

**HEALTH AND MENTAL HEALTH COMMITTEE  
MINUTES**

**TUESDAY, JANUARY 17, 2023  
4:00 P.M.**

PRESENT: Peter V. Tuohy, Chairperson  
Michael Amo, Mike Anagnostakis, Janet Sutherland, Laurie R. Tautel

ALSO

PRESENT: Katie Bonelli, Chairwoman  
Thomas J. Faggione, Majority Leader  
Betsy N. Abraham, Esq., Legislative Counsel  
Richard B. Golden, Esq., County Attorney  
Darcie Miller, Commissioner of Social Services and Mental Health  
Donna Strecker, Director of Finance, Valley View Center  
Dr. Alicia Pointer, Commissioner of Health  
Lisa K. Lahiff, Deputy Commissioner of Health  
Erin Sztendor, Budget Analyst

Mr. Tuohy opened the committee meeting at 4:04 p.m. and asked everyone to stand for the Pledge of Allegiance. All committee members were present with the exception of Legislators Ehlers and Luján, who were absent.

Ms. Sutherland moved request supplemental appropriation of \$30,000.00 of unused NYS Office of Mental Health grant funds for hiring bonuses for Staff Social Workers. The original funding of \$70,000.00 was approved by Resolution No. 295 of 2022. Per NYS OMH this grant funding has been extended through 12/31/2023. Mental Health has expended \$40,000.00 of these funds in 2022 for retention and hiring bonuses. The balance of \$30,000.00 will be expended in 2023 towards hiring bonuses for Staff Social Workers, seconded by Ms. Tautel.

Mr. Tuohy asked how the \$40,000.00 was used. Ms. Miller replied that the \$40,000.00 was put toward hiring and some was disbursed to their nineteen staff social workers who qualified at approximately \$1,500.00 per person.

Motion carried. All in favor.

On the agenda was a Department Update from Darcie Miller, Commissioner of Social Services and Mental Health.

Ms. Miller addressed the committee and highlighted several key points in the update that was emailed to legislators. The U.S. Department of Health and Human Services (HHS) and the Substance Abuse and Mental Health Services Administration (SAMHSA) released the annual National Survey on Drug Use and Health (NSDUH). The 2021 NSDUH National Report includes selected

estimates by race, ethnicity, and age group. Nearly 1 in 3 adults had either a substance use disorder or mental illness diagnosis in the past year, and 46 percent of young adults 18-25 had either a substance use disorder or mental illness diagnosis. The Monroe Woodbury School District licensed satellite clinic has been fully approved. The Memorandum of Understanding (MOU) has been agreed upon with the Goshen Central School District with the next step to establish a satellite clinic location. All mental hygiene services continue to actively provide services in person and most being virtual. Services can be accessed by calling the Orange County Crisis Call Center 24/7 at 311 or 1-800-832-1200. The Orange Steering Committee has identified and have prioritized spending to meet three goals: expanded Harm Reduction, expanded Medication Assisted treatment, and expanded Safe Prescribing with the grant having \$685,000 to spend on community services. The next step for the Opioid Settlement Funds is to rollout **funds, establish spending amounts, and time frames**. Priority areas identified are improving access to system and expand "welcoming" response, focus on expanding support in transitions of care, and transportation, housing, supporting prevention needs.

Mr. Tuohy asked for the number of schools with satellite clinics. Ms. Miller replied four.

Mr. Tuohy asked how the clinics have been received since their implementation. Ms. Miller replied positively, and she will forward their show rates and successful outcomes to the committee. She added that the average number of sessions for someone seeking mental health treatment is one; however, school satellites are seeing numbers as high as ten, fifteen and twenty.

Mr. Amo asked if a psychiatrist at the satellite clinic and are they billed for services. Ms. Miller replied yes to both.

Ms. Tautel asked if the NaloxBoxes discussed at last month's meeting were rolled out. Ms. Miller replied yes.

Ms. Sutherland asked for clarification on in person and virtual services. Ms. Miller replied that one of their clinics is approximately 40% virtual and the other 20% with most being in person.

On the agenda was a Department Update from Dr. Alicia Pointer, Commissioner of Health.

Dr. Pointer addressed the committee and highlighted several key points in the update that was emailed to legislators. Infectious Disease data as follows: Flu: Orange County currently has 589 reported cases a 38% decrease from the previous week. Statewide, flu-related hospitalizations and cases have also decreased. COVID: Orange County's community level is HIGH which is based on number, hospital admissions and ICU diagnosis. There are 28.5 positive tests per 100,000 people or 115 cases a day for Orange County with 1,269 deaths since March 2020. Respiratory Syncytial Virus (RSV): Statewide, RSV hospitalizations have dropped significantly and continue to fall from their peak during the week of October 31st with the statewide percentage of positive tests decreasing. Polio: Five in-person school audits have been completed with the New York State Department of Health. The New York Department of Health sent post-audit letters to the schools, and they continue to monitor any corrective actions that were needed. In December, Orange County had two samples of wastewater test positive for the poliovirus following five weeks of negative tests and since those

samples, the wastewater has tested negative for the poliovirus. Ebola: Travelers no longer need to be screened and/or monitored. Community Health Assessment: Their 2022-2024 Regional and Orange County Community Health Assessments are complete and are available in book form on their website. Early Intervention and Preschool Special Education: An in-person meeting was held on January 4, 2023, for providers, schools, and state representatives.

Mr. Tuohy asked if schools were receptive to the audits. Dr. Pointer replied for the most part yes.

Ms. Tautel commented on a recent news article indicating that Polio was found in Orange County wastewater and how and where are they getting this information. Dr. Pointer replied that the CDC releases a wastewater report for Polio every week to two weeks. That wastewater report shows which counties have positive wastewater. The Orange County Department of Health receives similar reports for all its wastewater areas, and it is typically a two- or three-week delay which is the same for the CDC reports.

Ms. Tautel asked if reported cases from hospitals and/or pediatricians are provided to the Orange County Department of Health. Dr. Pointer replied that there are no diagnosed cases of Polio in Orange County, but it has been found in their wastewater. She explained that most people will not have any symptoms for Polio; however, it can still be spread to others and released into the wastewater system. Polio symptoms could mimic a GI bug or common cold, so they are not typically tested for Polio. Polio is a warm weather disease, and they anticipate seeing it again in the future.

Mr. Anagnostakis asked if the 115 COVID positive cases are spread throughout the county or are their hot spots. Dr. Pointer replied that the reported COVID cases are from individuals who had a PCR test and does not include people that are doing a rapid COVID test at home. If an individual is in the hospital, nursing home or long-term care facility those locations must report any positive cases. A lot of Orange County's cases are in those situations and the clusters in those areas make up a large portion of the number.

Mr. Anagnostakis asked about the median age for current COVID-19 deaths. Dr. Pointer replied 40's, 50's and 60s.

Mr. Anagnostakis asked if the deaths were among those that were not fully vaccinated. Dr. Pointer replied that the deaths are primarily individuals that have not been vaccinated in the past year. She explained that there are people that have had their primary series and maybe a booster a year ago but unless they have had COVID in the past year they have lost most of their protection.

Mr. Anagnostakis asked if they have received any notice on the strains currently hitting China. Dr. Pointer replied no, the United States is primarily seeing the Omicron XBB.1.5 "Kraken" strain which is very transmissible.

Mr. Amo referred to the COVID-19 positive hospitalizations and asked if admissions separated from emergency room visits. Dr. Pointer replied that the community level put out by the CDC is only looking at admissions and ICU not just emergency room visits.

Mr. Tuohy asked about the vaccine requirement for SUNY. Dr. Pointer replied that SUNY has a vaccine requirement for all their campuses which is set through the state, not Orange County.

Mr. Tuohy asked about recent reports on the mRNA vaccines and their side effects. Dr. Pointer replied that the FDA issued a report recently on the adverse reactions to bivalent vaccine specifically Pfizer, which may be associated with a risk of a stroke in older people. For many people the word "associated" means that it causes strokes with older people; however, that is not what the FDA said. The FDA said that in this one specific data set that people that had received the vaccine tended to have more strokes than people who did not. Since then, the FDA has done other data sets and have not found that same association. The FDA still enforces the safety of the vaccines and still recommend them. They also hear about the very rare risk of Myocarditis and Pericarditis in young men who receive the vaccine which is inflammation in and/or around the heart. In most individuals the illness tends to be mild and they recover quickly and COVID has a high risk of also causing Myocarditis and Pericarditis. She would recommend that any young man contemplating the vaccine that they speak to their parents and/or doctor.

Ms. Sutherland asked for age range in young men at risk for Myocarditis and Pericarditis. Dr. Pointer replied between 13 and 40.

Ms. Sutherland asked for the age in older adults a risk of a stroke. Dr. Pointer replied between 65 and older.

Dr. Pointer provided the committee with the 2022-2024 Executive Summary of the Orange County Community Health Assessment and Improvement Plan.

On the agenda was the monthly report on Valley View.

Ms. Strecker explained that IGT funding remains at \$2.128 million. They would have typically received another IGT payment by the fall. They have reached out and spoken to LeadingAge and was told that the holdup is the upper limit calculation which needs to be approved by the federal government before IGT funding can be released. Other revenues were at \$31.3 million, and emergency disaster assistance at \$3.2 million. On the personal services side, personal services were at \$20 million, equipment at \$110,457.00, contractual was at \$10.5 million, indirect costs at \$1.625 million, employee benefits at \$15.4 million and serial bond interest at \$96,000.00. Their census for December was 65.63% and the average for the year was 67.62%. Medicaid utilization was at 81.06.00%, medicaid (HMO) at 1.79%, medicare at 11.25% and private pay at 3.65%.

Ms. Strecker commented that they receive IGT funding in recognition of the hardship that county facilities face in caring for the infirmed. In the past, there was something called the trend factor and the last time they received an increase was fifteen years ago and that was an across-the-board increase of 1%. However, the trend factor was eliminated fifteen years ago, and they have not received an increase in New York State since. They have reached out to their local assemblypersons and senators, and they continue to champion with their fellow facilities to bring this forward as they are being underpaid and have not received a trend factor increase in fifteen years.

They are working on scheduling those meeting in order to educate and bring this forward. They have heard the possibility of a 20% increase in the medicaid rate; however, that has not come to fruition. 80% of the population they serve at Valley View is Medicaid and financially that is a big hit and because they are unable to recover their census and bring in more medicare population which pays over \$700.00 a day, they are struggling. This are very tough time financially, regulatory and staffing wise.

Mr. Amo asked for the medicaid rate at the end of 2022 and the cost per bed a day. Ms. Strecker replied that she would like to discuss this at the next meeting as she is working on an analysis on cost per day from 2018 to 2022.

Mr. Anagnostakis stated that COVID has thrown a monkey wrench into every business and before COVID the facility was in the positive and doing very well.

Ms. Strecker added that there is a need for medicaid and for people that need access to that type of care.

Mr. Anagnostakis commented that until they can get the employees to service the people in the facility and those waiting to enter the facility this could be their new normal.

Ms. Strecker agreed, and they really need to bring in RN's, Nurse Care Supervisors and Nurse Care Managers because LPN's can work; however, they must be under the supervision of an RN. In addition, they have the mandate that they must meet for minimum staffing requirements. The Public Health Law that went into effect requires a minimum of 3.5 hours of nursing staff per resident, and no less than 1.1 hours of care per resident per day shall be provided by an RN or LPN and at least 2.2 hours of care per resident per day shall be provided by a CNA which leaves them with a remaining 0.2 that they can meet the mandate with any combination of hours from an RN, LPN or CNA. They cannot open additional units because they will not meet the mandate.

Mr. Amo stressed that the state should be looking at equity and quality of care. Patient "A" may need a great deal of care while patient "B" may need less care; however, the state has just mandated the same hours regardless of care.

Ms. Strecker agreed, and they are working with the Department of Human Resources and their positions and exploring every possible idea to recruit. Staffing and reimbursement are not a new issue it was an issue prior to the pandemic; however, they were exacerbated once the pandemic hit. This has created more and more pressure on how to meet the demands of servicing residents and quality of care is always on the forefront for everyone at Valley View. When you have a dwindling staff you must find ways to preserve quality of care and one of those ways is shutting down units. This is not just a Valley View issue but a nationwide issue and some of these issues were fragmented long before now and unfortunately New York State has not done enough.

On the agenda was a Department Update from Donna Strecker, Director of Finance, Valley View.

Ms. Strecker addressed the committee and highlighted several key points in the update that was emailed to all legislators. Valley View's census on January 13, 2023, was 65%. They have two units closed. They are only taking short-term admissions and the CHHA census is sixteen. They

have seen an uptick in COVID-19 cases due to the new variant. They currently have seven COVID-19 positive employees and three positive residents at the facility. In addition, they had cases of Influenza A among residents a week ago. They have received the second vesting period payment for the New York State Healthcare Worker Bonus. Upon receipt of the payment, they have thirty days to pay the Valley View employees. Hiring new staff continues to be a struggle and they will be unable to open another unit, until they hire additional staff.

The meeting adjourned at 5:01 p.m.