

HUMAN SERVICES COMMITTEE
Monday, March 9, 2026 - 10:30 AM

Davina Thurston, Chairperson
Cathleen Reusser, Vice-Chairperson

Chairman Thurston called this Human Services Committee to order at 10:44 am with the following Supervisors in attendance: Clayton Barber, Matthew Brassard, Chris Clark, Timothy Follos, Kenneth Hughes, Mary Lamphear, Tracie McGill, Steve McNally, Clayton Menser, James O'Bryan, Timothy Pierce, Richard Preston, Cathleen Reusser, Davina Thurston, Joe Pete Wilson and Meg Wood. Matthew Stanley and Michael Tyler were excused.

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

Also present: William Tansey.

THURSTON: Good morning. It is now 10:44 a.m. we will start Human Services, and I would like to ask Angie Allen to please join us. The comedian of Essex County standup comedian.

ALLEN: I'm ready but I guess we need to talk about the important things first. You guys received my report. Are there any questions?

PIERCE: I do have a question. Years ago, I was the Supervisor for the CPS unit I think I left there in 2005 or '06 right after I hired you. At that time, we were getting probably 50-60 reports a year, a month on the register and noticed on the report you are getting 25-27 what the huge reason for the difference in that discrepancy?

ALLEN: So there has been a lot of changes theoretically when it comes to child protective services so, in terms of calls coming into the hotline everyone knows if you should suspect a child is being either neglected or abused there's a 1-800 number that you can call it goes to what they call the state central registry and then they dish it out to the counties so it's like a reciprocal. So, what Mr. Pierce is saying is that there has been a drop in those calls actually received. There's a few different things so, currently over the past year they've been taking a look at legislation and what is the role of the mandated reporter? A mandated reporter is someone that works in a professional capacity that works with children so it could be a doctor, it could be a therapist, it could be a teacher, it could be a day care provider, right? So there's been a lot more education about let's support and not report meaning what can you as an agency support a family with verses always having to go to the CPS route because when you get that knock on the door for some families that's immediate trauma right especially it depends on how they were raised so there's been a lot of education and more about service provision. One of the big things Mr. Pierce was that back when you were there, schools used to call what was called End Neglect which means when a child misses a certain amount of days of school, they are not going to pass then a CPS report would come in saying this family is failing to get their child the education so we used to get tons of those reports in October and in June. It's a CYA in terms of attendance and all those things. Well, what they are trying to do is hold the schools accountable about what have schools done to engage with families, reach out to families, offer support with families so when we used to get minimally 100 End Neglect cases we here now are seeing maybe a handful which is nice right because again, it's that softer approach.

The third thing I think that really kind of came into play was Medicaid and managed care, so what

I mean by that is when there's a system that becomes proactive services in Essex County. We offer preventive services so if there's a concern or at-risk child for placement someone would call preventive services, we go into the home, we provide homemaking, parental assistance things like that so back in your heyday my early heyday that we would get tons and tons and tons of calls right because everyone would want to prevent. You see, our preventive numbers are very, very low we used to need four preventive workers we are now operating with a combination of three with court ordered services. When Managed care preventive came into play DOH came into play verses OMH so department of health, office of mental health again, Medicaid they came up with managed care which was a system where a child could be served from zero to death basically and what that meant was our local partnering agencies Families First, could now serve hundreds of kids verses 36 so when I worked at Families First I had a caseload and it was really, really condensed because the most intense children went to the Office of Mental Health servicing agencies Essex County was Families First and I worked there that's when you got me. When the change happened though what happened was those services became watered down so they were meant to be the most intense services, there were flexible spending dollars that families, you could use to help families, there was a lot of money in respite services so if a child was at like a boiling point today let's have the child go for respite sometimes parents and kids need a break that service became watered down so more kids were being served at that service which is great the lower kind of more preventive type work is happening there verses with us. What now is happening though is the pendulum has swung to where we get the most intense kids so now our preventive numbers are down but we're getting the most intense kids in Essex County so I think that in combination so the legislation, the expectation with mandated reporters, the school component and the change to managed care really helped our load the four things that kind of made that change so our numbers are less our numbers I had 80 in a year it was crazy but the ones that we're getting are the cream of the crop unfortunately which is great right like you want people to get help and support and not to need CPS so it's really good for families I do not mean that negatively at all it's awesome but what it means for DSS though we're seeing much more intense cases the highest, highest level of cases in Essex County. So, nice question. Clarification? Because that was a lot of information and I know I talk quick that's why I figured I'd explain it.

THURSTON: I think you did a good job of explaining that. Does anyone have any other questions for Angie?

MENSER: Does foster care program come under your department?

ALLEN: Yes, it does. I oversee all of children's services which is preventive, CPS and foster care then there's the adult services right so APS, Adult Protective, Chronic Care and then all of the eligibility as well. You name it, I got it.

THURSTON: Any other questions?

ALLEN: Well, I have a question. I was eating French fries the other day right and they were tasty and someone said, hey did you know where French fries are first cooked, where they first came from? And I was like, France. They said no, French fries are first cooked in Greece.

THURSTON: See, that's all folks.

ALLEN: And Mr. Stanley is not even here for it.

THURSTON: Thanks Angie. Terri, Mental Health. It's a tough act to follow Terri.

MORSE: One of the things I love about Essex County is when we have visitors to our community we are nice and open to them right and I was getting gas at a local gas station I live in Schroon Lake, and I was standing behind this couple from Pennsylvania and they were kind of like, argumentative with one another and they were telling the person behind the counter that they had traveled here and were very perplexed by all the different names of towns you know Rensselaer, Watervliet they were arguing in the car about how to pronounce the names of the towns so finally they get to Schroon Lake and Ticonderoga exit 28, so they said we are going to stop and find out how to say the name so they walk up to the counter and say, excuse me, mam could you please say the name of this place slowly and articulately as you can and she say, Su-no-co.

So the only thing in my report that I wanted to give a shout out to was the fireman's field in Ticonderoga thank you Mr. O'Bryan for your community but everybody in this room was supportive in getting this thing off the ground and really, really excited about this 60 unit facility that is going to be apartment complex that is going to be there. There are 12 units that are earmarked out of the 60 for high fidelity wrap around services for those with disabilities so it could mental health, it could be substance abuse, it could be intellectual developmental disabilities, and these individuals will be served by the mental health association with a lot of extra services so super excited. Mental Health Association received an ESHI grant which stands for Empire State Supportive Housing Initiative so excited about that. I saw it in the newspapers recently. It seems like once it hits the newspapers it becomes a reality.

I have a fair amount of resolutions that I'd like to move to unless there are questions about my report?

THURSTON: Any questions?

HUGHES: Quick question, can you provide me with just a little background about the wait list? I see the numbers creeping up a little bit and I'm just curious what your perspective is on that?

MORSE: Yes they are creeping up and it's a workforce issue Ken. If we had three full-time staff members that we were able to hire onboard successfully that wait list would be gone. We have two individuals that are interns right now and should be employees in September if not earlier that will help and we have one, unfortunately we are losing an employee to a partner location in the Town of Elizabethtown because they can pay her \$20,000 more than we could so I am starting to compete more regularly with other providers who are able to, they are nonprofit organizations so they can offer more money than we can. I hope that's the only one we lose.

HUGHES: Understood. Thank you so much.

MORSE: You're welcome. I just want to say, there's a fine balance between forcing people to add more clients to their caseloads and working harder because if I do that I could lose them.

THURSTON: Any other questions for Terri? Okay, we'll go into resolutions.

MORSE: Thank you so much. So, our first resolution is to amend a local law from 1965. In the local law that is established what we call the Community Services board it limits a community services board member to serving only two terms and we do have a couple members who are very valuable to have on the board and that two terms is too little so in order to be able to have these board members be on the board for more than two terms we have to amend the local law so that we can stay in compliance with the mental hygiene law from Article 41. So, there will be

a public hearing to amend that law, and I think I just ran out of battery.

MASCARENAS: Bill, you've worked with Terri on this my understanding, so pass a resolution today regarding intent and then you'll provide the public hearing?

TANSEY: If we could schedule the public hearing today that would be great or a future date I will come back to the full board.

MASCARENAS: Do you have a date in mind?

TANSEY: I was thinking in my head the next board meeting or April.

THURSTON: Do we need thirty days?

GARRISON: Don't we need to introduce the local law first and then set a public hearing?

THURSTON: So, we have on our desks here a draft resolution introducing proposed local law #2 of 2026, so I just want to verify because on the agenda it said, resolution amending local law #1 of 1965 so in reality we are doing this? Is that correct?

TANSEY: We have to introduce the local law, and we thought it would be best to bring it up through committee and then pass it in front of the full board so we'll bring it up at full board and if that's approved we can schedule the public hearing.

THURSTON: Okay, so just to be crystal clear, we are not amending local law #1 of 1965, we are introducing local law #2 of 2026.

TANSEY: The local law #2, makes the amendment.

THURSTON: Makes the amendment. Thank you. Okay.

TANSEY: Article 41 of the Mental Hygiene Law sets out the community services board. This board of supervisors in 1965 made local law #1, made its own detailed more precise description of community services board for Essex County and as Terri just said, we want to make another change, so we did this amendment.

THURSTON: Okay, so we will be making a motion on draft resolution introducing proposed local law #2 of 2026 today?

TANSEY: Yes.

THURSTON: Okay so the public hearing date I'm sure is in here somewhere?

GARRISON: We have to introduce the local law and then –

THURSTON: And then set it? Well, in the resolution it has the date –

GARRISON: Right but this is just through committee.

THURSTON: So, the full board has to set the date for the public hearing is that what you're saying.

GARRISON: Yes, because we have to introduce the local law first and then set the public hearing.

TANSEY: We are getting it into committee for discussion so that we can get it to the full board for action.

RESOLUTION INTRODUCING PROPOSED LOCAL LAW #2 OF 2026, AMENDING LOCAL LAW #1 OF 1965, ESSEX COUNTY COMMUNITY SERVICES BOARD. Hughes, Reusser.

THURSTON: All in favor aye, any opposed – motion carries.

MORSE: Thank you. The next resolution is to accept \$19,000 from United Way who act as a fiscal sponsor for a grant that the BRIEF coalition which stands for Building resilience in Essex Families it's a coalition that's been in existence since 2019 and we do some wonderful things with all the human services partners and probably eighty other members on that coalition to help reduce improve, let me say it this way improve the well-being of Essex County citizens. So, we continue to pursue funding to cover the individual who is the coalition coordinator, and this is one way we can keep the coalition going by this kind of funding.

RESOLUTION AUTHORIZING A BUDGET AMENDMENT IN THE MENTAL HEALTH DEPARTMENT INCREASING REVENUES AND APPROPRIATIONS IN THE AMOUNT OF \$19,000.00, UNITED WAY FISCAL SPONSOR FOR GRANT FUNDING FROM CLOUDSPLITTER FOUNDATION. Preston, Pierce

THURSTON: Questions, concerns? All in favor aye, any opposed – motion carries.

MORSE: Okay the next resolution is about the fact that the New York State Office of Mental Health is providing funding for all counties in New York State to increase funding for oversight of individuals who have high risk, adults who have high risk, high need in situations going on in the community. There is a program that is statutory called the Assistant outpatient treatment you may have heard me talk about AOT's these are, when somebody id on an AOT court order that means that the Judge has ordered this individual to participate in mental health treatment, care management sometimes substance abuse treatment and also other stipulations maybe they have to participate in housing those kinds of things but bottom line is they have to participate in mental health treatment which typically includes psychiatric medications. What New York State is trying to do is create a voluntary version of an AOT order because AOT court order is like, it's an order the person has to do it but in light of some changes in New York State such as bail reform for example, there are more people in the community that have high risk needs that need some encouragement to participate in services plus there is a group of people in New York State that do not like the fact that in the AOT orders it is not voluntary and so what they want us to create is something called, an enhanced voluntary agreement and beef up those opportunities to get people involved in higher level of services when they are reluctant, maybe they don't qualify for the court order treatment but they are pretty darn close so New York State is providing Essex County in particular \$327,135 in the year 2025 and 2026 and I've broken down how that funding in being allocated to us so from year to year to year the funding will be a minimum of \$182,009, there will probably be COLA's associated with that in the future but we do have some startup funding which we can use for, we can even buy a vehicle for that person, that care manager that's going to be traveling around Essex County engaging these individuals. We have some guidelines about how we can spend that money.

RESOLUTION AUTHORIZING A BUDGET AMENDMENT IN THE MENTAL HEALTH

DEPARTMENT INCREASING REVENUES AND APPROPRIATIONS IN THE AMOUNT OF \$327,135.00, NYS OFFICE OF MENTAL HEALTH STATE AID TO SUPPORT ENHANCED COORDINATION FOR ASSISTED OUTPATIENT TREATMENT/ENHANCED VOLUNTARY AGREEMENTS PROGRAM. Reusser, Lamphear

THURSTON: Questions, concerns?

BRASSARD: I'm not on this committee but will this require you to hire additional person to fill that?

MORSE: So, our plan is to promote an individual within our organization that's already overseeing because their case load is going to be increased and also their level of responsibility is going to be more of a supervisor perspective we are going to promote her to supervisor level and then we will be hiring a care manager type position.

THURSTON: Any other questions? All in favor aye, any opposed – motion carries.

MORSE: Thank you. The next resolution is to carry over the suicide prevention coalition funding from 2025 to 2026 in the amount of \$2,180.85.

RESOLUTION AUTHORIZING A BUDGET AMENDMENT IN THE MENTAL HEALTH DEPARTMENT INCREASING REVENUES AND APPROPRIATIONS IN THE AMOUNT OF \$2,180.85, CARRY OVER 2025 UNEXPENDED FUNDS. Hughes, Wood

THURSTON: Questions, concerns? All in favor aye, any opposed – motion carries.

MORSE: That concludes my report.

THURSTON: Okay does anyone have any other questions, comments or concerns for Terri?

HUGHES: I apologize Terri, I wanted to ask this question for the third resolution. What happens after the fiscal year 2026 with respect to that annual funding? Do you think that OMH will continue funding that or do you think that may come back to us? Do you have any clarification on that?

MORSE: It's our understanding that the funding will continue from year to year to year. That is what we are being told but you know how that goes.

HUGHES: No, I understand. I just didn't know if you had an insight on that.

MORSE: So far in my tenure I've not seen OMH take the money back.

HUGHES: Okay that's helpful.

THURSTON: Good question Mr. Hughes. Anyone have anything else for Terri?

O'BRYAN: The services that will be rendered in the community where will be? Do you need a designated place to be able to do that or how are they going to manage that inside the community?

MORSE: That's a really good question. This is kind of a situation where we are writing the book report as we are reading the book so I don't have the answer to that question but that is a good

question, and I will keep it in mind.

O'BRYAN: Thank you.

THURSTON: Anything else for Terri?

REUSSER: So, it is fair to assume that some can be office space, some can be a person's –

MORSE: It can be a McDonalds, a person's home, yes so the staff member will be fully trained on safety issues and those kinds of things.

THURSTON: Good questions today. Anything else for Terri? Thank you so much. Okay, Linda Beers come on up.

MASCARENAS: Quick announcement as Linda is coming up Angie's report I don't know if you noticed, lifeguard training is happening in April. We'll get those notices to you because it matters an awful lot to you. If you're not thinking about summer you best start with your DOH permitting and all those fun things you have to do to get your day camp operational. You are going to want to make sure you have individual certified to be able to open beaches and those types of things, so we'll get you that information I just wanted to make sure you saw it.

THURSTON: The emails have already begun.

BEERS: Good morning to the board of health of Essex County. We had a wonderful open house, and I know many of you couldn't make it. My staff put together this fabulous Board of Health orientation guide it is because you, my dear friends, are my Board of Health and so if you go through this it's going to talk to you about what Essex County Health Department does and what makes you the Board of Health. So, there's a couple of layers we, the Health Department report to it's called the Professional Advisory Council you'll hear me ask for a resolution about that. Dr. Celotti is our Medical Director. He reads and reviews all of our policies and procedures and signs off on them. Then I bring it before my Professional Advisory Committee for the CHHA and the Public Health Advisory Committee for Public Health. Traditionally the supervisor from Lake Placid/North Elba has always been on our board and Rick has agreed to be anyway, I just want you to understand why when I come up and talk to you as well the different hat you may be playing and I respect that role and I wanted you to know your powers. Again, you are the Board of Health of Essex County and really came in a lot to play during Covid which in case at the time Shaun was the Chair and really took help with that and steered the ship so to speak, as he would say through some stormy seas. So, back to the first piece of information I also provided a really nice report that my staff put together that's detailed and in there and it came to electronically and then what I would like to do, I will do resolutions first but I also have in front of you today is our rabies packet and it talks about Essex County Health Department runs rabies and what towns they are going to be in and if I could, after I do my resolutions I would like Jessica to come up because it gets tricky and there's lots of new folks here and I would like them to understand what the rabies clinics mean when they are in your town or your neighboring town. It will be really quick, but you will be getting and have that paper in front of you what are the expectations are from your towns and what you can expect of us. Is there any questions on my report that I gave you? Okay I'm going to move into resolutions if I could. The first resolution I'm sorry I got so wordy I cut and pasted and recognized that I written them as a resolution where I just could of wrote that, but the first resolution is really very simple. I'm thanking the people that are leaving and those folks are Julie Trombley, Julie Trombley is an amazing person. She is an RN. She is an MSN.

She's the Vice-President and Chief Nursing Operator at UVM. I cannot say enough about her. She has been on our board since my entire time here and probably before then. Our regulations, we fell a little behind during Covid but we're getting back on track and so I'd like to thank again, Julie Trombley for her years of service on our board and as Chair of our board. I'd also like to thank Derek Doty, who is obviously no longer on our board and also Megan Murphy also served on our board at Adirondack ROOTS that is simply what the resolution is, thanking them.

RESOLUTION OF APPRECIATION TO THE FOLLOWING MEMBERS OF THE PROFESSIONAL ADVISORY COMMITTEE/PUBLIC HEALTH ADVISORY COMMITTEE - JULIE TROMBLEY, CHAIRMAN, DEREK DOTY AND MEGAN MURPHY. Pierce, Hughes

THURSTON: Questions, comments, concerns?

PRESTON: Just like to check the spelling of Derek Doty for the resolution.

BEERS: Okay, will do.

THURSTON: Check the spelling on Derek Doty, okay we can do that. Any other questions? All in favor aye, any opposed – motion carried.

BEERS: When you have outgoing folks, you have incoming folks so the next resolution is to ask for these folks to be put on our Professional Advisory Council and our Public Health Advisory Committee they are Julie Anderson, she is a PA and primary care physician assistant at UVM, they are Angie Allen, DSS Commissioner, Rick Preston, North Elba Town Supervisor, Ashleigh Macey, Lake Placid School Nurse and Anna Reynolds has agreed to sit on as Director of Community Resources so I'm asking for those folks to be added to my Professional Advisory Council starting at the next one, we meet quarterly.

RESOLUTION AUTHORIZING THE FOLLOWING MEMBERS TO BE APPOINTED TO THE ESSEX COUNTY PROFESSIONAL ADVISORY COUNCIL AND PUBLIC HEALTH ADVISORY COMMITTEE – JULIE ANDERSON, ANGIE ALLEN, RICHARD PRESTON, ASHLEIGH MACEY AND ANNA REYNOLDS EFFECTIVE JUNE 1, 2026. Hughes, Reusser

THURSTON: Questions, comments, concerns? Spellcheck? Looks good Mr. Preston? We are okay there? All in favor aye, any opposed – motion carries.

BEERS: I'm just going to skip that next one and we'll just follow this only because it makes sense. There's a resolution here for those policies and procedures I talked about and that is the policies and procedures are for the certified home health agency is one resolution, they look identical but there's a tweaking of words and the other one is for the policies and procedures for the public health department. They are two resolutions so I would ask, because the state requires it. I would love to submit the policies and procedures for the Certified home agency to be adopted and approved.

RESOLUTION ADOPTING AND APPROVING THE QUARTERLY REPORTS FOR THE HEALTH DEPARTMENT INCLUDING THE REPORT OF THE PUBLIC HEALTH DIRECTOR, DIRECTOR OF PATIENT SERVICES, POLICIES AND PROCEDURES OF THE CERTIFIED HOME HEALTH AGENCY (CHHA) ALL OF WHICH WERE APPROVED BY THE PHAC AND PAC AND THE MEDICAL DIRECTOR ON 3/3/2026. Preston, Pierce.

THURSTON: Questions, comments, concerns? All in favor aye, any opposed – motion carries.

BEERS: The same thing will be for the Public Health side of my house. A resolution adopting and approving the public health policies and procedures.

RESOLUTION ADOPTING AND APPROVING THE QUARTERLY REPORTS FOR THE HEALTH DEPARTMENT INCLUDING THE REPORT OF THE PUBLIC HEALTH DIRECTOR, DIRECTOR OF PATIENT SERVICES, POLICIES AND PROCEDURES OF PUBLIC HEALTH ALL OF WHICH WERE APPROVED BY THE PHAC AND PAC AND THE MEDICAL DIRECTOR ON 3/3/2026. Reusser, Hughes

THURSTON: Questions, comments, concerns? All in favor aye, any opposed – motion carries.

BEERS: The next one is from our WIC, women, infant and children. It's a revenue moving money forward into the next 2026 cycle so it's \$3,865.60, revenue moving into appropriations \$3,865.60 moving forward.

RESOLUTION AUTHORIZING A BUDGET AMENDMENT IN THE PUBLIC HEALTH DEPARTMENT INCREASING REVENUES AND APPROPRIATIONS IN THE AMOUNT OF \$3,865.60, CARRY OVER 2025 UNEXPENDED FUNDS. Reusser, McGill

THURSTON: Questions, comments, concerns? All in favor aye, any opposed – motion carries.

BEERS: I believe Judy put another resolution that came late but again we are trying to reset with the regulations here and WIC our women, infant and children would like to ask for approval and if accepted bring in the money by a grant. It's a small grant. I don't have it front of me. How much is it?

THURSTON: \$5,000.

BEERS: \$5,000.00 They are going to apply for the grant, we are not positive we'll get it but if we do, we are applying for the grant and are coming to the board asking permission to apply for the grant. This is a grant WIC traditionally applies for.

RESOLUTION AUTHORIZING THE PUBLIC HEALTH DEPARTMENT TO APPLY FOR A MINI-GRANT FROM EXCELLUS FOR YEAR FIVE (5) OF WIC-N-PICK. Reusser, Wood

THURSTON: Questions, comments, concerns? All in favor aye, any opposed – motion carries.

BEERS: Okay so we got through that, then I wanted to talk to you today about a non-collectable what we call bad debt. So, our county certified home health agency is literally a medical business. We have PT's, OT's, and physical therapists still nursing. Insurance companies are notoriously hard to bill from. They really work very hard to make it hard to collect to be fair it's a really challenging business and I have been extremely proud of my staff of my tenure now going on 16 years as the public health director that they've done an amazing job. This newest iteration and I will say why we didn't write it off yearly which we will go to you should note, in the past you could have bad debt and continue to attempt to collect for up to two years so we didn't write it off because there's a good chance that we could. The regulations are changing as they have repeatedly, so we did go up higher in our debt collection ratio. We were lower than we were in the past write off and this time we are, just so we're clear, this is a five year look back. We collect

\$6,236,839 and out of that money we were unable to collect \$197,785 which represents a 3.17% uncollected debt percentage. Industry standards, I didn't make this up, I believe you can look it up will say that anything under 3% or close to 3% would be a well working well, of course we want to make it less than 3%. I believe the national or one of the largest groups right now is at 3-5% because insurance companies have made it extremely challenging and when I say, extremely challenging during this time frame too Medicare changed its regulations multiple times for years, we billed on a 60 day cycle that meant nurses that went out had 60 days we always gotten them in on time but Bill had 60 days to turn that back around, get it back in, get all the stuff in during this time in 2022, they changed to 30 days so that was event then, Medicare Krissy could probably attest to this as well, changed from straight Medicare to all these Medicare Advantage plans well, these Medicare advantage plans were not, they didn't say Medicare Advantage necessarily they were put under different names perhaps Empire, Blue Cross/Blue Shield and many organizations took them those rules followed those plans on what is called an NOA which is a notice of admissions which was also during that time which said within five days of taking a new person you had to get an NOA there were multiple hurdles not just our home health care agency, home care agencies across the country faced during this time so we continue to make those hurdles, continue to bill successfully as we can but those are really the number one reason as to why that and Covid a significant change in staff. When I say significant these are our top billers, we don't have ten billers we have one biller. We have Gary Durham who helped the ship during that time and during those years he had four people come and go that he got trained then left, got trained then left and folks even under them were moving parts. Anybody who knows billing it's extremely tedious and it really requires regime and I call that person again if they don't answer you're going to call them Tuesday, you're going to call them back on Friday they said they are going to call them back so we pledge to do better than this but I will say, I'm proud of the fact that I've collected everything over well, let's see 97% of the debt and we're unable to capture 3% so we work to do better but that's the example I have for you today.

THURSTON: Thank you Linda for that. I will just say when I first became a supervisor sitting here and I saw these numbers across the desk I thought, oh, my goodness gracious what are we doing wrong here? And when I saw the email I was like, hey, it's not bad. I'm going to let Mike take over.

MASCARENAS: In terms of the accounting end of it, it really is about that receivable right so, whenever a bill is issued we record a receivable, we expect to receive that payment. When it's not we have to write it off it's not that much different than taxes right? We make a plan that everybody is going to pay their taxes but when those individuals don't pay their taxes we have a shortfall then we issue our warrant and we end up making all these other taxing entities whole and then we have an auction at the end of that cycle so that's truly what this is, is a housekeeping issue. This is something we should be doing more frequently than five years and like Linda said, you've got a two-year turnaround but doing it annually, maybe you're writing off '23, maybe you're writing off '24 next year while you're still trying to maximize that collection on a prior bill. You're going to see something similar from Terri. We do this all the time anybody in the health care business is going to be writing off that debt at some point in time. It's a common occurrence. Do I like it? Heck no but I can assure you that they are doing a really good job and that amount of money is not a significant amount over that period of time. If that loss was closer to 7,8,9% I'd be concerned that we are really doing something wrong but being that it is so close to the industry standard I feel pretty good about it.

PIERCE: When does this end? It started in 2019 up to when?

BEERS: 2024 mid-year.

PIERCE: 2024 mid-year so is that when you stopped having a bill at all?

BEERS: Well, in 2024, we changed to electronic medical records so that's another thing so if you ever changed to EMR and the billing goes with that, that's a nightmare in itself but it was easier for us to close out there and get everything off one whole system and move forward. Also, 2025 potentially could still be in play so that's why we wouldn't write off that so it's 2024 half the year forward.

PIERCE: Thank you.

REUSSER: In an email I sent to you last week I asked the question about charity care some of those bad debts were they captured in that area?

BEERS: Absolutely. Just to give you an idea years ago when we did this the board asked me to get the names of the people of the bad debt, do you remember that Mike?

MASCARENAS: I do.

BEERS: Well, they were everybody in your town and people you knew, and they were the people that you saw, they were elderly that couldn't pay and several of them had died before the bills were paid so it was very hard to go back to somebody especially after their estate is closed. They were in the amounts of \$4,000, \$3,000, \$2,000, \$700, \$400 they are not like one person per say they were little amounts by lots of people thus adding up to some of the responsibility of charity care. I will say Essex County does an amazing job but there's other terms for that, that we have agreed to allow some people, we have some people on our caseload that would have been turned away by anybody else those are like people with MS right? That's a degenerative disease but if we can send a nurse in periodically and occasionally they get to stay home. If I denied their care or somebody else might because home care is short term they would end up somewhere else to potentially a nursing home. This board traditionally has said, that's why we have a CHHA because we get to choose who we can provide care to and we usually provide care to most mixed complicated folks.

REUSSER: In that same email I also asked about have we considered raising our visit rate?

BEERS: We did. So, we have been asking for every year, not every year but we do ask for more so here's how that works, we have a rate but then we credential with an insurance company. If I say it cost \$240 and the insurance company credentials back to me and says I will pay \$180 right? That's how it works. My costs isn't what I'm always going to get and the bigger players, they'll credential lower or whatever sometimes it's straight across the board. Medicare traditionally was our highest payer, but what they've done is Medicare went to all these advantage plans and when they went to advantage plans I'm not longer dealing with Medicare. I'm dealing with a gazillion other plans that now I have to negotiate with or get rates from so there was a real complexity that changed and really significantly for home care. There's an article, Living Age put out something like 40 home care agencies have closed their doors nationwide in the last five years because of the inability to keep up on this ever-bouncing ball of payment but thank you.

MASCARENAS: If you don't mind, Linda brought up an interesting point not to make this conversation any more complicated or longer than it needs to be, but when she spoke about to

CHHA in general understand that we're one of very few county's that even operate CHHA in New York State and there's a real reason for that. There's not a profit to be made in Essex County there's no private sector here knocking our door down asking for our licenser it's just not happening. It was looked into on several occasions. The reason we are maintaining our CHHA is because we recognize on the back end it's likely saving us hundreds of thousands of dollars in hospitalizations in Medicaid payments that are required to pay to New York State on a weekly basis is you were to see those so it really is a decision that we made built on our constituency, the demographics, the people we serve are an aging population and the lack there of private sector opportunity for somebody else to provide it and I do support the CHHA. I think it's a critical service anybody you will tell you who have used it will tell you it's invaluable and while you're writing off this debt I can assure you it's saving you money in other places by getting people home more quickly and dealing with wound care and those types of things that are real critical to our constituents.

REUSSER: I think the reputation of Essex County Public Health have stood the test of time and has gone on to prove that private sector agencies trying to come in here can survive probably because there was this model but as well the quality of the care of Essex County Public Health.

BEERS: Thank you for all of that. My staff will be thrilled to read this. I will say we have a five-star quality rating the best there is and one of the top five best in all New York State. So, that is truthful we do provide excellent care. Thank you.

THURSTON: Okay, perfect. I need a motion please.

RESOLUTION AUTHORIZING THE ESSEX COUNTY HEALTH DEPARTMENT TO WRITE OFF \$197,785.60, IN BAD DEBT. McGill, Reusser

THURSTON: Any other questions, comments? All in favor, aye – any opposed – motion carries.

BEERS: Can I get five more minutes and have please Jessica come up? Open up your rabies packet and we'll talk about rabies in Essex County if you're new you might not think that's a big deal but trust me, this summer they will come to you.

BUEHLER: Good morning everybody and if you have young people that are interested and you want them to get into nursing, occupational therapy, physical therapy definitely have them get in touch with Jen Newberry who works in our department and we'd love to see them intern with us because we of course would love to work with them in our home health service.

From there, I will take you to our packet that we prepared for you, and I handed it out this morning. I just wanted to talk to you a little bit about this time of year we start getting busy with our rabies prevention and control program and so these are the different ways we might interact with you as a town supervisor with that program. So, we do do a clinic in eight towns, and we try to really strategically locate them throughout Essex County so that people can get to them within about a 15-minute drive so that is how the clinics are determinedly located. This is the clinic schedule, and we want to make sure you have that available to you. We mail it out to the vets and post it at different places throughout your community those are available to people at no cost, and we encourage people to take advantage of those.

Behind that is what people need to know about rabies and that's another good information sheet as we interact with a lot of people that don't know things like, once you start feeding an animal that comes onto your property all those kitties that people find so adorable we do too you own that cat in New York State so we want to make sure that people understand that once you start

feeding those little furry things that you own them and therefore you have to get them vaccinated and we can help spread that word about that. That comes under public health law and that is something we try to educate people about so that's that ownership of animals that was I was just mentioning there. We might reach out to your town clerks to try to determine who owns an animal under Ag and Market Law people are supposed to register their dog so we reach out to your town clerks if there was a dog bite within your town we call up if we can't find the dog owner to try and see if the dog was registered and if so can you help us find that dog owner. We might again work with your ACO or your dog control officer to do a confinement and then in that case just because the dog control officer within that town they can do a stop by and just do a check in and make sure they get a visual on the dog and do a peek in and say, you know is that dog alive and well? Even if they have a current rabies vaccine that's the way the law reads is that they just need to be alive and well after the ten days and we need a visual for bites that happen outside the family. So, we'll fax you a bite report and we're asking you to work with your dog or animal control officer. So, I attached a form there and if you would share that form with your animal or dog control officer this is what the bite report looks like. We typically fax it to you but if you ACO or DCO would like it emailed we are happy to do that. And on really rare occasions we might work with you on a quarantine and that would be an instance where something happens like typically it's livestock in the Champlain Valley livestock has an interaction with a known rabid animal or potentially rabid animal and then that animal is not vaccinated against rabies and we might have to do a quarantine situation and so that would be the last instance that we would work with you and we always notify you about those instances so that's there.

Specimens, we work with sometimes your highway department if they're handling roadkill or they might work with us on the collection of that specimen and we would submit that for testing and there's an attachment that just talks about the safety and handling of the specimens for municipal employees so that's the last piece on the back page.

I wanted to just draw your attention to this really colorful piece, the second page in the packet that talks about some of the numbers and what we do within our program. So, just as background the reason why we are paying so much attention to the rabies prevention program is because rabies is a deadly virus in case people were unaware of that and so that is one of the reason why we put so much effort into this. Somebody from our department is always available 24/7 to accept those calls from people within the community. Because of all this weather that we've had it's getting warmer and our bats are going to start waking up and becoming more alert in our phones will start ringing and things like that, so we do lots of outreach. Wild animals tested for rabies this chart gives you an example of how many specimens we submit out of our department. We send the bats out of our department and then we work with our local veterinarians for the submission of anything else that has to go out with larger animals.

And then 23-25 is down here on the right of specimens that returned positive for rabies. If we do have an animal that returns positive for rabies within your town we always do try to reach out to you and notify you first so that you're aware and then we always do work on a press release also so we try to make sure that you have situational awareness of that positive specimen and might work with you to put a line in that press release and then we'll put that out to the public just so that they are situationally aware.

THURSTON: Can you please send all of us these three flyers in jpeg format?

BUEHLER: Sure.

THURSTON: Then we can get it on our social media and share the information with our residents.

BUEHLER: Yeah, I'm happy to.

THURSTON: Questions, comments, concerns?

PIERCE: I have a question and it has to do with bats and how you keep them or maintain them. How quick of a response when you call that 24-hour number? How long do you expect to hang onto that bat say, until someone can respond?

BUEHLER: If somebody calls and says, I've captured a bat and calls us? We typically respond within 15 minutes, really quickly.

BEERS: But how long will they hold the bat?

BUEHLER: How long would you hold if you had a bat? So, we would provide instructions to somebody on how to safely keep that and if it's truly overnight then we would provide instructions and accept it with our department the next day.

PIERCE: Thank you.

THURSTON: Any other questions?

O'BRYAN: Just in most years there is a baiting process goes out, and I think the Governor helps us with that. I know they do fly overs in various areas. Will they do that again do you know?

BUEHLER: Yes. Typically, the USDA works on that effort, and we have called every year with the USDA, New York State Department of Health, DEC and they get everybody together to talk about the maps and distributions and things like that. What we'll do is Linda can share out the map and what that's going to look like for this year and it's typically in the Champlain Valley in northern tier of the Champlain Valley.

O'BRYAN: Okay, thank you.

THURSTON: Any other questions? Wonderful. Thank you.

BEERS: Just so you know too this is Jessica Darney Buehler my Deputy. She's been here as long as I. Thank you.

THURSTON: Krissy Leerkes.

LEERKES: Good morning. So, everybody has a copy of my report I just want to do a couple of quick updates. I know when Elizabeth Lee was up here with Cornell she had mentioned the new program that they are going to be working on for our senior wellness programs and there's an additional, they are doing an initiative right now March into Spring and it's just really to promote physical activity for older adults so they are doing March into Spring and each week older adults or adult it doesn't matter, is encouraged just to send in their activity report to Sam and Kate and their team and they will be entered into some giveaways again, just another way to promote physical activity.

Last week I had the privilege of meeting with Schroon Lake EMS team. You have a really robust group down there and they welcomed me, which I thought I was going to be there for fifteen minutes, and I was there for a good hour and a half just talking about our services and how we can build that collaboration to support them and vice versa. For those that have been here in the past I talked about the SCC QR med bracelets so these are bracelets that have a little QR code

and EMS or First Responders can scan the QR code, and it brings up that one-page profile. I presented it to them and they are fully onboard because we talked about some cases where they show up and there's meds in the bathroom, there's meds in the bedroom, there's meds on the floor but they don't know what they are actually taking so it decreases the ability for them to really support right up front so we're going to work on rolling those out to them and then also, on the last page of my report it talks about a program called Silver Shield. We have 50 free licenses for older adults for Silver Shield and what that is, is the ability to be able to detect a text scam or an email scam so the individual with the license they would have the ability to screen shot to what that questionable text is. For instance, we did one last week when Alec was up here from Silver Shield it was the NYS toll charge I'm sure everybody got those. We screen shot that, we sent it to Silver Shield, and it immediately comes back with the risk level of what that scam is, action recommendations of the action so delete the text, don't click on the link, report here xyz again, it's just to try and decrease our older adults getting scammed.

I have two resolutions so the first is to increase revenues and appropriations in the amount of \$165,174.29, for carry over unexpended 2025 DSRIP funding.

RESOLUTION AUTHORIZING A BUDGET AMENDMENT IN THE OFFICE FOR THE AGING DEPARTMENT INCREASING REVENUES AND APPROPRIATIONS IN THE AMOUNT OF \$165,174.29, CARRY OVER UNEXPENDED 2025 DSRIP FUNDING. Hughes, Reusser

THURSTON: Questions, comments, concerns? All in favor aye, any opposed – motion carries.

LEERKES: And the second again just carry over funding from '25 to '26 in the amount of \$9,616.50, it's under our Gifts and Donations and that's broken down into three different expenditure lines so that is Special and Urgent Needs that's sun fun money from Adirondack Foundation that we are able to use if there's an urgent need but no other funding stream to cover. Other Supplies which those are true gifts and donations that we typically utilize for again, those outside the box needs that we don't have any other funding streams for and then our Generous Acts.

RESOLUTION AUTHORIZING A BUDGET AMENDMENT IN THE OFFICE FOR THE AGING DEPARTMENT INCREASING REVENUES AND APPROPRIATIONS IN THE AMOUNT OF \$9,616.50, CARRY OVER UNEXPENDED 2025 GIFTS AND DONATIONS FUNDING. Pierce, Reusser

THURSTON: Questions, comments, concerns? All in favor aye, any opposed – motion carries.

LEERKES: And that's all I have unless anybody has any questions?

THURSTON: Any other questions?

PRESTON: Just clarity on the bracelets, if we are interested, our local EMS is interested just reach out to your office?

LEERKES: Yes, we have a limited supply. We have 100 bracelets but absolutely anybody can reach out. At first when we got the bracelets we wanted to focus on smaller areas because one, we didn't want to have 100 bracelets all throughout Essex County and not have first responders know what to do with them so, but if anybody is interested they can touch base.

PRESTON: Thank you.

THURSTON: Any other questions?

MASCARENAS: HEAP? I should have asked Angie, but I'm asking you – how's that going? I know we're getting toward the end of the year, we're seeing fuel oil prices skyrocket, kerosine prices skyrocket most people have exhausted those funds I'm assuming?

ALLEN: So, there has been no concerns. I think the mild weather has kind of helped because we did receive the flat funding. There is some monies left over so we're going to kind of range and see what we need to do in the next couple of weeks but, actually we are not in back shape. Did you see the same?

LEERKES: We are seeing now those requests come in because people have already exhausted their emergency benefit and those costs are increasing so we have access to some funds that we are able to utilize. The other thing that we're tracking is obviously the significant increase in electricity costs so we are navigating through those with whether it's the programming through the actual electric company themselves, other community partners their funds or again, we have some funding that really can offset those costs, so we navigate each case, case by case.

ALLEN: We are getting other monies like if they qualify for TA we will go through the TA route verses the HEAP route it kind of saves money that way. We also have our administrative funds so there's funds there if necessary and we've been in close touch with the United Way.

LEERKES: And I will say from our team's perspective if we have any of those cases come in I'm immediately on the phone with Angie's team to say, alright what can we do, how can we help and we work together very closely.

THURSTON: Thank you.

MENSER: Because of what Mike just said I have a suggestion. In my case I have a solar system set up at my home as of the beginning of this month I've still have 7,000 kilowatts of electricity banked and the electricity company used to have to reimbursement me for that electricity because it is more than I use in 2024, they passed a regulation changing that. Now, the regulation says, I either use it or I lose it and they sell it to somebody else whatever the profit is. Is there some way we can come up with a law or a policy to allow me to I'll say, reassign some of my extra electricity to a neighbor or somebody?

MASCARENAS: I don't know the answer to that. I'm guessing no but it's really great thought and question that probably needs to be asked. Yeah, that's a moving target. Solar has been a moving target for a long time in terms of net metering and what that used to mean and for homeowners what their assessment was in terms of what you bill yeah, it seems like every time you turn around it's moving toward the utility and/or vendors that are providing service and are making a profit but no, it is something that we should absolutely consider.

MENSER: There're homes that don't use 7,000 kilowatts in an entire year. At the start of winter, I had over 10,000.

MASCARENAS: You might want to put in electric heat.

BRASSARD: Or run a lead cord to Moriah.

MENSER: I actually told the power company I was going to run a lead cord to my neighbors and they said, that's illegal.

REUSSER: I have a similar circumstance as I make my own power for my home. I bank in excess for use. So, I'm only on transmission and taxes which are \$30 a month. In January I had a \$509 bill because my bank was empty. Last month I had a \$676 bill. How big is your system?

MENSER: 50 kilowatt, right now I'm paying \$20 a month to send electricity to the power company.

REUSSER: There's a lot of problems.

THURSTON: Linda, would you grab Steve's microphone so Judy can hear. Thank you Krissy.

BEERS: I just wanted to say something else to the board. I did just want to tell this board about and to keep our department and our building in your thoughts and prayers. Dawn Bessette who has been an employee 30 years, was diagnosed with stage 4 pancreatic cancer and it has metastases. She is home and treatment – they are going to prolong her life, they will not cure her she knows that. Her family is doing a fund raiser and my department is looking to do a basket raffle to raise money as Dawn never went on a honeymoon and her family would like to send her on one before things get worse and I'm not sure when all of that will happen but we're going to support this anyway we can but I just wanted to bring it forward because you'll see some things coming up and that is Dawn and she's lived in this community for many years. She is a dairy farmer and all kinds of other things, and her husband was military so anyway, keep her in your thoughts and prayers. I appreciate it.

THURSTON: Thank you. Linda, reach out to me I'll donate a basket for that. Anything else to come before – we are adjourned.

As there was no further discussion to come before this Human Services committee it was adjourned at 11:50 a.m.

Respectfully submitted,

Judith Garrison, Clerk
Board of Supervisors