

**HEALTH AND MENTAL HEALTH COMMITTEE
MINUTES**

**TUESDAY, MARCH 20, 2018
3:45 P.M.**

PRESENT: Mike Anagnostakis, Chairman
Joel Sierra, Kathy Stegenga, Janet Sutherland, Laurie R. Tautel, Peter V. Tuohy

ALSO

PRESENT: L. Stephen Brescia, Chairman
Katie Bonelli, Majority Leader
Barry J. Cheney, Legislator
Thomas J. Faggione, Legislator
Rob Sassi, Legislator
Antoinette Reed, Legislative Counsel
Harry Porr, Director, Operations and Cost Control
Jennifer L. Roman, D.O., Orange County Medical Examiner/
Acting Commissioner of Health
Kerry Gallagher, Deputy Commissioner of Health
Robert Dietrich, Director, Community Health Outreach
Laurence LaDue, Commissioner, Valley View Center
Donna Strecker, Director of Finance, Valley View Center
Darcie Miller, Commissioner of Social Services and Mental Health
Colleen Grogan, Chief Budget Analyst

Mr. Anagnostakis opened the committee meeting at 4:17 p.m. and asked everyone to stand for the Pledge of Allegiance. All committee members were present with the exception of Legislator O'Donnell who participated by phone and Legislator Amo who was absent.

Ms. Tautel moved request to accept and appropriate state grant funds from the NYSDOH for the Children with Special Health Care Needs Program grant for the period 10/1/17 – 3/31/18, \$1,947.00, seconded by Ms. Stegenga.

Ms. Gallagher explained that the grant would be used as a chargeback for employee time as they provide training and education resources to families with children from the age of 0 to 21 who have a developmental or medical diagnosis.

Motion carried. All in favor.

Mr. Tuohy moved request to accept and appropriate state grant funds from the NYSDOH for the Childhood Lead Poisoning Primary Prevention Program grant for the period 10/1/17 – 3/31/18, \$32,129.00, seconded by Ms. Sutherland.

Ms. Gallagher explained that the program operates in specific census tracts in the three cities that have been determined as high-risk areas for lead poisoning based on demographical data, past experience, lead cases and age of the home.

Mr. Anagnostakis commented that while they are continually addressing the issue, many homes still contain lead.

Mr. Dietrich added that this is primarily a prevention program and through their Community Health Workers they conduct outreach by going into a home to check for chipped or peeling paint.

Mr. Anagnostakis noted that the three cities are very high-risk areas but have they found statistical data that shows any per capita variance between the three cities and is any one worse than the other. Mr. Dietrich replied that due to the size and conditions of the homes they have seen greater activity in the City of Newburgh. They get into approximately 700 houses a year and they conducted 330 inspections in 2017. However, lead does not go away but they continue to go back and check.

Ms. Tautel asked if they work in conjunction with the Community Block Grant Office as there was a program that dealt with lead paint abatement. Mr. Dietrich replied yes, it was a HUD grant and they did conduct outreach and education related to the grant; however, that grant would be ending shortly.

Mr. Tuohy asked if they see any improvement from year to year. Ms. Gallagher replied that they work with the landlord or property owner and come up with a stipulated agreement in order for them to hire a contractor and that contractor must go through the eight-hour training course to remove the lead safely.

Mr. Tuohy asked if it would always be there. Mr. Dietrich replied that with any pre-1978 house there is a possibility of lead paint. New York State recently commented that if they go in and see chipping and/or peeling paint they are to assume that lead paint was used and a notice must be sent to have it fixed.

Motion carried. All in favor.

Ms. Sutherland moved request to accept and appropriate state grant funds from the NYSDOH for the Adolescent Tobacco Use Prevention Act (ATUPA) grant for the period 10/1/17 – 3/31/18, \$8,049.00, seconded by Ms. Stegenga.

Ms. Gallagher explained that the Tobacco 21 law was passed on June 1, 2017 and since then 159 stores were inspected, 71 inspections completed and 4 violations. All vendors waived their formal hearings and paid the fines in order to conduct their business.

Mr. Anagnostakis asked if anything special was done with the 4 violations to ensure that another violation does not occur. Mr. Dietrich replied that the state grant applies to 18 years and under. Through that grant they must visit every store in Orange County once a year and if a store

has sold within the last three years they must be inspected three times a year. However, with the Tobacco 21 law they visit half the stores annually but with the ATUPA grant they visited 432 stores and had 8 sales to teens in 2017.

Mr. Anagostakis commented that he recently saw proposals to have tobacco companies decrease the addictive nicotine in these products. Dr. Roman replied that it would be an excellent idea because conditions such as heart disease, lung cancer and COPD are caused by cigarettes and if they can have less people become addicted and with the lower nicotine they may see people able to quit smoking.

Motion carried. All in favor.

Ms. Sutherland moved request to accept and appropriate first year grant funds from the New York State Department of Health Immunization Action Program for the period 4/1/18 – 3/31/19, \$189,605.00, seconded by Mr. Tuohy.

Ms. Gallagher explained that the program goes to medical providers and provides education and clinics throughout the county for uninsured children. In addition, they have travel clinics for adults traveling out of the country.

Mr. Anagnostakis asked for the time frame of the grant. Ms. Gallagher replied that it was a five-year grant but has been in effect for many years.

Ms. Stegenga asked about the vaccinations for adults traveling out of the county. Ms. Gallagher replied that if they call the office and explain that they are going out of the county. They would go on to the CDC website and view the vaccines needed to be up-to-date; however, they recommend that they go to their medical provider first then they can come into the clinic and get what is needed for a fee.

Ms. Stegenga asked if a list was available for distribution. Ms. Gallagher replied yes, but they must go to their medical provider first, then to the clinic.

Ms. Sutherland asked if they are seeing more children that are either not being vaccinated because they do not have the means or are they choosing not to. Ms. Gallagher replied that they have seen an increase in non-vaccinations due to religious beliefs and some parents are fearful of certain vaccines.

Motion carried. All in favor.

Ms. Sutherland moved request to accept and appropriate fifth year grant funds from the NYSDOH Bureau of Tuberculosis Control (BTBC) for the Tuberculosis Control Program for the period 3/31/18 – 3/30/19, \$39,166.00, seconded by Ms. Tautel.

Ms. Gallagher replied that the program treats cases of tuberculosis (TB) in Orange County and performs case contact investigations.

Mr. Anagnostakis asked why the grant had decreased over the last two years. Ms. Gallagher replied that it was one of the grants that was cut and they have been forewarned by the state that cuts will continue to occur within certain grants. It is hard to predict the number of tuberculosis (TB) cases in the county as it is not something they can trend.

Mr. Tuohy asked for the number of tuberculosis (TB) cases in Orange County. Ms. Gallagher replied eight active cases.

Motion carried. All in favor.

Mr. Tuohy moved confirmation of appointments to the Board of Health of Orange County Health District (D. Maughan, P. Murphy) (6-year term), seconded by Ms. Sutherland.

Ms. Gallagher explained that the board meets quarterly to discuss public health issues and board member Kevin Hayes asked that they present the two resumes for consideration.

Mr. Anagnostakis commented that concerns have been expressed that there was more representation from the cities of Port Jervis and Middletown. Ms. Gallagher replied that the Middletown spot has been vacant for a while and in all honesty, it is a challenge to get people to participate on the board.

Mr. Anagnostakis emphasized that it is a volunteer board.

Motion carried. All in favor.

On the agenda was the monthly report on Valley View.

Mr. LaDue updated the committee on the CHHA transition.

Mr. LaDue stated he would be presenting two new positions and the appropriation of funds next month to both the Personnel and Compensation and Health and Mental Health committees for the CHHA. They have received their National Provider Identifier number which is issued to health care providers in the United States by the Centers for Medicare and Medicaid Services (CMS).

Mr. Anagnostakis asked for an update on IGT funding. Mr. LaDue replied that they have received their final payment of \$4,650,188.50 million for the period of 10-1-2017 through 3-31-2018 which brings them current and they would be allocating 50% of the revenue to the 2017 and 50% to 2018.

Ms. Strecker presented the committee with the updated December 2017 financials. The 2017 to-date actual for IGT funding has been adjusted by \$2.3 million bringing the total to \$17.658 million.

Ms. Strecker explained that for February 2018, IGT funding was budgeted for \$6 million, other revenues at \$3.8 million with an additional \$3.2 million in additional revenues that will be posted to the March general ledger. On the personal service side, personal services were at \$3.1 million, overtime for the facility year-to-date was at \$188,000.00, employee benefits at \$1.9 million and contractual at \$3.4 million.

Ms. Strecker added that the occupancy rate for February was at 91.52%. Medicaid utilization was at 42.46%, medicaid (HMO) at 29.47%, medicare at 16.75% and private pay at 10.62% and today's occupancy is at 94.54.

Mr. Sassi asked what the percentage was for employee benefits in their budget. Ms. Strecker replied that combined personal services and benefits represent approximately 76% of their budget.

Mr. Sassi commented that he had the opportunity to tour the facility and found it to be very clean and operated well.

Ms. Tautel moved a resolution on
Safe Staffing for Quality Care Act,
seconded by Ms. Stegenga.

Ms. Tautel explained that it is currently in the New York State Assembly and Senate. She would ask that they pass a resolution in support of the legislation as it would protect not only the patient but staff as well. The individuals in these nursing homes are vulnerable and cannot advocate on their own behalf and it would behoove them to help support this legislation and to advocate for them in this manner.

Mr. Anagnostakis commented that it was first introduced in 2009-2010 and did not pass through both houses.

Ms. Tautel explained that her understanding was that it passed in the Assembly but not the Senate.

Mr. Anagnostakis asked what the mandated nurse to patient ratio would be in nursing homes, per worker, per resident.

Ms. Tautel referred the committee to the proposed Assembly Bill No. A1548 as it would be based on the level of care needed by the patient.

Ms. Stegenga expressed her confusion as the bill reads: page 4; Section 3: Minimum staffing requirements. (a) The documented staffing plan shall incorporate, at a minimum, the following direct-care nurse-to-patient ratios: (i) one nurse to one patient; operating room and trauma emergency units and maternal/child care units for the second and third stage of labor; (ii) one nurse to two patients: maternal/child care units for the first stage of labor, and all critical care areas including emergency critical care and all intensive care units and post anesthesia units; one nurse to three patients: antepartum, emergency room, pediatrics, step-down and telemetry units and units for newborns and intermediate care nursery units; one nurse to three patients: postpartum mother/baby

couplets (maximum six patients per nurse); one nurse to five patients: rehabilitation units and subacute patients and one nurse to six patients: well-baby nursery units.

Mr. LaDue commented that Valley View could be considered under the one nurse to five patients: rehabilitation units and subacute patients which would be their rehab unit.

Mr. LaDue asked if they were talking about RN's or LPN's as there is a significant difference between the two. Ms. Tautel replied both with LPN's discussed on page 5, line 28 number 4. Licensed Practical Nurses. In any situation where, licensed practical nurses are included in the documented staffing plan, any patients assigned to the licensed practical nurse shall also be included in calculating the number of patients assigned to any registered professional nurse who is required by law, rule, regulation, contract, or practice to supervise or oversee the direct-nursing care provided by the licensed registered nurse. In addition, a skill mix is also addressed in the proposed legislation.

Mr. LaDue presented the committee with a handout on the Five Star Rating system from the Center for Medicare and Medicaid Services and a Proposed Staffing Mandate Cost Estimator (see original minutes).

Ms. Tautel asked when this was comprised. Mr. LaDue replied that the information was recent and every nursing home receives a report with the most recent report through January 31, 2018 and is available on CMS.gov website.

Mr. LaDue added that with respect to their review, they had a staffing rating of 2; however, their overall rating was 4 because they made up for it in the quality measures rating. A similar proposal was done previously; A.1532 (Gunther) and S.3330 (Hannon) which included specific staffing requirements with the formula supplied by LeadingAge (see original minutes). Based on that proposed bill they created a cost estimator by taking their average census in 2017 of 93% which equals 335 residents, their current staffing hours worked per week, weekly mandated staff hours per resident, weekly staff hours needed based on resident count, additional hours needed if any and the average per hour wage with benefits (Aide at \$22.39 per hour and RN at \$41.23 per hour). This would have resulted in additional annual staffing costs if \$1,313,307.84 for Aides and \$2,019,074.33 for RN's at a total cost of \$3,332,382.17.

Ms. Tautel clarified that this new bill replaces the bill that Mr. LaDue is referring to as it was pulled prior to the session.

Mr. LaDue emphasized that if this bill was enacted facilities would see additional costs; however, he could not provide them with the specifics as they are unsure of the mandates.

Mr. LaDue added that they submit payroll data to CMS and they have not audited this information and while he knows their information is accurate he does not trust some of the other information that has been provided. He has many questions with respect to how and who would be monitoring it because it is currently not being monitored.

Mr. Anagnostakis recommended that Ms. Tautel work with Mr. LaDue on a cost analysis for the current bill and that this be tabled for one month. This would enable him to gather additional data because he is unwilling to let Albany dictate how Mr. LaDue runs their nursing home in Orange County. He knows that Mr. LaDue does a good job with patient care and on what they make and how

they spend money at the facility. In addition, he has an issue with voting on something when many of them do not have any idea as to what is in a bill that has been in Albany since 2009-2010.

Ms. Tautel clarified that what was being presented today was a new bill and not the bill from 2009-2010.

Mr. Anagnostakis stated that he would not move forward on this until they have that additional data.

Ms. Tautel agreed that she would withdraw her motion for one month, seconded by Ms. Stegenga.

Ms. Bonelli pointed out that this was on the agenda for discussion only.

Mr. Anagnostakis agreed, however, they did introduce the resolution at committee.

Ms. Stegenga asked how the rating process worked. Mr. LaDue replied that the rating system features an overall quality rating of one to five stars based on the facility's performance on three types of performance measures with each having its own five-star rating: staffing rating, health inspection ratings and quality measures rating with the score based on the last 36 months.

Ms. Stegenga referred to Mr. LaDue's handout which states that the Sapphire Nursing Home has a five-star rating but with the recent developments how could that be correct.

Mr. LaDue explained that this information does not include their latest survey nor is it on the New York State Department of Health website.

The meeting adjourned at 5:09 p.m.