

HUMAN SERVICES COMMITTEE
Monday, January 9, 2023 - 10:30 AM

JoePete Wilson, Chairperson
Charles Harrington, Vice-Chairperson

Chairman Wilson called this Human Services Meeting to order at 10:38 am with the following Supervisors in attendance: Clayton Barber, Robin DeLoria, Stephanie DeZalia, Derek Doty, Shaun Gilliland, Charlie Harrington, Roy Holzer, Kenneth Hughes, Steve McNally, Noel Merrihew, Jim Monty, Tom Scozzafava, Matt Stanley, Ike Tyler, Joe Pete Wilson, Davina Winemiller, Margaret Wood and Mark Wright.

Department Heads present: Angie Allen, Linda Beers, Judy Garrison, Michael Mascarenas, James Dougan, Krissy Leerkes and Terri Morse.

WILSON: Okay first up we have the Department of Social Services and Angie Allen welcome aboard. Here, it is all yours.

ALLEN: So you all received my report. Is that accurate?

MONTY: I don't know, is it?

ALLEN: I think so. I got a thank you from three of you so I'm just making sure. I got a thank you from a few of you so I just want to make sure you all received it? Good, because there was a group that Mike gave me to send out so if anyone is missing, blame him.

MASCARENAS: That's good advice moving forward. *(laughter)*

ALLEN: Do you guys have any questions on what was reported?

HUGHES: Good morning Angie, how are you?

ALLEN: Very well, yourself?

HUGHES: I just want to give you a compliment. I think Toys for Tots was incredible this year. Your staff and crew did an amazing job and I know a lot of boys and girls in Essex County who had a brighter Christmas because of those efforts so kudos and congratulations.

ALLEN: Thank you. I actually filled the Town of Chesterfield's bag myself. I was able to pick the toys and the ages and I felt like Santa again so it was awesome. It was so awesome and other questions or thoughts?

DOTY: Just quick, I noticed under North Elba and I'm not sure about this. Of course I know Zach Clark as a contact for you but you have Jay Rand listed. Is Jay still active with Zach by chance? If he is, I don't know about it and I'm wondering if it should be my name there instead of Jay's?

ALLEN: I am not sure to be honest but I will check into it. I'll make sure it is corrected.

DOTY: I certainly don't want to take him off of the volunteer list.

ALLEN: Absolutely. Nope, I will double check that for sure. Thank you. Anything else?

WILSON: Anything else for Angie?

ALLEN: I did just want to draw your attention to a change I did make to the report. It's on the staff development piece and we're just adding the total number of trainings that were provided, per month. I think it's pretty huge when you see 81 trainings provided for all of DSS so that's something I did add.

HUGHES: I asked this question of Jim Dougan as well, I will ask this question of you. Can you talk a little bit about your vacancies, how many openings does DSS have?

ALLEN: We are currently around seven, eight. We have some even flow five of them are social services workers specifically which is in our eligibility units. Caseworkers, we have about three so there's your eight. What's happening is there's not a lot of lists. There's not a lot of applications. We did note, as Mike has in the past, that when the board upgraded the caseworker position and senior caseworker position, we stopped losing people to other agencies but in terms of applicants coming in it's kind of slowed down a little bit.

HUGHES: Thank you.

MONTY: Angie, the trainings, 81 I'm a firm believer of trainings, firm believer. Now, are any of these mandatory trainings that they have to take for specific positions? Or trainings that are open to anyone in positions?

ALLEN: Yes, so it's a combination right? So, under OTDA and OCFS there are mandated trainings so there's actually some mandated trainings through the county you know, security and information systems. Right now we're really trying to focus on boosting the skills and the confidence of our middle management so a lot of middle management trainings are coming and that includes all fourteen units not just one specific so it's a combination of both.

MONTY: Thank you. I'm a firm believer in trainings.

ALLEN: I thought it was important because when you talk about staff recruitment and training and everything and retention it really kind of speaks to how we can keep developing our staff.

MONTY: Thank you.

HUGHES: Have you selected a deputy?

ALLEN: So, that is in process. I'm meeting with my admin team on Thursday. I will let you know. I will not be selecting two deputies but will be combining it into one and using some of the income from that to allocate to other administrative positions that are necessary in three different units so trying to spread the wealth a little bit.

HUGHES: Great, thank you.

ALLEN: Anything else?

WILSON: Alright, thank you very much.

ALLEN: Thank you.

WILSON: Next, Mental Health, Terri Morse.

MORSE: Good morning everyone. I hope you all had a wonderful holiday season. It seems like a long time ago and then it seems like just yesterday in some ways.

I have no resolutions today but I just wanted to bring to your attention of the Did You Know and that most of you have access or your schools your students in your communities have access to Mental Health services in your community of your school for children and Ticonderoga and Lake Placid are adult services satellites in your communities so I thought that, it's been a while since I brought that to your attention I thought that would be something helpful to you.

The other thing I wanted to share with you is that at the BRIEF coalition the R in BRIEF is resilience and we've been having discussions about how do you manage resilience. How do you measure that? And so we're kind of reverse engineering it and coming up with some items that would kind of lend itself to well, if somebody was resilient then they would probably graduate from high school. If somebody was resilient they may not be incarcerated. If somebody is resilient they might not be in foster care so, we're looking at that kind of data to know whether the BRIEF coalition and all the work that the partner agencies are doing to build resilience in our Essex families whether it will bear fruit granted it's a four-year grant and the outcome is going to take many, many years to know if we have good outcomes and we're dedicated to making sure that we're able to secure a funding mechanism for year five and six and seven and beyond so that we can make sure that incarceration and truancy and all those kinds, foster care will reduce. That's it for my report today.

HUGHES: Terri, good morning. Do you know is 988 been moved closer in terms of the response? Wasn't like the operator, didn't you say the operator that picked up was like in Kansas City or something like that or somewhere far away?

MORSE: Well, I actually called it a few weeks ago and ended up in Arizona.

HUGHES: Yeah, that was it. Wasn't the Mental Health Association going to be the stewards of that locally?

MORSE: Yes. They are still working with the Office of Mental Health to get up and running and the funding hasn't actually reached MHA yet so they looked at six months to a year in the implementation of that and that was three months ago.

HUGHES: Okay, thank you.

MORSE: You're welcome.

STANLEY: I noticed that Essex County Mental Health isn't in the Ausable Valley School district, is that covered by Clinton County?

MORSE: That is covered by BHSN, by Clinton County yes.

STANLEY: Thank you.

WILSON: Anything else? Alright, thank you very much Terri.

MORSE: Thank you very much.

WILSON: Public Health, Linda Beers.

BEERS: Good morning everybody. You will see our booklet on your desks. It is what we do every three years, four years now we aligned it with the hospital. This is all the data all you really wanted to know. There's a lot of information about your towns and stuff and today when I review my report with you I'm just going to call your attention on how we use this report to do things but I do have a resolution and I'm sorry it wasn't in your packet but we put it out on your desks and it's grant funding. It's actually the first item in my report but it came a little sooner so the Essex County Health Department is requesting to accept funds, the CDC in conjunction with New York State is allotting \$677,544.00, to the Essex County Health Department for infrastructure and workforce funding over a five-year period. I'm only asking to accept the grant. They are supposed to be available in February but I'm not sure if that amount is going to be divided by five, there's been some rumor that they are front loading it so at this moment in time I know that we're receiving the money, I've got a letter so I'm just going to ask that we accept the funds and when they are available, I will do another resolution to put them in the appropriate buckets but I didn't want that money to be available and not have access to it so again, I'm looking for a resolution. This is money through the CDC, you can read it. It's coming through the American Rescue Plan act and there's more information on the front page of my report of exactly of this exact grant which I didn't realize the timing was going to line up exactly like that. So, it's a resolution to accept \$677,544.00 and I will tell you, there's no match. There's specific asks about how they want us to spend the money and that's still to be determined but it's really about workforce, data collection and just building infrastructure across the United States through Covid. They found cutting public health departments did not pay off in the long run so, they're trying to bolster it.

RESOLUTION AUTHORIZING THE PUBLIC HEALTH DEPARTMENT TO APPLY FOR AND ACCEPT A CDC INFRASTRUCTURE AND WORKFORCE FUNDING GRANT OVER A FIVE YEAR PERIOD, IN THE TOTAL AMOUNT OF \$677,544.00. Wright, Stanley

WILSON: Any questions? All in favor, opposed – carried. Thank you.

BEERS: Thank you and I have a resolution that you don't have because I just realized because I realized I'm giving you a report that I never asked you to accept so I'd like to have you accept and submit the Essex County community health assessment for 2022 to 2024 as prepared by the Essex County Health Department in collaboration with the University of Vermont Network-Elizabethtown Community Hospital.

RESOLUTION ACCEPTING AND PLACING ON FILE THE ESSEX COUNTY COMMUNITY HEALTH ASSESSEMENT 2022, AND COMMUNITY HEALTH IMPROVEMENT PLAN 2022-2024. Harrington, Hughes

WILSON: Any questions? All in favor, opposed – carried. Thank you.

BEERS: Alright, thank you so much and now we'll move right into my report. On the first part of the report it really talks about our new Commissioner James McDonald. He's been wonderful. He is replacing Commissioner Basset and prior to this he actually called me and had a Zoom

conference and asked me all the concerns about Essex County Public Health Department just to even give you an idea the Commissioner on Friday night texted me and asked me if we needed any help with the University Games. I was like, oh my goodness. So people may not know but I've been working with Tracy Viola for over two years now working and trying to get things ready for Covid and medical tags and everything for the University Games and I'm looking forward to them myself so I plan to spend some time up there and work with that and work in the Command Center with a bunch of different venues to support all the games in the public health realm during that event.

The bottom part of this is all about that grant, if you're interested in knowing why it says, while there will not be a quick shift in the approach of public health, there's a strong acknowledgement that change is coming. Identified as a core challenge to public health was the underfunding of the public health system. That's why the CDC put \$4 billion dollars over five years into this grant and our piece of the pie, as you just did a resolution is \$677,000, which will go a long way in our county to do lot of infrastructure changes. Let's hope they make it sustainable so that's what we're moving on.

I'm just going to move through, you can read the report. Rabies, we always have ongoing rabies activity but over the weekend and the end of last week we did have a fox bite and the fox came back this morning that it was rabid and a person had already received we assumed it was rabid since the fox was in the backyard, it bit the gentleman and so that was in Ticonderoga. So, he's already under mediation required for that but again, the fox came back rabid this morning so all is going well in the sense that all policies and procedures were followed and everybody is safe.

Next information is really about Covid and the new variant which is XBB.1.5 and we're keeping an eye on it. Probably what I want to call attention to and this came up, a couple of you called me Shaun actually spoke to me equally about this that it's not just Covid right? It's all kinds of respiratory illnesses so Essex County instead of just reporting on Covid will also put flu, the way Mike you brought it up as well. Flu A, RSV lots of other respiratory illnesses which are just, everywhere all throughout New York and all throughout the country we're going to update our information to show a better spectrum just not Covid so you can see all things.

The next thing I wanted to call your attention to is Chronic disease prevention. So you can see the picture there, there's kiddos in snowshoes. I think I brought it up last week, I'm sorry, last month. We bought snowshoes through a grant and we delivered them. WPTZ printed in SUN Community News and then there was also a press release on Channel 5 but I really want to call attention to is that our Facebook sight equally got 1,877 people in it and out of that, shares to that and 2,740 posts which is an amazing amount but what I really want you to do is I want you to look and say, why did Linda do that? Why are we doing that and if you turn to page 3, in this report you will see in our CHIP, which is our Community Health Improvement Plan, we wrote a goal saying we are going to reduce obesity in children in Essex County. If you turn to page 63, you'll see a map that says 15% of the children in elementary school are obese and by the time they reach high school one out of every three of our high school students are obese. That's why we're doing snow shoeing. That's why we work with DSS. That's why we work with Mental Health and as you turn to that community health improvement plan you'll find all kinds of goals and objectives we've done with our community partners, with other county partners to reduce these things. As Terri talked about measuring resiliency, I'm measuring health and lots of those things are working together with partners to do that. Every month when we talk about our public health report I'm going to reference where it stands in our community health assessment guide so you can turn to that data and say, okay, that's why they are doing it they're trying to change this measure and as Terri really pointed out, these things don't happen overnight. Right? You don't change obesity in one time but I can say, raising the price of cigarettes years ago had more of an effect on the reduction of cigarette smoking in one year than any other intervention so you can make it work.

On the next page, on page 4, you'll see we also want to roll out safety in 2023. December was

National impaired driving month. Unfortunately, Essex County has a higher rate of alcohol related crashes than Upstate New York and all of New York State. Where you going to find that? Page 48, page 48 in that book will tell you where it is, what's going on so that's what I'm trying to, these would always have a line just so you know but that's why we use the community health improvement plan and the book to really help guide us.

The other part is reproductive health, I can tell you on page 54, you will see our teen pregnancy rates so if you wonder why I'm putting condom packs around and why they are in dispensaries that's why because we are trying to reduce teen pregnancy. We also have a condom access program. I think we have four dispensers up, more to come and in case you're wondering they are emptied all the time, emptied. We go around they are constantly needing to be refilled so there's really a need for access to them.

The next is community health assessment plan which I'm going through and telling you all about it as I go through it. I wanted to also call attention to something I think Ken brought up a while ago, it's about communication. Public Health is really about communication. It's about communicating with the public and telling them these are things that are going wrong and how can we make them better? We were lucky enough to have a fellowship grant. WE hired a young lady as our public health fellow as our communication specialist. Her name is Lindsey Java and she hails from Moriah. She has been amazing so the data behind that is just showing you the increases in social media just to give you an idea, 16,000 people looked at this post, it was increased by 67% and so on. The flu report and so on, all of these things talk about Facebook reach and it's not just who clicks on it to read but who shares it and who moves it that means we're really getting information out. So, we're really thrilled with the input she's had and all the great campaigns she's doing. She's not just using our public health, she's supporting WIC, Certified Home Health Agency and Early Intervention. Also, of note, on page 7, on the bottom right hand corner if you're interested, Lindsey has made everybody in our department a new business card and she has the ability to put QR codes. So, if you would like to do that I think if you hover over that QR code you might get me so I have it on my phone whenever I meet somebody they just hover over my QR code and now they have all my information. If you want something like that and we can help support that I will send Lindsey to you and she can help develop that for you. I was shocked how simple and how quick it worked and it's been a really interesting way for me to communicate better with people. Nobody wants my business card but they like the QR code.

Lastly, the rest I'll leave for you is something that we talked about repeatedly is early intervention and children services. There's 32 children active in the EI right now with 12 of those children, 12 of 32 on a wait list for at least one service and some of them have been on that for nine months, at least nine months. I tell you and I can't press upon you enough, we really need to support providers in our area. No one did, as I said last month take my speech pathology job. I do think the price is right, I don't think it is a terrible thing I just believe there's just nobody out there to do it. I met with folks the other day that are looking at removing the qualifications or creating something called an SLPA and I am really for that so if you're an occupational therapist you can have OTA an Occupational Therapist Assistant, it does not exist in New York State it exists in Massachusetts, it exists in Connecticut, it exists in other states so we're looking to work with the office of professions to allow these lower, so this will be a four year degree which years ago was an OT, now you need a Master's Degree just to give you an idea in physical therapy you need a doctorate so that's so you can have PTA so we have lessen and let people be at the top of their profession in order to provide these services as there is fewer people who are going to go on for their doctorate, fewer people who are going to go on for their masters but there are a whole group of people who do a great job maybe as the speech pathology assistant with a four year degree and we have several, we just can't use them because it's not a requirement right now. So, I talk to you again about that and that we have an extreme shortage.

The Home Health Unit has a nice explanation of what we do there and then I thought I would just leave you with my open positions since Ken asked and so we have a speech pathologist in Early Intervention we didn't fill. We just posted, if you know anybody you know we have Creating Healthy Schools and Communities, it's a .5, it's a permanent part-time position. If you know anybody and it will be working with Early Intervention and schools and all of them. It's going to be a really nice position especially for somebody who is a retired teacher or somebody that you know. It would require a four-year degree, we are using a health educator position but if somebody was looking for something it would be really flexible and then my other openings are RN's I think there's four, two in Public Health and two in CHHA. We've had no movement on them in six months so that concludes my report.

HOLZER: Good morning. Just a second ago you mentioned about communication and public health being important. I'm hoping that with your new relationship with the new health department commissioner of New York State that you will stress upon him how nice it would be to get a look at the Adirondack Medical Center, Lake Placid Emergency Room closure plan. I think it's absolutely ridiculous we haven't had any meetings on this yet.

BEERS: I concur with that. I'm going to tell you that in order to write this assessment we met with AMC, with UVM, we met with our hospital partners. When AMC met with us they never told us, so the idea of making a plan is to tell where we are moving, all of us, where shortages or pitfalls might be and during that it was never mentioned to us in all that talk or whatever it was never brought up but it should be in here but there's a closure from the only facility from AMC in our county. Mr. Holzer you're aware, I wrote a pretty strong letter to Aaron Kramer, asking him, saying I'm the public health director I need to know where services lie in this county and I got an email back from Matt Scolland who is their public information officer and I'm not in any way criticizing them in their perspective, what they are saying is accurate. They are saying that New York State does not require them to disclose that until it's been approved.

HOLZER: Which is ironic.

BEERS: Ironic. I'm looking into there might be a period of once things are approved there's a thirty-day window which comments are taken so I'm looking into that now. Years and years ago Planned Parenthood was here if anybody recalls, maybe Tom? But Planned Parenthood was here and they tried to close. I got a hold of their closure plan and they wrote that they are going to go to this address which was Warren County. This address which was Clinton County. The State looked at it like, oh, there's two other avenues for these people to come, they never disclosed that those two other places were 80 miles in either direction. When we brought it to the State they denied their certificate of need to close and they held them to at least a year and a half of coming up with a better closure plan. That was really important and I still feel that void from not having them in our county but I think we made some in rows on what could be better so I agree with you more that transparency is really clear. I will absolutely let the Commissioner know. He just took office and I'm sure that's nowhere on his radar. I don't know that the certificate of need program, ultimately it's all under him but there's someone in the in between and I will find out who. Thank you.

DOTY: Well, he's reading my mail. My suggestion would go a little farther, I'm wondering if the new administrator through NY Health has the ability to include you as a participant in this process to give input on Essex County's need. You know for Roy and myself a lot of it centers not only just on the ER but on the effect of first responders, our ambulate services and what it does to their annual budgets effects every taxpayer tremendously. So, even though we recognize financial

difficulties with Adirondack Health there's got to be some middle ground whether it's something in the near term as making a legality in determining urgent care response where ambulance services can get reimbursed for bringing patients to that type of service. Currently I believe that's off the books but there has to be some recognition as rural hospitals around the whole country are facing similar issues that there's a way to keep our first responders solvent.

BEERS: So, just on that note just so you know, obviously I like data if you have an opportunity to get that stuff, tighten it up because if I'm going to move forward which I plan to, I need to know that right? So I have the data from them how many people came and so say, I don't know the numbers off the top of my head but there were a hundred people that came to the emergency room, they are saying a very small percentage of them were really urgent that needed an ER that exists for every hospital just to be 100% clear, people show up at the ER –

HOLZER: Okay, not to interrupt you but I'm going to so from a Wilmington perspective they waive on our ambulance all the time to Saranac Lake, that's one. Two, I question when we're talking about statistics and numbers and things of that nature how much are they advertising the ER in Lake Placid? What are we doing to market it? How many people are being turned away and automatically being sent to Saranac Lake? I think part of this is, is there lack of transparency if they were losing money they should have given us a heads up a head of time, with all the American Relief money that was available and all the funds that the State and Federal Governments are giving and they didn't take the courtesy to give us a heads up I think that's ridiculous. So, I don't feel that they've been above board with their closure plan and their activities surrounding the Lake Placid ER.

BEERS: Point taken. I totally agree. I mean, I honestly when I asked they said oh, come on it was in the newspaper. I was thinking boy, I would have thought that warranted a call you know, I'm at a loss for all of it and I have reached out but I appreciate your nudge and appreciate moving it forward and absolutely will leave here today and reach out to the commissioner who promised to do so on complete transparency and say, what is the process? We were all here when the CHHA, the CON's to increase the amount of people that were here that went without our approval either when all these companies came and said they were going to do which weakened our Certified Home Health Agency and then at the end none of them could bolster through it right? And so we exist today because they just wouldn't take the whole region, they wanted to cherry pick the good parts or the small settlements but nobody wants to go no offense, Newcomb and Minerva has always been, so yeah, I totally understand I'm 100% in agreement and I will work very hard to see how we get better transparency if I can sit on said board and at least understand. I will also tell you that I was contacted by a physician that works, I should say a PA that works at the emergency room in Lake Placid and he was calling and if I get his word right, balderdash so he believed that they were effect, efficient and saw lots more people that were critical than what he believed perhaps that report was acknowledging so more to come. Thank you for bringing that up.

WILSON: Anything else for Linda?

HARRINGTON: Yes, 60 minutes did a segment on obesity and as a result of all of the medical research involving obesity there a beginning to be an understanding that obesity is a disease and that having been said, there is now medication available that will assist those who are suffering from obesity but again, when new medication comes out such as this the price is prohibited for the common person but I do see or at least I predict that there's a light at the end of the tunnel for all of the concerns of obesity.

BEERS: Interesting, a skinny pill? Tell me where.

WILSON: Anything else? Alright, thank you Linda. And now, Office for the Aging, Krissy Leerkes.

LEERKES: Good morning. Everybody has a copy of my report. I just wanted to call out that I mentioned last month, open Medicare the annual open enrollment ended December 7, now we're into Medicare Advantage that open enrollment so that allows anybody that has a Medicare advantage plan the opportunity to change and that coverage will become effective next month, they have through March 31, to look at their coverage. This is a great opportunity for folks who didn't look at their coverage during the annual enrollment so now their formulas may have changed, their network may have changed, they go to their pharmacy and now all of a sudden their medications are not covered. This gives them a second chance if you will to be able to switch their coverage to something that is affordable. It's going to give them the coverage that they need all those other individuals that changed their Part D plan they don't get that second opportunity in most cases so this is at least a good step in the right direction.

HEAP obviously our cost for heat is not going down. Now the emergency component is open so that is a huge, relief for us probably not for Angie's HEAP team but for us, we'll take the relief. We are still seeing a lot of new applications come in so that's always great and I mentioned again, last month about the changes in the Medicaid, the income guidelines as well as the Medicaid savings program which not only reimburses that Part B premium the \$164.90, but it automatically enrolls individuals an extra help which is huge so the staff are really out there, we're assessing everybody and anybody that we talk to we're canvassing our HEAP applications to find those folks that are eligible because these individuals will definitely benefit from the additional money in their pocket, in their social security check but obviously the reduced co-pays at the pharmacy. That is huge for us, so that's basically a quick update if anybody has any questions?

HUGHES: Good morning. I have a quick question about HEAP. I recognize that the recipients of HEAP are some of our most vulnerable citizens in the county so I will be delicate when I ask this question. Is there any verification of how the thermostats are managed in a HEAP home so that they're not wasting or blowing through their oil, open windows, you know 85 degree thermostats, things like that is there any double checking on that?

LEERKES: In a roundabout way I'm going to say no. So, I'm going to speak on the population I serve. We go into houses every single day and some households are very conservative because they acknowledge the expense of heat and they're very grateful of the HEAP benefit but it's never going to cover all of their needs so they are very conservative. Sometimes too conservative so we talk about other options for them, if they exhaust that HEAP benefit or if they have already exhausted their emergency benefit because if you go into a house and it's 60 degrees because they are afraid of how they are going to pay for their groceries, all the other bills they are getting, we will address that. Do we go into every house and check the thermostat? No, it's more of you know, our comfort level. Do we have folks that we go in and absolutely it's to the point where we leave and we're drenched in sweat because it's a little bit overly warm for us, we also have to take into account what medications those folks are taking so I'm speaking, older adults I'm not going to speak on those that we don't serve just because I can't give a lot of evidence or antidotal comments but we see both and then we see folks that are just the general, keep it at 70 and if they get a little chilled they put a sweatshirt on so we see the whole gamut but nobody is going in to make sure you know, thermostats are where they are. We have a thing that we do do though is if we go in and we notice that folks do have their thermostat rather low and we look, can we get weatherization involved maybe weatherize their homes to get more efficiency. Are there other

programs and funds that we can use if they need some weather stripping down their doors so a lot of assessing goes into any house that we go into. It's not just we get a call and they want us to go and help them with a SNAP application, we are assessing. We have a 48-page assessment that assesses everything from their window drafts to their ability to provide their own daily living skills.

HUGHES: That's a wonderful answer and I really appreciate that. I think my point is made so I'm not going to ask any more questions about it. I just hope that the management piece is taking into consideration at all levels. Thank you so much Krissy.

SCOZZAFAVA: You probably do this but I will ask anyway. Do we in the mailers that you do to seniors, notifications, make people aware that when they turn 65 they may be eligible for the STAR exemption or the age exemption through the property tax?

LEERKES: Yes, so again, especially if we're out doing any type of assessment that is part of the 48-page assessment. The assessment is crazy maybe I will give you guys a copy of it next month just to see because it even talks about in an emergency would you relocate yourself and if you have pets what is the plan for that? It talks about all these different benefits and programs individuals would be eligible for so say, you know you are already in receipt of program x, y & z if not, let's assess eligibility and we'll do that at the location right then and there so it's a true, comprehensive assessment. We do get a lot of calls still from folks we have not completed that assessment on and then we have a questionnaire that we do over the phone to assess for other programs.

SCOZZAFAVA: I think part of the issue, I could be wrong don't they now have to go through State Department of Taxation and Finance for applications instead of the local assessors? I think that's the case which makes it extremely difficult for people who aren't online, no internet and so on.

HUGHES: Wouldn't they talk with their local assessor to give them support?

SCOZZAFAVA: I guess they do but if you've got part-time assessors like I have, they work in the office just one day a week it makes it a frustrating and difficult.

LEERKES: And that's when we lean on assessors in neighboring towns just for a little bit more education or for our staff because again, I say that we're the experts in a lot of programs for older adults but there's things that are not in our realm so we're going to use our partners and our contacts to get that information but we would assist them regardless if we need to bring a tablet out and do it with them. Do it over the phone, bring them to the library, to help them we would totally do that.

SCOZZAFAVA: Thank you.

WILSON: Anybody else? Are you all set?

LEERKES: Thank you.

WILSON: Thank you Krissy. Any supervisors have anything else? Alright, thank you. We are adjourned.

As there was no further discussion to come before this Human Services committee it was

adjourned at 11:17 a.m.

Respectfully submitted,

Judith Garrison, Clerk
Board of Supervisors