

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

**TUESDAY, APRIL 21, 2020  
3:30 P.M.**

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

ALSO

PRESENT: L. Stephen Brescia, Chairman  
Katie Bonelli, Majority Leader  
Leigh J. Benton, Legislator  
Barry J. Cheney, Legislator  
Thomas J. Faggione, Legislator  
Kevin W. Hines, Legislator  
Paul Ruskiewicz, Legislator  
Kathy Stegenga, Legislator  
Antoinette Reed, Legislative Counsel  
Irina Gelman M.D., Commissioner of Health  
Christopher Ericson, Deputy Commissioner of Health  
Darcie Miller, Commissioner of Social Services and Mental Health  
Laurence LaDue, Commissioner, Valley View Center  
Donna Strecker, Director of Finance, Valley View Center  
Deborah Slesinski, Budget Director  
Gretchen Riordan, Budget Analyst

Mr. O'Donnell opened the committee meeting at 3:30 p.m. and asked everyone to stand for the Pledge of Allegiance. All committee members were present with the exception of Legislator Tautel who was absent.

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

Ms. Miller addressed the committee stating that the Department of Mental Health has been very active trying to meet the needs of our community both emotionally and mentally. As a result of the COVID-19 pandemic they have expanded services and are appreciative of not only their staff but their System of Care providers who are all considered essential workers. The New York State Office of Mental Health, Office of Alcoholism and Substances Abuse Services and Office for People with Developmental Disabilities are all essential services and fully operational and they have moved to telephonic and telehealth in order to provide a majority of those services. Currently all Department of Mental Health employees are successfully working remotely and only come into the office when necessary. Their clinics continue to provide services telephonically and through videoconferencing and they have seen an improvement with show rates for their clinics with services being provided remotely. Even with the pandemic the opioid crisis has not stopped, and they are closely monitoring their overdose map. Both the federal government and the state have allowed for those services to be provided using telephonic and videoconferencing and they have also allowed prescriptions to be initiated in those two forms. Previously, it had to be done face-to-face and they are now seeing people having greater access. In addition, a list of the services offered are

available on the county website and the expanded call center has been very helpful during the pandemic with the Health Department working feverishly to meet the needs of the community. Non-health related matters are quickly moved over to the 1-800-832-1200 line and the Mental Health Association has been very responsible in putting together a resource guide to answer COVID-19 non-medical related questions and to help manage and support people's food needs. The Department of Social Services, Department of Mental Health and their Care Management System are ensuring that people are getting food delivered if they are quarantined in their homes. While care management is active, it is not being done face-to-face unless necessary; however, deliveries are being made and transportation is available when medically necessary through medicaid transportation. The jail clinic is required to have staff onsite in order to provide intervention and they are working in collaboration with the jail and corrections to ensure that is accomplished. Due to vulnerability issues they did have staff that was unable to work during this period, but those hours were filled, and they were able to provide services through contractual staff that was reassigned due to the reduction in court activity.

Mr. Amo asked about effects on those individuals who are sheltering in place due to COVID-19 and loss of income and if they foresee a brewing problem. Ms. Miller replied that they are monitoring the number of calls coming into the call center and they have seen a spike over the last few weeks, but they do see those numbers reducing. One of the positives is that the call center number is getting out and while they do have access to 311 they have decided to not fully market it because they need to ensure that the line is being used for its foundational purpose use of that line as it is really about supporting people with mental health, substance abuse and developmental disabilities concerns. They have seen an impact and are seeing people calling out for support. She also participates in a weekly call with many of the providers in our community, daily call with multiple staff and stakeholders to monitor the what is occurring in the system. They have seen an improvement in access and communication as people are receiving more regular contact because case managers are not traveling for face-to-face visits which has allowed weekly contact as opposed to maybe monthly. They are concerned with the fallout of the pandemic for not only those sheltering in place, but the financial impact over time and the financial stress that will increase people's anxiety resulting in the possible need for critical intervention. In addition, with that level of hopelessness they could see an increase in suicides. The American Foundation for Suicide has created a training webinar for the community and County Executive Neuhaus has used both his webpage and the county's webpage to get information, tips and guides out to the community along with outreach from the community in order to address the need as this impact could last beyond.

Mr. Amo asked if they were considering ideas for post COVID-19 services. Ms. Miller replied that she is concerned with the fiscal impact to the county and service providers because they will need to ensure they maintain their current available services such as the 1-800 number as they will see an increase in need from the impacts of this pandemic. In addition, schools are providing the 1-800 number and a link for supportive services with the schoolwork being sent home to students. In her opinion, they have never had this much marketing for a single number to access help and she feels strongly that it is their best way to connect and continue to educate.

Mr. Anagnostakis thanked Ms. Miller for the update and her staff for all work they are doing through this difficult time.

Ms. Miller expressed her gratitude for the support and while they absolutely need to support their first responders and health care workers, they need to support those in mental hygiene services and social and human services as well as they are also essential workers.

Mr. Luján echoed Mr. Anagnostakis thanks to Ms. Miller. He inquired about food security specifically in the city of Newburgh and if there was any financial support available for local volunteer groups that are currently delivering food provided through donations and volunteer efforts. Ms. Miller replied that their greatest desire is to ensure that people do not go hungry and one of the first things the County Executive stated when the pandemic hit was to ...“make sure that people do not go hungry”... with Deputy Commissioner Irene Kurlander from the Department of Social Services assigned to monitor that situation. There is plethora of support that goes into managing and feeding hungry people and under the pandemic they have worked hard to monitor and connect with all of their stakeholders and by using the 1-800 line to ensure that people have a number to call if they do not have access to food. In monitoring that, they have not had a need that could not be met, and the question is, do they replace the generosity of people through financial support with public funds and do they need to. It has not been identified to her that they need to expand public funding as they currently put their funding into the Food Bank of the Hudson Valley because for every dollar they contribute, they get \$10.00 worth of food and therefore their best investment. If there was an additional need for more funds that would be their recommendation and to date the Food Bank of the Hudson Valley has not asked for additional funds as they feel they are supplying the pantries with enough food to meet the needs of the community. She can also not say enough about the Office for the Aging and what they are doing to expand food service in the community.

Mr. Luján agreed that there are many groups and county departments that are doing wonderful things including The Food Bank of the Hudson Valley. However, last week 600 families in a community of 6000 people that live under the poverty line were identified and they struggled to get food to them because not enough bulk food was coming in. He expressed concern that the more they highlight these individuals and speak to communities that they currently may not be reaching they could possibly see hundreds of people who need food. While Ms. Miller may not have been advised that food is needed, as someone on the ground, there is a need.

Ms. Miller replied that they should be connected to the system in order to get support. They have seen some waivers from New York State with respect to SNAP benefits that has allowed them to process applications which have tripled. In addition, those households that were not receiving a full SNAP benefit due to income are now getting the additional supplement for the months of March and April. New York State has requested and is waiting for approval from the USDA to provide \$7.00 in additional child benefits for families with school aged children who receive free and/or reduced lunch which will also be provided to homes. In addition, they want to ensure that they are connecting those individuals with illegal status and who are not eligible to food pantry's, soup kitchens and schools for free and reduced lunch. She agrees with Mr. Luján that families are coming forward and when they have learned of a family in need, they have been connecting them with food.

Mr. O'Donnell asked Mr. Luján about the food pantry's in his area. Mr. Luján replied that he was told that the Salvation Army was directed by their national office to close for the next seven days and that Good Shepherd Church would be doing something this weekend. He and about a dozen volunteers assist in the Towns of Newburgh and New Windsor and the city of Newburgh but if they get a call from another municipality they will help; however, the issue is having the food to fill the boxes. He was able to get food brought in from a contact in the city of Kingston as they were not getting what they needed locally. While the Food Bank of the Hudson Valley is doing a great job, the issue is trying to get everyone together and getting the food to those that need it.

Mr. O'Donnell commented that the Newburgh Armory held an event and they had to turn people away.

Mr. Luján emphasized that they have a very large undocumented population and many without food and not knowing who to reach out to for help while being concerned about their status, how they will feed their families and how they will pay their rent but providing them with a box of food is something they can do.

Ms. Sutherland expressed her respect and admiration with Ms. Miller and her staff as this has the potential of being an awful time for many children that are home as opposed to being in school.

Ms. Miller thanked Ms. Sutherland and her fellow legislators as she understands that it is difficult for everyone who is trying to offer support to students and families remotely.

Mr. Tuohy and Chairman Brescia also echoed their thanks to Ms. Miller and her staff.

Mr. O' Donnell asked about the CARES Act as he read that at least \$400 million of the \$250 billion would be dedicated toward mental health and what that would mean to Orange County Department of Mental Health. Ms. Miller replied that typically federal funds are distributed to the state who then decides how those funds are moved forward, but they do not have any information on how the CARES Act funds will be used to support their community. New York State has put forth a 1-800 line to support mental health challenges throughout the COVID-19 process with volunteers being used across the state to cover the 1-800 line which are then sent to the local call centers. In addition, they will all be dealing with the negative budgetary impacts as they go forward.

Ms. Sutherland asked about services being offered to those on the frontline and the issues they are dealing with. Ms. Miller replied that weekly she sends out a message of support and encouragement to staff that includes resources and links to support services including EAP through the county. She also speaks daily to her executive teams in order to manage the stress level of those departments and to ensure they have all the tools needed and know that they are not disconnected from their system. Lastly, support information is also posted to the Orange County Facebook page and Rachel Wilson, Director of the Orange County Youth Bureau also distributes information through her office.

Mr. O'Donnell asked that Ms. Miller keep them informed on anything they may need specifically regarding staffing, the homeless and outreach.

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

Dr. Gelman addressed the committee stating that they have 7152 positive COVID-19 cases, 240 fatalities and 19,100 Orange County residents that have been tested. They are working in collaboration with the Department of Emergency Services and several other county departments. The Department of Health has been fully active in its response to COVID-19 with most of the department's staff being deemed "essential" in either their response to the pandemic or in activities that continue in the county such as; food services, public water supplies and intervention services. Their response to the pandemic has been a two-pronged approach. One part has been implemented

at the Emergency Operation Center and the second part at the Department of Health offices. In the EOC the Department of Health has been working closely with the Office of Emergency Management and the County Executive's office in addressing the needs of county residents. Much of the response has centered around procuring PPE's and receiving additional resources from New York State (when available) and distributing those supplies to medical facilities, nursing homes and assisted living facilities. Communication with these facilities has been vital in order to stay on top of this evolving crisis. She, along with medical staff, are communicating multiple times a week with the CEO's and Medical Directors at their county hospitals, medical facilities, primary care centers throughout the county and they have been part of the daily municipality call with the County Executive and Commissioner of Emergency Services. The Department of Health operations are ongoing at their Main Street office in Goshen, their Nursing and Epidemiological Divisions have been working seven days a week collecting laboratory results, calling patients, conducting contact tracing and tracking and plotting data. The efforts of the office have been extraordinary, and they have been supported by more than 40 additional staff that were brought in from the DMV, DSS, the County Clerk's office and other departments. These individuals were trained by their Public Health Nurses and Epidemiologist on how to conduct their newly assigned duties and have done a great job. The Medical Examiner's office has been inundated over the last few weeks with support coming from other departments and as the pandemic evolves, the challenges involved with the response become more evident and change from week to week as their directives change as well.

Mr. Amo commented that the Orange County COVID-19 website data on the county website seems to be plateauing with indicators coming down. Dr. Gelman replied that the numbers are coming down slightly and they are plateauing out and have been since last week and they cautiously optimistic in terms of where the numbers are leading.

Mr. Amo asked about the 3000 random serology tests that would be conducted across New York State looking for antibodies and/or people that are immune to the virus and would it come to Orange County in a broader way. Dr. Gelman replied that antibody tests have been developed by Wadsworth Labs, Mount Sinai Labs with four total labs throughout the state; however, they have not been scaled for population wide applications yet.

Dr. Gelman asked if Mr. Amo was referring to Governor Cuomo's statement in terms of the survey being conducted by the New York State Department of Health. Mr. Amo replied yes.

Dr. Gelman responded that New York State has notified them that serological testing was currently being conducted at selected grocery stores across New York State. This is a minimum effort for randomized antibody testing via finger stick blood draw. This is not diagnostic testing and the results will not show if the individual had an active infection of COVID-19 but may show if the individual was exposed in the past and started to develop antibodies. New York State started the effort on Sunday and is expected to collect a total of 3000 samples statewide with locations including the following counties Albany, Broome, Clinton, Erie, Monroe, Nassau, Onondaga, Rensselaer, Saratoga, Schenectady, Suffolk and Westchester and New York City. They have not received any other updates from the New York State Department of Health and the sampling counties do not include any counties in the Mid-Hudson region.

Mr. Amo noted that if they are going to a grocery store how can they say they are selecting a random population. Dr. Gelman replied that it is a highly limited study and misleading when they say that they are "aggressively testing." In addition, rapid testing does not have a high degree of validity specifically with antibody testing as they tend to have a high degree of false

negatives which is worrisome. Beginning on Thursday, Quest will be offering the venipuncture test with a two to three-day response time.

Mr. Amo agreed with Dr. Gelman's point about test results as it is very easy in this climate to believe that a test is good when in fact it is not. They need to know when the right test is available.

Dr. Gelman stated that was why the updates they supply tend to concentrate on PPE's, pharmacological treatments and testing and what is FDA approved as there is a tremendous difference in what is FDA approved measures and authorized for emergency use.

Mr. Anagnostakis stated that Dr. Gelman is doing an amazing job and he is in awe of the work that she and her staff are doing. Unfortunately, the concerns they expressed during committee meetings in January and February have come to pass. He asked Dr. Gelman if they would be concentrating on the inevitable second wave that will hit around October/November. Dr. Gelman replied that they are looking at what is happening globally and they anticipate three phases to reopening and they must consider the criteria for reopening, preparedness level of the community to reopen and the three phases which center around PPE's, testing and equipment. There are a number of promising trials with 62 pharmacological agents being tested nationwide. One is for Remdesivir an anti-viral drug that they should have information on in May. They are concerned as they need to have adequate testing protocols, adequate treatment protocols and a vaccination which is at least a year in the making.

Mr. Luján echoed the amazing work of the Department of Health and they could not have imagined the extent of this situation when it was discussed back in January. He noted that the reopening of the economy seems to have taken priority in the news; however, Dr. Gelman has stated that it is critical to focus on PPE and testing, correct.

Dr. Gelman replied yes, PPE, testing and treatment vaccination.

Mr. Luján asked about testing those individuals that are not showing symptoms and are they getting to the point that they can test those people or are they not close. Dr. Gelman replied that subject is brought up the most and Polymerase Chain Reaction (PCR) testing is the usual testing medium in clinician offices but they would have to meet the criteria. The clinical criteria are not necessarily just being symptomatic because over 80% of individuals present with mild symptoms such as a headache and an individual may not even recall that they had a headache a few days ago. With asymptomatic transmission there are broader parts but with mild symptomatology like loss of smell and taste, nausea, vomiting and diarrhea and the clinical criteria includes being exposed to an individual that is COVID-19 positive they would meet the criteria to be tested. With elective procedures resuming shortly a person has to assess the benefit of having that procedure warrants them coming into a facility where they could possibly be exposed to a number of communicable diseases including COVID-19. If this something that someone is doing just to be tested and to see if they have had and/or have it, they could be going to facility where they could possibly contract it and the same risk factors, they have for everything. With respect to testing in general, a lot of Point-of-Care testing are not valid tools for testing as they are showing high volumes of false negatives. This is alarming and problematic for communicable diseases as well as population health-based efforts. Standardized swap testing as conducted in the clinician's office have a high validity associated with it. However, if they are using it at will that is problematic as they have seen two initially FDA authorized home care test kits pulled from the market due to inadequacies. Everyone is chasing the reported

"cure" vaccine PPE measure, unfortunately, they are trying to leverage the current environment to cash in.

Mr. Luján asked about masks and what is suitable for the community. Dr. Gelman replied that proper PPE use is very important, and they are reserving the N95 masks for health care workers, nursing homes and first responders predominantly because those have to be fit tested with a proper seal in order to be effective. N95 masks filter out the viral particles and act as a filtration device and any other mask being used come with the caveat which is something that was mentioned early on when they discussed if the public at large being wearing a mask and no they should not. She understands the new executive order states otherwise and the public at large must wear a mask and the reason for that is because of the prevalence in the community of the communicable disease; however, the individual wearing the mask is protecting others from shedding the viral particles in the droplets. The caution would be that they still have to use it while utilizing universal cautions and if they are reusing gloves, masks or other PPE's they either must be disposed of properly by not touching the contaminated surface or if it is reusable it must be decontaminated, washed properly and removed properly otherwise it acts as a magnet for contaminants and they are doing more harm than good. When they are discussing broad PPE use in public it is really 100% or nothing because having that magnet on your face that is consistently being adjusted and contaminated without proper hand sanitizing and hand washing and the proper disposal of that protective mechanism tends to be more problematic and aspects that need to be discussed.

Ms. Sutherland thanked Dr. Gelman.

Mr. Tuohy asked if they needed additional morgue space. Dr. Gelman replied that they have been utilizing other spaces and staff from other departments with the Department of Health having newly defined boundaries.

Mr. Tuohy commented that if they need to bring in something let them know.

Dr. Gelman expressed her appreciation.

Chairman Brescia echoed his thanks to Dr. Gelman and stated that he was glad to see that the curve was flattening.

Ms. Bonelli echoed all thanks and expressed her gratitude to Dr. Gelman and her staff.

Mr. Ruskiewicz asked about the status of the assisted living facilities in Orange County and have any experienced any major issues. Dr. Gelman replied that they have had a number of facilities with positive COVID-19 either with residents, employees and/or both and they are in line with what they are seeing statewide. She understands that the New York State Department of Health has reported over 50% of their assisted living facilities and nursing homes have had COVID-19 positive residents and/or staff.

Mr. O'Donnell asked about staffing and have they been able to hire additional personnel. Mr. Ericson replied that they have hiring requests that are being processed to assist with the current situation. They were fortunate in that they were able to utilize other departments to assist them with the thousands of cases they are investigating but they have contacted Human Resource Commissioner Steven Gross requesting additional help from other departments.

Mr. O'Donnell asked about the importance of testing. Dr. Gelman replied that PCR testing is still being conducted with hundreds being tested daily with testing for primary care and hospital care is extremely important. Testing of the broad population is not readily available and they still have the questionable component of rapid testing and the point of care testing that have sprouted with the FDA emergency use application but not necessarily with FDA approval which is problematic. The valid tests are venipuncture tests versus the finger stick rapid care tests and it will be important to test as they try and return to normal in the near future.

Mr. O'Donnell asked for the number of nursing home fatalities in Orange County. Dr. Gelman replied that she would have to get that information for the committee as there are over a dozen facilities that have had COVID-19 positive individuals whether residents or staff and those numbers change daily.

Mr. O'Donnell asked for the number of fatalities at Valley View and New Windsor as New York State has already divulged that information. Dr. Gelman reiterated that she would get back to the committee with that information.

Mr. O'Donnell asked for clarification from Dr. Gelman that she did not currently have the number of fatalities at Valley View. Dr. Gelman replied that she did not, as the numbers are changing daily.

Mr. LaDue interjected and offered to provide the information to Mr. O'Donnell and the committee.

Mr. O'Donnell thanked Mr. LaDue and stated that he would get the information from Mr. LaDue during the update for Valley View.

Mr. O'Donnell asked if Dr. Gelman has had discussions with Howard Zucker MD, New York State Commissioner of Health with respect to the placement of COVID-19 patients at Valley View. Dr. Gelman replied that there have been several conversations with the New York State Department of Health although not necessarily with Dr. Zucker. She did partake of a conference call that Dr. Zucker also participated in, but that phone call pertained to clearance criteria after COVID-19 and isolation parameters for medical directors for nursing facilities. However, in terms of the COVID-19 question, the New York State Department of Health has been insistent on the fact that COVID-19 patients being discharged from a hospital in stable condition and must go to a stepdown unit such as a rehabilitation center, nursing home or senior living facility, a facility cannot refuse any individual based on any parameter. They have been in close communication with area hospitals from the beginning and initially they did maintain a list of COVID-19 positive patients in nursing homes and stepdown facilities. During the preliminary stage's hospital liaisons were initially only sending residents/patients back to their own facilities that already had COVID-19 positive residents in that facility itself. Initially when they could still control that environment, the hospitals knew which facilities had COVID-19 positive residents and were only sending residents to facilities with COVID-19 positive residents. After the initial wave and to maintain the PPE status and to maintain that environment without exposures, the New York State Department of Health has made their position very clear in terms of refusal on the part of nursing facilities and transfers from hospitals. In terms of parameters for infection control and communicable diseases and what they could have done for preservation of PPE, for training and containment measures, they have done early on. However,

facilities have had COVID-19 positive residents transferred to them. Lastly, the New York State Department of Health has made their position very clear on nursing homes and their refusal of any individual that is COVID-19 positive which they cannot do.

Mr. O'Donnell asked when the county became aware of that policy. Dr. Gelman replied that she did not have the information but would get the information to the committee.

Mr. O'Donnell asked Dr. Gelman as a medical professional and the Orange County Department of Health commissioner, does she agree with that policy that Valley View should take in positive COVID-19 cases. Dr. Gelman replied that it was not really, should or could and for the New York State Department of Health it was more of a position of law and they do not foresee any facility discriminating based on health status. It is a split answer in terms of what her stance is in terms of population health-based efforts and containment efforts of an outbreak and pandemic, and this is what they are operating under. In terms of availability of PPE, and in terms of containment measures within each facility, in terms of preventing clusters of propagation of disease there is that population health response that of course for infection control introducing any highly communicable agent during an outbreak, during a pandemic and during a time of high prevalence of that disease in a community setting is a pro population health based measure. However, in terms of the laws and New York State Department of Health is the oversight authority.

Mr. O'Donnell interjected stating that he understands the law and New York States position. His question to her as the Orange County Commissioner of Health is, what is her opinion, and does she agree with it or not and what is her stance on whether they should be bringing in infected individuals into the nursing home as that is a questions out in their community. He will be asking this committee to support a letter to the New York State Health Department.

Dr. Gelman replied that their actions speak for themselves, initially prior to the New York State Department of Health's legal stance.

Mr. O'Donnell reiterated that he understands their stance; however, does Dr. Gelman agree with their stance or not.

Dr. Gelman replied that with more than a dozen facilities with COVID-19 positive individuals it does make sense to transfer individuals to a facility that already has COVID-19 positive individuals.

Mr. O'Donnell asked about before they had any positive cases and does that not put the population of Valley View at risk by putting more and more COVID-19 positive cases in the nursing home. Dr. Gelman replied yes and no.

Mr. O'Donnell stated that it is an easy question, she either agrees with the state's policy or she does not. Dr. Gelman disagreed as the employees coming into a facility are the random variable because they have the potential to transfer and introduce disease into the population. Unless that is a controlled variable in which they have housing on site, and they do not leave the facility and limiting the exposure for employees.

Mr. O'Donnell stated that he now realizes that Dr. Gelman will not answer the question. However, employees are being tested before going into work.

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

Mr. LaDue addressed the committee stating that they first received guidance from The Centers for Medicare & Medicaid Services (CMS) on March 10, 2020, and they have received numerous guidelines and revised guidelines from the New York State Department of Health with all being applied to prevent the spread of COVID-19 which include the following: all visitation has been suspended; restricted non-essential personnel and vendors from entering the facility; anyone that enters the building is screened for fever and respiratory symptoms upon entry and provided with a mask; canceled communal dining, activities and therapy for residents; increased surface cleaning on high touch areas; provided ongoing training to staff on (COVID-19 symptoms and transmission, sick leave policies and the importance of not reporting to work when ill or experiencing any COVID-19 symptoms and to contact their primary care physician); importance of hand hygiene and proper use of personal protective equipment (PPE); residents are being monitored daily for COVID-19 symptoms which includes taking temperatures twice a day; suspected and COVID-19 residents are kept in isolation in their rooms and paired together; they are also attempting to have staff work on the same units as much as possible; monitoring their supply of PPE and cleaning supplies daily and they are utilizing standard droplet precautions for care of residents with suspected or positive COVID-19 which includes additional PPE measures (gowns, N95 masks/surgical masks and face shields).

They currently have COVID-19 positive cases on 7 of their 11 units and all are contained in the Cousar building. All Glenmere building residents have been tested and results are starting to come in and there are no positive cases as of this report; however, 4 residents were retested, and they are waiting on those results. Once the Glenmere building results have been received every resident at Valley View will have been tested for COVID-19. If a negative test result comes back for a resident but then displays symptoms they will be tested again. They have had COVID-19 positive deaths and they will continue to have them as long as they have COVID-19 positive residents in the facility. The April 16, 2020 Executive Order from Governor Cuomo included this provision: "Any skilled nursing facility, nursing home, or adult care facility licensed and regulated by the Commissioner of Health shall notify family members or next of kin if any resident tests positive for COVID-19, or if any resident suffers a COVID-19 death, within 24 hours of such positive test results or death" but that has recently been changed to twelve hours which they are following. In addition, they are notifying families if there is a positive COVID-19 case on their loved one's unit without identifying who it is. Currently they are not mandated to report specific number of COVID-19 positive cases or deaths to residents or family members. However, they do report COVID-19 positive test results and deaths to the New York State Department of Health daily. They are anticipating additional reporting guidance from The Centers for Medicare & Medicaid Services (CMS) later this week or next week and they will adhere to that guidance.

On March 25, 2020, the New York State Department of Health issued a directive that nursing homes could not deny admission or readmission based on a resident with a positive COVID-19 diagnosis. They did admit residents from the hospital with a COVID-19 diagnosis that were asymptomatic and placed at the end of one of the short-term units. They continued to accept admissions from the hospital until April 6, 2020; however, they stopped due to the rise in COVID-19 cases of residents and staff, and they began taking in new admissions yesterday. Since they stopped accepting admissions, they have had discharges back into the community (including 4 COVID-19 positive residents) and deaths, with their census for April is at 86.40%. They have received a stimulus payment of \$606,487.80 from Medicare on April 10, 2020. Many of their employees, from

all departments have tested positive for COVID-19 with the nursing department (LPN's and CNA's being impacted the most. They were able to obtain emergency contracts with staffing agencies but unfortunately, as of this report they have been unable to provide them with workers. In addition, they cancelled scheduled vacations for nursing staff to ensure sufficient staffing levels. They are setting up interviews for candidates from the New York State COVID staffing portal. This has been an extremely difficult time for all their staff that works directly with residents as they are experiencing extreme working conditions as never before. They have been asked to work with COVID-19 positive residents and they have experienced higher than normal residents' deaths and they have been asked and/or mandated to work overtime. Administration has been supporting them by making rounds to offer support and thank them for all they are doing and answering their questions, concerns and complaints and ensuring they have enough PPE supplies. They are also tracking and monitoring staff that are out to ensure they return timely, organizing free meals from community sources, encouraging family members to show their support to staff, maintaining regular communication with family members to keep them updated in order to free up staff time, stopping admissions and providing support materials for staff to utilize (EAP, New York State COVID-19 Emotional Support Hotline and a memo from the Orange County Department of Mental Health containing other support information).

Through help from the Orange County Information Technology team, they set up remote access and rotating schedules for some departments that provide direct care (Social Services, Finance, Medical Records, IT, Staff Development, Dieticians and Administrative Support Staff) to reduce the chance of exposure to residents and staff. They also initiated telehealth for our doctors, nurse practitioners and psychologists. They are fortunate to have the budget and space to order items in bulk which puts them at a great position with respect to Personal Protective Equipment (PPE) and even with items in stock they began ordering additional items immediately. They did need items that they do not use often such as surgical masks, face shields and gowns and they received great support from the Orange County Office of Emergency Management, Orange County Department of Health and General Services to secure those items. Due to visitation being suspended they ordered an iPhone for every unit so residents could Facetime with family members. They also encouraged family members to conduct visits by windows and he created a family member email list with email updates twice a week and a weekly conference call with family members.

They suspended many of their capital projects to keep unnecessary people from entering the facility. However, the boiler room project has continued since the work is contained to the boiler room and outside the facility.

Lastly, they cannot say enough about the leadership and support they received from County Executive Neuhaus and his team, Orange County Department of Health, Orange County Law Department, Office of Emergency Management, Department of General Services, Information Technology, Human Resources, Department of Public Works and the Department of Social Services who provided Valley View with much needed support during this crisis and he is cautiously optimistic that the worst is behind them.

Mr. Anagnostakis stated that when they write the history of these times health care workers will be recognized as the heroes of this crisis with Mr. LaDue and his staff falling into that category and please thank them.

Legislators Bonelli, Cheney, Luján, Tuohy and Stegenga echoed their thanks to Mr. LaDue and his staff.

Ms. Sutherland asked what they were doing for those residents requiring occupational therapy and physical therapy. Mr. LaDue clarified that therapy is being conducted just not in a group setting.

Ms. Sutherland asked if staff was utilizing the resources given to them for emotional and mental support. Mr. LaDue replied that he would hope they are as it would be their choice to use those resources.

Mr. Benton thanked and commended Mr. LaDue, his administration and all the care providers during his father's recent rehabilitation stay at Valley View.

Mr. O'Donnell asked for the number of fatalities and positive COVID-19 cases at Valley View. Mr. LaDue replied that as of today, they have 12 deaths that were short-term residents that came to the facility from the hospital and 24 long-term deaths for a total of 36 deaths. He does not have the updated count on COVID-19 positive cases but he would get that information to the committee as the number changes daily as test results come in.

Mr. O'Donnell asked for clarification that the 12 deaths were from people that had not been at the facility previously and came from the hospital. Mr. LaDue replied yes.

Mr. LaDue thanked the committee and the legislators at today's meeting who expressed their gratitude for the work they are doing. He asked if it would be possible to get those sentiments in an email that he could share with his staff as they could really use the support.

Mr. O'Donnell asked that Mr. LaDue provide him with a population count as his earliest convenience. Mr. LaDue replied that he would.

Mr. Amo moved request to accept and appropriate Year 2 funds into the operating budget for the period 4/1/2020 – 3/31/2021 from the NYSDOH for the Tuberculosis Prevention and Control Program, \$39,166.00, seconded by Mr. Tuohy.

Motion carried. All in favor.

Mr. Amo moved request to accept and appropriate grant funds from the NYSDOH AIDS Institute/Health Research, Inc. for the Expanded Partner Services Program (ExPS). The grant contract period is 4/1/2020 – 3/31/2021, \$105,000.00, seconded by Mr. Tuohy.

Motion carried. All in favor.

Mr. Amo moved request to accept and appropriate third year funds into the operating budget for the Adolescent Tobacco Use Prevention (ATUPA) grant from the NYSDOH, \$97,198.00, seconded by Mr. Tuohy.

Motion carried. All in favor.

Mr. Amo moved request to accept and appropriate funds from the NYSDOH for the extension of the contract for the Childhood Lead Primary Prevention Program grant for the period 4/1/2020 – 9/30/2020, \$194,958.00, seconded by Mr. Tuohy.

Motion carried. All in favor.

On the agenda was the monthly report on Valley View.

Mr. LaDue explained that they have received IGT funding in the amount of \$2.2 million, other revenues were at \$7.8 million for a total of \$10.1 million. On the personal service side, personal services were at \$5.8 million, overtime was at \$417,074.00, contractual was at \$1.7 million and employee benefits at \$5.6 million and serial bond interest at \$77,365.00.

Ms. Strecker added that the occupancy rate for March was at 89.90%. Medicaid utilization was at 78.95%, medicaid (HMO) at 10.57% and medicare at 13.56% and year-to-date occupancy at 91.06%.

Mr. O'Donnell asked if any work had been done at the Parry building. Mr. LaDue replied no.

Chairman Brescia commented that at the Rules, Enactments and Intergovernmental Relations committee meeting tomorrow they will be discussing 5G and to have New York State look at its harmful effects.

Mr. O'Donnell agreed.

The meeting adjourned at 5:04 p.m.