

**HEALTH AND MENTAL HEALTH COMMITTEE
MINUTES**

**TUESDAY, OCTOBER 27, 2020
3:00 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
Mike Anagnostakis, Legislator
Barry J. Cheney, Legislator
Kevin W. Hines, Legislator
Paul Ruskiewicz, Legislator
Kathy Stegenga, Legislator
John S. Vero, Legislator
Antoinette Reed, Legislative Counsel
Harry Porr, Deputy County Executive
Dan Bloomer, Director, Operations and Cost Control
Irina Gelman M.D., Commissioner of Health
Christopher Ericson, Deputy Commissioner of Health
Michael Ventre, Deputy Commissioner of Health
Jamie Shock, Fiscal Manager, Department of Health
Lisa DeNisco, Accounting Supervisor, Department of Health
Jennifer L. Roman, D.O., Orange County Medical Examiner
Kathleen McCubbin, D.O., Deputy Medical Examiner
Darcie Miller, Commissioner of Social Services and Mental Health
Lacey Trimble, Deputy Commissioner of Mental Health
Sandra Atkin, Administrative Officer, Mental Health Department
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 3:01 p.m. and asked everyone to stand for the Pledge of Allegiance. All committee members were present.

Next 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 \$2.4 million and other revenues were at \$28 million. On the personal services side, personal services were at \$16.7 million, overtime at \$1.6 million, equipment at \$175,070.00, contractual at \$7.7 million, employee benefits at \$12.9 million and serial bond interest at \$137,475.00. Their census year to date average is 85.02%, with September coming in at 85.59% and today's census at 85%. Medicaid utilization was at 72.57%, medicaid (HMO) at 9.43% and medicare at 13.76% and private pay at 3.39%.

Mr. O'Donnell lost transmission to the meeting at 3:04 p.m.

Ms. Bonelli as Majority Leader stepped in as Acting Chairperson.

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

Mr. LaDue addressed the committee stating that Valley View's census on October 21, 2020 was 86.94%. On October 6, 2020, Valley View participated in a conference call with Dr. Gelman and other Orange County skilled nursing facilities. Dr. Gelman informed them that she was going to issue a public health advisory or a health commissioner order to stop visitation, based on the increasing number of community COVID-19 cases and COVID-19 numbers at some Orange County skilled nursing facilities. As a result, and as a precaution to protect our residents, Valley View stopped visitation on October 8, 2020. The Commissioner's order was issued on October 15, 2020 which stopped visitation; however, window visits and/or end-of-life visits are still allowed. The order also stated that residents who leave the building must be quarantined for 14 days upon their return. They have developed a schedule for family members to Facetime residents in lieu of in person visits. In addition, Valley View had a staff member at the Glenmere building test positive for COVID the week of October 12th. As a result, they tested every resident in the facility with one resident testing positive at the Grand Avenue unit in the Couser building. The resident and their roommate were re-tested, and both came back negative. After consultation with the New York State Department of Health, COVID testing of all residents will occur every 3-7 days until October 29, 2020 and non-urgent outside appointments for residents are postponed for 2 weeks. In addition, on October 21, 2020, another staff member in the Couser building tested positive for COVID-19 which extended the testing of all residents every 3-7 days to November 2, 2020. Lastly, Valley View has received funding from CARES Act Phase 1 and Phase 2, and they will be applying for the Phase 3 funding as well. They have received information regarding the upcoming IGT payments, and they are scheduled to receive a payment of \$3,078,517.50 for the period of 4/1/2020 to 9/30/2020 and \$1,539,258.75 for the period of 10/1/20 to 12/31/20. This would bring their total IGT payments for 2020 to \$6,824,208.25 which is \$1,175,791.75 less than their budgeted IGT of \$8 million for 2020. The pool of IGT funds was reduced from \$196.1 million in 2019 to \$112.9 million in 2020 due to a combination of factors including: significantly lower numbers of Fee For Service Medicaid days in 2018 resulting in increased enrollments of residents in medicaid managed care plans, lower reported costs in facilities in the 2018 medicare cost reports and a reduction in facilities case-mix for Jan. 2019, which is the acuity payment used to determine the amount of IGT payments that can be accommodated under the Upper Payment Limit.

Ms. Bonelli asked if the resident testing every 3-7 days was due to a staff member testing positive or regular protocol. Mr. LaDue replied that anytime they have a COVID-19 positive resident and/or staff member it is reported to the New York State Department of Health who then issues guidance as to what they must do next and they were told to test every 3-7 days until November 2, 2020.

Mr. LaDue presented the 2021 recommended budget for the Department of Residential Health Care and Rehabilitation Center.

Chairman Brescia asked for clarification that there were no cuts to the budget under personal services and were there any cuts over the last two budgets to personal services. Mr. LaDue replied no.

Chairman Brescia explained that over the last few months he has been accused of 23 and/or 24 deaths at Valley View and he takes that seriously as it is not only a reflection on him but on a majority of the legislature. He cannot comprehend how that could be said if that was the case. He knows that there were chargebacks over a two-year period for approximately \$3 million for services that were rendered to Valley View by the Law Department, Department of Public Works and etcetera and something that is done at various departments throughout the county. However, he does not know how those chargebacks could possibly connect to deaths at Valley View as they have not decreased the budget and/or personal services for Valley View. In addition, they have nearly streamlined all the capital expenditures through both this committee and the Ways and Means committee over the last few years through either bonding or appropriation. He has spoken to Health and Mental Health Committee Chairman James O'Donnell about having a special investigative committee to investigate those deaths at Valley View. In his opinion, those deaths will go back to the executive order issued by Governor Cuomo and the lack of a true investigation into those deaths. He does not want to add anything to the budget at this time; however, Chairman O'Donnell may in the near future bring up an expense through contingency for their own investigative committee wherein they could use their subpoena powers to investigate those deaths. They were one of the few states where COVID positive patients were placed into their nursing homes.

Mr. O'Donnell rejoined the meeting at 3:22 p.m.

Mr. O'Donnell asked if there was anything that Mr. LaDue was unable to get that they as the legislature could have given them to help them run Valley View during the COVID pandemic. Mr. LaDue replied no, they were fortunate as they receive their budget in the beginning of the year which enabled them to buy items in bulk as they have the area to store them. As he has previously stated, they were able to get any supplies needed and were provided with great support through the pandemic from the County Executive, General Services, Emergency Services and the Department of Health.

Mr. O'Donnell asked Mr. LaDue and Ms. Slesinski if Valley View had \$55 million available to use in an emergency and/or if any item was needed to keep the residents of Valley View safe.

Mr. LaDue replied yes.

Ms. Slesinski replied yes, for whatever needs arose at the facility.

Mr. O'Donnell expressed his outrage at a political hit piece put out against Chairman Brescia that insinuates that Chairman Brescia and anyone on this committee with oversight for Valley View was somehow responsible for 24 deaths. In his opinion, that was the worst piece that he has seen anyone put out. He wants everyone to know and understand that they had \$55 million to spend on the safety of the residents of Valley View and they have done everything on their end to keep them safe.

Chairman Brescia noted that it was not only a reflection on him but other legislators as he does not do anything unilaterally.

Mr. Tuohy moved to accept the 2021 recommended budget for the Department of Residential Health Care and Rehabilitation Center, seconded by Mr. Amo.

Motion carried. All in favor.

Ms. Sutherland moved to approve the 2021 Capital Plan for the Department of Residential Health Care and Rehabilitation Center, seconded by Mr. Tuohy.

Motion carried. All in favor.

Mr. Luján moved request to accept and appropriate additional funding received from the New York State Department of Health amending the Immunization Action Plan contract amount for period 4/1/2020 – 3/31/2021 from \$189,605.00 to \$272,445.00 awarding supplemental funding in the amount of \$82,840.00 to expand and enhance LHD influenza vaccine outreach, promotion and mass vaccination activities for the 2020-2021 flu season, seconded by Ms. Tautel.

Motion carried. All in favor.

Mr. Luján moved request to accept and appropriate funds from the New York State Department of Health to extend the Maternal and Infant Community Health Collaborative – Community Health Worker Expansion Project for the period 10/1/2020 – 9/30/2021, \$367,990.00, 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 they are seeing a secondary influx of cases and the distribution of the cases is similar to the first initial wave in March. The Orange County Department of Health has been fully active in its response to COVID-19. They continue to operate a separate call center that takes all the public calls for the Department. The call center is staffed by our Community Health Outreach Division which has also been very active in continuing public health educational programming and outreach during the pandemic. The Nursing and Epidemiological Divisions continue to work primarily on the COVID-19 response. There have been large fluctuations with the number of cases throughout the month, however, the general trend has been much higher. They have been transitioning staff over from other parts of their department to work on COVID-19 related work, they have requested and started to use staff from other departments as necessary to help with case investigation phone calls and data entry. They have also opened an additional site at the Emergency Services Center where up to 9 additional staff members can make phone calls and

conduct case follow-up. Overall, the department has been trying to get positive case follow up done on the same day the results are received; however, that is not always possible. As of today, there were 13,464 positive cases, with 47 being added today; however, they continue to receive positive cases, 40 confirmed hospitalizations and 507 deaths with over 450 active cases in the county currently. During the first wave they saw a secondary influx of cases that included health care employees, both residents and employees in nursing homes, assisted living and other congregate setting facilities. Densely populated areas impacted by the second influx during the first wave were parts of Monroe, Newburgh, Middletown and New Windsor and what they are currently seeing. They tried to have a lot of preventive measures in place in anticipation of a second wave so they had amplified community outreach efforts and a lot of protective measures that were implemented were based on the historical data tracking that they observed in the first wave. While they are continuing to see young people become ill they are seeing individuals in their 50's, 60's, 70's and 80's also testing positive for COVID-19 the overall active cases is predominantly in the 18-44 age category. They have had their first newborn test positive for COVID-19 on October 26, 2020 and they are seeing a number of school age children testing positive with very few being asymptomatic. The New York State Governors Office has started identifying clusters in various regions of New York State. Orange County has been identified with being in a Red Zone and/or micro cluster. The Health Department has been out with enforcement and identifying businesses and schools that have not followed the Governors directives as well as the Health Commissioners order for closure. The New York State Police and New York State Department of Health officials have also been conducting enforcement checks on businesses, schools and other entities throughout the county. The Environmental Health Division continues to work with operators and event organizers regarding planned and/or proposed gatherings in Orange County. Many large events continue to be suspended this year as planning for social distancing and creating a safe environment for participants is very challenging and difficult to keep within the parameters of regulations, guidelines, and practical communicable disease containment measures.

Mr. Tuohy asked if they had a measurement and/or metric on how successful the enforcement has been. Dr. Gelman replied that there have been a number enforcement measures from the initial notification, visitation and inspection. They have issued subpoenas to hear and/or respond to communicable disease investigation contact tracing efforts as well as a fairly large number of cease-and-desist orders in not only the micro cluster region but throughout the county. Many of the cease-and-desist orders and the follow up investigations are based on either PAUSE complaints or direct complaints to the Orange County Health Department. In relation to schools, the order she issued impacted 22 schools in that area of high prevalence. Because this is ongoing it is too early to gage their success, but they are continuing to see a trend in transmission within that community.

Mr. Tuohy asked if they are seeing a reinfection rate in Orange County. Dr. Gelman replied yes, they have had a number of individuals that originally tested positive back in March and April that had subsequently recovered, tested negative in the interim and after confirmed secondary exposure to a COVID-19 positive individual have been confirmed positive upon PCR testing with the number of cases under a dozen.

Mr. Tuohy asked if the virus was mutating and resulting in them getting the virus again. Dr. Gelman replied that there are multiple generations to the virus and as an RNA virus it will have random mutations associated with it; however, not to the extent that it would change substantially.

Mr. Anagnostakis commented that for three to four weeks the positivity rates 7-day rolling average was at around 4.6% as the highs but over the last two or three weeks

it has decreased to the 2% range and was the "red zone" area classified by New York State still doing the same number of tests that they were doing previously or have the number of tests diminished in that "red zone" area. Dr. Gelman replied that they have seen a substantial decrease in overall testing in that area and on preliminary examination on their local data as they have conducted quality case analysis where they are examining individuals that are being tested and of those individuals being tested they are predominantly those that are having elected procedures or labor and delivery. Hence that percentage positivity rate is substantially lower than those that are presenting as symptomatic in a clinical setting.

Mr. Anagnostakis commented that if there was substantially less testing being done then theoretically the positivity rate could still be in the 4% and/or higher range but they do not know that because the tests are not being done which could be a problem. Dr. Gelman replied yes, it is more than theoretical as clearly the infection rate would be substantially higher than the reportable test positive rate because clearly a factor in the test positive rate is the amount of tests being conducted. This has been reported on daily basis to the New York State Department of Health and she has spoken directly with Commissioner Zucker about this issue. They are concerned with propagation and continuation of communicable disease infection in the community.

Mr. Luján recalls an email coming from the County Executive's office asking county employees to volunteer and go out into the community to identify locations that are not complying. Dr. Gelman replied that he was somewhat accurate as staff members were asked to participate in the enforcement action together with the New York State Department of Health. They would go out in conjunction with the volunteers; however, they were not asked to identify areas. The email was specifically for individuals to participate with the New York State Department of Health and the New York State Police countywide for enforcement measures with areas such as schools and businesses being picked randomly or they could be follow-ups from PAUSE complaints made to the New York State Department of Health and referred back to Orange County.

Mr. Luján asked if legislators could participate. Dr. Gelman replied yes.

Mr. Luján asked that Dr. Gelman forward that email to all legislators as many may want to participate.

Ms. Bonelli asked if there were enough Yiddish translators with the Town of Palm Tree currently in the "red zone" communication with respect to contact tracing is paramount. Dr. Gelman replied that they have not had an issue with preliminary communicable disease investigation; however, they have noted are individuals not responding to us or declining upon answering the phone which has resulted in a number of subpoenas. The New York State contract tracing component is conducted by the New York State Department of Health and they have many translators and they have not identified the language as being a barrier to contact tracing.

Ms. Bonelli asked if it was more of a concern that they are not answering the doors. Dr. Gelman replied yes.

Ms. Bonelli suggested that Dr. Gelman contact the various organizations within the Town of Palm Tree as they could facilitate and possibly open those doors a little easier.

Dr. Gelman asked that Ms. Bonelli forward a list of those organization to the Health Department as they would be glad to work with anyone to increase outreach.

Mr. Amo commented that arithmetically it's obvious that if they do not test they are going to have fewer cases and as a percentage and rolling average they would be below the red zone and look like a gold star community but if another community is testing aggressively they will look like a "red zone" which is a flaw in the arithmetic rolling average model. The newspaper has alluded to an elective process in the aforementioned "red zone" that states that even though they are feeling ill they can choose not to be tested or be tested. What policy does Orange County have in place to track the issue of people really being tested and not avoiding being tested in their local municipalities. Dr. Gelman replied any orders or policies would be countywide policies and not subdivided to a particular area of the county regardless of population, density and/or any other factors. Currently in terms of testing, the mandatory testing component would be for elective procedures and labor and delivery. They are currently seeing that some level of testing is being done but the testing they are seeing is predominantly in the mandatory testing categories. They are seeing an overall decline in testing based on communicable disease investigations and they are seeing an emergent phenomenon where individuals in the household are not being identified when they are calling so they do not know the number of individuals in that household which drastically limits their response measures. They are able to place that lab positive result into mandatory isolation orders; however, they are unable to isolate the remaining household individuals because they have not disclosed the additional household members when contacted and where they have had to issue subpoenas for individuals to reply and answer those questions. They can then conduct the contact tracing component because that data has been entered into the system. With respect to measures, a commissioner's order was drafted for reporting by providers of declination and testing. They did have data that was provided by multiple local licensed medical providers to her and the state and they are concerned because while they are seeing the mandatory testing component for elective procedures and labor and delivery and large increase in declinations of testing of those individuals presenting to clinics with symptoms consistent with COVID-19 after being offered, the viral panel providers have reported that they are seeing a declination of the entire viral panel including COVID-19 or specifically, declining the test for COVID-19 but taking the tests for the flu and strep throat. General reporting remains a concern especially in congregate setting environments.

Mr. Amo asked if Dr. Gelman had any data that looks at the population of a municipality and extracts out anyone with an elected and/or emergency procedure and labor and delivery and look at the remaining tests for that municipality to determine the ratio. In his opinion, that would be helpful as it could tell them who is below the level of testing, but this area is above which could help them to learn where the problem areas are. Dr. Gelman replied that from September 27, 2020 to October 26, 2020 Orange County reported 54,035 tests, 1,374 tested positive, the total number of Town of Palm Tree residents testing positive was 439, the total cases since the start of the pandemic was 13,418, confirmed deaths 507 and a case fatality rate of 3.77%. In order to do what Mr. Amo has suggested they would literally have to take all of the data to date and for the Town of Palm Tree they have had 1,566 lab confirmed positive cases; however, the only reported deaths from COVID-19 to the Orange County Department of Health was 8 and a case fatality rate of .51%. That half a percentage is not only improbable but impossible.

Mr. Amo interjected stating that he was questioning the Orange County Department of Health's methodology not whether a municipality is good or bad. He would like to know how they cut across the data.

Dr. Gelman replied that they do not look at cross cuts of data for any one entity and when they conduct a communicable disease investigation, they see that data as test positive.

Mr. Amo asked if Dr. Gelman has the authority as the Commissioner of Health for Orange County to close schools. He was confused because a recent news article stated that she did not, only the governor. Dr. Gelman replied that the article Mr. Amo was alluding to stated that County Executives, Mayors and local officials which fall under the executive branch do not have the power to close schools. She does have the authority under Public Health Law if any individual poses a threat to public health; however, the New York State Commissioner of Health can veto the order.

Mr. Amo stated that he was pleased to hear that as it could save lives.

Mr. O'Donnell asked if Dr. Gelman could expand on the newborn that was born with COVID-19. Dr. Gelman replied that the child tested positive on September 26, 2020. They could provide de-identified patient data on how many days post-delivery that they tested positive; however, they could not supply anything specific to that case.

Mr. O'Donnell asked if the mother was positive for COVID-19 at the time of birth. Dr. Gelman replied yes.

Mr. O'Donnell asked if they were using retired county employees for the call center. Dr. Gelman replied that they are current county employees who have been reassigned to the Department of Health to assist with communicable disease investigations due to the volume in cases.

Mr. O'Donnell asked for the number of employees that are coming from other departments. Mr. Ericson replied nine per day.

Mr. O'Donnell asked how it was determined that they were not needed in that department. Mr. Ericson replied that they are needed in their specific department which can be an issue.

Mr. O'Donnell suggested they contact the Department of Human Resources for a list of retirees this would allow them to get the help they need without using needed county employees. Mr. Ericson replied that they are using contracted employees, but they would investigate Mr. O'Donnell's suggestion.

Mr. O'Donnell asked if they track the number of people that refuse/declined the COVID-19 test. Dr. Gelman replied no but they have sent a draft of a commissioner's order to the New York State Department of Health requesting aggregate data with no identifiers from health providers on a weekly basis, but they are waiting on approval.

Mr. O'Donnell asked if HIPPA regulations could effect it. Dr. Gelman replied that it was up to their discretion and their order states that if the individual had symptoms consistent with COVID-19 such as exposure history and fits the clinical criteria for COVID-19 testing.

Ms. Sutherland asked about the contact tracing timeline. Dr. Gelman replied that it depends on case volume as it is very time consuming. They have had weeks and days where they have had over one hundred cases which does take longer. Every contact discovered must be entered into the states database so that the state can follow-up through the contact tracing.

Dr. Gelman presented the 2021 recommended budget for the Department of Health.

Mr. O'Donnell stated that in 2019 the department had 79 employees and in 2020 they started with 81 employees but currently have 85 employees. They requested two additional positions that were denied by the County Executive; however, he would like to know more about those two positions.

Mr. Ericson explained that the Public Health Investigator would be used in the STD group and the Principal Account Clerk was needed to do every day busy work in the office. These are the types of positions that unfortunately over the years they have seen these positions take a hit which in turn hurts certain areas. In addition, STD's are not decreasing in the county and the Public Health Investigator would be assigned to STD's but they are also working on the COVID-19 response.

Mr. O'Donnell asked what the effect would be on the Health Department if the Public Health Investigator position was not filled. Mr. Ericson replied that it reduces their time to respond in an investigation. While everything is taking a hit because a majority of their resources are going toward COVID-19; however, their ability to respond to and Sexually Transmitted Disease (STD) and/or Sexually Transmitted Investigation (STI) can drag on for weeks.

Mr. O'Donnell asked that Dr. Gelman submit to Leigh J. Benton, Chairman of the Ways and Means committee the reasons for the Public Health Investigator position including the information discussed today and any addition information deemed necessary to influence their decision to include it into the 2021 budget.

Mr. Ericson explained that there was a reduction of \$133,000.00 in the equipment line for the Medical Examiner. This was for x-ray equipment and after further review during budget meetings it was determined that it should be added to their capital plan and it will be discussed further with Budget Director, Debbie Slesinski during their Capital Plan review.

Mr. Luján moved to accept the 2021 recommended budget for the Department of Health, seconded by Mr. Tuohy.

Motion carried. All in favor.

Dr. Gelman presented the 2021 recommended budget for the Medical Examiner.

Mr. Luján moved to approve the 2021 recommended budget for the Medical Examiner, seconded by Mr. Tuohy.

Motion carried. All in favor.

Mr. Luján moved to approve the 2021 Capital Plan for the Medical Examiner, seconded by Mr. Tuohy.

Ms. Slesinski explained that the capital committee had already concluded when the requisition was brought forward and based on its useful life and cost she felt it would be better to have it put through as a capital project.

Mr. Ventre added that there would be no maintenance on the existing equipment as the contract expires in September 2021.

Motion carried. All in favor.

Ms. Slesinski asked if a motion was made to include the x-ray equipment into the capital plan.

Mr. O'Donnell moved to include the new X-Ray machine into the 2021 Capital Plan for the Medical Examiner, seconded by Mr. Tuohy.

Motion carried. All in favor.

Mr. O'Donnell moved to approve the amended 2021 Capital Plan for the Medical Examiner, seconded by Mr. Tuohy.

Motion carried. All in favor.

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 New York State Office of Mental Health has been awarded funding to assist with addressing the behavioral health impact of COVID-19. Orange County is one of 10 counties across the state eligible based on COVID-19 cases for implementation of Project Hope, a program of disaster mental health services funded through the Federal Emergency Management Administration (FEMA), and jointly overseen by FEMA and the Center for Mental Health Services (CMHS). The purpose of the crisis counseling program is to help disaster victims recognize that, in most cases, their emotional reactions are normal and to develop coping skills that will allow them to resume their pre-disaster level of functioning and equilibrium. The FEMA/CMHS Crisis Counseling Program (CCP) supports short-term interventions with individuals and groups experiencing psychological sequelae to large scale disasters. These interventions involve the counseling goals of: Assisting disaster survivors in understanding their current situation and reactions, Mitigating additional stress, assisting survivors in reviewing their options, Promoting the use of or development of coping strategies, Providing emotional support and encouraging linkages with other individuals/agencies who may help survivors recover to their pre-disaster level of functioning. They have recommended the following three agencies to contract directly with the state to put these responses teams together and provide services across the county: Mental Health Association of Orange County, ACCESS Supports for Loving, and Independent Living Center and as the commissioner she is on the New York State Steering Committee for the implementation of this initiative. In addition, the New York State Executive Orders to support telehealth have been extended, New York State Health Department Guidance is restricting visitation in congregate care homes in red/orange areas and there is no update regarding the New York State 20% withhold.

Ms. Miller presented the 2021 recommended budget for the Department of Mental Health.

Mr. Amo moved to accept the 2021 recommended budget for the Department of Mental Health, seconded by Mr. Luján.

Motion carried. All in favor.

The meeting adjourned at 5:33 p.m.