HUMAN SERVICES COMMITTEE
Monday, April 13, 2026 - 10:30 AM

Davina Thurston, Chairperson
Cathleen Reusser, Vice-Chairperson

Chairwoman Thurston called this Human Services Committee to order at 10:57 am with the following Supervisors in attendance: Clayton Barber, Matthew Brassard, Timothy Follos, Mary Lamphear, Tracie McGill, Steve McNally, Clayton Menser, James O'Bryan, Timothy Pierce, Richard Preston, Cathleen Reusser, Matthew Stanley, Davina Thurston, Michael Tyler and Meg Wood. Chris Clark, Kenneth Hughes and Joe Pete Wilson were excused.

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

Also present: William Tansey, Andrea Whitmarsh, Lindsey Java and Renee Bruno.

THURSTON: It is now 10:57, we will call Human Services to order. Angie Allen.

ALLEN: Happy Monday. You've all received my report. Do you have any questions?

THURSTON: Any questions for Angie?

ALLEN: Nice. Well then I would just like to thank Town Supervisor, Mr. Ike Tyler President of the Board, Mr. McNally and Mike for just coming out and supporting the staff. April is the month of Child Abuse Prevention. As you know it is a simple pinwheel. We used to only really take a look at the children services staff I think everyone knows what children services does when it comes to prevention abuse and my point this year is to really point out that every department in social services plays a part in the pie collectively with social services and children's welfare right? So eligibility when you have a parent that needs food, they don't get food they are going to be coming to CPS right? When parents are stressed about food and SNAP and HEAP and cash assistance that stress enters the home and stress when it's not able to be managed safely impacts children. Child support so the child support unit collecting child support in arrears again supports the family because if there is financial assistance there's less pressure in the home, less fighting in the home, less of an impact on children. HEAP – so every department other than children services really comes together to support the month of April because of the Child Abuse Prevention so I just wanted to make sure that you are all aware that is it not just a children services thing, it's not just a foster care thing it's a department of social services collectively. My staff does an amazing job offsetting the pressures that families feel and therefore having a more impactful positive environment for the children so that's really what I wanted to focus on this month. Are there any questions before I get to entertain you? It just wouldn't be me without it right?

THURSTON: Any questions for Angie? I think we're ready.

ALLEN: Well it's not a good one I'm going to warn you already. Like, it's not very nice. It's not even that funny but we'll try so, what do you call a bear with no socks? Bear feet. There you go.

STANLEY: I'm glad I was here for this months because I missed last month's so I appreciate it.

ALLEN: And you might want to miss next month's then. Thank you.

MASCARENAS: I want to point you to a spot in Ms. Allen's report just so you're all aware, not our thing NYSDOH, sixty days prior to your camp opening you've got to have your permits in. We are getting up on those dates now so summer is fastly approaching, make sure you get those permit applications in and so you're not surprised when they don't allow you to open up your camp because you don't have those applications in again, all the information is in there to contact the proper people and NYS Department of Health to do that.

THURSTON: Thank you. Terri –

MORSE: Good morning everyone. There's a presentation for the public health department today so I'm going to keep it short. I'm going to highlight some items for you and then ask you questions and then I have two resolutions. So, one of the things that we are really, really excited about is our department applied for a grant with the Adirondack Community Foundation. We just heard last week that we were awarded that grant and we are using it to do some training to help something called Solution Bogus Therapy. It's kind of like a full court press on somebody that has a specific item. We don't go down deep into the trauma experience and it helps us to get individuals sort of, their needs addressed and then they can transition out and come back another time if they want so that will help us with our waiting list.
The other thing I wanted to let you know is every three years New York State Office of Mental Health comes up and audits us and makes sure that we're doing the right thing and we went through that recredentialling process and were awarded our certificate for another three years which is typical. It's either you get one year or three years and we've always gotten three. I believe that is it. Are there any questions about my report?

THURSTON: Questions? Do you want to go into resolutions?

MORSE: Yes, I have actually one resolution. We have a resolution about our, let me rewind a little bit so, Linda Beers last month brought a resolution about patient fees and bad debts and so thank you Linda for educating the group about that initiative because mental health also has some bad debts that we need to write off. We looked at 2023 and before, I had my team looking at 2024 and I will be presenting on a different day but for 2023 and older we have a write off of $8,039.38, we calculate that as 0.3% of our total like, 2025 patient fee revenues.

THURSTON: Not bad at all.

RESOLUTION AUTHORIZING THE ESSEX COUNTY MENTAL HEALTH DEPARTMENT TO WRITE OFF $8,039.38, IN BAD DEBT FROM 2023 AND OLDER. Wood, Stanley

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

MORSE: Last thing I just wanted to bring to your attention that the Town of Jay is partnering with the suicide prevention coalition and hosting our fifth annual vivid life run which is a color run but we can't use the word color run it's trademarked and that's on June 6th so thank you for the Town of Jay for hosting that. We're going to rotate it around the county throughout the year so, please if you want to host one let me know. Thank you.

THURSTON: Thank you. Linda –

BEERS: Well, today I am really excited. I'm going to go over my report and I have some resolutions and while I do that my staff Lindsey Java and Andrea Whitmarsh are here and set up

to talk about that big packet in front of you called the Community Health Assessment. If you haven't peaked at it, look at it. There's all kinds of data and information on your towns and we can dive down into more detail but Andrea, we worked on this for over a year and so a lot of work into it. This plan is going to be for the next five years. They used to be done every three years I would love it if you would give them the attention that it really warrants when she comes up to speak.
You see my report in front of you the first page is on the community health assessment probably the only thing I would really call out is what is unique about this is Essex County Health Department is the backbone organization doing what's called the OFR, the opioid fatality review and this is the outcome of our last one. This will be our second OFR and I just want you to all know it's amazingly successful in Essex County. We have all the players that come to the table and some of these recommendations and outcomes know that we are what we are called the backbone organization for this which means we just hold it together this is not my coalition this is the Essex County Heroin and Opioid coalition which I proudly am a member of and actually it's other because it's the only drugs we talk about in there anyway you'll see in the months to come some of these findings and recommendations together with Mental Health, DSS, law enforcement we are working hard to take these recommendations from a opioid fatality review and bring them into practice to help support families and what we learned from them to change outcomes and better people lives that's our plan.
I'm going to move on past my report if nobody has a question and I'm just going to go through some resolutions quickly.

THURSTON: Any questions for Linda?

BEERS: Since on Friday this came out we have what's called the string rabies vaccine bait drops so for new supervisors every year the USDA comes through and they drop from the sky literally, it's an airplane that drops bait droppings from the sky, it's a very detailed group, it's along the Champlain Corridor and along the Canadian border and barely into the outskirts of Essex County. The dates on the drops will be here again, we met with USDA multiple times they include us in telling us when and where the baits will be. This will be in a press release, it's been approved by Mike so, this will be out in the public not everybody will get these baits coming from the sky and we'll not see them but in case they are in your town and somebody calls you, you know what they are. Is there any questions on that?

THURSTON: Questions?

MASCARENAS: Linda, not to make this longer but can you speak to the board about really the goal of the USDA is because I think it is a real misnomer in terms of rabies and what they are trying to accomplish in terms of these bait drops.

BEERS: Great question Mike. Surely we do not want rabies in New York State but it's inevitable we have it in most every town there's some every year rabid raccoon, skunk, fox that comes into contact and tests positive perhaps but who doesn't have rabies is Canada and the Canadian Government has been very forceful with the USDA saying you need to show to us that you're doing everything in your power to create a barrier between United States and Canada because we don't want your infected animals to wander across the line so these USDA drops and bait drops have been very specific and they are really dropped along that border to help and certainly support the decreasing of rabid animals that might potentially go into Canada and our rabies cases North often are less because of the way it works. So Canada at this time does not have an endemic I wouldn't say they don't have a rabies case but they certainly don't have as many as us and that is promise of the United States and the USDA to the country. So, unlike what we

think that maybe they are just doing it here for us they've got multiple reasons. Are there any questions on that?
I'm going to go onto my resolutions. The first resolution is I'm asking to go into a contract with a physical therapist. As you know we have a certified home health agency. We have two full-time physical therapists on staff. We have a waiting list always that also causes them to have overtime. I want to know we did our due diligence, we have a consultation group which you have hired that is phenomenal that used to go by Venesky. They now go by VGroup. We asked VGroup to access whether it would be prudent for us to get a physical therapist contract and that verbiage in there is exactly what he wrote down and it most certainly is because we don't have to pay the person overtime so we can charge up to $200 for a visit, we pay a therapist $85 and again it's contracted, that's what they get for all of the entire visit, they do the notes and everything else for that and we would use or physical therapist contract to keep off our waitlist and to keep our folks moving through and not keep people waiting so that's what I am asking to do, go into a contract with it's a specific person who has already worked for us he's liking to come back and he was fabulous before so we have great confidence that he will be great again.

RESOLUTION AUTHORIZING THE COUNTY CHAIRMAN OR COUNTY MANAGER TO EXECUTE A CONTRACT RENEWAL WITH BRENDON OLSEN FOR PHYSICAL THERAPY SERVICES IN THE PUBLIC HEALTH DEPARTMENT IN THE AMOUNT OF $85.00 PER VISIT. Preston, Pierce

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

BEERS: Thank you so much. The second resolution is for Essex County WIC to accept a $1,000 from the Adirondack Community Foundation. It was donated by I should really say, Marietta Brady she got the Kindling Award and with the money that was donated to her in her honor she's donated it, a $1000 of it to our Essex County WIC n' Pick.

RESOLUTION AUTHORIZING A BUDGET AMENDMENT IN THE PUBLIC HEALTH DEPARTMENT INCREASING REVENUES AND APPROPRIATIONS IN THE AMOUNT OF $1,000.00, ADIRONDACK COMMUNITY FOUNDATION. Reusser, Stanley

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

BEERS: Also on the next page, the Essex County WIC will apply for 2026 donations from the Lake Placid Rotary Club to help fund this summer WIC n' Pick.

RESOLUTION AUTHORIZING THE PUBLIC HEALTH DEPARTMENT TO APPLY FOR A 2026 LAKE PLACID ROTARY CLUB FUNDS. Stanley, Lamphear

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

BEERS: I would like to ask for permission to have Andrea Whitmarsh come up and address the board and go over what we have with our community health assessment. I would also like to think while she is showing you if this would be of interest to your towns. We are willing to take this show on the road and go to your towns and show your town boards this same presentation or maybe you want it detailed a little differently but keep that in mind as you're watching Andrea and Lindsey work really hard on this. I will also point out too last week as I came to the full board

actually Mr. McNally read it, it was public health week and I can never say enough about our staff I have the pleasure and honor working with they do a tremendous job for this county and I appreciate that you extended that gratitude to them last month and so again, last month was public health month and this month we are here and Andrea will show you what it looks like to work in public health, how we gather the data to make informed decisions for all the grants people are writing and the whole state of New York uses our data to write so I'm really proud of this effort and they do a great job so thank you.

THURSTON: So, we have a brief presentation.

WHITMARSH: Thank you Linda for the introduction and I'll just mention again I'm Andrea Whitmarsh. I am the program coordinator with the Essex County Health department. Before I begin I wanted to note that although I am the person standing up here I just want to mention that this is a very highly collaborative effort across our hospital partners, everyone in the health department and then all of our partners, our partner agencies, actually all three of the agencies that present to the human services committee were involved in this process and actually have activities that they have signed on to work with us to improve health in Essex County.
So today we are going to talk about our community health assessment and community health improvement plan. We were here a few months ago talking to you about the progress that we were making on this plan but I wanted to mention that this is an over one-year process so it's highly involved and every five years the state actually releases a state health improvement plan. This document is our framework and our guiding document that allows us to move forward with our mandated activities at the local level to develop a comprehensive community health assessment and improvement plan. So, within that plan we are required to do a community demographic profile I'm not going to review all the data on all these slides for the sake of time but what the point is just to let you know that we do take a really deep dive, look into our communities and into the things that are impacting their health and well being and the gaps and services and the assets that we have available to leverage to help us develop a really strong health improvement plan for the next five years.
So, in Essex County, as most of you are aware obviously we are a geographically very large county, the second largest in the state, rural population. Twenty-six percent of our population is age 65 or older this is higher than the state's average but the state also has an aging population so something to consider when we talk about programs and services going forward. Our population is unfortunately declining in Essex County it's down 6% since the census before the 2020 census and our leading causes of death in the county almost all of them are attributable to chronic disease. We did have in 2022 two other leading causes of death unintentional injury and Covid 19. That was the data that was available when we released the report but since then new data has come out and now the top four leading causes of death are due to chronic disease, with unintentional injury still being up there.

THURSTON: Can you explain the housing vacancy rate? What does that mean exactly?

WHITMARSH: So, that is the percent of housing that actually is vacant in Essex County and that could be due to either people owning second homes where they are not living here full time and that's a huge challenge we are going to kind of get into that in some of the other sections but just to point out it's extremely high and much higher than the New York State average and when those homes are either vacant for whatever reason it's a second home, just not being sold, it's not available for people to come here and live as you know and I'm sure it's been an issue and brought forward many times.
So, I just wanted to mention too the prevention agenda which is the state's guided document

defines the areas as domains the main areas they want us to focus on so there's five domains in the 2025-2030 state prevention agenda. When we looked at our data we broke out our data based on those five domains. So, the first domain is economic stability and these are just some of the key findings when we did our data review here in the county. We have an 11.8% poverty rate which is lower than the state's average but it's higher than the regional average. Our unemployment rate has fluctuated from 2.5% to 5% since 2021, we had a really high spike right after the Covid 19 pandemic which was common across New York State and the country so that came back down to more normal rates after the pandemic. We have a 17.8% food insecurity rate for children in the county so one in five children are experiencing food insecurity in Essex County and then again in our community survey so every time we do this process, this cycle we issue a community survey to our residents and housing was one of the top concerns that was identified probably no surprise to everyone here.

TYLER: The poverty rate, I know through the years sitting here that the New York State's poverty rate is a lot more than it actually is, so is that number taken from New York State's poverty limit or the counties?

WHITMARSH: It's people living below the national federal poverty level so that's what that rate is.

TYLER: Okay thank you.

WHITMARSH: Our next domain is social and community context. Our key findings from this domain and this domain includes priority areas listed up in the right-hand corner so things like anxiety, stress, suicide, depression, adverse childhood events things like that. When we look at the data for this area our key findings that are rising rates of depression and mental health needs in the county, substance, overdose risk is still a concern. Smoking and e-cigarette use although it has come down over the years it still remains pretty stubbornly high in the county and across the region. Adverse childhood experiences is impacting long term health and one of the more recent data that was released by New York State was the alcohol access map and Essex County has the third highest on premises alcohol outlet density and the second highest off premises so on premises is things like bars and restaurants, off site would be things like convenient stores and grocery stores and this isn't – we know we are a tourism county and we want people to come here and enjoy our restaurants and bars so it's not to say that's bad necessarily but it is something to keep in mind when we are talking about planning for how we are going to do health outreach at our level so I just want to point that out it's not to make a negative comment about any of that but it's something that we look at when we are talking about the health of our residents.
The third domain is neighborhood and built environment. I'm not going to go over all of this but just to say that this includes things like opportunities to be active. We have a very high opportunity on paper to be active in Essex County because of course we have the Adirondacks and ways to get outside but that's not always practical for all of our residents so we have to keep that in mind. We do meet the state's target for people being active, however, our disparity in that area is our older adults are not meeting the targets for physical activity. We have a high rate of injuries, self-inflicted injuries and suicide in Essex County. Low rates of violent crime although we do have high rates of speed related motor vehicle crashes. I will point out too our fatal work-related injuries are higher in Essex County than New York State so also something to maybe do a little more research on.
The fourth domain is health care access and quality. This is a little outside the health department wheelhouse it's more ties into our health partners at the hospital and health center level which is to say as you know we have one critical access hospital in the county. We have increasing access

to primary care, almost all of our towns in the county have a health center or have easy access to a health center however, our patient to provider ratios are still really high in the county so we have one provider serving many more people than what the state average is so that's concerning and that's true for dental, primary care and mental health providers. So our cancer screening rates are below targets and that's one of the key indicators that we're looking at and we focused on in our community health improvement plan.

And the final domain is education, access and quality and the main things I just wanted to point out from this slide we do have a really high graduation rate in the county which is great unfortunately with that there's disparities when you really look at the data of course children who are economically disadvantaged and those who may have disabilities do not have as high graduate rate across the board and the other kind of concerning thing that we're starting to keep an eye on is our rates of chronic absenteeism in the county are really high depending on the school so some schools were around 13% all the way up to 46% and so chronic absenteeism is defined as missing 10% or more of school days each year so if you're not in school obviously you're not getting your education but you're also not getting all the good things that come with school in terms of breakfast and lunch, sports, mentorships, being around your friends and that social interaction so we want to take a bigger look at that although I will say, at the health department we only have funding to do so many things and education is again, sort of out of our curb so you know it's like looking at a partners and working with them to see what we can do to improve that.

So, just to summarize basically we have physical, mental and mental health challenges in the county. Our disparities which we have to identify, we are required to identify we do data dive would be age, income, access to care and geography so that means what pockets of our population are experiencing disparities and what is causing those disparities and the whole point of doing all this is so that we can then better take a look at what are the things that we can do to improve health and what are the strategies that we are going to focus on over the next five years.

So, after doing all this work we convene with our partners over and over again over the course of the last year and we said, okay after we looked at all that data what are we going to prioritize and every time we do this every five years we decide we are going to try and keep it really contained and really focused but we always over achieve so we picked four of the five domains with eleven of the priority areas that we're going to focus on.

So, the next four slides are just a summary of what our strategies are going to be in our community health improvement plan and these include all the strategies that not only the Essex County Health Department shows but what our partners chose that we are going to work on. I'm not going to read them all but I'm just going to mention there are very general things in some cases like improving access to WIC and SNAP, working with our partners to do that. Expanding access to fruit and vegetables incentive programs, building partnerships across sectors to address unemployment and housing. In our other domain, so increasing availability, things that we are already working on that we want to take credit for but that we want to expand, promote and continue. Supporting outreach families through at home visiting programs. We have a wonderful universal Baby Steps to Bright Futures program in our health department and it's making sure all of our residents know they have access to those supports and staff that can kind of help them through that really important time in life.

Neighborhood and built environment is making that our policy makers and providers know the importance of an age friendly strategies when we are working on their initiatives and priorities.

Health care access and quality and that's mostly what our hospital and health care partners are going to be working on but we are also going to be supporting them by increasing access to our cancer screenings and things like that.

I just wanted acknowledge all the partners that we worked with during this process again, this information is on our website electronically but that's basically it.

THURSTON: Thank you. Any questions. Thank you so much.

WHITMARSH: You are welcome and there's much more data in the actual report.

THURSTON: Thank you.

MASCARENAS: If I could just say, you did a great job guys. Your presentation was really nice. I appreciate having that presentation so I can utilize it if you know me I'm a data information individual. I was a grant writer for a lot of years you'll hear me regurgitate that information until they do it again. We'll use it a lot. What I will also tell you is, this is a work in process. This isn't a plan and it ends up just sitting on a shelf. This is something that gets tweaked, it gets looked at regularly and the groups they work with really do an outstanding job at trying to improve those outcomes. As long as I can remember, some of the problem areas are still the problem areas they have seemed to have shifted a little bit but still continue to be some of the issues we struggle with but just outstanding. Great job so thank you for that presentation I appreciate it.

THURSTON: Thank you. Krissy is excused.

MASCARENAS: She is not here but I do have a resolution which will hopefully help in dealing with improvements to the community. A resolution authorizing the County Chairman or County Manager to execute a contract amendment with Cornell Cooperative Extension in the amount of $30,000 for additional health promotion and senior wellness opportunities. Just a brief explanation, Cornelll has been partnering with Office for the Aging for some time on this and what they witnessed is really improved outcomes for seniors. Krissy couldn't be happier with the work that Cornell is doing. She has the money through Unmet need this isn't anything that is going to hit our accounting budget it's really to expand what Elizabeth and her team are doing, yoga, range of motion and walk with ease so it's really a good thing.

RESOLUTION AUTHORIZING THE COUNTY CHAIRMAN OR COUNTY MANAGER TO EXECUTE A CONTRACT AMENDMENT WITH CORNELL COOPERATIVE EXTENSION IN THE AMOUNT OF $30,000.00 FOR ADDITIONAL HEALTH PROMOTION AND SENIOR WELLNESS OPPORTUNITIES IN THE OFFICE FOR THE AGING DEPARTMENT. McGill, Reusser

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

STANLEY: I would just like to say I know the stuff that CCE does with Office for the Aging at our center in the Town of Jay is second to none. I mean, they really do a lot so these programs that these agencies do are just second to none.

THURSTON: Thank you. Anything else? Okay, we are adjourned.

As there was no further discussion to come before this Human Services committee it was adjourned at 11:33 a.m.

Respectfully submitted,

Judith Garrison, Clerk
Board of Supervisors