some families may say we want to go privately. That's clearly to be respected and their prerogative but I think that there's a public health approach early on that we can do. We keep thinking upstream what can we do before we get to that point?

Com Good, With all your background and everything do you think that that would fall under...

I mean I look at an outreach thing and I don't think that that would fall under our health department even though it is a health type issue because they talk about health care a lot in here. I'm just trying to figure out how obviously we got some collaboration to do that right I'm hearing that.

Ms. Pyrce, Yes.

Com. Good, Between everyone but it's...I'm just trying to....I can't get past the stigma thing. That's what I'm trying to because that seems to me like that's what's going to open up the box.

Ms. Pyrce, Well that'll open up the box to help people get help. We have to figure out even earlier, before they need help what are we doing? From one to help reduce at-risk situations and two to look at protective elements. What helps people not get to that point? We call them protective factors and we can look at those protective factors and there's research and programs out there that define those but to your point the structure is the challenging part. You have a pretty decentralized function. I mean people in the interview said to us well some of the funding in and of itself creates the fragmentation because there's a grant for this program for this entity over here and you know then there's an initiative that's funded by the government over here and they're all separate but they need in this realm they need to be part of a county-wide structure. There are some states like Ohio has County mental health boards. I mean there's some other structures out there, but big picture that's something to think about. Where is the umbrella going to be because otherwise then we continue to do this good work that I'm describing, but there's still going to be the fractionation...?

Com. Good, (Inaudible) outreach then where do they go?

Ms. Pyrce, Right right right and I'll come to this in the findings and then how do we follow up and look at the outcomes because we're going to learn if what we're doing works by having our own kind of outcome monitoring follow-up system because it's a dynamic process and we want to keep making this better. Let's say we identified 20 individuals at risk in a six-month period. Where are those individuals in six months and what kind of interventions? We have to have our own research project if you will because that's how we're going tie us back to stigma. We're really going to understand where to go with all of that.

Com. Biggs, I think in a big way that you know dissolving the stigma that is attached to the issue of suicide or mental health is stop calling it a mental health issue when it really is a disease that attacks the mental health. It's a disease like any other disease.

Ms. Pyrce, Right, we just don't have what some other disease like I tell people I wish it was, I could come here today and say you know it's like you broke your arm we'll put you in a cast and six weeks we're done. If you saw again those four the recovery we really have to support people and think about long-term lifelong recovery and that's part of the disease in our sector the way we have to think about it.

Com. Good, You can continue on. I didn't mean to do that.

Ms. Pyrce, No no I'm happy to answer. Recommendations, if you introduce this Com. Good (Inaudible) my first one is that we need an integrated Porter County Suicide Awareness and Prevention Program with these eight objectives. This I think could bring together all of the amazing work and take us to the next generation. First we need to increase the county-wide participation in the training programs with both professionals and the community in large and set some engagement targets. What percentage of the population do we think should be trained? Over what period of time? How do we set up a schedule? Then how do we work with churches and other community groups to be able to do that? Second related to that is we need both a participation level and an outcomes approach for the training programs so that we can communicate the findings to both program participants in the county at large. We need to learn from what we're doing and be able to track. I tried to pull some data for some of the training programs in place now but we really it was not available information to say okay well these hundred people were trained in what was the follow-up and what's the outcome and what was the utilization of those interventions? We need to be able to do that and we can do. I mean that's possible. Third we need to strengthen and define collaboration partnerships across our organizations and the community at large integrating in their peer support and again the individuals with lived experience. Four we need to look at models and processes to enable more

timely access to outpatient behavioral health services. I know there are some initiatives underway looking at that. There's living room model offering groups. We need to know that folks don't feel stuck on a waiting list. Just even that terminology is to get to therapist. We need to be sure that there's availability of services and it may be changing some of the models. Maybe it's more group than looking at individuals and other types of the living room is peer support. Other ways to be sure people get connected with services on a very timely basis. Next looking at again we have to look at engagement about this. This is the public health model individual community and societal level we are always looking. Some are going to be more short-term, midterm, long-term but we need to make that commitment. Next continue to focus on this community-wise stigma projection program and finally kind of focusing on this integration of physical and mental health. Again, I was very pleased to see the work at FQHC in the health system recognizing it and looking at initiatives. That needs to be under the big tents as well because again you know primary care there's been a number of initiatives in our field called Collaborative Care. It came out of the University of Washington the Aims model really showing the benefit of that collaboration moving mental health identification into primary care offices. Again, is very early on identification and awareness? Second recommendation is developing as I've already talked about this public health model so that we focus on awareness prevention treatment and recovery that we really have all four steps of the process. Three looking at some type of (Inaudible) 24/7 365 crisis center where there is a place. I have met with the hospitals having behavioral health patients in a hospital (Inaudible) for three days. As you know not a good place so we need a place where crisis and acute situations can be managed as well as navigators. What I heard from many folks is we don't know where to go to get help and I had folks from their heart share with me lots of case examples. So this term navigator you've probably heard has become more prevalent in all of healthcare than individuals need navigators. We really need to be sure we have navigators to facilitate assessment referrals for acute and crisis situations. We also have upcoming the state launch of 988 that crisis line. I had some interaction with a couple of folks from the state so that will need to be integrated with this as well what happens with those calls. How do they get triaged, and what services will we have to be able to immediately work with browsers.

Com. Biggs, For the benefit of all this very quickly explain what the 988 program is?

Ms. Pyrce, It's going to be like you can just dial it if you have a suicide thought and we're going to have immediate attention that the states are rolling out.

Com. Good, Will those calls go to the state?

Ms. Pyrce, Well the state is still working that out. Although they have a July launch date it's really not going to be fully launched from the information I saw for probably another year or two. They will have designated places where the calls will go into call centers. I think the information I saw as of last week they had three call centers preliminarily identified for the state but it's a separate process then going through the community mental health center. That's where again we don't end up with fragmentation. Here we're going to need to get into that and it may very well be that Porter Starke is already doing that. I haven't had more recently that discussion but we need to be aware and we don't want that to be another fragmentation of an initiative that's not integrated into the county.

Com. Biggs, They're shaking their heads yes so I.....

Ms. Pyrce, You're in it? Good.

Mr. Burden, We're a part of the team. (Inaudible not near a microphone.)

Ms. Pyrce, I looked at all the task forces. I did see they had three locations where they were saying foreign not one here.

Mr. Burden, (Inaudible)

Ms. Pyrce, Well that's what...yes I talked to Chris...

Mr. Burden, (Inaudible) from July you're going to get connections (Inaudible).

Ms. Pyrce, Right, yes if we're looking at a crisis center here and it's going to all be high coming in there. We don't end up with fragmentation with state initiatives. Good. Fourthly developing a suicide awareness and prevention peer support program. There's I think state funding to develop that that's out there right now another great initiative. Five again this we need an evaluation and outcome structure because that's another way to tie the different initiatives.

How many people were trained in QPR, how many were trained in mental health for save, what do we know about six months later, three months later, how many interventions occurred as a result of that, what were the results of those interventions? I don't think that that's that difficult to do but we will learn so much from that. We'll be able to build the next generation program. Next steps I will say that we had great participation in this process and probably to everybody that participated they wanted to know if they could get information about the results of the assessment. I told them I would pass that on to you that they would very much like to see the findings and recommendations could be shared with participants. The second is obviously as a consultant we bring findings and recommendations. Then the question is where does it go and the next steps? I always highly recommend that we need an implementation plan with specific time frames because often you have initiatives that are short-term, midterm, long term so they need to be sorted out. If you really want to have an action plan obviously the recommendations need to be transferred into an action with a plan and with quarterly review just because it's a dynamic process. There could be some new research in the field and suicide that comes up in a year. We want to you know we want to be out there, we want it on Porter County you know to really be in its "A" game and continuing to be the best of the best and incorporating new information as it comes. So thank you.

Com. Good, Thank you!

Com. Blaney, I have a couple of questions. I noticed our rates higher than the state and national average and do you happen to know and I know this wasn't part of your study if the surrounding counties are they also elevated like Lake and LaPorte County?

Ms. Pyrce, Well the state is elevated from the national and Porter County is elevated from both. It's available I don't have it. I could find that, the information's available.

Com. Biggs, So according to the graph there was a surge in 2017. It was quite noticeable. Any idea as to why?

Ms. Pyrce, No, it wasn't something that I looked into. I don't know. It would be interesting to know whether anyone else in the county looked at it at that point, from coroner's office or anybody else.

Com. Blaney, And are you aware of any communities who attacked this problem and had success and what kind of things they did?

Ms. Pyrce, Well there's....not in any package way that I could say if you just do A, B and C. I think again it's given the state system. Like for instance in Ohio. Ohio has mental health boards for a county. They have a different kind of ORG structure. I mean there are definitely some of the programs that are available. The State of Indiana has an anti-stigma campaign that they're rolling out. There are initiatives out there but what's not out there necessarily are these integrated county structures. So what's out there are programs and the issue is then you know how do we bring it together?

Com. Good, That's where I see the problem being. How do you bring it all together? I'm just sitting here thinking about if we were to want to take on something like that within the county just to connect everybody. Just a person to go out and connect everything we don't really have a department. I guess you could say maybe the Health Department.

Com. Blaney, May be the closest.

Com. Good, Maybe someone in there could do that. So it would appear to be based on where we're at with the programs that are out there we're probably going to have to partner with someone right? I mean I'm just talking out loud.

Com. Blaney, Even then it's so different the way you would approach a 60 year old man and a 15 year old girl. I mean how do you address?

Ms. Pyrce, Well the training programs for the QPR and the Mental Health First Aid they would be the hands-on for your example of approaching a teenage girl versus a 60 year-old man. The skills there. The roll-up the challenge is the (Inaudible) up how do we develop a County wide structure that's integrated. So many folks said to me we do great work and the words used where we're siloed, we're territorial, we're fragmented, which again I don't want that to sound negative. I think what it is is there's a lot of pride in individual organizations doing work. We don't have the bridges and the (Inaudible).

Com. Good, County government in itself. I mean we have 28 different units up here and off that we have probably another 20 that are just you know advisory boards all kinds of things and it's just it becomes cluttered just within the county. So that we have problems messaging up here all the time. That's what this is this is messaging um so that's something that I hope this for me the report will start the stimulation. I also wanted to let you know that once we accept this report on behalf of the Commissioners this becomes a public document. Anyone that wants it you know we'll probably put it up on our website. Then anybody that wants it once we accept this is the public's document this isn't just ours. That's how that works. That's more for everyone in the audience to let them know that this information will be available out there that's the starting point.

Ms. Pyrce, There's some emerging community models. There's this be Well Community there is one out in Orange County California. A couple of other communities looking are facing the same challenge. How do how do we develop an integrated system? Again as people in these interviews pointed out they said well how do we do that when the funding and everything you know focuses on individual organizations? How does it come together?

Com. Good, It's very fragmented.

Com. Biggs, Well we're on the right path of becoming healthier as far as matter goes in that bringing you in, looking at what we're doing and making suggestions as how we can better manage what the problem is. I agree that for us to prepare ourselves for the next generation the way that we're going to manage this as a community. It's going to take a government like this one who's going to take the ball and get it running with it at least initially and turn it over to an organization whose staff will have the kind of professionals licensed professionals to deal with this. It's like a lot of things it is probably unfortunately going to take some resources on the County's part to help get that kicked off and to make sure that a report a 40-page report like this doesn't go to waste. That that would be a shame.

Ms. Pyrce, Again I'm impressed that we're here having this discussion and kudos to all of you at the County level for helping make this speak able. I mean in stigma that's the first big step making this is an issue speakable. I know that sounds simple but it's important.

Com. Biggs, It was brought to our attention Red Stone a Duneland School Board member brought it to my attention. I brought it to the Commissioners, Com. Good and Com. Blaney. Kudos to them for understanding that we need to take a hard look at this. We have and I think a harder look needs to be taken above and beyond this. We'll move on from there.

Com. Good, Thank you.

Ms. Pyrce, Thank you very much.

Com. Blaney, moved to accept the Mental Health Study, Com. Biggs, second, motion carried.

Mr. Breitenger, You asked this question about stigma. I used to say that my youngest son committed suicide and it took an enormous burden off of me. With one counseling session I learned so much. They said drop that word. Say your son died of suicide. It took an enormous burden off of me. I felt a lot less blame and had a lot less shame. So now I can say my son died of suicide. It doesn't take a 40 page report (Inaudible, not near the microphone.) I would change that one vocabulary word and to me it change the whole process that we (Inaudible) grieve.

Com. Blaney, Thank you.

Com. Good, Thank you Walt.

Antero Group – A contract to provide engineering services for the OCRA Grants awarded on behalf of the VLACD.

Mendenhall and Associates LLC – An agreement to provide administration of the OCRA Grants awarded on behalf of the VLACD.

Atty. Hollenbeck, Very briefly. Through your sponsorship the Conservancy District has been awarded and you have been awarded a grant from the Indiana Office of Community and Rural Affairs to implement a comprehensive storm water management program in the Blackhawk

Beach Area on the north side of Flint Lake. These two contracts were solicited through a competitive process and we are here today to needing your approval so we can move forward with both of the projects. The first one that is on the list is for engineering services. That had a budget of \$75,000.00. We were able to consummate an agreement with the engineers for \$70,000.00. The second one is for grant administration. The budget is \$20,000.00 and the successful provider has agreed to do it for \$19,000.00. So we stand before you with two under budget contracts to get started in this process and we again as a Conservancy District appreciate the Commissioners stepping forward. You may remember this was the third try. The third time was the charm. We had to go through as Jeff painfully knows that paper trail three different times, which you were always available on accommodating and it has always paid off. Dollar wise this is a \$331,000.00 project. The grant is for \$271,000.00. The \$60,000.00 will be paid by the Conservancy District. There is no money to be expended by the County. This is a win win. I know storm water drainage is on the top your list. This is a project we're getting a grant for and the Conservancy District is going to pay the local share. Thank you for working with you on this and we ask for approval this morning on both of these contracts. I have reviewed them. I've negotiated them. Most importantly they comply with the grant regulations and they also comply with the requirements we place on them in terms of standard conditions and provisions.

Com. Biggs, moved to approve Antero Group, Com. Blaney, second, motion carried.

Com. Biggs, moved to approve Mendenhall and Associates LLC, Com. Blaney, second, motion carried.

ANIMAL SHELTER – TONI BIANCHI, DIRECTOR

Donation Funds Received as Beneficiary from the following Estates:

Mehl	\$875,000.00
Coan	\$ 18,234.00
Kujanik	\$137,144.00

Ms. Bianchi, Over the last 6 to 8 months we have received 3 rather large donations due to being named beneficiary in some Porter County citizen's wills. We have right now in our donation fund \$1,355,960.00.

Com. Good, As you can see on the board those are the 3 donations that we received over the last six months. Good news. Congratulations to the Shelter! We always knew building a new facility there 7 years ago we would hope that it would eventually it would start coming and it's great to see it happen.

Ms. Bianchi, We would like to take some of that money and use it to shore up our outside kennels. We did it with our main kennels. Darren has been working on this a lot. I am going to let him take the floor.

Mr. Biggs, We would like to appropriate \$50,000.00 into our Building Maintenance to take the fence down from a 9 gage to a 6 gage. This is a thicker fencing. We find that our dogs like to chew on a 9 gage. The quote I believe to change everything out as well as add toppers to the runs came to a little under \$43,400.00.

Com. Good, Who is the contractor?

Mr. Biggs, Northwest Indiana Fencing. They already did the main runs.

Com. Good, Are these the runs in the back or the front?

Mr. Biggs, The (Inaudible) which is on the front of the building the small breed and the quarantine which are on the sides.

Ms. Bianchi, We just had an escape last week.

Com. Biggs, Are those runs long enough?

Ms. Bianchi, Yes.

Mr. Biggs, I would say that they are adequate for the dogs.

Ms. Bianchi, It gives them enough room to get out and move around but not too much running space so they could get a good jump over the fence.

Com. Good, Some of those dogs are pretty athletic.

Ms. Bianchi, We've had some very agile dogs.

Com. Blaney, moved to approve the \$43,400.00 to Northwest Indiana Fence, Com. Biggs, second, motion carried.

Com. Good, This is great news and congratulations for all of the work you guys are doing out there. That is huge.

Com. Biggs, No body donates that sum of money to a failing operation.

Ms. Bianchi, There is more from the \$875,000.00. There is still about \$30,000.00 in that account that we will receive when they close out the will.

Com. Good, Now we can get some better vehicles because our vehicles are at Def-con 5.

Mr. Biggs, As of May 5th the 2 new vehicles are at the outfitters being set up.

Com. Good, That one is scary.

Ms. Bianchi, The one we have replaced but the other 2 should be in in about a month.

A Request to change two Job Title positions as follows:

- **Kennel Supervisor to Health Care Technician.**
- **Rescue/Event/Volunteer Coordinator to Health Care Technician.**

Com. Good, moved to approve the change of 2 Job Titles, Com. Blaney, second, motion carried.

Com. Blaney, And truly without good leadership out there we wouldn't be getting these donations new building or not. That helps but we need you there.

Ms. Bianchi, Thank you.

Com. Good, Thank you all.

ITS – LEE CHILDRESS, DIRECTOR

A Request to Transfer Funds – Fund #1000 General Fund from Acct. #4510 Data Processing Equipment to Acct. #3130 Training and Education in the amount of \$14,000.00. This will provide internet security and training.

Mr. Lee, Up to this point we have mostly focusing on security from the outside so no terrorists attack us. We're pretty confident that the equipment and policies we have in place are working well. That doesn't mean we're going to stop working on that. Now we need to look internally to see what our weakest links are. This contract provides us service with training us and the employees and staff on best practices on how to identify problematic emails/spam.

Com. Blaney, It is getting harder and harder.

Mr. Childress, It really is. They are clever.

Com. Biggs, It is always changing. That was going to be my question. If we improve this is this something that is going to be ongoing?

Mr. Childress, If you approve the budget yes.

Com. Biggs, Well Lee don't you agree?

Mr. Childress, I do agree because like we had said things change how they cleverly create.....

Com. Biggs. Quarterly.

Mr. Childress, Exactly. This contract is for 3 years but the amount is for this year's payment. They broke it into 3 annual payments.

Com. Blaney, moved to approve the Request to Transfer Funds, Com. Biggs, second, motion carried.

A Request to Transfer Funds – Fund #1000 General Fund from Acct. #4510 Data Processing Equipment to Acct. #4440 Furniture / Fixtures over \$100.00 in the amount of \$6,000.00. To replace broken office furniture.

Mr. Childress, This is for furniture for my office. I have the office furniture that Susan Larson had when she was Center Township Assessor.

Com. Good, I can agree to the whole office set up down there.

Mr. Childress, It is way over 20 years old. The desk has to rest against the wall to stay standing. The veneer is chipped so you snag your clothes on it.

Com. Blaney, moved to approve the Request to Transfer Funds for Office Furniture, Com. Biggs, second, motion carried.

A Request to Transfer Funds – Fund #1000 General Fund from Acct. #4510 Data Processing Equipment to Acct. #3610 Maintenance Agreements in the amount of \$20,000.00. To cover additional maintenance contracts and the projected shortfall at the end of the year.

Mr. Childress, This is for ongoing maintenance agreements that have come up with contractors. As well as our Duo which is our second authentication for people working remotely. Those costs keep expanding. We want to cover that before the end of the year.

Com. Good, Do you think we will be out by the end of the year of people working from home?

Mr. Childress, I hope that but as far as disaster recovery goes we keep the Prosecutor's office ongoing because in case something happens we have to cover those costs. There will always be costs.

Com. Blaney, moved to approve the Request to Transfer Funds for Maintenance Contracts, Com. Biggs, second, motion carried.

NITCO – A Contract to provide redundant telephone service to E911. This contract would allow E911 to have a backup solution providing continued, uninterrupted telephone service. There will be an \$806.00 monthly fee with a one-time installation fee of \$99.00, which will be paid for by E911.

Mr. Childress, This is why I have Paige up here because 911 will foot this bill. Currently the phone lines that service 911 the SIP lines come into the Sheriff's Department straight to 911. Should any of that equipment fail or the line between the Sheriff's Dept. and 911 fail or we want to do any maintenance on those servers or equipment they have an outage for telephones which is not very good for 911. What we are doing is creating another line of telephones building which will then go to 911. We will have a redundant backup. If one fails the other one will provide backup.

Com. Good, I'm sort of surprised that one get missed?

Mr. Childress, Right.

Com. Blaney, moved to approve the NITCO contract, Com. Biggs, second, motion carried.

FACILITIES – TRACY WOOD, INTERIM DIRECTOR

Enterprise Fleet Management - A Request to Lease a 2022 Dodge RAM 4 x 4 Crew Cab in the amount of \$1,107.13 per month and a 2022 Dodge RAM 4 x 4 Regular Cab in the amount of \$792.97 per month.

Com. Good, Our dump truck that does a lot of heavy lifting that we nabbed from the Expo Center I think about 5 years ago the entire underneath of the truck gave out. No we are a truck down going into mowing season. We were eventually going to get some vehicles but you couldn't buy vehicles for the last couple of years because you couldn't get any so we were just working

with what we had. I know you've spent a lot of time working with Scott trying to figure out...because they are at a premium too out there. I was very surprised by the numbers that you did go out and get so thank you.

Atty. McClure, This went through probably 30 different matches before we were able to...I believe both of these are still available.

Ms. Wood, Yes they are.

Atty. McClure, We still have to deal with that timing issue. We were able to stay within the Enterprise Fleet Management and they were able to procure these 2 vehicles that are outlined. These are available at a dealership so these would be something that we would get sooner rather than later and also have the budgetary ease of dealing with a monthly payment as opposed to \$60 or \$70,000.00 a vehicle as a capital outlay in one given year. This particular budget is a pretty rough way to go in May. These 2 are very good and we're lucky that they are out there. It is good that we can go back to Enterprise Fleet Management because I think it has been working very well in the other departments.

Com. Good, Tracy where did we leave it with the dump trailer?

Ms. Wood, We actually put some sides on our small trailers. So we decided that that is not as needed as they originally had thought. They used the dump truck while we had it.

Com. Good, There are options out there if we need it.

Ms. Wood, The dump trailer is more economical.

Com. Biggs, moved to approve the Enterprise Fleet Management Contracts, Com. Blaney, second, motion carried.

Com. Biggs, Tracy thank you for taking care of the front of the building. It looks wonderful. You're doing a great job.

HIGHWAY DEPT. – JIM POLAREK, SUPERVISOR

Accepting New Bids for Liquid Bituminous pertaining to Chip Seal roads. The bids will be opened at the June 7th, 2022 meeting.

Mr. Polarek, We thought we could try something a little different this year since we have a known quantity that we are looking to buy. We think we may be able to get a little better price.

Com. Good, I always wondered why we open our bids for oil type products in the winter.

Mr. Polarek, You're playing the market no matter what. Hopefully this ends up in our favor since they will be roughly selling us 300,000 gallons of material. We may get a better price than we were looking at before.

Com. Good, It's worth a try.

Com. Biggs, moved to approve the Acceptance of New Bids for Liquid Bituminous, Com. Blaney, second, motion carried.

DEVELOPMENT & STORM WATER MNGMNT. – BOB THOMPSON, DIRECTOR

Introduction - David Champion – Assistant County Engineer/Development Review Engineer.

Mr. Novotney, We talked about this at the Storm Water meeting this morning but we have a better attendance at the Board of Commissioners' meeting. I would like to introduce David Champion has joined our staff as Assistant County Engineer. He is going to run our development review program. We will help me with all of the private development review and inspections that we are responsible for. David relocated his family from the state of Maryland last month and has just started with us last week. Very glad to have David on staff. He has a wealth of experience and knowledge that will be a great asset for our staff and for the County at large.

Com. Good, Welcome.

The Preserve, Performance Agreement and Letter of Credit for Phase 3.

Mr. Novotney, The Reserve Phase 3 is nearing substantial completion of their public infrastructure. Roads and storm water as well as sanitary and water. At this point they have submitted a performance agreement that basically states that they are warranting that they are going to complete those improvements in a timely manner and have provided a letter of credit as financial guarantee in the amount of \$134,552.40 which is the value of the remaining public improvements. If they don't complete them we have that letter of credit we can draw upon to complete with our own forces. Staff is recommending that the Board accept the letter of credit and approve the performance agreement for the Preserve Phase 3.

Com. Blaney, moved to approve the Performance Agreement and Letter of Credit for The Preserve Phase 3, Com. Biggs, second, motion carried.

CCMG 2022 Award for \$1 million.

Mr. Thompson, INDOT has awarded Porter County \$1 million. That is a 50/50 match. We were working all of this up in early December. The applications were due in the beginning of January. It was for \$2 million worth of projects. We are requesting to go out for the sealed bids for the project paving because of the oil prices we are now predicting that the \$2 million of projects that we estimated are probably going to be over \$2.6 million if no higher. We're looking at originally the costs for doing those roads...they were milling and then coming back in to do a structural surface on the roads was probably estimated at \$185,000.00 per mile roughly. It is 10.8 miles that we are looking at for this project that we were awarded on. The estimates that we are throwing out now are probably \$250,000.00 a mile.

Com. Biggs, I wonder how many projects are statewide are going to fail because these smaller communities will not have that additional money to make up the difference.

Mr. Thompson, True some of the smaller communities depending on populations INDOT does a 75/25 match with them.

Com. Good, They do a lot of chip and seal too.

Mr. Thompson, Correct, because of your size and the larger cities Valparaiso, Chesterton fall into that and they're at the 50/50. Everyone is in this same situation.

Com. Biggs, It's a lot of money, \$600,000.00. It's not like we just have it laying around some place. It's a shame. It doesn't have to be that way.

Seeking Sealed Bids for CCMG 2022 paving projects – County Line Rd., 550 North, 400 East, 500 West, 500 East, 700 North, 900 South, Baums Bridge Rd., Tower Rd, and 400 North.

Com. Good, This has already been approved by the State.

Mr. Thompson, Correct.

Com. Biggs, moved to approve seeking Sealed Bids for CCMG 2022 Paving Projects, Com. Blaney, second, motion carried.

Com. Biggs, When will they likely get started on these?

Mr. Thompson, When we get the sealed bids opened I'm thinking we will probably get started on this in you July meeting and then probably looking at August/September.

Com. Biggs, But they will be completed this year?

Mr. Thompson, Yes.

Com. Biggs, Depending on your conversation with the County Council goes.

Mr. Novotney, Depending on bid prices and the conversation with the County Council.

Announce Marquette Trail, Phase 3 and 4, NextLevel Trails Award of \$4.9 million.

Mr. Thompson, We just recently found this out that our grant application for NextLevel Trails, the Marquette Trail. This is where we were going to be going from the Dune Park Train Station through to Beverly Shores and about where the Lake Shore County Rd. is within Beverly

Shores is at. I also call it Brown Rd. I believe, 500 E. about that location. We were awarded \$4.9 million for the NextLevel Trails grant.

Com. Biggs, So that decision by the Commissioners to (Inaudible) some ARP funds to put toward these funds to qualify.

Mr. Thompson, Correct.

Com. Biggs, That was pretty smart.

Com. Good, We put the \$2.5 in. We have the \$4.9 then plus the money we had back from the federal funds we received years ago. I come with right around \$10 million.

Mr. Thompson, \$2 million roughly on the west end and it is probably going to be a little over \$2 million on the east end.

Com. Good, So we have about \$9 or \$10 million and we haven't even put....other than the \$2.5 which is really ARPA money but it's ours I guess. I'm thinking the trail is not going to be much more than that. I know we have some crossing that we have to do. This is exciting.

Mr. Thompson, Low and behold I was told the costs are going up.

Com. Good, Well of course they are.

Atty. McClure, That is amazing \$4.9 million. Good job!

Mr. Thompson, Thank you!

Com. Good, That is a State NextLevel Grant.

A Request to Vacate the Right-of-Way of Lumber Lane in Lake Eliza. Petitioner Kim Marie Korellis – 1st Reading.

OPEN PUBLIC HEARING

Com. Good, First call is there anyone wishing to speak against this right-of-way? Second call anyone wishing to speak against this right-of-way? Third and final call anyone wishing to speak against this right-of-way? First call is there anyone wishing to speak in favor of this right-of-way? Second call anyone wishing to speak in favor of this right-of-way? Third and final call anyone wishing to speak in favor of this right-of-way?

PUBLIC HEARING CLOSED

Com. Blaney, moved to approve to Vacate the Right-of-Way on 1st Reading, Com. Biggs, second, motion carried.

Com. Good, The 2nd Reading will be on our June 7th agenda.

ARPA FUND PERTAINING TO TRUSTEES

Com. Blaney, Our original document made it a little difficult for them. I would like to amend our ARPA Ordinance to allow to use the funds that we already provided for them for any allowed legal use of ARPA funds but revenue replacement.

Com. Blaney, moved to approve to amend our ARPA Ordinance to allow to use the funds that we already provided for them for any allowed legal use of ARPA funds but revenue replacement, Com. Biggs, second, motion carried.

Atty. McClure, To be clear we're not changing ARP Ordinance money. It is the same amount of money that was already appointed or approved to the Trustees. The original version had it more tucked into one of Jim's committees, the Behavioral I believe. This allows the Trustees to utilize it for any legal use within the ARP guidelines but for revenue replacement. I believe the Commissioners received several requests from the Trustees to allow that to happen. Again, no other changes are being made except for the money that was already approved to the Trustees to be utilized under the available ARP categories. I believe at that point in time it was \$500,000.00 split by population for the Trustees for their individual township.

Com. Blaney, It allows them to be a little more responsive to the needs in their individual communities.

Com. Good, The way it was written it was pretty tight. This should cover that.

CITIZEN COMMENTS

Ms. Miller, My name is Dawn Miller. I live in Valpo. I have just a couple questions. Um Com. Blaney I see listed here on this agenda the Memorial Opera House. I had a few questions. Oh I'm sorry have you been in recent discussions and meetings in Indy with an architect and have renderings? Second question since you told me the Opera House was off the table no ARPA money will be used how will this project be funded? It has been brought to my attention that you plan on using the money from the hospital sale. The original amount proposed was \$5.5 million dollars and now the number is being reported at about \$7 million dollars.

Com. Blaney, I've not been to Indianapolis but I have been on a Zoom meeting with our architects and what was your next question?

Ms. Miller, Did you have the renderings? Did you? I didn't know if you answered it. I couldn't hear.

Com. Blaney, I received those within the last week and yes we're starting to look at renderings and we will push those out to the community as soon as possible.

Ms. Miller, So when you came to me and told me that the Opera House is no longer on the table....

Com. Blaney, For ARPA funds.

Ms. Miller, That was just for our funds so we're going ahead to take money from a hospital fund?

Com. Blaney, The funding has not been determined and I don't make that decision by myself. There's seven Council members and two other Commissioners and we have some other ideas as well and it's a work in progress.

Ms. Miller, I just think \$7 million dollars for a building.....

Com. Blaney, We don't have our final number yet but it wasn't \$7, it will increase like everything else.

Ms. Miller, Do you have any figure? I mean between the \$5.5 million and the \$7 million?

Com. Blaney, We're still trying to figure it out but it looks like it'll be over \$6, yes.

Ms. Miller, So about maybe 6.7 million almost.

Com. Blaney, I don't have an exact number.

Ms. Miller, Well do you know if it is actually going to be used from the hospital?

Com. Blaney, No I don't know that yet. Like I said it takes Council approval and it takes three Commissioners. At least two to decide what we want to ask for from the Council. That's absolutely not just up to me. Not by a long shot.

Ms. Miller, Like I said I just think that's uh quite a bit of money considering. That kind of money could help so many people. So many businesses. I mean I think it's really bad that we're looking at a building and going to take money from hospital sale and wherever else you get the funding to put towards the building.

Com. Blaney, I really doubt we're going to end up using money straight from the hospital sale number one. Number two this is a building that services many community members but more importantly it's a Memorial to the Civil War Veterans and when it came

into being the purpose....they had money that was for a monument to the Civil War Veterans and our people in Porter County went downstate and asked the legislature to change the law so that they could use it to build a memorial hall instead. In my mind this project furthers that original intent and it keeps it a community center that's vibrant and serving the community.

Ms. Miller, How much revenue does that bring into our County?

Com. Blaney, It covers its own operating expenses.

Ms. Miller, And that's about it? I mean it doesn't actually bring anything in. It's my question I mean that's a lot of money that you're going to put into a building. So I'm just thinking for the long haul what is the community going to get out of that kind of funding?

Com. Blaney, There is a lot to get out of something other than dollars and cents. There's all kinds of benefits to having a vibrant arts community in Porter County.

Ms. Miller, So the one building is what I'm asking about. What you're saying that they don't bring in revenue right? I mean they pretty much can come with their own. I'm glad you find this funny Com. Good. I don't understand why it's funny.

Com. Good, You're just throwing out words.

Ms. Miller, I'm not throwing out words. I'm throwing out things that have been said to me and I'm sorry and I find it very disrespectful that you do that to people a lot. You laugh at people when they ask questions that you're uncomfortable with and I don't think that that's right.

Com. Good, Okay.

Ms. Miller, And I mean I always try to be very respectful to you and I don't like that you're disrespectful to people that's just not right.

Com. Good, Thank you.

Ms. Miller, No you're welcome I guess if you want to thank somebody for that but I mean that's a lot of money to you know put towards the building and then you know to take it out of a hospital fund that.

Com. Blaney, Once again is we haven't determined the funding as of yet.

Ms. Miller, Oh I understand that you haven't determined the full funding but there is some talk of using some of the hospital funding. Oh I'm sorry the sale.

Com. Blaney, No funding has been approved yet.

Ms. Miller, I'm not saying anything has been approved. I was just asking these questions. That's all I have thank you so much.

With no further business the meeting was adjourned at 11:30 a.m.

BOARD OF COMMISSIONERS
PORTER COUNTY, INDIANA

Jeffrey J. Good

Laura M. Blaney

Jim Biggs

Attest: _____
Vicki Urbanik, Auditor