

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

**TUESDAY, AUGUST 18, 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
Barry J. Cheney, Legislator
Kathy Stegenga, Legislator
Darcie Miller, Commissioner of Social Services and Mental Health
Laurence LaDue, Commissioner, Valley View Center
Irina Gelman M.D., Commissioner of Health
Christopher Ericson, Deputy Commissioner 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 a Department Update from Darcie Miller, Commissioner of Social Services and Mental Health.

Ms. Miller addressed the committee stating that the mental health, substance abuse, and developmental disabilities system of care continues to operate with social distancing practices. They have begun to increase face to face interaction to meet the client's unique needs with Governor Cuomo extending the waiver for telephonic (audio only) reimbursement for services until September 6, 2020; however, they will continue to advocate for an extension as this means of communication and providing of services has been highly valuable. They have also met with the New York State Conference of Local Mental Hygiene Directors (CLMHD), Office of Mental Health (OMH) and the Office of Addiction Services and Support (OASAS) regarding the withholds of state funds to the County's 3rd Quarter Advances. Both the Office of Mental Health (OMH) and the Office of Addiction Services and Support (OASAS) have reiterated that these are withholds (temporary cash management) and not permanent cuts and are for the third quarter of 2020 only and were 20% across the board. The withholds to State Aid for the Office of Addiction Services and Support (OASAS) were closer to 31% because the Office of Addiction Services and Support (OASAS) has a higher Federal Block grant than the Office of Mental Health (OMH). The Office of Addiction Services and Support (OASAS) is working with New York State to be more in line with the 20% and they are waiting to hear about the outcome as they proportionately withheld 20% from each program under contract. The 3-1-1 call center has been active, and they have had an increase in their substance abuse calls and the mobile response team is out in the community and conducting assessments and they have seen an increase in involuntary transports to the hospital. As they have reductions in COVID-19 response people are now reaching out for more help. They have seen an increase in opioid fatalities, and they are working to address that and have hired an epidemiologist with the federal funding from the

Columbia Project and she will be specifically working to fill the gaps and connect with people that are no longer going to jail or connecting with them through the justice system.

Mr. Amo asked if the call center has seen an increase in domestic violence and sexual abuse calls since the COVID-19 pandemic. Ms. Miller replied that they do not take the domestic violence calls as they are received through Fearless! Hudson Valley Inc., formerly Safe Homes of Orange County but they have seen an increase in sexual assault calls which are received through the Mental Health Association. In addition, they have seen an increase in the domestic violence child abuse response but Fearless! Hudson Valley Inc., formerly Safe Homes of Orange County would have the most accurate number on the overall impact. In regards to the impact of COVID-19 there are so many factors such as isolation, financial pressures and concerns, children in the home 24/7 and increased substance use is of great concern with respect to safety.

Mr. O'Donnell asked about the \$1.3 million grant that Community Development received for homeless prevention and the partnership with the Department of Social Services in the process and how much of those funds are they keeping and how much will be provided to various contractors. Ms. Miller replied that they are not keeping any of the funds as most of the funds will be going to the people in their community. She explained that Terri Torchio, Director of Economic Independence at the Department of Social Services has indicated that the Mental Hygiene Legal Services has stated that they have 997 pending evictions; however, they anticipate those numbers increasing. While it seems like a lot of money when they look at three, four and/or five months of back rent to keep people in stable housing but the number of families they can help will not be enough for those in need. They also have other partners who are able to fund up to 80% of the poverty level in addition to the these funds which allow for 50% of the poverty level and they are all working together to determine which eligibility program is best to avoid eviction.

Mr. O'Donnell asked who determines who receives the funds and who does not. Ms. Miller replied that it will come in through a coordinated entry based on first come, first serve, eligibility and need. A committee was put together under the Continuum of Care (COC) in order to use these funds in the best way possible with the county not keeping any of the funds.

Mr. Luján moved request to accept and appropriate additional funds from the New York State Department of Health for the Public Health Emergency Preparedness grant for the period 9/1/2020 – 8/31/2021 to be used for the Opioid crisis, \$72,000.00, seconded by Ms. Tautel.

Motion carried. All in favor.

Mr. Luján moved request to accept and appropriate funds from the American Public Health Association for the Healthiest Orange Farm Markets grant for the period 7/1/2020 – 9/30/2022, \$100,000.00, 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 addressed the committee stating that the Orange County Department of Health has been fully active in its response to COVID-19. The Department was made aware last week by the New York State Department of Health that the city of Newburgh has been selected as one of five locations in New York State to have testing done on the influent water going into the sewage treatment plant. This pilot study is being done in conjunction with Syracuse University and SUNY College of Environmental Science and Forestry (ESF). The study will be done with four weeks of testing of the sewage water entering the treatment plant where the amount of COVID-19 RNA entering the plant can be measured. It is hopeful that testing will give the department some lead time in determining if an influx of COVID-19 positive people are currently in those communities which will help identify clusters preemptively. The Community Health Outreach Division has been very active in continuing public health educational programming and the division recently set up a public health kiosk at the Galleria Mall in Middletown and currently coordinating a kiosk at the Newburgh Mall. In addition to giving out face masks to those who need them, the division has been instrumental in helping the public understand state and federal guidance documents on COVID-19. The Nursing and Epidemiological Divisions continue to work primarily on the COVID-19 response and Immunization and Sexually Transmitted Disease (STD) clinics have started back up in their Middletown and Newburgh offices. However, they will not resume clinic operations in their Goshen office until they feel they have adequate safety measures in place. Their new Epidemiologist has started with the Division of Public Health Planning and Epidemiology. They are thankful for the additional support in this unit of the department so that contact tracing investigations for COVID-19 and communicable diseases can be quickly followed up on when they receive positive lab results. The Environmental Health Division is at the mid point of summer operations and there were a minimal number of children's camps that filed for applications because of the COVID-19 restrictions. Many festivals and events have also been canceled and/or modified greatly to reduce the size of the gatherings which was offset by the number of complaints they have had to follow up on and new reopening parameters. They continue to respond to complaints from residents made through the New York State PAUSE Enforcement site with most complaints regarding restaurants not having proper protective measure in place or large gatherings of people partaking in risky behavior. They have had several complaints regarding backyard weddings and people traveling from outside the state to attend without proper quarantine measures. They continue to have a steady stream of new cases but the overall prevalence rate of communitywide transmission remains low at this time.

Mr. O'Donnell asked for clarification on why the Goshen clinic has not reopened. Dr. Gelman replied that both Middletown and Newburgh have well equipped clinics and the safety parameters in place for those clinics. Most of their staff is in the Goshen clinic and to maintain social distancing amongst that staff of approximately 80 people they have not resumed reopening as of yet.

Mr. O'Donnell asked when they foresee that happening. Dr. Gelman replied that it will depend on what they need to do with respect to immunizations and the flu. Immunizations are down by about 50% due to closures as a result of the COVID-19 pandemic, but flu clinics will be starting earlier given the projected second wave of COVID-19 that is anticipated to coincide with flu season.

Mr. O'Donnell asked about the reopening of senior centers. Dr. Gelman replied that given the trajectory of the pandemic globally and the potential for a second wave which remains high and given the fact that they are the most susceptible and vulnerable population they do not see senior centers being opened until the fall.

Mr. O'Donnell asked about the science and/or background that has them convinced of a second wave and when does Dr. Gelman anticipate its arrival. Dr. Gelman replied that historically

since the 1700's there have been eight global flu pandemics and four since the 1900's: The 1918 Spanish Flu pandemic, 1957 pandemic, 1968 pandemic and in 2009. Seven of the eight pandemics followed the same epidemiological curve and if they look at the seven, they have all had a very early peak which just passed in New York State with a substantial resurgence exactly six months after the fact. Typically, all flu like illnesses follow the same trajectory which was the case with this pandemic as it started in Asia, moved on to Australia, the European Union, the UK and on to the United States. If they are to follow that same timeline it correlates with the estimated projections of historical pandemic influenza. They saw the original shutdown in China, Australia, European Union and the United States and they have seen the secondary wave shutdown in China in June, Australia in July and preliminary reports in August from France, Belgium and some of the European Union countries who are contemplating secondary shutdowns. If they have the secondary wave in cases, they are estimating a month difference from August to October for the potential secondary resurgence in the United States.

Mr. Amo asked about the upcoming flu season. Dr. Gelman replied that the New York State Department of Health and the Orange County Department of Health have been raising the alarms for flu season like never before with respect to education, prevention and immunization. If the projected secondary wave hits it will happen concurrently with the flu season, so they need to be concerned with immunizing for the flu. About a month ago a public health advisory was sent to all medical providers to ensure they not only increase their education and outreach efforts but also increase the number of flu clinics available early on in order to immunize better than they have in past years. Historical immunization rates in New York State for those 55 years of age and younger is at about 30% to 35%; however, they must be a lot higher this year to ensure they reduce the rate of complication and hospitalizations.

Mr. Amo asked if the flu vaccine was available now. Dr. Gelman replied no, in approximately two weeks.

Mr. Tuohy asked if the pneumonia vaccine could defend the respiratory aspect of the COVID-19 infection. Dr. Gelman replied no, it is a different strain and does not address COVID-19. They have seen some progress with a COVID-19 vaccine as there are two vaccines in phase 3 clinical trials and they are trying to ramp those trials up and possibly be available by December. However, the question remains if that will be made to scale for broad population application and immunization. In addition, they are making substantial progress on the scientific frontier with saliva testing and slightly better validity with rapid testing.

Mr. Tuohy asked about the testing on the influent water in the city of Newburgh and has anything been done prior to show that this will provide a good metric. Dr. Gelman replied yes, this is a viable tool with respect to prevention because if they are seeing sporadic positive results on this massive testing, they know that they can focus in that area prior to having lab confirmed results. This could help to prepare them for possible testing in certain areas and focusing on a certain region and an alert prior to positive lab results. There is an inherent lag phase between an individual contracting the disease, incubating it, demonstrating symptoms, going to the provider and then testing and receiving results which could be between two and three weeks before they are alerted through the lab result. With this testing they are consistently testing and if they are seeing positive results, they are then aware and can alert providers in that area and provide randomized testing for that region and/or municipality. This will allow for the prevention component where they can contact, trace, isolate and quarantine early on and before it has a chance to propagate further. This has been implemented in other countries and utilized in Madison County in New York State.

Mr. Tuohy asked if it would be expanded across the state if positive efforts are detected and/or how could a sewer plant and/or community be added to the list as the Harriman Treatment Plant serves very diverse residents. Dr. Gelman replied that the sites were randomly selected by New York State and they were fortunate that one site in Orange County was chosen. The true hope of this is that if it shows a positive correlation and a metric with preventative value that it would be scaled to size; however, they do not know if it will be offered to counties and/or will New York State make it available and pay for the effort.

Ms. Sutherland asked if the flu vaccine will be available at college campuses or would college students have to go to a pharmacy for the vaccine. Dr. Gelman replied that the state is making every effort to make vaccines readily available statewide to ensure they are increasing immunization numbers for the flu. Nationwide they were trying to scale it to the population and have pharmacies purchase more than they typically would to ensure that it would be readily available.

Mr. Tuohy moved request to accept a donation in the amount of \$3,000.00 to be used towards the purchase of a theater system for the residents of Valley View from the Michael and Erin Martucci Family Foundation, 30 Scotts Corners Drive, Suite 203, Montgomery, New York, seconded by Ms. Tautel.

Mr. Touhy asked where it would be located. Mr. LaDue replied that it would be a large retractable screen with projection system, and it will be located in the town center.

Motion carried. All in favor.

On the agenda was the monthly report on Valley View.

Mr. LaDue explained that IGT funding remains at \$2.2 million, emergency disaster assistance was at \$1.9 million and other revenues at \$21 million. On the personal services side, personal services were at \$13 million, equipment at \$131,000.00, contractual at \$5.4 million, employee benefits at \$10.65 million and serial bond interest at \$92,000.00. Medicaid utilization was at 71.03%, medicaid (HMO) at 10.55% and medicare at 14.11% and private pay at 3.44%. Their census for July was at 82.55% and for August they are at 81.74%.

Mr. O'Donnell asked if they still anticipated being down about 10% for the year. Mr. LaDue replied right now, yes; however, he remains optimistic that they could gain some ground over the next few months.

Mr. Amo asked if Mr. LaDue anticipates an increase in nursing home admissions because of delay/lag in approval due to the impacts on medicaid home health care. Mr. LaDue replied that it could happen; however, they have a long waitlist for long-term admissions, and he would suspect that the list would just get longer. Hospitals are not doing the elective surgeries that result in short-term rehabilitation that they were doing prior to COVID-19 which is hurting the facility.

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

Mr. LaDue addressed the committee stating that they currently have no active COVID-19 positive residents in the facility. They have been taking both long-term and short-term admissions (every new admission must have a recent negative COVID-19 test prior to admission). Hospitals have begun elective surgeries; however, the volume of elective surgeries remains low as compared to pre-COVID-19 numbers. The New York State Department of Health has put out an updated directive regarding visitation with family members still prohibited from coming inside the building except for end of life. Visitation with residents is being done outside, and they are inviting family members to come and visit them. Family members must be screened prior to visitation and they must wear a mask. They were supposed to resume visitation in July; however, one of their staff members tested positive for COVID-19 and per the New York State Department of Health visitation guidelines they had to push back the start date by 28 days bringing it to August 13, 2020. In addition, the total estimated negative financial impact to Valley View for COVID-19 is currently at \$2.5 million (\$485,000 in expenses and \$2.1 million in lost revenues).

Mr. Tuohy asked about the long-term waitlist and was there restrictions that would prevent them from bringing in the admissions based on the census of 81.74%. Mr. LaDue replied that they do not want to bring them in on the short-term unit because it would decrease their chances in increasing their medicare census. When they bring in a long-term resident, they are putting them in a room alone for 14 days to ensure they are not COVID-19 positive which has resulted in a longer process in long-term admissions.

Mr. Amo asked for a description about the Focused Infection Control program and how the survey is measured against it. Mr. LaDue replied that that during a recertification survey they are looking at all the regulations that must be followed with infection control being one of them. The Focused Infection Control Survey looks at proper signage throughout the building, ensures proper use of PPE, hand sanitizers and wash hands signs displayed and to ensure that the facility is following all of the New York State Department of Health directives regarding COVID-19 prevention.

Mr. Amo asked for the name of their point person. Mr. LaDue replied that they must have a designated Infection Control person who is responsible for the program and at Valley View that is Beth Perda, Assistant Director of Nursing.

Mr. Amo asked if she handles all of the surveillance. Mr. LaDue replied yes, she reports monthly on infection control and infections at the facility. In addition, she works in conjunction with the staff development department to ensure all in servicing is up to date.

Mr. Anagnostakis asked about the impact to the facility of approximately \$2.5 million; however, does that factor in the \$1.9 million they are receiving in relief. Mr. LaDue replied no, but they are tracking all of their COVID-19 expenses and all of their COVID-19 loss revenues as they must report on how the \$1.9 million is being used. It is a good way to measure what COVID-19 has actually cost Valley View at this point in time.

Mr. Anagnostakis asked if it would not be better to acknowledge that the facility has suffered \$2.5 million in its operation because of COVID-19 but they have the \$1.9 million in relief payments coming into offset. Mr. LaDue agreed.

The meeting adjourned at 4:46 p.m.