

Minutes  
Budget Hearing  
Human Services Committee  
Audit & Control Committee  
Wednesday, October 3, 2018, Rm# 331 & 333  
Gerace Office Building

Members Present: H.S. Wilfong, Rankin, O'Connell, Pavlock, Whitford  
A.C. Chagnon, Gould, Niebel

Others: Tampio, Dennison, Schuyler, Lis, J. Anderson, Agett, Narraway, Hansen, Brinkman, K. Swanson, Spanos. Sundquist

Chairman Wilfong: I would like to call this budget meeting to order. The first thing we are going to do is have a brief overview of what the budget consists of and how it operates. I'll just turn it over to Kathleen.

Mrs. Dennison: Alright, thank you. Before I go through the book with you, just some highlights of the 2019 budget. Some of this information you already heard from the County Executive when he introduced it last week, but just to reiterate, there is no increase in the tax rate, there is no use of general fund balance, there is no increase in unfunded positions. So, there are some new positions in the budget, but all of those are funded. There are some departments that are adding unfunded positions and some that are losing, but as a net, looking at the County as a whole, no new unfunded positions and there are significant investments in capital infrastructure.

Just a couple of overview items that pertain to the entire budget- the base pay includes increases only for the settled contracts and it also includes any step increases. For most of the positions that we will be looking at today, that our unit 6300, there is no increase in the base pay. There is, included in the budget, the base assumption is a 3% increase for any managerial positions. The Departments have the option to adjust that if they chose to, but the base assumption is a 3% increase for managers, so that is included.

When we look at health insurance, the health insurance- the medical rates are an increase of 1.86% over 2018. That is a very mild increase compared to what we say last year. Last year was 10%. We also have a significant migration to the high deductible health plan. Any employees that are currently on that plan, in almost all cases, they're assumed to be remaining on that plan in 2018. So, with the modest increase in the medical rate and the increase in people in the high deductible plan, we're actually seeing County-wide a decrease of \$700,000 in health insurance expenses. That's just for the operating funds, the A, the D and the DM funds.

The one change that you'll see a lot of today is a change in the accounting for occupancy costs. Occupancy costs- the cost of the CSEA Union President and the NYSAC dues. In the past and in 2018, those expenses were allocated out to individual operating departments. For 2019 we are proposing that those expenses be consolidated in their home departments. So, Buildings and Grounds is keeping all of the expense for occupancy and not charging individual departments. So, most of the departments have a significant decrease in their contractual costs because they are no longer charged for occupancy. We have asked the departments to indicate that change in their comments, so you'll see it when we go through the budget summaries. I also have a report

that summarizes that accounting change for each of the organizations. If you have any questions on that amount, you can just ask me. The reason that we're doing that is that the charges before were kind of- I don't want to say artificial, I mean they were based on quite a bit of analysis, but they were charged to the departments and then Buildings and Grounds got revenue and it was just an extra step in accounting that really didn't add anything to our- the way that we do our operations. Again, those items consolidated into Buildings and Grounds, the CSEA President is now in Human Resources and the NYSAC dues are all in the County Executives budget. So, those are some themes that we'll see today.

Going through the book, the first part of the book is the tentative budget document that was posted on the intranet and all of this detail, we're going to see in the budget detail that follows it. The tentative budget will just show you the budget at the classification level for each organization. If you go behind the black divider where there is a section for each organization, they're in order by organization number and on your schedule today, it's got the different organization numbers. So, you'll see on your schedule which organization we will be starting with. We will be starting with 31 and 32. In each section, what we've been asking the departments to do is walk through the summary- that's the first document there, just to go over their local share changes, their FTE changes and then go through a summary page for each of their operating departments. The summary document will show changes from 2017 actual and from the 2018 budget. It also includes a projection of 2018 results compared by the departments and then of course, their 2019 budget. Most of the commentary compares their 2019 budget with the 2018 budget. There are some other comments if they want to comment on projections, changes versus projections- that's in there too. As I said, we're encouraging departments to go through each page and just talk about major changes in their budget and then behind the summary, which in most cases is behind the hot pink sheet, there is a detail by account number and generally we will refer to that if you have specific questions that you need that additional detail. So, that is the overview. Any questions before you move on?

Legislator Whitford: I just have one. Are there any contracts that are up this year? Are they in the process of negotiating?

Mrs. Dennison: There are contracts that- well, the CSEA 6300 contract is being negotiated now. We are currently in a one year extension of that contract, but that extension will expire in 12-31 of 2018. So, that one is being negotiated now. Also under negotiations are the unit 6322, which is the part time deputies and the corrections officers. Those are all being negotiated. The only units that have settled contracts- DSSAC, the Deputies Union has a settled contract and that contract calls for a 1.5% increase in wages in 2019. So, that increase is in the 2019 budget. The Sheriff's Lieutenant's Union also has a settled contract and so there is a 1.5% increase in the wages in 2019 for that union.

Chairman Wilfong: Any they're included in that?

Mrs. Dennison: Yes, so for the DSSAC and the Lieutenant's Union the increase is included. For all of the CSEA- the two CSEA units and the corrections officers, no increase in- only step increments, but no increase in the base range.

Chairman Wilfong: OK, well I would like to invite our friends from the Health and Human Services group to come on up.

**Health & Human Services:**

Mrs. Schuyler: OK, I'll start with your main local share summary page.

*(Cross-talk)*

Mrs. Dennison: Social Services is a little different in the way we have the tabs. The summaries, as she said, are all under 30-31 for summaries for all of the Human Services Departments. There are separate tabs for the account detail- separate tabs for Youth Bureau, Public Health- so, the detail is split up into several tabs but all the summary is under 31 and 32.

Mrs. Schuyler: OK. I think I will start out by saying that I think throughout the year we have worked quite diligently to provide you with accurate forecasts of where we think our budget will be. As you all know, there are a lot of unknowns in the Health and Human Services world. We have been looking at trends, historical trends and also, lately what's been going on. So, we do have some updates for you in some of these areas as far as when we did our budget we only were at six months of the year and now we have a few more months of data to look at. We think you might be OK with that. On your page, our total overview- you can see that we have decreased our local share by \$942,660 which is above the target, which the County Executive had given us to decrease by. I don't know if you want to go line by line-

Ms. Lis: Or wait until we get into the departments –

Chairman Wilfong: Would you rather go down line by line with these, or would you rather wait? How would you like to handle this?

Legislator Chagnon: Whatever you would like to do. We will obviously have questions about the line item detail, but however you want to proceed is fine with me.

Ms. Lis: Each one has a page-

Mrs. Schuyler: Yeah, each one has a page.

Mrs. Dennison: Generally, we've been having the departments go- not concentrate on the local summary page, but come back to that-

Mrs. Schuyler: OK.

*(Cross-talk)*

Mrs. Dennison: Yeah, each page for each department. Starting with the FTE's and then going through each department individually.

Mrs. Schuyler: Alright, well then the next page.

Ms. Lis: You'll see that we increased our FTE. If you look at it straight forward it's an increase of 8.25, but you'll see that-

Legislator Gould: Can you speak up a little?

Ms. Lis: OK, I'll be louder. We've increased our FTE's by 8.25 if you just look at the surface of this form, but you'll see that 6.25 of that is in Raise the Age. In that group, on this version of the sheet, there's no one in there that belongs to Health and Human Services. We've kind of combined our work together for Raise the Age with Probation, Public Defender, the Sheriff's Office and the Attorney's and their people are in that area. Those are all 100% funded by the State. So, it's that new initiative, I'm sure you've heard a lot about it. So, in essence ours has increased by two.

Chairman Wilfong: The 2.8 right above that for the services team? That's the 2.8 you're talking about?

Ms. Lis: Yes and that's mainly because this version- and we do have some changes to discuss, but I don't know if it's best to discuss them now or at the end?

Mrs. Dennison: I would say we should go through the version that's in the tentative budget and resolve any questions on that.

Ms. Lis: OK.

Mrs. Dennison: The Social Services Department has some changes that it would like to bring to the Committee, but I think we should go through the proposed-

Ms. Lis: They're not- there's only a few changes, so probably it will be best to go through it later. It won't be too confusing that way. Right above that, you see the two and that was because we had planned to continue- well, we had planned to enter into an agreement with Probation for a Juvenile Services Team and transfer over two of their people to our group. So, there weren't really two new people for the County as a whole, they were just being moved from the Probation FTE's to ours.

Legislator Rankin: Does theirs then show a decrease?

*(Cross-talk)*

Ms. Lis: Yes, at this point. So really, in the end, we're basically even on FTE's. We're not changing. Any questions on the FTE page?

So, again, the next one is sort of a summary just broken down by type of expense and revenue. I think maybe we will go past that again and into the departments. The first one A6010 which is our biggest, messiest department. It's a tough one to start with. If you look at this, we do in total, on our A6010 which is our DSS administration, most of our payroll posts here for our

DSS people. So, you will see that in total we are decreasing our local share for this department by \$210,000, but if you want to look at the different lines our payroll is up, our contractual- I don't know how to present this. I don't know if I should wait for you to ask me questions or-

Chairman Wilfong: Just tell us what you're thinking and we'll ask questions.

Ms. Lis: Alright, because we have increased- if you look at our budget for 2019, one of the factors for the increase in wages is that we did the resolution to increase our pay rates for child welfare staff. So, we have a whole year of that, whereas we only had maybe three months of that- actually, none in the budget for 2018 (*inaudible*) three months of actual in 2018 for that. Also, we project to have all our positions filled and then just the regular step increases- things like that. We don't have any additional people in there other than, I believe those probation officers are in there. Those two bit of information- that covers most of the increase other than the regular step increases in our budget.

Legislator Pavlock: Is there a decrease in the probation sections? Are they giving you the money to your budget, now?

Ms. Lis: They should be because this part of the budget is all based on specific staff-specific people. It's created by Kathleen's office and then we can move people around and do whatever, but the dollars attached to those people are going to go where the people go. So, yes, theirs should have decreased.

Then next place I would stop is at contractual. There are some decreases- it's expected to decrease because we're taking out- as Kathleen said at the beginning, we're not being charged for occupancy any longer. That would have been in that line. We're not being charged for NYSAC or the CSEA President, so you can expect that to decrease, but we have several new contracts that are coming through, including the Probation Cooperative Agreement, which that's a little misleading because I think at that point we had properly (*inaudible*) that's in the payroll line (*inaudible*.) We have a North Woods software license. We purchased the North Woods software for our (*inaudible*) welfare staff. We have several agreements for peer support and other things like that. Also, we've been budgeting contractual lower than our actual. If you look at what we've contracted for, we've been budgeting it lower than what we've actually got signed in contracts. Mainly because several of our contracts are taking a long time to get started, but now they're all fully functioning. We have some three-party contracts- they take a long time. So, I brought our contract budget up to what we really signed and what the County's really liable for based on signed contracts. It's kind of a change in practice because I've always been uncomfortable with that to be honest with you.

Mrs. Dennison: So, you're budgeting all contracts now at 100% utilization.

Chairman Wilfong: Alright.

Ms. Lis: I've gotten our people to contract more appropriately. They use to just throw a total on there saying well, we won't go over this total and I'm trying to get them to bring it down to more of what they actually expect to spend, so I have something that I can rely on to budget by.

Legislator Rankin: And then there aren't any surprises later.

Ms. Lis: Right.

Mrs. Schuyler: Even though there could be surprises depending on the number of kids in foster care or anything like that.

Ms. Lis: Right. It is hard to track, but like I said, I've always been uncomfortable (*inaudible*) that we had under budgeted in that line. That's why it looks- it has an increase rather than the decrease you would expect.

Mrs. Schuyler: In this big account, when you look at all of our personnel costs and all of our contractual, we're budgeting as if all positions were filled, which rarely happens with us. There's always vacancies on a continual basis and that all contracts are going to be completely used to the maximum.

Legislator Whitford: Do you do this on trends? Is that how you do your projections for-

Mrs. Schuyler: Contracts?

Legislator Whitford: Yeah.

Ms. Lis: We use trends to build our new contract total and then I- which we didn't use to do, and then I'm budgeting off those contract totals.

Legislator Chagnon: We're having a little trouble hearing back here. Christine, could you repeat what you just said.

Mrs. Schuyler: I said in personnel, we are budgeting as if all of positions were filled. That rarely happens for us though because we have constant turnover. With almost 400 employees, there's constant turnover, so there's always vacancies. We normally don't meet that full projected number, but in our budget it's- we're budgeting as if we had every vacancy filled.

Legislator Chagnon: That's the part that I missed.

Mrs. Schuyler: In the contract line, we're budgeting as if we use the max on every contract which doesn't always happen either.

Legislator Gould: So, why are you budgeting that way?

Ms. Lis: I feel that's the conservative way to go. That's what we've signed for- that's what we've agreed to pay those vendors.

Legislator Gould: Yeah, but if they're not there you shouldn't be budgeting for them.

Legislator Niebel: It's a projection.

Legislator Gould: Yeah, I know.

Ms. Lis: It's the best projection we can come up with because we have a lot of new contracts that we don't have a lot of history with that are- our services director is not here, but she's entered into several new contracts for peer support and other things where we are-

Mrs. Schuyler: We're looking at enhancing services for our high risk youth in particular to try to divert them out of the system and that means we have to have contracts with outside providers such as Hillside New Directions, who provide higher level of care, Master and Social work prepared therapies and that sort of things. We don't do that internally and we have really realized that that's a gap, particularly for our children in foster care. So, those are some of the contracts that we're enhancing that we haven't had in the past to this extent. We also- you will recall we had a capital project for the North Woods software, which is a technology that enables case workers to do their work from the field and not have to run back to the office for a form and go back to the home to get someone to sign it and all of that. Everything is right there in front of them. Those licensing agreements are in there now, which hadn't been in the past.

Ms. Lis: That's \$190,000 and some of the other ones- they're decent sized contracts- these contracts with the third parties. The way that-

Mrs. Schuyler: There's revenue that goes with a lot of these. When she says a third part contract, for instance, we have entered into a contract so that there is an excellent school resource coordinator at Jamestown Public Schools who works in the tech academy with these high risk kids. He goes to the homes, he's in the community and we get 62% State reimbursement for that. So, that leaves a 38% local share. Well, Jamestown Public Schools says we'll pick up that 38% because it's important for us to have this. Leanna Luka-Conley, my deputy in charge of Adult and Children Family Services has been working very hard to try to find some other entity to pick up that local share so that we can get enhanced services into our schools and into our communities and keep kids out of our systems. That's really what our goal is here is to keep kids from coming into foster care and going into detention and into these other facilities that are out there. Part of the BOCES new (*inaudible*) for community schools and community resources is going to help us do that because if we funnel through BOCES, the school gets State aid on the portion that they fun. So, we're working really in partnership with some really creative new ideas with BOCES.

Legislator Rankin: I was going to ask you guys how you felt about the way that was budgeted because Jay, you sound concerned about that. Do you have a different suggestion?

Legislator Niebel: I was going to take off on Jays- I think what we're hearing is there's not a lot of history on some of these things, so you're making projections kind of on the high side. Jay, if there was more history then they could make different projections and perhaps lower the projections.

Legislator Gould: Or maybe use an average rather than the high side.

Legislator Niebel: That too.

Mrs. Schuyler: So use maybe 90% of the contract total versus 100%?

Ms. Lis: But then what you're going to do-

Mrs. Schuyler: That's an accounting question.

Ms. Lis: But what you're going to see is you're going to see the 62% revenue go away and you're going to see the match from the other people go away, so there's really no effect of doing that.

Mrs. Schuyler: If we drop these down, we also then have to go to the revenue and drop the revenue.

Legislator Gould: Right.

Ms. Lis: And the ones- the newest contracts that we don't have the experience with- it takes a long time to get three parties- all the paperwork, so then-

Ms. Schuyler: But the revenue is (*inaudible*) for those, as I was saying.

Ms. Lis: Right.

Mrs. Schuyler: That local share that's covered by other entities is in the revenue component.

Ms. Lis: So-

Mrs. Schuyler: None of our contracts come without some sort of revenue.

Ms. Lis: Right.

Mrs. Schuyler: None of our personnel come without some of revenue. State, Federal, grants- in health and human services, there is no one that doesn't have some sort of revenue-

(*Cross-talk*)

Legislator Gould: Local money too.

Mrs. Schuyler: Right, whatever the State or the Feds or a grant doesn't pick up-

(*Cross-talk*)



Ms. Lis: But on these contracts that we're talking about right now, we've got a third party funding that difference. That's why we've budgeted for the entire thing because these are new programs, they're going to ramp up and to take that budget down, there's really going to be no local share effect because we'll be decreasing the revenue and the match from the other party.

Mrs. Schuyler: A large chunk of these contracts-

Legislator Gould: I just don't feel that it's a fair way to do a budget- to operate on the highest percentage you can get. That's only my personal opinion. I'm sure a lot of other people feel other ways.

Ms. Lis: I know that a lot of times the revenue side of the budget doesn't get a lot of attention. To me, it is kind of- people don't always amend it when they get new grants- things like that and it doesn't get as much attention, but when we- if we come in lower on these expenses, we will come in lower on our revenue. So, that's the kind of thing I track. Sometimes it's hard to see, especially early in the year, how our numbers are comparing to budget because our timing is always off. If I see that we're at 21% here and 21% here, I know that we're good. You know what I mean? We aren't going to replace that with other spending, it is set aside for those particular items.

Legislator Rankin: Is that something that during the year- because I know you make adjustments to different accounts during the year as you see where we stand, that this might get adjusted as you-

Ms. Lis: It could. It definitely could.

Legislator Rankin: For example, is the first half of the year a good predictor of what the second half of the year would be, or is that still not fair to know how they're going to come i?

Mrs. Schuyler: In this account?

Ms. Lis: It might be. A lot of these vendors are very slow to bill us too. We've been working on that because that can really throw off our numbers when we're trying to analysis. I think we'd be closer than we are now because those contracts are started, but only just starting to go. I believe that next year, yes, after six months we should have something and yes, we try to keep you up to date on anything we know that's happening of a good dollar value.

Mrs. Schuyler: As you know, we have more resolutions than probably anyone to change things around and-

*(Cross-talk)*

Legislator Pavlock: The new contract with the software, has that been working OK and have we seen any- it was supposed to actually save some overtime costs and other things like that. Is there anything associated with that?

Ms. Lis: Not quite yet.

Mrs. Schuyler: It took a while for IT to get the Microsoft Surface Pros in and get them all online and running, so the training really can't start on the computers until we have the computers. Actually two days last week, the North Woods people were here beginning to train. We have champions- you know, in each division that will be championing the project with the staff to get everybody on board. I did attend one of the sessions and it was nice to- when staff actually realized the entire capabilities of this initiative it was incredible to see. So, now they're getting excited when they realize really what the capabilities of the technology are. There's a few of the older staff that really don't- aren't engaging the technology, but it is very simple to use and the North Woods company provides excellent customer service. They will be here as much as we need them, they will do ride alongs with particular staff, they will walk them through everything there is to do. I'm very, very hopeful on this and we have- we're one of the first Counties of our size going down the new software package that they have now, so we have a lot of eyes on us to see how this goes. When I was talking with my fellow Commissioner's- because to be honest a lot of the Counties are tired of waiting for the State Office of Children and Family Services to upgrade their very antiquated connection system. It's very scary.

Ms. Lis: Everything is very old.

Mrs. Schuyler: You can't even scan- if you go out to a home and a biological parent has to sign consents and forms and various things, you're going to have a stack of forms and things that are signed- you can't even scan them into the State system. There is no capability to do that. You literally have to keep all of these paper files and then we have to keep all of these files in secure storage for years and years and you can never add it electronically to that State electronic casefile.

Ms. Lis: And documentations a big deal right now. (*Inaudible*) program audits and things like that- it's all about documentation. The feds are all over us-

Mrs. Schuyler: That's all gone away now because all of the forms will be through this software. They're right there, on the computer. They can fill them out- they are all fillable forms. The parents can sign right there. They have a printer. They print it out, the parent gets their copy and there's no- that used to be several trips back and forth from the office to the home to get that done. It's cloud based, so everything is in electronic files and if the State ever does decide to catch up with technology, because its cloud based, we'll be ready to go with whatever the State rolls out. I see it as a win-win and I'm very thankful that you guys were supportive of us going down that road.

Ms. Lis: Shall we go over the next one?

Chairman Wilfong: Sure, any questions? Let's move on.

Ms. Lis: The next one is employee benefits which are decreasing. Basically, you're going to see me saying the same thing on employee benefits, is how this last year we were paying

100% of the employees premium on the high deductible plan if they would switch, and that's not happening any longer.

Mrs. Dennison: We paid 100% of the contribution of the health savings account for any new participants. Anybody new in 2019 will still have 100% of the health savings account.

Ms. Lis: Right.

Mrs. Dennison: For one year.

Ms. Lis: But all the people we have, won't. Again, this is based on the information that Kathleen's group has. (*Inaudible*) specific individuals, what their benefits will cost. So, that's why I think it's decreasing. We're going to see a decrease in most of these accounts unless Kathleen knows otherwise. I don't know what else would have caused a drop in fringe-

Mrs. Dennison: Yeah, that's- the health insurance is definitely the main driver.

Legislator Chagnon: Kathleen, I'm confused why the projection for 2018 is going up (*inaudible*) by \$706,000.

Mrs. Dennison: As Valerie mentioned, part of that would be that we are paying the health savings and contributions for any employees that switched to the high deductible in 2018. They would have been budgeted not- without that payment.

Legislator Chagnon: So, that's \$700,000?

Mrs. Dennison: It is a strong increase.

Ms. Lis: I can look at that again. The projection is (*inaudible*) but a lot of it would be that. When we budgeted in the beginning of the year, you'll budget your existing people most often at the same insurance levels as before. You don't know what's going to happen. They get married and have children. So, you're going to have increases that way. Like Kathleen was saying, we were paying those premiums- we did not budget for that. We weren't thinking about that a year ago. So, that's going to be a big increase. We've got probably- how many people in here? 400?

Mrs. Schuyler: 385?

Ms. Lis: Yeah, about 400 people in here and I think a lot of those people did switch over. They all gave it a try because not so many people where.

Legislator Rankin: Does that show a savings somewhere else?

(*Cross-talk*)

Mrs. Schuyler: That was the County's incentive to get people on the high deductible plan to decrease our health insurance costs.

Ms. Lis: And that number, I did just base on a trend and an estimate of where we were at the time during the year. That number is more than likely not going to be anywhere near perfect and I can look at it again because this was June. I have not updated everything since September, only things that I may have gotten questions on or that I know really did have something happen. Perhaps this number I could fine tune if you'd like me to go back and look and see if that's the track we're on.

Legislator Chagnon: The projection number? No, that's OK.

Mrs. Dennison: I'm going to go- while we are talking, Mr. Chagnon, I'm going to go in and look at results through September 30<sup>th</sup> and see if I can test that projection number.

Ms. Lis: That's what I would basically do, anyways. So, that's our expense section of A6010.

Legislator Niebel: Folks, if you've already mentioned this, I apologize, but what's an MOU?

Mrs. Schuyler: A memorandum of understanding. Sometimes they are memorandum of agreement or memorandum of understanding-

Ms. Lis: Cooperative agreement-

Legislator Niebel: You've got this throughout the whole-

Mrs. Schuyler: Oh, sorry.

Ms. Lis: I don't know what there's so many names for it. I call it cooperative agreement because that's what the State calls it.

Legislator Niebel: OK, I just wondered. It's just a memorandum of understanding. Thanks.

Ms. Lis: Yeah. Again, here our- you'll see that our revenue has increased because of our increased expenses. I'm trying to read my notes and see if there is anything interesting here to tell you about. We did have some funding cuts in 2017 because as I mentioned before, the (*inaudible*) with the documentation- the whole State failed the audit, so they did cut our reimbursement. The last audit- we were just in a meeting yesterday and we've passed the next one. So, everything should be-

Mrs. Schuyler: Meaning the State has passed the audit-

Ms. Lis: I don't know how many cases they looked at, but it was some small number like 30 and we could only fail 4-

Mrs. Schuyler: Statewide.

Ms. Lis: So, it's kind of ridiculous. I think they found just about five errors the first time and then everyone was penalized for that and they cut our reimbursement, but now we should be back to smooth sailing on that because we did pass this last one. Are there any questions on the revenue section? Again, we have decreased our local share by \$210,000 in this department.

Mrs. Schuyler: Again, the revenue increase- we increase our expenditures, we increase our revenue because we get such higher rate of reimbursement.

Ms. Lis: When we say 62%, that's our blended rate among our programs and I have run through our claim at least once and followed the whole thing through to see if that's really true because I had heard people say that and that is a fair estimate of what our reimbursement rate is.

Mrs. Schuyler: On our Social Services side of our world.

Ms. Lis: Right.

Chairman Wilfong: OK, any questions? Let's move on.

Ms. Lis: Daycare is up next. We do have a little bit of payroll in our- no, we don't have payroll, sorry. We have- our contractual, that's basically our amounts we pay to daycare providers. We do have fewer children in our daycare program, so we're trending lower there. I have budgeted it to decrease a little bit.

Mrs. Schuyler: If you remember, this is the subsidized child care, so we contract with Chautauqua Opportunities to administer this program. So, they're the ones that make sure that people are licensed. They go out and do inspections of the providers. Our little small unit within our own department audits the time sheets- the records that the daycare provider submits or the legally exempt providers submit and pay the bills.

Legislator O'Connell: These are not County employees then?

Ms. Lis: County employees that are part of this are in 6010. The people that work in our childcare unit are in 6010. We don't break them down in our general ledger or our budget area, but when we do our claims to the State and Federal government, there are all kinds of analysis done. To try to trace- to follow that, because people switch what they're doing all the time, at this level it's just too hard.

Mrs. Schuyler: I did try and I gave up.

Ms. Lis: And then this is funded by our Childcare Block Grant, which you'll see I've budgeted to be about the same. It generally doesn't change a lot-it's a tricky one to follow. It is

going to decrease, to be honest with you. We get it in two pieces that follow the State fiscal year- it might be Federal, I can't remember. We have to add those two pieces together to get what we're going to get for a calendar year, but they come at different times of the year. So, to sit down and know today what we're going to get for next year's childcare block grant, we just don't know. It doesn't fluctuate a lot, but we also have a carryover in our childcare block grant. So, I'm just assuming that we're going to get as much as we usually get. If we do not, we will dip into that carryover. That carryover's about a million dollars. It's actually been increasing- we haven't had to use it. Having a carryover leads to us receiving a smaller allocation because they say oh, I guess they don't really need it. So, it's like a double edged sword. It's not a great thing to have a carry over, but it's a good thing.

Legislator Rankin: How long has that built up?

Ms. Lis: Oh, for a few years now. I haven't seen it post for this last year yet, but I've been discussing it with OCFS because I want to make sure that the same numbers- and they forgot to post it and I had to chase them down.

Mrs. Schuyler: Yeah, the basis for the subsidized childcare program was so that people could go to work. It really was tied into public assistance and trying to keep people- help people to become self-sufficient so childcare was subsidized. Many people, if they don't have childcare can't go to work. So, this is where the subsidies come in. It is income based and that's constantly tracked. We have to make sure we're notified of changes- people's eligibility is predetermined. There are some new regulations that have gone into effect and that covers some good things- some enhanced background checks for providers including legally exempt providers. A legally exempt provider is someone who is not a licensed daycare provider. It could be someone's mother, sister, or neighbor- someone who provides childcare so that recipient can go to work. In the past there has been very little oversight of those that are called legally exempt providers. Again, that's a double edged sword because I feel that there really should be some sort of background checks on legally exempt providers because sometimes the neighbor down the street is not someone who we really want to have caring for children and we would rather have them at a licensed provider setting. This will enable us to do some more enhanced background checks and such, but it comes with an administrative cost that goes with it.

Legislator Whitford: Is the reimbursement the same?

Mrs. Schuyler: The childcare block grant is what it is.

Legislator Whitford: It's the same regardless of who does the childcare, right.

Mrs. Schuyler: Yes.

Ms. Lis: They've been talking about adding more work for inspections and the background checks and things like that and it's been slow to happen because everybody's saying wait a minute, you're not giving us more money for this, how are we supposed to pay for this. So, it's been on the horizon-

Mrs. Schuyler: But I still think it needs to happen. Ethically I feel that this should happen, knowing some of those legally exempt providers that are out there.

Legislator Rankin: And that carryover money can only be used for this, right?

Ms. Lis: Yes. You'll just see that there's a federal portion and a state portion and you'll just see a decrease in the federal because there's a- there's another MOU in there. That's for the- that's for the one- that's for the inspections. That's an agreement we have with COI. The revenue for that's over in 60- actually, the cost for that is over in 6010 so we moved the revenue over there to put it in the same department. So, that's just a re-class there, it's no real change.

Legislator Pavlock: The money that we received from aid, how's that determined? Is it by number of participants, by the-

Mrs. Schuyler: The block grant?

Ms. Lis: By the cost. There is some payroll allocated to it in the claiming even though we don't show it here in the department, but in the claiming we allocate the people that work on it and also the amounts we're paying to the providers and then that goes into the State and Federal claim.

Legislator Pavlock: What percentage do they pay-

Ms. Lis: It depends. It depends on- now I'm not really- there's a 25% coverage, a 75% and a 100% and I believe it depends on the families income or the reason that the children are in program. So, I couldn't tell you exactly why particular kid's go- I'll have to learn that, I haven't gotten there yet.

Mrs. Schuyler: We do have- I believe it's a \$550,000 maintenance of effort that the County has to put forth. So, that's just off the top that we have to pay by statute.

Legislator Pavlock: That probably goes up every year?

Ms. Lis: It hasn't.

Mrs. Schuyler: It's been the same for as long as I've done this.

*(Cross-talk)*

Ms. Lis: And you don't see \$550,000, or whatever the exact number is, here because the payroll is not here.

Mrs. Schuyler: Right, because our staff are on 6010, so that's kind of- our maintenance of effort is a lot of that personnel cost.

Chairman Wilfong: Are we good?

Ms. Lis: Next is the A6070- services for recipients. This one is generally where we charged court ordered evaluations that we paid in child psychologists or psychiatrists. You don't know what's going to happen here. It's 100% funded. I could budget this lower, but it's not going to affect our local share at all and I don't want us to hit that road block where I'm going to have to come do a resolution if we do spend that. You just don't know what's going to happen there. So, I've just kind of kept it at the same level that we've budgeted and you do see back in- it hasn't been that much. I could bring that down, but it would really have no effect. So, it's really just a comfort level that we've remained at.

Legislator Rankin: What child psychologist do we use? Psychiatrists? Is it the same ones or is there a group?

Mrs. Schuyler: There's various ones that we use depending on the issue with the particular child.

Legislator Rankin: OK. Are they contracted ahead of time, or just whoever is available?

Ms. Lis: When it's something that's specific to the child we can send them to whoever because we aren't really contracting with that psychologist. They're working for the child and we're reimbursing- we're paying for the service, but we don't contract directly. That's how a lot of our costs run. If we have someone that goes to a doctor who's on one of our program, we aren't contracting with every single doctor they may see. If we see someone to do something, then we'll have a contract with them.

Mrs.: Schuyler: We have contracts with Dr. Siebert, Dr. Bongiovanni (?), Dr. Verdonik (?), Dr. Whiteman-

Legislator Rankin: So, there's a group you could pull from depending on-

Mrs. Schuyler: What we needed.

Ms. Lis: So, this department really has no local share. We really don't know what may happen, so we just budgeted it at a comfortable level so we don't have to bother you during the year. We can change that if you like.

Chairman Wilfong: We appreciate that.

Legislator Gould: I heard that.

Ms. Lis: We can, but if something happens then we're going to have to come for a resolution and the thing is that it can take us like two months by the time you have to meet all the deadlines for the prefile and know that this is happening it can- I don't know until the bill comes in, so I'm the last to know. We have to get the prefile in time and get to the resolution- it can be about two months before we'll get that and it does make things hard for us to appropriately post our activity to the accounts.



Legislator Gould: I would guess it would go up with the children's age getting older.

Mrs. Schuyler: A lot of these are for our younger ones. If we're able- if the child or family is able to bill Medicaid or an insurance provider that happens. So, this is kind of like for those that has to happen and there isn't any other coverage, or it's not appropriate to use their coverage because the court is who's saying they want it done, not another medical provider saying it needs to be done- it's the court saying I want this done.

Chairman Wilfong: Any questions?

Ms. Lis: The next one- A60109- family assistance.

Mrs. Schuyler: This is the TANF program, the temporary assistance for needy families.

Ms. Lis: And this is one that we do budget based on trends because you don't know what's going to happen. I've gone back- I think 2010 my numbers go back that I've got my running trends on. So, this is what we believe we are going to see next year. The main reimbursement here is federal reimbursement and the blended reimbursement- there's a couple different programs that run through here. Sometimes the parents and the children have different eligibilities. It gets a little messy. Our historical blended reimbursement rate for this group of programs is about 85% of our expenses after you count the repays and what the majority of those repays are, are collections from child support. Again, we don't know what's going to happen, but we just kind of base that on trends that we expect to see. That's really the story of this whole department.

Legislator Niebel: Based on income levels?

Ms. Lis: Yes-

Mrs. Schuyler: This is the federal public assistance program, temporary assistance for needy families, which each of us has the right to 60 months out of your lifetime to be on temporary assistance for needy families. If you meet the eligibility requirements and are in need of public assistance, this is the first place that you'll go.

Legislator Gould: Is there a time limit?

Mrs. Schuyler: Federal time limit is 60 months or five years over your lifetime. After that is when you fall into the safety net program. Some states don't have a safety net program, all they have is what the feds say you have to have. In New York State there are 16 optional safety net programs available. New York State has all 16 of those programs available. That's what contributes to our high safety net numbers in New York State.

Ms. Lis: Some of this is also there is foster care in here because the foster care children may qualify for EAF funding or 4E funding and we kind of have to follow the States requirements of what departments we use. I mean, we were really like (*inaudible.*) So, the EAF

kids go here, the 4E kids go into another department- you don't know your proportion between those two types of kids from year to year either and that's basically going to be I think mainly based on income and other- there's other- I don't do eligibility, I don't know. I can find that out.

Mrs. Schuyler: And families remain eligible for family assistance even if their children are in foster care for a certain period of time because they have to be able to maintain their housing. They have to be able to maintain a home in order to get their children back. So, there's a lot of working together-

Legislator Niebel: You have to be below a certain income in order to qualify for-

Mrs. Schuyler: To qualify for eligibility, yes.

Legislator Niebel: And it varies whether you have one kid or two kids? Based on family size?

Mrs. Schuyler: Correct, based on family size. Those are the- the federal government is who sets those guidelines.

Legislator Niebel: Ok, thanks.

Legislator Pavlock: Why would you say cases are decreasing?

Ms. Lis: They actually have been.

Mrs. Schuyler: We don't know why, but they are.

Ms. Lis: Right.

Legislator Pavlock: Is it from any sort of support that we're doing to counteract it, or is it just the overall-

Ms. Lis: We hope- we don't know if people have moved away rather than staying here, or if they've left here and gone to safety net and we just haven't had as many coming in. We've been trying to figure out that wave and we haven't really caught on to that yet. There's certain systems within the State system and help us a little more with the case counts and where people flow and we haven't been able to crack the code to figure out why they are flowing the way they are. They use to- we use to see where family assistance was going down and the safety net was going up because we figured they moved on, well now they are both kind of going down-

Mrs. Schuyler: But maybe that's a good thing. Our economy is doing well; things are improving in other areas, so you would hope that you would see the trends that we're seeing. We go into more detail really in a public assistance program in the monthly reports that you get. We talk participation rate and we talk how many cases are there. That's all part of what you're looking at for TANF. You all received our 2017 annual report. It had all of our caseload numbers and-

Ms. Lis: When I go back- like I said, I go back to 2010 and see what's been going on. So, this only gives you a couple years' worth. So, they don't fluctuate a huge amount most of the time, but you can capture a trend. You know? But we're talking millions of dollars, so it takes a lot of change to actually (*inaudible*.) I don't know if you have any questions on this department.

Mrs. Schuyler: It's not a huge decrease. If you look at our actual (*inaudible*)- we're projecting eight five for this year because we are seeing that downward trend we went to eight four-

Ms. Lis: Which doesn't take a lot of effort of spent \$100,000-

Mrs. Schuyler: I would hope that we would see something like this with the economy improving. We're not in a recession, we're not in the dire straits we had been in the past.

Ms. Lis: I think there's a lot more employment training going on- all kinds of things across the whole community that are helping people- many different factors. Should we go to the next one?

Chairman Wilfong: Let's move on.

Ms. Lis: A6119 is childcare, not to be confused with the daycare 6055 account. This is our foster institutional care for- this is where you're going to see the children who are more on the title 4E versus the EAF funding, which was the last account we looked at. Again, our foster care costs have been trending downward and our funding percentage has pretty much stayed the same- slight changes in our percentage, but not much. So, again, our revenue decrease is connected to our expense decrease. There's not a lot of change to this department as a whole. We're watching this one because you know how we- you're going to see further on, is the one where we charge our OCFS state detention where we have had very high costs in last couple years. We're watching this one because we have been working with OCFS in moving the children out of OCFS facilities and into other facilities. When that happens their charges are going to come to this department. So, there's a lot of interplay between the different-

(*Cross-talk*)

Mrs. Schuyler: Depending on what level of care the children are at it falls in different places.

Legislator Whitford: Have you changed the criteria that causes that movement?

Ms. Lis: We've just had a lot more activity- a lot more dialog with OCFS-

Mrs. Schuyler: When a child is no longer in our local custody they go into the State's custody. That's when they go into a- what later on we call the State training- the State run facilities. Just this last week, County Executive Borrello and I had a conference call with the State Comptroller's office and the New York State office of Children and Family Services

because Chautauqua County complained loudly about the retroactive rate doubling and no communication about what was going on with the children when we were there, so we didn't know what to expect for care days because it's a rate per day. The longer a kids there, the more it is. The State came out and said because of that they have changed their processes, which we have seen in the last few months locally. We're getting more communication from OCFS on the children that are in their care in custody, what facility they are at. They are notifying us if a child moves to a different facility or to- they step them down to a lower level of care that is a decreased rate, or when they're discharged back into our community on maybe electronic home monitoring or after care, because now that's a different rate. In the past, once a kid left our custody and went to the State's custody they told us nothing. We don't know what's going on with that kid. We don't even know when they are going to be released until all of a sudden they are back in our community and low and behold they are back in trouble or something else happens and then we see them again, or they're back in State custody. So, the dialog has greatly improved. *(Inaudible)* has beat the drum very loudly with our reps in Buffalo that we need to be working together while these kids are in State custody. They can't just disappear from us. We need to know what's going on with them and be working on the family and what's going on in the community when they get back and the school they're going to go back to. So, a lot of that is improved and I do think it's because we were the squeaky wheel that really got the comptrollers attention, which made OCFS be more accountable-

Ms. Lis: We just got an email within the last week or so- for years, when we go to our *(inaudible)* conference we've told OCFS just tell us how many days of care the counties have. You don't have to tell us anything about the children. Tell us how many days of care because that is what is going to affect the rate. If all of a sudden people are taking all their kids out, they have so many fewer days of care. They are still going to hit that \$55 million dollar cap, so every day is going to be more expensive. So, that's why we had that big surprise a year or so ago, because they doubled the rates at that time. We just got, about a week ago, what the days of care where in 2017, so that we can estimate what our rates will be when those bills come out. It was just like a flood of information compared to what they normally give us.

Mrs. Schuyler: That was under the state training section, that's not under this. This is really children that are in our- or my custody.

Ms. Lis: I'm just saying it's another big chunk of information that just came out.

*(Cross-talk)*

Mrs. Schuyler: Yeah.

Ms. Lis: They are just finally opening the doors because they have just always been very-

Mrs. Schuyler: These are kids that we take under our custody locally, whether in foster care, or in a therapeutic foster home or in an institutional setting. It could be a residential treatment facility or a residential treatment center such as the GA Home. There is facilities all over the state and we even have some kids that are in Pennsylvania or in Ohio in other specialized facilities depending on what the need is of the child.

Ms. Lis: You will see that I say it's trending downward but I have not really decreased our budget here because those kids that were in the OCFS system are coming back to other facilities that are *(inaudible.)* So, that's why I didn't want to decrease the budget until we know-

Mrs. Schuyler: The very next tab is what we were just talking about with- no, I'm sorry. This is detention.

*(Cross-talk)*

Ms. Lis: We haven't had a lot of activity there, but again, we're just leaving ourselves a budget for that. We have not been using their services anywhere near as much as we did. You can see in 2017 we had a lot, but I believe that one we had a case- a serious case.

Mrs. Schuyler: We did have a child that was convicted of a heinous crime that cost the county a lot of money and secure detention and OCFS.

Ms. Lis: So, we need to leave something in there because we just don't know-

Mrs. Schuyler: but we are doing our best to divert kids from entering in this level of care. We want to keep them out of detention.

*(Cross-talk)*

Legislator Rankin: I see something down here about Raise the Age, how's that going to affect these numbers?

Mrs. Schuyler: Well, if any sixteen year old needs to go to secure detention that will be caught in the separate Raise the Age account because the State is saying they'll reimburse all of those costs at 100%. We'll be tracking the sixteen year olds completely separately.

Ms. Lis: You don't see revenue here because we pay our net share after the state. So, it's in that *(inaudible.)*

Legislator Niebel: Do we have any detention centers here in Chautauqua County?

Mrs. Schuyler: No.

Legislator Niebel: Have we ever?

Mrs. Schuyler: No, not secure.

Legislator Gould: The closest is in Rochester?

Mrs. Schuyler: Buffalo. This one is in Buffalo and run by Erie County.

Ms. Lis: I think it's trending. I think the use of these facilities is- you know, people are cutting back and trying to avoid it.

Mrs. Schuyler: They have been and that's why our costs are really high and have been for Raise the Age- not Raise the Age- for the state training. Counties do all they can to keep kids out of going into detention, whether it's secure or state custody. If the costs are spread, the State takes the cost of their facility and divides it by the number of care days that kids are there per county. So, if you have more kids and you have more kids there longer, your costs are higher than a county that doesn't have any- only has one kid for a short period of time. They divvy it up, I guess, based on your usage.

Ms. Lis: There's three different levels of care. That's the one thing we don't really know about the 2017. We know- I believe it was about 15,000 fewer care days from 2016 to 2017, so the usage is going down which means the daily rate will go up at a certain point. We don't want to have a bunch of kids in there when it happens. We have been decreasing our days very substantially.

Legislator Rankin: There was some discussion at some point about having a facility built in Chautauqua County because of the Raise the Age, but you're talking about usage going down. So, is there not- because I haven't heard any more about that for a while.

Mrs. Schuyler: Well personally, my position, I've never been proponent of building a facility here. I don't feel that we have the need. I think the mindset changes for law enforcement and everyone else. If we build a facility we are going to fill it because it costs a whole lot of money to build it. I would rather focus our efforts on diversion and keeping our kids in the community and beefing up the services that are here for them because the odds are once you get kids in these sorts of facilities as teenagers, they're going to end up in the adult prison system. So, I would rather look at restorative justice versus punitive. These are members of our community that need our help.

Ms. Lis: The state has been closing or rearranging how they're using facilities and I think they were reluctant to do that and that's why everything's been costing us so much, because they're having fewer kids in these facilities but they're keeping up their staff and now I think that they're rearranging how they use them I think they may (*inaudible*) over to Raise the Age-

Mrs. Schuyler: Raise the Age is your next tab and it is one of the most convoluted confusing pieces of legislation that I have ever seen, which says a lot for New York State because- you know, we are the 49<sup>th</sup> state in the union to Raise the Age of criminal responsibility from 16 to 18 and there was no model anywhere out there that has been tried before the New York State (*inaudible*.) They are doing their own thing on this and I specifically asked what evidence based model did you use to do this and they said none. They came up with their own and it is so complicated. In reality, I don't understand why we just didn't start treating our sixteen year olds just like we now treat our fifteen year olds. I think Tom and I have had this conversation several times. Law enforcement feels the same way. Why do we have to have special courts, special facilities, special this, and special that. The cost to taxpayers alone for all

of this special treatment is ridiculous. Just start treating your sixteen year olds like yesterday you treated your fifteen year olds.

Ms. Lis: They're really hung up on making sure that they cover the cost and it doesn't cost us anything.

Mrs. Schuyler: But that's- there's no guarantee-

*(Cross-talk)*

Ms. Lis: *(Inaudible)* that it's costing more to do this.

Mrs. Schuyler: A lot of jobs in Albany because of this Raise the Age.

Ms. Lis: And I don't think it's going to last.

Mrs. Schuyler: Well, this passed through the state budget process, so it is year to year. There is no guarantee when the governor goes through come March of 2019 that the 100% reimbursement is going to be in there. That was- we have specifically asked that question. It's a year to year. They could take that 100% reimbursement and get rid of it-

Ms. Lis: I was just in training yesterday where I learned some new stuff about it. It started October first-

Legislator Niebel: For sixteen year olds?

Mrs. Schuyler: For sixteen year olds.

Ms. Lis: Yeah.

Mrs. Schuyler: But it's not sixteen years that may be already in prison or in jail or have already committed a crime. The child has to turn sixteen and commit the crime after October 1<sup>st</sup>. On average, I think we have four or five kids in county jail on average. We don't have a lot of kids already and the over arching trend that we are expecting to see on the part of law enforcement is probably to under charge because if you keep things at a minor felony or a misdemeanor level, then the child- an appearance ticket can be issued and you don't have to go through all of this and that- Tom and I have talked about that and it's really what we see. What that is going to do though is increase kids on probation versus sending them to any sort of detention facility or court per say, if they get an appearance ticket to answer later. There is so many unknowns with this.

Ms. Lis: They just sent out another bunch of information about it and it's awful.

Mrs. Schuyler: It's very confusing. Anyways-

Ms. Lis: We have budgeted some people here. Again, these aren't our people at this point. It's four people from probation, two people from the public defender, a point eight from the County Attorney, and I think maybe the Sheriff-

Mrs. Schuyler: Not at this point.

Ms. Lis: Two from the PD, two from-

Mrs. Schuyler: I don't think at this point, but we-

*(Cross-talk)*

Mrs. Schuyler: I'm trying to remember. We had to submit a plan which can be amended continually as we move forward on this. So, because we literally had no idea we just needed to put something in. Everyone put something in and we'll see how it shakes out.

Ms. Lis: Right now you're seeing the people. We have nothing else (*inaudible.*) You're going to see a budget amendment on this. When we get our plan approved- now, this has gone back and forth between OCFS, probation and then it goes to budget- the state budget department. They may come back with questions and it may come back to us. It's going to be round and round and round until we finally get our plan approved. We have a call with them this week for- we are on our first run through. When our plan is actually approved, then we're going to come back with a budget amendment to put in whatever else we think is going to hit here. It's all fully funded so there will be no effect on local share. So, right now, we just have the people.

Chairman Wilfong: How long do you think that takes? Like six months? A year?

Ms. Lis: It could probably take- I would hope it doesn't take a year. It's taken us a long time to get together because they just gave us an excel spreadsheet with no instructions. So, I know at this point that I've done it wrong from yesterday's training. So, you know, it's going to change so to put that in here right now, not a good idea.

Mrs. Schuyler: Right now, the closest facility that I know of so far, is Monroe County.

*(Cross-talk)*

Mrs. Schuyler: Erie County- their plan to build onto their facility, they are only building enough beds to cover what they project for Erie County instead of a regional model because the State was not willing to upfront the cost of building this new adolescent offender facility. The Erie County executive and legislature said no, we're not going to bond for this, we're not going to build for this, we're not going to do this and hope that you pay us back. We all wrote letters of support, each one of our regional counties, asking the State to fund Erie County upfront because that's the facility that we're going to be needing to use and we're not going to be able to, which will increase our cost as well as the trauma on the children who have to go that much further away from their families and their communities. You literally could just close your eyes and start throwing darts at a wall to come up-



Ms. Lis: And they keep changing the rules. What's going to happen is you're not going to pay. If you send your kid to one of these detention centers, the state is going to pay directly. So, we found that out so then we didn't have to budget for that. That was a change in the middle- its just been all over the place.

Mrs. Schuyler: Really, we don't know.

Ms. Lis: But we will come back to you when we do, and it should be 100% funded.

Mrs. Dennison: Just to confirm on the personnel that's in there. It's a quarter of a County Attorney, two public defenders, three probation officers, and one probation supervisor.

*(Cross-talk)*

Mrs. Schuyler: We'll figure out a way to get 100%.

Ms. Lis: Once we get our plan together then we will have something and bring it to you. Still, there will be amendments to that *(inaudible)* after it's approved because they know that we don't know what's going to happen.

Chairman Wilfong: Ok, I would like to intervene here. We are scheduled for a break. Could we take a ten minute break and all come back here? Is everybody agreeable to that?  
*(10:15 a.m.)*

*(Committee reconvened at 10:30 a.m.)*

Chairman Wilfong: Ok, ladies. Where were we?

*(Cross-talk)*

Mrs. Schuyler: That is what we were just talking about. Those are the children that are in the care and custody of New York State. They are in the State facilities or step down with that. You probably will recall a few years ago our numbers really went up with children in the care and custody of the state. We are now seeing that number dropping back down, working with OCFS to get the kids back into our community and preventing kids from entering into that state system. So, it is working. Val has the calculations on how she came up with this number, but it is a real number. It is based on the information that OCFS is doing a much better job of giving us now, so we are tracking where the kids currently are in the system- in the state system and what that rate is and how many days they're there, the projected discharge date and then also on that contract line in 6010, beefing up our efforts to keep kids from going into these- into the care and custody of the state.

Ms. Lis: This is another one where we show no revenue because we pay our share after the State pays-

Chairman Wilfong: Any questions?

Ms. Lis: Safety net.

Mrs. Schuyler: One of the favorite topics.

Ms. Lis: Again, this one is- we're seeing a decrease in it, but recently we've seen a bit of an increase because, you know, we've been talking about the homeless issue that there's a lack of affordable housing and putting people up in hotels. That's sort of being turned around. So, I do project that we will be higher than we thought in 2018 because of that. I have it up a little bit more in 2019. This is an area where we think maybe we have a little room.

Mrs. Schuyler: When we did the budget we had been looking at what been happening with the safety net population and the numbers and we feel that in reality, if you so choose, we would feel comfortable with lowering our projection for 2019, but then also lowering our tentative budget for 2019 to \$7.8 million from \$8 million. So, a decrease of \$200,000. You take the revenue that comes with that, that would be a net savings in local share of \$120,000?

Ms. Lis: Somewhere around \$142,000 I could put back into local share pretty confidently because we have seen a nice turn around in that. When the numbers were reported to you last time you saw that the number of people that we were housing in hotels has been dropping. So, certainly in the next year we're hoping that it will not be a problem anymore, but it's been a problem for a couple of years now. That's an area where I think I probably may decrease my projected expenses to 7.6, I think it would be and budget 7.8 and then the revenue decreases a slight amount. So, that's just something that we- when we come to the end, if you have suggestions- we are kind of giving you one. Safety net is of course everybody's favorite nasty program because we only get 29% reimbursement on this one. This is an expensive one. So, at least if we cut our costs we do get a pretty good resulting decrease in local share.

Legislator Pavlock: How much of this do you think is related to hotel rentals? Just a ballpark number

Ms. Lis: It's a couple hundred thousand, I would say.

Mrs. Schuyler: It's more than that.

Ms. Lis: Right.

Mrs. Schuyler: Jon might be able to answer-

Mr. Anderson: What was the question? I couldn't hear.

Mrs. Schuyler: How much of the safety net figure do we feel is related to the sheltering in hotels?

Mr. Anderson: Like Val said, it's at least a couple hundred thousand dollars. Look at the cost of hotel versus emergency shelter (*inaudible*) the cost is very much higher. The city mission in Jamestown did not (*inaudible*) up fully until a few months ago, so many of them that had shelter were living in hotels and now they have transitioned to shelter where there is actually services available to help support them getting out of emergency shelters. So, that's part of the change-

Mrs. Schuyler: Efforts are underway to open a shelter in Dunkirk which would significantly help with the population that unfortunately is put up at the hotels in Dunkirk and Fredonia- well, really Fredonia.

Legislator Rankin: (*Inaudible*) in Dunkirk?

Mr. Anderson: No, part of the challenge is finding a suitable location and then matching up grant dollars for (*inaudible*) for temporary assistance requirements for shelter. This would be a women's and children's shelter and the majority of people in homeless shelters are women and children and that means many are in hotels. If we combine that with the lack of affordable housing and a 3% vacancy rate in the North County, we have some challenges with getting people out based on the budget. (*Inaudible*) so that's a challenge.

Mrs. Schuyler: Jon is working very hard with Chautauqua Opportunities. They are the counties continuum of care. So, they receive federal funding to work on low income housing and the housing issues in general. Chautauqua Opportunities is the lead as the community action agency for our County on housing. Jon is working with them and with our- Mark Geise and our land bank in trying to figure out how can we most effectively and efficiently utilize vacant housing or any other foreclosures or opportunities that are there to find safe, affordable, temporary and even permanent housing for people. We are hopeful that the gateway lost project in Jamestown will move forward because that will be an actual hub of safe, affordable, supportive housing for several people.

Mr. Anderson: If you don't mind me adding too, I think a portion of this situation is because of the substance abuse-

Chairman Wilfong: Oh, of course.

Mr. Anderson: Many of these folks have (*inaudible*) and combining that with families- we have child welfare families in hotels. We have parents in hotels, kids in foster care- we have a lot of complicated issues and trying to move these folks out is a big challenge. So, the STEL site in Dunkirk and the site in Jamestown that Christine just mentioned will be really big because a large portion of these folks are- will benefit.

Ms. (?): So, you would be comfortable potentially dropping this even though we are heading into the worst time of the year, as far as need goes?

Ms. Lis: Then we are going to be going into the- what's it called?

Mr. Anderson: Code Blue.

Ms. Lis: And that's covered- that's a separate little funding stream that's-

Mrs. Schuyler: It's 50%-

Ms. Lis: Yeah-

Mrs. Schuyler: 50% versus 29%. If we look at- by dropping- really now, further into the year and Val's projection going from seven nine to seven six, increases our comfort level with- considering what we looked at last winter,. That would be the full year. So, by dropping that down to seven eight, I think we're very comfortable with doing that now that we've had a few more months' worth of data to look at.

Ms. Lis: And of course, things may happen. Based on what we've seen-

Mrs. Schuyler: We think we're OK there. That's very close to our 2017 actual-

Ms. Lis: Because we're not going to stop paying for these people, but we're going to pay a much more reasonable rate for these people.

Mrs. Schuyler: Right. If you need temporary assistance – if you get paid- what we pay a hotel is obviously a lot more expensive than shelter cost.

Legislator O'Connell: Do you negotiate the rates on an individual basis with the hotel or is it standard state rate that you apply to everything?

Ms. Lis: It's their rate. We haven't contracted with them and I don't think they would contract with us because I don't think it's in their best interest. They just want to keep charging us. I mean, we've been keeping that hotel full. It's really-

*(Cross-talk)*

Mrs. Schuyler: There are certain hotels that are willing to house public assistance clients- clients in need of temporary assistance. So, the hotels that are willing to do that- our staff calls and says someone needs to be put up and that's where they go.

Legislator O'Connell: But it's not a negotiated rate? It's whatever they're going to charge to make the placement-

Mrs. Schuyler: Well, it's the hotel rate.

Ms. Lis: It's their basic rate.

Mrs. Schuyler: It's the rate they're charging-

Ms. Lis: So, it's more on a weekend night-

*(Cross-talk)*

Mrs. Schuyler: That's why it's in everyone's best interest to get the supports in place that people need to get out of a hotel environment financially as well as mentally. You're not going to learn how to run a home from living in a hotel.

Mrs. Dennison: A lot of the hotel costs are in the safety net-

Ms. Lis: Most of them.

Mrs. Schuyler: If it's safety net clients because it's program specific. So, if it's a family that's on temporary assistance for needy families, then it goes there. If it's in safety net, then it's in safety net. Part of the public assistance grant you get a certain amount for housing. The grant amount is what it is. So, it's not like- you want to go live in a \$1,000 a month place- no, you get what you get. It doesn't matter what the landlord wants to charge. You get what you get. So what you can afford is normally not something very nice.

Legislator Whitford: Just a point of interest- they had the Landlords Association and I wonder if it would do any good just to sit down and see if they could work with the County as far as setting up a block of rental properties that they would help you out with which would be far less than motel costs. I'm just thinking that it would be a good idea to talk to Mike Latone and Harold Whitford.

Legislator O'Connell: Is that north County or south?

*(cross talk)*

Mr. Anderson: We do work with them. It's primarily through our contract agency that when somebody comes in an emergency, Chautauqua Opportunities has a network relationship with the Landlord Association.

Legislator Whitford: I know that.

Mr. Anderson: But that definitely would be another layer of conversation that would be useful.

Legislator Whitford: I will talk to him when I see him. He's on the board for Chautauqua Opportunities.

Mrs. Schuyler: Yea, housing is a challenge.

Chairman Wilfong: Are we done with Safety Net? O.k., yes we are.

Ms. Lis: The next one is HEAP, our heating but actually HEAP kind of runs year around because there is a cooling component and there is repair and maintenance component. It's almost all year around now. We do have a little bit of payroll in this department because we do have some temporary people who come in and a certain portion is the administrator. In here you are seeing our contractual costs decreased because we aren't getting charged for the occupancy and CSEA President. Otherwise, we do our revenue based on trends again because we don't know what our HEAP allocation is for next year yet and it comes in pieces. It comes probably like five different pieces. Like here is your piece for cooling, here is another piece, here's your first allocation, here is your second allocations.

Mrs. Schuyler: And the allocations don't come until after the season starts.

Ms. Lis: They do send us advances on some of it but -

Legislator O'Connell: Is that a Federal program or State?

Mrs. Schuyler: Federal runs down through the State to the local governments.

Ms. Lis: A lot of it is through the State as well. There is different levels. We don't print every single check for every single bill. A lot of interaction with the State. That's HEAP.

Mrs. Schuyler: This was a busy summer for air conditioners. People wanted their air conditioners repaired and replaced.

Chairman Wilfong: We good? O.k., Emergency Aid for Adults.

Ms. Lis: This one has been increasing so you'll see that we have increased our budget a bit.

Mrs. Schuyler: We just recently came in front of you with a resolution to increase the 2018 budget (*inaudible*) cost and that is related to such things as someone coming in with an eviction notice or a shutoff notice. We pay that versus them being homeless or them losing their heating or electric source and becoming homeless.

Ms. Lis: A lot is to keep people in their homes and a lot of it has to do with that. So we get a 50% State share revenue on this one. We do get a small amount of repays here and there so it does (*inaudible*) for that.

Mrs. Schuyler: I think that you could go either way on this one. I mean, you are not going to break my heart if you want to keep it the same as it was in 2018. The \$15,000 just to see where it goes because maybe things can take off and we can do a better job of helping people to stay self-sufficient and not getting a shutoff notice to come in.

Ms. Lis: It's only \$7,000 local share.

Chairman Wilfong: Any recommendations, leave it?

Legislator Pavlock: We have to think of the pennies and the bushel basket.

Ms. Lis: True, but then I may be coming to you with another resolution at the end.

Mrs. Schuyler: And this year we have money we were able to move around and cover that and that might not always be the case. Our actual in 2017 was \$133,000 and look at \$100,000 for 2018.

Ms. Lis: So we have been kind of holding back on budgeting much for this one. We've been kind of leaving it where it was for a few years, I believe, and we thought that maybe we should give it a little attention.

Chairman Wilfong: Yes, no? Shall we take the \$15,000? O.k., we'll do that.

Ms. Lis: Take this down to the same as last year?

Chairman Wilfong: Yes.

Ms. Lis: You were saying yes on that Safety Net too, right?

Chairman Wilfong: Yes. Thank you for that heads up.

Ms. Lis: We may come back.

Chairman Wilfong: I'm sure you will.

Ms. Lis: We're kind of lean this time. Like we always try to be lean but we manage to have over budget situation in our Medicaid this year because you just don't know what is going to happen there.

Mrs. Schuyler: Which is the next step.

Ms. Lis: So we have money when we had to come to you later this year for our Emergency for Adults. You don't know if we're going to have that next time but hopefully we will.

Mrs. Dennison: I just want to point out for the Committee that year to date, the expenses in this department are \$102,000 for 9 months.

Legislator Whitford: And your critical months are coming up.

Ms. Lis: Yeah, so we didn't go out on a limb there. We still stayed pretty reasonable.

Mrs. Schuyler: Whatever you want to do.

Chairman Wilfong: What does the Committee want to do?

Legislator Rankin: How did these months look?

Chairman Wilfong: We're back to Emergency Aid for Adults, correct?

Legislator Pavlock: Yes.

*(cross talk)*

Mrs. Schuyler: We don't know what the weather is going to do, how cold it's going to be or -

Ms. Lis: If somebody's furnace breaks and I don't know about eligibility for HEAP if they wind up having to help them from here rather than through HEAP.

Legislator O'Connell: Somebody that's receiving HEAP would also be eligible for Emergency Aid?

Mr. Anderson: I do not know that.

Ms. Lis: I would think so because HEAP is only heating and cooling and if you are going to be evicted from your home and we are trying to keep people in their homes, we have to pay a rent or an electric bill before it's shutoff.

Mrs. Schuyler: If it's a furnace and you are on HEAP, I would think then that you would go through the HEAP program to get the furnace repaired at least. But if you don't heat with electric then -

*Unknown Speaker:* I think they are budgeted -

Mrs. Schuyler: I think so too.

Ms. Lis: I think that you could have both but yeah, they would be treated separately but you can have both. There are other things in here like emergency rent payments, utility payments, there are payments in here for guide animals. So, whatever someone might need to be able to remain independent.

Legislator O'Connell: So rent would be included here for whatever reason, where someone couldn't manage to pay the rent.

Ms. Lis: If they don't qualify for any other program.

Mrs. Dennison: Forty seven thousand dollars last year in the last three months.

Chairman Wilfong: Forty seven thousand?

Ms. Lis: It doesn't sound like we could take that out.



Chairman Wilfong: No, let's just leave that. Thank you for that offer.

Legislator Pavlock: Is there a lag in billing for any of that?

Ms. Lis: There always is.

Legislator Pavlock: What was the first – I mean it may be more, but in actual comparison.

Mrs. Dennison: Twenty thousand in October last year and \$12,000 November, \$16,000 in December.

Legislator Pavlock: So at the end, it was all said and done.

Mrs. Dennison: I think the \$20,000, the October number was high because we did a budget amendment in October so I'm sure some of the expenses were accumulating but couldn't be charged to the County because the budget (*cross talk*).

Mrs. Schuyler: Maybe a budget amendment this year.

Ms. Lis: And I happen to post that money somewhere else until that budget amendment gets posted. So there is more in there now than you know.

Chairman Wilfong: O.k., thank you. Now we're back to Medicaid.

Ms. Lis: Medicaid (*inaudible*), honestly, are hard to estimate. They come from the State. It's a very complicated process and I don't know how they do it. There has been a Federal adjustment that has been going through for the past several years and the rate has been increasing but now the rate is going to be stable. So any benefit that we got from that is not going to increase anymore. I had budgeted in 2018 for a 2% increase. Over the years, they have gone up and they've gone down a tiny bit but in general, through 2017 increase, I was assuming about 1% average. I talked to other Fiscal Administrators, I was thinking 2%, they thought that seemed reasonable. Nobody really has a good handle on this and it's a big number. So, what I did – it increases every April and I'm always trying to chase that increase to figure out what it was going to be. Instead, what I did was, I sat down and said, "what does it look like for a calendar year for us?" And when I looked at 2016, 17, and 18, because we know what 18' will be for calendar because it is not going to change again before the end of the year, we only had a .1% increase one year, a .2% increase the other year. So it's been staying pretty flat for a calendar year. So I assumed, o.k., it's not going to change a lot except this next year is going to be a year where we have 53 payments instead of 52. So that is what I did, if I just said that it was just going to stay the same with one more payment. I don't know, it makes me a little nervous but it seems reasonable based on what has been happening to us over the last couple of years.

Mrs. Schuyler: To remind you how the Medicaid program works, the Medicaid program is funded jointly by the Feds and States by 50% each. In New York State, it's one of the few states that puts some of that 50% cost onto the local governments at 25%. Back in 2006, New York State had enacted on CAP that limits a gross of the County's Medicaid share to no more

than 3%. So it can't grow any more than 3% from where you were in 2006. Right now we are responsible for about 10% of the costs. If you look in our annual report from 2017 these are the costs for services for our County residents who are on the Medicaid program. So they go to the doctor, they go to the dentist, they go for prescriptions, nursing homes, anything that is covered by Medicaid is what is in this. In 2017, the Federal share of our County's residents on Medicaid was \$159,190,000. The State's share was \$129,880,000 and our local share was \$30,102,000. Now I think yes, that is a huge amount for us locally but it's very, I find very disturbing that people that are on Medicaid in New York State, in our County alone, cost, \$200,000,000 in health care and associated costs for – ebbs and flows but cases not individuals Medicaid was 8,376 cases in the Medicaid Social Security income was 4,525 cases. That is (*inaudible*) Medicaid. Medicaid is very expensive in New York State. The plan in and of itself, what you are eligible for when you are on Medicaid, it's actually a pretty good health care program.

Legislator Pavlock: Some of our State representatives are proposing to put this back more onto the State. Is there any fruition coming to light?

Mrs. Schuyler: Personally, I feel as long as the State government is as it is currently, we won't see any migration of costs further to the State. Reform attempts have been out there to try and save Medicaid dollars. A lot of money has been thrown into this (*inaudible*) initiative as well as other Medicaid redesign attempts. I don't really see where any of them have come to much of a cost savings. Unless you completely reform this program in New York State, meaning who is eligible for what and what limit and is there co-pays of any kind that you can start enacting or can you limit doctors, can you have more limit on drugs or something like that, I don't see where these costs are going to go down. New York has a Cadillac Medicaid program. I'm not saying that it is a bad thing but it's an expensive thing.

Ms. Lis: So I did my best of with what I know to give you a reasonable number, (*inaudible*) I used I –

Mrs. Schuyler: Right because the State will look at the percentage or the look at the total amount of Medicaid claims and the hundreds of millions of dollars Statewide in there.

Legislator Rankin: It seems like you have a reasonable formula (*inaudible*)..

Chairman Wilfong: Anybody want to complain? I'm sure we all could but are there any questions about it? We're good, alright.

Mrs. Schuyler: Your hope is or at least my hope is, when you have a good Medicaid program and you're actually providing good preventive health for your low income population that you are going to see savings in other areas such as natural diseases and prevent them from developing. That is where I think the Medicaid program is smart in doing a real good job of prevention. Diabetes prevention, chronic disease prevention, tobacco cessation and those sorts of areas where costs us so much money on the back end. Prevention is always so much less expensive than having to pay to treat a lot of the chronic conditions and social determinates of health, (*inaudible*) housing, the lead poisoning and all of that. That all transitions into Medicaid claims for care. Most generally it's a run to the emergency room. It's not wait until Monday and

call my PCP which is what I would do. That's all part of an education component. If that's all you know and that is how you were raised, you don't know any different. That's the system that you are used to so the onus is on us as I feel as a society to start doing a better job of bridges out of poverty type of programs to really teach people how to budget, how to plan, how to pull themselves up and all of us, who live in a different standard to understand why people react the way they do and why they make the decisions they do and how do you transform that system. The bridges on poverty is really a great model to help do that.

Chairman Wilfong: O.k., Medical Assistance.

Ms. Lis: This one, mainly what we have budgeted in here, it's another Medicaid program but it's a care at home program where we can, say there is a child who is in a wheelchair, we can redo the bathroom in their home so that they can stay at home. It's 100% funded. So we just put in a nice little cushion. I really don't know how many kids we're going to see this year or next year but it's 100% funded. We'll just have to set them up so that they can –

Mrs. Schuyler: We've started to see a few more request for that with the Consumer Directed Care program which is another Medicaid program. Trying to keep people at home versus going to a nursing home or a child going into a higher level of care physically – physical (*inaudible*) –

Ms. Lis: Another point save money and definitely less expensive.

Legislator O'Connell: And those are all income based associated?

Mrs. Schuyler: You have to be a Medicaid recipient.

Legislator Pavlock: Medicaid recipient or based on income?

Mrs. Schuyler: Well, Medicaid eligibility is based on income. You can only make so much money to be eligible for Medicaid. So Medicaid is a low income program.

Legislator Pavlock: I know some people that could use wheelchair ramps or different access to homes but a lot of those people are just over that cap or whatever, so –

Mrs. Schuyler: Or they are elderly and they have a pension or something so they are on Medicare and not dual eligible of Medicare and Medicaid and that pension or something else puts you over the income limit to qualify.

Legislator Pavlock: And then by the time you pay for all of this stuff yourself, you're actually below the people that are qualifying for this so they have more money than the rest.

Mrs. Schuyler: So that was the end of the Medical Assistance and next is the Youth Bureau.

**Youth Bureau**

Ms. Lis: Youth Bureau, basically I usually budget this to be about the same as the year before. We will get our allocation sometime next year and then we will put through our resource allocation plan and I will come to you with a resolution to allow the County Executive to approve that plan and to adjust the budget so it matches what we were given and how we're going to spend it. There is not a lot difference in this one at all. You can see the decrease in there because of CSEA and NYSAC.

Mrs. Schuyler: This really is the cost of the Youth Bureau Coordinator and a portion of a supervisor on that one. The next page is the programs which is where the Youth Board, that you appoint the members of, they determine which youth activities are funded out of the State allocation.

Ms. Lis: I kind of talked about both together. They are two departments but for some reason we have our people – I think we are required to have our administrative costs in one department and our programs (*cross talk*).

Mrs. Schuyler: They are two separate allocations as the State tracks them separately.

Ms. Lis: But there is a piece of that resource allocation plan that we get to use part of our allocations for administration. So they are interconnected. The only real change that we are seeing here in the next year is that , we do have a local share that we are required to put through for the Run a Way and Homeless Youth program. I really hadn't budgeted correctly for that in the past so that is why you are seeing a \$10,000 local share here. Sometimes what happens is, if the program doesn't –

Mrs. Schuyler: Somewhat negates the savings on the previous page. It's a local share component. We have Run a Way and Homeless Shelter. Chautauqua Opportunities runs that shelter and their resource allocation plan does allocate \$10,000 in local share money for that and it should have been budgeted separately in the past and it hadn't been.

Ms. Lis: Sometimes what happens is the program may not fulfill all – may not spend all of its money during the year and at the end of the year we'll go back to the State and ask if we can use that leftover money for our administration and we'll do that. It's a little bit fluid between those two areas.

Chairman Wilfong: Any questions?

Mrs. Schuyler: We have very low cost for the Youth Bureau. Several years ago before I became Commissioner, we used to have an official Youth Bureau Director and I think three or four staff and then it was consolidated within Social Services and cut down to now a lower level coordinator and a portion of another supervisor who is doing everything else. So we don't have a robust Youth Bureau in our County. It is what it is, but that's also where a lot of counties, you will see increased costs for contractual things there like those preventive programs that you are seeing in A6010, in many counties are in their Youth Bureau Department. Though our

consolidation of Youth Bureau within Social Services in looking at them in a different way, we're able to maximize our reimbursement through Social Services versus what you wouldn't be able to get in Youth Bureau, if it was a separate department.

Ms. Lis: This isn't a percentage or anything, it's an allocation.

Mrs. Schuyler: Is what it is, anything more than that is local share of County Youth Bureaus unless they get other grant funding or something else. Some counties still have a Youth Bureau Department, a Social Services Department, and a Health Department, all separate. Where we have those three now in one. I truly do feel we see some economies of scale because of it.

Chairman Wilfong: Any questions? Alright, Public Health Admin.

Ms. Lis: This account and the next account is where the lion's share of our payroll is found for the Health side. Also Environmental but this is basically where we have our epidemiologist, our -

Mrs. Schuyler: Most of our Public Health staff administratively is housed in this account. (*Inaudible*) changes from year to year here other than the Chautauqua Center is scheduled to only be within our South County Office Building for the first quarter of 2019. So that revenue source there will go away. Other than that, everything is pretty much (*inaudible*).

Ms. Lis: Accept for we have the -

Mrs. Schuyler: The occupancy and health insurance change here.

Ms. Lis: That is why you in the big decreases because of those charges not coming across. We still will be able to claim our share and get reimbursed on that. We can add that to our claim even though on the books, it's not being charged over to us.

Mrs. Schuyler: Public Health State aid works 36% of salaries only and that is not in this account. It's in the separate State aid account that you will see. So the revenue that we get for anyone's salary is not specifically in this account. State aid for Public Health does not include fringe benefits, which is ridiculous. So it's just your salaries only and grants are in other accounts as we'll go through that covers some of the other steps.

Chairman Wilfong: Where is the Chautauqua Center going?

Mrs. Schuyler: They are building a brand new facility in the medical corridor by UPMC Chautauqua WCA. The old Artown(?) Building. If you have gone through there it's demolished.

Legislator Whitford: It came through the Planning Commission. It's quite an undertaking.

Mrs. Schuyler: It is. I saw the other day (*cross talk*) the beams in. They ran into a tremendous amount of issues with that location that they didn't know when they got into with the

engineering. They had to demolish it. It was not structurally sound and they didn't know that until after they purchased it.

Legislator Whitford: They had to build the building above the ground so they drove down those pylons 30 feet into the ground and then extend it up above. It's going to be built on top and I think the first floor is going to be medical offices and then the second floor is going to be leased out. They already have tenants and then the 3<sup>rd</sup> floor is going to be (*inaudible*)...

Mrs. Schuyler: It's very exciting for us as a County.

Legislator Whitford: Seventy five thousand square feet.

Mrs. Schuyler: And it works out better for them in the long run because they really didn't have ample parking there. So this gives them parking now within the (*cross talk*)..

Legislator Whitford: This gives them more than enough parking.

Mrs. Schuyler: The Chautauqua Center is the Federally qualified health center which we have a location in Jamestown and Dunkirk which we're also looking for a new site in Dunkirk because they – a Federally qualified health center received substantial Federal funding so they get large Federal base grants and enhanced reimbursement for the services that they provide that no other provider anywhere can get. So what you might – Dr. Berke's office down the street might get for a physical, they will get twice that just because they have this Federal designation and they have to follow all of the Federal rules and that that go along with it but it's huge for our County to be able to have that as a resource for our people and they do not only physical health but mental health, substance abuse, dental health. It's really a medical home. Very exciting. Next.

Ms. Lis: This account is pretty much like when things that don't fit into other accounts. One of our overall admin type things. Our grant that we share with Emergency Services, things that don't fit into our other pocket.

Chairman Wilfong: O.k., any other questions? Alright, let's move on.

Mrs. Schuyler: Next is our nursing account. We really here also have not seen a lot of changes in our nursing programs. Programmatically. You'll see that the DISRIP(?) which is that Medicaid reform funding for our Nurse Family Partnership home visiting program ended but we were able to get other funding source to cover the cost of that program.

Ms. Lis: Our cancer services grant ended this year so that is another decrease. The State has been – (*inaudible*) COLA, cost of living adjustments for some of the grants, about four or five of our grants, they were just always there. Everybody took advantage and expected that they will always be there but really they weren't. the State could always say, no you are not going to get it anymore and they did that. So there is a little decrease because the COLA's are now gone.

Mrs. Schuyler: We're supposed to be able to start billing Medicaid for the Nurse Family Partnership program. The State has delayed the onset of being able to bill for the program. So we didn't receive the revenue that we anticipated but we're able to find other funding streams to cover the cost of that program. That is one of the programs that I would fight for because that's true public health. It's public health nursing and it's evidence based. It's proven to decrease child abuse and neglect, to improve health outcomes, and to - what we are dealing with, with our opioid epidemic and women who are addicted in delivering babies, when you have a nurse going in that home during that pregnancy and for the first two years with that child, you are making a substantial impact on that family. That is what the evidence shows. That's why I am a big believer and again why even at the State level they are pouring more funds into that program.

Ms. Lis: We got a new grant this year. I think it was for five years toward Nurse Family Partnership and that is directly from the State. We also got two small Legislative awards this year for it so they are recognizing that it is a very good program. I haven't budgeted for more legislative award last year because you just don't know what is going to happen there but that one grant that we do have for about five years, I got that in there.

Legislator Pavlock: Do we have adequate coverage for this? I mean, like you said, this could be an intervention thing where you could implement better here maybe and be able to save some of your future costs for other programs. Because I know, my wife works in labor and delivery in Brooks and she sees a lot. She says seven out of ten babies could use this service.

Mrs. Schuyler: I wish everyone no matter what your income was, because the Nurse Family Partnership as an evidence based program was developed in the 60's and times were a little different then. So the evidence in the program that you have to follow is for first time mothers only and you have to meet income guidelines in order to qualify. So there is a whole big pool of the population that doesn't fit into that and what we have seen in Child Welfare is that it is not just first time moms who would really benefit from this service because a lot of times you are doing second, third baby and you aren't doing any different. You haven't learned anything different with the first one or two that we dealt with, with CPS and other areas. So, part of what we are looking to do when you see that memorandum of understanding between Health and DSS, we want to do our own hybrid program because we recognize the need for those repeat moms who don't qualify per the evidence based guidelines. So, this program will enable us to utilize our public health nurses and community health workers to intervene with those families that is not their first time. But we know they're severely high risk for Foster Care placement or for opioid use or withdrawal. Then, Bri, as our epidemiologist, is working to how we're going to track that. It's almost like a pilot project because the Nurse Family Partnership program in of itself needs to change. The evidence based program is great but in 1965 the family looked a whole lot different and the single mother that was out there having their first baby looked a whole lot different than it does now. So, we're hoping that we can effect some change at the policy level with what we are doing. So that is where we are with our nursing account.

Chairman Wilfong: Any questions? O.k., let's move on.

Mrs. Schuyler: The next is the Public Health State Aid. That is what we are referring to as far as what we received from the State in Article 6 Public Health State Aid. We receive a

block grant of \$650,000 which is all we get, a County of our size, that's all we get is \$650,000 a year and then a 36% State aid on salaries only. I've always felt that Public Health is very underfunded when you look at reimbursement from the State.

Ms. Lis: Especially since a big chunk of it is paid to them.

Mrs. Schuyler: But it's never changed. Well, big chunk of what we do in Public Health is because the State says we have to. We enforce the State Sanitary Code, we enforce water, sewage, STD testing and treatment. What we do is an arm, we're an extension of the State Health Department.

Ms. Lis: We have a little increase here because as your grants go down, your State aid will go up because you know, if you're getting it paid for by a grant, the State is not going to touch it. But, we've lost like our cancer services grant is gone, that was a huge one, some of our other grants we're cut last year and this year we haven't seen anything like that so that is good. So more of our costs will funnel over into the State Aid category and that's why we have a little bit of an increase. But the rate will not change, the base grant will not change.

Chairman Wilfong: O.k., any questions?

Mrs. Schuyler: Next is our Environmental Health Lab that for some reason all these years has been in a separate account which is kind of crazy because it's a portion of a Public Health Sanitarian and what we bring in for testing private water supplies and such. So, we really don't see where it makes any sense to have it broken apart separately. So, all of what you see changing there is going into the Environmental, 4090., Environmental Health account that we'll get to.

Ms. Lis: The next page is our rabies control and that has its own grant but again, we're doing the same thing.

Mrs. Schuyler: The only thing that was in this rabies account was literally the grant that we get from the State Health Department which only covers the cost of vaccine. When you see all the rabies clinics that are out there. That is grant funded.

Ms. Lis: No people.

Mrs. Schuyler: No people are funded, which is the actual vaccine itself for the rabies clinic is funded. So it really doesn't make any sense to have a separate account for that. At least we don't think so unless you guys want it. That was our recommendation.

Ms. Lis: And 4090 Environmental is our next account and that is where those two landed.

Mrs. Schuyler: That's the bigger account that covers the Environmental Health work that we do. You'll see the rabies grant was moved here, laboratory costs were moved here. The CDBG grant that was the Community Development Block Grant was not renewed for wells and wastewater assistance was not renewed so that is gone out of the contractual line.



Ms. Lis: And the revenue line. That is sort of a wash because we do that with a contractor. We may get it if we do, you'll see us back with a resolution because we are trying for it again but last year we didn't get it for this year.

Mrs. Schuyler: Revenue side, there again, not a lot of changes there and it's mainly related to grants.

Legislator Rankin: (*Inaudible*) are trending lower, you say.

Mrs. Schuyler: This is a trend. It's based on inspections so -

Ms. Lis: We got some good sized ones a little while ago for a couple of landlords but (*cross talk*).

Mrs. Schuyler: For lead violations, we had very sizable fines that we were able to levy.

Legislator Rankin: Less money coming in but that is a good thing. People are complying.

Mrs. Schuyler: That's the thing. Yeah, we want more money in fines but that means people are not doing what they are supposed to do.

Chairman Wilfong: We good? O.k., let's move on.

Mrs. Schuyler: Next is lead testing. The big change you see here is the dollar amount because there was a HUD Lead grant that we, as the municipality have to apply for and CHRIC, who implemented the grant and that grant went away.

Ms. Lis: I think it was a five year grant and it just ended. We may have another one and then we'll be back and add it back. But again, it's almost all just paid out to CHRIC. We have a tiny - a couple of thousand added, some puny little amount.

Mrs. Schuyler: That was for lead abatement and remediation. It was an important grant. They have done a lot of work on houses since, I think, since I've gotten here. The City of Jamestown, 14701 zip code, was designated by the State Health Department a high risk area for lead poisoning. Childhood lead poisoning and still is. But that was one of the factors in us receiving all the money that we have received over the years. I anticipate we're probably going to receive future opportunities to get back into that because our housing stock is getting old. It is such a big focus now on lead not just in window sills in the homes but in the water as well., as other contaminates. So expect more coming out.

Ms. Lis: We have one new small grant from Univera that last for a few years. That one I think is more north County based which is nice because (*inaudible*) County and all this lead money has been going to the south County.

Mrs. Schuyler: Any questions on lead? O.k., Preschool Special Education. That's for children ages 3 to 5 with developmental disabilities. We talk about this every year and

throughout the year. The program is, rules and regulations are set by the New York State Education Department. The onus is on the municipality to contract with provider for services for transportation and then to pay, we get 59 1/2% reimbursement on the transportation and tuition costs. This is the administrative section.

Ms. Lis: This is all of it. We combined it.

Mrs. Schuyler: In the past we've had transportation separated but now we've combined them so you can see what the total costs of the preschool special education program are.

Legislator Rankin: And we talked about it in the Committee meeting too that (*cross talk*)..

Mrs. Schuyler: Yeah, we just had a resolution to increase the cost.

Legislator Pavlock: This contractual cost – well, it says personal services, so if you can't find someone to help these kids that are in need, you pay the school district to supply that person, right? Is that part of that?

Mrs. Schuyler: Well, the only personnel that we have in this is a - every County is able to have what's called a Municipal Representative. So that means for these children that are 3 to 5 in preschool, the Municipal Representative can go to the CSEU meetings and advocate on the part of the County. So these meetings typically have these Special Education Coordinator for the school district, they will have the parent advocate, they will have providers of services and then we as a County have our rep who can go to this meeting and advocate on the part of the County. So when a parent of the advocate says my child deserves to have physical therapy 4 hours a day, 5 days a week or needs to be in an expensive center versus home treatment or has to be bussed by themselves –

Ms. Lis: Or with an Aide.

Mrs. Schuyler: To Buffalo, with an Aide, an only child, to Buffalo 5 days a week. Our rep is the only one at that meeting who says, no, no, no. Based on the child's IEP, which is their plan, they really only qualify for this. So instead of getting all of this and in reality you are only going to get this and then there is a back and forth until you come to an agreement on what services the child really qualifies for. That's our only chance as a municipality to try and hold down those costs. So, the personnel is a portion of , we only have a part time rep, and it's a portion of the supervisor. We have a registered nurse who supervises both Early Intervention and the Preschool program. So it's a portion of those two people. Under the contractual is where you see the cost for – every municipality by statue, has to contract with providers of all the therapies. Physical, speech, occupational, behavioral, and any of the centers. Such as Buffalo Hearing and Speech, St. Mary's, any of the schools for the blind, Children Educational Services, Jamestown Public Schools, (*inaudible*) schools that do that, they're all in the center. So we actually sign and contract for them and we do all of their billing and we get audited to make sure everything is done right. So, it is a big onus on County governments when it comes to the preschool program. So those are all the expenses that you see there and transportation is in there

too. We are mandated to have providers of service, even though there is a shortage of providers, we are still supposed to find them and have services started in a certain amount of time and we are also mandated to provide transportation of children based on their individual education plan, even if that means they are going to Buffalo every day on a bus.

Legislator Rankin: How is that different than what the schools do for transportation if they are going to a different location? Because I know the schools will bus children to a different school so they get the appropriate classroom.

Mrs. Schuyler: The schools take over when the child ages out of preschool special education. Then they go into the school program. It's sometimes quite amazing to see the difference but these kids that the school districts said qualified for all of these services when they were in preschool, some, now they don't. Because the school now has to pay the bill.

Chairman Wilfong And really doesn't want to pay.

Mrs. Schuyler: We get charged back as a municipality for a portion of summer school. Of summer special education services, every county gets charged back a portion of that for all students, no matter what their grade is. But, as far as the preschool program, that's where the onus really comes and I'm not saying it's a bad program but I don't think that the counties, it's a State education program, the State Education Department should just have it. We should not have to administer it, we shouldn't have to do all this contracting, we shouldn't have to monitor it and we shouldn't have to pay the 41 ½% that we have to pay for it either when we have no say in the rules in the game. The State sets the tuition rates. Tuition rates like in Buffalo Hearing and Speech, is a certain amount of money for the kids to be there in their classroom and if a child is developed at any time during the year, they can be added. You know, throughout the year and there is also summer preschool special education. It's a very, very expensive program and I think a lot of that is because of the administrative costs that go along with it.

Ms. Lis: This is one that we're basing on trends and basing on, sometimes you know that you have a kid – the next department is Early Intervention and that is before these kids, younger. Sometimes you know a kid is going to grow up out of Early Intervention and come here but sometimes you don't know. Kids move in, kids move out or again, through the year they find out they need it, didn't have it before.

Mrs. Schuyler: We're seeing children who are identified in Early Intervention with severe complex disabilities. You know they are going to continue there for their lifetime in these sorts of programs. So then that is part of when we're looking at how many kids do we know that are aging out of Early Intervention that are going to go in to preschool, those kids we know. But then there is always other ones that get identified and added into the program. One shaken baby cost a fortune. Unfortunately we have three or four of them right now.

Chairman Wilfong: Any questions? O.k., Early Intervention.

Mrs. Schuyler: This is the zero to three program. This is a Federal program that is administered through the State and then to counties. The County took over the administrative

component of the Early Intervention program a few years back. We used to contract with, just like preschool, we had to contract with all the providers and we had to do all their billing, now, the State does that. They have contracted with a fiscal agent who does the billing and recoups payments. As a County, we provide service coordination as a direct service and that's really because in all the years that I have been here and before me, no one else wants to do service coordination. It's not a very high pay rate and we are mandated. Any service that someone else can't provide the County is mandated to provide. We're the safety net when it comes to Early Intervention program. We don't employ physical therapist or occupational therapist. The State contracts with them but we contract - the State fiscal agent contracts with us to do service coordination because there is no other provider of service coordination in the County. The contractual line that you see there is escrow. That means the Fiscal State agent will do the billing of Medicaid and any insurance programs. Whatever is not covered by any other payer, gets charged back to every county and that cost is split between the State and the County and that is a 49% State aid. The County pays 51% of Early Intervention costs that aren't covered by Medicaid or insurance and that includes all of the direct services and transportation if there is a child that needs transport let's say to Buffalo for specialty services. We have been, as counties, very vocal about the lack of assertiveness on the part of the State fiscal agent when it comes to monitoring billing and billing going back and going after denials, making sure every thing - recouping money that is there. Counties, we felt that we did a much better job of that ourselves because we are watching our own money and the State fiscal agent was not doing that as well. That came under fire of the State Comptroller and now they are doing a better job of going after billing revenue as they are contracted to do. So these State escrow is coming in lower.

Ms. Lis: Every two weeks we get a bill from them.

Legislator Rankin: So the State contracts directly with the therapist or providers but -

Mrs. Schuyler: The State contracts with a fiscal agent and that fiscal agent contracts with all of the providers of service.

Legislator Rankin: So they get reimbursed, I know from the State because I have heard some therapist complain reimbursement takes too long to get paid. But, the County covers part of what the State won't cover. I'm confused what you had said about that.

Mrs. Schuyler: The first line of payment is billing, Medicaid and insurance providers.

Legislator Rankin: Right, what insurance won't cover.

Mrs. Schuyler: So if someone doesn't have any insurance, as they are self-pay or if there is a co-pay or there is a portion of services that aren't covered by the Medicaid plan or your insurance plan and what is left over, gets split between the State and counties. The State pays 49% and the counties pay 51% of what's left over because per statute with the Federal EI program, there is no cost to the children and families in the Early Intervention program. So what is not covered by billing the government picks up.

Ms. Lis: But just knowing from our own billing on the other side because we do the preschool, we know – sometimes you are making mistakes, sometimes the information is not there yet, you try again.

Mrs. Schuyler: You have to do it timely. You only have 90 days so if you go beyond that limit then you can't recoup.

Ms. Lis: And they really weren't trying very hard. I think they are trying a little harder.

Mrs. Schuyler: Why would they? They were getting paid the same amount of money no matter how much they did it and we were paying – we saw the amounts that every county was paying, skyrocketed.

Ms. Lis: We had to add to our escrow. We have a basic amount of money out there that they give into and then we have to replenish it. That's why this is a billing situation. And twice we have to increase our escrow a couple of years ago. Other counties are saying, we are not going to increase it anymore, it's their problem.

Mrs. Schuyler: Our New York State Association of County Health Officials took this on and New York City actually lead the charge and put together fancy graphs and did all that and we just had to plug our numbers into it so they had a statewide picture of what it was when we were doing our own administration and then what it was after the State fiscal agent took over. There was a gigantic increase in costs so now we see it going down again because they were called on it. Still a very expensive program.

Chairman Wilfong: Alright, let's keep going. Jail Clinic.

Mrs. Schuyler: Jail, as you know, we took over the implementation of the medical services in the Jail. We do still have some part time RN positions that we have not been able to fill in the Jail. The budget assumes the positions will be filled because we are still actively recruiting and not at the staffing level that State Department of Corrections says that we are to be at. Other than that, we see a little revenue source down there. That was exciting. We found a little section in Public Health State Aid where counties can submit claims for that 36% of the cost of care to any inmates in your Jail that are under the age of 21.

Ms. Lis: Or pregnant.

Mrs. Schuyler: Right or tested for HIV or STD and TB which we have to cover anyway.

Ms. Lis: So not a lot of it but some of it, we found a little bit of money there.

Mrs. Schuyler: In the past, it was never tracked if someone was under the age of 21 to come in so we started tracking all of those costs including the staff time, when they are caring for that person so it's a personnel cost and then any supplies or anything related to it. So, it's a little bit of revenue that no one ever knew really was over there before. We'll continue to monitor that. We also had to have a little special conference call with the State Health Department because I

guess no one else had done that. They were questioning us on it and we did (*inaudible*) – there was one that had an HIV treatment. An HIV treatment isn't covered and we had put that through our claims so we had to amend our claim and take that out but it's a very, very expensive HIV treatment so that ended up not being any State aid on that but the HIV testing and the other treatment is. The pregnant population is the other part for prenatal care when someone (*cross talk*), which we do have. (*Cross talk*) of delivering that baby but that has happened.

Ms. Lis: Otherwise, we have worked a little better with our meds trying to cut waste and things like that.

Mrs. Schuyler: I think overall I commend Wendy Dellus(?), our Director of Patient Services and Angela Daymore(?) is our Nurse Practitioner over there. They really have done a great job of improving efficiencies, getting policies and procedures in place and actually running the clinic over there and doing what needs to be done. Coming into the 21<sup>st</sup> century with documentation and that.

Chairman Wilfong: Any questions? Let's move onto Medical Examiners and Coroners.

### **Medical Examiners & Coroners:**

Mrs. Schuyler: As you know, this is also a recent addition to our budget. The budget you have in front of you basically is the same as it has been. This is where we will have some recommended changes.

Ms. Lis: While we haven't been with them a lot, we haven't seen how their costs -

Mrs. Schuyler: What their costs are going to do but since this was put together, thank you Kathy, we've taken over their program. We do have some (*inaudible*) areas that we do have some changes that we would like to request.

Ms. Lis: And we just came to you with a request. (*Inaudible*) for equipment probably should have been something in there but it's probably under contractual anyway. Will be alright because we just came through with a resolution because we want to be able to buy them some of the things they need to do their jobs.

Legislator Rankin: I was just going to ask what that was.

Ms. Lis: Well, that happened after we did this – (*cross talk*), so I think that this might have been an oversight but we'll worry about that when the time comes now I guess and we can probably find some contractual or something if we have to. It wasn't a big ticket item, we just want to be able to help them out with the basics that they need. Which may not need replacing. Some things will and some things won't.

Clerk Tampio: Mr. Chairman, if I could make a comment.

Chairman Wilfong: Sure.

Clerk Tampio: You will note on there that I provided a projection for contractual line for 2018 expenses in that reduction. Just wanted to let you know earlier this year when it was under the Legislature, the cases that the coroners attend was redefined for them. Whereas they used to attend all deaths at nursing homes, natural and unnatural, now they just attend the unnatural or suspicious deaths. So that effectively decreased their caseload approximately by 60%. So whereas the estimated for this year total, if everything remained the same, they would have come in at just under 900 cases collectively. We estimate now it's going to be a little over 300 cases per year. So that reduces the mileage costs and have reduced it for this year. Travel to and from the cases and also we had three veteran coroners who resigned during the course of a year and the Legislature and I think that will be continued by Health and Human Services will pay the cost of training session for every coroner each year of approximately \$600 per each coroner. So, we didn't have those three veteran coroners receive training this year and then when you have a new coroner come on, it is required by the State that they have to have an annual or additional training, Coroner 101 course, but that is only offered in February so those new coroners will be receiving their first training in February approximately of 2019. So that significantly reduced the training costs in the .4 contractual line. Those costs will continue into next year so I would think that that projection for next year is very accurate.

Chairman Wilfong: Thank you. Any other questions?

Legislator Chagnon: You are projecting the personnel expenses here to be \$55,000, going back up to \$80,000 next year?

Clerk Tampio: Like Christine said, I submitted the initial budget projection and we decided to leave it at \$80,000 because (*inaudible*) experience (*inaudible*) have to see what happens this year and any (*inaudible*) recommendation to the salary.

Ms. Lis: I think what I am going to say is, stayed tuned. We have an update that we want to – we have some proposed changes that are really in the end, you can be happy because that changed - decreased our local share by \$31,000 and part of that is a little bit of work in the coroners department.

Mrs. Schuyler: Where would you like to start with our –

Ms. Lis: What I have done is, I've only made 10 copies but this is a revision of the first three pages which are your total pages and your FTE's and of the effective departments for the things that we are hoping - we're working on a lot of things and they didn't make it into this version of the budget. We finally got them wrapped up just very recently so we're still hoping to put them through and this is what it would look if we did, if you agree.

Legislator Chagnon: These are proposed changes to the tentative budget?

Mrs. Schuyler: Yes.

Legislator Chagnon: And they are all decreases right Christine?

Mrs. Schuyler: The net is a decrease.

Ms. Lis: The County Executive knew these were going on but we just didn't get everything wrapped up with the numbers situation.

Legislator Pavlock: And based on Pierre's question, I suppose, the Legislature had made a resolution to adjust how the coroners are paid in a sense that it would save us money based on it was going to be less cost because the policy is changing. But in your reflection of the budget we aren't seeing any decrease, right?

Mrs. Schuyler: No, wait until you see the new one.

Ms. Lis: There was some vacancies with a lot of changes (*cross talk*).

Mrs. Schuyler: I'd like to have an opportunity to try to explain what we are doing with the coroner program, where we see it going and why we are asking for what we're asking for. Do you want to start with that page, it's toward the end there on your marked up pages. It's part of a bigger thing, I guess you could say.

The County is required to have Medical Director. That means we have to have a licensed physician over in our Public Health programs, over the Jail, and also over any Emergency Services functions, such as medical command of the paramedics, of all of the local fire departments, of all EMT's, and also of the Sheriff Deputies who are trained as EMT's. We can't function without Medical Directors. In Public Health, we currently have Dr. Berke who was the previous Health Commissioner been around forever, we functions – he was appointed by the Legislature as the Medical Director for the Jail, as well as, he serves as Medical Director for Public Health. He's in as a .4 FTE. Emergency Services currently contracts with, well, it's been WCA Services, I don't know what is going to happen with that with the UPMC takeover. They currently contract for two Medical Directors who function to provide medical direction 24/7 and that is, one does one day and one is the next day all year and they split the County with the Battalions for all the local fire departments and John Griffith I'm sure can tell you in more detail about that if you want it but, they also provide medical direction for the Sheriff Deputies that provide their licenses certified as an Emergency Medical Technicians. The EMS Medical Directors were looking for an increase. One of them is in the process of leaving employment at WCA so the Sheriff, myself, and John Griffith got together and said, what are we going to do? We know that we need good medical direction at the Jail and I emphasize the word, good, reliable, involved medical direction at the Jail. We also have to have medical command or that means no local fire department can function and that includes even the Jamestown and Dunkirk and the Sheriff Deputies can't function. The paramedic, the fly car here can't function without medical direction. We feel that the two Medical Directors that currently provide direction for EMS are excellent. I mean, they are more than qualified. They are available 24/7 so between the three of us we tried to figure out a way that we could bring them on board. I will decrease Dr. Berke by half, just keep him for the Public Health component that he has done for the last 30 some years, but, the two Medical Directors that are currently on contract through WCA would become County employees, under County Physicians and they would provide medical direction then for the Jail and for Emergency Services and the other part of that is also for the Coroners. Coroners are required by statue to do their investigations in conjunction with a Coroners



Physician because a coroner is not a physician. None of our coroners are physicians. Every investigation that they do is to be done in conjunction with a physician. The County in past practice has had physicians that were acting as coroners physicians and were paid \$15.00 for each death certificate that went through. With 900 and some cases, that I think came out to around \$11 or \$12,000. That will no longer happen. If a body goes for an autopsy or further investigation at the Erie County Medical Examiner's office, then the Medical Examiners acts as a coroner physician in that case. So, these two that are currently providing EMS medical command would also function as coroner physicians 24/7. So when a coroner is called to a case they would consult with a coroners physician, jointly make a determination if anything further needs to be done. That would enable us to do if it's just something like a toxicology, the coroners could actually draw the blood and do the toxicology without having to send the body to Erie County for that toxicology to be done. Anything that requires further investigation then we would still go to the ME's office. We would like to bring these Medical Directors on. We feel that it is in the best interest of the County for many reasons and one of the big one is liability, not to mention that we are required by statue to have them. We were looking at bringing them on as a .65 FTE each and our department would shoulder the majority of that and that would be allotted between the coroners, the Jail and then Emergency Services would have the next largest portion of that for their medical command and then the Sheriff has a very small portion for what his Deputies do. He has EMT's.

Ms. Lis: And the Sheriff and the Emergency Services already have the cost of their share in their budgets as you have seen them so you are not going to have a change on their side. Just we will.

Mrs. Schuyler: So, when all said and done throughout these changes, it was a net effect on local share increase of \$72,000 on those Medical Director changes throughout the County.

Legislator Rankin: Is that split up between the different budget lines then?

Ms. Lis: Yes because what we decided to do was we decided to – we decreased Dr. Berke to .2 instead of .4 FTE's, so, that went into our nursing department, 2010 nursing so you'll see there is a new page for that. I think that it is in the Jail. We took, it doesn't show on this page, but we took a case worker position out to offset part of this costs so that is why our 6010 is adjusted.

Mrs. Schuyler: We're utilizing existing FTE's so we're not increasing our FTE number by doing this.

Ms. Lis: Right so in the end the net effect of the change for Dr. Berke, we also wanted to adjust the coroners wages.

Mrs. Schuyler: I didn't get to that part yet.

Ms. Lis: O.k., but that is part of this too. In that there is a coroners wage adjustment, there is the (*cross talk*), there's the taking out case worker so anyway the whole cost of this whole package that we are talking about now is a \$26,000 increase to local share but we have other things that we're also doing. So in the end, we'll have a net decrease when we're all done with

all of these different things but the one that we are talking about now with the coroners and the coroner physicians is a net increase of \$26,637, which isn't too bad.

Mrs. Dennison: It could actually be a few more dollars more than that because when I redrafted the numbers I did not put any health insurance costs for the Medical Directors. You were feeling as if they would not take the insurance but if they are a .65 FTE, they would be eligible for an opted out payment. And that opted out payment could be as much as \$4,100 per position. It could be on the low end a \$1,000, but (*cross talk*), so in round numbers that opted out number would be one to four thousand dollars per position.

Ms. Lis: O.k.

Mrs. Dennison: So we're looking at for all of these changes to expand the Medical Directors to a .65 FTE, decrease one case worker position, increase coroner wages, and change Dr. Berke's wages, and decrease contractual costs for the coroners, comes to about \$30,000 local share addition.

Ms. Lis: O.k., these numbers have been floating around a little bit. One of them did say that he was not going to take insurance.

Mrs. Schuyler: I don't know if the other one would either. So there could be opted out option. Oh, one of them is also a Medical Director for Catt County Jail so he's very familiar with how Jail operates and what needs to be done. He's willing to come into the Jail to cover sick time when required or when our Nurse Practitioner is on vacation which is necessary. As far as the coroners themselves, as Kathy has said, the number of calls that the coroners go to has greatly decreased. That's because we are following County law that dictates what deaths are underneath the jurisdiction of a coroner or medical examiner. We currently have four coroners, we were able to hire up to six. I don't think that is necessary. We right now we have four good ones on board. Especially because the call volume has gone down so much, the on call frequency has not gone down. They are still on call 24 hours a day. We do have a schedule now so people know when they are on call and answer appropriately when they are on call but the current pay that was changed was \$150 per case. A case minimum is four hours. It can take anywhere up to 12 hours or more with paperwork and other requirements. Currently there is no compensation for being on call. Only if you get a case, then you get paid for that case. I honestly don't feel that that is fair but we are expecting people to be on call 24/7 and get no compensation for that whatsoever. No one is going to want to do this job for long anymore because they are not getting the volume of cases they used to get that made up for that for being on call. There is also training requirements. We as a department are requiring some enhanced training, (*inaudible*) pathogens, HIPPA, compliance some of these other things that the rest of our department has to do that I do feel very applicable and necessary. The electronic death reporting system is now up and running. That was mandated by the State so we have the lap tops, we have iphones, we've got technology and all of that requires training. In the past, coroners have charged like a per case or per day rate. If they have to come in for a meeting or if they come in for a training, if they have to go to the medical examiner's office for an autopsy, it's been very – it's convoluted. I'm proposing that we have a base salary for coroners and then a per case rate on top of that that you give them somewhat of a stipend for being on call. One of the coroners would function at a higher administrative level,

meaning do all the scheduling, make sure 24/7 is covered, be the liaison with the Sheriff's office, with Dispatch, with forensic investigation team, both at the County level and at the State Police level. Assist Bri with the policies and procedures. Train our local health care providers on how to complete death certificates in conjunction with Bri and our Town Clerks, especially with the new electronic system. Paper has gone away and it is a whole different world. We are finding that we have physicians in health care systems, hospitals, that don't know how to fill out death certificates. They don't know how to do causes of death, they don't know what to do because the coroners have traditionally done this for them. So we have a lot of educating to do and a lot of interaction with our community partners to do. What we proposed was, a stipend in the form of, Val, help me out. Bri, do you remember? Bri Agett who is our epidemiologist, who is very vested in our morbidity, mortality tracking. It is important how these death certificates are filled out. We need to know what people are dying from, it needs to be done correctly and it's something that Bri has gotten involved with a lot with the coroners and Sherri Rater my assistant as well. So when I talked earlier but the economies of scale there is a lot of that going on. Bri is also putting a lot of time into the coroner program and putting policies and procedures in place and getting equipment and resources and coordinating trainings and town clerk meetings and all of that.

Legislator Rankin: Maybe you can answer this Bri but how do you put together salary proposals, stipend proposals, and training schedules? (*Inaudible*) mandated, looked at other counties and see what they are doing, how did you decide on the numbers of the programs?

Mrs. Schuyler: We've looked at a lot of other counties. Every county, every state is different. There is no consistency anywhere in what is done. We pretty much tried to look at the number of hours that are in a year and how many days people are on call and if they're more of the main corridor that takes call more than others, or if they are going to be – like the one coroner we would expect to be doing a lot more of the administrative component that goes along with the program and then we looked at the projected number of cases that we felt that they would have, per coroner, per year and that's how we came up with our proposal.

Mrs. Dennison: Didn't the coroners when they came to this body, didn't they suggest a per case rate of \$150?

Mrs. Schuyler: In the past, previous payment for coroners was \$80 per day. So it didn't matter how many cases you had in a day, you got \$80.00 and it didn't matter if that day you made a follow up phone call to see if a death certificate was finalized. You got \$80 per that phone call basically. Every day you touched a case. We looked at the number of days that were charged and it was over the \$80,000 mark as far as every coroner before had close to 300 days a year that they worked in one way shape or form. Because of the volume of cases that they were attending, being 900 and some, there were days where you might have 6 calls in a day. Because a lot of people in our County die of natural age related causes. A lot of nursing homes and a lot of Hospice, a lot cancer related deaths that are attended by a physician. So when they came to request before we took the program over at \$150 per case, that meant if you had 7 cases in a day, 7 times a 150 is \$1,050. That would be what they would get versus that per day rate. So when you look at the volume of cases that made it more worth the while of being on call and going to all the cases. Then when we changed the parameters of what qualifies as coroner's investigation

at the County level based on State law, the volume of cases has gone down. So, a 1,000 cases at \$150.00 a case versus 300 cases at \$150.00 a case, all of a sudden it wasn't worth anybody's while to being on call 24 hours a day.

Legislator Whitford: I understand the 24 hours a day being on call but when the coroner's came to the Committee, one of their arguments was, their case loads were (*inaudible*), they had too many caseloads and they wanted a raise in their service. So, I'm sure the Committee looked into that and did their due diligence that they wanted to reduce their workload, their case load and give them a raise so, I think the only issue here is, is maybe there should be a stipend if you're on call 24 hours. Because you have to be within so many miles of where you may have to go, just like the helicopter pilots. But, to over compensate them isn't the right thing to do either. I think the only issue here would be the 24 hours a day because their suggestion was \$150.00. That was a request.

Mrs. Schuyler: (*Inaudible*) coroner's request was \$150.00.

Ms. Lis: The increase that we are talking about here, I mean, we have them budgeted for \$80,000, just like last year. But what we're hoping to go toward is only \$99,500. It's not a large increase. But it kind of makes it more worthwhile so that there is something there for their trouble, for being on call, for the risk they take and all of that. Then on top of that, by the amount cases they are actually involved in, they get further compensated. Just to make it clear and worthwhile.

Mrs. Schuyler: Our recommendation was that the lead coroner receive a \$20,000 a year salary and then the other, there are two other coroner's that respond, they are on call more because they don't have a scheduled full time job, they would each get \$10,000 a year and the one coroner who has a full time job and not on call as much, would get \$5,000 a year. They would still get that \$150 per case rate. Back when we would not have to – it's a salary, and per our Charter, we can pay by day, by rate, by salary, by however the Legislature choses. That would cover all trainings, time at training, it would cover time at meetings, it would cover time doing education, it would cover time on call, that would cover everything but then when you got the call and you had to go to the case, then you would get that \$150 per case rate. So when all said and done, it really isn't much more than what they were getting before when they were going to a 1,000 cases a year. But, it's much cleaner, it's much more appropriate when you look at it from an accounting standpoint of how we can account for this kind of thing. I seem to recall when we had a conversation about this program moving the Health and Human Services, I didn't guarantee you that it was going to be less expensive. But I did tell you that I would do my best and within my staff's best to make sure that we were following all statues, that the County's liability was decreased as much as possible, that we were working as best as we can with all of our partners, meaning the medical examiner's office and the Sheriff's Dispatch, Funeral Directors, County Clerk, hospital Administrators, emergency room staff, Hospice monthly meetings, and we've been doing all of that. And this has been a tremendous amount of my time, 24/7. I guarantee you if you want to look at my phone, how many calls I take from coroners and a tremendous amount of Bri's time, my staff, Sherri Rater, and Val with all of our finance stuff. Those are the economies of scale that we're able to see as being part of a larger program. We're doing a public health approach to the coroner program. It's actually really exciting. The coroners

are excited by it. Our tenure coroner who's been a year here now, is very excited by the changes that we've made. Bri and Mr. Migliore attended the Fit Team meeting which is the County's Forensic Investigation Team of all law enforcement agencies, that meeting yesterday and I just popped in to put names and faces together, but there was a good collaboration going on and roll definition and how we're going to work together. The District Attorney was there, he is very excited about the programmatic changes as far as policies and procedures that are now in place, proper equipment, coroners knowing for instance a homicide scene, what you do, what you don't do, how you do it, when to do it, data collection, evidence collection. We are looking at the Coroner's program as a true public health program. Not as something that the County is mandated to do. County is mandated to do this. We have to have this, we have to have Coroners. I think that it is important that we have the right people, we have them wanting to do this job because it's not a fun job for a lot of reasons. We have unattended deaths where people have been found after two weeks in their apartment in the middle of summer, this summer. It's not a very nice thing to walk into so you know, those are the source of things that we're dealing with. I don't think that we're making an unreasonable ask. If you want us to administer this program, I asked for your trust that you would back us in what we felt we needed to do here. I think we're really on a great track. I do not want to have to go out and try and find new coroners and tell them that they are going to be on call 24/7 and if they get a call when there is only 300 a year and you have four coroners that you are going to get \$150 – if you get called, but your life is on hold for the 24 hours that you are on call. Oh, and by the way, make sure you have your protective gear and your this and that and other and oh, and go to the medical examiner's office to watch the autopsy and get nothing more for it. Go to all these trainings, I want you to go and talk to these docs and funeral directors, I mean, if we want a credible program, I think these are the things I think we need. We need to have employees. We don't have a lot of experience in our coroners anymore and times have changed. We're in an electronic world, we're in the CSI world, the death investigations and we have changed a lot of things in a very short amount of time for them. I mean no disrespect to former coroners, to the Legislature for former administration. You are not administrators, you don't do this every day like we do, with contracts and such and that's what we're putting in place. So, that is part of our overall request when you see the changes that we have put forth. That is our proposal when it comes to coroners. The medical directors you are going to hear from, John Griffith very strongly, this County is so lucky to have the two physicians that we have that are doing medical command. They are hands on, they are always available, they are excellent physicians and stellar.

Legislator Rankin: Who are they?

Mrs. Schuyler: Dr. Michael Faulk and Dr. Brian Walters.

Legislator Rankin: Is he from urology?

Mrs. Schuyler: No, that's a different one. Both of them are emergency medicine physicians. Very accomplished. Right now though the contract that the County has for services is with WCA Services, which is the ambulance service, Alstar and I think you can appreciate, it's kind of a difficult time right now between the County and Alstar.

Chairman Wilfong: Because of the Fly Car.

Mrs. Schuyler: I think when we look at sustainability, we look at a long term plan for medical direction and the two of these guys being as credentialed as they are and as passionate to do all of this because we have already talked with them about this and they are on board, that we can make this happen. I honestly think that it is a cheap date for the County for those stellar positions that they are – there be no more doctor so and so, would you sign the death certificate for \$15.00. That is gone. We can't do that. We just can't do that for a variety of reasons. Liability being one of the big ones. We need coroner physicians. So if it is not going to be this plan, there is going to be another plan and you are just going to continue to see it in the contractual instead of employees. I don't think that is where we want to be and Dr. Berke is not going to be with us forever. I can't believe that he has held this long with public health like he has but they would be willing when Dr. Berke is no longer interested in being with public health medical direction, they would also take that on. They will oversee our Nurse Practitioner in the jail now that we have (*inaudible*).

Ms. Lis: She is on call – one girl is on call for that Jail clinic pretty much all the time.

Mrs. Schuyler: I like that Dr. Walters has the experience with Catt County and how their Jail Medical works. I really see this as a win/win for all and at a very, honestly, a very small price tag. I'm saying that \$30,000 is not a lot of money, but yes, \$30,000 is a lot of money but we've worked together as department heads to try to figure out a way to make this work for so many people and it's not just County government when you look at the fire agencies, all the volunteers that are out there and the community service that we do through the coroners program when you are dealing with people in grief. We've done the best we can to maximize our reimbursement where we can get it and also to cut where we can cut. When these changes – the other change that you will see in your pages, if we talk about the total package, oh, the Emergency Services cooperative agreement or MOU, or MOA, or whatever acronym you like to use, when the Fly Car discussions have been ongoing, I got to thinking that I know there is a lot of down time for paramedics.

Chairman Wilfong: O.k., where are we at?

Mrs. Schuyler: Go to your summary, very front page. In the pages we just handed out there is a summary page. I'm sorry. The very first line in red it says, add ES, which is Emergency Services, remove Probation and adjust Coroner's and Medical Doctors. That is the account that you will see some changes there. Then there is Raise the Age changes and then under the Jail Clinic, it's adjusting for the Coroners and Medical Doctors and under Medical Examiners and Coroners it's adjusting for the Coroners and the Medical Doctors.

Ms. Lis: So there are four departments involved. So what we have here is, the overall summary page by department, the FTE page, and then the page that is broken down by type of expense or revenue and then the four departments, what they would look like, with a little summary at the bottom of how they are changing if these changes are approved.

Mrs. Schuyler: And at the bottom of that first local summary page, Val put on there in your revised one, what was on the original tentative budget, what the net effect would be of Emergency Services cooperative agreement that we would like to propose and then the net effect

of the Probation cooperative agreement of two caseworkers for Raise the Age, under Social Services, and then the Coroner wages and Medical Directors. So you can see the changes that are there. Actual when all said and done, result to the Health & Human Services budget a net decrease in local share of \$31,226.

Ms. Lis: So all that talking we've been doing (*cross talk*)...

Mrs. Dennison: It needs to be established that it is a favorable change to local share for Health & Human Services, that there were associated unfavorable changes for Emergency Services and Probation. And those unfavorable changes are relatively large.

Ms. Lis: But not of our doing.

Mrs. Dennison: Right. I need to present the whole picture.

Legislator Whitford: And this doesn't take into account the reduction in the Safety Net.

Ms. Lis: No, that's additional to this. We didn't build that in here.

Legislator Whitford: So as far as the Coroners go, you are saying the actual net effect for their caseload is \$150 versus the \$80 and the reduction in their caseload would be \$50,500, because you are giving them a stipend of \$45,000, correct? For coroners?

Ms. Lis: Yep, if you look at the last page –

Legislator Whitford: So your calculation for caseload would be \$50,500 rather than the \$80,000?

Ms. Lis: The net change of adding the physicians and adjusting the coroners wages is about \$54,500. It's about what the total change to that group is. And we've offset by taking out that one caseworker. So you will see there are several different things wrapped into that change. The net effect with everything we did to run that change through is \$26,000 or more like thirtyish with Kathleen's adjustment.

Mrs. Schuyler: We gave up one of our Social Services full time employee, equivalence. We chose not to fill it with the way it had originally been budgeted. Instead, we'd like to fill it with the Medical Directors. Which, we can do that anyway, honestly. It's just where it hits in the budget. So, we were managing that FTE and the cost associated with the FTE within our existing budget. So there is no decrease but 6010 is so big, you don't notice that decrease but you notice the increase under Coroners and that budget looks so small. The economies of scale again that we are trying to get.

Ms. Lis: Trying (*inaudible*) a lot of good with the Coroners whole program there and we tried to bring the dollar effect of the budget down to as low as we could.

Legislator Whitford: I understand what you are doing for the Coroners and I don't necessarily disagree with it because anything in your department is retention, retention, because you lose them because there are better opportunities in other places so I just want to be clear in my head what we are doing here. That is why I asked the question.

Legislator Chagnon: I can piggyback on my good friend Mr. Whitford's question. What is the 2019 compensation for the coroners? Not the net effect but for the coroners.

Ms. Lis: It's \$99,500 instead of \$80,000.

Legislator Chagnon: O.k.

Chairman Wilfong: Anything else?

Mrs. Schuyler: On the Emergency Services side of the world, because of the down time that the paramedics have when they're not on calls and they are just waiting for a call, I started thinking that there are probably other uses for paramedics when they are not out on a call. We receive a list from, this is on the Social Services side of the world. For Medicaid we receive a list from the State of what laymen's terms you would say, frequent flyers. These are high utilizers of the emergency services system. Calling 911 a lot, ambulance is going to have to go, transporting to the ER a lot for various reasons and I had staff drill this down so we really know who these people are, we know their ages and their diagnoses and the State basically is saying, help us to do something about this. Well, I'm thinking, well – this was six months ago and I don't know what we're going to do about this but then we were thinking about these paramedics, talked to John Griffith and he's on board. We're going to propose to the State a cooperative agreement, similar to what we have with Veteran Services agencies which has been some years, I don't know if you recall, we have what started as a pilot project that is now just a regular project. We use Medicaid administrative funds to fund half of both the Veteran Services officers because our project to the State was, if these Veterans Services officers go out and they go out to a Medicaid client and determine that they are actually eligible for Veterans benefits and they are not using them, that's a savings to the Medicaid program because they get them on Federal benefits, the Veterans benefits. So, we use 100% Medicaid admin dollars to pay for half of both of those Veterans Services officers or the cost to the County would be much higher for Veterans Services agency. The pilot project we're now proposing is to use Medicaid administrative dollars to fund a portion of the paramedics time so that when they are between calls, they are going to go out and make visits to the homes of frequent flyers, do well checks. How are you doing, take their blood pressure, how is your medications, what are you in need of, what services can we refer you to, kind of touching in with them before they call 911. We have to get approval from the State for this project. I'm very confident really that I think the State is going to think that this is a good thing. It's somewhat like a para-medicine model but in New York State. We can't do para-medicine, it's not a statue for paramedics to be able to go out and provide actual interventional services in the community but these would be well checks. Not truly treating someone but well checks. So when we were first talking about this when the budget was first being put in and John not quite understanding how these processes work through revenue in this budget and that is not how that works. It really isn't revenue. We aren't billing Medicaid for this, it comes out of administration. So, it would be really just a cut of his expenses because a portion of his



paramedics, which you saw in the FTE's, would be allocated to our department. They would have to track their time, their mileage, and expenses and we would claim that through our Medicaid administrative claim and get reimbursed for that portion. We have determined about 25% of the paramedics on day shift- this really isn't going to happen- we aren't going to say it's going to happen overnight because it really isn't. The paramedics on the 12 hour day shift, 25% of their time we are going to allocate to the Medicaid administrative funding. So, that helps to offset the cost of the Fly Car Program, but it's not \$200,000. A realistic number based on the FTE's that are there, it was more of-

Ms. Lis: \$68,839.

Mrs. Schuyler: And that's based on true employees- their wage and benefits and mileage projections.

Legislator Pavlock: That's all a guess. They could be on call all the time and never be able to do this.

Mrs. Schuyler: I mean- doubtful when you look at the number of calls that people- you don't know when a call is going to come in, but there's a lot of down time. They have three stations, so they have a good radius to hit every portion of the County to do this program. The other part of it is working in conjunction with Office of the Aging- what are your high risk people that are both on Medicaid and Medicare, falls prevention education, going into the homes, looking at their carpets, doing that kind of-

Ms. Lis: We haven't gone there yet with our numbers, but this-

Mrs. Schuyler: I can see this getting even bigger. We received additional funding for the opioid epidemic and part of what we're developing with the OD map system is when someone overdoses and narcan is given, they (*inaudible*) right up and they refuse treatment. The first responders will say there are times they may give narcan three, four, seven times to the same person, but the person's not getting any treatment. One of the other initiatives Bri is working on with this OD map in conjunction with law enforcement and first responders is a response. If that person says I don't want treatment, I'm fine, go away, there's nothing they can do at that time. Through this program- our crisis response- we can go the next day, make some phone calls, show up at their door and I believe a paramedic and a peer, which is through the mental health association, going and knocking on their door. We might be able to get more engagement out of this person to get them into treatment than law enforcement. I think there will be opportunities to even offset more of the cost of the Fly Car Program, but I hesitate to do that at this point since we're all just embarking on these new ideas. I'm hoping that this is something that can be adopted state wide. When you look at decreasing Medicaid costs, I think this could really be significant.

Legislator Rankin: I like the idea of including prevention education too. So, the people that called 911 that could wait until Monday to go to the clinic or something-

Mrs. Schuyler: Or they are out of medication and they're calling 911 because they have no way to get their prescription refilled.

*(Cross-talk)*

Mrs. Schuyler: Some of them really just need attention. There are a lot of mental health issues that are going on and they want someone to talk to and someone to come see them. That's the emergency services cooperative agreement and Tom is still here- the Probation cooperative agreement we've been trying to work on- in order to get any kind of state reimbursement through the Office of Children and Family Services for probation staff to do PINS Diversion, the social services district must be the lead agent and probation is currently the lead agent and there are a lot of other requirements on probation (*inaudible*) as documenting in the social services connections system and doing other parts of the work. Tom and I have met several times and talked and there really is no good clean way for the probation staff to be able to get reimbursement for PINS Diversion in our system the way it's set up. What we were hoping for and put in the budget is not going to be a reality. The other side of that is probation is going to see- not a guarantee but I think you could probably bet money on it, an increase in children ages 16 and next year 17 needing juvenile probation services because of Raise the Age. We are looking and we need the State approval to change our PINS Diversion program so that we as a social services district are the lead agent. I've got several plans from other counties where this is the way that works. My staff would then be responsible for when a persons in need of supervision application came in from a school or from a parent or just in general these kids that we know that are high risk- my staff would be in charge of doing everything from the intake process to the assessment, to doing preventative services. Probation would not get involved with these children anymore unless they needed to actually go to court. Our goal is to keep these kids out of that and not needing to. I think just by the nature of the work the counties where the social services district is the lead and they do diversion services tend to have lower numbers of children going to court and going into detention. I don't mean that as anything against the work that the probation officers do, it's just the nature of the work- the social work versus enforcement work. I think probation is going to have their hands full with probation enforcement versus diversion work. So, in the budget (*inaudible*) of probations juvenile officers FTE's were moved over to Health and Human Services and the corresponding revenue that we get with that. That is not going to be able to happen because of the lack of the cooperative agreement. The staff that Tom has put into his budget for Raise the Age is still going to happen. The juvenile officers that would have been doing diversion work will not most likely be doing Raise the Age work and there is still going to be a transition time where my staff can get up to speed on how to do the diversion work. We're not asking for an increase in FTE's. We have some pending retirements coming up and we're going to do some juggling around to try to keep our FTE's where they're at with taking on diversion. Again, we're juggling and doing economies of scale to try to do the diversion work the best we can and probation not doing the diversion work anymore. It will be a transition. Tom and I and Leanna Luka- Conley are working on what that will look like and what that will do. The net impact on probation's budget, I'm not sure because right now you put them back in but in reality a large chunk of that over the year will go to Raise the Age.

*(Cross-talk)*

Mr. Narraway: *Inaudible due to distance from the recorder.*

Mrs. Dennison: So, taking out the cooperative agreement will reduce the local share in social services because it doesn't have the probation officers anymore, but it will increase local share in probation. The County wide affect is an increase in local share of \$100,000. I don't think this change is an optional one. The budget included this cooperative agreement which we thought was viable at the time the tentative budget was created. After the tentative budget was finalized we found out that the cooperative agreement was not approved by New York State. I think we have to take that out of the budget because we know it's not going to happen as it was originally planned. Again, that change will be changes to Social Services, changes to probation- a County side hit of \$100,000.

Mrs. Schuyler: Which could be less than that depending on the volume of Raise the Age.

Mrs. Dennison: If some of Tom's people that we're currently going to include as (*inaudible*) local share costs- if some of those people are diverted to Raise the Age then it could-

(*Cross-talk*)

Mrs. Dennison: Talking about paramedic care, the impact of that is- when the budget was developed it was thought that the revenue from the Medicaid monitoring would be \$200,000 and that's with the Fly Car Program included to make the Fly Car self-supporting. Now, it appears that the revenue instead of \$200,000, it's only \$70,000. That translates into an increased cost-increase local share of the Fly Car program of (*inaudible.*) Then the Coroner change that was discussed would have a local share effect of \$30,000. That affects only Social Services. That stays within the Social Services area. Keep in mind that the change of the Safety Net, which would be \$142,000 decreased the local share. That is a positive development that could defray some of these costs.

Ms. Lis: We did have one more thing that we wanted to add to the case worker- the Raise the Age case worker but those are 100% funded. We just didn't put any into the budget and when we were working out the plan for Raise the Age we decided we wouldn't need that (*inaudible.*)

Mrs. Schuyler: They won't be added unless we need them.

Ms. Lis: Right.

Mrs. Schuyler: But if we don't have them in the plan the State will-

Ms. Lis: We figured we don't have them in the budget-

(*Cross-talk*)

Ms. Lis: So, that's why we are trying to have the people for Raise the Age approved in the budget and we'll worry about adjusting the dollars for the whole program later when we find out about all the other pieces. Rather than having to ask for those FTE's in the middle of the

year, which is never a good thing, we wanted to ask for them provisionally as needed for the Raise the Age- and that's the end of our changes.

Mrs. Dennison: The one thing I could- I have not printed it out, but I do have it prepared that I could print out and provide after the break. I have a list of specific account changes that incorporate all of the things that have been discussed.

Chairman Wilfong: Would you do that for us? I would appreciate that.

Mrs. Dennison: Yes. If you chose to act on these you're going to have to pass a motion to make specific changes to specific account classifications. So, I will print out and bring back the list of all of these changes and you can go through and decide which ones you would like to (*inaudible.*)

Chairman Wilfong: OK.

Legislator Chagnon: Mr. Chairman, I've asked the Audit and Control Committee to hold our detailed questions because I anticipated you were going to go well over your time allotment for this discussion. As a result of that, the Audit & Control Committee will be meeting on Friday morning with several departments and Friday afternoon by ourselves. I'm going to request that Christine and Val come back Friday afternoon and meet with the Audit and Control Committee for our detailed questions so we can deal with those. The second thing I have is that- while we're all together, I wanted to bring something to your attention. I spent some time in July going through the Lift Off Western New York Report which was an evaluation of the social condition of Western New York. It had some very interesting details and like I said earlier, that's where I live is in the details. I realize that Christine is a very busy person. I have contacted her twice to try and get better understanding but she has been very busy with all things. So, I just wanted to bring to your attention the details that I found in that report. Chautauqua County has roughly the same or even slightly smaller percent of children under 6 in poverty as Cattaraugus County and Allegheny County. However, Chautauqua County has a much larger percent of children under 6 on Medicaid. We have children under 6 on Medicaid of 65% and Allegheny County has 55%, Cattaraugus County has 53%. So, we have the same number of children in poverty but a much higher percentage of children in Medicaid. I wonder why. We also have a much larger percentage of children under 18 on the SNAP program. Again, if you're with the same amount living in poverty but in the SNAP program we have 35%, Allegheny County has 21%, Cattaraugus County has 24%. Why? So, I think those are valid questions coming out of the report and I (*inaudible*) we need to understand that. I wanted to share that information.

Mrs. Schuyler: And I didn't hit send but I did ask my staff and some of our community partners if they have any idea of why that is and the only thing that any of us can come up with is that our children or their families get linked up with services better here than in Catt or Allegheny County. So if our kids are seeking medical care or their families or guardians are taking them in, the doctor's office is going to make sure they get enrolled in Medicaid so they get paid and there is also a SNAP outreach grant that we don't hold but there is another outside community agency that does outreach to get people enrolled in the SNAP program. My thing is, we, in our department, that's doing a better job in enrolling people, but I think there are more

community resources in Chautauqua County versus Catt or Allegheny County who are out there getting people enrolled in programs and plans. Our physicians, I think our practices, especially when you look at the affiliations that our health systems have and the work that has been done especially with the Chautauqua County Health Network with their CBO's and groups, practices, they make sure that people, including children, get on Medicaid or they are not going to get paid. There is nothing scientific on that but -

Ms. Agett: I have one more thing to ask. I don't know that the figures would look like for Allegheny County but for Cattaraugus County there is a higher percentage of Native American population so those individuals would likely be certified in Indian Health Services rather than Medicaid. So they are going to be receiving and also, I don't know what the support systems are through the Seneca Nation for SNAP and Temporary Assistance, those kinds of things. Support services might vary a little bit as well.

Mrs. Schuyler: Or they may not want it.

Legislator Whitford: A lot of the Native Americans get a stipend.

Ms. Agett: But would they enroll in SNAP, I'm not sure. (*cross talk*)...

Legislator Whitford: The stipend is from the Casinos and that, the Native American's ..

Ms. Lis: That all counts as income and that may disqualify them.

Ms. Agett: So those individuals might be living in poverty but not have access to the same systems they are reporting on in that particular report.

Legislator Chagnon: They could have access to other systems is what you are saying?

Ms. Agett: Correct.

Mrs. Schuyler: And Catt and Allegheny County are more rural than we are. They don't have the access to the medical offices and hospitals like we do.

Ms. Agett: I can see where that concern would come up but I would say that that is reflecting that there are good things going on in this County like Chris was eluding to. If there is a child that qualifies for Medicaid, who qualifies for SNAP, we want them receiving those services because then they are getting more (*inaudible*) we want that wrapped into health care services, we want them receiving healthy foods. We don't want them to be starving on the sidelines and I am sure you don't want that as well.

Legislator Chagnon: Absolutely and that's the positive side of it but there is always two sides to every story. I mean, the other side of it could be, we're signing up people for Medicaid that shouldn't be on Medicaid. I don't believe that is happening but that's why I asked the question. I didn't ask the question, what is going wrong? I asked the question (*cross talk*)...

Mrs. Schuyler: When it comes to Medicaid, it's income eligibility and there is a five year look back. One of the biggest drivers of our Medicaid costs, I mean, aren't children. It's the older population, it's the nursing homes. We all know that there is a five year look back and a large portion of the population make sure that there aren't going to be any assets when you look back five years if someone qualifies for Medicaid. I think there could be more concerns on that end of the life spectrum versus the children's end of the spectrum. Our Medicaid eligibility (*cross talk*) they determine all of that. They go through the income provided from the household.

Legislator Chagnon: O.k., thank you.

Chairman Wilfong: Good, Jay, is there anything that you want to talk about?

Legislator Gould: Not at this time. I'll save mine until Friday afternoon.

Chairman Wilfong: O.k., thank you ladies for coming in and presenting and we really appreciate what you do. You do a fine job at it Val.

Legislator O'Connell: As a new member of those whole process, I'd like to thank you both for your knowledge and expertise in presenting all of this amount of data and information that you deal with on a daily basis in a manner that we can understand the complexity of your responsibilities is amazing. Your dedication and passion of the service is obvious so thank you.

Chairman Wilfong: Time to break for lunch. We'll start back up in an hour.

### **Mental Hygiene**

Chairman Wilfong: O.k., Mental Hygiene, tab 33.

Mrs. Brinkman: As you can see from the budget that we have presented to the County Executive, we have modest increase in our budget this year. We've come in at local share when you consider the removal of CSEA mileage and NYSAC dues and we still believe that we continue to make additional services available to the community and continuing to reduce costs. This year, every dollar that is spent on behavioral health in the County we are only asking taxpayers for one cent of that. So, we believe that that is an excellent value. Increased services for a modest investment on the part of the taxpayer. If there are specific questions –

Chairman Wilfong: Any questions? I see that we increased FTE's.

Mrs. Brinkman: Yes. We have a very complex I.T. system that supports all of our services and we are bringing one of the I.T. folk that has been working with our system and is an expert on that into working with us on a more regular basis and we also have two Senior Caseworkers that are fully reimbursed that are going to be working in our Health Home. The demand for Health Home services is skyrocketing in Chautauqua County and we need those additional workers to be able to meet the demand. These are clients that – these are individuals who have serious medical or behavioral health conditions and sometimes both at the same time.

Chairman Wilfong: Is there any portion of their wages that are paid for by State or Federal dollars or is this all local share?

Mrs. Brinkman: No, those are fully paid for through Medicaid funds. We bill for the services we render and are reimbursed. There is one recent development that I wanted to bring to the table. We have been the recipients of a HERSA(?) grant which is a Federal funding stream. We submitted a grant in behalf of the County Executive's Care Initiative Community Alliance for Enforcement and Rehabilitation as a response to the opioid epidemic in Chautauqua County. We are very pleased that we were funded to do planning for that problem and so it's \$200,000 and it's a yearlong grant. The idea is to bring the community together from all the various stakeholder groups and to develop a strategic plan to address the opioid problem in our community. Then the hope is that, we have kind of heard through the grapevine that if we're successful in meeting the deliverables of this grant and the Federal government continues with its plan, there may be dollars that would be available that we could apply for at the end of the grant to implement the plan and expand services. So, in talking with Kathleen, we thought that we would put it on the table today whether this committee and the Audit & Control Committee would make a recommendation or approve us including that grant in the 2019 budget.

Chairman Wilfong: Now would Chautauqua County be the lead agency in that?

Mrs. Brinkman: Yes. It was a grant to the County via the Department of Mental Hygiene.

Mrs. Dennison: Where does the funding stream –

Mrs. Brinkman: It's all Federal dollars.

Mrs. Dennison: So Director Brinkman and I were talking before we resumed and she's suggesting that you entertain a motion to amend the budget by increasing and it would all be in department 4320. So it would be an amendment to the budget to increase in 4320.4 by \$200,000 and then increase revenue account A.4320 (*inaudible*) number also by \$200,000.

Mrs. Brinkman: Kathleen, that would need to be prorated because the grants started September 30<sup>th</sup>. This is what the Federal government tends to do. You don't get much notice when you get these grants.

Legislator Whitford: So these will be retroactive to the start of the grant.

Mrs. Brinkman: Yes, which would be September 30<sup>th</sup> and we have a resolution that will be coming to the various committees this month of October but because it started September 30<sup>th</sup> there would be some dollars that would need to be spent in 2018. So we would have to get back to you with what prorated share or maybe we could do, maybe one twelfth? So do nine twelfths of the \$200,000 or –

Legislator Niebel: One quarter for 2018 and three quarters for 2019 because this is for the Federal fiscal year which starts October 1<sup>st</sup> through September 30<sup>th</sup>.

Mrs. Dennison: So it would be three quarters of that \$150,000 in 2019 (*inaudible-cross talk*)...

Mrs. Brinkman: And one quarter would be spent this year and three quarters would be spent next year.

Mrs. Dennison: Yes. As I'm saying (*inaudible*) Federal aid Mental Health?

Mrs. Brinkman: Yes.

Mrs. Dennison: So the proposed amendment would be an increase to A.4320.4 of \$150,000 and an increase to A.4320.R449.0000 of \$150,000.

Legislator Whitford: I will make that motion.

Mrs. Dennison: A question for Clerk Tampio, I know that you are considering other amendments so would it be prudent to wait and do all of the suggested amendments in one motion or do we (*cross talk*)...

Clerk Tampio: Either or, if they want to do this now, that is fine too.

Chairman Wilfong: So the motion is on the table. Paul Whitford has made the motion.

Legislator Rankin: I'll second it.

Chairman Wilfong: All in favor?

*Unanimously Carried*

Mrs. Dennison: We have been asking the other departments to walk through the budget summary. You've already discussed the FTE's so maybe just a summary for each department and expand on any commentary that you feel is necessary.

Mrs. Brinkman: Basically in terms of 2019, as compared to 2018, we have experienced an abnormal turnover in staff. We've had four retirements of our Social workers who have been with us for many years. We are struggling to replace those individuals. One of the issues that we have is that our salaries are lower than some of the other providers in the community. The tables have kind of turned. The County had been one of the higher payers and now salaries are rising because there is much more competition. When the University of Buffalo, SUNY Buffalo stopped having their MSW program locally, the pool has dwindled of local individuals who are getting their MSW degree. So it's made it harder and we still have the same problem with recruiting psychiatrics. We lost one of our doctors this year to illness. He was in his late 70's early 80's and so we're absolutely – our back is against the wall in terms of having to find a psychiatrics to be able to oversee our programs. So our revenue and our expenditure are relatively flat for both years. Again, in terms of 4310, we're moving a portion of the I.T. individual. We have equipment budgeted for a laptop and we were successful, thank goodness, in



recruiting a new program coordinator, a new management staff member and so some of the associated costs with that addition in terms of mileage, training, and other supplies that weren't in the 2018 budget but now are in the 2019 budget and since we moved up to the school, we have to pay for maintenance which wasn't a cost that we had when we were in the HRC building. In terms of revenue, Federal salary sharing funds which we get as an incentive for managing Medicaid as it relates to behavioral health services, those payments have finally been released and have started to flow so we do have \$41,000 in the 2019 budget to cover the cost associated with 4310.. Moving forward to 4320, again, the increases that you see in personnel are the result of the step increases that we're required to pay staff. The addition of the FTE for I.T. work and the addition of the two Senior Caseworkers for Health Homes. Those positions again are fully funded. Our equipment, as you can see, because we have our Care Managers out traveling all over the County, we do provide the transportation for them to use so we will be adding three cars to our fleet and I.T. has advised us that we need to replace all of our laptops because they passed the age of usefulness and so you see the cost of them reflected there. Our contractual line is down again because we're no longer being charged or the occupancy for the Graf Building and we don't – those fees are being paid by another department. CSEA and NYSAC dues have also been eliminated from our budget. Benefits again, are reflective of the changes in personnel. In terms of revenue, we believe that our revenue will be a target we can meet in 2019. Again, the key to that is whether we are able to fill all of the vacancies that we have that are necessary to keep pace with the service demand within the community. We also, in our Jamestown site, have an agreement with Millennium Collaborative Care to integrate physical health into our Behavioral Health program to serve those individuals that either don't have primary care doctors or who do not identify with those doctors and then don't go. Many of these individuals are on high power medications which have metabolic impacts and cardiovascular impacts and so having primary care presence on site will allow us to make sure that the essential services are rendered and there is continuity of care. Those funds are covered by the funds that DISRIP(?) provided us. In terms of 4322, that's our Mental Hygiene Law. Those are the dollars that we are required to have in order to meet any of the costs that are incurred when we have an individual who is seen in court who is judged to be incompetent to stand trial and then those individuals have to be sent to one of the State's forensic facilities and we're required to pay 50% of the bill for each day that they are there. That's a number that the Legislature suggested we use because some years we don't use that much and other years we have used three or four times that. So, it's a good ball park to have in reserve. If we don't use it, it stays in the general fund because it's required to be local – it's local dollars.

Chairman Wilfong: Any questions for Mrs. Brinkman?

Legislator Gould: I have a question. Building maintenance went up 650%. What building maintenance?

Mrs. Brinkman: We are responsible for – like if we need blinds in our office, cleaning. We didn't have to pay that when we were in the HRC building. We are now up in the School.

Legislator Niebel: It's because of the move.

Mrs. Brinkman: Yes, it's because of the move.

Legislator Gould: Do you have rent too up there?

Mrs. Brinkman: Yes. It's actually less rent than we paid when we were in the HRC building.

Legislator Gould: How many vehicles do you have? You got new ones, you got old ones?

Ms. Swanson: We've got both. We have a total of 17. Half are new, half are very old, 2008 and we're trying to start switching out the old for the new.

Legislator Gould: I see that you are 17% in the hole on vehicles so you're not getting any more than what you had.

Mrs. Brinkman: I'm sorry, I'm not understanding ..

Legislator Gould: According to this line item. But you are spending 33% more for gas. Why? Because you got the same number of vehicles or possibly less or a half of one, an old one maybe. Why are you spending more for gas, 33% more?

Mrs. Brinkman: Are you talking about mileage Mr. Gould or are you talking about –

Legislator Gould: Gas, fuel.

Ms. Swanson: Well, because we're utilizing the cars now to go further. Before we were just using them in the County and now if someone has to go for a training or something outside of the County, we're getting so that we're using the cars so that would be a little bit more gas. Is that what you are asking?

Legislator Gould: Yes, I was wondering why it went up and your vehicles didn't.

Ms. Swanson: Yeah, we getting so that we're utilizing the cars in a more general –

Legislator Gould: Using them more.

Ms. Swanson: Yes.

Legislator Gould: O.k., that's a fair answer. I understand you had problems with a young guy in Jamestown, in your office that broke up some stuff. Is that covered by insurance, his insurance, who pays for that?

Mrs. Brinkman: There was a claim made to the County insurance. It's actually the first –

Legislator Gould: We paid for it.

Mrs. Brinkman: Well, it's the first incident that we've had with any kind of incident like that in all of the 18 years that I have been here. Unfortunately it did happen and we've taken steps, as much as we can, to minimize that risk. But every once in a while – this was an individual who was dually diagnosed, had developmental disabilities and he became very upset and acted out in our facility.

Legislator Gould: What was the claim for?

Mrs. Brinkman: I don't know off the top of my head Mr. Gould but I'll research that and get that to you. I know the big expense was that unfortunately –

Legislator Gould: Plate glass window?

Mrs. Brinkman: Yes, for the window in City Hall which is huge.

Legislator Rankin: On the 5<sup>th</sup> floor?

Mrs. Brinkman: Yes.

Legislator Rankin: He broke the window up there?

Mrs. Brinkman: Yes. He did enough – it didn't go all the way through but it did ruin the seal and so forth.

Legislator Niebel: Lodging, management, you are going from \$5,000 up to \$8,400, and increase in \$3,400. A little bit of an increase for that lodging, management.

Mrs. Brinkman: Basically we have – I've been able to add a second manager for Mental Hygiene. I've been pretty much the – we've only had Rachel Ludwig who's been our Tapestry manager so I've had an open position and finally found a candidate that met our needs. So with the addition of her, she will be traveling to State meetings and so forth.

Legislator Niebel: As far as other contractors, you guys are increasing from \$5,000 to \$12,000, a \$7,000 increase. Other contractors, (*cross talk*) 4310.4590.

Mrs. Brinkman: What that included was we have a contract for shredding of important documents. We have a consultant that was a speaker for one of our programs, blind installation. There was, from our computer system, we have contract with an individual who is knowledgeable about the system and is able to write reports so that we can get information out of that system that specialized and there are dollars in there for grant writing.

Legislator Niebel: I guess Pat my question is, it's more than doubled. Are you doing a lot more shredding, are you doing a lot more grant writing, how come it's doubled?

Ms. Swanson: Well, we put the blinds in there and we haven't had to have the blinds in there in the past. Up at the school they have those big windows. It's a service so it has to go into that category.

Legislator Chagnon: My esteem colleagues have covered most of my questions and just have one left. On 4589, print and duplicate. It's up 244%.

Mrs. Brinkman: That's printing and materials that are related to Health Home and Tapestry. Those are disseminated to the public at various events to educate them about the Health Home and Tapestry, system of care, letting families know what Tapestry is. Suicide prevention, there's just a host of topics that we provide information to the community about.

Legislator Chagnon: So for half of this year, you spent \$5,500 and now next year you are going to spend \$24,000?

Ms. Swanson: A lot of - if you look at half of this year, a lot of times we can't tell you what really we're spending because we haven't been invoiced yet. So that's not an accurate number but if you look at what we spent in 2017, -

Chairman Wilfong: Twenty seven thousand.

Ms. Swanson: So that's my explanation. That's not a true number.

Legislator Niebel: So you are invoiced mainly toward the second half of the year as opposed to the first half, perhaps even the fourth quarter.

Mrs. Brinkman: Yes. So in 2017 was a more realistic number. The other thing that happened was, this year, we have been without our marketer for Health Home since May. Unfortunately she passed away so a lot of the work that she would be doing in terms of having materials that she would then go into primary care practices and out into the community with, we have not been doing as much of that because we've been missing that position.

Legislator Chagnon: This is an account that's like a rollercoaster because in 2016, you spend \$2,000, in 2017, \$27,000, this year your budget is \$7,000 and next year your budget is \$24,000.

Mrs. Brinkman: To be honest Mr. Chagnon, it depends upon what initiatives Tapestry is working on. Some of them are much more education oriented or orientation community wise so that's the variable I would point to. Then Health Homes have kind of benefit in the start. Every time we seem to get that marketing piece up with the materials going, then we've had a setback. I've just been able to recruit a new marketer so I think we're going to be on the path hopefully to a strong education effort in the community.

Legislator Chagnon: That answers my question, thank you Pat.

Chairman Wilfong: Anything else for Pat? If not, thank you ladies. Appreciate what you do, you do a great job.

**Veterans:**

Mr. Carlson: Don't get too excited about my gigantic budget. It should be quick and painless and I don't have a finance person so I'm all by myself so take it easy with the questions because I may have to refer to my imagination if I don't know the answer.

Chairman Wilfong: Why don't just start.

Mr. Carlson: As you can see the overall budget is pretty neutral. Not a huge change from last year when you have such a small budget. Any minor revenue adjustments or cost adjustments can adjust it overall but for the most part, we're very close to where we have been in previous years. So we had our normal increase for salaries based on step increases. Where we've saved a little revenue is kind of with the bushel of pennies theory that George has, is, we're collecting some additional revenue through the Veterans Van. We're actually going to claim the mileage from the VA for transporting Veterans who have 30% or greater service connect disabilities because they get paid mileage if they drive themselves. If someone drives them, the person who drives them can get paid mileage so we're working with the Beneficiary Travel to allow CARTS or the Veterans Van to claim the mileage when we have Veterans with 30% or more service connect disabilities. This is actually beneficial to both the VA and to us because the VA – if we didn't have the Veterans Van you take 7, 8, or 9 guys at a time, each one of them could claim mileage individually. So for the cost of one, you get to move that many. That was one of the ways we saved a little bit of money. Our training expenses went down a little bit because we had an additional training event last year. Still a \$1,400 difference there. Do you want me to go line by line? Would that be the best?

Mrs. Dennison: You are doing great. We just asked people to go through the summary document and highlight the major changes (*inaudible*) accomplished and then general the committee if they have any questions on detailed line, they will ask those questions.

Mr. Carlson: O.k., I will make it real easy then. Step increases are just normal. We had a minor reduction in training because we have one less course that we are paying for this year. Added revenue through the Veterans Van like I explained and any of the other changes or minor changes were based off of historical trends. I've been doing the budget for the last two years. There was a couple of things that we budgeted small amounts for but when we looked at the actual expenditure over 16' and 17' when I sat down with Kathleen, we couldn't figure out why because we never actually used it so it was something that was in budgets past that made its way onto you. We just carried it over and we now see that we haven't used that in the last 2 years so we haven't spent it. It really that simple unless anyone has specific questions, I can drone on for hours.

Legislator Niebel: Same question as the last department head. Lodging, management, it's up a couple of hundred bucks. Look, I don't have a lot of questions for your department. Your local share is down, so why is that up?

Mr. Carlson: So lodging, management, we have three service officers, myself, even though I am the Director, I'm still a working service officer and then we have Dave Adams in Dunkirk and Mike Rough(?), in Jamestown. In order to maintain our accreditation, we have to go through training every other year. So this year, 2018, I went through training in 2017, not in 2018, so for 2019, I'm back on the schedule so there's a one week lodging fee for the training that we do. The following year it will be off so it's an every other year thing.

Legislator Niebel: Just another quick question. You're a Veteran yourself?

Mr. Carlson: Yes.

Legislator Niebel: Thanks for your service to your country.

Mr. Carlson: Oh, my pleasure.

Chairman Wilfong: I'd like to ask a couple of questions about the van itself. How many miles does that van have on it?

Mr. Carlson: I would have to refer to CARTS. I can get you that answer. I don't know off the top of my head. It's a new van that we purchased in 2016, but, if you do – I don't do math in public very well but if you do 100 miles round trip – about 400 miles a week times 52 weeks, so we put about 20,000 miles a year on the van, probably at about 40,000 miles right now. Then one of the things through the Community Foundation, there is a Veterans Van fund where we take donations and that's hopefully how we'll replace the van when its time. We always budget for a little more maintenance every year because every year your maintenance is going to be a little higher than it was the previous years as the van ages and has problems.

Legislator Gould: Gas mileage isn't as good either. I see your budgeting more for gas.

Mr. Carlson: Yes. Gas mileage isn't as good, gas prices have gone up which affects it as well.

Legislator Gould: Twenty percent.

Legislator Chagnon: They are up 33% from last year.

Mr. Carlson: What, the gas prices?

Legislator Gould: Last department it went up 33%. You only went up 20%.

Mr. Carlson: I think part of that too was, what we had projected last year, we were a little bit under so we might have projected a little high last year so the increase wasn't as dramatic but made sense for what our actual expenditure was for fuel consumption.

Chairman Wilfong: Any more questions for Greg? If not, thank you.

Mr. Carlson: Can I do one quick note?

Chairman Wilfong: Sure can.

Mr. Carlson: One of the nice things about our little tiny budget is, our five person staff actually generates a lot of money for the County. We file pension claims. We do about 300 claims a year between the three services officers and those directly offset the cost of State Medicaid and indirectly offset the cost of Medicaid by preventing people from having to go on Medicaid earlier and then we do compensation claims and people get awarded service connected disabilities at the various percentages and they get retroactive payments. They take that money and they spend it here in Chautauqua County, they pay taxes with it, they go to local businesses so I always like to throw good positive word for the money that we bring in from the VA to Chautauqua County. That's it.

Chairman Wilfong: Thank you.

Mrs. Spanos: And Greg is a great collaborative partner. We're roommates in Jamestown and share some staff and last year I think you took on some more staff costs that helped us –

Mr. Carlson: Through a grant.

Mrs. Spanos: Yes, through a grant. He's always thinking of ways we can do things better together too so we appreciate that.

Legislator Niebel: It's a team effort.

Mrs. Spanos: That's right. I was thinking that he probably gasses up at the County more than some have, if they are going out of County. He's been a great person to work with.

### **Office for the Aging**

Mrs. Spanos: I hope that you all know Josh Melquist. This is the second time through, right?

Mr. Melquist: Yes.

Mrs. Spanos: We're happy to present the Office for the Aging budget. You will see that we have an increase in revenue of \$164,000 and of course, an increase in appropriations. We did decrease our local share by \$12,320. It would have been more, it's all George's fault. My insurance used to be on DPF and now I have to take all the insurance costs into the Office for the Aging so that was a \$15,000 increase.

Not too much change in our FTE's. We did add some seasonal workers for the Health Insurance Counseling program. That program, I want to piggy back on what Greg was telling you, saved over \$500,000 for people in Chautauqua County last year so that's money that goes back into their pockets that they can spend locally. It's a pretty exciting program and we have a few older adults. It's so crazy. We do over a 1,000 people between October 15<sup>th</sup> and December

7<sup>th</sup>, to help them with either health insurance options because it's no longer just Medicare and they need to know what the difference is between traditional Medicare with the supplement and these advantage plans. There really isn't any place else people can go. People say, oh, they can go to a broker. Well, the broker is only – first of all, their very skewed towards the advantage plans because that's who pays them so they don't want to put people back in traditional Medicare. We're really the only ones and we're trained by the Centers for Medicare and Medicaid to do this kind of work, who can look across and say, "given your situation, this is the right place for you to be". So, we look at their insurance, we look at their medications to make sure they are in the right plans and it's really - it's an unfunded program by the State and Federal government. We're trying to fix that but it's saving people money and it's really worthwhile. So hopefully I can get more statistics for you but I thought that was pretty exciting. It didn't cover all the different things that we did but we were able to figure out that at a minimum, we saved \$500,000. I know the older people are putting that mostly in locally.

The Senior Aide program is always – it shouldn't affect the FTE's. I think we took it out but I don't know why you have a note on here that we didn't include –

Mr. Melquist: If you were to run a full report of our FTE's, it should be in the 50's but that includes Senior Aides. So I just wanted to make a note that we took those out because they just do our programs and funded by the Federal and State government. I just wanted to make a note if you took that out to show our actual employees in the Office for the Aging. That is why that's in there.

Mrs. Spanos: It's gone back and forth many years, that FTE report, but we do try and filter out all the Senior Aides because that is a lump sum that we get from the Department of Labor to employee people. When I started here we had over 75-80 people in that program a year, we're down between 30-40 and it depends on the money. So if we have the money we put people on. If we don't have the money, we don't. So, it all dependent on what the Feds decide to give us and actually we should have – we just got a notification that we might have a little boost for 2019 but it's an in and out. It's really not going to affect the budget.

Legislator Whitford: Do you know how they base that? It doesn't fluctuate that much.

Mrs. Spanos: I mean, Congress doesn't really understand what the Training to Work program is over the last few years and they just keep talking about eliminating it. So it will get eliminated either in the President's budget and then the Senate and Congress puts something back, advocacy happens but, and there has been changes to the program. It used to be that people could stay on almost indefinitely. Now there is a very much work requirement. So they have a four year limit on being in that program and it is supposed to be training to work. So you come in our office, we have people who are over the age – between ages of 55 and 85 that we place either in our office or not for profits, other County organizations, they work at CARTS, they work at Meals on Wheels, Rural Ministries, they work a 20 hour work week for minimum wage and they can do that up to four years. It is a great program. It helps people get a job. I mean, especially when I first came in, so many Seniors, things have become computerized and they were out of the loop so coming into our office having to work with a data base and all of these things was very new to them and really did help them be hired away. It's a good program. I don't know what Congress is thinking but they are up and down whether they like it or not.



So going through kind of the next page of expenses. Of course, we had our step increases that was about \$35,000. We anticipated a decrease in the total Senior Aides so it was an overall increase of only twenty three. We negotiate contracts every year, food costs are going up, the minimum wage is going up, and that affects workers in the Adult Day Service and all of our Home Health Care agencies. So, 2% increase is what it is. We had an accounting change because we're no longer doing the occupancy expense or CSEA fees. Then we did have an increase, as I said, in Directors benefits of over \$15,000 that used to be in DPF's budget.

As far as revenue, I think I've told you in the past that all of our programs, we ask people for donations. We also, in certain programs, like the Home Care program, people are required to pay part of the cost. The thing is, most of our Seniors right now are living on Social Security. That has not kept pace with inflation so we're actually seeing that the people in our program are getting poorer and we're seeing that in the reflection of our donations and our cost share amounts going down every year. So there was several things here that talked about decrease in donations and cost share. Our private pay program was a little bit down but that's pretty (*inaudible*). We're not getting any rent. We changed personal emergency response systems and they no longer need – the new provider didn't need space in our offices so that changed that. We did get an unusual donation from somebody who passed away. To the Mac McCoy fund. The woman's name, gosh, I didn't bring it with me but a lady had passed away and it was \$20,000 that she gave to the Office for the Aging and that went into the Mac McCoy fund, into the endowment fund. We're starting to get proceeds from that fund. We're utilizing them mostly for home repairs, ramps and different things that people need in their homes.

You want to talk about this revenue because I'm not making –

Mr. Melquist: So the next two lines are New York State aid and Federal aid. What I did was, I broke it down to each of the programs that fall beneath each of those respectively and just showed what the change was as far as increases or decreases in revenue. Go down it quickly and touch on the highlights, the Managed Long Term Care revenue, we work with insurance companies, we get reimbursed for claims, meals, both home delivery and congregate, Adult Day Care, Person Emergency Response systems, they pay us more than we pay our contractors, essentially, to cover our office costs and everything and provide a source of revenue so that we can put it back into the programs.

Mrs. Spanos: These are the Medicaid clients that are no longer being served through DHHS.

Mr. Melquist: Right, so that is a big increase there and we were able to put that into other programs, cover other costs, whatever it might be and provide more services pretty much.

Mrs. Spanos: A little increase in Alzheimer's.

Mr. Melquist: Right, Alzheimer's it getting a little larger than we have in these past years. (*Inaudible*) mild in changes except for New York Connects, that was a big decrease as far as a program. They had two different funding streams that funded us for \$46,000 more and they cut one of the streams and consolidated at, at the same time, justified cutting the money a little bit. So we have our New York Connects, receiving calls from our clients daily and we rely on that money to operate that and they cut that back a little bit. Those are the two highlights there.

Mrs. Spanos: That is going to be a big item for advocacy at the State level because it was very difficult – this was a Federal program where the State – when New York Connects went under a big expansion, they asked the Federal government to reinvest in the State programs after they did this diversification of taking things away from the district and going to these managed Medicare plans. So the Feds said, you need to reinvest, we'll give you the money for the no wrong door system and a couple of other things. So it was Federal revenue, then it went to a State revenue and it's been a shell game. Then they moved it under DOH and it was supposed to be level funded. They were supposed to continue the funding but they actually decreased it. So, it's a source that I am my colleagues across New York State are going to have to advocate for the Legislature to restore that because it really was hard to tell last year, as we were finalizing the State budget because we went from two funding streams down to one and it's not really even in the State Office for the Aging budget. It's in the Medicaid budget under DOH. So it goes from there to the State office and then to us. So, I don't know what to tell you about that but it's kind of out of our control.

Mr. Melquist: Then the Federal aid, mainly the big change is with the Older American Act due to advocacy that MaryAnn was mentioning. All of those that you saw increases in revenue which is a good thing and everything else is –

Mrs. Spanos: Just to put things in perspective, we have been seeing since 2010, the Federal revenue dropping off. They increased it quite a bit but we're not back to 2010. We're like somewhere between 2010 and 2011. So Seniors have grown, there is more people out there needing stuff. This was a great boost, they just announced mostly level funding for 2019 and we'll take what we can get.

Mr. Melquist: That is pretty much the detail in there.

Mrs. Spanos: Just to let you know, our wait list last year was over 450 people. Because of those boost from the Feds and some boost, except for New York Connects, we did get a few boost in the Home Care under the State. So we've reduced our wait list to 340 people. I looked at it this morning, we're continuing to take people off because we still have some spending to do for this year to meet the monies that we have gotten. It's down to, I think we only have a few people left in 2015 that hasn't been served so less than a two year wait list is pretty good. We do make a priority for people over 90 and people who are being served by Adult Protective Services. If they need a service in the home, we feel that they are at great risk so we'll put services in immediately.

Chairman Wilfong: Any questions?

Legislator Niebel: Nutrition program, as far as your contractors, some of them were up significantly in 2019, some of them were down. Do they fluctuate quite a bit? You have new contractors coming on from time to time and some contractors don't contract with you?

Mrs. Spanos: Do you mean the Meal delivery service? We have three three meal delivery services. Dunkirk/Fredonia Meals on Wheels, Jamestown Meals on Wheels, Sinclairville 76ers. I

think that we only have a contract with Jamestown Meals on Wheels because Dunkirk/Fredonia is subcontracted through them. That was a consolidation of contracts that preceded me.

Legislator Niebel: Well, like nutrition contractors where it says Chautauqua ADC, it's up almost \$30,000. But it's offset by reduction in other contractors?

Mr. Melquist: That example is a good one. There is a ADC, the 70458, is case management which when I did the budget last year, I didn't have enough history to see that it wasn't being used. Didn't think to look at it honestly. It's an account that we don't use anymore. We do utilize it for Adult Day Care, which is the account right below there where you see 70558, just essentially is not quite a washout, obviously \$2,000 more but that account 70458 just isn't utilized by us anymore.

Legislator Niebel: So ADC is Adult Day Care?

Mr. Melquist: Yes. They are still using it but I was trying to get rid of accounts that we're being used anymore. They were just kind of in there, so it is being used by their Center to provide the services but that account specifically is just decreased. But anything else that is (*inaudible*), it's just based on kind of how they are spending is this year and then I usually include a little increase in case of cost increase so the fluctuation that you see there is based on their true expense through what had been invoiced through June and what I have predicted for the next 6 or 7 months. Whatever we had an invoice for.

Legislator Niebel: Your budget is – I used to work for the Office for the Aging back in the 70's, I think our budget was less than a million dollars. It's five now?

Mrs. Spanos: It's five.

Legislator Niebel: But your local share is actually down 1% so I'm fine with that.

Chairman Wilfong: Any other questions? We're good. Thank you. Appreciate what you do. So Audit & Control, do we make recommendations or you are just going to wait to do that on Friday?

Legislator Chagnon: Human Services will meet with them on Friday afternoon.

Chairman Wilfong: So do we have to close this meeting?

Mrs. Dennison: I just want to ask a question. So, do you want to discuss at this time the changes that Health & Human Services presented or do you want to save all of that for Audit & Control?

Legislator Chagnon: I think that this Committee should take a position because those are policy changes.

Mrs. Dennison: I did summarize the changes for each of the different items that they are proposing. I split it out with each program on a different page so you could see the bottom line effect of each of the changes. Some of these changes as we have talked about before, they do affect departments outside of Health & Human Services.

The first page, as you can see at the very bottom, it says net adjustment to levy, \$31,919. That would be an increase – net effect is an increase to the tax levy of \$31,919. This would be all the changes associated with expanding the Medical Director position, decreasing Dr. Berke's salary, removing a caseworker, and increasing the Coroner's salary as proposed and also decreasing contractual costs for the Coroners. So those changes, as I say, amount to approximately \$32,000. I can walk through those line item details if you would like me to but that's –

Chairman Wilfong: So Pierre, you would like this Committee to make recommendations on each one of these?

Legislator Chagnon: Whatever you want to do with them.

Chairman Wilfong: Is that what the Committee would like to do?

Legislator Niebel: Kathleen, if the Committee approves all of these changes, the increase in the tax levy is three and a half, four cents? Based on these changes here?

Mrs. Dennison: All of it together?

Legislator Niebel: Roughly.

Legislator Gould: Roughly a quarter (*inaudible*)..*cross talk*

Chairman Wilfong: These are just recommendations. Audit & Control doesn't have to abide by them, we're just recommending, correct?

Legislator Rankin: Are we doing one page at a time?

Chairman Wilfong: That is what I was thinking about, doing one page at a time.

Legislator Niebel: Dave, what I was getting at is, I just wanted to get a figure based on all these changes. If all these changes are enacted, how much is the increase in the tax levy? It might be like three and a half cents.

Mrs. Dennison: Four cents.

Legislator Pavlock: Is that including one decrease that we're discussing?

Mrs. Dennison: No.

Legislator Pavlock: We're discussing \$217,000 on (*cross talk*)...

Chairman Wilfong: From \$8 million to \$7.8 in the Safety Net.

Legislator Whitford: Safety Net would be \$142,000 so that would drop this to \$110,000.

Legislator Niebel: A two cent increase.

Legislator Pavlock: We could drop back the other \$15,000 and maybe that could come up somewhere in their budget throughout the year also.

Mrs. Dennison: One point six six.

Chairman Wilfong: Would you like to take these recommendations on these per or do it by a group?

Mrs. Dennison: Maybe I should explain your other two pages. You got one page that says Coroner, Medical Director change, the next page is Probation which has a net adjustment to the levy of \$100,000. Those changes would be to remove the memorandum of understanding which was a cooperative agreement between Probation and Health & Human Services to apply for reimbursement for supervision by the Juvenile Services Team. That's the one that we now have recently received notification that that cooperative agreement will not be accepted by New York State. So that is page 2, so that is an levy increase of about a \$1,000 and on the third page, has a levy increase of \$131,000, that is to right size the Medicaid supervision revenue that will be available as the Fly Car operations.

Legislator Pavlock: Would it be easier to amend this later if they are all included in one?

Legislator Rankin: You want a sense of how we feel about each of these in general or –

Chairman Wilfong: I think that is what Pierre is asking for is, our recommendations.

Legislator Rankin: I think that is better than the whole group.

Chairman Wilfong: All in favor of the – is there any discussion? All in favor of the first, the \$31,919 expansion of the Medical Director position and the Coroners and that type of thing. All in favor of this?

*Carried w/ Legislator Whitford voting "no"*

Legislator Whitford: With that I'm sure Audit & Control will (*inaudible*).... Maybe adjust it a little bit.

Chairman Chagnon: We will definitely dig into it.

Legislator Rankin: I'm hoping so too. I like the concept of it.

Legislator Whitford: I think there should be compensation but I think the level of compensation for being on call is a little bit more than what I think it should be called for.

Legislator Gould: Maybe it's getting there too fast.

Legislator Whitford: I know that you guys will do your due diligence.

Legislator Chagnon: For the members of the committee who aren't here, to vote was what?

Chairman Wilfong: Was four to one.

Clerk Tampio: Did you have a motion and a second for that?

Chairman Wilfong: O.k., I would like to make a motion to accept the expansion of the Coroners and that type of thing.

Legislator Rankin: So moved.

Legislator O'Connell: Second.

Chairman Wilfong: Then we had all in favor and it was four to one.

Legislator Pavlock: I agree, I think that it's nice to let a program, you put some time under its belt before you make a lot of rash decisions. Picking who's going to receive a \$15,000 stipend, \$10,000 or a \$5,000 stipend, and what that is based on.

Legislator Rankin: I think there is some room for compromise and giggling a little bit but I like the overall idea of what they are trying to do. That's my feeling.

Legislator Whitford: I just felt that at least the highest, if you are talking they are on call one fourth of the year, or less than a 100 days, that's over \$200 a day for being on call, correct? I might be wrong in my assumptions but I just thought you gradually move up to higher amount. That's a pretty high entry level.

Chairman Wilfong: The second one is remove the memorandum of understanding for reimbursement for the Probation Department. I would entertain a motion to accept the second adjustment there for \$100,000.

Legislator Pavlock: So moved.

Legislator O'Connell: Second.

*Unanimously Carried*

Legislator Chagnon: You really don't have a choice.

Legislator Whitford: Because the State mandates –

Legislator Chagnon: The State killed it.

Legislator Rankin: Then we made the right vote.

Chairman Wilfong: The third one, the net adjustment to the levy for the Fly Car, the paramedics. I would entertain a motion to accept the third adjustment here.

Legislator Whitford: I will move this one.

Legislator Rankin: Second.

Chairman Wilfong: All those in favor?

*Carried w/ Legislator Pavlock voting “no”*

Legislator Pavlock: I oppose just in the sense that this is another one that you kind of rush into and I think that you need to get some more departments. In committee, there was a letter written that was in support of the Fly Car system. That letter was from the Chief’s Association, the EMS Council and that was based on the Fly Car system. That letter was used as a patsy for, it was o.k. for an ambulance service too but that is not what it was intended for. So I think that we need to get more support from local departments and agencies and some input before we vote. Yes, there is a need, I would say for the Fly Car system that working but also there are a lot of other avenues that could be chased down also before you – it just keeps getting deeper and deeper into (*cross talk*), but here it is.

Legislator Chagnon: I appreciate the commentary. Just for clarification, what this motion does is, it increases the local share of the Fly Car by \$131,000 because they overstated their revenue in their budget.

Legislator Pavlock: I understand.

Legislator Chagnon: So approving this resolution, puts their revenue back where –

Chairman Wilfong: More in line.

Legislator Chagnon: Right. The overall concern that you raised and like I said, I appreciate that commentary because that is going to be a good part of our discussion when we meet with Emergency Services people tomorrow.

Legislator Pavlock: We need to reduce the Safety Net.

Legislator Whitford: Line by \$142,000.

Mrs. Dennison: I don’t believe that we ever had a motion for that.

Legislator Whitford: No, we didn't have a motion and now I'm making that motion.

Chairman Wilfong: To reduce the Safety Net by \$142,000?

Mrs. Dennison: Actually just to clarify, -

Legislator Whitford: It would be our share. It would be \$200,000 –

Mrs. Dennison: To decrease appropriation A.6140.4 Safety Net, to decrease it \$200,000 and then to decrease revenue account A.6140.R364.0000, a decrease of \$56,0000, that would be the State aid and then decrease A.6140.R464.0000 Federal Safety Net revenue, decrease that by \$2,000 for a net effect, a net reduction of local share of \$142,000.

Chairman Wilfong: So Paul already made the motion, I need a second.

Legislator Rankin: Second.

*Unanimously Carried*

Legislator Pavlock: I'd like to make one more comment. I remembered what my other point was. I thought that they would be aggressive with \$200,000 revenue stream from it also because people – you have to get the people that are actually working on it for a managerial (*inaudible*), I think that we can do this. People can go and do this and this and then as an EMS person, you have to have the ambition to go and do that and seek those people out. I think they need to be a little more conservative in how much they think they can bring in from that. If they bring in \$200,000, great, but I don't want to have a shortfall of \$100,000 because then that will have to come from somewhere else in the budget if they have it as a revenue. So it kind of makes it this again.

Chairman Wilfong: It does seem like in County government, they really do love to overstate and then they come back the next year under. Then they say oh, this didn't work out and that didn't work out. Well, you told us last year you thought it would so I think we do that in government all the way around, County or City.

Legislator Rankin: We decided to leave Emergency as it was, right? The \$15,000.

Legislator Whitford. Yes.

Chairman Wilfong: So do we need a motion to adjourn.

Legislator Whitford: Move to adjourn.

Legislator Pavlock: Second.

*Unanimously Carried (3:00 p.m.)*



Respectfully submitted and transcribed  
Kathy Tampio/Clerk, Olivia Ames/Committee Secretary, Lori J. Foster, Deputy Clerk/Secretary  
to the Legislature