

**PORTER COUNTY BOARD OF COMMISSIONERS
TUESDAY, AUGUST 31st, 2021
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, August 31st, 2021 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, August 31st, 2021.

Call to Order/Pledge

CONSENT AGENDA

Approval of Payroll – August 20th, 2021.

Approval of Claims – August 12th, August 19th, August 26th, 2021.

Approval of Minutes for August 10th, 2021.

Weights and Measures Monthly Report for July 16th to August 15th, 2021.

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

MEMORIAL OPERA HOUSE – SCOT MACDONALD, DIRECTOR

ARTISTIC SERVICES AGREEMENT

- 1. Chris Linstrot**
- 2. Abbey Gillette**

Com. Good, moved to approve the Artistic Services Agreement, Com. Blaney, second, motion carried.

ANNOUNCEMENTS

NEW BUSINESS

COMMISSIONERS

American Fidelity – Employee Open Enrollment/Short Term Disability.

Mr. Rempe, Thank you for letting us be here today. My name is Brent Rempe with American Fidelity and Eric with GIS. Today we just want to review making a few enhancements for the County employees and administration as well. The two things I will discuss is who American Fidelity is to give you a high level overview. I will spend two minutes on that and another two minutes on the discussions that we've had with Rhonda and Scott over the past year and a half. Also, working with GIS on how this solution would be a good opportunity for the County. American Fidelity in general is a benefits carrier and also an administrative service provider so everything that we talk about assisting the County employees is all administered by American Fidelity, through American Fidelity with American Fidelity employees so there will not be any third party administer that you have to worry about. We are also a partner of GIS. We work very closely with them, their office and we feel that that would be a tremendous asset to County administration having synergy between the administrative service provider and the broker as well. As far as how we can help the County and this is through about a year and a half of conversation, strategy meetings, putting this together really coming in sink about what we have learned about

the County, how we can help and what Rhonda and Scott have expressed with us. The 4 main points that we discussed would be a transition from Steele Benefits to American Fidelity to allow American Fidelity to provide the online open enrollment system to assist in that process. Our model allows for W-2 employees to actually meet with County employees as well. What we found in our conversation with Rhonda and Scott was that there is a real need and opportunity to better educate employees on existing benefits. The decisions they're making, the plan choices they're making. This would be a huge asset to them, also to GIS in that process to bring a little more synergy. Currently on item #4 there is an estimated cost that is being paid to Steele Benefits roughly \$7,920.00 per year. That cost will be eliminated. There is no cost to move forward with American Fidelity as far as the open enrollment (Inaudible). This will also help coordinate some of the benefits through Steele Benefits like Aflac and UNUM. Those will be transitioned to American Fidelity as we are the carrier for those pieces as well. We have talked about long term disability in Point B. Currently the carrier for that is MetLife we will propose that that will be moved to American Fidelity as well. Once again for the County from a streamlining standpoint also from a claims standpoint. American Fidelity would provide an opportunity for short term disability which a large percentage of county employees have that and long term disability as well and the education to assist with that. The other 2 points have to do with administrative assistants. Number 1 what is required as far as documentation from the IRS when employees are allowed to have pre-taxed benefits? It is a Section 125 Planned Document. American Fidelity will provide that full document with all items that are allowed to be pre-taxed with employees' salary reduction agreements. Things that are necessary for Section 125 compliance. That is part of our offering at no cost. Something that will be new for the County employees which Scott and Rhonda have expressed that it would be a tremendous asset currently with the (Inaudible) health plan currently with the employees if they want to get an HSA account they go outside of the County to get that and then bring that information back to the County just to participate in that program. This is something American Fidelity can administer as well so the employees don't have to go outside of the County and bring it back. It will be a tremendous asset to Scott and Rhonda to streamline that as well. We feel strongly that once you provide a little more education on those types of plans and on the resources we're going to see a natural increase of employees looking to the (Inaudible) health plan which we know will be a benefit to the County to migrate employees over to that direction. And the final piece of it American Fidelity has a team of people to help Rhonda and Scott from a year round perspective along with GIS. We're not just proposing an open enrollment change, but we're proposing full year round support to help with new hirers, onboarding, and life status changes. Like I said bringing a better synergy between GIS, their overall plan for the medical plan and American Fidelity.

Atty. McClure, To highlight the issues here that he touched on briefly. Number 1 having the open enrollment be having the employees have the ability to have a one on one appointment with an open enroller who is educated in our plans so the employees have the ability to ask questions, get feedback that is our plan related as their making their decisions for their benefits packages every year I think is a pretty significant upgrade. I think it became pretty apparent that the open enrollment in which you enrolled yourself with the password kind of left people in the situation where they didn't always have the information available to them to make good decisions at times. Also, part of this besides the open enrollment part of it is streamlining some of our benefits so that the messaging is clear, the Aflac's and the UNUM's and the MetLife Disability where we're able to pair this down to less providers. We're not getting rid of anything. We're just streamlining it. We're not getting rid of any benefits. All of the same benefits are still going to be available. They're just going to be streamlined and not necessarily from multiple third party providers. I think also one of the main issues that got buried in the presentation, I'm not saying that harshly this is a great thing. The switch from the MetLife Disability to the American Fidelity Disability, first in the current disability we have several employees that max out as far as what they make and as far as whether or not they would qualify for the 60% on the short term disability. Under this proposal I don't think we have an employee in the County that wouldn't qualify for the full 60% under short term disability. Number 2 the disability currently right now through MetLife I believe is a 65/35 split between the County and the employees. The price difference is significant enough even with the advance in coverage that the County can now pay 100% of that short term disability instead of having the cost share with the employee along with the elimination of the contractual payment to Steele Benefits. We actually end up with better coverage and slightly less expensive and that is after taking 100% of the short term disability payments over for the employees. This is a major upgrade on the short term disability. I think it's a slight cost savings. I think we're estimating around \$3000 or \$4000 cost savings overall. However, that is also taking away that 35% contribution that the employees were making to their short term disability. I think it checks all of the other boxes as far as integration with the Auditor's software LOW. I think there are a lot of positives here, their current partnership before us with GIS. There has been quite a bit of time spent on this making sure this was the right decision or right product to put before the Commissioners for the employees and the County as a whole. I think beyond the short term disability and the pairing of some of the third party providers that were available I think the in person enrollment along with some of the other ideas that we've kicked around as far as getting that is more employee specific during open enrollment not only for the employee but also the

open enroll so that they have more tools to make better decisions on their choices. I think this is a win win and I would be happy to answer any questions.

Com. Biggs, (Inaudible) need to dissolve the third party administrator.

Atty. McClure, No we're getting rid of some of the third parties like Aflac and UNUM. Not our third party administrator that is still going through UMR from a health insurance standpoint.

Com. Blaney, It seems pretty clear to me there are a lot of benefits here.

Com. Blaney, moved to approve American Fidelity, Com. Biggs, second, motion carried.

Com. Blaney, Thank you for all of the work looking at this.

Com. Good, This is just an ongoing thing that we've doing up here for quite some time on our insurance. We are always meeting and trying to figure out better ways to lower our cost, but to also create the same level of service or a better level of service for our employees. I think that is what any employer is trying to do. When they're out there dealing with benefits. This is a big one for us and I think it's a good move in the right direction for us.

Matthew Burden, CEO Porter Starke Services - Presentation.

Mr. Burden, Thank you for having me here today. Some of you I've had the opportunity to with before some Council members and Commissioners. I've met with Mike Jessen and I've also met with Greg Simms who would have liked to been here today. I wanted to also point out we have some colleagues in the room like Sandy Carlson our V.P. of Clinical Services, Mike Weaver, V.P. of Medical Services and Board Member Ethan Lowe. I will try to keep it at 30 to 35 minutes.

Com. Good, We also told you that whatever we don't get done today we will have you back again.

Mr. Burden, We will be talking about 4 major categories. One has to do with substance abuse disorders. Mental health focus, with a focus on suicides. Particularly things around pandemic affects. Our intersection with criminal justice and Porter County funding. Within each of these I tried to provide some context for you whether it is National, State or local trends, what some of the issues are within these categories as well as what Porter Starke is doing. The very first trend is a National trend. You may have seen this that the United States hit a record number of overdoses. This is a 12 month rolling number of overdose deaths in the Nation. It hit a record of over 92,000 and that number has continued to climb up in the last month. The problem of good data it's always lagging a bit. It is the best evidence we have today we know that this problem after making some progress over the last couple of years has gone up. It even started prior to the pandemic but it certainly has been exacerbated. What I wanted to show if you look at this pattern nationally and you look at Indiana you see exactly the same trend. You see this increase from 2015 up through 2018 even leveling off a bit and possibly even improving because a lot of efforts were made to curb opioid prescribing. Then it trends back upwards through the pandemic is what we are seeing. Those are raw counts and in Indiana there were 2216 reported overdose deaths in 2020. Looking at Indiana's overdose prevention website when they pull in the same National data. Indiana as a whole lagged behind the U.S. in some things. It is no different in this case with overdose and deaths. The rate most recently in 2019 for this U.S. is 21.6 and for Indiana it's 26.6. What you see on the next page is that same 26.6. That is the most recent rate that you can compare it to the trend. If you look at Porter County that rate is 24.8 for what we know. This is monthly data, there is a lot of variability. In some months you will only see one or two cases and other months it will be double or triple. It's important to understand how things trend over time and if there are any concern able patterns to it. This is the best data we have to date. This is the exact same data but as you can see at Porter County in the bar graphs at the bottom right there has been a little bit of progress in this measure over the past several years. That data that is available through 2020 currently, we are a year behind by the way. You can see things are at least trending in the right direction. With that said a lot of what has happened in the last year has exacerbated the problem. The early slides that I showed you that these numbers are going to almost inevitably increase. What I wanted to do is provide the context of Porter County with the rest of the states in the nation. Another thing to look at is our hospitalizations due to overdoses from any drug. You can see how Porter County compares again a little bit better than the State as a whole. The same thing here with emergency department visits for any drug. Again, Porter County a little bit better off than the State as a whole. What can we do locally? What are we doing here in Porter County but before we get to that I wanted to point out one other larger picture issue. The first thing people tend to think of is where can people go? Why can't I get treatment? The treatment system is the problem for why we have these overdoses. I wanted to say first that is an issue but in the context we have to look at the willingness for people to receive treatment. This

pie chart is almost identical every single year that it is published. It is published by SAMHSA, the Substance Abuse and Mental Health Services Administration that funds many of the mental health and initiatives in the United States including Porter Starke. You can see out of 18.9 million people in this country with a substance use disorder who qualify for treatment and should get it 95.7% of those people feel like they do not need treatment. I just want that to soak in for a second. Nearly 96% or better than 19 out of 20 people who are identified as needing treatment do not feel that they need treatment. That is our first barrier. The slice of red is an additional 3% or 577,000 people felt like they did need treatment. However, they didn't make an effort to get it. Some examples of that is they didn't want to give up their drug of choice at this point. They didn't have time because of work. The remaining 1.2% felt that they needed treatment and made an effort to get treatment, but did not receive it. Then you start to see the barriers. This is the broad context and I want to point that out. This is a significant hurdle in trying to get people into treatment. That is not to deny there is a workforce issue. Every year we look to see how many positions should we fill if we could find the staff. As a whole there is nearly a thousand positions that we could hire as a system today if we could if we could find those staff. That means that we're operating at about 8% capacity and Porter Starke is about the same. What I wanted to point out in the picture are those two 38% and 33% these are for the licensed addiction and counselors positions. These are some of the hardest positions to find because of the rarity of the credential. It is something everyone is looking for. Ways to provide this treatment are dependent on those staff. Number 1 our top strategic priority as an organization is recruitment and retention. We have made a lot of progress on that. The vast majority of our expenses is spent on staff to run our programs. We do a lot on the prevention side. We have programs that expand to adults and children and schools. Our staff at various levels have involvements with local groups. We have My Strength which is an app that is available and free to the community which you can find on our website. We have Knox box at all of our locations with Narcan for people who are concerned about a family member or friend who may overdose. These are used as emergency kits, but our primary role in this is as substance abuse treatment. We are a certified opioid treatment program. We provide methadone as a form of medication assisted treatment. This is considered the gold standard for saving lives. When we're talking about saving lives from an opioid and heroin overdoses this is the most proven program to be able to do that. We have that here. It is not the only thing we do. We have lots of outpatient addiction programs. The first thing I want to point out are some of the effects of the pandemic. Everyone is talking about this. It's been 18 months. There have been lots of studies to show this. Stress, anxiety, isolation and depression have all increased during the pandemic. Adults report this, kids report it. It's by different ages. One of the key areas is by income. How socially economically secure you are the less this is has been a strain. The households you had someone in the house lose their job are a lot more stressed than the houses who didn't which makes a lot of sense. It's economic security. It's your housing security, it's your food security. In addition to Porter Starke we do all we can but what I wanted to say especially when it comes to mental health people seek this through private practice or from their primary care physician. Studies show that psychiatric medications are prescribed by their family's physician. Many of these address things like anxiety and depression. A lot of times when people are stressed the same as substance abuse they don't always seek it. They don't want to enroll formerly in care necessarily. One of the things that's out there is Be Well Indiana. Its 211 anyone can call it 24 hours a day. You can talk with a counselor, you can get some informal counseling. You can find other services in your community and the calls on this have skyrocketed since the pandemic and it continues to remain at high levels. That said what has the impact been at Porter Starke? I'm calling this slide the pandemic affect. This shows over the past several years the number of inquiries we receive to our 24/7 call line asking about enrolling in services, finding out what they can do. You can see typically it averages around 400 a month. What you can see in March and April when the pandemic was declared there was a massive drop in inquiries. It is interesting because we see the same thing happening on the service side. You see services drop. This is what happened to hospitals and health care systems. Why you heard about millions of health care workers getting laid off at the start of the pandemic or furloughed. It is because there was such a volume drop because people were not going out to seek services. They were staying home, they were isolating. They weren't seeking any type of services. We saw this across our inpatient unit, our outpatient programs. It was hard to get people engaged at that time. Then it took some time to get people to rebound before they did. We tracked this and it shows several months into the pandemic. This shows how productive our staff were at the same point a year before. So the first month the pandemic was declared and everything was shut down the staff were 60% as productive as they were the year before. It was a big drop however if Porter Starke were immediately shift to tele medicine which we had always had in place but you're also still buying computers and things and transitioning over through that period. You can see it took many months actually to get back to our full productivity levels. I can tell you the upside of this was the access was vastly improved in this time because people didn't have to wait as long, because of tele health we had fewer no shows. So there have been some good things about receiving mental health services in this time. We have moved on from that and we are in the state that we are in currently. Porter Starke along with every health care provider is always looking for qualified staff. Many of the staff has to have credentials which can be hard to find. I

do want to point out that we have grown significantly in the past few years with staff. We've added 50 staff so we are over 300 today versus 250. What Porter Starke's role is looking at people who are possibly suicidal. Our emergency services and admission team screens almost 5000 people per year for suicidal behaviors. They are screened from the beginning. Every call that comes in is checked. Of the nearly 5000 people that are screened in one year 1800 reported that they wished that they were dead either at that time or within the past week. Of that nearly 5000 500 are considered high risk according the evidence based measures on suicide. That means that they have suicidal thoughts with intent. What we do is get them everything we can. We get them family support. Get people enrolled into services and whether they need inpatient or outpatient care and work accordingly. Every death is a tragedy and every staff that has any involvement in that takes it personally. It shows about 33 people commit suicide each year in either Porter or Starke counties. Sadly I think that number will go up over time because of the pandemic. I just wanted you to be aware of how many people Porter Starke deals with because not everyone who commits suicide is engaged with us and some who are are active clients. We have death reviews when we do this and typically people have dropped out of service. There have been multiple hot reach attempts. We are doing as much as we can to stop this from happening. We have a lot of specialized training among our 300 staff to work on this problem. We're also actively participating in 988. We have a (Inaudible) when it comes to identifying suicide. We are involved in mental health first aide. I would like to read this quote. "To illuminate suicide Porter Starke Services has developed a comprehensive approach to services that draws upon multiple evidence based practices including mental health first aide, zero suicide, (Inaudible) treatment and counseling on access to lethal needs. All of these could be considered as a program modeled to be replicated." So those are what our external accrediting bodies said about our efforts to combat suicide. This is Intersection with Criminal Justice. Often times the people in our community or any community that are the most difficult to treat are the ones who will not voluntarily enter into treatment even though they really should and the ones who aren't yet to the point of getting involuntarily committed into treatment. Porter Starke does not have the ability to do that. They have to be compelled to treatment by court order. It is a matter of civil liberties. We can't detain people. There needs to be a court commitment. Then the trick is once they are stabilized whether they are released from us or they are released and their commitment expires you're back to the civil liberties issue. There is only so much we can do when people won't voluntarily engage in those services. There are a number of differences between mental health and substance abuse but I think that also would merit a different discussion. Basically, it is easier to get help for people with mental health issues versus substance abuse. A lot of families will say can I commit my son because he has a heroin problem (Inaudible) very hard to do. One of the key areas that we have in terms of these issues that cross in with criminal justice has to do with our role as the gate keeper to the State hospital system. It is important to understand our ability to explain the situation or get admission to the State hospital it is the same as every other community hospital like ours trying to do the same thing. The reality is the State hospital has a huge backlog of cases. All of the admission and criteria decisions are made by the State. Usually they will require a lot of things before they will admit someone including proof of the failure of all of the (Inaudible) environments. Part of the reason they have such a backlog at the State is a workforce shortage. There are somewhere between 800 and 900 beds in the State hospital system. At any given time most of those beds aren't filled because they can't be staffed appropriately. It's a challenge they have. It's a challenge for all of us. There are a lot of variables but they are trying to fix that including pay scales which is why it is very hard for them to recruit.

Com Good, And from when I was on the Board multiple years ago that was a problem back then too. This has been a problem that has been around for a long time. I wanted to make a point of that that this hasn't just happened in the last couple of years. This has been part of it for quite some time.

Atty. McClure, If there are 800 beds available are there 600 that are staffed? 100 that are staffed?

Mr. Burden, When we look at our census on our unit we have normally a 60 bed capacity but that has been reduced to the pandemic. The last I heard the average number of our census was 300. At any given point there are a lot of unused beds. I would like to talk about what our inpatient unit does. It is designed for crisis stabilization needs. An example would be recovering from a suicide attempt or a psychotic episode. Some of the reasons we might deny someone is because they are too medically compromised because we are not an acute care hospital. Or they are non-compliant or have a history of violence. One thing I want to point out the de-escalation is our main tool. When we even touch someone in a restraining way it requires a write up that is then judged by our bodies. It is taken very seriously and depending on what is going on in the unit it is all under the medical authority and clinicians to know what the unit could handle at any given time. We have a lot of partner agencies throughout the region that when we can't take someone or visa versus we work with each other. This is a picture of our unit. We put up some Plexi-glass for COVID precaution. I would like to talk about Porter County funding because it is

very unique to the community mental health system and how county funds run through the community mental health centers. For the last 3 years our expenses have been between \$30 to \$35 million. In blue is the Porter County funds which ranged in those years between \$2.2 and \$2.4 million. It is a substantial sum of money but in terms of our total operations and what we need to do that is a portion that helps us cover some of the uncovered costs. We have also had a 17% growth in staff. Even through this time we have been able to grow which is important to do. Again, we would take more if we could. Atty. McClure asked what makes us tick. I tried to simplify our revenue source. Self-Pay is 3%, Medicare 4%, Medicaid is 38% the biggest chunk of anything is Medicaid. Medicaid isn't designed to fully cover services. It does this because it is a State and Federal partnership. There is always the expectation of some sort of local or State match to these programs. It is designed not to be sustainable on its own. Therefore we need these other types of funds. As you can see just slightly half of what we do depends on the services we can bill through some sort of insurance source. The rest can be made up through State contracts, through County funds, through grants and other programs that we have afforded to us as a community mental health center because we meet certain requirements. How are the County funds determined and why is this? They are determined annual by the Division of Local Government Finance based on the State adjusted growth quotient. In 2019 the memo that clarified how County funds are calculated for CMHC's. The reason this happened is because every year the CMHC's would get something in the amount of the State adjusted growth quote added to it. Certain counties wouldn't be able to collect all of the tax dollars it would appear and correctly appear that the CMHC might be the only person getting an increase that year because other things had to be (Inaudible). Obviously you can imagine that caused a lot of problems. So in 2019 there was an attempt to resolve that going forward. The DLGF explicitly calculates the funds from the county to the county of the CMHC who has the primary responsibility. And the why is because counties have historically had some role in the support of mental health and the way the statute evolved over time was to ensure that the counties would continue to support mental health at some level. To the State's credit they have been very savvy at getting Federal and State partnerships to leverage the funds for mental health from the Federal governments. There are some states for instance where the majority of mental health programs and funding are county funding. That is not the case in Indiana. One of the ways that the statute says we can use these funds is the Non-Federal Share of programs that are specific to community mental health centers. This involves a Medicaid program that allows us to do community based services. We have certain numbers of people that we have to have as targets in terms of enrollments. If we're short of what the State expects we get penalized. There is a lot of accountability at that level for that. We can use these funds for operations of the CMHC. CMHC is the safety net provider system for all 92 counties. Porter Starke is an independent (Inaudible) C3 not for profit. We're one of 24 centers in the State that has this certification. We're also a federally qualified health center, we have an opioid treatment program and we're a certified community (Inaudible) health clinic. All these other designations that we are that have their other sources of revenue to support the whole of operations that we do. The key to meet a continuum of care and requirement that the State sets for us. We have oversight not only from the Division of Mental and Addiction but depending on what the environment is we have the State Dept. of Health, the DEA and the Centers for Medicare and Medicaid, all for these various programs. We also have an external accrediting body which I mentioned which is CARP. I don't know how familiar everyone knows what goes into CARP. Achieving CARP accreditation involves demonstrating performance to the applicable CARP standards. This is evident through observable practices, verifiable results overtime, etc. It consists of confidential interviews and direct activities, direct observation of the organizations operations and services, observation of the organizations locations, review of all of our organizations documents, a review of documents regarding programming and service design. The leadership and staff members of the organization are collaborative partnering with other human source organizations in the community in order to ensure the full continuum of care is available to meet the needs of persons served. Excellent financial stewardship. The staff members are clearly dedicated to the work they are doing and enthusiastic in the delivery of those services. Porter Starke has an excellent repore with persons served for generally feeling cared for and the personnel are easily accessible. Those are just a few of the nice things that were said. When we receive a full 3 year accreditation that says something. This afternoon I have an orientation. I have the honor of orienting our staff to our mission, vision and values and to discuss that role they have. This is my opportunity to inspire them to be in this work and stay in this work. It is the most meaningful work around.

Com. Biggs, Part of the issue of not being able to make a bigger impact that we wanted to make, correct me if I'm wrong, is because of staff shortages.

Mr. Burden, Yes it's nationwide but in terms but from the standpoint of those looking at Porter Starke Services with the authority to assess our ability to do these things they're feeling like we're doing a pretty good job based on what is known to be the National Workforce shortage as well as the Indiana Workforce shortage. Unfortunately we are right on par with any other community health system with terms of staff they wish they could provide. We have a society where over half the psychiatrists to not take insurance in the country. They don't take insurance

because they don't have to. They don't have to because it doesn't pay well. We're already dealing with a shortage on that level. So to bring people into our environment means they really care about this cause. Not that the value of other psychiatrists is any different it's just that they have chosen a different path in what they want to do.

Com. Biggs, At the beginning of your presentation you stated that your staff has grown 17% since 2019, a little over 5% in the last 3 years. Where are those positions being filled if they're not (Inaudible)?

Mr. Burden, Well they are being filled. The problem is the need keeps growing and it's faster than we can grow our staff.

Com. Biggs, The needs are out pacing our ability to service it.

Mr. Burden, Absolutely because we are in the category of what I call specialty medicine. If you try to get an outpatient appointment with a rheumatologist or a pulmonologist or any other specialty chances are it is going to take you quite a few weeks or months to do that. Yet when you have an acute need you're able to get that service in the ER. We have a similar model with our inpatient unit that we can triage cases where we can focus more to ensure that women who are pregnant who is on a priority list that is again set forth by the State that we would get the most acute cases when we can to service those faster, which would take things less acute and pushes them back.

Com. Biggs, Porter County's annual contribution is roughly \$2.5 million a year.

Mr. Burden, Yes.

Com. Biggs, What is Starke County?

Mr. Burden, I don't know off hand. I think it's in the \$100's of thousands. It is not anywhere near what Porter County's is.

Com. Biggs, And you have a facility in Starke County.

Mr. Burden, Yes, but it's not quite as big as what we have here. We have two offices here. One in Portage and one in Valpo which is our main operation. We also have an FQHC which is called Marram Health in Hebron that also combines services with Porter Starke. We have three locations here in Porter County.

Com. Biggs, The Starke facility is nowhere near the size of your facility.

Mr. Burden, No and that is a population issue. It doesn't always make people in Starke happy because Porter County gets a lot more than they do. We have seven times the population.

Com. Biggs, The truth be known we're probably subsidizing some of that as well.

Mr. Burden, We try as much as we can to keep the funds (Inaudible) so we're not doing that. As I spoke with some of you we had...our net revenue was around \$14 million and yet our expenses. We have a huge hole to fill through everything else that we get.

Com. Biggs, Due to the staffing shortage are we working with other type organizations who may have that staff available to fill those holes?

Mr. Burden, I don't know of any organization who has the staff to fill those holes, but I would be glad to talk with them. I know of other businesses that are in the private practice...one of the things that people don't always like about the services that we do is they have a lot of accountability. What do you want to call it bureaucracy or accountability? The fact it's a lot of paperwork and sometimes people don't always adapt well to that to find that their niche is elsewhere. I'm not sure how to exactly answer that but that I know that everybody is looking for everybody else's staff to try and fill.

Com. Biggs, I found your presentation to be very helpful and informative. Some of the information that you shared with us about the State Mental Hospital.

Mr. Burden, The one in Indianapolis is brand new and there are a few other scattered throughout the State like in Evansville and Logansport.

Com. Biggs, It is stunning to me that as rich as this State is that we can't staff it and utilize it to its full potential.

Com. Blaney, Is the staff not available or is the funding to pay the staff not available?

Mr. Burden, From my understanding what the State runs up against are pay scale issues. For instance the State is only allowed to pay a nurse so much and because the market value of nurses have gone up considerably a nurse can get a job anywhere and make a lot more money. Either that nurse is working that job because they are dedicated to that and don't mind making less money or they are going to be able to go elsewhere and probably within their own community.

Com. Biggs, It's all about prioritizing. Yes you're right that the salaries of nurses and medical staff have gone up. Especially when you see what's been going on with COVID and rightly so. That is no excuse for our State not to adjust those salaries. If they are adjusted by law they can be changed by law.

Mr. Burden, I hope they do, but I hope they don't take our staff.

Com. Biggs, Thank you again it's been very informative.

Mr. Burden, Thank you for taking this time and I'm happy to follow up with anybody with further questions.

Com. Blaney, Thank you very much.

Com. Good, Thank you Matt and thank you to the Board members for showing as well.

Health Dept. – COVID Discussion.

Com. Good, We have Dr. Stamp, Atty. Hollenbeck and Letty joining us. Good Morning.

Dr. Stamp, Good morning Commissioners. Today I am addressing questions regarding COVID and our role in regards specifically to COVID prevention in the schools. Currently in Indiana the local health officer and the Commissioners have no authority over pandemic mitigation efforts in the schools. That sits squarely in the hands of the elected school boards. That said the numbers of new COVID cases in Porter County especially among school aged children continued to increase at an alarming rate in this 4th wave fueled by the Delta variant. Most children have very mild illness, but hospitalizations among young children are even increasing. Infections among young children spread to family members, other students, friends, their family members and so on and affect our community at large. Two of our best tools to protect against COVID during times of high community spread are face coverings and vaccinations. I implore the Porter County School Boards to require masks in school buildings where 6 ft. of distance cannot be maintained and while community spread is high especially during State advisory levels of orange and red. And I implore all in Porter County who are eligible to be vaccinated to do so. Pfizer recently received full FDA approval for its vaccine and is no longer administered under emergency use authorization. It is safe and very effective against severe disease. The Health Dept. is continuing to offer vaccines in our offices. We are happy to work with schools, businesses and organizations to offer onsite vaccine clinics. To the people of Porter County protect yourself, your family and your neighbors by getting vaccinated. Atty. Hollenbeck, Atty. McClure do you have anything to add?

Atty. Hollenbeck, I would just add to what the doctor has indicated to see if we could resolve any confusion that may still exist. As is up on your board the Governor has indicated that the school systems are responsible for implementing their particular COVID-19 protocols and that our role is to give guidance and recommendation and sometimes that is lost in the discussions of things. I know Scott and I have had discussions about how best to communicate that and we thought we should do it this morning in front of the Commissioners at a meeting. Not that we haven't communicated in the past, I think it was August 9th.

Dr. Stamp, Prior to school starting was my recommendation to the schools to have people in their school buildings wear masks. And then now as we are one of 3 counties remaining in the Yellow advisory level in Indiana and I expect that will change to Orange in the coming weeks pretty quickly. It becomes more important yet to make sure we can protect ourselves however we can.

Atty. McClure, Well I think it's again not to repeat it just for the sake of repeating it but the Health Dept. is available to the school corporations for recommendations and obviously I think some of the underlying logic here is that some of the individual school corporations are in the best

position to understand their students and their buildings, their bussing and their separation issues and any other factors that may be out there. The Health Dept. and Dr. Stamp are available for more specific guidance that any of them may specifically need, but I guess to put a very fine point on it at the end of the day under this current Governor's order the Commissioners or the Health Dept. don't have the authority to reach down into the schools and mandate what they do or do not do within those buildings. We are here to help and advice when requested but ultimately don't have the authority to do any more than recommend or strongly recommend or however we want to put it. We just simply don't the authority to mandate that action at this time in the schools specifically. Before I move on to the other subjects I want to stop there because I think that is one of the first points of

today to make sure we are all on the same page on that issue moving forward that individuals looking for information are going to the right places for that information or the right decision makers for that matter. I think if there is nothing else on the school or anything we want to talk about for schools we could move on to some of the finer points that the Health Dept. would have some authority on. The Commissioners would have some authority on.

Unknown Citizen, (Inaudible – speaking in the back of the room without a mic.)

Com. Biggs, Ma'am could you please give us your name.

Unknown Citizen, (Inaudible)

Atty. McClure, Hold on. If we are going to allow comment we have to bring them up to the mic so that we can actually hear what she is saying. I guess we have to make a decision as to what we are doing at this point as far as, we're in a public meeting but are we having public comment at this point in time?

Com. Good, Me personally I don't want to get into a legal debate and that is what she is wanting. She wants a legal debate. I don't know what she is sighting. This is a Commissioners' meeting. This is not a public hearing. We put this on our agenda to discuss it and we put this on our agenda to give you the facts and the law. We have two lawyers sitting here who are representing this Board and representing the Health Dept. I just don't see why we're having a public hearing on this. This isn't what this was for. This was to come out and give our position. If anyone else would care to chime in feel free.

Com. Biggs, I agree Mr. Chairman. We're not prepared to have a public hearing. The agenda is full. Again, this is not about skirting responsibility. It is about explaining the law to the public because we have been sent dozens of emails of varying opinions of what we should or shouldn't be doing up here as Commissioners as it relates to mandating the masks and we cannot by State law mandate masks in school districts or in schools. It's not debatable. I can't control some other official's opinion is of it. We have two attorneys here who have also spoken to the attorneys down State. We're trying to get information out to the public so the public is better informed of what is going on.

Unknown Citizen, (Inaudible).

Atty. McClure, So what is on the board is actually the 4th paragraph of the Governor's order. That is what we're basing our opinion on which says K-12 schools corporations are responsible for implementing local measures and restrictions to address the impact and spread of COVID-19 in their buildings, facilities and grounds. Again, the decisions for the schools are at their individual school board's either elected or unelected at those school boards with the available advice of the Health Dept. however much, however detailed is needed for the schools to then for those school boards to make their individual decisions for those school corporations. The Health Dept. can make a recommendation. The Chief Health Officer has made those recommendations and the Health Dept. is available for additional information or guidance. Again, from the issues of COVID in the schools and masks those issues are squarely on the Governor's order on the school boards that we have in our community.

Com. Biggs, Our Health Dept. is doing what it is supposed to be doing. It is giving advice when it's asked. There are some that would like us to force feed that advice different local units of governments, but we're not going to do that. We're to advise and we have the expertise to advise correctly. You are either going to take it or you're not going to take it. This isn't 1939 Berlin. That's my opinion.

Atty. Hollenbeck, And the advice that Dr. Stamp and the Health Dept. has given is that protocols the State Board of Health and the CDC should be implemented and followed. In that sense we have the backup of a State agency and a Federal agency in support of the recommendations and guidance we're giving the local schools and that simply put is masks.

Com. Good, I can tell you what this Board is responsible for, we are responsible for our 600 employees and the health and wellbeing of them. The same thing as the school corporations are with their employees. Then when it gets down to buildings and when we do vaccinations, testing the need for the Health Dept. to workout logistics issues we are there like we were the last time. That is the heavy lifting that this department does up here and that's what we will continue to monitor the yellow, blue, orange, red. We will continue to monitor it. We concerned about our employees here. Why wouldn't we be concerned about our employees here? We have to run a government. We can't have people infiltrating and getting the building sick, because we have a lot of different people coming in from all different walks of life. That goes to our courts, Jail, administration buildings where people want to do their daily business of government. Those are the things that this office is focused on. Let's let the school boards focus on keeping those children and keeping the schools moving in the proper direction. We all have our lines here that we're responsible for and that is what we're trying to do today. Is to give everybody the guidelines and the swim lanes that we all need to operate and communicate through. That is why we did this and that is why we formalized this today. We wanted to come out as a Board to make a statement with the Health Dept. of where those lines are and who you need to talk to and who you need to go to if you're interested in trying to mandate change. That is what we wanted to talk about here today.

Com Blaney, Frankly I don't know what Dr. Stamp could say beyond she's imploring the school boards to require masks. There just isn't more she can say under the current laws.

Atty. Hollenbeck, And we have said that since August 9th and have communicated it to each of the school systems.

Com. Good, Do we have anything else we want to cover at this point?

Atty. McClure, Not from a school standpoint but if you want to talk about our buildings now would be the time.

Com. Good, We've talked and we're looking at the yellow, orange and red. We're watching that very closely. I think if we get into that orange level like Dr. Stamp said we're one of 3 counties that are still in yellow. Thank you everyone. This is where we celebrate a little bit. We're trending bad. We are watching this and as soon as we hit that orange level we're going to have some decisions and things that we have been talking about up here that we are going to have to implement. I don't think it is anything out of the norm of with what we did last time. We've already been here once before. We have a little bit more knowledge of how to go about protecting everyone. That is what we are going to try to do here. For the people here working this building be ready. We've already talked to some of our facilities people and of the other folks to let everyone know in our buildings that something is coming. We're ready to go through this again. I don't like it any more than anyone else does, but it is the lay of the land today. I just want to say the last time we went through this I thought we did a pretty good job. We were taking a lot of swords this last year and a half. All of us have, but I think the outcome at the end of the day was what we had all hoped for. I think it is interesting in talking with Dr. Stamp we're seeing a lot of the same statistics. We're seeing a lot of mirrored data that is sort of matching up with what happened the last time so that is good from a trending standpoint. You can see year after year things. That is what you're always looking for. We're all on guard and we will try to do our best to get us through this.

Com. Biggs, We will get through it. One thing about it we've already been here so we know what to expect. If you're responsible and you take on that responsibility and you treat it seriously I think everyone is going to be just fine. You have to take on personal responsibility and make smart decisions and not be afraid to make those decisions and we will get through it. We'll be fine.

Com. Blaney, I think there is a key difference this year we have more people vaccinated. I think the vast majority of the new infections and hospitalizations are people that are not vaccinated, correct?

Dr. Stamp, Correct. I would say that is a factor in Porter County specifically in remaining Yellow a little bit longer than the rest of the State is we have had a good response to vaccination here with 56% eligible people being vaccinated. So I have been thankful for that. I guess you could back to the flattening of the curve thing. That has done that for Porter County. We still do occasionally have people vaccinated who get sick enough to be hospitalized. We haven't had any deaths of vaccinated patients in Porter County, which I'm thankful for.

Atty. Hollenbeck, The universe of unvaccinated people consists of a lot of kids and that is part of the problem.

Com. Blaney, I think for us and our employees we are going to be looking at the color coded State map as we go forward and that will be what triggers measures to protect our community.

Com. Biggs, It is acting instead of reacting. That is how we stayed ahead of it this last time. We didn't wait until the glass fell off of the table and crashed. We grabbed it first. That is what we are going to continue to do.

Com. Good, Thank you for your presentation. Red come on up. Give your name.

Mr. Stone, I would like to ask a respectful question. I am on a school board. One of the things I'm having a problem with is masking and no masking. I'm not even here to debate masking. Does it work, does it not work. My problem is and the school's problem is are quarantine's. Over the last year I did a lot of research on what other states are doing. Nebraska which is the Lincoln Public School District has 42,000 kids. Superintendent Dr. Joe I actually had a good conversation with him. If everyone wears a mask, if someone gets quarantined they self-monitor. The way I wanted to do it is we have nurses in our schools. We could go down before school take temperatures, ask questions. He said that is more than what we're doing. We're asking them to self-monitor. You would actually be doing it with nurses and monitoring which would keep kids in school. I would have no problem doing a mask mandate, but my problem is if we're going to have a mask mandate I am going to ask my continuance to put on a mask when in high school 95% of them are not wearing a mask. I have to give them something. I have to say if you wear this mask what it's going to do is you're not going to get quarantined unless you get sick and you have to go home and we all know you have to quarantine. It's not fair if they wear the mask and they still get quarantined. So the only thing is if everybody wears the mask we would still have the quarantine issue with the 3 ft., which means people are still going to get quarantined. My question is who is in charge of the quarantining is that us? If we put together a good plan this is how we would like to do it. Is this something you work with us on? Is it something that we have to get the Indiana Dept. of Health to look at? That is what I'm looking for here are some answers. I have not gotten any answers from anyone. I have reached out to Dept. of Health, the Governor's office and everyone is like....I'm on the school board so you know what they do they kick you right down to me. I'm trying to help my people in my community and say we're going to keep going to school. That is our main goal. We want to keep kids on school. A lot of people in our community would probably wear the mask knowing they're not going to get quarantined, people have to go to work. If we could sit down and get some good policies on I would have no problem wearing a mask. We have to have a little bit of flexibility on this and quite frankly I don't know if we have it or we don't have it. I hope someone could give me some answers so I could go back to our school and say here is a good program we could follow.

Com. Good, Would this be under the portion where the school board if they wanted to do something like that they would submit that to the Health Dept. and then you would review that?

Dr. Stamp, That is actually a really good question. Part of the idea of having kids wear masks is really to keep as many of them in school as possible. I think we're all on the same page with that. That is in my opinion one of our top priorities. You've seen how horrible it is to keep kids out of school for extended periods of time. I have heard of what you're refer to school districts having kids who have been exposed while wearing a mask or in school specifically able to stay in school while they are being monitored and A symptomatic. I am not certain where it falls as far as the executive order goes. The communicable disease code does have some specific requirement for reporting COVID and reporting close contacts. What then is done with those close contacts I would have to look a little more closely to see and I would just say if a say a pilot plan to do something like this were out there that maintained really good data so that that could be if for some reason there an outbreak or a change that was felt to be secondary to people doing something different than the standard quarantine that that could be changed quickly. Or it could be reported if it works well as a best practice. I think there may be some room to look into these options. I am not positive where it stands from the State Law (Inaudible) so I can't answer 100%. As Duneland our record keeping when we quarantined kids the quarantined kids weren't getting COVID. I understand this Delta variant is different. I do believe it is definitely more contagious so we might have some different outcomes but last year we were sending kids home for 10 days they weren't getting COVID. We have very good numbers to track and hopefully keep kids safe, but if we have to keep the kids quarantined there are going to be a lot of parents that are going to say hey I'm not doing that.

Atty. McClure, I think that is a great point that Mr. Stone's comments brings back that that is the communication we need to have between the schools and the Health Dept. that is a nuance question that I don't know the answer as I sit here. If you were wondering what I was talking to the Commissioners about I was wondering of those 15 minute tests could potentially help in a scenario like that. Obviously it is difficult to talk about those in a public meeting when it's the first

time we're trying to answer it in a public meeting. Those are the conversations that we do need to have so that the whole point of the Governor's order is to have something tailored that potentially work in a given school and community. The question has been put to us and we can try to figure out whether or not if there is something ironclad out there that tells us what we have to do with close contact or if there is something we can deviate from on the plan.

Com. Blaney, I would also like to know how the testing could keep our employees from quarantining unnecessarily. If that is an option as the test become more accurate. I'm not asking for answers right now. I know this is a new topic but it would be nice to keep people at work as well.

Com. Biggs, It goes back to self-discipline and smart choices. You don't want government in your life dictating to you what should or shouldn't be doing then make the right choices. I'm not a mask person. I have not been vaccinated. I had COVID. I was in the hospital 5 days with COVID, but I learned my lesson too and that is you have to make smart choices. You don't want government dictating that to you because government has to be responsible for everybody. Then make the right choices and that goes for school districts. That goes for county governments. You have to make the right choices.

Com. Good, Thank you for coming up and having this time together.

EXPO CENTER – LORI DALY, DIRECTOR

F.E. Moran, Inc. – An Agreement to Perform Repairs to the Fire Sprinkler Systems per Recent Annual Inspection in the amount of \$1,995.00.

Ms. Daly, We did the annual inspection and there were some deficiencies and we want to fix those deficiencies.

Com. Biggs, moved to approve F.E. Moran, Com. Blaney, second, motion carried.

A Request to Transfer Funds – From Acct. #3340 Advertising in the amount of \$20,000.00 to Acct. #2230 Food and Groceries. The transfer is to increase the food and groceries line item due to increase in off premise bar events.

Com. Good, Your off premise bar has gone up?

Ms. Daly, Just a little. We have to pay the upfront cost and then.....

Com. Good, Get it back on the revenue side, yes.

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

MEMORIAL OPERA HOUSE – SCOT MACDONALD, DIRECTOR

An Ordinance Establishing a Non-Reverting Fund for the Receipt of the National Endowment of the Arts and American Rescue Plan Funds for the Porter County Memorial Opera House – 2nd Reading.

Com. Blaney, moved to approve the Ordinance on 2nd Reading, Com. Biggs, second, motion carried.

An Ordinance Establishing a Non-Reverting Fund for the Receipt of Shuttered Venues Operators Grant Fund for the Porter County Memorial Opera House – 2nd Reading.

Com. Blaney, moved to approve the Ordinance on 2nd Reading, Com. Biggs, second, motion carried.

A Request for a Reduction Appropriation - Fund #4915 in the amount of \$48,766.05 Acct. #1110 Salaries. Reduce salary line item, salaries are being paid from SVOG Grant through 2021. Effective pay period 17.

A Request for a Reduction Appropriation - Fund #4915 in the amount of \$3,730.00 Acct. #1210 FICA. Reduce FICA line item, FICA is being paid from SVOG Grant through 2021. Effective pay period 17.

A Request for a Reduction Appropriation - Fund #4915 in the amount of \$5,461.00 Acct. #1230 PERF. Reduce PERF line item, PERF is being paid from SVOG Grant through 2021. Effective pay period 17.

Com. Blaney, moved to approve the Reduction Appropriations, Com. Biggs, second, motion carried.

Com. Blaney, This is great. It's a lot of work to get these grants together.

A Request to Transfer Funds – Fund #8910 in the amount of \$3,730.00 from Acct. #1110 Salaries to Acct. #1210 FICA. Creating appropriation to pay FICA from fund along with salaries.

A Request to Transfer Funds – Fund #8910 in the amount of \$5,461.00 from Acct. #1110 Salaries to Acct. #1230 PERF. Creating appropriation to pay PERF from fund along with salaries.

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

Mr. MacDonald, Thank you all and Vickie to with her help in getting these done.

DEVELOPMENT & STORM WATER MNGMNT. – BOB THOMPSON, DIRECTOR

Red Fish Development, LLC – An Irrevocable Standby Letter of Credit from Associated Bank in the amount of \$48,000.00 for The Preserve – Phase 1 to replace the existing Letter of Credit from Porter State Bank.

Atty. McClure, It's in good form.

Com. Good, What is the term on that Scott?

Atty. McClure, It expires September 29th, 2023 in the amount of \$48,000.00.

Com. Biggs, moved to approve the Standby Letter of Credit, Com. Blaney, second, motion carried.

Red Fish Development, LLC – An Irrevocable Standby Letter of Credit from Associated Bank in the amount of \$180,800.00 for The Preserve - Phase 2 to replace the existing Letter of Credit from Porter State Bank.

Com. Biggs, moved to approve the Standby Letter of Credit, Com. Blaney, second, motion carried.

A Zoning Map Amendment from CM, Moderate Intensity Commercial to I1, Light Industrial – Northwest corner of US Hwy 6 and SR 149 – Petitioner Coolwood Associates LLC – 1st Reading.

PUBLIC HEARING OPENED

Com. Good, First call is there anyone wishing to speak against this rezone?

Ms. Cook, My name is Diana Cook, 329 West 875 North, Valparaiso in Portage Township. Stick with the master plan. There should be no spot zoning changes. We paid \$100,000.00 for a master plan and if there is going to be continual spot zoning changes then I would suggest refund us Porter Count taxpayers \$100,000.00/\$106,000.00/\$109,000.00. I would have to check into specific figures but whatever that master plan cost. My concerns in Porter County also that we are getting to be stop, stop, stop and traffic light nightmares. If zoning changes are going to be made similar to what has occurred in Dyer, Schererville, St. John, Cedar Lake. We are going to make Porter County a place where people no longer want to live. Thank you for listening to me and thank you for your time.

Second call is there anyone wishing to speak against this rezone? Third and final call is there anyone wishing to speak again this rezone? First call is there anyone wishing to speak in favor of this rezone? Second call is there anyone wishing to speak in favor of this rezone? Third and final call is there anyone wishing to speak in favor of this rezone?

PUBLIC HEARING CLOSED

Atty. McClure, Mr. Thompson you can give us a little bit of a history of what we're getting asked to do here?

Mr. Thompson, Plan Commission heard this at their July 28th public hearing. After consideration the Plan Commission voted 7 – 0 to send a favorable recommendation to the County Commissioners for this rezone requesting it to go from Moderate Intensity Commercial to Light Industrial. The area that is a few 100 feet along U.S. 6, the frontage along U.S. 6 is going to remain Moderate Intensity Commercial. We do have a proposal coming in at that area.

Atty. McClure, Remind me Mr. Thompson Light Industrial is that any smoke stacks or outdoor storage?

Mr. Thompson, Light Industrial is no particle emission from it. It is all clean industry and it has to be indoors. Anything that is maintained outside has to go in front of a Board for a review.

Atty. McClure, Then the ingress and egress off of this property would have to be off of S.R. 149 is that correct?

Mr. Thompson, Yes, one will be off of S.R. 149 and they will also have one off of U.S. 6.

Com. Good, Any other questions from the Board?

Com. Biggs, I thought she brought up a pretty good point. We spend a lot of money to have these zoning maps created and I believe you're also right about the cost of it, because I can vaguely remember what we paid for the cost of it. Please explain to us Bob why it is in the norm to rezone something.

Mr. Thompson, Our previous master plan that we had had pyramid scheme as far as uses go through a zoning meaning. You could have built a residential structure all of the way into Light Industrial. When we created the Unified Development Ordinance we separated all of those uses. Residential can only be built in residential, commercial can only be in commercial. It does talk about that in the Ordinance Foundation in Chapter 1, but basically the UDO promotes spot zoning because of the fact that we have separated out these uses and put them into their particular category. What it does ask is that you carefully look at each use and each request going forward to see how it goes with the neighborhood, what is the current development of what's going on in the area. So it does ask you to look at a series of items before a decision is made going forward. I feel the Plan Commission has done that, gone forward and given the Commissioners a favorable recommendation.

Atty. McClure, Also, everyone has their own definition of spot zoning. To me one of the key attribute to spot zoning is when you have an area that is predominately one zoning classification and you're putting in another zoning classification that has a significant difference and it's intensity of use. If you are in an R1 or Residential District and you want to come in and take one parcel and take it to Light Industrial you have a significant higher burden to get through a Plan Commission recommendation or through the Commissioners. In this particular circumstance though correct me if I'm wrong Mr. Thompson but I believe the Light Industrial zoning besides the parcel that we're actually looking at if we start at this parcel and go west almost to the City of Portage's line I believe that the vast majority and when I say that maybe 75 or 80% if not higher of the property that sitting basically one parcel back off of 6 is already Light Industrial all the way over to the City of Portage line. Is that correct?

Mr. Thompson, That is correct.

Atty. McClure, So if the Commissioners were to rezone this to Light Industrial the parcel I believe due west is already Light Industrial. Again, on the spot zoning and everybody has their own definition just changing the zoning people interrupt to be spot zoning, but in this particular circumstance we're putting more zoning in that is already presently in this location. The request at this point is to maintain the original significant intensity at the Moderate Intensity Commercial use. In this particular area we have a lot of I1 that is sitting basically a parcel depth off of 6 and from a Light Industrial standpoint that is why I tried to highlight the uses that can go in here as far as smoke stacks or particle emissions or outside storage for that matter. We also have to remember that we're coming off of this Light Industrial if it's approved on to two State roads that are maintained in a different fashion and frankly out of a different budget than the ones that we are attempting to maintain. I think that is part of the overall issue. And I think to go directly to the question at hand is that yes we have a comprehensive plan. The comprehensive plan is kind of where we start. The comprehensive plan isn't zoning these individual parcels. It is looking at individual areas of the County and saying what is the most desirable use at the time the comprehensive plan was completed. Then the zoning overlays comes after that and whenever we rezone this we were always hamstrung with the fact that you can't downzone people during a

comprehensive rezone. In other words you can't take someone and say we have now determined through our comprehensive plan that like Light Industrial in this area and then take a piece of Light Industrial property and zone it down to Commercial. The comprehensive plan is there to be the guide but it's not the controlling. The underlying zoning is the controlling issue and then you run into people's individual property rights. I don't believe we're deviating from the comprehensive plan in any significant fashion here. We are be requested to change the underlying zoning but again it's contiguous with other Light Industrial zoning.

Com. Biggs, moved to approve the Zoning Map Amendment from CM to I1, Com. Blaney, second, motion carried.

A Zoning Map Amendment from A1, General Agriculture to IN, Institutional – Southeast corner of SR 49 and 250 South – Petitioner East Porter County School Corp. – 1st Reading.

PUBLIC HEARING OPENED

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

PUBLIC HEARING CLOSED

Atty. McClure, Did the Plan Commission have a contingent matter on the recommendation?

Mr. Thompson, There was. This was sent up 7 – 0 for a favorable recommendation but there was remonstrance because of the fact that there is an old subdivision on the corner of 250 South and 49. The commitment was there is a road that goes off of this parcel directly to 49. It was requested that the School Corporation does not use this road. It was forwarded to the County Commissioners with a favorable recommendation with a written commitment of not using this particular road. Now this particular road is not owned by the School Corporation. They have property going out so we just forwarded it up. We did find out that it is dedicated right-of-way.

Com. Biggs, Who owns it?

Mr. Thompson, Good question. I would have to go back and do some research but it is not owned by the property owners around there.

Com. Biggs, And it's not owned by the school?

Mr. Thompson, Correct.

Com. Good, Is it closer to 250?

Mr. Thompson, It is.

Com. Good, Is it that residents subdivision?

Mr. Thompson. Yes. It's just like a couple of 100 feet south of 250.

Com. Biggs, moved to approve the Zoning Map Amendment from A1 to IN with the commitment that the school does not use the road, Com. Blaney, second, motion carried.

United Consulting – An LPA Consulting Contract for Right of Way Services - Bridge 149 – Waverly Road over Little Calumet River.

Mr. Thompson, This Bridge is in the Town of Porter. It's the one that we have the agreement on for the pedestrian pathway. It is for the right-of-way acquisition services for United Consulting to perform for us. The agreement is not to exceed \$12,900.00 for the services. It does not include the actual appraisals and going forward and purchasing of the property. That will be an additional on that when we get those reports.

Com. Good, We've agreed with Porter to keep the trail on the bridge, correct? We're going to be building the bridge with their trail they put up years ago, but they had also talked about wanting a sewer line to go through.

Mr. Thompson, I believe our engineers are speaking with them about that.

Com. Good, Would that be part of our right-of-way acquisition or theirs?

Mr. Thompson, Ours. We're working on the actual location of it.

Atty. McClure, Is this particular bridge is this one of the bridges that is getting inspected every year?

Mr. Thompson, Yes it is.

Atty. McClure, So when this is finished it will be one of them off of that list?

Mr. Thompson, Yes, it will be.

Com. Blaney, And the ones that get inspected every year are the ones in the worst shape.

Mr. Thompson, Correct.

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

A Consultant Recommendation to start Negotiations for County Wide Bridge Inspection & Inventory. This will be a 2 year agreement.

Mr. Thompson, This is for our bridge inspections and inventory that we receive the large report for. Normally that is a 4 year agreement. INDOT contacted us and asked if we would be willing to go to a 2 year agreement. The reason is because they have so many counties across the State that are on this time frame coming in with 4 year agreements so they wanted to stagger it so they asked if we would be willing to go to a 2 year agreement this time. The next time we're up it is going to go back to a 4 year agreement. We agreed to do that to help them out.

Com. Blaney, moved to approve United Consulting as the recommended consultant, Com. Biggs, second, motion carried.

A Consultant Recommendation for Design Services Bridge 1 – Division Road over Crooked Creek.

Mr. Thompson, This is another bridge that is inspected annually.

Com. Blaney, moved to approve Lochmueller Group as the recommended consultant, Com. Biggs, second, motion carried.

A Consultant Recommendation for Design Services Bridge 66 – 250 West over Phillips Ditch.

Com. Blaney, moved to approve Lochmueller Group as the recommended consultant, Com. Biggs, second, motion carried.

VALPO EVENTS – KATIE ABEL, EVENT MANAGER

A request to use all sections of the Courthouse grounds on Friday, October 15th, 2021 from 2:00 p.m. – 6:30 p.m. for the Fall Harvest Festival which includes Trick-or-Treating downtown.

Com. Blaney, moved to approve the Fall Harvest Festival, Com. Biggs, second, motion carried.

THERESA BIGGS

A request to hold a Rosary Rally on the Courthouse grounds at the North East corner on Saturday, October 16th, 2021 from 11:30 a.m. until 1 p.m.

Com. Blaney, moved to approve the Rosary Rally, Com. Biggs, second, motion carried.

With no further business the meeting was adjourned at 11:58 a.m.

BOARD OF COMMISSIONERS
PORTER COUNTY, INDIANA

Jeffrey J. Good

Laura M. Blaney

Jim Biggs

Attest: _____
Vicki Urbanik, Auditor