

**HEALTH AND MENTAL HEALTH COMMITTEE
MINUTES**

**TUESDAY, MARCH 23, 2021
4:00 P.M.**

PRESENT: James D. O'Donnell, Chairman
Michael Amo, Mike Anagnostakis, Janet Sutherland, Kevindaryán Luján,
Laurie R. Tautel, Peter V. Tuohy

ALSO

PRESENT: L. Stephen Brescia, Chairman
Katie Bonelli, Majority Leader
Michael D. Paduch, Minority Leader
Leigh J. Benton, Legislator
Barry J. Cheney, Legislator
Thomas J. Faggione, Legislator
Kevin W. Hines, Legislator
Paul Ruskiewicz, Legislator
Rob Sassi, Legislator
Kathy Stegenga, Legislator
Betsy N. Abraham, Legislative Counsel
Harold J. Porr, III, Deputy County Executive
Darcie Miller, Commissioner of Social Services and Mental Health
Dr. Irena Gelman, Commissioner of Health
Christopher Ericson, Deputy Commissioner of Health
Donna Strecker, Director of Finance, Valley View Center
Deborah Slesinski, Budget Director
Gretchen Riordan, Budget Analyst
Elizabeth Delaney, Budget Analyst

Mr. O'Donnell opened the committee meeting at 4:08 p.m. and asked everyone to stand for the Pledge of Allegiance. All committee members were present.

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

Ms. Miller addressed the committee stating that the overdose map shows they had two spikes consisting of five or more overdoses in a 24-hour period and they are working on a campaign to activate community response and to increase outreach. Project Hope services are active in their community and supporting behavioral health intervention at vaccinations pods, providing support groups, wellness training, and individual counseling for those impacted by the pandemic and residents can access services by calling 3-1-1. The New York State Office of Mental Health was awarded funding to assist with addressing behavioral health that was impacted by COVID-19. Orange County is one of ten counties across the state that is eligible based on their COVID-19 cases for implementation of Project Hope, a program of disaster mental health services funded through the Federal Emergency Management Administration (FEMA), and jointly overseen by Federal Emergency Management Administration (FEMA) and the Center for Mental Health Services (CMHS). The purpose of the crisis counseling program is to help disaster victims recognize that, in most cases, their emotional reactions are normal and to develop coping skills that will allow them to

resume their pre-disaster level of functioning and equilibrium. The Federal Emergency Management Administration (FEMA) and the Center for Mental Health Services (CMHS) Crisis Counseling Program (CCP) supports short-term interventions with individuals and groups experiencing psychological sequelae to large scale disasters. These interventions involve the following counseling goals: assisting disaster survivors in understanding their current situation and reactions, mitigating additional stress, assisting survivors in reviewing their options, promoting the use of or development of coping strategies, providing emotional support, encouraging linkages with other individuals/agencies who may help survivors recover to their pre-disaster level of functioning. They have recommended three agencies to contract directly with the state to put these responses teams together and provide services across out county and they are the Mental Health Association of Orange County, ACCESS Supports for Living, and Independent Living Center. New York State Executive Orders supporting telehealth have been extended and Governor Cuomo has announced that he will look at expanding behavioral health telehealth practices beyond the pandemic. They have received the reimbursement for the New York State 20% withholds and the 5% reduction proposed in the Governor's 2021/2022 state budget has been rejected by both the assembly and senate. Legislation to include legalizing marijuana in the governor's budget was rejected by both the assembly and senate and her position remains the same in that it is not in their best interest when they are looking at the impacts of addiction. All mental hygiene services continue to be actively providing services with a majority of services being offered remotely/virtually. She would ask that they consider supporting social media marketing messages regarding the increase in substance use and opioid overdoses and posting as part of their education and prevention effort. In addition, they are in active communication with the attorneys from the Monroe Woodbury School District with the hope that an agreement for an MOU and satellite clinic can be reached.

Mr. Luján moved request to appropriate into the operating budget second year funds for the Migrant Health Services Program from the New York State Department of Health funds in the amount of \$59,940.00 for the period 10/1/20 - 9/30/21, seconded by Ms. Tautel.

Motion carried. All in favor.

On the agenda was a discussion on letters from constituents regarding re-opening schools.

Mr. O'Donnell requested a brief update on the reopening of schools as several legislators have received letters from their constituents regarding this issue.

Dr. Gelman explained that Orange County schools continue to follow the parameters required by the New York State Department of Health including the definitions and recommendations that schools need for reopening. The public and private school districts that decided to resume in person education 5 days a week for all students have been operating in person instruction since in person instruction resumed in New York State. Currently nothing has been issued by the Orange County Department of Health that would preclude other public and/or private school districts in Orange County from doing the same. They would need to amend their current COVID-19 safety plans and submit them to New York State in order to resume in person education 5 days a week. As it pertains to communicable disease and transmission the Orange County Health Department has received 51 COVID-19 positive in school case notifications between Saturday, March 20, 2021 and

Monday, March 22, 2021. There are numerous expanding COVID-19 outbreak clusters in five of the seventeen school districts in Orange County with continued evidence of both in school and sport related transmission of COVID-19. The following are under quarantine protocols: soccer teams in two school districts, swim teams in two school districts, volleyball teams in three school districts and cross country in one school district. Orange County currently has the highest percentage of positivity in New York State at 7.2% which is higher than any other county including New York City with the closest positivity percentage being Sullivan County at 5.8%. The Orange County Department of Health continues to see upward of 250 new cases per day and the decrease in new cases reported by all other counties has not been seen in Orange County.

Mr. O'Donnell asked if the 7.2% positivity rate was for school children. Dr. Gelman replied that it was for all of Orange County. There have been 1844 case investigations and/or 57% of all school cases to date in 2021. In January, they had 905 cases, February 514 and 425 in March as far as school related transmission.

Ms. Sutherland asked if these transmissions are happening in schools or is it happening because kids are making poor decisions outside of school in relation to gatherings and such. In her opinion, that is a big difference in regard to safely reopening schools and what children are doing outside of school and transmitting it that way. Dr. Gelman replied both and clearly with school teams and practices it is very difficult to pinpoint the transmission and where and when it happens due to the lengthy incubation period for the virus which is two to fourteen days. They have had transmission that was related to social gatherings and parties that has impacted individuals in schools, but Ms. Sutherland is correct in that individuals with a diminished perception of risk are socially gathering. The soccer teams were exposed to a direct case and there were multiple cases on the same swim team with transmission happening while they were exposed to one another in the course of practice and/or competition. So, there is a certain degree of transmission happening in schools but the high transmission rate in the community dictates the percentage that is translated over into that congregate setting. Recent studies for the Centers for Disease Control and Prevention (CDC) tend to cite community transmission rates as one of the factors for consideration in resuming activities and reopening because when they have a transmission rate within the community it inadvertently translates over into operations for the schools.

Ms. Sutherland asked how Dr. Gelman knows that the information they are given is accurate because she knows that teams congregate together outside of school and how do they know that it is really being transmitted on the soccer field and/or during practice and not while they are getting rides home from one another. She is not trying to be argumentative, but she sees and hears things as a parent of a child that is involved in sports. She does not want them to be quick to say that it is happening at the game and/or practice or in school when it may not be. Dr. Gelman replied that the Minisink school district's swim team is one of the districts that was impacted with the multiple COVID-19 cases. They reported their first case on the swim team originally and the line tracing list was reported by the school to the Orange County Department of Health.

Ms. Sutherland interjected stating that as a mother of a child on that team she knows that it did not happen at practice but outside of school and that is why she is asking these questions.

Dr. Gelman replied that they are going by the data that the school reports to the Department of Health with regards to contact tracing and the location of the transmission. After their communicable disease investigation New York State conducts contact tracing. They receive the data

from both schools as they report it and in the aftermath from the New York State Department of Health. She apologized for not being of further assistance in pinpointing the thousands of cases.

Ms. Sutherland commented that she knows how it happened and it did not happen at practice.

Dr. Gelman stated that two or more students were unfortunately impacted on the same team.

Mr. Tuohy asked about the process for quarantining in relation to schools and the sports team. Dr. Gelman replied that they follow the New York State guidelines for quarantine as defined by the New York State Department of Health. The regional office for the New York State Department of Health determines the duration of the quarantine based on the report received by the school on the contact list and they would be the individuals subject to quarantine. Clearance from quarantine may be obtained by the faculty, staff, volunteers and students from their primary care medical provider, school medical staff or the districts medical director as the school determines. Primary care medical provider, school medical staff or the districts medical director may clear those individuals based on the criteria known to them and the details of the case.

Mr. Tuohy asked if they could be cleared sooner than the fourteen days. Dr. Gelman replied yes, the Centers for Disease Control and Prevention (CDC) has changed their guidance and they can be cleared as soon as ten days. However, the incubation for the virus has not changed and they have had 11% of the total number of cases reported test positive on days eleven, twelve and thirteen post exposure.

Mr. Anagnostakis thanked Dr. Gelman and everyone at the Hatfield Lane vaccination POD in Goshen for the efficient and seamless process when he received his vaccine.

Mr. Anagnostakis asked why Orange County has the highest percentage of positivity in New York State at 7.2% as opposed to other areas. Dr. Gelman replied that they have large COVID-19 clusters in schools, colleges and businesses which are a result of individuals not taking necessary precautions such as wearing masks and/or social distancing and all it takes is one positive case to spread the disease.

Mr. Anagnostakis asked how they can turn that around. Dr. Gelman replied that they need to vaccinate and ensure that people are receiving the vaccination data and health education. She would implore that all elected officials get accurate data out to the public as they cannot let their guard down and people still need to adhere to proper safety protocols.

Mr. Luján echoed the comments being made and applauded Dr. Gelman and her team for all the work they are doing. He expressed his concerns about being the worst and what can they be doing differently to correct this issue. Dr. Gelman replied that there are misconceptions that because vaccination is available that the overall environment is safer and because others are vaccinated it will inadvertently protect them as well. They need to vaccinate a majority of their population and to disseminate accurate information on vaccine efficacy and safety. They are working with the Planning Department and their community health outreach division and health equity division who have amplified outreach in their more densely populated areas and to not let their guard down just yet.

Mr. Amo asked about immunity after having COVID-19 and what is the Orange County Health Departments strategy. Dr. Gelman replied that the Centers for Disease Control and Prevention (CDC) studies currently indicate the fourteen-day post second vaccination to 90 days post second vaccination and similar to a individual with active disease and the 90 days out thus far has been the threshold for having circulating antibodies but there are some that will go past that 90 threshold. However, there is not a tremendous amount of data post that 90-day threshold. The current consensus from the Centers for Disease Control and Prevention (CDC), research studies and clinical trials has been that if an individual has had COVID-19 that circulating immunity tends to wane after day 90 and they should be vaccinated even though they have had the disease.

Mr. Amo asked for the strategy so that when June and July rolls around they do not see an uptick in cases. Dr. Gelman replied that they could amplify the message. They are a year into the virus and the vaccine has not been readily available for an extended amount of time. Long term complications three years and five years out are still unknown, and the circulating immunity also remains unknown past the 90-day threshold given the availability of data. As more data becomes available, they will gladly amplify outreach and any campaigns concentrating specifically on that information with providers and the public and dispel any rumors or misinformation regarding herd immunity, circulating immunity, active disease and long-term vaccination.

Mr. Amo suggested that Dr. Gelman address this again at the April meeting and that they stay on top of this situation because people need to understand that just because they had COVID-19 they are not safe.

Mr. O'Donnell agreed and requested that Dr. Gelman discuss this again at the April meeting. Dr. Gelman replied that she would if the data was available.

Ms. Tautel asked if the Orange County Health Department was tracking people that had a reaction to the vaccine. Dr. Gelman replied that any adverse reactions at the POD are quickly evaluated by the medical doctor and/or transported to the hospital. The nursing staff from the department of health then fills out an incident report for each occurrence and follow-up the following day. That information is then stored and any true adverse reactions and or anything out of the ordinary are also reported to the Centers for Disease Control and Prevention (CDC).

Ms. Tautel asked if someone has a reaction 24, 48 and/or 72 hours post vaccination are they required to report that to the Orange County Department of Health. Dr. Gelman replied that hopefully it is not happening past the 72-hour threshold and it should be brought to the attention of their medical provider. On two or three occasions individuals with overwhelming reactions have been reported to their physician and they insisted that the individual receive their second dose within the hospital or at the primary care office.

Mr. Anagnostakis commented that based on what he has read the antibody creation is not the key to defeat the virus but the T cell activation and could Dr. Gelman elaborate on that. Dr. Gelman replied that circulating immunity rests with B cells and T cells with T cells being long term immunity. Thus far all three emergency vaccines have been shown to activate long term immunity T cells.

Mr. Anagnostakis asked for clarification that all three emergency vaccines activate the T cell long term immunity as he has read various reports that state that one has, and another has not. Dr. Gelman replied yes, all three have shown to activate the T cell long term immunity.

However, Johnson and Johnson has been slower in activating as it is a viral vector vaccine with the mechanism of transport being the adenovirus which has a delayed reaction to activating the T cells as it is a common variety flu virus and not as quick to respond as it is used to seeing in the past. Subsequent studies have shown that the Johnson and Johnson vaccine being more effective with time.

Mr. Anagnostakis asked if the Messenger RNA (mRNA) vaccines activate the T cells instantaneously and do all the vaccines have the same duration in length with keeping the T cells active. Dr. Gelman replied that they do not have long term studies as of yet because of the time that the vaccines have been on the market. However, Messenger RNA (mRNA) vaccines have a different mechanism of action and they both activate T cells but the duration of that remains unknown passed the 90-day trial as the clinical trials are still ongoing and they have added additional clinical trials for the pediatric population.

Mr. Anagnostakis asked for clarification on the 90-day clinical trial because those individuals are now at 180 days and/or longer and are they not being monitored to see if that continues. Dr. Gelman replied yes, and they have reported analyzed data on the 90-day threshold, and they are continuously monitoring people and will do so; however, that is not currently available as they are still gathering, analyzing and publishing that data.

Mr. Anagnostakis asked from past experience with other coronaviruses when T cells are activated, do they have long lasting activation and immunity. Dr. Gelman replied that it was unknown and why current discussions are centering around booster vaccination. It is really that time post initial vaccination that remains the random variable.

Ms. Sutherland asked for clarification that no recommendation has been made for a two-week pause after spring break and people traveling. Dr. Gelman replied that the Orange County Department of Health has not sent out any recommendations at this time.

Ms. Sutherland asked if there was a concern with spring break travel and then returning to work and school. Dr. Gelman replied that given their current rate of transmission there is always a concern and that the rate of propagation will continue especially post travel and the diminished perception of risk that was previously discussed.

Ms. Sutherland asked what Orange County's recommendation was for travel. Dr. Gelman replied that they do not typically send out recommendations on travel and/or related guidelines as the county follows the New York State Department of Health recommendations and typically adapted from the Centers for Disease Control and Prevention (CDC).

Ms. Stegenga asked for the number of children in school that have tested positive for COVID-19 out of their current active cases. Dr. Gelman replied that she did not have that available but would get it to the committee.

Ms. Stegenga explained that there are mothers in her community that are trying to get their children back to school and it seems that the clusters are occurring though sports. She would like to know how many cases are from being in a classroom versus physical activity where children are unable to wear a mask while competing and/or practicing.

Dr. Gelman asked for the school district. Ms. Stegenga replied the Washingtonville Central School District.

Dr. Gelman stated that the Washingtonville Central School District has large ongoing clusters.

Ms. Stegenga commented that New York City just sent their students back full-time along with their teachers.

Dr. Gelman reiterated that all school districts can evaluate their ability to reopen at any time and would need to amend their safety plans and submit them to New York State. A number of public and private school districts in Orange County remained open during the entire duration of the pandemic. Unfortunately, some school districts faced issues like space, budget considerations and other issues that are completely outside of her purview. All school districts are following the New York State Department of Health safety plan for reopening and the ones that were able to open (multiple school districts within the county) have remained open for in person instruction 5 days a week with all staff and all students for the entire duration that were allowed to be open by New York State. With respect to the Washingtonville Central School District, they could reconvene their school board and discuss it with their medical directors.

Ms. Stegenga stated that the Centers for Disease Control and Prevention (CDC) is now recommending 3 feet apart with masks versus New York State's 6 feet apart with masks. She knows that many school districts have already implemented barriers and/or other means to keep children separated and not socializing while in class.

Dr. Gelman commented that school districts are welcome to evaluate that recommendation with their medical directors and adapt it as part of their amended safety plans for reopening to New York State. The study that Ms. Stegenga was referring to has a number of flaws as far as study designs and they are citing the 6 to 3 ft conversion in areas of low transmission; however, notwithstanding that fact school districts are welcome to evaluate if those parameters are sufficient and if the level of acceptable risk for the parents and the school districts is okay for their reopening efforts.

Ms. Stegenga asked if the COVID-19 positive children have shown signs of the virus or are they asymptomatic. Dr. Gelman replied both and as of March 17th Orange County has had 41,000 cases and with the 0-17 age group was at 4,358 and 18-44 age group at 17,809. The most recent trend from the timeframe of March 9th through March 22nd was with the 0-17 age group which showed an increase of 449 cases and 1401 were in the 18-44 age group and remain their highest category out of the total reported cases for that period of 2,869 cases.

Ms. Stegenga asked about programs for children who are dealing with isolation and/or overall mental health and social impact issues and have they seen an increase with those issues. Dr. Gelman recommend they contact Darcie Miller, Commissioner of Social Services and Mental Health, as she would be better equipped to answer questions with respect to mental health and the social impact of COVID-19 as they would have that data.

Mr. O'Donnell asked for the name of the college with the recent cluster of cases. Dr. Gelman replied Mount Saint Mary College in Newburgh.

Mr. O'Donnell asked for clarification from Dr. Gelman that Orange County does not have any recommendations that override and/or enhance the New York State and/or Centers for Disease Control and Prevention (CDC) recommendation. Dr. Gelman replied that the only caveat would be the standing order of wearing a mask while in/at school.

Mr. O'Donnell stated that the clear message to all school districts is to follow the New York State guidelines which basically follow Centers for Disease Control and Prevention (CDC) recommendations with the exception of the caveat to wear a mask while entering and in school.

Dr. Gelman agreed with that statement.

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

Dr. Gelman addressed the committee stating that the Orange County Department of Health has been fully active in its response to COVID-19, they continue to support two separate missions: 1. COVID-19 Case Investigations which consists of reviewing positive test results and preparing the information for contact tracing, developing and implementing quarantine/isolation orders and public health notifications when "large scale" potential exposures have been identified. 2. Vaccination Implementation which consists of tracking vaccine distribution throughout the county, helping residents determine where they can get vaccinated and implementing vaccine point of distribution (POD). They had 200 new cases reported today and on average they have had over 250 cases and they have upward of 750 deaths. The Call Center continues to have large volumes of calls from county residents with questions on state regulations and guidance documents. The county has set up an online Vaccination Information Request Form that residents can use to give their contact information and to call people when they know of vaccine availability. According to the New York State vaccine tracker Orange County has administered 78,524 first doses administered and 37,283 second doses administered, and more than half of those vaccines have been administered by the Orange County Department of Health in coordination with the Department of Emergency Management and many other county departments. They continue to conduct Vaccine Points of Dispensing (POD's) at 23 Hatfield Lane in Goshen and have given over 30,000 doses of vaccine since they started operating in January and conducted them two to three times a week and occasionally five based on allocation. They are also working to address some of the gaps in vaccine administration for their homebound populations and other populations that are having issues with access to the vaccination pods. In addition, they have partnered with St. Luke's Cornwall Hospital in Newburgh and Bon Secours Hospital in Port Jervis. While the number of vaccine doses received in a given week is always unknown, they are steadily increasing. They are seeing additional sites opening throughout the county including the state-run vaccine site at Orange County Community College in Middletown and they are aiming to vaccinate 1000 residents a day.

Ms. Sutherland replied to Legislator Stegenga's questions and concerns on children's mental health. While she does not have the data, on a daily basis she sees how it is affecting their children with respect to mental health, coping skills and social skills and it is absolutely detrimental.

Mr. O'Donnell asked how the age groups for reporting were determined. Dr. Gelman replied that it comes from the Orange County Department of Health Epidemiology and Biostatistics Division who stratify the data using various demographic factors and it typically coincides with other data sets and the standard reporting criteria; however, they are able to break it down into any age category.

Mr. O'Donnell asked Dr. Gelman for an update on senior centers which was briefly discussed at the Human Services committee meeting. Dr. Gelman replied that there have not been any real updates on senior centers; however, seniors are the most susceptible, vulnerable and medically fragile population to the virus, and it would be prudent for senior centers to truly consider having staff and seniors be fully vaccinated prior to resuming congregate activities as they are highly vulnerable to contracting COVID-19 and dying from COVID-19.

Mr. O'Donnell asked if the Centers for Disease Control and Prevention (CDC) and/or New York State provided any guidance or recommendations on senior centers. Dr. Gelman replied that she was not aware of specific regulations for senior centers, but they could be out there.

Mr. O'Donnell asked if Dr. Gelman put anything out in writing with respect to senior centers in Orange County. Dr. Gelman replied no.

Mr. O'Donnell asked if senior centers in Orange County could reopen. Dr. Gelman replied that she would have to look and see if there is anything on the state level but there is nothing on the county level precluding them from opening.

Mr. O'Donnell asked about the flu season and the number of deaths this year as compared to previous years. Dr. Gelman replied that they have not had reported flu deaths; however, the New York State flu tracker, which is broken down by county, states that they have had 30,000 people tested for the flu with approximately 32 people testing positive. A similar season would typically have between 2,500 to 3,000 positive cases.

Mr. O'Donnell asked if that was an issue. Dr. Gelman replied that it was actually good as they have seen an increase in flu vaccinations and mask use. Individuals are tested separately for COVID-19, strep throat and the flu and reported differently; however, if they present with respiratory symptoms, they would probably be tested for all three.

Mr. O'Donnell asked that at the next meeting Dr. Gelman provide the committee with the flu numbers for Orange County over the last five years. Dr. Gelman replied that she could supply the committee with the aggregate data.

Chairman Brescia asked for clarification from Dr. Gelman because at the Human Services committee meeting Danielle Diana-Smith, Assistant Director for Office for the Aging, alluded that Dr. Gelman was requesting/requiring an 80% vaccination rate before congregation at senior centers but she just stated that there were no regulations. Dr. Gelman reiterated that no regulations, mandated and/or recommendations in place from the Orange County Health Department at this time. The Centers for Disease Control and Prevention (CDC) recommends seniors and the susceptible and vulnerable populations and staff in congregate settings have a minimum of 70% to 80% vaccination rate to not have propagation of disease, death and the herd immunity threshold. If senior centers, choose to open and refuse to vaccinate and they refuse to have people present with their vaccination card they can do that but there will be an increase in susceptibility to that vulnerable population. With their locally high rate of transmission, it would be prudent for senior centers to consider the vaccination rates of their staff and seniors; however, it is not a mandate of the Orange County Department of Health nor is it a guideline and/or recommendation.

Ms. Stegenga asked for clarification on the proximate and mandatory quarantine. Dr. Gelman replied that she would forward the pamphlet to all legislators that was sent out by the New York State Department of Health that defines direct and proximate contact which includes various scenarios. Direct contact is direct contact with a positive case and proximate contact is within the general vicinity of that positive case and based on the factors surrounding that specific case, the school sends the Department of Health a list of who was in direct contact and who was in the general vicinity of that positive individual. As a result, the New York State Department of Health dictates to the Orange County Department of Health who is subject to mandatory quarantine and those under precautionary quarantine; however, it can be particular to the case. In addition, schools can decide who quarantined based on the medical opinion of the school's medical director, medical staff and primary care provider may clear the contact whether proximal or direct from quarantine based on the details of that exposure.

Ms. Stegenga stated that ,in her opinion, schools seem to be using the proximate as opposed to the direct and using it as a reason to quarantine an individual for 10 days. She understands that ensuring our children's health and safety and that they are not endangered but there is a definite difference between a direct contact and proximate quarantine and making it a mandatory quarantine seems harsh.

Dr. Gelman explained that schools are interpreting the New York State Department of Health definitions for direct and proximate contact and it is based on the acceptable level of risk for the school district and for the parents. In the absence of individuals having an N95 with Merv 13 filtration mask it is difficult to comment on transmission rate especially in the different types of settings and report the cases based on their interpretation and that of their medical staff and director. She agrees that the health and safety of their children and no one including those in the clinical, medical and/or scientific sector know the long-term impacts both neurological, cardiovascular and/or respiratory.

Ms. Stegenga emphasized that because school districts are interpreting it differently and following different guidelines, they need an absolute definition for everyone to follow. If they are wearing masks and adhering to the guidelines there should be no reason why they cannot attend school 5 days a week.

Dr. Gelman agreed and why a number of public and private schools have been able to remain open during the pandemic with in-person instruction for all their students and staff.

Mr. O'Donnell commented that based on what Legislator Stegenga has just stated they are all interpreting it differently; however, Orange County is not suggesting any interpretation and they are telling them to follow the states guidelines and the state is following the Centers for Disease Control and Prevention (CDC) guidelines and they are not putting anything out as far as guidelines.

Dr. Gelman concurred with Mr. O'Donnell's statement.

Mr. Hines stated that they recently passed a resolution requesting data on vaccinations and urging Governor Cuomo to share that information without being penalized and has there been any progress with that issue. Dr. Gelman replied yes, and while some data has been received, it has not been complete because the state has claimed that they lack the data for some of the direct federal allocations specifically to pharmacies and Federally Qualified Health Centers (FQHC) over the last two to three weeks.

Mr. Hines asked if they look at the percentage in each town that has been vaccinated or would only be by county. Dr. Gelman replied no, the only thing available is the New York State COVID-19 vaccine tracker.

Mr. Hines asked if they know what percentage of county residents have received one shot, two shots and/or are fully vaccinated. Dr. Gelman replied yes, the New York State COVID-19 vaccine tracker reported vaccination data for Orange County with 78,514 first doses and 37,283 second doses out of the 385,000 population of Orange County.

Mr. Hines asked if Dr. Gelman was confident that the data included the New York City police officers and firemen that were vaccinated in New York City. Dr. Gelman replied that the data is based on the address of residents, but she was unsure if it was a complete data set.

Mr. O'Donnell asked for the county with the lowest positivity rate, if Orange County has the highest percentage of positivity in New York State at 7.2% and are they doing anything different than Orange County. Dr. Gelman replied that she did not have that information but would get it to the committee.

On the agenda was a discussion on the Parry Building.

Mr. O'Donnell requested that Mr. LaDue and Dr. Gelman select a member from their staff to research and make recommendations on possible uses for the Parry Building at Valley View that will help Valley View be sustainable. He would like this information compiled and presented at the next meeting of the Valley View Advisory Committee in May.

Mr. Tuohy moved request approval to increase salary range for Per Diem Certified Home Health Aides from \$18.00 to \$22.00 per hour, seconded by Ms. Sutherland.

Ms. Strecker explained that they have been unable to recruit anyone into this classification. This is a per diem position and limited to 19 hours a week and not part of the collective bargaining agreement. The caseload and hours are tied to what The Centers for Medicare & Medicaid Services (CMS) will approve as far as the number of in-home visits. People in this position will support the Valley View Certified Home Health Agency (CHHA) by providing bathing, dressing grooming and medication reminders, and are generally approved to be in the home two to three hours three times a week.

Mr. O'Donnell asked about any budget implications. Ms. Strecker replied that in their 2021 budget they setup a per diem budget to cover this expense of \$42,000.00. They projected approximately 200 referrals to the Valley View Certified Home Health Agency (CHHA) and they estimated that 60% would require home health aides when they go back into the community.

Motion carried. All in favor.

On the agenda was the monthly report on Valley View.

Ms. Strecker explained that they received \$3,078,518.00 million in IGT funding for the period October 1, 2020 to March 31, 2021. Fifty percent of that revenue will be reclassified into the yearend 2020 financials as three months belonging to that year. They have received no additional funding from the emergency disaster assistance. They just completed a survey with LeadingAge which asked year to date what funding they would need and for the first two months of the year they are down approximately \$3 million in revenue. This is all tied to the census at the facility and while they are seeing some improvement since readmitting residents, today's census is only at 74%. On the personal service side, personal services were at \$3.3 million, equipment at \$1,890.00, contractual at \$872,000.00, employee benefits at \$3.9 million, serial bond interest at \$29,702.00 and overtime was at \$318,244.00.

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

Ms. Strecker addressed the committee stating Valley View's census on March 19 was 72.50% and they are taking in new admissions. As of this update they have 3 COVID-19 positive residents with 2 of these residents coming off precautions on March 20th. They currently have 8 staff members that have either tested positive or are out of work because they were exposed to a COVID-19 positive person outside the facility. Their vaccination numbers are as follows: Residents; 221 (received both doses), 10 or 11 more residents should be getting their first dose today and that's an 85% rate for residents, but they will be at 89% after both doses are administered. Employees; 191 (received both doses), 33 have received the first dose and 8 are on list to be vaccinated and a 42% rate for employees and they will be at 50% after both doses have been administered. Commissioner LaDue continues to send out correspondences in the effort to educate staff members on the importance of receiving the vaccine, but it is a personal choice. Valley View is working with the Orange County Department of Health to prioritize Valley View employees for the COVID-19 vaccine with Valley View employees signing up directly for the next available vaccine clinic and they will continue to vaccinate new admissions. Valley View will be getting their vaccine directly from the Orange County Department of Health; however, they will need to wait until they have 10 or 11 residents to vaccinate at a time, so they do not waste any doses in a vial. Staff members continue to be tested twice a week. Family in-person visitation is still prohibited at this time and they are empathetic to resident family members frustration regarding the lack of in-person visitation at Valley View; however, they are following the New York State Department of Health visitation guidelines. Some key points regarding this guidance are: The biggest obstacle for starting in-person visitation at Valley View is that every time a resident or employee tests positive for COVID-19 it pushes back the visitation start date by 14 days. Unfortunately, they have not gone 14 days in a row without a resident or staff member testing positive since October. The COVID-19 vaccine is not mandatory and unfortunately many staff members have refused it despite all their educational efforts, which increases their chances of testing positive and pushing back visitation. As a larger facility (360 beds) they are unfairly penalized because they have a larger number of employees, which increases their chances of having an employee test positive. Nursing homes are not mandated to provide rapid testing for visitors. They are currently mandated to test all employees twice per week (conducting over 400 tests a week) and they do not have the personnel to do this for family members when visitation does resume. The Centers for Medicare & Medicaid Services (CMS) recently released new visitation guidance that is less restrictive than the New York State Department of Health guidance. LeadingAge has been advocating that New York State Department of Health adjust their guidance to align more with Centers for Medicare & Medicaid Services (CMS) visitation guidance, however, nothing has been done as of this report. They currently cannot have outside visitation until they do not have the issue of COVID-19 residents and/or staff.

Mr. O'Donnell asked how many people would be allowed to visit once Valley View reaches the fourteen days of having no one test positive for COVID-19. Ms. Strecker replied that it would depend on the percentage of the population that has been vaccinated.

Mr. O'Donnell asked that if 90% of residents and 50% of staff has been vaccinated how many family members will be allowed to visit. Ms. Strecker replied that it would be approximately 20% to 25% of the population.

Mr. O'Donnell asked about that process for visitation. Ms. Strecker replied that Commissioner LaDue corresponds with family members on a regular basis, and they have applied for a grant that would allow them to acquire plexiglass for inside visitation. They have determined that visitation would take place in the town square, library and media room in order to accommodate social distancing.

Mr. O'Donnell asked for the amount of the grant. Ms. Strecker replied \$3,000.00.

Mr. O'Donnell advised them to order the plexiglass now and to not wait for the grant. He requested that a copy of their visitation plan be sent to all legislators. At 20% to 25% they should be able to accommodate visitation with every family within 4 days as long as no resident or employee tests positive for COVID-19 for 14 days.

Mr. Anagnostakis asked if any of the \$75 million that Orange County will receive from the recent COVID-19 relief bill will be allocated to Valley View and, if so, how much. Ms. Strecker replied that they have not engaged in any conversations, and she was unaware if and/or any funds would be coming to Valley View.

Mr. Anagnostakis recommended that Commissioner LaDue and the County Executive discuss the issue as talks should be conducted as to how those funds should be allocated to Valley View.

Mr. O'Donnell commented that he was sure the County Executive would decide on a plan and share it with the legislature.

The meeting adjourned at 5:46 p.m.