

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

**TUESDAY, JUNE 16, 2020
4:00 P.M.**

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

ALSO

PRESENT: L. Stephen Brescia, Chairman
Katie Bonelli, Majority Leader
Leigh J. Benton, Legislator
Barry J. Cheney, Legislator
Thomas J. Faggione, Legislator
John S. Vero, Legislator
Antoinette Reed, Legislative Counsel
Harold J. Porr, III, Deputy County Executive
Dan Bloomer, Director, Operations and Cost Control
Darcie Miller, Commissioner of Social Services and Mental Health
Laurence LaDue, Commissioner, Valley View Center
Donna Strecker, Director of Finance, Valley View Center
Irina Gelman M.D., Commissioner of Health
Christopher Ericson, Deputy Commissioner of Health
Jackie Lawler, Director of Epidemiology and Public Health Planning,
Department of Health
Deborah Slesinski, Budget Director
Gretchen Riordan, 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 the monthly report on Valley View.

Ms. Strecker explained that IGT funding remains at \$2.2 million, emergency disaster assistance was at \$912,000.00 with an additional payment of \$900,000.00 posting next month. At some point they will be seeking the legislature's approval to use some of these funds to offset expenses incurred relating to COVID-19 and other revenues were at \$14.8 million. On the personal services side, personal services were at \$9.2 million, overtime at \$783,853.58, equipment at \$57,000.00, contractual at \$3.8 million, employee benefits at \$7.9 million and serial bond interest at \$77,365.00. While they have not yet felt the financial impacts of COVID-19 if their census remains as it is, they will.

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

Mr. LaDue commented that COVID-19 activity has slowed down at the facility since last month. They currently have one COVID-19 positive resident who came to the facility from the

hospital with a negative COVID-19 test, however, the test administered upon admission to the facility came back positive for COVID-19. The resident was already in isolation as every resident coming into the facility from the hospital is placed in isolation for fourteen days whether they are positive or negative to eliminate any threat to residents. In addition, the remaining 56 COVID-19 positive residents have been taken off precautions. Valley View has complied with the New York State mandate to test employees and as of this report, they have completed over 2000 COVID-19 tests and not one has tested positive. The regulation was changed this week and an employee must be tested only once per week and prior to testing staff on site, 76 employees tested positive for COVID-19. Due to the large number of nursing staff that tested positive, they needed to temporarily stop all vacation time for nursing staff since April; however, they were able to resume vacations this week. As of June 11, 2020, their census was at 286 residents or 79.44 %. They have begun taking both long-term and short-term admissions and every new admission must have a recent negative COVID-19 test prior to admission. Valley View has received \$1.9 million in stimulus funding as of this report and funding must be utilized for healthcare related expenses and lost revenue attributable to COVID-19. Additionally, they are required to submit reports to ensure compliance with the terms and conditions imposed. Lastly, visitation by family members is still prohibited but residents are going outside, and as of last week they are inviting family members to come and visit from a safe distance.

Mr. O'Donnell asked about the COVID-19 positive admission that came from the hospital and who administered that negative test. Mr. LaDue replied that it was done at the hospital and the reason why the bed was offered. Upon admittance to Valley View they were retested with the test coming back positive for COVID-19.

Mr. O'Donnell asked if they were retested within a few hours after being admitted into Valley View. Mr. LaDue replied that it would have been within the first day.

Mr. O'Donnell asked that Mr. LaDue provide him with the information on when the initial test was done at the hospital and when it was conducted at Valley View. Mr. LaDue replied that he would get that information to him.

Mr. Tuohy asked for clarification on visitation. Mr. LaDue reiterated that visitation by family members is still prohibited but residents are going outside, and as of last week they are inviting family members to come and visit from a safe distance.

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

Ms. Miller addressed the committee stating that they are fully operational and back in the office. Governor Cuomo has extended the waiver for telephonic reimbursement for services until July 7, 2020; however, they will continue to advocate for the extension as they know this means of communication and providing services has been highly valuable. They received good news today, as families can now visit their loved ones that reside in group homes, but they will be required to follow social distancing protocols. Included in the update were the 3-1-1 flyers for the Orange County Crisis Call Center with the official press release going out today. In recognizing the need to be accessible to children/youth who may be vulnerable to violence and/or neglect during the COVID-19 isolation, the Mental Health Association worked with them to create a campaign to add messaging to the Text 4 Teen marketing. The mental health, substance abuse and developmental disabilities system of care continues to operate while practicing social distancing. They have started to increase face to face

interaction to meet their client's unique needs. The current overdose map shows a significant increase in fatalities, but they are confirming those numbers with the Medical Examiner's office to ensure no errors. The pandemic as well as bail reform have collided and as a result brought the crisis back to their door. She is disheartened to see those numbers increase after all of the improvements and strides they made over the last year to reduce those numbers; however, they are working diligently with all of their partners to address that issue and to reach those individuals that they would have traditionally reached through the criminal justice system but are no longer connecting to.

Ms. Sutherland commented that many of her students and families appreciated telehealth and what a difference it made for them during this time.

Mr. Tuohy asked about marketing for 3-1-1 and would there be a full rollout. Ms. Miller replied that the 3-1-1 number went into place approximately three weeks ago; however, with so much attention on COVID-19 they held off on the rollout. The Mental Health Association has led with a collaborative marketing team and a press release was sent out today and another will be put out to reinforce the number. In addition, marketing material has been purchased, radio ads have been running and billboards are out with the 1-800-832-1200 number but that will be replaced with the 3-1-1 number.

Mr. Tuohy asked if the press release was sent to local cable and news providers. Ms. Miller replied that she would ask as the press release was handled by Justin Rodriguez, Assistant to the County Executive for Communications and Media Relations.

Chairman Brescia suggested that Opioid Addiction Committee Chairwoman Janet Sutherland and Legislator Rob Sassi put together a press release promoting 3-1-1 for the Orange County Legislature's Facebook page.

Ms. Miller offered to provide them with the information used in their press release.

Mr. Tuohy moved request to accept and appropriate grant funds from the NYSDOH for the period 7/1/20 – 6/30/21 for the Public Health Emergency Preparedness Program grant, \$235,654.00, seconded by Ms. Tautel.

Motion carried. All in favor.

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

Dr. Gelman explained that the Department of Health has been fully active in its response to COVID-19. Most of the staff has been deemed "essential" in either their response to the pandemic or in activities that are continuing in the county such as food services, public water supplies and intervention services. They are encouraged by the steady decrease in positive cases and deaths in Orange County from COVID-19 and it has been a number of days since a death was reported. As of today, 10,668 residents have tested positive for COVID-19, 63,124 residents have been tested and/or 16.8% and they have had 473 COVID-19 deaths. As of two weeks ago, the Department of Health has largely moved out of the Emergency Operations Center (EOC) and are now

conducting most of their day-to-day COVID-19 response work from their main office. Their Public Health Emergency Preparedness Coordinator continues to work with nursing homes, hospitals and various medical facilities to help with their needs for Personal Protective Equipment (PPE). The Nursing and Epidemiological Divisions have been working six days a week collecting laboratory results, calling residents with their lab results, tracking data and now working with the New York State Department of Health on contact tracing. The department is no longer using staff from other departments to help with data entry and contacting residents as these departments have also moved into resuming their operations. They are currently in Phase II of the reopening efforts with Phase III quickly approaching. Contact tracing has proved to be very challenging as the state mandated computer software for conducting this work is new and therefore running their own program concurrently to validate data. Jackie Lawler, Director of Epidemiology and Public Health Planning will give a more specific update to the committee during the meeting. As guidance from the state becomes more available with recommendations on issuing permits for summer operations such as children's camps, pools, beaches, food services and public gatherings and the division is working closely with operators to get them into compliance. This has proved to be very challenging as guidelines and the Governor's Executive Orders leave us with many questions. On June 5, 2020, Governor Cuomo issued an Executive Order allowing special education services to operate this summer. They have received a lot of questions and this is what they know so far: the order appears to only apply to pre-school special education (ages 3 to kindergarten); the way the order reads it makes it sound like it's a local school option, however, they are asking for clarification on that from the state and convening a meeting with our schools; bus providers have been told to get ready for students and county Early Intervention and Pre-School special education staff are working with providers by developing FAQs and working with schools to provide whatever support they can. The probable COVID-19 deaths by age group in Orange County were as follows: As of June 5, 2020, amongst the ages of 18 to 44 there were 19 deaths with no underlying health issues, for ages 45 to 64 there were 76 deaths, for 65 to 74 there were 93 deaths and 75 and over 231 deaths for a total of 419 from COVID-19 in Orange County. The number of confirmed COVID-19 cases by age group in Orange County were as follows: As of June 3, 2020, among the ages of 0 to 17 there were 449 cases, for ages 18 to 44 there were 4,628 cases, for 45 to 64 there were 3,728 cases and 65 to 74 there were 847 cases and 75 and over 881 for a total of 10,533 confirmed cases of COVID-19 in Orange County.

Mr. O'Donnell asked if anyone from the New York State Attorney General's office has contacted Dr. Gelman regarding the investigation into nursing homes. Dr. Gelman replied no.

Mr. O'Donnell asked for the number of nursing home deaths in Orange County. Dr. Gelman replied that she did not have that information available but would check with the epidemiology division.

Mr. Anagnostakis asked Dr. Gelman for the statistics she presented during a county conference call that looked at a specific week over a three to four-year period and the average deaths during that week. Dr. Gelman replied that it was the mortality for the week of April 6th through the 13th. She does not have the information with her, but she will get it to the committee.

Mr. Luján asked about recent trials with Dexamethasone and was it too early to know if it would be effective locally. Dr. Gelman replied that it would be premature to say. The real frontrunner has been Remdesivir an anti-viral drug; however, preliminary studies have had mixed outcomes. Dexamethasone is one of sixty plus pharmacological agents and it is really too soon in the

process to tell if there is any efficacy associated with it but they will have to see what viable clinical studies are published. In terms of vaccines, there are currently over 125 vaccines in various phases of research with seven entering phase I of clinical trials, seven have entered phase II and one that has entered phase III. While Dexamethasone does look promising, they must wait and see what the evidence shows.

Mr. Luján asked about the high level of COVID-19 positive cases amongst minorities and would she have that data broken-down by race and ethnicity. Dr. Gelman replied yes, and Jackie Lawler, Director of Epidemiology and Public Health Planning will be providing that to the committee.

Mr. Luján commented that as locations across the world reopen concerns have been expressed about a second and third wave and reopening too quickly. While they all want to ensure that businesses come back and that people are safe what are Dr. Gelman's thoughts on how quickly they are reopening and are they preparing sufficiently for a potential second wave this fall. Dr. Gelman replied that Beijing, China has closed some of their provinces due to large outbreaks which is concerning as the second wave seems to potentially be coming in earlier than originally anticipated. In the states that did not "close down" there is some room for alarm in that regard and the originally anticipated second wave was supposed to come in around November and coincide with flu season. The flu also needs to be addressed because historically flu vaccination data has not been great with individuals under the age of 55 with compliance rates being at an all-time low of around 30% to 35% vaccination rate and that percentage includes the mandated healthcare workers that must be vaccinated. If the second wave coincides with the flu the healthcare industry will see those complications come in concurrently. They have contemplated issuing a video on how to use masks appropriately because based on what they are observing there is noncompliance with masks and social distancing. The mask is essentially a magnet for contaminants and when it is not put on and/or removed, washed and stored properly it defeats the entire purpose of using the mask. Early on in the pandemic the CDC's recommendation for mask usage pertained to this as the population at large was not well equipped to "don and doff" masks properly on a daily basis. That was why the initial recommendation was for social distancing measures with proper respiratory hygiene and hand washing. Unless they have 100% compliance the outcomes are not great because they have that contamination to the mask because they are constantly adjusting it and touching the contaminated surface resulting in the propagation for disease. With respect to reopening they are following the phases for reopening clearly protests and other mass gatherings are outside of their control but from a communicable disease perspective they are counterintuitive in battling this communicable disease and have not helped; however, they have not seen a direct correlation to spike as of yet but they are following it closely. If they are to see a spike it would be around three weeks from the onset of that congregational activity, and they are following up on all complaints.

Mr. Luján commented that a recent report from New York City on the protests and a possible increase in cases showed that there was no data to support that.

Mr. O'Donnell disagreed with Mr. Luján as they will have to wait and see on that data.

Mr. O'Donnell asked for the percentage of people that wear their mask correctly. Dr. Gelman replied that from what she has personally observed less than 50% wear their masks correctly.

Mr. O'Donnell asked if 50% of the protesters are wearing their masks incorrectly. Dr. Gelman clarified that it was not just protesters but the general population.

Mr. Tuohy asked if the flu vaccination was ready and have they determined the strain for this year. Dr. Gelman replied no, typically the strain starts in China and once the strains are isolated, they migrate down from there. This year it will be imperative that they receive the vaccine early to ensure an adequate supply and for people to be vaccinated in a timely fashion.

Mr. Tuohy asked if they were late in getting the flu vaccination. Dr. Gelman replied no, they are following the regular trajectory and timeline.

Mr. O'Donnell introduced Jackie Lawler, Director of Epidemiology and Public Health Planning.

Ms. Lawler addressed the committee and thanked them for approving the new epidemiologist position for the Department of Health. They have not seen a public health challenge of this magnitude in a hundred years as they received almost 10,700 cases within three months. In addition to the epidemiology positions she oversees eleven other staff members from different divisions including environmental health, community health outreach and nursing division for data activity. Every case is a family story and a set of circumstances and it is very important that they continue to get that information correct and to ensure that they make every attempt to investigate everyone and to get them the things they need. While contact tracing is usual for the Department of Health, Commcare contact tracing and some of the other demands implemented by the New York State Health Department has made it a little more difficult than it would normally be for other communicable diseases. However, they are adapting and doing everything they have been asked to do.

Ms. Lawler addressed Mr. Luján's question on the number of COVID-19 cases related to race and ethnicity. When this report was generated in early June some information was missing from the poll because people either did not elect to answer the question or it was not recorded at the lab, however, they are using other mechanisms and ways of getting information through the normal communicable disease routes in order to fill in those gaps and to ensure they are not under or over representing one population over another. The following information was based on a sample of approximately 5,506 individuals: 56.7% identified themselves as White; 17.4% identified themselves as Black; 23.8% identified themselves as other and 1.8% identified themselves as Asian. Approximately half of the individuals that identified themselves as White is still a lower percentage than the overall representatives of Orange County residents, so they are overrepresented in terms of people who identify themselves as Black at 17.4% and when they look at the census it is normally around 12% for Orange County. They also looked at race and ethnicity on a sample size of about 5,000 with 46.5% who identified themselves as Hispanic which was about twice as many individuals in Orange County so they know that the Black and Hispanic population are disproportionately affected by COVID-19 as with every other community not only in New York State but across the country. While they have been absorbed with COVID-19 for the last three months they still have other communicable diseases that they focus on with sexually transmitted diseases seeing an increase of 39%. Lastly, flu season will be interesting, and they will have to work hard to ensure that everyone is vaccinated for flu while still dealing with the COVID-19 challenges.

Mr. O'Donnell asked about outreach in the Black and Hispanic communities.

Ms. Lawler replied that their Community Outreach Division in coordination with the Emergency Operations Center (EOC) have done a lot in Middletown and Newburgh by handing out masks and education material.

Mr. O'Donnell asked if there was anything more they could do. Ms. Lawler replied that there is always more they could do. Once they backfill the epidemiologist position, she would like to work with their Health Equity Director on some of the disparities in the two communities after they receive the fuller data statistics. As the number of cases go down, they will work diligently on cleaning the data and garnering the missing information to ensure that everything is correct in order to lead them to actionable items in the community.

Mr. O'Donnell asked what the issue was in backfilling the epidemiologist position as it was approved by the Legislature two months ago. Ms. Lawler replied that it was not an issue, they are currently canvassing and interviewing.

Mr. O'Donnell expressed his displeasure that a position that was critical two months ago has not been filled and he would hope that by next month the position would be.

Mr. Amo commented that behind-the-scenes analysis is critical for the county in relation to public health as some of the reopening states are having problems. Orange County is dependent on a vaccine and/or herd immunity; however, he was not clear on what herd immunity is.

Ms. Lawler replied that herd immunity is when enough people in a particular community have immunity either through vaccination or they have contracted the disease and built-up immunity so that when their body is exposed again, they will not become ill. If enough people around them are unable to become ill, the virus does not have a host to spread to other people and why there is always a threshold for certain diseases and because this disease is only six months old, they do not know how long immunity could potentially last for. There are over 200 types of antibody tests; however, not all have been validated. She does trust the Wadsworth test which has been validated by the New York State Department of Health. The Wadsworth test was done in the Hudson Valley and the results were released on June 13, 2020, with 9.5% of those in the Hudson Valley shown to have immunity; however, that was much lower than the statewide average 13.4%.

Mr. Amo asked if there was a way to look at municipality where a large part of their community tested positive for COVID-19 and determine if they would be more likely to be herd immune as compared to another community. Ms. Lawler replied that while she would like the answer to be yes, she does not know. It is hard to know what the correlation is between those individuals who are Polymerase Chain Reaction (PCR) positive and whether or not in a potential second wave those individuals would be immune if they encounter the diseases again.

Mr. Anagnostakis responded to Mr. Luján previous comments on Dexamethasone. While Remdesivir has not shown efficacy in preventing deaths a British study released today on the steroid Dexamethasone has shown a 30% decrease in deaths on intubated patients and 20% decrease on patients that were not intubated. He then requested that Dr. Gelman provide the committee with information on Dexamethasone and the British study at next month's meeting. Dr. Gelman replied that Dexamethasone is a newly emerging treatment trend. At the beginning of the pandemic the use of steroids was contraindicated, and she would have to review the data.

Mr. Anagnostakis asked if Dr. Gelman had seen the data that came out of Britain. Dr. Gelman replied yes, but it was not peer reviewed and she would like to see additional data.

Mr. Luján expressed his gratitude with the outreach attempts in the city of Newburgh. The last time he checked the city of Newburgh still had the highest number of COVID-19 positive cases. They are about 55% Latino with the second largest percentage being African-American and they are being hit the hardest. Ms. Lawler previously mentioned that they could be doing other things and what would she recommend. Ms. Lawler replied that to address COVID-19 and health equality they need to look at the social determinants of health. They should be out in the community to address COVID-19 and their Community Outreach Division has been on the frontlines, taking calls, sorting data, calling case investigators and reaching out to their Spanish speaking communities. They also need to address some of the structural things in order to address health equities which includes better access, transportation issues, job security and food insecurity. If they address those social determinates of health, they will have people that are not as impacted by communicable diseases which is something the Department of Health is committed to.

Mr. Luján asked where the Health Equity Director was located and do, they have any data. Dr. Gelman replied that she is in Newburgh and is working closely with Community Health Outreach and other divisions disseminating information and ensuring that information in being released.

Dr. Gelman added that they have recently issued commissioner's orders on day camps and the requirement to maintain immunization records for campers and staff. In order to prevent a repeat of the measles outbreak of last year they are ensuring that camps continue to maintain those records in accordance with their local sanitary laws. In addition, they have seen immunization rates decrease by about 50% due to the shutdown and the inability to go to their provider. They are working not only on prevention of COVID-19 but simultaneously to avoid the measles outbreak of last year.

Mr. O'Donnell asked how long the Health Equity Director has been in Newburgh. Dr. Gelman replied that it would be two years in November.

Mr. Tuohy asked about the Health Equity Director and what the position entails. Ms. Lawler replied that it was created three to four years ago with the idea being for the director to work across all the divisions and to ensure health equity in all the programs. The Health Equity Director works in conjunction with her to gather data and develop policy changes and programs around inequities identified through that data. The Community Health Assessment and Community Health Improvement Plan are only a few examples of what the Health Equity Director looks at and works with community members on.

Mr. Tuohy requested a list of the policies that have come forward and their success from the Health Equity Director at the next meeting.

Mr. O'Donnell asked that Mr. Tuohy send an email to the director depicting what he is looking for.

Mr. Luján suggested the Health Equity Director be invited to speak before the committee.

Mr. O'Donnell replied that he would look into it.

The meeting adjourned at 5:07 p.m.