

Public Health & Social Services Committee Regular Meeting Minutes

DATE & TIME: August 3, 2020 – 5:00 PM
LOCATION: Powered by Zoom Meeting by Dialing (646) 558-8656,
Meeting ID: 918 2780 2115
PRESIDING OFFICER: Chair Craig Lopez
LEGISLATIVE STAFF: Jay Mahler, Nettie Tomshaw, Laurie Lichtenstein
PRESENT: Legislators Criswell, Petit, Uchitelle
ABSENT: Legislator Bruno
QUORUM PRESENT: Yes

OTHER ATTENDEES: Legislator Mary Wawro, Deputy County Executive Marc Rider, Steve Kelly, President and CEO and Victoria Reid, LMSW Exec. Dir. Rural Health Network Ellenville Regional Hospital, DSS Commissioner Mike Iapoce

Chair Lopez called the meeting to order at 5:00 PM.

Motion No. 1: Moved to Approve Minutes & Transcript of the July 6, 2020 meeting
Motion By: Legislator Petit
Motion Seconded By: Legislator Criswell
Discussion: None
Voting In Favor: Legislators Lopez, Criswell, Petit, Uchitelle
Voting Against: None
Votes in Favor: 4
Votes Against: 0
Disposition: Minutes APPROVED

- Steve Kelly and Victoria Reid Ellenville Regional Hospital (See meeting transcript)
- Mike Iapoce, Commssioner Department of Social Services (See meeting transcript)

Resolutions for the August 18, 2020 Session of the Legislature

Resolution No. 268: Amending The 2020 Ulster County Budget To Accept An Allocation Of Funds From The Redlich Horwitz Foundation To Support Home Finding Activities Within The Foster Care Program – Department Of Social Services

Resolution Summary: This resolution amends the 2020 Ulster County budget to accept funds from The Redlich Horwitz Foundation to support home finding activities within the foster care program to recruit, train, certify and recertify foster/adoptive parents as part of the County's program. Revenue \$ 13,680.00.

Motion No. 2 **Moved to Discuss & Adopt Resolution No. 268**

Motion Made By: Legislator Criswell

Motion Seconded By: Legislator Petit

Discussion: See attached transcript.

Voting In Favor: Legislators Lopez, Criswell, Petit, Uchitelle

Voting Against: None

Votes in Favor: 4

Votes Against: 0

Disposition: Resolution Adopted

Resolution No. 294: Approving The Execution Of A Contract Amendment In Excess Of \$50,000.00 Entered Into By The County – Liberty Resources, Inc. – Department Of Social Services

Resolution Summary: This resolution approves the execution of a second contract amendment with Liberty Resources, Inc. to extend the term of agreement and increase funding for PINS case management services. 36% Federal, 29% State, 35% County, Prior Term 7/1/2016 - 6/30/2020, Amended Term 6/30/2020 – 6/30/2021, Prior Amt. \$276K, Amd. Amt. \$69K, New Total \$345K.

Motion No. 3 **Moved to Discuss & Adopt Resolution No. 294**

Motion Made By: Legislator Criswell

Motion Seconded By: Legislator Uchitelle

Discussion: See attached transcript.

Voting In Favor: Legislators Lopez, Criswell, Petit, Uchitelle

Voting Against: None

Votes in Favor: 4

Votes Against: 0

Disposition: Resolution Adopted

Late Resolution No. 295: Approving The Execution Of A Contract In Excess Of \$50,000.00 Entered Into By The County – Health Research, Inc. – Department Of Health

Resolution Summary: This late resolution approves the execution of a contract with Health Research, Inc. to hire new personnel to increase capacity for COVID-19 case investigations and contact tracing. 100% Federal, Revenue \$1,477,048.00, 7/1/2020 – 6/30/2022

Motion No. 4 **Moved to Discuss & Adopt Resolution No. 295**

Motion Made By: Legislator Criswell
Motion Seconded By: Legislator Petit

Discussion: See attached transcript.

Voting In Favor: Legislators Criswell, Petit, Uchitelle
Voting Against: None
Votes in Favor: 3 (Lopez lost Zoom connection)
Votes Against: 0
Disposition: Resolution Adopted

Resolution No. 266: Setting A Public Hearing On Proposed Local Law No. 11 Of 2020, A Local Law Requiring Naloxone Stations Next To Every Automatic Defibrillator Equipment (AED) Unit At A Public Location, To Be Held On Tuesday, September 8, 2020 At 6:20 PM

Resolution Summary: This resolution sets a public hearing on PLL No. 11 of 2020, A Local Law Requiring Naloxone Station next to every automatic defibrillator equipment (AED) unit at a public location to be held on September 8, 2020.

Motion No. 5 **Moved to Discuss & Adopt Resolution No. 266**
Motion Made By: Legislator Petit
Motion Seconded By: Legislator Criswell

Discussion: See attached transcript.

Voting In Favor: Legislators Lopez, Criswell, Petit, Uchitelle
Voting Against: None
Votes in Favor: 4
Votes Against: 0
Disposition: Resolution Adopted

Disposition: No Action Taken

New/Old Business: None

Chair Lopez asked if there was any other business, and hearing none;

Adjournment

Motion Made By: Legislator Uchitelle
Motion Seconded By: Legislator Criswell
No. of Votes in Favor: 4
No. of Votes Against: 0

TIME: 6:21 PM

Respectfully submitted: Nettie Tomshaw, Legislative Staff

Minutes Approved: August 31, 2020

Public Health & Social Services Committee Transcript

DATE & TIME: August 3, 2020 – 5:02 PM
LOCATION: Powered by Zoom Meeting by Dialing (646) 558-8656,
Meeting ID: 918 2780 2115
PRESIDING OFFICER: Chair Craig Lopez
LEGISLATIVE STAFF: Jay Mahler, Nettie Tomshaw
PRESENT: Legislators Criswell, Petit, Uchitelle
ABSENT: Legislator Bruno
QUORUM PRESENT: Yes

OTHER ATTENDEES: Legislator Mary Wawro, Deputy County Executive Marc Rider, Steve Kelly, President and CEO and Victoria Reid, LMSW Exec. Dir. Rural Health Network Ellenville Regional Hospital

Chairman Lopez

We'll get started. All right. Well, welcome, everybody. It's good to see everybody again. Hopefully everybody's staying well. I'll start with the motion to approve the last meetings minutes.

Legislator Petit

I'll make a motion to approve the meeting minutes from July 6th.

Legislator Criswell

I'll second that.

Chairman Lopez

All right. All in favor?

Committee Members

Aye. (4-0)

Chairman Lopez

Very good. All right. Well, we will get right into the meeting. And we have a couple of people joining us tonight. Both Steve Kelly, the President, CEO of Ellenville Regional

Hospital, and we have the Service Commissioner Mike Iapoce, who I believe will be joining us at some point during the meeting. So, we may as well start with Steve. I'm sure everybody remembers he had joined us our last legislative session, I wanted to provide some additional opportunity to discuss directly with the health committee the programs he had detailed the other night and to answer any questions we as a committee may have. So, with that said, Steve, the floor is yours.

Steve Kelley

All right, thank you very much. I do have a PowerPoint that covers a little bit of the ground that we covered before, which I will cover very quickly. And then I'm going to turn it over to Victoria Reed, who is our population health director who, who runs our rural health network that we have in concert with Ulster County and Institute for Family Health and, and partner with many others.

Steve Kelley

Our tagline here at Ellenville Regional Hospital is "innovating, collaborating and providing award winning care." And yesterday, not that long ago, there was a conference in Baltimore which is the national conference on addiction disorders and we presented some of our work at that yesterday, So, we do a lot of presentations on our work. So, we're leaders in this field. So, you get to share my screen here.

Victoria Reed

Or you can click share screen share. There we go. But I can't see them anymore. Your screen sharing stop all right. Forgive my technical incompetence but I have Victoria here who is certainly a lot better than me. There we go. Okay. Okay, good to go.

Steve Kelley

Okay, so thank you again, I apologize for a couple minutes of disorganization, that will last very long. This is a slide from week and a half ago, when we talked about the creation of the Rural Health Network, I want to drive home as much as possible that our work is a partnership that is with Ulster County and others, many others. But as founders, Ulster County has been part of this network right from the beginning, and so, thank you all for that.

Steve Kelley

The division is really about diet, exercise, stress reduction, and risk reduction. Those are the core principles of population health. We have a whole bunch of different projects that we're working on. We're working with children, adults, seniors. And they all have to do with those four core principles.

Steve Kelley

We look at the problem with deaths in Ulster County. This is from 2017. You can see we had 42 that rose to 56 in 2018. I believe that our work produced results and help to drive it down by some 41%.

Steve Kelley

COVID has hit and as you can see, we've had 32 confirmed deaths already this year through June, with seven deaths that are pending, toxicology results. And if we were to project out what this year could look like, if those seven turn out to be opioids, then we will be at 64 or 78. I think that's what it says. See it but... So, the problem is much worse this year than it has ever been. So, while the COVID epidemics been getting all the air in the room, the opioid epidemic has been getting worse and worse.

Steve Kelley

This is also sort of a review of the overdoses. They have been rising. We look at 260 already this year. It just varies 260 already this year, based on the opioid mapping that's done in concert with the National Guard. It's really looks like this will be the worst year, ever.

Steve Kelley

We talked about this the match project, and then our last thing, so I'm not going to spend any time on it really tonight, I really want to be able to focus on the future and the things that we're doing now, which we're going to be focusing on Project Rescue. That's a project that we're working on. We're going to talk about some of the results of that project, the demographics of the people served, we're going to get into this in a great deal of detail, much more so than what we were able to do in the last presentation, which was really a highlight of all the things that we're doing.

Steve Kelley

This is going to also get into some of our newest things such as the Network Engagement Tracker, which includes high risk mitigation teams and peer advocates, treatment plans, and then what we're doing to refer people and discharge them as they get better. So, that's like a high-level overview. And I'm going to turn it over to Victoria Reid, who is responsible for driving this work for us. So, Victoria.

Victoria Reid

Hello. So, like Steve mentioned, I'm the executive director of Rural Health Network here at the hospital. And so, I oversee the staff on the Population Health Department who helped implement Project Rescue. So, I work with all the clinical staff who handle the ED side and coordinate my staff to work with them.

Victoria Reid

So, like we talked about last time, Project Rescue, we started as a PDSA, and then we were able to receive OASIS funding for it. We are one to five hospitals in the state who were funded. So, it was a pretty competitive grant. So, we're excited to get that.

So, I'm going to go into the kind of granular detail for 2020 of who we've seen. What our outcomes have been. And then talk more about our follow up project.

Victoria Reid

So, we have a number of methods of contact that people can get in touch with us. So, we have the text line, which we showed last time. So far since we launched that in May, we've had fifteen people contact us through the Text Line.

Victoria Reid

Ten people called into the family advocate line, which is the number the county used to operate, and then asked us to pick up, and had a shift in who was handling it. So, our Population Health staff picked up manning that phone. So, the phone number could continue to exist, people could continue to get in touch with us. And since we took that over a couple months ago, we have had ten calls through that line.

Victoria Reid

Then we've had twenty-four calls straight through our Project Rescue line, which is either calling the Emergency Department directly or calling our substance use disorder coordinator directly. And her number is on all the flyers and stuff.

Victoria Reid

So, almost fifty people just under, have reached out to us by phone. And that could be people who have gone through themselves or a loved one.

Victoria Reid

And then we've seen a total of 104 in-person interactions so far in 2020. And this data is up to date as of yesterday. I actually think we have someone in the ER today, so a little bit off, but almost as real time as possible. Thirty-five of those individuals came in via EMS. Thirty-three were walk-ins. One thing that we noticed early on in 2020, that was really interesting was that more people were presenting post-overdose from driving themselves, or a friend, or family member driving themselves, than we'd ever seen before. Traditionally, people always come to the hospital via EMS after having overdose. This is the first year actually seeing an uptick in people being brought in by family friends, because they were revived with Naloxone at home. And so, that is a good

indication that we're actually doing a good job. Getting the Naloxone into the community and into the hands of the people who need it the most.

Victoria Reid

And so, my team who deserve credit for it, they have been burning the midnight oil doing Narcan trainings, virtual Narcan trainings, in person Narcan training, pop up trainings. I think this year alone, they have trained over six hundred people already. And that was just the last time I looked at their data. So, we're doing a good job getting Naloxone out and that shows it.

Victoria Reid

Two of the individuals came in via the ORACLE team, which is the Ulster County Sheriff's team, Wilber Prutzman and George Hill led by Chad Storey. So, we worked really closely with them. Four people were transferred from a treatment facility. Eight people came in from a correctional facility. And then one came from a different treatment provider. So, all of those people came into our Emergency Department and were admitted. Of those one hundred four people we saw in person, eighty-nine listed there, listed cause as abusive substance. Four because they were in the middle of the treatment lapse. So, maybe you know they couldn't get their buprenorphine or they missed their methadone appointments. Ten had unrelated medical visits, but they were screened during intake, and that was flagged as a substance use disorder possibility.

Victoria Reid

So, we use a screening called Expert, so that when people come in every single person we seen in Emergency Department is screened for potential substance use. And the idea is that if we can get people who are using substances, just at risky levels, if maybe they're having like two beers a week over the drinking limit, if we can intervene there, we could potentially prevent them from developing a substance use disorder in the future.

Victoria Reid

So, we trained all of our nurses to be able to do that screening, and we also use MSW interns. So, ten people were flagged through those screenings as potentially having a substance use disorder and the coordinator was called in to talk to them. And then one person had a cause listed as other.

Victoria Reid

So, the demographics of the one hundred four people we've seen in person, stick pretty closely to what we're seeing statewide and nationally. It's predominantly men, it's predominantly people who are white and not Hispanic. And insurances are pretty fair,

pretty broken down across the spectrum. But the data is pretty consistent with what we're seeing.

Victoria Reid

And then age. That's a whole bunch of lines to take in at once. So, I have a chart to show it a little easier. So, you can see kind of the curve. You have, you know that 18-40 population is where it's really the highest, but then you also see a little bit of a spike again, going back up towards 56-60. So, the chart to the right is the age distribution for all one hundred four people. And the two charts to the left are those breaking down by age or by age and gender. So, you can see for females and males, when we break it down that way that even there the curve does look kind of similar. Although for women, it seems like the curve is a little bit younger.

Victoria Reid

So, of the one hundred four individuals, these are their primary substances. We do have prescription opiates and heroin. broken into two separate categories, but when you combine them is thirty-five individuals. So, it's actually the same amount of alcohol. And when we originally started Project Rescue, our goal was to focus on opiates. But once we started releasing it, we actually saw a lot of people come in right away for alcohol use and want help getting into alcohol use treatment. So, about the same percentage of people we see for opiate, I'll see for alcohol.

Victoria Reid

And then of those one hundred four, and twenty-three had a secondary substance listed. I don't have the data listed here, but a lot of the people who had secondary substances also had a third substance. So, you know, single substance use isn't actually that common.

Victoria Reid

Of the cases that we saw there were thirty-nine confirmed overdoses and three unconfirmed, so, potentially Forty-one. Twenty-nine were accidental overdoses, five were intentional. Three were suspected, and then two or unknown whether it was accidental or intentional.

Victoria Reid

So, twenty-nine of them are administered Naloxone here, with an average milligram of 9.28, which is just over two doses. Because each dose is four milligrams, so two dose would be eight milligrams. So, on average, people are receiving more than two doses of Narcan if they're receiving it here in the Emergency Department.

Victoria Reid

So, the way Project Rescue works is when... So, that was kind of some demographics of the people we saw so far this year. When they come in what we do is we call the certified peer, or certified recovery peer advocate from Catholic Charities, they were our partner on the OASIS grant. And so, well still are, because the grant but we asked the individual, you know, is it okay if we call the peer? Are you willing to talk to them? They can help you get into treatment and stuff.

Victoria Reid

So, this year nine people agreed to speak with if you're on the phone. Three spoke with them in person and, one person was a candidate for that to speak with a peer but refused to do so. We did have a little bit of a lull and being able to reach the peers because Catholic Charities had some staffing changes, which that are better now. And in the meantime, use MSW interns and we have some staff with lived experience that was able to kind of fill in. But so, we always made sure that the person who's in the ED was either talking with a social worker, or social work intern, or someone with lived experience to help them out.

Victoria Reid

And then twenty-eight of the patients that we had discharged, they, and I'm going to show you a slide that shows where our discharges went. Twenty-eight of those patients that were discharged to home, peers made contact within 24 hours, which is actually pretty good results, because it can be really hard to stay in contact with the population that we're working with.

Victoria Reid

So, at arrival, eight of individuals already had a current buprenorphine script. So, they're already in some type of treatment. Eight-two were not. And then three had a script, but they had run out of their script, which was most often the reason they were there, because they're out.

Victoria Reid

The COWS scale is the Clinical Opiate Withdrawal Scale. So, eight individuals had withdrawal that was significant enough that warranted medical evaluation using the COWS tool, and that tool is what lets us know whether or not they're candidate for inducting with buprenorphine. So, the average score of those eight individuals was the 6.7. So, without context, probably just seems like a random number if you're not looking at the scale. But four of the individuals were candidates, based on their score, to start buprenorphine, which is also called Suboxone. And that's a partial agonist, it prevents people's withdrawal symptoms. And it also can prevent overdoses. So that's good, but it

is a form of treatment. And then one of the three individuals who had run out of their scripts, we provided a bridge script. Usually when that happens, the person comes on like a Saturday night and they're out, it's the month and they can't wait until Monday. Or their provider isn't able to get them in the script till Monday. So, we just carry them through so that they don't go back into withdrawal or turn back to you know, using the substance because they are in withdraw.

Victoria Reid

So, of the one hundred four patients, twenty-five were successfully referred to a treatment agency, which it seems like a low number but that's 25% success rate for referring people to treatment from our ED, which is actually really high, if you look at kind of standard practice.

Victoria Reid

So, of the other individuals, fifty-three were discharged to home. So, they didn't accept that referral. Within that fifty-three, six left against medical advice and for eloped, which means that they checked in and they were getting service, and they just walked out.

Victoria Reid

Nine were transferred back to corrections. Thirteen went back to inpatient treatment facilities. So, they were already in treatment. And they were brought to us, usually, an overdose at the facility. Four were transferred to a psychiatric hospital because they had psychiatric symptoms, and we're not really a psychiatric hospital. So, they went to have their psychiatric symptoms handled the same time as their substance use disorder. And then the one transferred to a crisis center. And the one that was transferred to a hospital based detox are within those twenty-five successful referrals. They just went to a different hospital-based center to finish their treatment.

Victoria Reid

So, that brings us to our second project, the Network Engagement Tracker. And so, this one we're really excited about because it's brand new. We're the only ones doing it. We do a lot of research to see if anyone else does. And we're really cutting edge on this one. So, we are building a data tracking system. We try not to use word "tracker" because it sounds very big brother-ish. But we are building a system that will allow us to generate alerts when individuals might be at risk of having an overdose so that we can intervene before they have the overdose instead of waiting to intervene after they have overdose.

Victoria Reid

So, our partners are Ulster, Greene and Columbia County. We received funding from the Bureau of Justice Assistance. And we have two main projects. One is the Network

Engagement Tracker System, which is the actual data infrastructure. And then the second project is the High-Risk Mitigation Team. And that team is going to be deployed based on the data that comes through the Network Engagement Tracker.

Victoria Reid

So, the High-Risk Mitigation team has three sub teams. It has a Fatality Review Team, an Overdose Prevention Response Team, and an Overdose Response Team.

Victoria Reid

The Fatality Review team is made up of county death scene investigators, the coroner's medical examiners, treatment providers, relevant people who will look at cases that were fatal and do some death scene investigations, follow up investigations with the family, use the autopsy and toxicology reports. And really do a study of the individual's life to find out you know, where, where did this occur? What was the you know, the trigger or what happened that set this path? And was there a place where we could have implemented more interventions to prevent this outcome?

Victoria Reid

The second team is the Overdose Prevention Response team. And so, that team is composed of peers and community health advocates and individuals who have lived-experience. Their title will vary based on what organization they work for. But for the most part, their care, they'll be in like a care-navigation role. And so, then that system will generate an alert to them. And that will say, you know, this client that you are assigned to just left an AMA from an inpatient treatment facility, which means they might have a decreased tolerance, and it might be very likely that they're going to use a substance again. Or they're being released from incarceration, same thing, decreased tolerance, likely to use, and then those instances, those overdoses are more likely to be fatal, as well. So, this alert will generate so that that person from the team can contact them right away and connect them with harm reduction supplies, you know, provide them those peer services, try to engage them in treatment and just for prevent overdose from happening in the first place.

Victoria Reid

And then the third team, the Overdose Response Team, is our Oracle team. So, they're going to continue on doing the work that they're doing, they're doing great stuff during responding to overdoses accompanying people to the emergency room, helping them get into treatment, that so they'll just continue on what they're doing. But then within the 24 hours following, they'll be coordinating with the peers from the Overdose Prevention Team to connect with that individual to prevent future overdoses. And I'm going through

this super quick and its way more detailed than time justifies but we're always glad to share more information later.

Victoria Reid

So, the bullet points are a list of some of the events that the data system will generate. And the idea is that all of these events foreshadow an increased vulnerability of a fatal overdose. And usually that's because of the decreased tolerance to the substance. So, following, you know, completion of treatment or incarceration, leaving treatment against medical advice, or without completing it, losing contact if they go more than two weeks without any type of movement on their profile. It'll just alert that someone needs to, you know, follow up with that person. And that schedule can be adjusted for person. And if they miss opiate court dates, things like that, all those things would generate an alert so the team can reach out to the person. So, the idea is that at any point in time when an individual comes in contact with like portable system, whether it's a common contact with law enforcement, or they come in contact with a treatment provider, or social service provider, but anywhere they come in contact with the system, and it's known that they're using substances, they can be enrolled into the system. So that we can then kind of track them through the treatment course spectrum and provide them the support and resources to prevent overdoses from happening.

Victoria Reid

And then, Steve mentioned last time that he presented, that we're doing a lot of harm reduction. Giving out Naloxone kits, safe use and safe sex kits. We're doing a lot of education on medication disposal and preventing medication diversion because we know a lot of people start with prescriptions before they move on to heroin. And fentanyl test strips to prevent people from using fentanyl or to just use more safely if they do find they have fentanyl.

Victoria Reid

And then our rescue line, which I mentioned before, is a way for people to get in contact with us. And then I've already kind of went through that we help people find different treatment and recovery resources and get diverted to treatment. And we do have some virtual support groups that we're offering because of COVID.

Victoria Reid

We are working with law enforcement, which you did mention through some of the slides that we work really closely with the ORACLE team. We're also working closely with the Greene County Sheriff's Department to help them launch their ORACLE team. And we're going to be working with Columbia County Sheriff's Department to try and see if they're, they're willing to launch it. Otherwise, we'll be working with Hudson

Police. And we did just start talking with Delaware County about helping the Dehi Police Department kind of replicate this model that we're talking about.

Victoria Reid

So, we're trying to spread the model far and wide. It's the first time it's being done anywhere in the country. So, we're really pumped about it, and we want to share it because we think it's going to have awesome results.

Victoria Reid

But we also work with the Sheriff's team at the jail on their medication assisted treatment within the jail. So, if they're just charging someone who, you know, can't get to the treatment provider until Monday, and they're being discharged on a Friday, and they can't have a gap prescription, then we can help fill that gap and be a bridge clinic.

Victoria Reid

And then we work with the folks from Columbia University and folks at the Health Department who are employed under the CHASE grant on their different work plans to make sure they're lining up and we're not overlapping, that we're really supporting each other.

Victoria Reid

And here's a list of our opiate work partners which Steve did read last time he presented so I won't read it all over again. But we do have a pretty strong list of partners. We are always adding to it, which I think really just makes our work so much more successful and it's more collaborative.

Steve Kelley

Well, thank you. Thank you, Victoria. And thank you to the committee for allowing us this opportunity to delve deeper into the work that we're doing. When I started out, our tagline is "innovating, collaborating and providing award winning care." And we are innovating with this new approach that's never been done before. It's also being done across multi counties, multi partners. So, there's a huge amount of collaboration. And we have been doing a lot with here, obviously, we're starting out of Ulster County. This is our home base.

Steve Kelley

And we really appreciate the opportunity and thank you to Craig Lopez for agreeing to have us, asking us to speak in detail and what we were able to go into for the full legislature. So, we'll answer any questions anyone?

Chairman Lopez

Sure. Yeah, again, thank you, Steve for coming and sharing in more detail the programs and, you know, what the hospital has accomplished and continues, you know, to work towards a goal of trying to you know, solve this really important issue. So, with that, you know, I'll open the floor to anybody on the committee who has some questions for you.

Steve Kelley

I guess I must have been pretty thorough that.

Chairman Lopez

I guess, you know, I lost connection for a little bit. I was part of the presentation. I don't remember if it was when you had presented to the legislature, but your relationship with Gateway?

Steve Kelley

gateway is a large not for profit here in Ulster County that does a lot of work with people who are mentally ill. And so that does not overlap greatly with our opioid response. But we are working with them on other projects.

Chairman Lopez

Right. Okay. Yeah. I didn't remember if you had if you had touched on your relationship with them or not.

Steve Kelley

We have a good relationship, it doesn't overlap with this with this initiative.

Chairman Lopez

Right. Right. Okay. Yep. Fair enough.

Chairman Lopez

So, is that it? Do we have anything? Nothing? Okay.

Legislator Criswell

So, with the Net program, which I thought was really interesting, you know, trying to be proactive about preventing, any way to connect in with families or people who are really close, it all seemed very much system-based. Now, I wonder if there are any actual personal ways to have flags of like, somebody who knows somebody and they know that that person is in danger. Is that? Is that is that information too? protected or I don't know what.

Victoria Reed

So, most of the information that we're working with is HIPAA protected data. So, that prevents us from releasing it outside. Especially because it falls behind the 42 CFR Rule. So, it's like an extra level. So, we have had to be really crafty with our, all of our like VAs and our data sharing agreements, consents and stuff.

Victoria Reed

We have been packing, what we're calling leave behind bags. So, they are bags are full of harm reduction supplies, treatment resources, and Narcan kits so that when the Sheriff's guys are on scene of an overdose, they can actually leave those bags behind with family members. And then we're in the process of ordering more like magnets and stuff to get more of the family advocate line and the text line out. But I think family members are reaching out to Tanya Stokes, she's our substance abuse coordinator, quite a bit to get that information, especially when we're doing Narcan. We've been doing pop up Narcan training. So, we actually just did one in the gazebo, Friday, right in the middle of town. It was actually in the paper. And so, when we're doing those, like people will just come up to us and start asking questions. Like, you know, what can I do? How can I help? Who do I call.

Victoria Reed

And we try to do a lot of education on harm reduction. So, if somebody is using a substance, there's an actual app that you can use that you set like a timer, and then after you use, the timer go off and you have to hit the button. And if you don't hit the button, it means probably had an overdose and it will automatically call a friend or family member or 911. So, we try to do education on stuff like that, to introduce harm reduction. We can kind of work, not have to deal with all the HIPAA stuff, but still got people connected because know that social isolation is what's driving the drastic increase during COVID. And connecting people to having their families involved in their care is really important.

Legislator Criswell

Thank you.

Chairman Lopez

Now, Steve, at what point do you think you'll have actual numbers, like hard numbers of how many overdose deaths are directly, or indirectly related, to the COVID outbreak, whether it's from isolation type issues or, you know, less access? I know it'll probably be some time before there's people actually look at the connection between potentially numerous possibilities but I figured it'll be some time now.

Steve Kelley

Yes, I think that I think there's a very strong correlation. And it'll be a while before there'll be enough data, and reliable data, that we'll be able to share that. But as we, as you can see, we have a lot of data on a program we just started. So, and the Network Tracker really is about capturing people with a net that are falling through the cracks. That's kind of where the name came from. And that is really being launched in September. So, that is this is as current as it gets.

Steve Kelley

These are programs that are being developed as we speak, and being watched as we speak. So, it's, you are, sure, we're right on the cutting edge. Nobody's ever done this before. Trying to go from a new agenda where we're trying to revive people, which is what we do with Narcan and then treat them after they have overdose. We're at the point really preventing overdoses for people at high risk. That is really pretty remarkable stuff. So, we're very proud of this work that we're doing together with Ulster County and so many other partners.

Chairman Lopez

Very good. Anything else? Anyone looking through here?

Deputy Executive Rider

And Craig, I know I'm not on the committee. Can I just quick question. The deaths that you have Steve are quite a bit higher than our stats, almost seeming like double. It seems like you're almost counting both the confirmed, and the pending. Because I thought that we were higher like we were closer to thirty-eight for 2020 which is still the same as we had all of 2019 but I'm not sure where you're getting seventy-eight?

Steve Kelley

There's a couple pieces, we were at thirty-two that are confirmed, which I think is your numbers.

Deputy Executive Rider

Correct.

Steve Kelley

There are seven that are pending. So, that would bring us to thirty-nine, which I think is not that much different than the number that you have.

Deputy Executive Rider

Our number is thirty-nine.

Steve Kelley

Yeah, well, that's the number. And then if that's only through June, so if you double that,

Deputy Executive Rider

Got it. So, you're saying for the year seventy-eight. Okay, I misunderstood. I thought it was a projection.

Steve Kelley

That's not an actual.

Deputy Executive Rider

It's a projection. I hear you. Okay.

Deputy Executive Rider

I misunderstood that piece. I thought you were saying there was seventy-eight to-date.

Steve Kelley

Halfway through the year, you double it, that's what the projection is.

Steve Kelley

Oh, no, no, no, no, but we're on track to have seventy-eight. A pretty big number. Were much worse than we've ever had before. So, that's, we're just trying to draw... the magnitude of the issue hasn't gone away. It's gotten a lot worse because since COVID has hit. And so, I think the work we're doing now is even more important than it would have been otherwise because instead of things trending down, they're trending up.

Chairman Lopez

All right. Very good. Anything else? Anyone else? All right, very good. Well, thanks again

Steve Kelley

Thank you very much. We appreciate this opportunity.

Chairman Lopez

Thank you.

Chairman Lopez

Alrighty, well we will move on. We will keep going. And we also have with us tonight the Commissioner of Social Services, Mike Iapoce. I think the original idea of this invite was we had some committee members that had inquired about the process of state pass through vendor contracts, and how they work, how the vendors are chosen, and how much control if any, do we have, as a county regarding the process. So, If I had missed anything on there, anyone's willing, you know, welcome to chime in. So, with that said, Commissioner Iapoce.

Michael Iapoce

Good evening, Craig, and thanks for the invitation to join the meeting this evening. Appreciate that. And generally following up, I believe on the last committee meeting, I did receive some of the questions that were posed. And I think it was in connection with past through refunding that we have from OCFS or behavioral therapists' position. So, I did receive an email from Eve Walter about that and answer those questions.

Michael Iapoce

Generally speaking, it's going to depend on a lot of variables. It's going to depend on the allocation, the timeframe, and the services. And we're going to basically evaluate those three variables in accordance with what our procurement requirements are going to be.

Michael Iapoce

So, in that particular example, we did simply add an amount of money for a specific service from OCFS that was designated for a timeframe and ended up, as a result of the specific services, deciding to advertise or an individual who would have the qualifications.

Michael Iapoce

So, we received resumes from interested individuals, and we ended up conducting interviews and we arrived at selecting an individual who presented with the skill set and qualifications to be able to provide the services. And then subsequently as time evolved, with that particular funding stream, it started in 2019. And we ended up hiring the individual around June of 2019.

Michael Iapoce

So, I think at your last meeting, there was a resolution proposed to extend that contract. And we basically set forth terms of conditions in the contract for services that are to be provided on, at an hourly rate. And we essentially monitor the contract in terms of making sure that the services are being provided.

Michael Iapoce

I'm happy to share the communication I had with Eve in connection with that particular contract. I think Lynn Archer was also another legislator that was on that, and Marc participated in that.

Michael Iapoce

I can also talk about some other programs that we have which are similar to the degree that you know, one of them that I think is going to be coming up is going to be a resolution to approve accepting funding from OTDA for our Code Blue Plan. And you know there again, it's an evaluation that we undertake to determine what are the services that we're supposed to be utilizing that funding for? How can we best provide them? And who can we arrive at identifying as a service provider, that's going to be able to provide those services.

Michael Iapoce

And because in these activities, it's 100% funding, we really want to be doing a thorough and comprehensive job and making sure that we're being able to capitalize on the full allocation, and that we're also able to provide all of the services. For the Code Blue Plan an interesting dynamic is that we actually have to submit a plan to OTDA setting forth what services we're going to provide, and they'll essentially then approval services that we contemplate.

Michael Iapoce

I'm going to pick that up later. It's one of our Deputy Commissioners, but I'll catch up with that person later.

Michael Iapoce

But getting back to the Code Blue allocation on, that's one where we always want to be, again, really comprehensive and thorough, because it's 100% funding. And we want to make sure that we're covering all of the services that we're supposed to be providing there. So those are just a couple of the examples of how we arrive at it. Again, we're very diligent about making sure that we comply with the county's procurement requirements in terms of amounts and professional services. And if we do have to RFP, so in that regard, again, you know, we're just always looking at these programs as programs that are ones that we're responsible for administering and we want to make sure, which I think the entire county is really diligent about making sure that we're able to claim the full allocations that have been awarded to us.

Michael Iapoce

I guess I would just say with any specific program, I'm happy, you know, through Marc, to provide you with details. We have a couple of resolutions, I think we have one resolution that's for a pass through, it's an award from a philanthropic foundation. But that's, you know, not dissimilar. But to the degree that, you know, we're seeking to obtain permission to be able to receive funding again for specific purposes, from the Redlich Horwitz Foundation, which is a foundation that's foster children and foster families and particularly during the COVID crisis. They made awards to county departments of social services for funding to help enhance our ability to provide specific kinds of services during the crisis.

Michael Iapoce

So, I know that's one of the resolutions that's, I think on tonight's agenda. So, you know, for instance, speaking to that, that's a second allocation that we're receiving from Redlich Horwitz that I think \$13,680. And we're looking to allocate that, towards making arrangements to enhance our home finder capabilities so that we can expedite certifying foster families. And the first allocation, which was earlier this year, was for a larger amount of money, I think it was around \$20,000. And with that, we were equipping our foster family household with tablets and internet service to facilitate invitations and meetings that they needed to participate in as a result of limitations that have been placed on all of us in terms of in-person meetings. That's just another example of us obtaining funding, that we seek permission to be able to receive through resolution, and that we then allocate by making arrangements with other service providers, or individuals pursuant to contracts.

Legislator Criswell

So, if I'm remembering the issues correctly, and please correct me if I'm wrong, the two things that we were wondering, does the funder have any say in who you choose as provider, or is that completely through your office? And then the second one, I think, actually just had to do with the monetary amount for one staffing individual, I think was \$140 grand for one social service person. Did I get those, both right? I think those were the concerns.

Michael Iapoce

Yeah, I think those were questions, Peter, that were set forth. The funding entity normally does not exercise any sort of specific control over how we arrive at utilizing the funds. We obviously have to demonstrate to them that we're arriving at an arrangement that is specifically for the purpose of the underlying allocation or grant. So, that's why we have some flexibility there. In terms of whether or not we might, you know, utilize the funding in-house, what we might do is a service provider, we might

contract with an individual. The allocation amounts can vary. For the one you're talking about the full allocation was for \$140,000. So, that's why it's set forth in the resolution for \$140,000. With that, one, we may probably not end up extending that full amount, if the program is not continued into 2021. What we do is we'll monitor on the invoices that we receive from the individual that we contract for. I think the concern that Eve identified was would the person, and submitting invoices, to be able to essentially capitalize on receiving the full amount. And that's not going to be arrived at because we're going to be monitoring the contract and the invoices, but we do have to set for the full amount of the allocation, because that's what OCFS has awarded to us. It does remain to be seen whether or not they're going to continue that through 2021.

Michael Iapoce

That's a little bit different from the Code Blue allocation. Code Blue is going to be something that we have an expectation of 100% reimbursement for. But what that will depend upon is how much we request in our plan. And then they have to approve the plan that we request. So, depending on what we project our expenditures to be. For instance, in our Code Blue Plan, we operate a warming center. So, we might project that we're going to have "x" number of activations at a cost per activation for the Code Blue season, 2018 to 2019 and our warming center we had about 175 activations. So, for our 1920 plan, we projected about 170, we ended up with about 150. So, our plan requested an amount that was more than we ended up having to use, but we ended up receiving an allocation for more, but we're only going to claim for what we used.

Michael Iapoce

So, I hope that made sense.

Legislator Criswell

That makes sense. Just a follow up. So, you said, normally, the funder is not involved. What are the circumstances where a funder would be involved in the picking of who the individual would be?

Deputy Executive Rider

Mike, can you explain a sub-recipient of a grant because we see that a lot with Family or other places where the granting source, there's a sub-recipient already in the grant, right.

Michael Iapoce

A good example of that was actually something that Steve was talking about with the funding for opioid outreach were OASIS, as the state entity that was granting the funding, they chose Catholic Charities of Orange, Ulster and Sullivan be the service

provider. So, Orange, Ulster and Sullivan, Catholic Charities of Orange, Ulster and Sullivan then became the service provider that had to partner with other entities in those particular counties. So, that's where they might select a service provider, who then will engage in a collaborative fashion to receive referrals and provide services with other entities in the county.

Michael Iapoce

We have something that's on our radar, which is a grant that Ulster County is going to be receiving through the federal CARES Act. It's called an Emergency Solutions Grant and OTDA (Office of Temporary and Disability Assistance) will be administering that to all the counties. What they have required is that the counties participate in a collaboration that will involve DSS, the Department of Health, Emergency Operations, on our County Continuum of Care. And what they're indicating there is that we will arrive at nominating a candidate to be the lead agency, which would be a service provider. And then we as county departments, we will all collaborate with that lead agency, to make sure that this Emergency Solutions Grant, which is for benefits to go to persons that are facing housing and food insecurity because of COVID. But in that collaboration, there OTDA is basically going to make the ultimate choice, Pete, of who is going to be the provider.

Michael Iapoce

So, it can really vary. It can just depend upon what the nature and the circumstances are the allocation for the specific kind of activity. So, that will be one where the money's not going to be funneling through DSS, or DOH Emergency Operations, but we'll be involved in the process. But OTDA is ultimately going to select who the lead agency will be.

Legislator Criswell

Okay. I just wanted to, you understand the concern, right? That it, it could look like there's a funding agency that has a particular entity or person or something that they're pushing forward. And then it's being passed through so that so that there's no control on this side. But basically, the funder is saying, this is who I want. You know, I come up this from a nonprofit side, and, you know, that can happen to nonprofits. When you've got a grantor, it's like, well, my niece is a whatever, you know, I'll give you \$100,000 and my niece now gets the job. I'm not saying that's what happened. But I think that was the, an example of what the concern was.

Michael Iapoce

Certainly. No, I can understand that. And as I said before, we're very diligent and making sure that we follow all of the county's procurement requirements. And with regard to

that behavioral therapist grant, we specifically advertised that to make sure that we did arrive at an outcome where we received resumes from qualified individuals, conducted interviews. So, the entire process is transparent. And, you know, that is something that clearly, we don't want to arrive at having someone selected... The Emergency Solutions Grant that I just described to you, is also being undertaken in a fashion that will arrive at an outcome where a lead agency is selected. But all of these other collaborative parties will have participated in that process. And ultimately, the application that gets submitted to OTDA will have to be reviewed and approved by them to select this lead agency.

Legislator Criswell

Got it. Thank you so much for clarifying that.

Michael Iapoce

You're welcome. And again, as I said, you know, it's on a program by program, by allocation by grant basis, and we're always available to provide detailed information about the nature of an allocation program or grant and how we selected a service provider or contracted with an individual to administer that.

Chairman Lopez

And I would, I would assume, say for an example, if these monies were coming out of the state, these pass-through dollars, and they also have an RFP type process that the county does, which would hope to prevent, you know, awarding these contracts, you know, based on potentially who you know, or who you are, or something along those lines.

Michael Iapoce

Yeah, I think, Craig, that's certainly, you know, the process seems to be arrived at taking that into consideration. And, you know, we certainly, also, I think, an important dynamic, especially with this Emergency Solutions Grant, giving the county some flexibility and discretion with its departments who are involved in seeing what our COVID related needs are, hopefully, means that the dollars get allocated to the needs we have which could be very different from another county, depending on the nature of what they're experiencing. And, you know, we're a large, predominantly rural county with a lot of unique needs. But obviously, our proximity to the Hudson Valley region and New York City, you know, also creates other kinds of circumstances that we often need to take into consideration. So, I think they try to incorporate some flexibility and discretion, with the right amount of oversight and requirements, and it's just trying to strike that balance.

Chairman Lopez

Right. Very good. Anything else? Right. Well, great, thanks. Thanks, Mike. Thanks so much for joining us tonight.

Michael Iapoce

Everyone, I hope we're all safe and well.

Deputy Executive Rider

Mike, why don't you stick around just because you have two resolutions in case there are questions.

Deputy Executive Rider

I can stay on board.

Chairman Lopez

Okay. All right. We will we'll jump into resolutions and we will start with... let's start with 268. And that's: Amending The 2020 Ulster County Budget To Accept An Allocation Of Funds From The Redlich Horwitz Foundation To Support Home Finding Activities Within The Foster Care Program.

Chairman Lopez

Move for discussion.

Legislator Criswell

I'll move that.

Legislator Petit

I'll second.

Chairman Lopez

The second. All right, and Mike had touched on that the funds will be used exclusively, right, to recruit train, certify, recertify potential adoptive parents as part of the county foster program.

Michael Iapoce

Yes, Craig. That's what our plans are with that.

Chairman Lopez

Okay. Are there any other questions on that?

Chairman Lopez

Hearing none, all in favor?

Chairman Lopez

Aye. Aye. Okay. (4-0)

Chairman Lopez

We will move on.

Chairman Lopez

The next one is what 294 was that your other contract, I believe.

Michael Iapoce

Yeah.

Chairman Lopez

Approving The Execution Of A Contract Amendment In Excess Of \$50,000.00 Entered Into By The County – Liberty Resources, Inc. This is to extend the term for PINS Case Management Services

Chairman Lopez

Move for discussion.

Legislator Criswell

I move that.

Chairman Lopez

Can I get a second?

Legislator Uchitelle

I'll second.

Chairman Lopez

Okay, discussion, Mike if you want to give a brief background and exactly what this resolution will be doing moving forward, or if anybody has questions.

Legislator Petit

This is 294?

Chairman Lopez

It's 294.

Michael Iapoce

So, this is through Liberty Resources and the purpose of the position as a PINS case manager. Ten cases are persons in need of supervision. The case manager is master's level social worker who has a caseload of between 15 to 20 youth at a time. And basically, referrals are received for crisis intervention and exploring the specific needs educational, vocational, social, mental health related, and trying to make sure that these youth, and their families are linked to services that support them successfully completing whatever the program is that they arrived at in terms of the diversion that they're in.

Michael Iapoce

So, we receive referrals from, obviously internally, DSS, from family court, and from probation. And you know, our goals here with the PINS case manager, is obviously continue to divert youth at a detention or any further criminal or delinquent activities. So, in consideration of the implementation, Raise the Age, that population has also grown out to include 16 and 17 year old's. We basically continue to experience that we're seeing enough referrals to put this resolution before you.

Michael Iapoce

We are requesting that we continue to support the position. It's a one year extension in the amount of \$69,000 based on where we get the referrals, and what specific programs the youth are in. If they're in foster care, if they're in prevention, if they're in probation. We usually capture anywhere between 55-70% reimbursement. So, with some of the youth that's on a youth by youth basis, so I just... and that's different from pass through. This is not a pass-through situation. This is the contribution that we would get after we do our claiming to OCFS, based on the specific services that the youth receive, who are referred to the PINS case manager. So, your local share here will probably end up being about somewhere between 30-35%.

Legislator Criswell

Is there any kind of documentation on the success of programs like this?

Michael Iapoce

Yes, we can provide documentation from the PINS case manager. According to Children's Services, enjoys a very high percentage of keeping youth from having to go into placements, Peter, so I can provide some statistics for the last cycle. And forward those onto you, you want to see that.

Legislator Criswell

It's great. I'm a big believer in preventative. So, I think that this is wonderful. I think I was just curious to see how the program.

Michael Iapoce

Sure, no, absolutely.

Chairman Lopez

All right. Anything else?

Chairman Lopez

All in favor?

Committee members

Aye. (4-0)

Chairman Lopez

Very good. All right. Well, we will move on to resolution 294. Approving the execution of contract amendment in excess \$50,000 with Liberty Resources. Oh, wait, no, I'm sorry. That's the one we just did this. 295 is Approving The Execution Of A Contract In Excess Of \$50,000.00 Entered Into By The County – Health Research, Inc. Case investigations, so, contact tracing.

Chairman Lopez

So, for move discussion?

Legislator Criswell

I'll move it.

Legislator Petit

You keep beating me, Peter.

Deputy Executive Rider

So, this is CARES Act funding that will be used for primarily staffing. It is about \$400,000. It's basically federal funding that's going through Health Research into us. It's the opposite of a pass through. It is for two years. Between basically July 1, 2020 until I think June 30, 2022. If we accept this funding will likely hire potentially three additional public health nurses. Their intent here is to use the vast majority of it for staffing, and we cannot supplant. So, that means if we put any of our regular public health nurses into this grant, we have to backfill that position. So, this is the kind of scenario where we would look to sunset, these positions once this two year grant goes away, assuming that COVID will then be done. They want quicker case investigations to happen. And so that's where the funding is coming from.

Legislator Petit

I have a question. Can I just ask?

Legislator Uchitelle.

Just go for it.

Legislator Petit

All right. Thank you. So, the positions, I mean, are there any positions that have hit either the sunset or the end of a grant that we could be supplementing and keeping, you know, nursing staff on with our Health Department, or I mean, how do we...

Deputy Executive Rider

We don't have any Health Department nurses that we, are that that are going to lose a position because of sun-setting. In fact, you know, we have a few that are retiring We don't have any that can go into this position. And I think it would be hard. I don't, I think they would look at that as supplanting. They're really not looking at us continuing our normal operations and still receiving this money. They're looking for us to supplement our normal operations. And ideally, we would take three individuals, and they would be our COVID kind of public health nurses until we hit another like a second wave. When we hit a second wave, it'll be all hands-on deck. But our patient services nurses have really just focused on COVID. And there's other work that they do year-round with STD clinics, and DV clinics, and other things that they're just not able to get to right now. So, this will help with that.

Legislator Petit

And the other million the first \$477,000 was personnel, but there was another million in there is that for programming or...

Deputy County Executive

It is actually a placeholder, we are not authorized to spend the other million. They... I know. So, it's literally the \$400,000 or \$477K. The \$1 million they wanted to put in there. If there's more, you know, CARES 2.0, then this will easily get the money to flow through us. But we're only authorized to spend the first \$477K.

Legislator Criswell

Is that money that we get and spend? Or is it money that we spend and then submit to get reimbursed?

Deputy County Executive

It's reimbursable. But it's, it's, I think, out of the \$477K, I think \$380K something is available, like right away. So, we could just spend it and get reimbursed automatically. And then the other will come behind. In reality, we'd be hiring these, we're not going to be able spend it like that anyway. So, between, you know, this will cover salary and benefits for roughly three individuals.

Nettie Tomshaw

Okay, Craig?

Legislator Petit

We lost Craig, who is second in command, Peter?

Legislator Criswell

Any other questions? There's none, I'll move to call to vote. All in favor?

Committee Members

Aye. (3-0) (Chair Lopez temporarily lost connection)

Legislator Criswell

No abstentions?

Legislator Criswell

I needed three. So, I needed all three of you.

Legislator Petit

You got it.

Nettie Tomshaw

One more, Pete, 266.

Legislator Petit

I'm the sponsor.

Legislator Criswell

Yeah. 266, okay. Laura, do you want to talk about this?

Legislator Petit

Yes. And actually, Al Bruno and Mary Wawro, I don't know if you got my email, Nettie, to be sponsors, as well.

Legislator Petit

This is a... I had attached some links for other municipalities and or states that are already doing this. And what it is many public areas, municipalities, the county building, have automatic defibrillator equipment there. And it's a no brainer that we have at this point in the world, the Narcan or Naloxone stations next to those, as well, for quick and easy access.

Legislator Petit

You know, the numbers as you could see from Steve's presentation earlier, are only going up and you know that the immediate response is saving lives. Fortunately, you know, the deaths are going down, even though it appears that the administering of the Narcan is going up. That is, that is basically it in a nutshell.

Legislator Petit

It did not include, where most of the AED (Automated External Defibrillator) and this is backwards too, it says automatic defibrillator equipment, but then it says AED equipment. We may have to fix that title, but they're also in senior residents. That's questionable. It's my understanding that they do have overdoses in senior living. However, that's more that's more created by the medical profession in miss prescribing the medication. And I don't know if nursing homes would want a Narcan unit. I did not put that in. But if it is the will of this committee to add in a paragraph that it does include nursing homes, I'd be fine with that.

Legislator Uchitelle

I'm not actually seeing the law here. I'm just seeing in our packet the resolution for the public hearing. Am I missing something?

Legislator Petit

Yeah. attached.

Nettie Tomshaw

It's not there?

Legislator Uchitelle

I just see...

Chairman Lopez

It's not. The only resolution that came across was the public hearing.

Legislator Petit

Resolution No. 11.

Legislator Petit

The law was only one page and then there was a supplemental page with articles and attachments to that. Okay. Okay, thank you Nettie.

Nettie Tomshaw

I'll put it in.

Legislator Uchitelle

Yeah, can I ask you a question?

Legislator Petit

Sure.

Legislator Uchitelle

So, the AED locations, are those compulsory, right now?

Legislator Petit

Those are. Yes, it's a state requirement that public areas, including events, have AD equipment there, it's AED.

Legislator Uchitelle

AED. So, there's... so the law here, Local Law 11 would... there would be no situation where someone was now required, like if someone had an AED, voluntarily, in a location, and it wasn't, they weren't compelled to do so but they did anyway. I wouldn't be covered by this right? They wouldn't then now be compelled to put in Naloxone, next to it, would they?

Legislator Petit

Correct, that is correct. They would not be required to. It would only be under, in the locations as required under the New York State law, under the Department of Health. And it looks like that's law... purpose and policy, chapter 552. I could send you... I can send you that. Unless, Nettie, do you have it because laws were quoted in the, the attached, the backup documentation.

Legislator Petit

I'm sorry. I was sending you the local law. I put it in the OneDrive.

Legislator Petit

Oh, you didn't get it. Okay.

Legislator Uchitelle

I see it in here now. Yeah.

Legislator Petit

You got it. Okay.

Legislator Uchitelle

It's in the OneDrive. So, if you look at the committee packet now for this meeting, you'll see it in there. Thank you, Nettie.

Nettie Tomshaw

You're welcome. I apologize. It should have been in there.

Legislator Criswell

Question. asked who picks up the cost of service?

Legislator Petit

The cost would be the owner of the public area.

Legislator Criswell

And what are the costs?

Legislator Petit

That I'm sorry, I don't know. I've always only participated in the free programs?

Legislator Criswell

Oh, a restaurant, does a restaurant have to have?

Legislator Petit

No, no, it's municipal buildings. It's venues, you know, such as swimming areas, it's not restaurants. You know, it's not a hotel. Those are not included.

Legislator Criswell

All right. I'm just thinking this is a tough time for any business to have extra costs. I believe in this, but I also think that we should find out what the costs are. And, you know, is there any funding for it somewhere? Is there some way that there could be some assistance to help get this put in?

Chairman Lopez

Yeah, I think I think the costs are an important aspect of this too, so. To speak to Peter's point is that it's kind of tough times for another government mandate saying that this has to be purchased. And, you know, I I'm interested to know what the actual hard costs are.

Legislator Petit

Yeah, I'm getting \$130 to \$140 for two doses, but and then this one says it's \$100. I mean, I guess then you go back to what is the cost of a life, you know, or putting somebody on, especially if they're on Medicaid, putting them on, into ICU for weeks, because they've done that much damage to themselves. So, you know, I think that's the easier access. I mean, I happen to have doses of Narcan but I don't know how many other people do. And even our Legislator Heidi Haynes happened to be outside of a CVS and ran inside and got two doses for two individuals who'd OD'd outside in the parking lot so.

Chairman Lopez

And who's going to who would be responsible for administering?

Legislator Petit

Would it would be under the same laws as on the AED equipment. So, you're covered under the Good Samaritan Law. And it would be administered by, you know, the individuals who had access to the AED or Narcan.

Chairman Lopez

Right. And so, they would have been required training in order to administer it.

Legislator Petit

The AED talks to you. So...

Chairman Lopez

Right, but Narcan doesn't talk to you. So...

Legislator Petit

It doesn't, but it's a simple nasal, you know.

Chairman Lopez

Right. But still, you know, it. There's, there's a process. I did two of these trainings. And you have to, there's a, there's a process to.... Am I still there? Okay, I thought I lost my connection.

Chairman Lopez

You know, you have to put it together, you have to know how to administer it like that. I think you would need some training.

Legislator Wawro

I'm sorry, Craig. It's Mary. Can I say something?

Legislator Wawro

Yeah, sure.

Legislator Wawro

The original trainings that I took did involve putting pieces together. But the new doses are like in kind of like a nose spray. So, you just do it just like, you know, the effort and stuff that you would just you just squeeze it. So, you're right, before you really definitely did need some type of training because it was very intimidating, getting the pieces together, not breaking the vial of glass, which I know someone that happened to. But it's much user-friendly at this point. It's almost... It's very...

Legislator Petit

It really is.

Chairman Lopez

No, but there is some level of function that goes into administering it. So, yeah, and not only if somebody takes the course you get, you get a free dose of it, right, from the courses that I've given you that you end up giving, you know, one or two kits. And potentially, if that was part of the mandate, if they have to have Narcan, perhaps it would be mandatory that somebody takes the course, and potentially gets a free dose rather than actually, you know, putting out the \$132, whatever it may cost. But I think that some level of instruction would be important in order for somebody to comfortably administer this when it, if that situation arises.

Legislator Wawro

Excuse me, sorry, Craig. It's Mary again. I think I think that that's true like in your normal thing, but I think that you're like at a public event. And something like this happens. I try to carry one in my purse, but I keep having to give them to people that are using them. It would give somebody who is trained access to one that they might not have with them available.

Chairman Lopez

Okay.

Legislator Wawro

And I imagine nobody..

Legislator Wawro

That's assuming somebody is around, and also, I imagine if you didn't know how to use it, you wouldn't even try to use it.

Legislator Wawro

We hope people would...

Deputy Executive Rider

There's directions on the box that's pretty simple to follow.

Chairman Lopez

Yeah. Okay.

Legislator Criswell

Can I get an understanding of what the it's saying? Is it that it will be a dispensary? Or what is it that you're saying? Is it like a, like a first-aid kit?

Legislator Criswell

Medical cabinet.

Legislator Petit

A medical cabinet.

Legislator Criswell

Medical cabinet. Okay.

Legislator Criswell

Yeah.

Legislator Criswell

So, they're not just purchasing the dose, they're purchasing some sort of a cabinet and the installation of it. So, I just I would just

Legislator Petit

Add to the AED equipment.

Legislator Criswell

Because at this point, now, we could be talking \$500 bucks or \$600 bucks to purchase the thing, have somebody come in install. So, I'd like to see that. The other thing that I'm curious about is, once this takes place, is there some sort of a timeframe that people have to comply? And if they don't comply, what's the repercussions?

Legislator Petit

Okay. So, are you going to get back to me with some recommendations and then we can discuss this again next month?

Chairman Lopez

Sure, you know, I, I think that there's enough questions like, I don't think I've ever voted against a public hearing, and I think it's our job to allow the public to weigh in. I know that there are a number of answers that we can get in the interim, in the lead up to a public hearing. But, you know, at the same time, I think it's important to know what the hard costs are, you know. And to, to Pete's point is that you know, it could be quite expensive. If you have to not just buy the equipment but have it installed. And yeah, I just think that there are a number of questions that, you know, potentially we can get answers to, if we, if you're willing to hold off on it, you know. But if not, then, you know, again, I don't have an issue with the public hearing if we get the answers to the questions.

Legislator Petit

Okay.

Chairman Lopez

In the interim.

Legislator Criswell

So, if we're asking these questions right off the bat, public hearings, going to bring all these questions out, let's try and get it sorted before we actually then bring it to the public.

Legislator Petit

As long as I get input, um, you know, I'll go in and I'll get some more research done, but you know, it's you can't really put a value on a life. And it's at the same location. In fact, I just tried to send you a really nice single flyer that had all the information on it, but I sent it to Public Works instead of Public Health. But, you know, the AED equipment was more, that was probably closer to between \$800 and \$1,200 a unit. So, you know, just put in...

Chairman Lopez

Do you know if those are mandatory?

Legislator Criswell

To get this wrapped up tightly so that once it goes to a public hearing, it just goes really smoothly through and then we can just pass it.

Chairman Lopez

Well, well, that's the thing because you don't want to have a public hearing, and then if you have to make a significant, changes to the point where you need another public hearing. So, and that's, that's often the problem. If you can get these issues addressed prior to and we don't have to go through the process again. I think we would be probably the best way to go.

Legislator Criswell

I will sign on to this as a co-sponsor if we can get it cleaned up that way.

Legislator Petit

That would be nice. Thank you. Okay.

Deputy Executive Rider

And for what it's worth, the administration is supportive. And for sure we can actually roll this out to our county buildings pretty quickly. In fact, Pat Carroll, a security guard, I think it's put these boxes in most of the AED cabinets that are in the County Office Building. And to the extent that we could combine and put the Narcan in the same cabinet, it would be helpful. So, I don't know if that would be a tweak that could be made. But if this just dealt with county buildings, we'd be able to go through pretty quickly.

Legislator Petit

Okay.

Legislator Petit

Laura, I sent it to the Public Health Committee.

Legislator Petit

Okay, because I sent it to Public Works. So did you just... I'm sorry.

Legislator Petit

Yeah. Yeah, that's okay. Everybody's got the email.

Legislator Petit

Yeah. And then my trigger finger went too quick. Okay,

Nettie Tomshaw

I know how that is.

Legislator Petit

Alright. So, Marc, thank you. That's a really good point. It doesn't necessarily have to go into a special cabinet, but I will get prices, we'll get an effective date. Set effective immediately, but we can always put January 1st on there. And I will do you one more I willfunding.

Legislator Criswell

And also repercussions for non-compliance.

Legislator Petit

Okay.

Chairman Lopez

Right. Okay. All right. Very good. Well, then we'll take no action. And yeah, and then we'll discuss it next month.

Legislator Petit

Thank you.

Chairman Lopez

Sounds good? Okay. (4-0)

Chairman Lopez

All right. Very good. Well, is there anything else? Is there any old business, new business, anything somebody wants to bring before the committee? Hearing nothing. Motion to adjourn?

Legislator Uchitelle

Motion to adjourn.

Chairman Lopez

Second?

Legislator Criswell

Second.

Chairman Lopez

All in favor?

Committee Members

Aye. (4-0)

Chairman Lopez

All right. Very good.