

**HEALTH AND MENTAL HEALTH COMMITTEE
MINUTES
(REMOTELY)**

**TUESDAY, APRIL 20, 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
Laurence LaDue, Commissioner, Valley View Center
Donna Strecker, Director of Finance, Valley View Center
Deborah Slesinski, Budget Director
Gretchen Riordan, Budget Analyst
Liz Delaney, Budget Analyst

Mr. O'Donnell opened the committee meeting at 4:00 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 Project Hope services are active in our community and supporting behavioral health intervention at vaccinations pods, providing support groups, wellness training, and individual counseling for those impacted by the pandemic and services can be accessed by calling 3-1-1. She suggested they go to the New York State Project Hope website and view the creative marketing that has been put in place. New York State Executive Orders supporting telehealth have been extended and Governor Cuomo has announced that he would look into expanding behavioral health telehealth practices beyond the pandemic. They have submitted an application for a pilot project with two of the county's police departments and mobile response team. This would provide law enforcement working the fields with iPad's that would allow them to conduct real time mental health assessments when law enforcement is the first responder. This technology is being used more and more to ensure their services are more accessible, effective

and cost efficient. Ms. Miller presented the committee with updates to the New York State Fiscal Year 2021-2022 enacted budget. The 5% permanent cut to local assistance was rejected, \$3.75 million was restored for jail-based Substance Use Disorder (SUD) treatment and transition services plus \$5 million for medications to support jail-based Medication Assisted Treatment (MAT) with \$8.75 million in total appropriation achieved. The New York State Office of Mental Health (OMH) grant to support Regional Planning Consortium (RPC) was not restored; however, Commissioner Sullivan finds value in the project and wants it to continue. The final budget included a 1-year moratorium for the New York State Office of Mental Health (OMH) to achieve total savings of \$22 million, \$20 million to support New York State Office of Mental Health (OMH) housing rates with a portion of federal funds to be used for medicaid housing programs (no local share). \$60 million in capital funds for property preservation and \$250 million for a 6th round of the Empire State Supportive Housing Initiative (ESSHI) grants. In addition, \$4.5 million was restored for Dwyer Veteran Peer to Peer Programs, early retirement incentive for certain New York City employees, 1% Cost of Living Adjustment (COLA) for New York State Office of Mental Health (OMH), New York State Office of Addiction Services and Supports (OASAS) and New York State Office of Mental Health (OMH) providers and \$32 million from McKinsey opioid settlement fund provided to New York State Office of Addiction Services and Supports (OASAS) to enhance prevention, treatment and recovery. All mental hygiene services continue to be actively providing services with a majority of services being offered remotely/virtually. Please continue to support social media marketing messages regarding the increase in substance use **and opioid overdoses**. In addition, they have transitioned the Orange County behavioral health services out of the Orange County Jail and have contracted with Wellpath for behavior health service within the jail and the county employee that directed those services at the jail has decided to move forward with Wellpath to maintain that consistency of care.

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: 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: tracking vaccine distribution throughout the county, helping residents determine where they can get vaccinated and implementing Points of Distribution (POD's). The Departments Call Center continues to receive large volumes of calls from county residents with questions on state regulations and guidance. In addition, new school guidance was developed by New York State and released on April 9, 2021 including prom and graduation guidance. All regulations and guidance for school operations continues to come from New York State and the Orange County Department of Health will not be reviewing and/or approving any plans as per the New York State Department of Health guidelines but they will be kept on file with the Orange County Department of Health and school districts are required to post their plans on their websites. If school districts deviate from the recommendations, they should do so after consultation with their school medical staff director, their legal counsel and school community and schools must determine what level of risk is acceptable in their school communities. If a school deviates from the Orange County Department of Health quarantine recommendations that school resumes all responsibility and liability for any consequences of that deviation and will be notified of that typically in writing. The Department of Health continues to conduct Points of Distribution (POD's) at 23 Hatfield Lane in Goshen with this location having given over 50,000 doses of vaccine since

starting in January and has proven to be very successful with conducting POD's at least twice a week. In addition, the Department of Health has partnered with Montefiore St. Luke's Cornwall Hospital in Newburgh and Bon Secours Community Hospital in Port Jervis and various Points of Distribution (POD's) across the county including ones at the Woodbury Common Premium Outlets and the Galleria Mall in Middletown. Currently there are multiple places within Orange County where residents can be vaccinated including Orange County Community College in Middletown which is a state-run vaccination site. They are seeing a steady decrease in the number of people registering to get vaccinated at the county-run vaccination site at Hatfield Lane and an overall decrease in demand. The premature announcement and subsequent pause of the Johnson & Johnson vaccine has severely hindered and negatively impacted all vaccine administration. They encourage all residents to be vaccinated in order to mitigate post exposure quarantine concerns and to continue to follow prevention practices. New York State's vaccination percentage for one dose is at 42% and complete series of vaccination is at 29%. Orange County's first dose administration was at 133,615 residents and/or 35% of total number of residents and those having received both doses of Pfizer and Moderna and one dose of Johnson & Johnson vaccine was at 87,041 residents and/or 23%. New York State hospital worker vaccinations with at least one dose was at 81% and 77% for the complete series and for the Mid-Hudson area those with at least one dose was at 84% and complete series at 78% and Orange County was at 87% for one dose and 81% for a complete series with Orange County exceeding both New York State and the Mid-Hudson averages with respect to hospital worker vaccinations. However, that is not the case for skilled nursing facilities and adult care facilities and unfortunately for skilled nursing facilities their staff vaccination rate is subpar with the statewide percentage for staff vaccinations was at 60%, Mid-Hudson at 64% and Orange County was at 55%. Adult Care facilities staff vaccinations were at 68%, Mid-Hudson at 74% and Orange County 59% and they continue to see positive COVID-19 tests that impact visitation, transmission, possible hospitalization and death. As of April 20, 2020, Orange County has had 46,304 cases of COVID-19 and 800 deaths since the beginning of the pandemic last March and they have seen over 21,600 cases since January 1, 2021. She was pleased to announce that they are beginning to see an initial decrease in positive COVID-19 cases in Orange County. Their 7-day accumulative average per 100,000 population was 224.1 and characterized by the Centers for Disease Control and Prevention (CDC) as high but is a decrease from the last report of 358.3 cases per 100,000. From April 1, 2021 through April 15, 2020 their median age was 35, much lower than what they were seeing prior to the vaccine rollout and they had 12 deaths since with a median age of 65 years which was lower than the median age from deaths that they saw from January to March 2021, which was 77.5 years. Since Christmas, they have seen social gatherings, individual behavior and likely some variants of the virus have played a role in the increase of cases. Recently two individuals broke their quarantine to travel on a pre-booked trip with people who were not household members, upon returning seven of the nine who traveled with those individuals have tested positive for COVID-19 with the two individuals that broke quarantine refusing to speak with the Orange County Health Department. This instance had to be reported to the Centers for Disease Control and Prevention (CDC) due to the exposure of an entire airplane during travel and interstate transmission. It remains incredibly important for individuals to continue to take the public health measures, such as isolation and quarantine, very seriously in order to stop the spread in our community. The number of confirmed COVID-19 cases in Orange County as of April 7, 2021 was 43,822 with 12% in the 0-17 age category, 46% in the 18-44 age category, 30% in the 45-64 age category, 7% in the 65-74 age category and 5% in the 75 and older category. Orange County is seeing cases come predominately from small social gatherings, densely populated areas and congregate facilities. They have been fielding numerous

calls on how long COVID-19 vaccines provide immunity. Pfizer, Moderna and Johnson & Johnson all provide good protection against the virus that causes COVID-19 and would people be required to have a booster shot. Recently published studies in the New England Journal of Medicine indicates that protection lasts for at least six months with minimal antibody decline for both the Pfizer and Moderna vaccine. People have incorrectly concluded that those vaccines only offer six months of protection; however, that is false as it only means they have six months of data due to when the vaccine was made available. Six months from now they will likely learn that they have one more year of protection. The vaccines will provide some degree of protection for a long time due to the layers of immunity. The first shots of the Pfizer and Moderna vaccines provide reasonable protection with the second shot pumping up level of antibodies and t-cells produced by the body and that is why it is so important to complete the vaccine series. They do not have study information as far out for the Johnson & Johnson vaccine; however, the level of antibodies for people that have received the Johnson & Johnson vaccine appear to keep increasing between two weeks and 70 days post vaccination. Even though the Johnson & Johnson vaccine initially reported efficacy that was lower than Pfizer and Moderna it has shown a gradual increase over time so it could be similar and/or comparable to Pfizer and Moderna. With respect to the safety of the Johnson & Johnson vaccine, unfortunately the Centers for Disease Control and Prevention (CDC) made a premature announcement in regard to the six individuals that experienced a thrombotic event which was very isolated and rare and provided that information without providing the background on the issue with the six individuals that were impacted, and they are hopeful that the pause on the vaccine will be lifted and it should not be compared to AstraZeneca.

Mr. Amo asked for Dr. Gelman's input on why people are not wanting and/or getting the COVID-19 vaccine. Dr. Gelman replied that it was multifactorial and currently the Johnson & Johnson announcement has severely hindered the distribution of the vaccine. 12% of Orange County residents have been infected with the virus and the population willing to get the vaccine are doing so now but there is a small percentage of the population that will not get the vaccine and/or the anti-vaccine population regardless of what they say with respect to safety and efficacy. They do have a population that was on the "wait and see" approach and the Johnson & Johnson announcement was counterproductive with respect to the general public. The issues with Johnson & Johnson vaccine were isolated and not adequately explained and they are unfortunately seeing the result of that not only with the Johnson & Johnson vaccine but also with the Pfizer and Moderna. In addition, based on published studies the protection from natural infection is not as good as protection from vaccine. The Centers for Disease Control and Prevention (CDC) recommends that individuals get the COVID-19 vaccine even if they had COVID-19 as all evidence suggests that protection via natural infection can be strong in some but not all.

Mr. Amo asked for Dr. Gelman's vision on the percentage needed for herd immunity and how can they achieve it. Dr. Gelman replied that in order to reach a true definition of herd immunity and to stop transmission they would need to be close to 80% of the total population. However, they are not even close to herd immunity even if they considered the total number of infections and the total number of individuals that have been vaccinated.

Mr. Amo asked if Dr. Gelman had a timeline to reach herd immunity. Dr. Gelman replied that it is difficult to say as there is a steep decline of individuals being presented for vaccination and they are beginning to transition over from mass vaccination Points of Distribution (POD's) model to the clinical model and where the health department will continue to have clinics

and vaccine has become more readily available in the community through Federally Qualified Health Centers (FGHC), pharmacies and state-run Points of Distribution (POD's). Herd immunity will take quite a bit of time and they must consider the pediatric population which is a large population with studies currently underway with Pfizer for individuals 16 years of age and younger and Moderna for 18 years of age and younger and without that younger population it will be difficult to reach that threshold.

Mr. Luján commented that County Executive Neuhaus announced this week that county would be getting out of the vaccine business; however, with only 12% of the population vaccinated it does not seem appropriate even with healthcare workers taking the lead. Do they have a new game plan to reach individuals in those vulnerable, hard to reach and highly impacted communities to increase those numbers because outreach in those communities has been lacking with many not having access to transportation, WiFi or telephones. Dr. Gelman replied that Orange County's vaccination percentage for complete doses was 23% and 35% for first doses with the 12% and/or 46,304 pertained to the total confirmed cases of COVID-19 in Orange County since the start of the pandemic. In response to getting out of the vaccine business they are transitioning over from mass vaccination to a clinical model of care delivery and a standard operating procedure such as with measles, school vaccinations, flu vaccinations, TB, STD, HIV and travel clinics. They have several standing clinics conducted per week at the Orange County Health Department and they track sixty communicable diseases, and they will continue their outreach efforts with respect to homebound and health equity vaccine distribution. The Johnson & Johnson vaccine will not remain on pause because the six occurrences in over 6 million people vaccinated with the Johnson & Johnson vaccine was not a high enough percentage given that the occurrences happened in a very specific population and she does not see it halting their homebound and disenfranchised vaccination outreach efforts. Lastly, this transition strategy was always part of their original plans with vaccine now ubiquitously available within the community.

Mr. Luján asked about the subpar levels for the vaccination of nurses and what is Orange County doing to address that issue. While they greatly appreciate their essential work, these individuals are working with populations that are at most risk. Dr. Gelman replied that it was all staff not just nurses at skilled nursing facilities and adult care facilities and those subpar numbers will allow for the propagation of disease as staff members continue to test positive and bring COVID-19 into the facility. They have offered outreach efforts from their nursing and epidemiology divisions with respect to education and vaccine hesitancy.

Mr. Luján asked if they have looked at the census track and the populations that have been the most impacted and slower to be vaccinated. Dr. Gelman replied yes, since the beginning of the pandemic their Community Health Outreach division has partnered with numerous community stakeholders who continue to go to areas of the county that have been disproportionately impacted by COVID-19, those in densely populated areas and those with access to care issues to ensure community outreach and prevention. Their community health outreach and health equity director have been working with a number of community organizations to ensure those demographics are still receiving safety information with respect to COVID-19 vaccination and health equity.

Mr. O'Donnell asked that Dr. Gelman stay for the next portion of the meeting.

Dr. Gelman respectfully asked to leave as she was assisting at the Point of Distribution (POD) at 23 Hatfield Lane in Goshen. Mr. O'Donnell reluctantly granted Dr. Gelman's request.

On the agenda was the monthly report on Valley View.

Ms. Strecker explained that IGT funding remains at \$1.5 million and other revenues were at \$5.1 million. On the personal services side, personal services were at \$5 million, equipment at \$6,000.00, contractual at \$1.7 million, employee benefits at \$5 million and serial bond interest at \$48,000.00 and their average census for the first quarter was at 71.13% and they are averaging just over 74% for the month of April.

On the agenda was a Department Update from Laurence LaDue, Commissioner, Valley View Center.

Mr. LaDue presented the committee with Valley View's census on April 16th which was 74.72% and they are taking in new admissions. They have one COVID-19 positive resident and five staff members that have either tested positive for COVID-19 or are out of work because they were exposed to a COVID-19 positive person outside of work. Currently, 89% of their residents have been vaccinated and 56% of staff; however, there are still many staff members that refuse to get vaccinated. They continue to regularly offer the vaccine to residents, staff and family members of residents with staff being tested twice a week for COVID-19. Family in-person visitation has resumed based on the New York State Department of Health's visitation guidance changes on March 25, 2021 with a majority of their in-person visitation occurring outside based on current guidance. Any time an employee or resident tests positive they must suspend indoor in-person visitation (outside visitation can continue) until one round of serial testing of residents can be completed and they don't have any COVID-19 positive residents. The New York State Department of Health strongly recommends all visitation be outside (weather permitting) with the exception of compassionate care and end-of-life indoor visitation which is ongoing regardless of employee or resident COVID-19 test results. The Valley View Certified Home Health Agency (CHHA) currently has eight patients and ten patients by April 23rd and thirteen patients by April 26th. Valley View had an Infection Control survey done back in December 2020 and they did not receive their Statement of Deficiencies until March 2021. They were cited for having two COVID-19 positive residents in the same room with two negative residents; however, those residents were tested for COVID-19 at the same time, and they were awaiting results for all of them before they moved the negative residents. The epidemiologist at the New York State Department of Health that they were in regular contact with was aware of this and didn't have any issue with it; however, the inspectors didn't agree with the epidemiologist and cited them for having a negative person in with a positive person. They were also cited for staff not wearing Personal Protective Equipment (PPE) properly. Their Plan of Correction has been submitted and they are awaiting final approval from the New York State Department of Health. For their Plan of Correction, they have conduct in-services/education of staff on the protocols of moving COVID-19 positive residents, proper Personal Protective Equipment (PPE) usage and conducted audits which should be completed by April 30, 2021.

Mr. Sassi thanked Mr. LaDue and his staff as he sincerely appreciates, respects and supports the job they are doing. He's sure it has been a daunting task dealing with a pandemic and angry and frustrated family members. However, at a recent Valley View Family Council meeting concerns were expressed with respect to visitation and would there be a way to improve visitation

among family members and/or would there be something they as a legislature could do to help them improve visitation and help these families see their loved ones.

Mr. LaDue replied that he wished there was a way for them to help him and if there was, he would ask; however, they are required to follow the New York State Department of Health guidelines. Many family members understand that this is not the fault of Valley View as they are required to abide by the guidelines and even though they are only having outside visitation many are grateful because before that they had no visitation. It will be better once the weather is nicer and they get to the point that staff members are no longer testing positive for COVID-19 but unfortunately, they will not hit that unless more staff members are vaccinated because it is just a vicious cycle. It is very unfortunate that a high number of their staff do not realize the importance of getting their COVID-19 vaccine especially after all they have seen and the 70 residents that have passed away due to COVID-19 at the facility.

Mr. Sassi added that in the end this is a personal choice, and he cannot mandate his staff to be vaccinated which means that they are at the mercy of the Valley View staff as to whether or not they get the vaccine.

Mr. LaDue agreed, they have had over 100 staff members test positive for COVID-19 within the last year and he would suspect that those individuals believe they are immune because they have had the virus. They have a portion of their staff that are anti-vaxxers who will not get the vaccine no matter what and a portion that have had COVID-19 and believe they are immune. He will continue to do all he can to get staff vaccinated and he hopes the number will continue to increase.

Mr. O'Donnell asked for the number of staff and residents at Valley View. Mr. LaDue replied that with per diem staff they have approximately a little over 400 staff members and as of today they have 264 residents.

Mr. O'Donnell expressed his displeasure and disappointment with Dr. Gelman leaving to go to the Point of Distribution (POD) at 23 Hatfield Lane in Goshen when they are discussing 664 people at Valley View and the issue of increasing visitation when the POD would be open until 7:30 p.m.

Mr. O'Donnell noted that another concern expressed by the Valley View Family Council was weekend phone calls and that no one answers the phone and what can they do assist with that issue. Mr. LaDue replied that they have advised the families in the past to contact the supervisor on weekends as the Nurse Care Managers who handle a majority of the calls work Monday through Friday so there is no one sitting at the phone in the nurse's office, and staff is out in the units taking care of residents.

Mr. O'Donnell asked if there was an answering machine to leave a message. Mr. LaDue replied no but they can leave a message with the switchboard/security who will relay a message to the Nurse Care Supervisor, and it is something he has instructed be done in the past.

Mr. O'Donnell asked that Mr. LaDue check into that issue because the switchboard/security are not answering the phone either and that is a problem. He suggested they get some form of answering machine, so families do not have to keep calling back on the weekends.

Mr. O'Donnell asked about the process for outside visitation. Mr. LaDue replied that visitation is primarily run by the Activities Department who schedule the visits and are charged with supervising the visits to ensure that proper guidelines are being followed and the number of people allowed for visitation depends on available outside space. Instructions for scheduling visitation were sent via email to all family members which included the Activities Department's phone number to schedule their visit and they are allotted thirty minutes for visitation to allow everyone the opportunity for a family visit.

Mr. O'Donnell asked if an Activity Department staff member is out would that hamper visitation. Mr. LaDue replied that it has not happened yet.

Mr. O'Donnell asked if volunteers could be used for visitation. Mr. LaDue replied that because of COVID-19 they have not allowed volunteers at the facility, but he could consider it if the person was vaccinated, they would also be required to partake of the twice weekly COVID-19 testing.

Mr. O'Donnell suggested Mr. LaDue consider it to expand visitation and not rely on the number of available Activity Department staff.

Mr. O'Donnell asked that if Mr. LaDue needs additional tents for visitation to let them know as visitation is a concern for everyone and if they can accommodate them, please do.

Mr. Sassi strongly encouraged Mr. LaDue to consider volunteers and do they only have one tent for visitation. Mr. LaDue replied that they have one tent and several umbrellas.

Mr. Sassi suggested they get an additional tent with side panels for those cool rainy days.

Mr. Luján echoed Mr. Sassi's sentiments in that they should make this as welcoming and comfortable as possible. During the Valley View Family Council meeting concerns were expressed on safe staffing and the need for additional staff. Mr. LaDue replied that he cannot fathom how they are short on staffing when their current census is 73%, no employees have been laid-off and they have 300 full-time employees. There are 30 residents on each unit in the Couser building with typically three CNA's per unit and/or 1 to 10 which is normal skilled nursing facility staffing ratio. The facility loses money on every medicaid resident and over 70% of their residents are on medicaid and the budget for New York State this year did nothing to increase the medicaid rate. Unfortunately, family members do not understand the finances of the facility and while they have money in the bank they are also only at 73% and they will need to use a large amount of funds to balance the 2020 books and a significant loss in 2021. He understands they do not want to hear that, and they want five CNA's on every unit; however, that is not realistic.

Mr. Luján asked for clarification on whether it was not necessary, not mandated or the funds are not available. Mr. LaDue replied that there is no staffing mandate for nursing homes, and they do not need additional staff.

Ms. Sutherland commented that it is very difficult to find people who want to work in a nursing home setting. She has empathy for everyone, and she commended Mr. LaDue for all that he does. In her opinion, the Valley View Family Council meeting was not as constructive as it could have been for everyone, and do they know how their staffing compares to other nursing homes in the area.

Mr. LaDue replied that the Centers for Medicare and Medicaid Services (CMS) have a 5-star system that grades the staffing of every nursing home under the nursing home compare website. While they are currently at two stars that is primarily due to RN staffing and not their CNA staffing which was what family members were referring to. Their employees have earned sick and vacation time and can take time off and some employees have taken Family Medical Leave Act (FMLA), and some are out on workers compensation.

Ms. Sutherland commented that when her grandmother was in a skilled nursing home she was able to visit every day and by visiting at different times she realized that she would be well taken care; however, due to the duration of the pandemic it is very frustrating for family members who are unable to just pop in and check on their loved ones and she feels for everyone.

Mr. LaDue agreed, it has increased the hostility of the family members and in hindsight he could have handled himself differently during the meeting. However, he treats everyone with respect and would expect to be treated the same way.

Ms. Stegenga asked if was more difficult to staff the alzheimer's/dementia unit versus standard units at the facility. Mr. LaDue replied no, the Glenmere building has forty residents per unit when full and if full they would have four CNA's. The Cousar building has a maximum capacity of thirty residents per unit and if full they would have three CNA's which equals one CNA for every ten residents regardless of the unit.

Ms. Stegenga asked if that could be changed by adding an extra person in the alzheimer's/dementia unit as those residents can be much more difficult as opposed to those units. Mr. LaDue replied that the entire facility must be staffed, and they cannot worry about only staffing the four alzheimer's/dementia units. They must ensure that resident safety and care is adhered to 24/7 in all 11 units at Valley View.

Ms. Stegenga pointed out that while it may not have been the best way for the Valley View Family Council to present their issues, they are fighting for their family members. This is a very difficult situation and while she was appalled by some of the things that occurred, she was heartbroken for those that are struggling with their loved one being at Valley View and not getting the attention and/or care they need. She knows that Mr. LaDue and his staff are doing their best as they are dealing with this everyday. She had hoped they could put an additional person in that unit due to the difficulties of dealing with someone who has alzheimer's.

Ms. Bonelli expressed her empathy for these families who want to see their loved ones and they want to make that happen; however, they need cooperation from their own employees who are not getting vaccinated and hindering the process. So, what form of outreach have they done to educate and inform people on the importance of getting the vaccine in order to get past this hurdle especially as it relates to Valley View because per the Department of Human Resources, County employees are going back to a regular work schedule as of May 1, 2021. After hearing the comments made at the Valley View Family Council meeting the number one thing is to get these individuals back into Valley View so they can sit and hug their loved ones.

Dr. Gelman replied that she and Mr. LaDue spoke earlier in vaccine administration and they offered their nursing staff and community health outreach to address the clinical and medical questions that pertain to vaccine hesitancy to any interested employees (not only at Valley View). They are equipped with valid factual information which would hopefully mitigate some of the vaccine

hesitancy they are seeing due to misconception. If the sheer number of hospitalizations and deaths due to COVID-19 at Valley View and/or any nursing facility was not enough of an impetus for staff to be vaccinated she does not know what else could be said. Unfortunately, because the current vaccines are not yet FDA approved the mandate portion is not on the table and with the emergency use authorization only private entities can make it a policy to mandate vaccination and not necessarily public and/or government entities. Until the vaccine is Food and Drug Administration (FDA) approved it poses a challenge to mandate vaccination with respect to staff and for the most part transmission in nursing homes has been driven by staff with the absence of visitation. In the beginning the only vaccine they offered was Pfizer but as soon as Moderna and Johnson and Johnson were available it was offered as an alternative and some staff did take advantage of that alternative. However, short of that she does not know what else to offer other than the educational component.

Mr. LaDue added that their medical director developed a factual information statement prior to their vaccination start at Valley View. In addition, he reached out to the union who provided him with webinar information that was forwarded to all staff. The webinar was specifically geared toward the underserved population of the country that may be more susceptible to vaccine hesitancy and weekly they provide information on the number of people in the United States that have been vaccinated with vaccines being offered weekly to staff.

Ms. Bonelli commented that they have obviously tried to get through to these individuals and they know they cannot mandate anyone to get the vaccine but there could be things that they can do to ensure they watch the video because even though they are providing it they may not be watching it and/or digesting what they have learned.

Ms. Bonelli asked for clarification that Mr. LaDue conducts a separate meeting with families. Mr. LaDue replied no, he is invited to the monthly Valley View Family Council meeting which he usually attends. However, he does communicate weekly with family members via email and every email includes his contact phone number and he is in constant communication with families even on the weekend. In addition, they must let families know if an employee and/or resident tests positive for COVID-19 and if any new guidelines and/or regulations are released.

Ms. Bonelli that asked about moving/rotating staff around in the facility and was there a methodology and/or reasoning behind it and is that a practice throughout the facility because she understands that he has to look at staffing the entire facility. Mr. LaDue replied that it is practice throughout the facility and it provides the staff with an opportunity annually to move off the unit if they chose which prevents burnout especially on the tougher units such as the Alzheimer's unit.

Mr. Sassi requested that Mr. Ericson ask Dr. Gelman about the protocol for the volunteers at the Point of Distribution (POD's) and if it would be possible establish a protocol for volunteers at Valley View to help with that situation.

Mr. LaDue replied that he would check with LeadingAge because he was unsure if the New York State Department of Health was allowing volunteers.

Mr. Luján moved resolution of the Orange County Legislature recognizing "National Skilled Nursing Care Week- May 9 - Way 15, 2021," seconded by Ms. Tautel.

Motion carried. All in favor.

Mr. Luján moved resolution of the Orange County Legislature recognizing May 2021 as "Lyme Disease Awareness Month," Ms. Sutherland.

Motion carried. All in favor.

The meeting adjourned at 5:38 p.m.