MEMBERS PRESENT

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

STAFF PRESENT

Chad Saylor, Chief Clerk; Tim DeFoor, Controller; Joseph A. Curcillo, III, Esq., Solicitor; Fran Chardo, Esq., District Attorney; Randy Baratucci, Director of Purchasing; Fred Lighty, Esq., Solicitor's Office; Amy Harinath, Press Secretary; Kay Lengle, Human Resources; Donna Miller, Commissioners' Office; Randie Yeager, Director of Human Services; Jennifer Simpson, Court Administration; Vince Paese, Controller's Office; Dan Eisenhauer, Director of MH/ID; Brian Clark, Warden; Chad Libby, Director of Probation Services; J. Scott Burford, Deputy Chief Clerk; Adriana Vukmanic, Solicitor's Office; Catharine Kilgore, District Attorney's Office; Jeff Enders, Public Safety; Deb Freeman, Court Administrator; Melissa Bradley, Human Resources; Rose Schultz, MH/ID; Julie Nicholson, Probation Services; Mike Shrauder, Probation Services; Julie Mackey, Commissioners' Office; Kelly Megonnel, Commissioners' Office; Ruby Doub, Commissioners' Office and Richie-Ann Martz, Assistant Chief Clerk

GUESTS PRESENT

Janet Jones, Richard Soto, Stephen Hetrick, Brian Emberg, Will Engelhard and Allen Houston

MINUTES
CALL TO ORDER

Mr. Haste, Chairman of the Board, called the meeting to order at 10:03 a.m.

MOMENT OF SILENCE

Everyone observed a moment of silence.

PLEDGE OF ALLEGIANCE

Everyone stood for the Pledge of Allegiance.

APPROVAL OF MINUTES

There are three sets of Meeting Minutes that will be considered at next week’s Legislative Meeting.

EXECUTIVE SESSIONS HELD BETWEEN MEETINGS

There were no Executive Sessions held between meetings.

PUBLIC PARTICIPATION

There was none.

DEPARTMENT DIRECTORS/GUESTS

A. Stephen Hetrick of Retirement Collaborative LLC
   1. Review of the U.S. Real Estate Investment Option in the Dauphin County, PA Deferred Compensation Plan

Mr. Hetrick reported that the Volunteer Employee Benefits Committee (VEBC) met and voted in favor of replacing the Nuveen Real Estate Securities Fund A (FREAX) with the Fidelity Real Estate Income Fund (FRIFX). The Nuveen Fund has been lagging. It is the VEBC’s recommendation to replace the fund. No questions were raised by the VEBC. A vote will be considered at next week’s Legislative Meeting. If the Commissioners approve the replacement, an announcement will go out to the participants.

B. Will Engelhardt, MSW Program Manager, Behavioral Health Division Council of State Governments Justice Center and Catharine Kilgore, Dauphin County CJAB Administrator
   1. Council of State Governments Justice Center’s Report for the Stepping Up Initiative in Dauphin County

Ms. Kilgore noted that today’s presentation is on the CSG’s Report for the Stepping Up Initiative. She introduced Mr. Engelhardt of CSG.
Mr. Engelhardt presented a PowerPoint presentation, which is attached to these Minutes.

The Commissioners asked several questions. Dialogue was held throughout the presentation. A final completion date for the screening tool could not be given due to the complexity of the issues.

C. Brian Emberg, P.E., Herbert, Rowland & Grubic, Inc.

1. Dauphin County Bridge Bundling Plan Program

Mr. Emberg presented a PowerPoint presentation, which is attached on the Bridge Bundling Program for Dauphin County.

The bundling includes County bridges, as well as municipal bridges. Municipalities will have the ability to fund the bridges through the Dauphin County Infrastructure Bank. The interest rate is down to 1%. With the Commissioners approval, HRG will do the whole process for them. By bundling, costs will be saved. HRG will work with the municipalities on the traffic impact.

The Commissioners indicated that Mr. Emberg should proceed with the Bridge Bundling Program.

HUMAN RESOURCES

Ms. Lengle indicated that there are no changes to the Salary Board Packet and/or the Personnel Packet. No questions were asked.

The Salary Board and Personnel Packet will be considered at next week’s Legislative Meeting.

PURCHASE ORDERS

Mr. Baratucci reported that any the budget adjustments will be made prior to next week. No questions were asked.

The Purchase Order Packet will be considered at next week’s Legislative Meeting.

TRAINING PACKET

The Training Packet will be considered at next week’s Legislative Meeting.

ITEMS FOR DISCUSSION

A. Construction Agency Agreement between Dauphin County and the Dauphin County General Authority. (A Vote is Requested 4/25/18)
B. PCCD Grant Application – Intermediate Punishment Treatment Programs (State IP/DARIP). *(A Vote is Requested 4/25/18)*

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

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

**SOLICITOR’S REPORT – JOSEPH A. CURCILLO, III, ESQ.**

Mr. Curcillo reported that items reviewed by the Solicitor’s Office will be ready for consideration at next week’s Legislative Meeting. No questions were asked.

**CLERK CLERK’S REPORT – CHAD SAYLOR**

The Chief Clerk reported that there are several Work Orders that he will execute regarding the Bridge Bundling Program. This is part of the first phase.

Also, Eric Stump will be attending the May 9, 2018 Commissioners’ Meeting to provide an update on the Route 39 Study.

No questions were asked.

**COMMISSIONERS’ COMMENTS**

Mr. Hartwick presented the following Proclamation to the Council of State Governments Justice Center for their commitment in addressing the crisis of too many people with mental illnesses in jails.

**Office of the County Commissioners**
**Dauphin County, Pennsylvania**

**Proclamation**

*We, the Dauphin County Board of Commissioners, are honored to join with others in the criminal justice and human services fields and all interested parties in committing ourselves to reducing the number of seriously mentally ill inmates and finding ways to get them the treatment they need;*

*Whereas, counties routinely provide treatment services to the estimated 2 million people with serious mental illnesses booked into jail each year;*

*Whereas, prevalence rates of serious mental illnesses in jails are three to six times higher than for the general public and many inmates are also suffering with addiction issues,*
Whereas, our county has begun taking steps to address the issue, including the integration of Human Services to make it easier to assess needs and track services, as well as revising how we approach bail, so arrestees receive treatment instead of detention;

Whereas, as part of the “Stepping Up Initiative,” we are working with the National Association of Counties, The Council of State Governments Justice Center, and the American Psychiatric Association Foundation as well as private, and nonprofit partners and members of the public to reduce the number of people with mental illnesses in jails;

Therefore, we join the 275,000 residents of Dauphin County in extending a Call to Action to reduce the number of people with mental illnesses in our prisons and we commit to sharing lessons learned with other counties and encourage all who care about fairness and justice to participate in the Stepping Up Initiative.

(A picture was taken.)

PUBLIC PARTICIPATION

There was none.

ADJOURNMENT

There being no further business, it was moved by Mr. Hartwick and seconded by Mr. Pries that the Board adjourn; motion carried.

Transcribed by: Richie-Ann Martz
Addressing a National Crisis:
Too Many People with Mental Illnesses in our Jails

Dauphin County, PA

April 25, 2018

© 2018 The Council of State Governments Justice Center
The "Six Questions"

1. Is your leadership committed?

2. Do you have timely screening and assessment?

3. Do you have baseline data?

4. Have you conducted a comprehensive process analysis and service inventory?

5. Have you prioritized policy, practice, and funding?

6. Do you track progress?
Bottom Line: People with Mental Illnesses are Overrepresented in Our Jails

- 17% Serious Mental Illness
- 72% Co-Occurring Substance Use Disorder
- 4% Serious Mental Illness in General Population
Dauphin County Initiative Launches in December, 2016

Dauphin County, PA, Steps Up to Reduce the Number of People with Mental Illnesses in Local Prison

December 16, 2016

By the CSG Justice Center staff

Leaders in Dauphin County, Pennsylvania, launched a data-driven project on Thursday as part of the national Stepping Up initiative, seeking to reduce the number of people with mental illnesses and co-occurring substance use disorders in the county prison.

"Dauphin County has already taken important, successful steps toward addressing the issue of mental illness in our prison," County Commissioner George Hartwick III said. "At the same time, there are too many people cycling repeatedly in and out of prison. Through this project, we're looking to assemble data that helps me and other county leaders track what progress we're making in slowing this revolving door and connecting people with addictions and mental illnesses to the support they need. We want to make sure we are getting the best possible return on every dollar we invest."

County Commissioner George Hartwick III speaks to members of the Criminal Justice Advisory Board at the launch of the Dauphin County Stepping Up project.
Stepping Up Pennsylvania

On December 4, 2017:
Over 250 people from more than 40 counties across Pennsylvania came together to discuss ways to reduce the prevalence of mental illness in local prisons
Dauphin County: Action-Oriented Technical Assistance
Approach Follows Six Key Questions

<table>
<thead>
<tr>
<th>Committed Leadership</th>
<th>Data-Driven Analysis</th>
<th>Comprehensive Process Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>County selection dependent upon commitment by county leaders to act on findings</td>
<td>Objective findings on system strengths and limitations to promote consensus on reform priorities</td>
<td>Identify gaps in services and the flow of people moving through the criminal justice system</td>
</tr>
<tr>
<td>Develop Findings &amp; Recommendations</td>
<td>Set Actionable Targets</td>
<td>Track Progress</td>
</tr>
<tr>
<td>Based on qualitative and quantitative findings, identify ways to improve outcomes</td>
<td>Set realistic goals and identify persons accountable for implementation</td>
<td>Track the progress of county initiatives and investments along the four key measures</td>
</tr>
</tbody>
</table>
Final Report

DAUPHIN COUNTY, PENNSYLVANIA
A County Justice and Mental Health Systems Improvement Project

Background

In June 2016, Dauphin County, Pennsylvania’s county commissioners passed a SAGA (Smart Action Goal Alignment) resolution to reduce the number of people in the local prison who have mental illnesses (see one from the SAGA (Smart Action Goal Alignment) initiative). Then, in December 2016, Dauphin County’s criminal justice and mental health (CJMH) leaders—represented by the county’s Criminal Justice Advisory Board (CJAB)—asked the Council of State Governments (CSG) Justice Center (a nonpartisan, non-profit research and development organization) to conduct a data analysis of the flow of people who have serious mental illness (SMI) through the Dauphin County criminal justice system. County commissioners and the CJAB asked the CSG Justice Center to identify ways to improve the efficiency and effectiveness of policies, programs, and practices that achieve public health and safety outcomes. To achieve the goal, the project matched data from the Dauphin County Prison (DCP)—the equivalent of a local county jail in many other jurisdictions around the nation—to other Dauphin County criminal justice and behavioral health data to identify areas for improvement in how these systems and agencies interact.

Specifically, the county requested assistance in collecting and analyzing the appropriate data to determine the number of people who have SMI in DCP, how long they stayed in the prison, how many of them were convicted to sentences in the community after their release, and how often they reoffended in the DCP. The CJAB wanted to determine the percentage of people who had SMI in DCP and use this information to identify strategies for early intervention, system-wide reengineering, and responding to people who are housed in DCP who have SMI. County leaders charged CSG with overseeing this initiative.

Over the course of more than a year, CJAB stakeholders met with CSG Justice Center staff multiple times to discuss the methodology of the analyses, review the findings, and provide feedback on recommended policy recommendations aimed at addressing the challenges associated with serving people who have SMI who are in the criminal justice system. Members of CJAB and other community leaders agreed that the mental health system for the initiative.

The CSG Justice Center staff conducted quantitative data analyses based on DCP data records provided by several different agencies. These analyses examined the number of people housed in DCP who have SMI, their average length of stay in DCP, mental health services they received, how many of them are high utilizers of the DCP, whether their stays in the system were post-conviction, and the probation supervision they received. Over a 12-month period, the CSG Justice Center reviewed unredacted raw data from DCP’s medical case records, Promidas Medical, Inc. (Promidas), the Dauphin County Mental Health/Educational/Disability Programs (DCMHD), the Dauphin County Criminal Court, Dauphin County Prisonal Services (DCPS) which is a local nonprofit, Dauphin County Adult Probation and Parole, and Pennsylvania State Police.
Flow Analysis to Identify Gaps in the System

**Arrest Through Booking**

- **FLAG**—CIT training of officers, co-responder
- No arrest
- **FLAG**—Crisis stabilization units
- **FLAG**—Not using a validated MI screen assessment or connection to DCMH/ID at Judicial Center
- **FLAG**—Not using a validated pretrial risk tool
- Unable to pay bail, AP detained in DCP
- **FLAG**—MI screening referral, and diagnostic information is not matched to jail database in a way that can be used in real-time or tracked
- **FLAG**—Many low risk individuals detained for low-level crimes due to VPD and technical violations, but these violators are not tracked systematically

**Arrest Through Release to Booking**

- **FLAG**—CIT training of officers, co-responder
- No arrest
- **FLAG**—Crisis Stabilization Units
- **FLAG**—Not using a validated MI screen assessment or to DCMH/ID at Judicial Center connection
- **FLAG**—Not using a validated pretrial risk tool
- **FLAG**—MI screening referral, and diagnostic information is not matched to jail database in a way that can be used in real-time or tracked
- **FLAG**—Diversion is only identified for people in the jail for lengthy period of time, and is not using information on people identified with SMI in jail
Disproportionately High Rates of People Who Have SMI in the DCP
ALOS for People Who have SMI and are Low Risk of Reoffending is Over Twice as Long
High Average Lifetime Bookings for People Who Have SMI
Diversion Opportunities from the DCP for People who have SMI and are Low Risk

6,140 total releases in 2016

971 SMI releases in 2016

190 low-risk SMI releases in 2016

422 medium-risk SMI releases in 2016

359 high-risk SMI releases in 2016

74.8-day ALOS

1,259 beds used*

98.3-day ALOS

262 beds used*

61 beds used*

108 beds used*

93 beds used*
# A Framework for Prioritizing Resources

**Low Criminogenic Risk (low)**
- Low Severity of Substance Abuse (low)
- Substance Dependence (med/high)
- Low Severity of Mental Illness (med/high)
- Serious Mental Illness (med/high)

**Medium to High Criminogenic Risk (med/high)**
- Low Severity of Substance Abuse (low)
- Substance Dependence (med/high)
- Low Severity of Mental Illness (low)
- Serious Mental Illness (med/high)

### Subgrouping A
- **Group 1**
  - I-L
  - CR: low
  - SA: low
  - MI: med/high

- **Group 2**
  - II-L
  - CR: low
  - SA: low
  - MI: med/high

- **Group 3**
  - III-L
  - CR: low
  - SA: med/high
  - MI: low

- **Group 4**
  - IV-L
  - CR: low
  - SA: med/high
  - MI: low

### Subgrouping B
- **Group 5**
  - I-H
  - CR: med/high
  - SA: low
  - MI: low

- **Group 6**
  - II-H
  - CR: med/high
  - SA: low
  - MI: med/high

- **Group 7**
  - III-H
  - CR: med/high
  - SA: med/high
  - MI: low

- **Group 8**
  - IV-H
  - CR: med/high
  - SA: med/high
  - MI: med/high

### Low criminogenic risk/ some significant BH treatment needs
- **Subgrouping A**
  - **Group 2**
  - **Group 3**
  - **Group 4**

**Divert from criminal justice system without intensive community supervision if connected to appropriate treatment and supports**

### High criminogenic risk/ some significant BH treatment needs
- **Subgrouping B**
  - **Group 5**
  - **Group 6**
  - **Group 7**
  - **Group 8**

**Prioritize for intensive supervision (in lieu of incarceration or as condition of release) coordinated with appropriate treatment and supports**
Key Findings

1. A disproportionately high percentage of people released from DCP have SMI compared to the general U.S. population.

2. People who have SMI stay longer in DCP than people who do not have SMI across release types, offense types, and criminogenic risk levels.

3. People who have SMI return more frequently to DCP than people who do not have SMI.

4. Validated mental health screenings and follow-up clinical assessments are regularly conducted for people booked into DCP, but results are not used to inform decision making and are not consistently or systematically shared and tracked across agencies.

5. Risk assessments are not conducted for all people in the Judicial Center or DCP, and for those who do receive a risk assessment, results are not used to inform release and supervision decision making.
Law Enforcement

Recommendation 1: Support law enforcement to improve responses to people who have mental health needs and develop opportunities to divert people who have mental health needs to treatment, when appropriate.

- Create county-wide administrative oversight of all specialized police responses to people who have mental health needs
- Develop a triage desk to respond to 911 calls that is staffed with a police officer and a co-located mental health professional.
- Reinstate Crises Intervention Teams trainings.
- Enhance and increase training in identifying and responding to mental health calls for services and triaging connection to existing services
- Develop a 23-hour observation room crisis stabilization center for people with SMI in lieu of arrest
- Build on pre-existing partnerships between law enforcement and behavioral health agencies, and provide diversion opportunities throughout the case processing continuum, including:
  - Crises services, including the Mobile Crisis Team
  - Assertive Community Treatment (ACT) Team
  - Consider developing a new co-responder position
Pretrial Responses

**Recommendation 2:** Ensure that everyone processed through the Judicial Center receives a validated pretrial risk assessment to inform pretrial release and supervision decisions, and people who have SMI are connected to treatment upon their release.

- Implement **system-wide training** for judges, pretrial services staff, prosecutors, and defense attorneys on the **use of pretrial risk assessment** in decision-making processes.
- **Use the ORAS-PAT or other selected validated pretrial risk assessment** tool to inform release and supervision decisions.
- Develop **supervision standards** to be applied based on pretrial risk level, and develop process to inform the court of pretrial supervision violations.
- Specific pretrial supervision staff should have **access to the MH/ID information system** to identify people who have already been diagnosed as having SMI.
- For all people who have not been identified as having SMI in the MH/ID database, **DCPS should conduct a screening for SMI.**
- DCPS officers should work with the treatment provider to **ensure mental health treatment is paired with the appropriate level of supervision.**
- The bail review committee should also receive information on individuals’ pretrial risk levels to allow for additional release decision-making.
Mental Health Screening and Assessment
Connection to Care

**Recommendation 4:** Increase the county’s ability to connect or reconnect people who have SMI to community-based treatment upon their release.

- Enhance **in-reach services** and reentry planning for people in DCP who have SMI to connect them to appropriate care.
- Develop a mechanism to **identify the jail population’s health insurance coverage status** to assist people eligible to be connected to health care coverage.
- Ensure that people who are identified as eligible for MH/ID services in the community can be **transported directly to a treatment provider and receive wrap-around services upon release.**
- **Expand capacity and efficiency of current diversion and/or reentry programs,** as well as connection to and capacity to provide affordable housing, in a systematic manner.
- **Track information** on how many people who have SMI who are released from jail are referred to community treatment services and engage in services.
Community Treatment Capacity

Recommendation 5: Enhance capacity to provide community-based behavioral health care for people released from DCP who have SMI.

- Capitalize on programming and treatment (including wrap-around case management services) meant to serve high-risk, high-need people who have SMI that can be supported by state and federal funding streams.
- Develop and improve access to treatment and programming to serve the probation populations who have addiction disorders, particularly related to opioid addictions, employing current best practices in the use of Medically Assisted Treatment (MAT) in combination with cognitive-behavioral interventions.
- Educate law enforcement and pretrial and probation staff about resources available in the community for people who have SMI, and create processes that will allow staff to connect those people to treatment and services.
- Develop housing and services interventions targeted to people in the criminal justice system who have SMI and are experiencing homelessness.
- Develop additional services that can be delivered in one specialized facility for populations that are involved in the criminal justice system and have co-occurring addiction disorders and SMI.
Community Supervision

**Recommendation 6:** Develop a plan to increase successful completion of supervision and minimize supervision revocations for people who have SMI.

- Implement personnel policies that hold staff accountable for the use of evidence-based practices.
- For people who have not received a validated screening for SMI or an assessment, Dauphin County Adult Probation and Parole should do so.
- Ensure that Dauphin County Adult Probation and Parole case management practices include the use of tools that incorporate a cognitive-based strategy.
- Develop a process to ensure that when individuals are not deemed to have a moderate to high criminogenic risk, but have SMI, those individuals are connected to treatment and are given lower levels of supervision.
- Develop systemic process and capacity within DCPS and Dauphin County Adult Probation and Parole to connect people to housing, job placement, and education services.
- Develop a response grid or violation matrix that is based on criminogenic risk level in relation to the seriousness of the violation.
- Develop a process for tracking the reason for a revocation off of probation.
- Develop guidelines for probation sentence lengths that allow for the opportunity for shorter probation sentences.
Track Progress

**Recommendation 7:** Track the implementation of programs along four key measures—(1) the prevalence of people who have SMI in DCP; (2) their average length of stay in DCP; (3) how many are connected to treatment in the community after their release; and (4) their recidivism rates—and develop a process for ongoing system analysis and outcome measurement.

- **Prioritize strategies for reducing the prevalence of people who have SMI in DCP** and implement them as part of CJAB’s strategic plan for 2018 and beyond.
- **Track baseline data along the four key measures.**
  - The tracking system will feature information from agencies including the local courts, law enforcement, the District Attorney’s Office, PrimeCare, DCP, the Judicial Center, Dauphin County’s Adult Probation and Parole and Pretrial Services, and MH/ID.
  - Use the tracking system to regularly report on the criminal justice population within the four key measures to see if implementation of new programs and policies are achieving their desired impact.
- **PrimeCare should utilize mental health screening and assessment data to track progress** related to these four measures, and share this information with DCP and DCMH/ID following established information-sharing policies.
For more information, contact Will Engelehardt, wengelehardt@csgr.org.

www.csrjusticecenter.org/subscribe

CSG Justice Center updates and announcements!
Join our distribution list to receive
# Bridges on Local Route System, Length 20' or Greater

<table>
<thead>
<tr>
<th></th>
<th>County</th>
<th>Total Count</th>
<th>County Count</th>
<th>Municipal</th>
<th>Closed Bridges</th>
<th>Posted Bridges</th>
<th>County Closed Bridges</th>
<th>County Posted Bridges</th>
<th>County SD Bridges</th>
<th>Total Struct. Deficient Count</th>
<th>Total % SD by Count</th>
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<tbody>
<tr>
<td>1</td>
<td>Adams</td>
<td>67</td>
<td>40</td>
<td>27</td>
<td>0</td>
<td>16</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td>5.97%</td>
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<tr>
<td>2</td>
<td>Dauphin</td>
<td>118</td>
<td>51</td>
<td>67</td>
<td>3</td>
<td>8</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td>17</td>
<td>14.41%</td>
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## Dauphin County Bridge Inventory - Condition Profile

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<tr>
<th># of Bridges</th>
<th>Age Range (Average Age)</th>
<th>Closed</th>
<th>Posted</th>
<th>Structurally Deficient</th>
<th>Functionally Obsolete</th>
<th>Sufficiency Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>51</td>
<td>1 to 118 years (38 average)</td>
<td>1 of 51 (2%)</td>
<td>0 of 51 (0%)</td>
<td>3 of 51 (5.8%)</td>
<td>2 of 51 (3.9%)</td>
<td>88.0 Average 2 &lt;50 (3.9%)</td>
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</table>

## Dauphin County Locally Owned Bridge Inventory - Condition Profile

<table>
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<tr>
<th># of Bridges</th>
<th>Age Range (Average Age)</th>
<th>Closed</th>
<th>Posted</th>
<th>Structurally Deficient</th>
<th>Functionally Obsolete</th>
<th>Sufficiency Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>67</td>
<td>2 to 118 years (48 average)</td>
<td>2 of 67 (3%)</td>
<td>8 of 67 (12%)</td>
<td>14 of 67 (21%)</td>
<td>8 of 67 (12%)</td>
<td>79.0 Average 6&lt;50 (8.9%)</td>
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</tbody>
</table>

30.7% of the 6,543 local bridges state wide are Structurally Deficient
Goal: No Local SD Bridges in Dauphin

Question: “Can we do it?”

Answer: “We’re only “Dollars” away from a solution”

Many of the County’s Bridge Program funding sources have strong balances.

- County Liquid Fuels
- Act 44- Repair or Replacement of County Owned Bridges
- Act 89 MLF-Repair or Replacement of County Owned Bridges
- Act 13-Structurally Deficient Bridges on TIP Only
- Act 89 $5 Registration Fee*

*2017 PennDOT launches its Road MaP: $2 million for each county that has:
✓ Passed $5 Fee Ordinance
✓ Local Bridge Bundling Program
### Dauphin County Owned Package
#### Deck Rehabilitation

<table>
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<tr>
<th>Bridge #</th>
<th>Municipality</th>
<th>Feature Carried</th>
<th>Feature Over</th>
<th>Cost</th>
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<tbody>
<tr>
<td>12</td>
<td>Jefferson Township</td>
<td>Carsonville Rd</td>
<td>North Fork Powell Creek</td>
<td>$445,287</td>
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<tr>
<td>15</td>
<td>Londonderry Township</td>
<td>Swatara Creek Rd</td>
<td>Iron Run</td>
<td>$673,174</td>
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<td>29</td>
<td>South Hanover Township</td>
<td>Oakshire Rd T-373</td>
<td>Beaver Creek</td>
<td>$810,617</td>
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<td>51</td>
<td>Wiconisco Township</td>
<td>Machamer Ave T-597</td>
<td>Wiconisco Creek</td>
<td>$873,464</td>
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<td>1</td>
<td>Derry Township</td>
<td>Fiddlers Elbow Road T-390</td>
<td>Swatara Creek</td>
<td>$3,785,171</td>
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<td>7</td>
<td>Halifax Township</td>
<td>Camp Hebron Road T-551</td>
<td>Powell Creek</td>
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<td>8</td>
<td>Halifax Township</td>
<td>Konick Road T-356</td>
<td>Powell Creek</td>
<td>$776,680</td>
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<tr>
<td>52</td>
<td>Williams Township</td>
<td>Orange St T-601</td>
<td>Wiconisco Creek</td>
<td>$983,852</td>
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<td>56</td>
<td>Londonderry Township</td>
<td>Engle Rd T-301</td>
<td>Conewago Creek</td>
<td>$1,083,668</td>
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</tbody>
</table>

**Total** $10,460,205

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**Bridge Bundling:** Dauphin County Owned Package

- **4 Deck Replacements**
- **5 Superstructure Replacements**
- **$10.4 Million Program Estimate**
- **2019 Construction**
<table>
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<tr>
<th>Bridge #</th>
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<th>Feature Carried</th>
<th>Feature Over</th>
<th>Cost</th>
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<tbody>
<tr>
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<td>Lykens Borough</td>
<td>Edward St</td>
<td>Rattling Creek</td>
<td>$2,000,427</td>
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**Bridge Bundling: Structurally Deficient Municipally Owned Package**

- Capacity for up to 12 Bridge Replacements
- $20 Million Program Estimate
- 2020 Construction
Bridge Bundling Program
Conceptual Funding Plan

• Act 13 Structurally Deficient Bridges
• Act 89 $5 Registration Fee
• PennDOT Bridge Bundle $2M "Grant"
• Act 44 & Act 89 (Repair/Replacement of County Owned Bridges)
• Local Municipal Share (TBD: 30% to 50%)
• County Bridge Bundle Financing

DCIB Eligible
## Dauphin County Bridge Bundling Conceptual Schedule

<table>
<thead>
<tr>
<th>Phase</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
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<tr>
<td>Bid/Let/Award</td>
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<td>Construction</td>
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<tr>
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</tbody>
</table>

### Municipal Participation Coordination
- May thru June 2017

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**HRG**

[BUILDING RELATIONSHIPS. DESIGNING SOLUTIONS.]
Next Steps

Bridge Bundling Program
• Dauphin County Bridge Bundling Program Approval – April 2018

County Bundle
• Initiate Pre-construction actions for County Bundle - April 2018
• Construction - 2019 to 2020

Municipal Bundle
• Initiate Municipal coordination for Municipal Bundle - May 2018
• Execute inter-municipal agreements with participating municipalities - September 2018
• Initiate Pre-construction actions for Municipal Bundle - Spring 2019
• Construction - 2020 to 2021

[ BUILDING RELATIONSHIPS, DESIGNING SOLUTIONS. ]
Questions??