# Public Health & Social Services Committee Regular Meeting Minutes

**DATE & TIME:** November 1, 2021 – 5:00 PM

**LOCATION:** Powered by Zoom / Dial in by phone: (646) 558-8656

Meeting ID: 856 6630 8011

**PRESIDING OFFICER:** Legislator Craig Lopez

**LEGISLATIVE STAFF:** Nettie Tomshaw, Jay Mahler

**PRESENT:** Legislators Bruno, Criswell, Petit (arrived 5:07), Uchitelle

**ABSENT:** None **QUORUM PRESENT:** Yes

**OTHER ATTENDEES:** Legislator Mary Wawro, Legislator Eve Walter, Commissioner DOH Dr. Carol Smith, Deputy County Executive Marc Rider, Commissioner DSS Michael Iapoce & Peter Carney, Founder & Exec. Dir. David McNamara & Board Member Kathy Nolan Samadhi, Deputy Comm. Mental Health Tara McDonald, Patricia Doxey Daily Freeman, Concerned Citizen Jeannie Edwards

Chairman Lopez called the meeting to order at 5:05 PM.

Motion No. 1: Moved to Approve Minutes of the October 4, 2021 meeting

Motion By: Legislator Criswell
Motion Seconded By: Legislator Uchitelle

**Discussion:** None

**Voting In Favor:** Legislators Lopez, Bruno, Criswell, Uchitelle

Voting Against: None
Votes in Favor: 4
Votes Against: 0

**Disposition:** Minutes APPROVED

# Resolutions for the November 16, 2021 Session of the Legislature

**Resolution No. 496:** Approving The Execution Of A Contract For \$112,500.39 Entered Into By The County – Samadhi Center, Inc. – Department Of Health

**Resolution Summary:** This resolution approves the execution of a contract with Samadhi Center, Inc. for \$112.5K for the expansion of Samadhi Inc. recovery outreach program to increase the hours of operation to include twenty-four-hours, seven day a week peer services for UC residents struggling with opioid use disorder. 100% Federal, Term. 8/1/21 - 7/31/22.

**Motion No. 2** Moved to Discuss and Adopt Resolution No. 496

Motion Made By: Legislator Bruno
Motion Seconded By: Legislator Criswell

**Discussion:** See transcript

**Voting In Favor:** Legislators Lopez, Criswell, Bruno, Uchitelle

**Voting Against:** Legislator Petit

Votes in Favor: 4 Votes Against: 1

**Disposition:** Resolution adopted.

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<u>Resolution No. 510</u>: Amending The 2021 Budget To Accept Allocation From Office Of Victim Services For Victims Of Crime Act (VOCA) Victim And Witness Assistance Grant Program – Department Of Social Services

**Resolution Summary:** This resolution amends the 2021 budget to accept an allocation of \$107.5K from the Office of Victim Services for (VOCA) grant program. 100% Federal Revenue.

Motion No. 3 Moved to Discuss and Adopt Resolution No. 510

Motion Made By: Legislator Criswell Motion Seconded By: Legislator Bruno

**Discussion:** See transcript

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

Voting Against: None
Votes in Favor: 5
Votes Against: 0

**Disposition:** Resolution adopted.

<u>Resolution No. 511</u>: Approving The Execution Of A Contract For \$76,203.96 Entered Into By The County – West Publishing Corporation, Thomson Reuters – Department Of Social Services

**Resolution Summary:** This resolution approves the execution of a contract for \$76.2K with West Publishing Corporation, Thomson Reuters for CLEAR online database professional services. Federal 53%, State 26%, County 21%. Term 12/1/2021 – 11/30/2024.

Motion No. 4 Moved to Discuss and Adopt Resolution No. 511

Motion Made By: Legislator Uchitelle Motion Seconded By: Legislator Criswell

**Discussion:** See transcript

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

Voting Against: None
Votes in Favor: 5
Votes Against: 0

**Disposition:** Resolution adopted.

<u>Resolution No. 512</u>: Approving The Execution Of A Contract For \$150,000.00 Entered Into By The County – Abbott House – Department Of Social Services

**Resolution Summary:** This resolution approves the execution of a contract for \$150K with the Abbott House for foster care services. Federal 36%, State 29%, County 35%. Term 9/15/21 - 6/30/22.

**Motion No. 5** Moved to Discuss and Adopt Resolution No. 512

Motion Made By: Legislator Criswell Motion Seconded By: Legislator Uchitelle

**Discussion:** See transcript

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

Voting Against: None
Votes in Favor: 5
Votes Against: 0

**Disposition:** Resolution adopted.

<u>Resolution No. 513</u>: Approving The Execution Of A Contract For \$1,111,045.00 Entered Into By The County – Health Research, Inc. – Department Of Health

**Resolution Summary:** This resolution approves the execution of a contract with Health Research, Inc. for \$1,111,045.00 for the CDC emergency preparedness program. Federal 100% Revenue. Term 7/1/2021 - 6/30/2022.

**Motion No. 6** Moved to Discuss and Adopt Resolution No. 513

Motion Made By: Legislator Bruno Motion Seconded By: Legislator Uchitelle

**Discussion:** See transcript

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

Voting Against: None
Votes in Favor: 5
Votes Against: 0

**Disposition:** Resolution adopted.

**New Business:** None

**Old Business:** None

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

# **Adjournment**

Motion Made By: Legislator Bruno
Motion Seconded By: Legislator Uchitelle

No. of Votes in Favor: 5 No. of Votes Against: 0

**TIME:** 6:41 PM

Respectfully submitted: Nettie Tomshaw, Legislative Staff

Minutes Approved: November 29, 2021

# **Ulster County Legislature**

# **Public Health and Social Services Committee**

# **Meeting Transcript**

# **November 1, 2021**

## **Chairman Lopez**

Let me click got it. All right. Very good. All right. Well welcome everybody. I'd like to call the meeting to order. We have quite a few people here tonight and a busy agenda. So, I want to try to keep things moving as efficiently as possible. Can I have a motion to approve the minutes from our last committee meeting?

# **Legislator Criswell**

I'll move that.

## **Legislator Uchitelle**

I'll second.

# **Chairman Lopez**

Any discussion? Hearing none, all in favor?

#### **Committee Members**

Aye. Aye.

## **Chairman Lopez**

All right. Okay, with that out of the way, I'd like to welcome Dr. Carol Smith, Commissioner of Department of Health, Tara McDonald, her Deputy Commissioner and Commissioner of DSS Michael Iapoce, who are joining us tonight, as they do every budget season to chat with us about the department budgets and field any questions that we may have. So with that said, who would like to go first?

#### **Nettie Tomshaw**

Dr. Smith?

#### Chairman Lopez

Yeah, Dr. Smith, you're on mute.

#### **Dr. Carol Smith**

Good evening, and Chairman Lopez, perhaps if we start with the questions, um, that's pretty much where I was going to start myself. So

## **Nettie Tomshaw**

Do you have a budget overview?

#### Dr. Carol Smith

I can bring it up on in terms of the printed sheet, if you wish. But beyond that, my actually my fiscal, my director of fiscal operations cannot be with us tonight. So I am trying to do this on my own. And I will bring up the printed version of the budget, if you have questions. But that's - Marc, if you want to join in

## **Deputy Executive Marc Rider**

Sure.

#### Dr. Carol Smith

I'm anticipating fielding questions so thanks.

# **Deputy Executive Rider**

So if you look at our main budget for Health 4010 is Public Health Administration. Really very little has changed in that division, which is the largest division except for with the new CSEA contract, there was increases. And so there was significant payroll increases due to the union contracts, but that's about the only change, number of positions was the same. There was a mid-year budget amendment done to accept ELC grant funding for additional public health nurses, that continues on so that's a change from the adopted budget from last year. The only really big changes are shifting away from having just a director of COVID Ops. But having a Director of Public Health Emergency Preparedness, this will allow us to receive some revenue from the state from grants, but also let us be prepared for the next pandemic as well.

#### **Chairman Lopez**

Pete.

## **Legislator Criswell**

Yeah, I'm just question about this new proposed position of Director of Mental Health. Is that in this proposed budget, or is this going to be in a future budget?

## **Deputy Executive Rider**

That is in the mental health budget. We can move there. We do have that position, as well as a few other positions that we would be adding via this budget. One is a financial analyst to assist in some of the financial obligations and the reimbursable. Right now the person who does that work is stationed out of the Department of Health so that would be one position. Another as an evaluative analyst to which is a data position. And I know Tara's here and worked with the budget team on proposing new positions so she could add any further detail.

#### **Legislator Criswell**

And just a quick question before that happens. Is any of this connected to ARP funding or is this straight budget from the county?

## **Deputy Executive Rider**

In this operating budget there is no anticipation of using ARP funds.

# **Legislator Criswell**

Okay, thank you.

#### **Tara McDonald**

Oh, just in terms of adding on to what Marc had said. Good evening everyone, I'm Tara McDonald, the Deputy Commissioner for the Department of Mental Health. And so one of the additional positions is the (inaudible) specialists as Marc had stated, we identified the need for data in making informed decisions with regard to any changes to our behavioral health system. And currently, there is some absence of data that's based on that having the manpower to be able to gather it. So one of the, the positions would have a specialization on that just allowing for us to gather the data, but also to synthesize it in the appropriate databases, that sort of thing, they will be responsible for that. There is a proposed court liaison to be able to offer direct support to our county courts and judges in terms of being able to make appropriate decisions for individuals that may have criminal justice interaction, but also have a history of behavioral health issues. So this position would be working directly with our court system, to be able to identify some criminal justice intercepts and where we're losing individuals. So that's a proposed position as well. Then the sheriff, I believe, is working on an avert program. And it's really to be able to identify different resources for decreasing gun violence in our community. The program is teamed up between a social worker and detectives that are identified through the sheriff's office, in working within the community. The social worker, that would be a part of that team would be out of the Department of Mental Health budget line, that is another position.

# **Legislator Bruno**

That's another additional position?

#### Tara McDonald

Additional position.

#### **Legislator Bruno**

So you just you just spoke of three different positions or four?

## Tara McDonald

Three, it was three and the Commissioner for the Department of Mental Health would be the fourth.

#### **Legislator Bruno**

So there's four.

#### Tara McDonald

Right.

# **Legislator Criswell**

Can I ask a follow up as well?

#### Tara McDonald

Sure.

## **Legislator Criswell**

Um, so the crisis stabilization center, the premise of the ongoing funding of that is going to be reimbursements. Where's that going to take place in that department or is that going through finance department in the county? How do you see that working?

#### Tara McDonald

So ultimately, the crisis stabilization center would be operated by an outside entity. And we would do an RFP to identify that entity that we would support. That entity would be putting in whichever awardee of the RFP would be putting in the claims for the services that would be provided. They would be doing providing the services not necessarily the county.

#### **Legislator Criswell**

Thank you.

#### Tara McDonald

Sure.

#### Tara McDonald

Yeah, do I call on who's

## **Chairman Lopez**

No. no I see him.

# **Legislator Bruno**

My question is, there's a lot of, first of all, you know, I support mental health endeavor in the county, but I also support the taxpayers. And that being said, four positions that I'm thinking, especially the financial positions, can our finance department handle these? I don't understand why we have to create positions over and over again. We seem to have been operating quite nicely without those positions. So what's the argument that we need them, not that we want them? There's a difference.

#### **Deputy Executive Rider**

So there's fiscal positions in every department Legislator Bruno, especially in a department the size of the mental health or health departments. I mean, finance has their own. Yes, they do pay some of the bills, etc. But this is somebody who's tracking reimbursable expenses in each department. And it truly is a full-time person's job. And we are just resourcing it as is its own department, which is necessary, if that's the way we want it to function.

#### **Chairman Lopez**

Kind of to Al's point, though, who was doing this before?

#### **Tara McDonald**

So currently, it's Oh, I'm sorry go ahead Marc.

## **Deputy Executive Rider**

No, go ahead Tara.

#### Tara McDonald

Currently, Oh, go ahead yes doctor.

#### Dr. Carol Smith

You know, we had merged about 10 years ago in terms that our services, and one of them was the fiscal unit, which covered both the Mental Health Department and the Department of Health. Now that the intention is to separate those two departments with a new commissioner of mental health, I will be remaining as commissioner in the Department of Health, but the division of the fiscal unit to support the various monies that pass through the O agencies from the state, to the county, community based organizations that are supported with those monies, predominantly OMH monies, those contracts make management of those close to \$7 million how it's being used. The deliverables that are being realized through that money, supporting such agencies throughout the county as Mental Health Association, from the mental health side OASAS, Step One, etc. Gateway (inaudible) services. So there's money that does come from the state that passes through the Department of Mental Health, local governmental units, auspices and then dispersed to the various county agencies that deliver on those services. And currently, we have a Deputy Director for Administration, who manages the overall fiscal unit, overseeing the work of both the Department of Health related fiscal activities, which is very complicated in the sense that we, through the Department of Health on the state level, get a base grant to the county of \$650,000. And we get 36% reimbursement on the time and effort of all of our DOH staff that does work. That is reimbursable under public health law, Article Six. So managing all of that, including the monies that come in for permits that are given those permit fees, the fees for reviewing site plans, water and well, etc., for new development in the county, whether it's residential or multi-unit developments, or beyond that even such as Williams, Lake, etc. But all of that work from the environmental standpoint, and the patient services standpoint, is covered under our one fiscal unit who also oversees DMH. So the intention of the county executive is to separate out those fiscal units so that there'll be a dedicated team to the Department of Mental Health and a dedicated team to the Department of Health.

#### Chairman Lopez

Is this something that was real or

## **Deputy Executive Rider**

If I could add one, one thing, Chairman, is that this, you know, in the 2021 budget, support staff positions for the Department of Health decreased pretty significantly. If we weren't separating out these departments, we would need to be adding back in just based off of our year experience, some support staff. Now we're adding them to the Department of Mental Health instead of adding them back into the Department of Health's fiscal unit.

## **Chairman Lopez**

Is this something that was realized after the split? Or was it something that was anticipated before you decided to split the department?

# **Deputy Executive Rider**

It was anticipated, I mean, we brought this with our budget. So we realize this, as we were developing the budget.

# **Chairman Lopez**

Al.

## **Legislator Bruno**

So yeah and again, with all due respect, Dr. Smith, I appreciate your explanation. I mean, basically, what you just said to us as all the things that Department of Health has to do. And I think you said it was around \$7 million, that this is going to take up. Did I misunderstand that?

#### Dr. Carol Smith

No? Well, the Department of Mental Health has passed through funds from the state through our units to community based providers that's one side of it. The DOH has a different way of fiscally supporting the work that the department of health does. So those funding and revenue streams, etc. are different for both of those entities. And that's what I was referring to it with that 7 million.

# **Legislator Bruno**

Alright again, and again, like I said, I'm not against this at face value. But I am thinking about it on a fiscal level. And I just think that when you start duplicating services, I agree with we do need a mental health facility, and I believe it should be a stand-alone place as well. But at the present time, we're creating positions that we don't even know that we're going to need yet. I mean, a lot of this stuff can be done by the people who already been doing it for the last 88 years.

#### Tara McDonald

With regards to the fiscal pieces of it. Right now, the folks that had been doing it to cover the mental health department are doing it both for the Department of Health and Mental Health. So they would need to have the ability to focus at least to follow the existing mental health department, employees and all of the work to be able to cover of that. And that would require having the fiscal analyst that's specific to the Department of Mental Health. Some of the other work, according to what has been told, to me, our county executive is really looking for the mental health department to have a more direct access to the experience of individuals and Ulster County as they try and navigate the behavioral health system. That would mean an expansion of what it is that we have the capacity to do now. So it's, it's more than what the 10 staff of the department had, we're hoping to expand our scope, which is where the additional staff come in. Right now we can offer consultation to the courts, but we don't have the ability to provide them priority focus, and that's what that additional person would be able to do. So it's really about digging into some of the work and not necessarily touching it, but being able to grasp and mold it a little bit better. And the additional workforce would help us to do that. And, and if the workforce is to expand, even someone with the four positions, the back work needs to at least be able to support that and that fiscal work, you know, without them we're not able to put in our claims for the \$7 million and, and all of the good

stuff that comes that flows through us. And that's where the additional requests for that support comes from.

# **Legislator Bruno**

Thank you.

#### **Nettie Tomshaw**

Okay, Legislator Walter has her hand up.

## **Chairman Lopez**

Okay.

## **Legislator Walter**

Um, yeah, I'll say that Legislator Bruno and Legislator Lopez have very good points of, if you're not doing more work, than you wouldn't necessarily need two people to do the same thing, just because it's housed in two different places. So what I'm hoping your explanation is, is that you're actually going to be doing more as two separate than you did as one, which would then substantiate it. On that note, there are a I have three things. One is I just want to read. I appreciate that the reimbursement for the crisis stabilization will be done with the other with the organization that wins. I will say in Dutchess, that's not how it works. And that seems problematic. So I'm glad to know that we're gonna stick with that plan. I have spoken to Deputy Executive Marc Rider about this, but you know, two elements that I would really hope that we're going to see in this expanded mental health, which would require another fiscal person is an expansion of care management care navigation, so that you can connect people to the services. I think that we should have a solid team of people whose very job is to connect them to the right type of care in the county, I would hope that it would connect that you would also partner with DSS so that because that same person may have other social determinants happening that, you know, they may need mental health care and housing at the same time. And so, but I think it's very, very important, we are not necessarily we're not the deliverers of mental health services anymore. We were in its old version, but we need to make sure that we heighten the capacity for people to get care anywhere in this county. And then along with that, which I also think would really require another financial person is we have providers across the entire county, who do not have - do not take insurance or only, and we have individuals who do not have insurance or providers who do not take Medicare, Medicaid. So it would be really a, what we do need is that the county comes up with a agreement, a partnership with these other mental health providers across the county, so that they can either get support on getting being able to take reimbursements or and be able to be reimbursed if they serve people who are not insured or her under insured. So, I don't know if you've thought about that. But you know, if you have I'd love to hear about it. But, you know, again, someone in Ellenville, there's a therapist and Ellenville that they should go to, and they shouldn't have to go to Kingston to do it. And so making those connections are really important.

#### Dr. Carol Smith

And I just asked a question of Legislator Walter on that one. In terms of this intrigues me. In terms of quote unquote, ensuring that the provider gets reimbursement who would be providing that reimbursement if they weren't accepting Medicaid? Or

#### **Chairwoman Walter**

Yeah, that's the big question. I mean, I've seen it in other places. I have to look into it more, this is more of a question of the possibility that I was speaking to Marc about of. Can we have a contract with some with therapists, where if they provide a service to someone in our county, who has no insurance, or has Medicare, and this person doesn't take it, can we pass through money, oh, pass through money or somehow support them. So it's more of identifying how we can get this done. Not that we can't.

#### Dr. Carol Smith

Yeah, there was a time once upon a time when that might have happened. But currently, you're not going to get that kind of reimbursement for that kind of care through the state any longer. So but then fall to county dollar, in my estimation. If anybody knows - Tara, you know, anything different on that? Let me know. But I know that over the last decade that I've served in the position, we've seen progressively, you know, rollback of safety net type of funding to counties, or what have you, from the state agencies. And, you know, if anything, they're moving more toward value based payments and not safety net payments. So, again, we're seeing a further rollback in the sense that they're going to define what services they will help to pay for and what they won't based on the value that is being demonstrated in the service delivery. So it becomes complicated. And I think that, you know, if you're thinking about, you know, it's as in the past when we operated mental health clinic services, yes, we were the safety net, yes, we did deliver services, often to people exactly in those categories. And the mounting cost to the county was huge. And that's one of the reasons why the county had decided 10 years ago to withdraw from providing direct services, mental health services, and supporting the, you know, we transferred our licenses for providing those services, both adult and children, to private agencies, namely Astor For Children, and now Family Services for adults. So, but that 10 years ago, was a big issue. And the cost factor, there was what it drove the county to basically surrendering the license to provide those services directly and supporting the community based agencies to do that work.

## **Legislator Walter**

Chairman Lopez, can I just respond?

#### **Chairman Lopez**

Sure.

## **Legislator Walter**

I'm not suggesting that at all. I do realize there's some LMH money that's not particularly targeted to specific things that might be the source. I know that there are ways that other people in New York City has been rolling out some kind of model that I think we can look at right now, not 10 years ago. So I'm saying that we need to look forward and find some innovative ways to see if we can do this, because it's completely necessary that everybody in our county get access to mental health care. And so the answer is, how can we do it? Not that we can't. And so yes, I'm not suggesting hiring mental health providers in any way, shape, or form, but just finding a pathway towards doing it. And I think that the other role of our mental health is assisting these providers in being able to take insurance. It's a very challenging thing for an individual therapist, to get onto those systems. And I think we can provide that service of helping them get into those kinds of so we serve the patients, we serve individuals with mental health need, but we can also serve mental health providers in many ways.

## **Chairman Lopez**

Legislator Bruno.

# **Legislator Bruno**

Yeah. So Legislator Walter, you brought some great points, and I appreciate that. My question is we RFP to these providers to provide specific services to county residents that are falling under the umbrella of the county's fiscal umbrella? Aren't these I mean, minimum requirements, they have to be able to take Medicare, Medicaid, and insurance or else they shouldn't be one of our providers, pretty simple. I mean, or if there's a pathway that we can provide, like you just set up, that was a great idea for these providers to get on board with those. I mean, that's a fact of life. And if they want to provide those services and get paid for them, then they should at least be part of the insurance plan. Or we find different providers.

## **Deputy Executive Rider**

The only thing I want to point out is we don't necessarily RFP these services. They're licensed by OMH and OASIS and its flow through money. It's not like we choose which providers are licensed only typically there is only a few providers licensed for any given type of care. And we're not able to choose that. As far as you know whether someone who provides behavioral health services wants to set up in Ulster County and take private pay, that's also not something that we necessarily regulate. If they don't want to take insurance, we can't require them to do so.

# **Legislator Bruno**

So if I can ask a question here, Marc. So if correct me if I'm wrong, can you just say that we hire or contract providers who are not licensed to do the work we're asking them for? What did I miss there? That sounds a little disturbing.

#### **Deputy Executive Rider**

That's not all what I said. I said, there's licensed providers, we don't RFP for them, we don't hire, what I'm saying is we don't hire mental health providers necessarily. If somebody is, is needing a mental, behavioral health services, oftentimes, they can pay and they would go and they would be licensed. I'm not saying that the providers not licensed, I'm saying we don't necessarily have anything to do with that. But by going back to the providers, taking insurance and us requiring them to do so.

## **Legislator Bruno**

Okay, but we're trying to create a separate mental health agency on its own standalone legs. So that should be part of what we're looking at, is the provider since we're actually creating our own mental health company or so to speak, if like, for lack of a better term.

#### Tara McDonald

I'm wondering if I would be able to jump in here just with a few of the comments that were made and hopefully, I'll be able to provide some clarity around things. I think I'm going to start with what's probably the easiest lift with regards to case management. Though the Department of Mental Health as it stands right now is very small. There's, you know, about 10 of us here. Three of those 10 staff are doing specifically what it is that you're suggesting, which is to make those connections for individual residents

to care management, regardless of what their insurances. So they can have Medicare, Medicaid, they could have commercial insurance, or they could have no insurance. And we are accepting applications for individuals, sometimes all we need is just their name and whether they do have insurance. And the insurance is really just to identify which agency would be providing them the actual direct service. So we have case management adult FOA that takes care of the adults. We have children's FOA that takes care of the children. And then we have the residential SPOA. That is looking to households, which a lot of times the housing itself will come with case management. So we definitely that's a that's where a lot of the time for our department is spent right now. And with regards to the insurance pieces, we do get passed through dollars that allow for us to provide case management under non-Medicaid a non-Medicaid care management. So we could be commercial, no insurance, it doesn't matter, we will provide that service for them. What we'd love to be able to see is like you say Legislator Walter on the clinic side. So when you talk about providing a clinical service that requires that you have a license of some sort, especially if you're doing a clinic where you're going to be doing multiple hundreds of folks, right and, and so you also touch on the fact of what we're having the hardest time being able to chip away at which is to get on an insurance panel, all of the information that is required of them in terms of the documentation and the claims. All of that is very onerous. And for that there may be some private or even some public clinics that have made the decision there, it's not worth it for them in terms of the reimbursement to be able to go down that route. I would agree with you in that if we were to have a standalone mental health department, a lot of we could with given the resources, we are responsible for the system. So a big part of the gap and system is access to services. That's where we dig in. It's having a hard time and finding folks and helping them to be able to engage in those insurance panels so that they can open up access. Absolutely, that that would be a part of our charge. But to go back to the logistics of it as Marc had said we are not providing them the opportunity to be able to give the service the licensing agency is. And so if they're meeting regulations, and it's a part of the regulations not to accept XYZ service, then there's not a lot that we can say however, they are providing a service here in Ulster County, they were part of our system of care. There's different ways to try and engage them so that they can meet the needs. It's just not as direct. It's not a demand that we can make of them, but we can engage them for the health of our residents. So those are the

# **Chairman Lopez**

Legislator Walter.

# **Legislator Walter**

Thank you. Yeah, I appreciate I appreciate all your yeses. And I was never suggesting that we would license anybody at all. But maybe you know, you and this doesn't have to be now, but that you could sort of have an internal conversation on other ways that maybe we can make it easier for those licensed providers, you know, whether it's creating a central database to help them do their reimbursement process or something, to take off whatever the pressure is, that keeps them from being in the system. So, you know, as you move along, especially because you'll have a whole personal private analyst, to have that person who can put spend some time helping them out, perhaps.

#### Tara McDonald

Absolutely. I mean, another piece of this is, though, in terms of the work that we're already engaged in, is around gaps and system analysis, that sort of thing. It can't be underscored enough how much the

staffing and the workforce issues have to do with every decision that is made, if you don't have enough. So and I'll jump back a little bit, there is an opportunity for every resident that does not have insurance or is underinsured, they could go to IFH, you know, but IFH doesn't have the ability to take them all, because they don't have enough staffing. And so they all sort of intersect one another. So it is a matter of an ongoing, it's sort of like a whack a mole as you deal with one issue than another one pops up. But it requires the focus to be able to deal with them, each mole as it as it pops up.

# **Legislator Criswell**

Okay, I just have a quick question, if I may, Tara this is for you. I wanted to ask you how you are prioritizing the recommendations from the behavioral health task force and how that plays into this actual budget.

#### Tara McDonald

So the prioritization was sort of built into the task force process. And it was questions brought to the task force itself, how do you see this priority? How would you like to see the resources sort of unfold based on the needs, and so a place that a lot of priority is put on versus the workforce issue and all of the advocacy that is going to be required, because if we're not able to, to put our hands around, that anything that we bring up is going to fail, if there's no one there to actually provide the services. So it's, about the rates in the and how it tiles ties into the workforce issue. And then with regards to the actual services, it's about being able to provide the sort of the addressing the needs of folks on an acute in crisis, sort of basis of the crisis stabilization center came up as probably one of the highest priorities. And if we can sort of work with folks to get them to a more stable place, then we would have the ability to, to give them a warm handoff to another long-standing service. But you know, once the long-standing services need the reinforcements of having the staff in there, and the rate sort of increased, and it sort of flows along, but the stabilization is the highest workforce retention and having that being supported. And then also, not to mention that the advocacy is unrelenting with regards to getting the behavioral health beds back. I mean, that was another really important support that the taskforce thought that we had to continue to keep the pressure on. But that's sort of how the priority lays itself out.

#### **Legislator Criswell**

Thank you, Tara.

## **Chairman Lopez**

Very good. All right. Anybody else? All right. Well, thank you so much, Dr. Smith, and Deputy Commissioner, and we will move to Commissioner lapoce.

## **Commissioner lapoce**

Good evening, everyone. And thanks for the invitation to be here. So I just prepared a brief outline, to share with all of you some highlights to compare our 2021 budget with our 2022 proposed budget. And then we'll be available to field questions. I do have with me this evening. Our director of fiscal Peter Carney. So just kind of start off from the point of comparison, are adopted 2021 budget was just under 118 million. Our proposed 2022 budget is about \$4.1 million less 113,800,000. So I'm going to discuss how we were able to accomplish that and arrive at these numbers. With regard to staffing, we are seeking to restore 12 positions in 2022. That had been eliminated in 2021. Winding 2020 down going into 2021,

as a result of the incentive, which was offered in connection with a COVID 19 pandemic, we actually had a reduction of 40, and staff. So, we arrived at reacting to that during 2021. Now, by closely examining where throughout our department, we were experiencing the need to potentially have to restore positions. So as we did those examinations and evaluations, we arrive basically, at 12 positions that we're requesting be restored. The circumstances with regard to that impact or that in as much as those 12 positions obviously require salary and benefits, we're fortunate that we capture significant reimbursement. Several of those 12 positions are 100% reimbursed, so the county doesn't incur any costs. And then the remaining positions we incur a county share of just above \$100,000. So although we are requesting the restoration of fall positions, the impact on county share as a result of the reimbursement we capture from the federal and state government, for those particular positions, makes it possible for us not to incur significant increases. We're not anticipating going into 2022 to any reductions in any of our revenue streams. We expect claiming across the board for our programs and services to remain consistent. Our administrative expenses are up just under \$3 million, most of which is attributable to the new contract with CSEA. So that impacted our departments significantly. And that's where that increase is really felt. Where we were able to capture some savings are around program expenses, which are down about 7 million from the 2021 adopted to the 2022 executives proposed budget, and particularly around two major programs are preschool and early intervention is down \$5.2 million. And our committee for special education is down \$1.2 million. These are expenditures that we very closely track and keep close watch on the trends that we're seeing in terms of enrollment and costs that are being incurred. So we feel like we're in a reasonable position to have budgeted appropriate amounts based on the populations that we're servicing. So that's really just a brief summation, where you would see significant differences if you're gonna compare 2021 adopted budget to the 2022 County Executive's proposed budget. And we're available to answer any questions that you might have.

## **Chairman Lopez**

Okay anybody have it? Legislator Bruno.

#### **Legislator Bruno**

Yeah, I'd be the first one to jump on it, I guess. First of all, I just want to make something clear when you say, the reimbursable positions, and it's passed through money, that pass through money still comes out of our taxpayer's pocket just comes out of a different pocket, ultimately. So it's all a matter of trickle down, as you would call it a trickle up, but it still comes out of our taxpayers. So yeah, it's a little easier on the county because the county doesn't have to raise the extra funds because the funds are there. But I still think that we have to be good stewards for that money as well. Just want to make sure that's clear.

## **Commissioner Iapoce**

Yeah, that's really clear Legislator Bruno very well understood. We also want to capitalize on opportunities that we have in terms of our staffing needs, and be really thoughtful about looking across the board where we do have needs and what costs are being incurred. The county share that us to be contributed to any positions that we saw at restoration for, do take into consideration that people pay state taxes and federal taxes as well. The actual costs at the end of the day at the end of the budget to the county is just something that we are required to provide information about. So in terms of what the cost to the county is to restore staffing positions, that's why I provided you with that information. It wasn't that I'm ignoring the fact that people that reside in Ulster County also have to pay state taxes and federal

taxes. And, you know, we try to be absolutely aware of the importance of administering programs, you know, that are 100% funded by the federal government or the state government or a combination of both.

# **Chairman Lopez**

Legislator Criswell.

## **Legislator Criswell**

Just one quick question, were there any learnings that you had during the COVID pandemic, from the COVID pandemic that you applied to the way that services are being delivered or the way that you changed staffing for this coming year?

# **Commissioner Iapoce**

You know, I think we learned Legislator Criswell, that human services still need to be provided by people in person, that the human connection continues to be vital. And that as much as technology has infiltrated most of our everyday lives in connection with every transaction we participate in, our most needy and vulnerable citizens are often without any access to technology, or any aptitude to be able to provide it. And particularly vulnerable citizens that are dealing with mental health issues. educational disability, substance abuse, other trauma, don't have the luxury to really be able or opportunity to operate the technology. I mean, we have seen tremendous progress made. I think our meeting this evening is a reflection of that. So much of the work that we need to be transacting we can do in virtual formats we can do remotely. But during the entire pandemic as essential service providers, we remained open. We were here to see clients that arrived at our doorstep who were in need of their basic necessities like shelter, food, medical clothing, we had to help to transport those individuals to locations where those needs could be met. We also continue to conduct our investigations into the field to ensure the safety and well-being of children's and state central registry referrals. Our CPS, caseworkers are APS caseworkers, much like other first responders, law enforcement, health care professionals, were interacting with the public on a daily basis. So you know, we have arrived at being able to do things with some greater efficiency and obviously benefit from the implementation of technology. But we still need to realize that a lot of our population, a lot of our clients need to be able to be supported to access our programs and services. And many of them also need the contact that takes place in person, the screenings that we conduct to assess, you know, where there, you know, facing different problems and what those problems are. So I think we're evolving, and I think we've made great strides, but I think that our foundation, you know, still strongly depends on being able to connect with people that rely on our programs and services.

# **Legislator Bruno**

Thanks, thank you.

#### **Chairman Lopez**

Legislator Walter.

#### **Legislator Walter**

I would have to say I feel like DSS personally is one of our most important entities in the entire county. I did. I did get several complaints this past year related to DSS services not being available, but I don't blame DSS I blame the budget cuts and the cuts and staff that happened last year. I think that when

you're being forced to reduce the number of people who are doing these services, our population is feeling it. And so I'm very hopeful that that with these new hires, we'll be able to undo that and that people who need the care are getting it. Last year also, there were some cuts to contract agencies and Legislator Criswell and I worked hard to put those back in the budget. So I just wanted to check if there were any cuts this year to any of the contract agencies to Family Services to Family of Woodstock to others, any of them that you made this year that we should be aware of.

# **Commissioner Iapoce**

No, there were absolutely no reductions Legislator Walter to any of our contracted services. And just, you know, anecdotally, please do not hesitate to bring to my attention, any inquiries or complaints that you receive. You know, I think at the end of the day, we can make a difference by looking into each and every one of those on a case by case basis. And if we can identify where there's gaps, or where someone hasn't been able to be accommodated or responded to in a timely manner, you know, what makes a dramatic difference there, their training opportunities, their teaching opportunities, there ways for us to continue to make sure that we are accomplishing our mission. You know, and I just always tried to make myself readily available and offer that to you and all of your colleagues, now many of whom do reach out to me on a regular basis with inquiries. We know do everything that we can to be responsive to that. So appreciate your observations.

# **Chairman Lopez**

Very good, anybody have anything else? Questions, comments? Okay, all right. Well, thank you so much. All right. Um, hey, you're welcome.

# **Commissioner Iapoce**

I think I'm gonna stay around in order to answer any questions about the resolutions. I'll stay tuned.

## **Chairman Lopez**

All right. Very good. Well, we will move on that. We also have David McNamara with us this evening, the founder and executive director of Samadhi. Yeah, as we're aware of the issues that have been levied against Samadhi over the past couple of weeks, many of which were discussed at public comment the other night. And resolution 496 being referred as a result of some of these concerns that folks brought to the floor. We wanted to provide an opportunity to Mr. McNamara to address some of these concerns and answer questions committee members may have for him prior to moving forward with this resolution. So with that said, Mr. McNamara.

#### **David McNamara**

Thank you, Chairman Lopez, and good evening, legislators. I thank you for having me here tonight. And inviting me here tonight. I just wanted to start out by saying that I'm really very sorry for any harm that we've caused to any of any of our neighbors, anybody that is in the vicinity of our center. You know, whether that harm came through fear or you know, people not feeling safe. Of course, this was not ever our intention. As I sent out a, I sent out a little explanation of exactly what it is that we do at Smarty and the way that we do it. And, you know, during the pandemic, it was a combination of the pandemic, and then the closure of three boarding houses. One of them, Elizabeth Manor, we actually had a, an office inside, we had a colocation office there. So we, you know, we rendered about 130 people to be become

homeless, mentally ill, and people dealing with substance use disorder. And then also, of course, as we know, during the pandemic, we had the closure of our behavioral health services, our inpatient and our outpatient and Kingston hospital. So all that combined, you know, basically went from serving 60 or 70 people a month, to I think our average is 227 people a month. And, you know, through a private grant, we were able to add more staff, but it's a considerable number of people to take care of it, especially people with severe mental illness who would have been in a psychiatric ER previous to that closure. So all that being said, you know, in effect, we were, you know, we have been the crisis stabilization center that doesn't exist yet for you know, for the last year and a half. And, but, you know, I did listen to for the, the comments and concerns and complaints that were brought to the legislature at the Ways and Means Committee. And we as of October 15, we instituted some changes, which I think I sent everyone in written form as well. So we installed video surveillance cameras. We have we have locked our front door because we are a drop-in center. So basically, it's an open-door people come in, if they need services, if they need help, they need to get out of the cold. You know, the combination of not having any of these services available, and also that we don't have a, you know, we don't actually have a public homeless shelter, as we know, you know, in Ulster County. So, you know, many people will come to somebody because they've been out all night. And they, you know, they're cold, and they haven't slept, and they want a bowl of soup, and they wanted to, you know, take a nap or things like that. So, you know, based on the complaints that we had, we, what we've decided to do what we've been doing since October 15, is we've been sold video surveillance cameras locked the front door installed in a video intercom doorbell, only allowing individuals who are attending groups meetings or meeting with their counselor to enter the building. So if someone comes to us and says, I need mental health treatment, I need, you know, addiction treatment, right, right now, we will let them in the building, bring them in, and they will sit with a counselor and we will get them into treatment. But we don't allow people just to be in the building any longer. We are no longer allowing individuals to use our showers on site. We've hired a part time security guard to patrol the grounds. We have contacted the Clinton Avenue Church about a number of times about building a gate to deter access to the back of the church.

#### **David McNamara**

And we've held we've held two community meetings to basically where we sat everyone down who was coming on a regular basis and said, you know, unless you're here for meetings, unless you're here to work with a with a counselor with a certified recovery peer advocate, we can't allow you in the building. And we can't allow you to be in front of the building or on the side of the building or anywhere, you know, around the building. There's no loitering basically. And people understood that and we're trying to move towards more of a more of a mobile outreach type of service you know, where we will send people send people out to to because people still call us we send people out to where the need is met. So the outcomes of the changes that we made on October 15, there have been no individuals in front of the Samadhi. Building on the side of the building on Liberty Street, or behind the building or church. This has been documented with timestamp photographs every three hours 14 hours a day Monday through Saturday, since 10/15/21. Any individual loitering in front of the 122 Clinton Avenue space is asked to leave the premises by our staff members, or our part time security guard during business hours from 8am till 9pm. Monday through Saturday, there have been no 911 calls since 10/15/21. That's also due to the fact that we are serving probably about 35% of our former client base. Our linkages to residential inpatient addiction treatment have dropped our average was 11.2 people per week. In the past year, we put 537 people into treatment. So our average of 11.2 people has dropped to just under six people a week. Our

traditional use of the heel branch or traditional housing program has dropped by 70%. And due to our rigorous contact with many active drug users overdose reversals reported off site have dropped from somebody that averages 7.4 per week to just under three per week. So I didn't want to take up a lot of time from the committee but I wanted to address the concerns and again as I said, I am you know, I am deeply sorry for any harm that may have been caused by us serving you know, the situation that we that we were given that we know that we had to rise up to serve as just as Commissioner lapoce was saying, you know, we were also open during the during the entire pandemic and we were basically one of the only open doors so you know that was that was quite a bit to you know to take on.

## **Chairman Lopez**

Any questions? Legislator Bruno.

## **Legislator Bruno**

Um, yeah, I listened to your explanation of some of the changes you made and I applaud you for making the changes. I do think that Samahdi house definitely serves a great function, however, I'm a little - still a little taken aback by a part time security officer in during normal business hours. There's nothing on the overnight from maybe unless I'm wrong, but it sounded to me that that's what you'd said they know business hours till nine o'clock. I'm sure a lot of these people that are want to use the correct words that are creating issues for the neighbors don't look at the clock as far as what time they come out, and I'm sure a lot of them do probably spend a lot of their time awake during the night. That being said the video was a great idea, but it's only as good as somebody sitting on the other side of the monitor watching it and being able to interdict and when something happens. I think one of the biggest reasons, you've probably we've probably seen a drop, maybe because there's a lot less people there is you said, like, you've just quoted some numbers as it's the reduction that you've had to deal with. I know it's difficult. And I give you a lot of credit, to be able to run a place like that. But I also feel for the neighbors and the neighborhood who has to live in that they have children they have to raise and some of the accusations and I'm calling them accusations because I don't know for sure, I haven't seen anything we're pretty strong. Everything from public defecating to public sex, you know, out in the streets, or alongside the buildings and stuff like that. And I think that's pretty serious charges. And I really have to take a step back, and really consider a lot of these things before I can vote yes. I mean, I granted I think you guys are doing an incredible work. But it has to be done in the right way for it to be a community effort. I have a real quick question. Do you have doctors and medical staff on staff all the time?

## **David McNamara**

No, we don't we don't Legislator Bruno. We're not a treatment center. We're not a rehab. We are we're a drop-in outreach center. We have you know, very little funding where peer we're peer organization. So basically, as people with lived experience of addiction, helping other people with lived experience of addiction and mental health, to connect them with services. That's the work that we do.

#### Legislator Bruno

Okay, I've heard also that you're a safe shoe spot. Is that true?

#### **David McNamara**

Nope. That is not true, we actually - everyone who comes into Samadhi has to sign a community agreement that basically says that, that drugs are not allowed on site that, you know, the sale of drugs or use of drugs is not allowed at Samadhi. They all sign that. Now, that being said, you know, I don't think that Burger King condones people using drugs in their bathroom either. But it's a public restroom. You know, I mean, you know, we as we know that, you know, we've had three fatal overdoses in Darmstadt, and they drug test people, but things happen, you know, so. So yes, we do not allow it. But I, you know, people have done that for sure. You know, we've had seven, overdoses in three years, aside from rumors that people have said, those have all been successfully reversed. So everyone, everyone's life was saved, because we our staff is trained, you know, in Narcan.

#### **Legislator Bruno**

And that means you're doing your job. You're saving lives at the end of the day. But right. But and I applaud that, I just want to make sure you're saving lives at the end of the day, which you're doing it in a responsible way to the neighborhood. That's, that's where I land.

#### **David McNamara**

As do I, and, you know, the question about the overnight security guard, we don't really have funding for something like that. I wish, you know, I wish that we did, because we you know, we do the best that we can, you know, this, this, the grant that we're talking about is for 24 hour having 24 hour coverage of peer service, which, you know, which we, you know, which we have we do that with volunteers off site, but I mean, they're not, they're not, I can't ask them to be security guards, you know, it's so I don't really have funding at this point to support something, like that. But I think also, I also wanted to point out that right around the time that we, that we locked our doors, there were there were law enforcement, had raids, there's a drug house on number five Center Street, and there's a drug house on 51 Liberty Street. And both of those drug houses were raided and condemned and shut down, and there's like the windows are boarded up. And that's made a significant difference of, you know, folks that are in the neighborhood as well.

## **Legislator Bruno**

Thank you. I appreciate your info.

#### **David McNamara**

Yes, Legislator Uchitelle.

# **Legislator Uchitelle**

Yeah, I just wanted to ask, you know, you mentioned this notion of kind of mobile, you know, reaching people in on a mobile basis, and, the fact that your kind of an outreach and referral center, that seems to, you know, that seems to be an essentially an effective path forward. I'm wondering if you can speak, I realize you've made some major changes. You're obviously as a result of the changes that, you know, quite candidly, after hearing complaints from constituents, you know, I'm one of the people that asked for changes to be made. And I want to thank you publicly for making those changes, but you're reaching fewer people, do you do you see long term, other changes that you might need to make about the way that you're going to reach the people that you are seeking to serve like, you know, looking farther than farther out then then you know, next month?

#### **David McNamara**

Absolutely. Yeah. I mean, um, you know, eventually the plan is that will move The Center from the location and it's at now, just because the nature of it being in a residential neighborhood is, while it's very important, because we get to serve people that are in need, it also causes the causes problems, I mean, you know, for the neighbors, so we would move the center to a to a non-residential area, and then we would really considerably increase the mobile outreach units. At this point, you know, we have, through the HEAL grant, we have, we have a program where we can put people into the motels for up to 14 days before they go into treatment. So if someone comes in and says, I want to sit down, I want to do treatment, and we do an intake with them. We then through the HEAL grant, we work through Family of Woodstock, we're able to put people in the motels and then we send our peers out to the motels also to make sure that people are safe. And but so quite often, many of the homeless people that we work with that are going into treatment, we're picking them up in the morning, bringing them to Samadhi, and then bringing them home, you know, in the evening. So there's already quite a bit of mobile outreach, that's that that's happening. So I would, you know, I would like to really, you know, make that a bigger part of our services. So, we would, you know, we would park our vans, in areas where we know, there's a lot of high risk for overdose and people in need people in crisis. And that's a system I like to build up over the next couple of years. Yeah.

# **Legislator Uchitelle**

So do you if I can ask a follow up question. Do you feel comfortable tonight, you know, making a commitment to us that your plan is to move the center out of out of this neighborhood to as a long-term solution? Is that is that kind of what you're comfortable saying as the long-term solution that you see?

#### **David McNamara**

Absolutely I can make that commitment.

# **Legislator Uchitelle**

Okay.

#### **Chairman Lopez**

Um, yeah, I appreciate your defense of the organization, I wouldn't expect anything different from the founder and executive director. And I also appreciate, yeah, the numbers that you gave us in touting the successes of your organization as well. My question is, though, aside from just reciting numbers and, yeah, the success of your program, can you provide third, third party verification and confirm the accuracy of what you're telling us? There must be some oversight from somebody that would be able to verify, you know, essentially, what, you're saying, you know, is accurate, and at least give us peace of mind that moving forward? You know, we know that we're getting the whole story.

#### **David McNamara**

Right. So Chairman Lopez, the numbers that were included in the printout that I sent to everyone, those numbers are tabulated by the county. So we so that's from the reporting, that that has done for county contracts that we've had in the past. And basically, the county basically gave that data back to us. So that doubled our numbers that I just made up or, you know.

## **Chairman Lopez**

Do you receive money from other places do you get do you get state or federal funds?

#### **David McNamara**

We have received some state funding for our anti-gun violence program. We have not received state funding for our peer services at this point.

### **Chairman Lopez**

I know that this resolution is yeah, federal funds are coming through the county, but now is because you receive state funds, are there. Is there state oversight on what those funds are used for?

#### **David McNamara**

The state funds that we that we will be receiving are for specifically for the anti-gun violence program. They're not for the opioid outreach program that we do currently. So there will be oversight for that program. Absolutely.

#### **Legislator Petit**

Legislator Petit.

# **Legislator Petit**

Thank you. Um, I mean, I've had more letters sent out to me, you know about concerns about the operations. I think one of the first ones was actually from the church. And I see in your response, you had asked for a gate to put be put up, but I mean, how soon would you consider moving out of that location? You know, there's still the accusations as Legislator Bruno said of, you know, over 200 police calls. I was provided with a spreadsheet, so I'm assuming most of them are accurate. And you know, I've also heard that was a safe place to shoot up, which is why there were so many overdoses on a daily basis. I think what I'd like to propose given that there has been some changes made to the operations in that there are counselors on staff even though the doctor I think that was helping out from Family Health Institute is no longer involved. But if we put a claw-back clause within this resolution, so if things start to return back to as they were a couple of weeks ago, that no additional funding would be provided, if it hasn't already been expended. I guess you're - I'm assuming that since the county provides you with the numbers, that's what you're billing the county for as far as people assisted. So maybe we could go a little bit more into that - you bill the county, for the people that you're assisting?

#### **David McNamara**

No Legislator Petit. We have had county contracts we had one that was, you know, well, I guess we had one that was overall basic peer services, which was covering, which was covering, you know, basically, some of our staff members. We also had a grant to, we also train people to become certified recovery peer advocates, and create jobs in Ulster County. So we've trained 83 Peer advocates and at 37 people employed some of them at Samadhi and some of them and other places. As far as, you know, as far as I mean, as far as some of the, we basically plan to move within the next two months to move the location. That is our plan. And it's not I mean, we are actively pursuing that. Because it's not beneficial to the people that we that we serve, either. I mean, it's not beneficial for either party at this point. So, you know,

that is that is basically something I mean, we also talked about, you know, from an oversight standpoint, you know, members of the Department of Mental Health have visited Samadhi. We please ask for anyone, some of the legislators here this evening have visited the center. We'd like to ask anyone who would like to come visit, to see the center? You know, that would, that would really be great, because I think, you know, there's a lot of stories in the story lead to other stories, and it then it grows into, you know, a very, very large story. But I'd like for people to actually see what it is that we do. I mean, we do have, we do have data to support it as, as Chairman Lopez was asking about, but then there's also what actually happens there, which is pretty, pretty amazing from day to day. I also want to reiterate that on the overdoses again, rumors, we have, we have seven overdoses in three years, that have all been reversed. That's documented. That's what actually happened. On we those police calls the majority of them were us, we call the place people did not call the police on us. We also call mobile mental health, sometimes seven to 10 times a week. And quite often a mobile mental health comes and someone is presenting with a suicidal ideation their recommendation is to call 911 Then we call 911. Um, same thing if there's a homicidal ideation if there's aggressiveness towards another community member or towards our staff, you know, quite often we work very, very closely with the Kingston Police Department, with the sheriff's Oracle Team and with the sheriff's department. So to quite often if we're to we're encountering, especially when, you know mental health services were shut down at the hospital, things got more heightened in that sense aggressively. So, you know, when we would have a situations quite often I would call the Oracle Team first because they could send people in plain clothes and it would be more of a more of a subdued, you know, kind of and if they couldn't get there in time, we would call KPD. But unfortunately, whenever you call 911 well, I shouldn't say unfortunately, it could be fortunate depending on a situation but you know, they send a fire engine to police cars and ambulance. So it creates quite a disturbance in the neighborhood.

## **Chairman Lopez**

Legislator Bruno.

#### **Legislator Bruno**

(Inaudible) listen to your answer to Legislator Petit. Have you guys thought of the idea of partnering up possibly with the Department of Mental Health and I see that Ms. McDonald is still here. And I know they're stressed out with their fund their funding and their staffing, and I understand that, but it almost seems like there should be some sort of a liaison, especially since the county is funding this. I mean 112-\$113,000 that there should be some kind of interconnection. This is another argument for what Ms. McDonald was saying about the Department of Mental Health separate from the Department of Health and working with these types of organizations. I'm a firm supporter of what you're trying to do, as well as Ryan House in Saugerties. I think you guys are kind of similar situations. It just needs to be done in a correct way, in a right way. And right now, to be honest with you, you're in a bad spot, but you're moving in two months. So maybe I'm just going to throw this up there that maybe we could do something with this resolution in two months, when you get into your new location. I mean, between now and then, or, or something some way facilitate that, to help. I'd like to see these funds go towards making that that much better. Now, I'm not against it. I'm just throwing ideas up there.

#### **David McNamara**

So Legislator Bruno we work very closely with the Department of Mental Health. I check in with Deputy Commissioner MacDonald and the rest of the Department of Mental Health. I don't know Deputy Commissioner, would you say it's like, monthly or quarterly.

#### **Tara McDonald**

So it depends on the forum, you have staff, there's Samahdi staff that are regularly participant, regular participants in our weekly SPOA meetings. So there's conversation with regards to residents that we work together on. There's a Department of Mental Health staff that had some oversight with regards to the housing vouchers that David had referenced when there is an individual that may need a time in a hotel, while waiting for treatment, we have some responsibility in determining whether someone continues beyond the three-day period. So we're, we're involved in that as well. And we certainly offer as much technical support to Samahdi as possible, but because a lot of the ways that any funding that the county may be getting to support Samadhi is coming through the Department of Health, and that's because of how the funding itself is rolled out. They tend to be Department of Health initiatives. It puts a layer of separation, which I believe that we're trying to be able to address. But we are very much working with Samahdi at this point.

#### **Nettie Tomshaw**

Excuse me, Chairman, we have a caller. Caller could you identify yourself?

#### Jay Mahler

It's Marc Rider.

## **Nettie Tomshaw**

Oh, hi Marc again.

## **Chairman Lopez**

There he is. Okay.

#### **Legislator Criswell**

May I ask a question please?

## **Chairman Lopez**

Sure.

# **Legislator Criswell**

I'm sorry. It's Marc. Marc, are you asking a question? Yeah, this is for, for Tara. Um, so in the future? Do you see the relationship with Samahdi going through the newly created mental health department.

#### Tara McDonald

So I will say that we would foresee and Samahdi has been working on this for quite some time, in terms of attempting to obtain a license threw OASAS to provide treatment, the Department of Mental Health, in our status, the local governmental unit has responsibility on the local and for some of those licensed treatment providers. So that would certainly accelerate the work that the department does with Samahdi,

once they are a licensed entity in between, then from then until from now until then, we would be providing more of the technical support side and making sure that they're integrated in our overall continuum of care, as they are right now by participating in SPOA, integrated author and all of those sorts of things.

#### Dr. Carol Smith

Yeah, I'm just going to jump on because it's the way the state actually had appropriated some funding to support substance use disorder, and opioid overdoses, etc. throughout the state. And that came through the Department of Health funding, and the Department of Health funding is very separate line from the state from OASAS, which is the certifying body for substance use treatment centers, etc. throughout the state. So that line of funding coming from the New York State Department of Health will always be going to the Department of Health. We can't change that. That's how that's appropriated on the state level. But as Tara was saying, when if and when Samadhi receives licensure threw OASAS, then the funding component becomes were directly going to the LGU to Samadhi through OASAS so but right now, as long as the funding comes from the State Department of Health, it meant as an ear mark for the Department of Health. So we can't really change that. So

#### **David McNamara**

I did want to thank you, Dr. Smith. I did want to also just point out that the that the Samadhi outpatient clinic that we're applying for licensure for is separate from the from the Samadhi Outreach Center, which currently exists. Those are two separate those are two separate entities they I mean, they obviously will be connected and work together with each other but the outpatient clinic is its own to OASIS certified outpatient clinic. It's not an outreach center, which, which is basically something that we need because of the level of overdose and homelessness and untreated mental illness that we have right now in the County.

#### **Nettie Tomshaw**

Chairman, Jeannie Edwards joined us.

#### **Chairman Lopez**

Okay.

#### **Nettie Tomshaw**

And Energy and Environment is supposed to be starting now so we have to move on.

# **Chairman Lopez**

Okay, again, we got to move on here. Um, are there any other questions? No. Okay. Well, hearing none. Thank you, Mr. McNamara for joining us and I appreciate your time and your input. And oh, Legislator Bruno did you have something? No? Oh okay. Yeah. All right. Gotcha.

#### **Legislator Bruno**

Oh, I'm sorry. I was. Thank you. I want to say thank you too but I was muted.

# **Chairman Lopez**

Very good. Well, then we will move on to resolutions.

#### **David McNamara**

Thank you, Chairman Lopez.

# **Chairman Lopez**

You're welcome.

## **Chairman Lopez**

All right. Let's bring them up here. One second. All right, we will move right into Resolution 496. This was referred back to committee. Approving an execution of a contract for \$112,500 entered into by the county with Samahdi Center, move for discussion.

## **Legislator Bruno**

I'll move for discussion.

#### **Chairman Lopez**

Second. Discussion? Let me let me ask you, Marc is this - I know that we had brought this up in chairs committee, whether it was time sensitive, these monies would be available if we held off on it. Again, I'm, quite frankly, I'm not sure if the republican caucus is going to move forward with this one. And if it does come to the floor, I know it has to pass out of here and still go to Ways and Means. Um, but yeah, I think a big question is whether it's time sensitive.

## **Legislator Uchitelle**

I'll second.

# **Deputy Executive Rider**

Um, so my answer to that would be that, and the chairs meeting, and I think even last month, I may have given you slightly different information on this. This is not actually a heal funding grant, this is a NACCHO grant, which is what separate federal funding. Tt is not as easy for this grant to be changed. Samahdi was a sub-recipient, to this grant. And in order for us to move forward with this funding, every dollar has to be spent on this grant by July. So it is somewhat time sensitive.

#### **Chairman Lopez**

Okay, now, is Samahdi the only organization that could provide these services? Or is it a possibility? I'm just throwing it out there as devil's advocate here that the funds could use be could be used elsewhere.

# **Deputy Executive Rider**

Samadhi is the only sub-recipient who is able to receive to receive these funds currently, as the grant has been administered. We would have to go back to the grantor to change, yeah

#### Chairman Lopez

Okay. Gotcha change. Okay.

## **Legislator Bruno**

So, if this were to like, so Chairman.

#### **Chairman Lopez**

Sure.

## **Legislator Bruno**

If this word to be said, July, it has to be spent by if they're planning on it. That's not a lot of time, actually. But they're planning on moving to new digs in within two months or so if I understood that correctly. At the same time, moving into new locations can be costly, and very little, so the money could get spent very quickly in the next six months. Very fast. So I'm just curious as like, Chairman Lopez just says that if we postpone it for one month, that would put them into halfway by that time, they would be into a contract or whatever it is they're going to do to get into the new place, and we would have a better idea where it's going to be.

## **Legislator Bruno**

I'm just thinking out here. I mean, since it's not going we're not going to be up against the wall as much as I thought we were prior to listening.

## **Chairman Lopez**

Right.

# **Deputy Executive Rider**

Yeah, I mean, I'm not saying that it would be devastating for it to be a month postponement, but it would be you know, another lesson other I think that they could do work under this contract, provide services without providing them at the center and continue on 24/7 operations. Again, providing some of these not directly at the center impacting the residents. So it wouldn't, you know, I would still prefer that it move forward. But if it was the pleasure of the legislature to postpone it for a month, we would live with that.

#### **Chairman Lopez**

Legislator Walter.

#### **Chairwoman Walter**

Thanks. Yeah. So I'm just going to reiterate what Marc had just said, you know, the idea of it being 24 hour pure services doesn't have to mean that the center's 24 hours. And so I think we need to separate it from this, we can separate a potentially if David is willing, from the space and not make the space itself, at this stage, 24 hours, but the services, they're providing 24 hours, which is peers reaching out to other peers, contacting them. So it would have nothing to do with the location, it wouldn't make the location open 24 hours, it would just mean, their services were 24 hours. And if that's okay, with David, you know, I think it'd be very important to get that message across that this is not about keeping the building in its current location, open 24 hours. It's about funding them to make peers available anytime of the day or night. And I would encourage you to support it under that, those auspices.

# **Legislator Bruno**

That's a little different.

## **Chairman Lopez**

Right? Yeah, no, I, I don't have an issue with that, like I, I don't have an issue moving forward with this, I just don't want it to become, you know, redundant, I would like to know that it has the support to move forward, instead of it, making it back to the floor and ending up back in, referred back to our committee again.

# **Legislator Bruno**

So I will say at this point, I support it. They've made they made some huge changes, while I'm not real thrilled with what took place in the neighborhood that they're in, you know, because of the people who live there, but they have made some changes, they're working towards that goal, or working towards a goal of getting out of that neighborhood to and they're providing a service - saving lives at the end of the day, maybe not all the lives. But that's impossible. And it's \$112,000 out of a 300 plus million-dollar budget. At this point, I'm going to be yes to move it forward. And then at the very least it'll go to the floor and the entire legislature can then make the decision at that point.

# **Chairman Lopez**

Legislator Uchitelle. Yeah.

# **Legislator Uchitelle**

So yeah, I mean, I just to echo your Bruno's point. I think the changes are significant, I think the you know, I've visited, I've made a point of going over there, whether walking running, right, you know, riding my bike or driving, I've been there just about every single day, just going past and it's it is very different. But ultimately, hearing the commitment tonight to seek a new location is, you know, essentially clinches it for me, and I want to support them, you know, in doing that, and finding a new location, and between now and then continuing to serve people as best they can. You know, if we didn't support this resolution, it's not going to mean that they don't operate. They're going to keep operating. But it will mean fewer resources, and I don't see how even that would benefit the you know, the neighbors, you know, that, you know, legitimately have brought some very serious concerns to us. So I'm comfortable moving forward with it tonight, you know, after hearing the commitment to seek another location, ultimately.

## **Chairman Lopez**

Okay. Legislator Petit.

#### **Legislator Petit**

Thank you, um, I don't know how comfortable I am voting with it on it right now. If the changes were presented to me, you know, within the contract that it would be 24/7 however, the hours of operation wouldn't be 24/7. I'd like to see that already put into writing. And, I mean, you know, some of my background is just they wanted to put a transitional rehab in my neighborhood. And the concerns that we had brought up are what the Midtown area is experiencing right now. So you know, my heart goes out to the neighborhood. Also recognizing though this is a much-needed program. So it's a real, it's a real quandary for me because we need these services. It's just I feel so uncomfortable, knowing that children

are being exposed to or whatever they were, what they were exposed to. And it's only been two weeks. That's not a long period of time. And I just read that there was a fire over at Chiz's, which means there's 14 More people displaced, so that they're going to be looking for an alternative for some help. If we could have a special meeting just before the legislative session, to push this through. I don't know if it can go through Ways and Means just to make sure that some of this language is actually put into the contract. And the resolution before we vote on it, I would feel much more comfort comfortable doing it that way.

# **Deputy Executive Rider**

If I, if I could just jump in sorry, I'm not on the screen. So sure. I you know, Legislator Walter, you know, has stated that it's going back to Ways and Means and would ask you to support. I would say if we move it, if you choose to move it forward tonight, I could work with Legislative Walter in to make sure that the changes were made prior to Ways and Means and it would pass or fail on the merits there.

## **Chairman Lopez**

I think that's fair. Legislator Petit would you be okay with that?

## **Legislator Petit**

I mean, I would much rather see it. See the language already in there before I vote yes. It's going to pass anyway. It would be a four to one. And, you know, at Legislative Session, and I'll sit in on Ways and Means as well Legislator Walter. You know, at that point, I would commit to, you know, being a positive vote on it on the floor.

## **Chairman Lopez**

Okay.

## **Legislator Criswell**

I'm gonna say move yes on this with the changes that I heard. I've also visited, I sat outside in my car for an hour and just sort of watch what was happening. And yet very, very different, I think at this moment, and with the commitment of the move, I think all those factors will make me say yes.

## **Legislator Petit**

And see, when I drove by, they were in the middle of a car accident, somebody bumper was lying in the middle. So I don't I don't have any positive experience yet. I've only driven through three or four times, but yeah, it's a yeah

# **Chairman Lopez**

Okay. Legislator Walter.

## **Legislator Walter**

Thanks. I'll just say that I'm committed to working with Marc and David on those kinds of things and making sure that even if possible before Ways and Means you get it, you all get a chance to see those suggested changes. So that coming into the meeting, you'll actually know what we're proposing and maybe even have a chance to chime in.

# **Chairman Lopez**

That's good. I'd appreciate that. Okay. Any other discussion? All in favor?

#### **Committee Members**

Aye. Aye.

## **Chairman Lopez**

Opposed? One opposed. Yep okay.

# **Chairman Lopez**

All right. Let's move on to Resolution 510, Amending the budget to accept an allocation from Office of Victim Services for the Victims of Crime Act.

# **Legislator Criswell**

I'll move it for discussion.

## **Legislator Bruno**

Second it.

#### **Chairman Lopez**

Discussion. No discussion? Okay. Hearing none, all in favor?

#### **Committee Members**

Aye. Aye.

# **Chairman Lopez**

All right. Resolution. I'm sorry.

## **Nettie Tomshaw**

Laura, are you in favor? Okay.

## **Chairman Lopez**

Oh, yeah alright. Resolution 512, Approving execution of a contract for \$150,000 with the Abbott House. Move for discussion?

## **Chairman Lopez**

I think you forgot one.

## **Chairman Lopez**

Oh did I? What 511 Yep. You did. Yeah. See, I'm jumping ahead. Okay, well let's go 512. We can take it out of order right.

# **Nettie Tomshaw**

Sure.

# **Chairman Lopez**

Yeah. Move it?

# **Legislator Criswell**

I'll move it.

# **Legislator Uchitelle**

I'll second.

# **Chairman Lopez**

Any discussion? Hearing none, all in favor?

# **Chairman Lopez**

Aye. Aye.

# **Chairman Lopez**

All right. 511. Proving the execution of the contract for 30

#### **Nettie Tomshaw**

Excuse me Chair. Laura, are you there? Laura, did you vote in the affirmative?

# **Legislator Petit**

I'm here. I just keep trying to switch screens. I guess when I do my face disappears. Is that what it's doing?

## **Nettie Tomshaw**

Are you in support of 512?

# **Legislator Petit**

I am.

#### **Nettie Tomshaw**

Okay thank you. All set Chair.

# **Chairman Lopez**

All right 511. Approving the execution of the contract for \$76,203 entered into by the county with West Publishing Corporation. Move for discussion.

# **Legislator Uchitelle**

Moving for discussion.

# **Chairman Lopez**

A second.

## **Legislator Criswell**

I'll second it.

# **Chairman Lopez**

Any discussion?

## **Legislator Uchitelle**

I did want to ask Chairman Lopez just if I, perhaps Commissioner, Iapoce could just give some background on what type of research this Thomson Reuters database facilitates?

#### **Chairman Lopez**

Absolutely, Commissioner.

## **Commissioner Iapoce**

Legislator Uchitelle it facilitates investigations around locating individuals who are the subject of what are called for DSS purposes anyway, Fed referrals, front end detection referrals that our caseworkers arrive at in connection with transacting and processing applications and re-certifications for public assistance programs. And I think that it sets forth in the resolution that the contract is a collaboration with the probation department, and also the sheriff's department. I can't speak to exactly what their users rely on the software for, but I'm sure it maybe relates to also confirmation of location information for individual's potential and outstanding warrants or in connection with meeting the terms and conditions of their probation. So that's essentially the nature of the work that we do in connection with the program.

# **Legislator Uchitelle**

So just in terms of its like background check information that and I can think of a number of reasons you don't necessarily need to go into them about why DSS for the safety of other, you know, folks they work with would need to know, background information about other people. Is that would you say that that's a fair kind of layman's reaction to what you described?

# **Commissioner Iapoce**

I wouldn't say it's necessarily background information, it's information that helps us to identify the locations of individuals who are the subject again, of front end detection referrals, who provide us with information in their application process, that doesn't necessarily appear to be consistent with other databases that we cross reference mean a background check, to the degree that that might be done on what somebody's activities might be. This is more around the transactions that they're involved in, so that when they're disclosing to us the existence of income or resources, where they have resided, what kind of expenditures they're incurring. So it's really for us here at DSS about the eligibility determination we're going to make when they're applying for public assistance benefit.

#### **Legislator Uchitelle**

So thank you for that makes a lot more sense.

## **Chairman Lopez**

Okay, thank you. Any other questions? All in favor?

#### **Committee Members**

Ave. Ave.

## **Chairman Lopez**

All right. 513, Approving the execution of a contract for \$1,111,045 with the Health Research. Move it.

# **Legislator Bruno**

Move it for discussion.

## **Legislator Uchitelle**

Second.

#### **Chairman Lopez**

Any discussion?

# **Legislator Bruno**

Dr. Smith.

#### Dr. Carol Smith

Just so you know, HRI or Health Research is the branch of the New York State Department of Health, which passes funding down to local health departments for the purpose of the Article Six work that we do in general. You know, I should probably pull that resolution up in front of me to get the exact wording, but I wanted to clarification on that any monies we get for our work through the state comes through HRI. It's that funding division of the New York State Department of Health.

## **Legislator Bruno**

What's Article Six referring to?

#### Dr. Carol Smith

Article Six is an in public health law, which defines the work of local health departments and the kinds of activities that are required under public health law under that particular article of public health law. It's called Article Six. And it involves such things as the tuberculosis surveillance, sexually transmitted diseases and other communicable diseases. In addition to a number of that, that's on the patient's side, but rabies, environmental health, etc. So all the activities that are listed under the 10 core public health services. Under that article in public health law, state public health law goes through HRA.

# **Legislator Criswell**

And that's what this one's all about.

# Dr. Carol Smith

Yes, yes, it is.

# **Deputy Executive Rider**

And this one, in particular, its public health preparedness branch.

#### Dr. Carol Smith

Right. Which is, which is an Article Six reimbursable activity. So it's one of the core functions of the Department of Health.

## **Legislator Bruno**

Thank you.

## **Legislator Petit**

And I don't have the resolution in front of me this is this is funded in part by the county or is it all passthrough funds from the state and feds? Okay. It's a lot of money to do data. I guess I should have charged more when I did data entry but - a billion dollars.

#### Dr. Carol Smith

It's not just data entry by a longshot. No.

#### **Chairman Lopez**

Okay. Okay. Very good. Anything else? All in favor?

#### **Committee Members**

Aye. Aye. Aye.

# **Chairman Lopez**

That's it. We got through everything. Yeah, very good. Any new business or old business? No, you're sure? Awesome.

# **Legislator Bruno**

I'd like to make a motion we adjourn Mr. Chairman.

# **Chairman Lopez**

Get a second.

## **Legislator Uchitelle**

I'll second that.

## **Chairman Lopez**

Very good. All right. Everything went well. It's good seeing everybody. See ya'll soon.

#### **Nettie Tomshaw**

Thanks, guys.

# **Chairman Lopez**

Good luck tomorrow.

# **Dr. Carol Smith**

Thank you.

# **Chairman Lopez**

All right.