

**ULSTER COUNTY LEGISLATURE
COMMITTEE MEETING MINUTES**

NAME OF COMMITTEE: Health and Human Services Committee

DATE: July 1, 2010

TIME: 6:30 P.M.

PLACE: UCOB, Library Conference Room, 6th Floor

LEGISLATORS PRESENT: Deputy Chairman Rob Parete, Legislators Briggs, Harris, Petit, Ronk, and Stoeckeler

LEGISLATOR EXCUSED: Chairman Frey

OTHERS ATTENDING: Legislator Mike Madsen (arr. 6:38 P.M.); Marshall Beckman, Deputy County Exec.; Dr. LaMar Hasbrouck, Director, Public Health; Roberto Rodriguez, Commissioner DSS; Barbara Sorokin, Deputy Commissioner DSS; Janet Caffo, Youth Bureau Director; Richard Engnath, HTLV National Registry; Lee Cane, LWV; Victoria Fabella, Deputy Clerk, Legislature, Nettie Tomshaw Legislative Staff

- The meeting was called to order by Deputy Chairman Parete at 6:30 PM.
- Attendance
- A motion by Legislator Stoeckeler was made to accept the June 3, 2010 Committee Meeting Minutes, Seconded by Legislator Ronk, all were in favor, Carried.
- Richard Engnath, Founder and Director, HTLV National Registry

Richard spoke about the lack of familiarity of HTLV among Hudson Valley residents and doctors.

Deputy Chairman Parete noted that the Committee went on the record previously in support of a statewide HTLV database and funding to disseminate information about this illness.

Richard spoke about the bills he has drafted, A9191, A9193, A9195, that would require and fund the survey of high-risk jail inmates, similar to the bill that was passed re: HIV survey in jails.

Deputy Chairman Parete: Q./ What is the status of the bills? A./ 2 of the bills require a budget. Legislator Shapiro sent a letter of support. We are hoping to get additional support letters.

Deputy Chairman Parete thanked Mr. Engnath for all of his efforts and asked that he work with the Clerk's Office and Chairman Frey, as the Committee can initiate a memorializing resolution for next month supporting some of the bills Richard spoke about.

Legislator Harris: Q./ Is it possible, Dr. Hasbrouck, that at some point we can get your opinions? A./ Dr. Hasbrouck said that he has spoken with Mr. Engnath on several occasions and can prepare something for the Committee to read.

- Dr. Lamar Hasbrouck

1. Repeat Audit- April 27 & 28, 2010 (See document Re: Environmental Health Division Review)
 - In their report issued June 15, the Regional Office of the State Health Dept., showed that there was substantial compliance and improvement compared to the previous report completed in 2008.
 - Marked improvement in the following areas: Community Environmental Health, Food Protection Program standards, operational permit issuance, enforcement actions, violation writing and Public Water Supply Protection Program standards.

Deputy Chairman Parete expressed his satisfaction with the water protection standards improvements, as Ulster County has the 3rd most public water systems in New York State.

2. *Healthy Ulster: A Public Health Approach* (See handout)
 - Presentation of summary findings from the "Health Ulster" Summit held earlier this year
 - An introduction to the Partners in Public Health Councils
 - An outline of Priority Health Indicators that will be used to measure progress
 - A current status Report Card on key health indicators, to be updated as the process unfolds
 - Next Steps

Deputy Chairman Parete commented that there have been a host of recent compliance checks for tobacco related sales. Dr. Hasbrouck explained that the checks are being done more frequently than in the past. Last year there was one bust for \$350.00, this year there have been 16 busts for almost \$11,000.00.

Dr. Hasbrouck commented that Times Herald-Record Reporter Adam Bosch has foiled the Repeat Audit mentioned above, as he is writing a report- where we are a year later. Adam also inquired about the amount of money that has been collected in fees from the tobacco busts.

Legislator Petit commented that enforcement may be a better alternative than another law where kids get hauled in for having tobacco products on them. With more frequent checks being done to limit access we should keep an eye on what the Health Dept. is doing with the busts, as it could alleviate a lot of the problem.

- DSS Commissioner Roberto Rodriguez introduced Barbara Sorkin, DSS Deputy Commissioner: DSS Modules: Children and Family Services: Intake Unit; Foster Care; Adult Services
 - Mission is to maintain health and safety for children and prevent out-of-home placement
 - Intake Unit- handles calls from community; anyone who thinks there is a family in need from the community can call and make a referral to DSS. Intake then assesses whether the

family meets the eligibility. Eligibility on the services division is never a financial eligibility, it's always a service need.

-In 2009- 205 referrals were received thru the Intake Unit.

Deputy Chairman Parete: Q./ Would this be something that the mandatory reporters go thru? A./ No. Mandatory reporters report to CPS.

-Intake Unit also serves as a good gate keeper. Services is the one area in DSS where the case loads have not risen in an extraordinary way. Intake is really good about determining if there are other community resources that we can refer families to.

NEXIS- Neighbors Evolving by Connecting Individuals with Supports

-4 teams of case workers paired with mental health clinicians who serve children and families who have experienced trauma

-Successful in reducing psychiatric hospitalizations and preventing out of home placements.

-2009 # of children served 115

of children placed 2

of children hospitalized 8

- Foster Care- entered when all efforts to maintain children in the community fail or when children are not safe in their homes

- Children come into foster care via:

1. CPS

2. PINS (Persons In Need of Supervision for acting-out teenagers/danger to family or community)

3. Voluntary

- State mandate is to place children at the lowest level of care:

1. Foster homes

2. Group homes

3. Residentials

- Con-current Planning: Diligent efforts are made for at least one year to facilitate reunification; assisting parents in all ways possible: locating appropriate drug treatment programs, transporting to appointments, providing bus tokens, facilitating visits, etc.

- Breakdown of children currently in care:

Foster Homes - 82

Relative Home- 23

Institutions- 59

- Permanency is critical for children; Permanency options for foster children include:

1. Adoption- Children are freed for adoption by a Judge either by means of a surrender or a termination of parental rights. Children are freed only when all diligent efforts fail. The decision to terminate a parents rights is probably the most difficult decision a caseworker has to make.

2. Relative Placement

3. Guardianship to a Relative

4. Independent Living- A child does not wish to be adopted

- There are currently 24 freed children; all have an identified adoptive resource.

- Home Finding Unit- (Within Foster Care):

1. Responsible for recruiting and certifying foster parents (parents must go thru 30 hrs of training)

2. Currently there are 65 homes

3. Place children in appropriate foster homes

▪ Adult Services

- 3 Units within Adult Services

1. Adult Protective Unit- no central registry; everything is done by local referral

2. Personal Care Unit

3. Guardianship Program

- Central Intake is a collaboration between Adult Services and the Office for the Aging. This coordinated approach provides access to all DSS and OFA Adult Services.

Protective Services

- Identifies and assists individuals over the age of 18 who, because of physical or mental impairments, can no longer provide for their own needs or protect themselves from neglect or abuse. They have no one willing and able to help in a responsible manner.

- Provides services designed to prevent or remedy neglect, exploitation or abuse and to strengthen clients' capacity to function and their ability to be self-directing. i.e. counseling, locating adequate shelter and clothing, arranging transportation, shopping for the homebound and assisting the client in obtaining other benefits like Medicaid, Social Security Disability/Retirement, SSI and Food Stamps. The primary objective is to help clients remain in the community.

- 271 Referrals to Adult Protective Services in 2009.

Personal Care

- The intent of this program is to enable Medicaid clients who have a medical need to remain in their own homes and prevent costly nursing home placements. Home care is provided through local Home Care Agencies.

- Currently 551 open personal care cases.

- The use of Lifeline- a personal emergency response system is often utilized to keep clients safe.

- A Shared Aide Program has been developed as a cost effective approach to providing personal care. Several clients who do not require full-time care share one aide.

- Over the last few years there has been a significant increase in the State developed Consumer Directed Program in which the client or the client's designee is responsible for hiring, training and supervising his/her aide to provide personal care services.

- The Commissioner of Social Services is currently responsible for 33 guardianships-protective clients who do not have decision making capacity. (The Commissioner can make medical and personal decisions)

- In 2009 a Certificate of Recognition for Excellence in providing services to adults was awarded by the NYS Office of Children and Family Services to the Ulster County Adult Unit- Protective Services for "going the extra mile."

- Barbara Sorkin handed out a document outlining 4 success stories. (See handout; Re: Diana age 19)

Deputy Chairman Parete: Q./ What level of oversight do you provide in relation to the Adult Services Personal Care Home Nursing Program? A./ A doctor makes the initial decision that care is needed and provides a script. It's based on functioning level. The Agency does the day-to-day service. DSS visits some cases every 6 months, some once a year. There is regular dialogue between the agency and DSS.

Q./ You maintain the licenses for the agencies? A./ No. They maintain their own licenses. We contract with several (currently 8) different agencies and when we have a referral we send it out to all of them and they respond with who can pick up the case. There are service plans and performance and training criteria.

Legislator Harris: Q./ In terms of residential placement or institutionalization of young people, can you give the Committee a dollar figure range of what a case can cost? A./ \$60K to \$140K. \$100K is used as the average. Commissioner Rodriguez reiterated that this path is used as a last resort.

- Resolutions

- 1.) Resolution Draft No. 0702- July 20, 2010: Authorizing The Chairman Of The Ulster County Legislature To Execute An Agreement With The United States Geological Survey To Continue The Joint Funding Agreement For Water Resources Investigations - Department Of Health

Motion offered to move Resolution forward by Legislator Harris, Seconded by Legislator Ronk, Unanimously in Favor, Carried.

- 2.) Resolution Draft No. 0703- July 20, 2010: Authorizing The Chairman Of The Ulster County Legislature To Enter Into A Memorandum Of Understanding With The New York State Office Of Temporary And Disability Assistance For Core Imaging Services - Department Of Social Services

Motion offered to move Resolution forward by Legislator Stoeckeler, Seconded by Legislator Ronk, Unanimously in Favor, Carried

- 3.) Resolution Draft No. 0709- July 20, 2010: Authorizing The Chairman Of The Ulster County Legislature To Execute An Agreement With the New York State Office of Children and Family Services - Amending the 2010 Ulster County Budget - Youth Bureau

Motion offered to move Resolution forward by Legislator Stoeckeler, Seconded by Legislator Ronk, Unanimously in Favor, Carried

- 4.) **Resolution Draft No. XXXX, July 20, 2010:** Requesting A Formal Recommendation From The Ulster County Board Of Health On The Adoption Of A Local Law To Be Known As "The Ulster County Recruitment and Retention Act of 2010."

Discussion:

Deputy Chairman Parete explained the background, purpose and benefits of the resolution, noting support from Marshall Beckman and the Director of Public Health. The resolution, based on NYS Education Law which allows counties to provide awards to physicians, asks the BOH to make a recommendation to the Legislature based on specific criteria. Deputy Chairman Parete believes that UC can attract and retain some very good, skilled physicians with this program.

Legislator Ronk: Q./ In the state law that you have included in the resolution it says that the county shall fix a certain amount of money. In terms of the recommendation from the BOH, what are we specifically looking for them to do, i.e. suggest to us a certain amount of money, or a certain portion of the tuition? A./ It doesn't say *shall*, it says to allocate funding either thru means of public or private partnerships. The reason for going to the BOH is because they are the professionals who know what it takes to bring someone like themselves here.

Legislator Briggs commented: It says, "The county shall appropriate annually such sums of money as may be necessary to defray the costs of such awards and moneys so appropriated shall be deemed appropriated for a lawful county purpose and shall be raised by the same method as moneys required for other lawful county..." That means we have to come up with the cash.

Deputy Chairman Parete said that in the interest of full disclosure, he quoted the entire section of this state education law so that people can read for themselves what counties are allowed to do. It doesn't mean that the county has to provide dollars. It means we are allowed to.

With permission from the Deputy Chairman, Marshall Beckman gave input: I think the intention was to have partnerships with other entities that could be the funding source for this. That kind of clarification in the language could really help to further this worthwhile idea.

Legislator Harris commented that since it has now been presented to the Committee in that manner, the resolution should possibly be amended to reflect it as well.

Deputy Chairman Parete suggested that the Committee members explain to their colleagues in Caucus that we are not binding the County into any formal dollars.

Legislator Petit: Q./ Does mental health have a program like this? I know there's a program to intern for a stipend with mental health. Can we bring that model forward and use it as a template? A./ Marshall Beckman: Yes, there is a psychology internship program in the Mental Health Dept.

but it is very different and pays for itself. The revenue is generated by the Department to cover the cost of the internship. A./ Deputy Chairman Parete: If the BOH wants to use that program as a template it would be fine. Marshall Beckman: We can all work together on this. There is a shortage of physicians in Ulster County.

Motion offered to move Resolution forward by Legislator Stoeckeler, Seconded by Legislator Petit, Unanimously in Favor, Carried

- Discussion

1. Introductory Local Law Number x Of 2010:

A Local Law Banning The Use Of Indoor Tanning Facilities By Those Under The Age Of 18

Following in the steps of Dutchess County, Legislator Madsen brought this potential Local Law to the Committee for discussion as a continued effort to promote the health and welfare of our youth. He commented that we are taking other preventative measures, i.e. tobacco stings, targeting the sources of cancer, so he therefore feels that this makes sense.

Legislator Ronk commented that the current draft lacks a solid enforcement unit.

Deputy Chairman Parete: Q./ In Section 3: Part B there is a statement that must be posted in each facility. Is that what this Local Law would require or is that existing State Law? A./ Unknown
Suggestions/ Section 4 should read "exemptions" not "exceptions" and the health care providers that are exempt should be listed.

Legislator Briggs: Q./ If you are saying this is bad, then why does it apply to only those under 18? A./ There could be an increased risk of skin cancer in childhood and teen years.
Suggestion/ There should be a piece included to reflect something in-line with the social host law. If we are going to say it's wrong and a parent is with the child, then let the parent absorb a fine, not just the facility.

Legislator Madsen said since Dutchess County introduced this just a few weeks ago, he will continue to watch to see how they address the above mentioned concerns.

2. Point of Reference

Confirming County Executive's Appointment Of The Director Of The Youth Bureau For The County Of Ulster

Marshall Beckman introduced Janet Caffo, the County Executive's appointment to the position of Director of the Youth Bureau. Marshall explained that Janet has been running the Consumer Affairs Bureau since 2009. Janet has the qualifications needed to run the Youth Bureau and was appointed as part of a reorganization being done as a cost saving measure. 35 hours of her time will be spent at the Youth Bureau per the state requirement and 5 hours at Consumer Affairs. Nothing will change as far as the Youth Bureau is concerned, i.e. planning process, reporting requirements.

Janet Caffo pointed out that she has gotten the staff at Consumer Fraud on board with change, and she believes she can do this new job because the staff has stepped up to take on additional responsibilities.

She feels they will not be overburdened and this is the kind of change needed to work smarter and more efficient. It will also give more value to the taxpayers of Ulster County.

Deputy Chairman Parete thanked Janet and welcomed her aboard.

- Adjournment:

The meeting was adjourned at 7:39 PM with a motion offered by Legislator Stoeckeler, Seconded by Legislator Petit, with all in favor, Carried.

Respectfully Submitted,

**Victoria Fabella, Deputy Clerk
Ulster County Legislature**