

# ULSTER COUNTY BOARD OF HEALTH

October 18, 2022

## AGENDA

### CALL TO ORDER

#### 1. OLD BUSINESS

- a. Approval of September 2022 Minutes
- b. Open Meeting Law

#### 2. Commissioner's Report (Dr. Smith)

- a. Community Health Assessment Update (Mr. Martello)
- b. COVID Update
- c. Monkeypox Update
- d. Polio Update
- e. Medical Examiner Report
- f. 2023 Budget

### MEETING CONCLUSION



Ulster County Board of Health  
October 18, 2022  
5:00 p.m.  
Golden Hill Office Building  
239 Golden Hill Lane  
Kingston, NY 12401

**PRESENT:** Dr. Marta Sanchez, Dr. Ashanda Saint Jean, Stephanie Turco

**EXCUSED:** Dr. Gina Carena, Kathleen Rogan, Naomi Stevens

**ABSENT:**

**UCDOH:** Dr. Carol Smith- Commissioner of Health

**GUEST:** Vin Martello, Director of Community Health Relations

**Call To Order:** 5:12PM

**Old Business**

- a. **Approval of Minutes:** The vote to approve the minutes from the September 13, 2022 meeting was tabled due to a lack of a quorum.

**Commissioner's Update:** Dr Smith reported on the following:

- a. **Prevention Agenda:** Dr. Smith introduced Vin Martello, UCDOH Director of Community Health Relations. Mr. Martello gave an overview of the Prevention Agenda to the Board (see attached). Mr. Martello also provided a link to the Community Health Assessment for their review.  
[https://ulstercountyny.gov/sites/default/files/documents/health/FINAL\\_Mid-Hudson%20Regional%20Community%20Health%20Assessment%202019-2021.pdf](https://ulstercountyny.gov/sites/default/files/documents/health/FINAL_Mid-Hudson%20Regional%20Community%20Health%20Assessment%202019-2021.pdf)
- b. **COVID Update:**
  - Reviewed the most recent COVID numbers (see attached).
  - Ulster County Department of Health (UCDOH) is continuing to see positive cases daily.
  - Actively promoting the bivalent booster.
  - PODs continue to be held once a week at the Best Buy site. Appointments can be made online through the County website.
  - It is uncertain how long PODs will continue. The County is evaluating the need monthly.
- c. **Other Communicable Disease Updates:**
  - Polio Update: Testing for Polio in wastewater continues in Kingston and New Paltz wastewater treatment plants. To date, there are no positive results for Polio.

- Monkeypox Update: Dr. Smith reported that UCDOH provides the Jynneos vaccine in-house to those individuals that feel they need it. 67 doses of the vaccine have been administered.

d. **Medical Examiner Stats:**

- The report was disturbed to the Board (see attached).
- Suicide prevention is a focus in this County. The Department of Health works collaboratively with the Department of Mental Health on this prevention focus.

e. **Other DOH Business:**

- Dr. Smith announced to the Board that she will be asking members of her management team to attend Board Meetings on a rotating basis. Individuals will have the opportunity to speak to the Board about the work within their divisions. Lissette McNulty, Director of Patient Services, will attend the November meeting.
- The UCDOH 2023 budget was submitted to the County Executive's Office for review. DOH had requested (6) additional positions but were given (3). (1) Senior PH Engineer, (1) Environmental Health Manager and (1) Supervising Public Health Nurse were approved at the Executive level. (1) Records Clerk, (1) Receptionist and (1) Supervising Public Health Nurse were not approved. Next step is for the County Executive to submit the proposed budget to the UC Legislature for final review, revisions, and approval.

- f. **Open Meeting Law:** Discussed the Law and Governor's lifting of the use of virtual meetings back to in-person meetings (see attached).

6. **Adjournment:** Motion was not made to adjourn the meeting due to a lack of a quorum.

7. **Next Meeting:** Scheduled for Tuesday, November 15, 2022, at 5:00 PM, Golden Hill Office Building, 239 Golden Hill Lane, Kingston, NY 12401.

Respectfully submitted by:



Stephanie Turco, LCSW - Board of Health Chair



# Prevention Agenda 2019-2024: New York State's Health Improvement Plan

The Prevention Agenda 2019-2024 is New York State's health improvement plan, the blueprint for state and local action to improve the health and well-being of all New Yorkers and to promote health equity in all populations who experience disparities. In partnership with more than 100 organizations across the state, the Prevention Agenda is updated by the New York State Public Health and Health Planning Council at the request of the Department of Health. This is the third cycle for this statewide initiative that started in 2008. New to this 2019-2024 cycle is the incorporation of a [Health Across All Policies](#) approach, initiated in 2017, which calls on all State agencies to identify and strengthen the ways that their policies and programs can have a positive impact on health. It embraces Healthy Aging to support New York's commitment as the first age-friendly state.

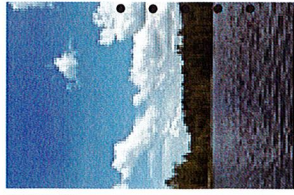
- [Prevention Agenda 2019-2024: An Overview](#) (PDF, 317KB, 16pp.)
- The [Prevention Agenda Dashboard](#) - Tracking the Prevention Agenda's Progress.
- [New York State Health Assessment 2018](#)
- [Development Process of the Prevention Agenda 2019-2024](#)
- Note the left side bar contains links to additional information in support of the Prevention Agenda including data, contact information, and other planning resources.

## Action Plans



### [Prevent Chronic Diseases Action Plan](#)

- [Focus Area 1](#) - Healthy Eating and Food Security
- [Focus Area 2](#) - Physical Activity
- [Focus Area 3](#) - Tobacco Prevention
- [Focus Area 4](#) - Chronic Disease Preventive Care and Management



### [Promote a Healthy and Safe Environment Action Plan](#)

- [Focus Area 1](#) - Injuries, Violence and Occupational Health
- [Focus Area 2](#) - Outdoor Air Quality
- [Focus Area 3](#) - Built and Indoor Environments
- [Focus Area 4](#) - Water Quality
- [Focus Area 5](#) - Food and Consumer Products

### [Promote Healthy Women, Infants and Children Action Plan](#)



- [Focus Area 1](#) - Maternal and Women's Health
- [Focus Area 2](#) - Perinatal and Infant Health
- [Focus Area 3](#) - Child and Adolescent Health
- [Focus Area 4](#) - Cross Cutting Healthy Women, Infants, and Children



**[Promote Well-Being and Prevent Mental and Substance Use Disorders Action Plan](#)**

- [Focus Area 1](#) - Well-Being
- [Focus Area 2](#) - Mental and Substance Use Disorders Prevention



**[Prevent Communicable Diseases Action Plan](#)**

- [Focus Area 1](#) - Vaccine Preventable Diseases
- [Focus Area 2](#) - Human Immunodeficiency Virus (HIV)
- [Focus Area 3](#) - Sexually Transmitted Infections (STIs)
- [Focus Area 4](#) - Hepatitis C Virus (HCV)
- [Focus Area 5](#) - Antibiotic Resistance and Healthcare-Associated Infections

**Additional information**

- [Prevention Agenda 2019-2024: New York State's Health Improvement Plan](#) (PDF, 9.6MB, 257pp.)
- [Prevention Agenda 2019-2024: Priorities, Focus Areas, Goals](#) (PDF, 69KB, 1p.)
- Historical State Health Improvement Plans
  - [Prevention Agenda 2013-2018](#)
  - [Prevention Agenda 2008-2012](#)

**[Translation Services](#)**

This page is available in other languages

#1

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, May 31, 2022 12:08:51 PM  
**Last Modified:** Tuesday, May 31, 2022 1:47:18 PM  
**Time Spent:** 01:38:27  
**IP Address:** 162.212.104.2

Page 1: Introduction

**Q1**

Overall Evaluation Criteria. When thinking about an intervention you might like to propose for inclusion in Ulster County's Community Health Improvement Plan, please check as many criteria as apply

The intervention falls into one or more of the 5 NYS Prevention Agenda Priorities (from the NYS Prevention Agenda website)

The intervention addresses an identified poor health or behavioral health outcome in Ulster County, in comparison to the Mid-Hudson Region, and NYS (excluding NYC), per all available data sources

The intervention addresses an identified health disparity or health equity issue in Ulster County

The intervention is an evidence based practice, already implemented in UC, with a proven record of effectiveness

The intervention is a best or promising practice that is at or beyond early stages of implementation here in UC and reliable data and measurements are available to demonstrate effectiveness

There are identified and sound data, metrics and processes that have been identified or under development to measure intervention progress, milestones and results

**Q2**

Please enter the name of your proposed Intervention

Test



**Q10**

**Not Applicable**

Have you identified data and metrics with which to measure progress and results for your proposed intervention?

**Q11**

**No, and we cannot develop, implement, enhance or continue it unless more funding and resources become available**

Does your organization have sufficient funding and resources in place to develop/enhance/continue your proposed intervention or will you require additional funding and community resources in order for it to successfully meet its goals?

**Q12**

Please enter the name of the Lead Organization for your proposed intervention

Stacy's Test

**Q13**

Lead Contact Person's Name

slghehthiuo

**Q14**

Lead Contact Person's Email Address

sterhiolng

**Q15**

Other Community Partners (if any), in addition to the Lead Organization, who are or may become involved in your proposed intervention

fanskotenagjk



**Q3**

Please provide a very brief description of your proposed intervention

Assist medical and behavioral health care organizations (mental health and substance use disorders) and provider groups in establishing policies, procedures and workflows to facilitate the delivery of tobacco dependence treatment, consistent with the Public Health Service Clinical Practice Guidelines, with a focus on Federally Qualified Health Centers, Community Health Centers and behavioral health providers.

**Q4**

In what time frame will the intervention take place?

Start Date

05/01/2021

End Date

04/30/2024

**Q5**

Please indicate the current status of your proposed intervention (check as many as apply)

**Evidence Based,**

**Promising/Best Practice,**

**Already implemented in UC and demonstrating effectiveness**

**Q6**

The NYS Prevention Agenda Priority Area(s), (from the NYS Prevention Agenda website) that your proposed intervention fits into (check as many as apply)

**Prevent Chronic Diseases Action Plan**

**Q7**

Please enter the Focus Area listed under each NYS Prevention Agenda Priority on the NYS Prevention Agenda website, that your intervention is associated with

Focus Area 3: Tobacco Prevention, Goal 3.2: Promote tobacco use cessation

**Q8**

Which poor health or behavioral health outcome in UC does your proposed intervention address (where UC fares worse than the MH Region and NYS (excluding NYC)

Adult smoking rate, Incidence Lung cancer and other cancer rate and mortality associated with them, cardiovascular morbidity and mortality, chronic lower respiratory disease morbidity and mortality

**Q9**

Please enter a one sentence description of a health disparity (if any) in UC that your proposed intervention addresses or seeks to address. If none, please write NONE

Tobacco related health disparity among those with substance use disorder/behavioral health related

# #3

**COMPLETE**

**Collector:** Web Link 2 (Web Link)  
**Started:** Tuesday, July 26, 2022 9:24:18 AM  
**Last Modified:** Tuesday, July 26, 2022 9:47:13 AM  
**Time Spent:** 00:22:54  
**IP Address:** 64.72.74.50

Page 1: Introduction

## Q1

Overall Evaluation Criteria. When thinking about an intervention you might like to propose for inclusion in Ulster County's Community Health Improvement Plan, please check as many criteria as apply

The intervention falls into one or more of the 5 NYS Prevention Agenda Priorities (from the NYS Prevention Agenda website)

The intervention addresses an identified poor health or behavioral health outcome in Ulster County, in comparison to the Mid-Hudson Region, and NYS (excluding NYC), per all available data sources

The intervention addresses an identified health disparity or health equity issue in Ulster County

The intervention is an evidence based practice, already implemented in UC, with a proven record of effectiveness

## Q2

Please enter the name of your proposed Intervention

Creating Healthy Schools and Communities

## Q3

Please provide a very brief description of your proposed intervention

Creating Healthy Schools and Communities (CHSC) is a NYSDOH PSE program that supports policy, system, and environmental across multiple domains of life, including nutrition in community and worksites, active transportation, and nutrition/physical activity in Kingston City School District schools and early care and education centers.

## Q4

In what time frame will the intervention take place?

Start Date	06/01/2021
End Date	05/31/2026

**Q12**

Please enter the name of the Lead Organization for your proposed intervention

City of Kingston

**Q13**

Lead Contact Person's Name

Kristin Kessler

**Q14**

Lead Contact Person's Email Address

kkessler@kingston-ny.gov

**Q15**

Other Community Partners (if any), in addition to the Lead Organization, who are or may become involved in your proposed intervention

Cornell Cooperative Extension of Ulster County, Family of Woodstock

**Q2**

Please enter the name of your proposed Intervention

Care navigation services to promote cancer screenings in an FQHC

**Q3**

Please provide a very brief description of your proposed intervention

As a subcontractor to Ellenville Rural Health Network's four-year HRSA grant to provide cancer prevention services, IFH will hire a full-time care navigator to identify patients due, or overdue, for cervical, breast, or colon cancer screenings, and link them to services. The CN will provide individual education to patients, assistance with accessing screening and follow up services, and feedback to providers on patients' screening outcomes.

**Q4**

In what time frame will the intervention take place?

Start Date	10/01/2022
End Date	08/31/2026

**Q5**

Please indicate the current status of your proposed intervention (check as many as apply)

- Promising/Best Practice,**
- Already implemented in UC and demonstrating effectiveness**
- Already implemented in UC, demonstrating effectiveness but in need of enhancement and more resources**

**Q6**

The NYS Prevention Agenda Priority Area(s), (from the NYS Prevention Agenda website) that your proposed intervention fits into (check as many as apply)

**Prevent Chronic Diseases Action Plan**

**Q7**

Please enter the Focus Area listed under each NYS Prevention Agenda Priority on the NYS Prevention Agenda website, that your intervention is associated with

Chronic Disease Preventive Care and Management – Increase cancer screening rates Work with health care providers/clinics to put systems in place for patient and provider screening reminders (e.g., letter, postcards, emails, recorded phone messages, electronic health records [EHR] alerts). Conduct one-on-one (by phone or in-person) and group education (presentation or other interactive session in a church, home, senior center or other setting). Work with clinical providers to assess how many of their patients receive screening services and provide them feedback on their performance (Provider Assessment and Feedback).



**Q15**

Other Community Partners (if any), in addition to the Lead Organization, who are or may become involved in your proposed intervention

Ellenville Rural Health Network

**Q1**

Overall Evaluation Criteria. When thinking about an intervention you might like to propose for inclusion in Ulster County's Community Health Improvement Plan, please check as many criteria as apply

The intervention falls into one or more of the 5 NYS Prevention Agenda Priorities (from the NYS Prevention Agenda website)

The intervention addresses an identified poor health or behavioral health outcome in Ulster County, in comparison to the Mid-Hudson Region, and NYS (excluding NYC), per all available data sources

The intervention addresses an identified health disparity or health equity issue in Ulster County

The intervention is an evidence based practice, already implemented in UC, with a proven record of effectiveness

The intervention is an evidence based practice, not yet implemented in UC; fits into a NYSPA priority area; addresses a poor health outcome and/or health disparity, and your organization is considering bringing it to our community

The intervention is a proposed innovation model that does not yet exist here in UC, but a strong case can be made for how it fits into one or more NYS Prevention Agenda priorities: it addresses one of more significant poor health or behavioral health outcomes in UC, there a sufficient organizational and community wide resources to help develop and implement it

The intervention can be developed and implemented, or enhanced if already implemented and demonstrates a good chance of producing measurable results and progress (in terms of return on investment of community partner time, energy and resources) required to address priority goals, outcomes and disparities

There are identified and sound data, metrics and processes that have been identified or under development to measure intervention progress, milestones and results

**Q9**

Please enter a one sentence description of a health disparity (if any) in UC that your proposed intervention addresses or seeks to address. If none, please write NONE

UC smoking rates for low income and minority households are over 30% higher than for non-minority and higher income households

**Q10**

**Under Development**

Have you identified data and metrics with which to measure progress and results for your proposed intervention?

**Q11**

**Yes**

Does your organization have sufficient funding and resources in place to develop/enhance/continue your proposed intervention or will you require additional funding and community resources in order for it to successfully meet its goals?

**Q12**

Please enter the name of the Lead Organization for your proposed intervention

TFAC-Tobacco Free Action Communities

**Q13**

Lead Contact Person's Name

Ellen Reinhard

**Q14**

Lead Contact Person's Email Address

ellen.reinhard@hahv.org

**Q15**

Other Community Partners (if any), in addition to the Lead Organization, who are or may become involved in your proposed intervention

Center for a Tobacco Free NY, Ulster Prevention Council

**Q3**

Please provide a very brief description of your proposed intervention

Clinician/case manager teams working with middle school students countywide as well as their families.

**Q4**

In what time frame will the intervention take place?

Start Date 10/01/2022  
End Date 12/31/2023

**Q5**

Please indicate the current status of your proposed intervention (check as many as apply)

Promising/Best Practice,  
Already under development

**Q6**

The NYS Prevention Agenda Priority Area(s), (from the NYS Prevention Agenda website) that your proposed intervention fits into (check as many as apply)

Promote Healthy Women, Infants and Children Action Plan  
,  
Promote Well-Being and Prevent Mental and Substance Use Disorders Action Plan

**Q7**

Please enter the Focus Area listed under each NYS Prevention Agenda Priority on the NYS Prevention Agenda website, that your intervention is associated with

Focus Area 2 - Mental and Substance Use Disorders Prevention

**Q8**

Which poor health or behavioral health outcome in UC does your proposed intervention address (where UC fares worse than the MH Region and NYS (excluding NYC)

Unsure where to find this data

**Q9**

Please enter a one sentence description of a health disparity (if any) in UC that your proposed intervention addresses or seeks to address. If none, please write NONE

Unsure

**Q10**

Yes

Have you identified data and metrics with which to measure progress and results for your proposed intervention?



#7

**COMPLETE**

**Collector:** Web Link 2 (Web Link)  
**Started:** Monday, October 03, 2022 4:29:06 PM  
**Last Modified:** Monday, October 03, 2022 4:38:22 PM  
**Time Spent:** 00:09:15  
**IP Address:** 67.243.81.83

Page 1: Introduction

**Q1**

Overall Evaluation Criteria. When thinking about an intervention you might like to propose for inclusion in Ulster County's Community Health Improvement Plan, please check as many criteria as apply

**The intervention falls into one or more of the 5 NYS Prevention Agenda Priorities (from the NYS Prevention Agenda website)**

**Q2**

Please enter the name of your proposed Intervention

Harm Reduction Street Outreach

**Q3**

Please provide a very brief description of your proposed intervention

enhance community outreach, provide access to harm reduction and linkage to treatment and recovery services to individuals who are high risk for overdose.

**Q4**

In what time frame will the intervention take place?

Start Date	<b>01/01/2023</b>
End Date	<b>01/01/2026</b>

**Q5**

Please indicate the current status of your proposed intervention (check as many as apply)

**Already implemented in UC and demonstrating effectiveness**

**Q6**

The NYS Prevention Agenda Priority Area(s), (from the NYS Prevention Agenda website) that your proposed intervention fits into (check as many as apply)

**Promote Well-Being and Prevent Mental and Substance Use Disorders Action Plan**

**Q14**

Lead Contact Person's Email Address

jhot@co.ulster.ny.us

**Q15**

Respondent skipped this question

Other Community Partners (if any), in addition to the Lead Organization, who are or may become involved in your proposed intervention

## Ulster County CHIP Priority Intervention Assessment Tool

### Introduction

The purpose of this tool is to assist community partners in identifying and evaluating interventions for possible inclusion in Ulster County's upcoming, new Community Health Improvement Plan. There are no wrong answers, however answers will be discussed and reviewed by the leadership team to determine if a given intervention fits into one of the 5 NYS Prevention Agenda Priority areas; if it addresses a poor health/behavioral health outcome in UC; if it addresses a health disparity, and if implementing or enhancing it can produce measurable positive results within a 3-year timeframe. It is strongly suggested that you review the NYS Prevention Agenda website, for reference, before completing this survey

**\* 1. Overall Evaluation Criteria. When thinking about an intervention you might like to propose for inclusion in Ulster County's Community Health Improvement Plan, please check as many criteria as apply**

- The intervention falls into one or more of the 5 NYS Prevention Agenda Priorities (from the NYS Prevention Agenda website)
- The intervention addresses an identified poor health or behavioral health outcome in Ulster County, in comparison to the Mid-Hudson Region, and NYS (excluding NYC), per all available data sources
- The intervention addresses an identified health disparity or health equity issue in Ulster County
- The intervention is an evidence based practice, already implemented in UC, with a proven record of effectiveness
- The intervention is an evidence based practice, not yet implemented in UC; fits into a NYSPA priority area; addresses a poor health outcome and/or health disparity, and your organization is considering bringing it to our community
- The intervention is a best or promising practice that is at or beyond early stages of implementation here in UC and reliable data and measurements are available to demonstrate effectiveness
- The intervention is a best or promising practice that is at or beyond early stages of implementation outside of UC and reliable data and measurements are available to demonstrate effectiveness
- The intervention is a proposed innovation model that does not yet exist here in UC, but a strong case can be made for how it fits into one or more NYS Prevention Agenda priorities: it addresses one of more significant poor health or behavioral health outcomes in UC, there a sufficient organizational and community wide resources to help develop and implement it
- The intervention can be developed and implemented, or enhanced if already implemented and demonstrates a good chance of producing measurable results and



progress (in terms of return on investment of community partner time, energy and resources) required to address priority goals, outcomes and disparities

- There are identified and sound data, metrics and processes that have been identified or under development to measure intervention progress, milestones and results

**\* 2. Please enter the name of your proposed Intervention:** \_\_\_ Reduction of the Low-Risk Cesarean Rate in Ulster County \_

**3. Please provide a very brief description of your proposed intervention:** \_

In an effort to address health disparities within maternal health and improve the maternal experience of HAHV's (HealthAlliance of the Hudson Valley hospital) patients, we have developed a strategic plan aimed to decrease the low risk C-section (Cesarean delivery) rate in Ulster County. In the US, births by C-section has steadily increased over the last two decades, while New York state had one of the highest overall C-section rates in the nation, at 32%, in 2018. Data for Ulster County showed similar trends and rates to the national and state data. Moreover, Black and Hispanic women reported higher rates of C-sections compared to White women, indicating maternal health disparities among minority women living in Ulster County.

C-section is a surgical procedure used to deliver a baby. Planning for a C-section might be necessary if there are certain complications in a high-risk pregnancy, or when there is an urgent safety concern for mother or baby and immediate delivery is the only option. While this procedure has saved countless lives, like any major surgery, it could carry extra risks and complications for the patients. It is therefore imperative that all preventative measures are taken prior to labor to ensure that the pregnancies remain low-risk to prevent avoidable C-sections. Common criteria for low-risk pregnancies include:

- Being a first time mother;
- Carrying a full-term pregnancy;
- Carrying a single baby; and
- The baby has a vertex presentation (the head of the fetus most commonly faces to the right and slightly to the rear).

Data have shown, however, that despite expectant mothers having met these criteria, some still had C-sections, in many cases due to a conversion from a low-risk to a high-risk pregnancy. Contributing factors for the transition of a low-risk to a high-risk pregnancy include maternal physical and behavioral health causes, as well as social determinants of health (SDOH) factors. Some of these factors are: none or lack of prenatal care, maternal obesity, maternal gestational diabetes, preeclampsia, preterm labor and having history of preterm delivery, having an opioid use disorder, and having pre-existing medical conditions that can cause maternal mortality. A pregnancy remains low-risk when it does not have any active complications or any maternal or fetal factors that would place the pregnancy at an increased risk for complications.



The purpose of this intervention is to mitigate and eliminate some of these potential complications to reduce low-risk cesarean rate for expectant mothers in Ulster County with a multi-strategic approach at HAHV. HAHV has implemented these initiatives with notable success over the years and planned to continue on this trajectory to further reduce the cesarean rate for low risk pregnancies, and overall, the maternal population. These initiatives include:

- Enroll Obstetrics (OB) staff: nursing staff, residents, Family Medicine Attending Physicians, OB Attending Physicians, and Midwives, to be trained in an interactive online training platform, *Relias'* performance modules, which promote vaginal birth and fetal heart rate monitoring;
- Offer expectant mothers prenatal obstetrics consultations, including anesthesia consultation to evaluate high-risk stratified patients and determine candidacy for deliver at HAHV, as well as patient education opportunities to raise awareness about how to prepare for a healthy pregnancy and to promote natural, vaginal childbirth;
- Necessitate the usage of the revised C-section checklists, such as the Labor Induction and C-Section Scheduling Forms, as part of a standardized process and workflow among providers to enable prenatal record and ultrasonography review; and
- Implement Peer-to-Peer Discussion prior to unscheduled, non-urgent C-sections to ensure evidence-based care practice guidelines, in accordance to the American College of Obstetricians and Gynecologists (ACOG), are properly followed.

In addition, through collaborations with community partners, HAHV increases the number of enrolled expectant mothers into prenatal care. HAHV also links Opioid Use Disorder patients to Peer Support Services, Postpartum Doula Care, Referrals/Scheduling for MAT, Family Pantry, Transportation Links and Housing Referrals to address their SDOH needs. Finally, HAHV works closely with a NYS Certified Community Health Care Navigator in Ulster County to enhance community outreach efforts and to serve as a resource for these expectant mothers.

Through the implementation of these initiatives, from 2018 - 2021, the rate for first birth, low-risk C-sections at HAHV has decreased from 40.7% to 29.4%. Through this continued intervention, HAHV projects a low-risk C-section rate of less than 25% by December, 2024.

**\* 4. In what time frame will the intervention take place?**

Start Date: 01/01/2023

End Date: 12/31/2024

**\* 5. Please indicate the current status of your proposed intervention (check as many as apply)**

- Evidence Based
- Promising/Best Practice
- Innovation Model

- Already implemented in UC and demonstrating effectiveness
- In planning stages
- Already under development
- Already implemented in UC, demonstrating effectiveness but in need of enhancement and more resources

**\* 6. The NYS Prevention Agenda Priority Area(s), (from the NYS Prevention Agenda website) that your proposed intervention fits into (check as many as apply)**

- Prevent Chronic Diseases Action Plan
- Promote a Healthy and Safe Environment Action Plan
- Promote Healthy Women, Infants and Children Action Plan
- Promote Well-Being and Prevent Mental and Substance Use Disorders Action Plan
- Prevent Communicable Diseases Action Plan

**\* 7. Please enter the Focus Area listed under each NYS Prevention Agenda Priority on the NYS Prevention Agenda website, which your intervention is associated with: \_**

Focus Area 1 – Maternal and Women’s Health

**\* 8. Which poor health or behavioral health outcome in UC does your proposed intervention addresses (where UC fares worse than the MH Region and NYS (excluding NYC):\_**

- Percentage of women who report ever talking with a health care provider about ways to prepare for a healthy pregnancy;
- Maternal mortality.

**\* 9. Please enter a one sentence description of a health disparity (if any) in UC that your proposed intervention addresses or seeks to address. If none, please write NONE:**

- According to HAHV’s data for Ulster County, which are similar to the national and NYS data, Black and Hispanic women have higher rates of C-sections compared to White women and women of other race/ethnicity.

**\* 10. Have you identified data and metrics with which to measure progress and results for your proposed intervention?**

- Yes
- No
- Under Development

**\* 11. Does your organization have sufficient funding and resources in place to develop/enhance/continue your proposed intervention or will your require additional funding and community resources in order for it to successfully meet its goals?**

- Yes



- No, we can handle it but additional funding and resources would significantly enhance its effectiveness
- No, and we cannot develop, implement, enhance or continue it unless more funding and resources become available

**\* 12. Please enter the name of the Lead Organization for your proposed**

**intervention:** HealthAlliance of the Hudson Valley Hospital

**\* 13. Lead Contact Person's Name:**         

Dr. Ashanda Saint Jean, MD, FACOG; Chair, Department of Obstetrics and Gynecology  
HealthAlliance of the Hudson Valley

**\* 14. Lead Contact Person's Email Address:** Ashanda.SaintJean@wmchealth.org

**15. Other Community Partners (if any), in addition to the Lead Organization, who are or may become involved in your proposed intervention:**         

Community partners for this proposed intervention include:

- The Neonatal Abstinence Syndrome (NAS) Program at Margaretville Hospital to enroll expectant mothers in prenatal care. NAS provides support to Opioid Use Disorder patients including Peer Support Services, Postpartum Doula Care, Referrals/Scheduling for MAT, Family Pantry, Transportation Links and Housing Referrals;
- The Maternal & Infant Community Health Collaborative (MICHC) through the Dutchess County Healthy Families, a program aimed at improving the health and well-being of high need women throughout their reproductive life years and improving birth outcomes; and
- The Public Policy and Education Fund of New York (PPFNY) by working with a NYS Certified Community Health Care Navigator in Ulster County.

# Ulster County Department of Health

## Medical Examiner's Office - Autopsy Cases

Date of Death between 1/1/2022 and 9/30/2022

Total Number of Cases: 129

<i>Cases by Gender</i>	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand Total
F	1	3	4	3	6	4	1	6	5	0	0	0	33
M	13	10	7	12	8	9	9	21	7	0	0	0	96
<b>Grand Total</b>	<b>14</b>	<b>13</b>	<b>11</b>	<b>15</b>	<b>14</b>	<b>13</b>	<b>10</b>	<b>27</b>	<b>12</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>129</b>

<i>Cases by Manner</i>	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand Total
Accidental	4	5	3	10	4	6	6	10	0	0	0	0	48
Homicide	1	0	0	0	0	0	0	0	2	0	0	0	3
Natural	7	8	6	1	8	4	4	11	2	0	0	0	51
Pending	0	0	0	0	0	1	0	5	6	0	0	0	12
Suicide	2	0	2	4	2	2	0	1	2	0	0	0	15
<b>Grand Total</b>	<b>14</b>	<b>13</b>	<b>11</b>	<b>15</b>	<b>14</b>	<b>13</b>	<b>10</b>	<b>27</b>	<b>12</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>129</b>

<i>Cases by Category</i>	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand Total
Alcohol	0	0	0	1	2	1	1	1	0	0	0	0	6
Blunt Force Trauma - non-MVA	0	0	0	0	1	1	0	0	0	0	0	0	2
Cardiovascular	2	6	3	0	2	1	2	9	1	0	0	0	26
Cardiovascular and Diabetes	1	0	2	0	1	0	0	0	0	0	0	0	4
Cardiovascular and Obesity	0	1	0	0	1	0	0	0	0	0	0	0	2
Diabetes	1	0	0	0	0	1	0	0	0	0	0	0	2
Drowning	0	0	0	1	0	0	0	1	0	0	0	0	2
Fall	0	0	0	0	0	0	1	1	0	0	0	0	2
Gunshot Wound	3	0	1	1	0	1	0	0	3	0	0	0	9
Hanging	0	0	0	1	0	0	0	0	0	0	0	0	1
Motor Vehicle Accident	0	1	2	2	1	1	1	0	0	0	0	0	8
Non-Opioid Substance	0	0	0	2	0	0	0	0	0	0	0	0	2
Non-Opioid Substance w/ Other Substances	0	0	0	2	1	1	0	0	0	0	0	0	4
Non-Opioid Substance w/ Other Substances and Alcohol	0	0	0	0	1	0	0	0	0	0	0	0	1
Obesity	0	0	0	0	0	0	0	1	0	0	0	0	1
Opioid	3	0	0	3	0	1	2	4	0	0	0	0	13
Opioid w/ Other Substances	0	3	0	2	2	3	1	3	0	0	0	0	14
Opioid w/ Other Substances and Alcohol	1	1	0	0	0	0	0	1	0	0	0	0	3
Other	2	1	2	0	2	1	2	1	1	0	0	0	12
Pending	0	0	0	0	0	1	0	3	1	0	0	0	5
Pending - Suspected Opioid	0	0	0	0	0	0	0	2	5	0	0	0	7
Pneumonia	1	0	1	0	0	0	0	0	0	0	0	0	2
Sharp Force Trauma	0	0	0	0	0	0	0	0	1	0	0	0	1
<b>Grand Total</b>	<b>14</b>	<b>13</b>	<b>11</b>	<b>15</b>	<b>14</b>	<b>13</b>	<b>10</b>	<b>27</b>	<b>12</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>129</b>



## Katrina Rocap

**From:** Tosca Sweeney  
**Sent:** Tuesday, October 18, 2022 8:40 AM  
**To:** COVID-19 Official Counts  
**Subject:** 10/18/2022 Official Count (10/17/2022 data)

Today		10/18/2022	
Official Counts For		10/17/2022	
Data As Of		10/17/2022	
Total Tests	798327	+391	Since Yesterday
Confirmed Cases	50248	+50	Since Yesterday
Transferred	-890	-2	Since Yesterday
Recovered	49683	+135	Since Yesterday
Fatalities	398	0	No Change Since Yesterday
Active	167	-87	Since Yesterday

7 day rolling average today is 12.2%

ResTown	Town	Active	Recovered	Deceased	Total Confirmed
City of Kingston	City of Kingston	36	7438	66	7540
Wawarsing	Town of Wawarsing	14	3701	19	3734
Hurley	Town of Hurley	4	1352	12	1368
Lloyd	Town of Lloyd	11	4174	75	4260
Ulster	Town of Ulster	9	3174	70	3253
Marlborough	Town of Marlborough	7	2513	9	2529
Saugerties	Town of Saugerties	13	4541	33	4587
Shawangunk	Town of Shawangunk	12	3618	12	3642
New Paltz	Town of New Paltz	12	4298	22	4332
Esopus	Town of Esopus	5	1798	8	1811
Plattekill	Town of Plattekill	3	2376	15	2394
Rochester	Town of Rochester	4	1556	8	1568
Rosendale	Town of Rosendale	2	982	6	990
Marbletown	Town of Marbletown	6	1061	3	1070
Gardiner	Town of Gardiner	1	1069	6	1076
Unknown	Unknown	17	3411	17	3445
Woodstock	Town of Woodstock	3	1014	2	1019
Olive	Town of Olive	3	769	7	779
Shandaken	Town of Shandaken	1	376	1	378

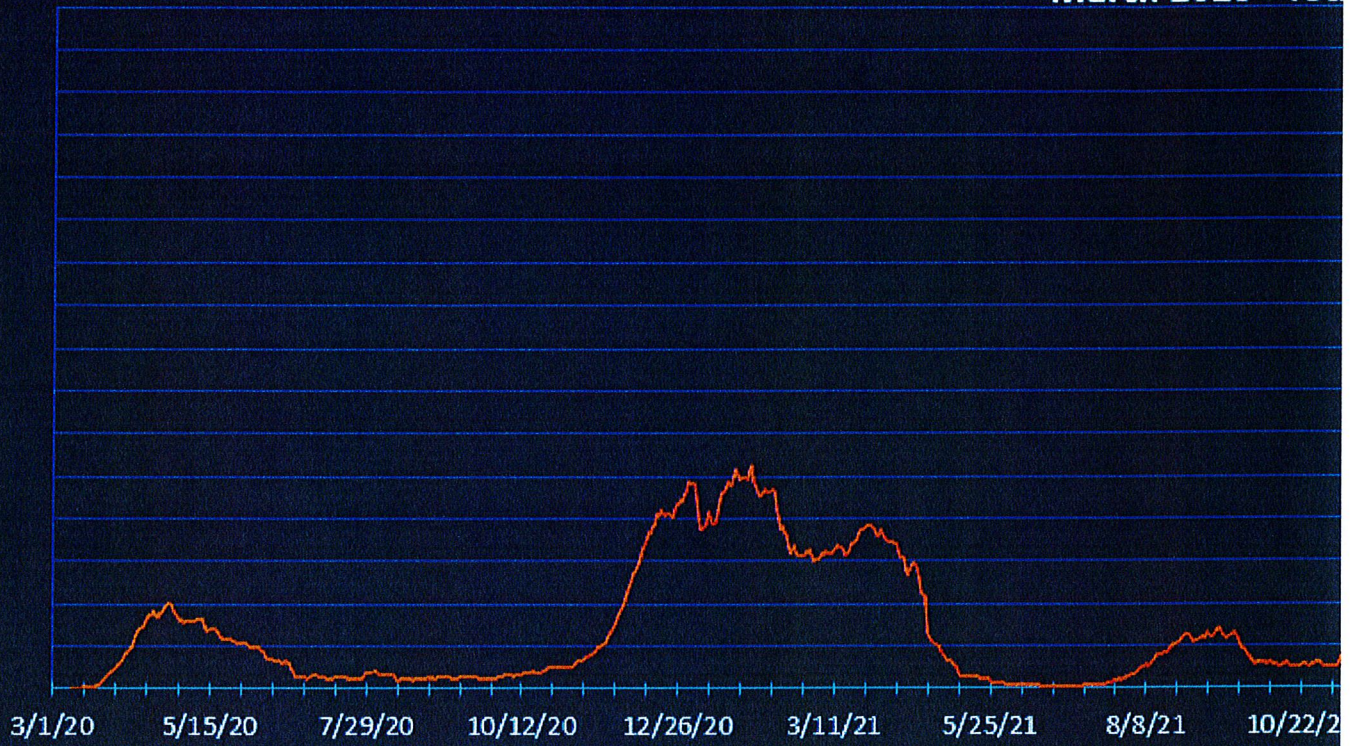


Denning	Town of Denning	0	60	0	60
Hardenburg	Town of Hardenburg	0	0	0	0
Out of County	Out of County	0	250	5	255
Town of Kingston	Town of Kingston	4	152	2	158
<b>Total</b>		<b>167</b>	<b>49683</b>	<b>398</b>	<b>50248</b>

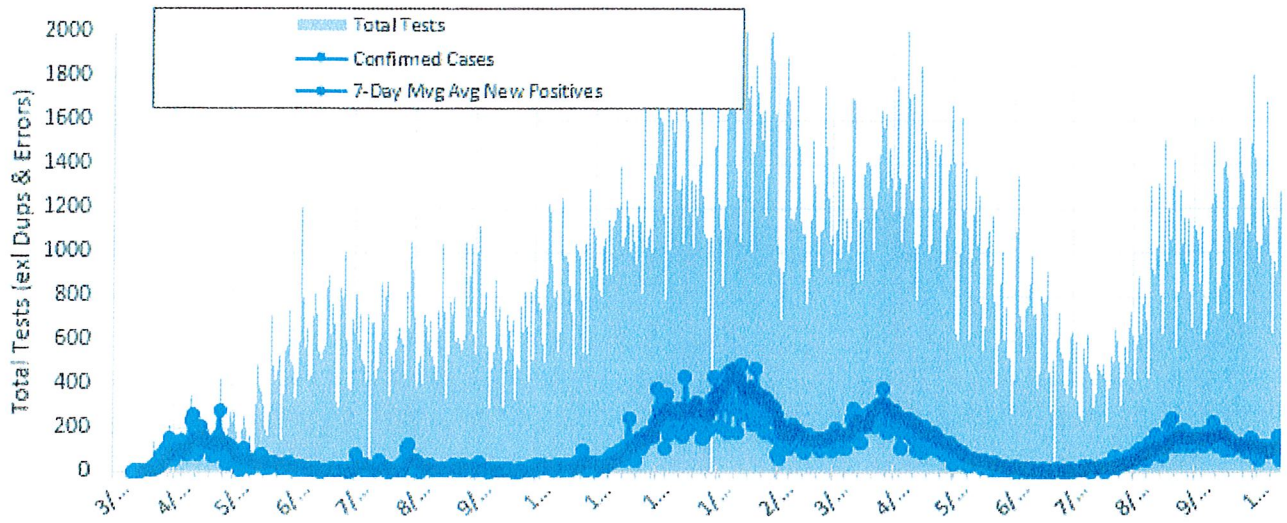
Patient Facility	Total Confirmed	Total Active	Active - Employees	Act
SUNY New Paltz	1056	6	0	
ARC MID-HUSON (THE)	167	3	0	
Golden Hill Nursing and Rehabilitation Center	465	3	1	
DUZINE SCHOOL	39	2	0	
E R CROSBY ELEMENTARY SCHOOL	40	2	0	
MARBLETOWN ELEMENTARY SCHOOL	39	2	0	
Mohonk Mountain House	227	2	2	
Ten Broeck Center for Rehabilitation & Nursing	596	2	1	
Ulster County DSS	66	2	1	
ARC Joalyn House	7	1	0	
CHAMBERS SCHOOL	56	1	1	
HIGHLAND MIDDLE SCHOOL	60	1	0	
KERHONKSON ELEMENTARY SCHOOL	36	1	0	
KINGSTON HIGH SCHOOL	284	1	0	
PHOENICIA ELEMENTARY SCHOOL	27	1	0	
SAUGERTIES SENIOR HIGH SCHOOL	86	1	1	
ULSTER BOCES	75	1	0	
Ulster County DPW	40	1	1	
Unknown Kingston City SD	34	1	1	



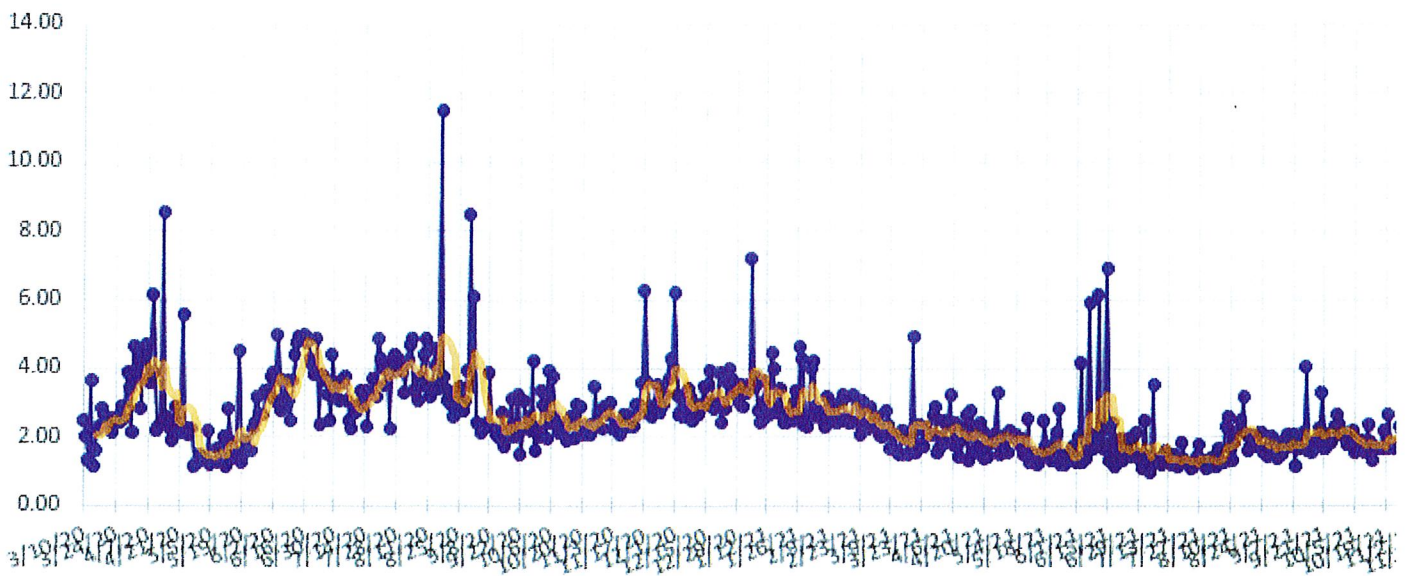
Ulster County COVID-19 A  
March 2020 - Tod



### Daily Tests & New Positive Cases (by ECLRS)

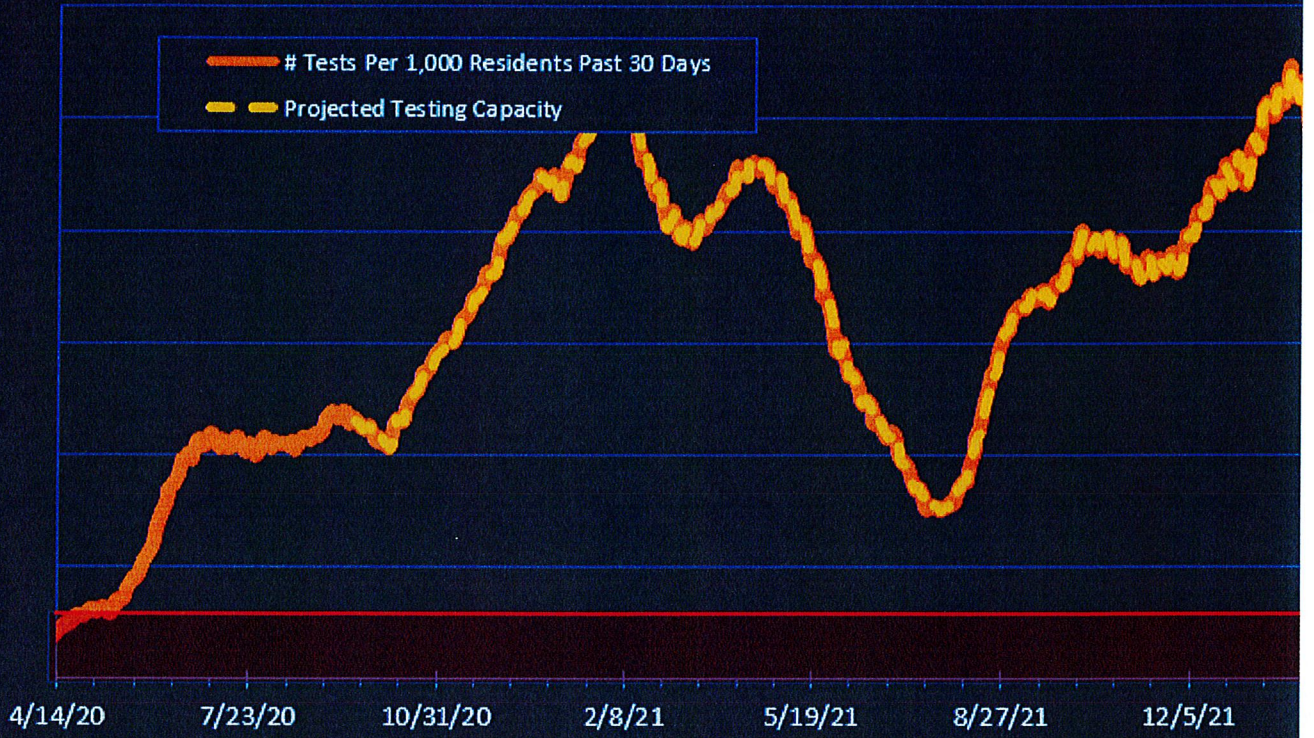


### Avg Days From Test Date to Report I

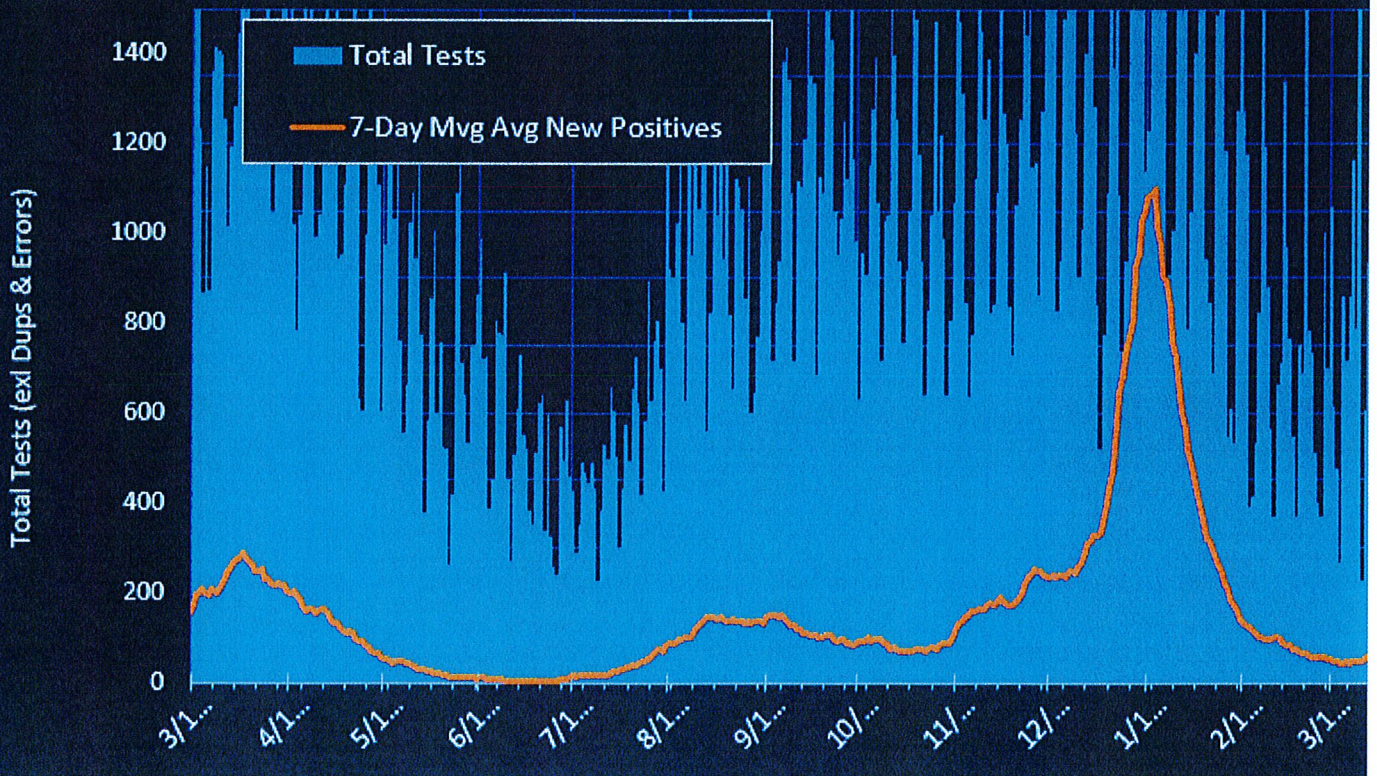




# Ulster County COVID-19 Testing Capacity



# Daily Tests & New Positive Cases (by ECLRS)





DATE	Forecast Date	Tests by ECLRS Date	Cumulative Total Tests	# Tests Per 1,000 Residents Pa	Neg Tests	Cum Neg Tests	Avg Days Since Tes	Pos by ECLRS Date	Pos by POC Test	Net Transf er Toll	Total POS	Cum Pos by ECLRS Dt	M
10/5/22	10/5/22	410	794202	60	361	755504	1.34	49	19	-1	67	49703	
10/6/22	10/6/22	359	794561	61	320	755824	1.08	39	15	-3	51	49754	
10/7/22	10/7/22	367	794928	61	327	756151	1.09	40	8	0	48	49802	
10/8/22	10/8/22	368	795316	61	338	756489	1.19	50	1	0	51	49853	
10/9/22	10/9/22	220	795536	61	200	756689	1.29	20	3	0	23	49876	
10/10/22	10/10/22	225	795761	61	194	756883	0.96	31	2	0	33	49909	
10/11/22	10/11/22	369	796130	62	334	757217	1.24	35	51	-2	84	49993	
10/12/22	10/12/22	532	796662	63	480	757697	2.39	52	14	-2	64	50057	
10/13/22	10/13/22	429	797091	64	393	758090	1.15	36	14	-2	48	50105	
10/14/22	10/14/22	369	797460	62	337	758427	1.97	32	15	-1	46	50151	
10/15/22	10/15/22	272	797732	62	242	758669	1.19	30	7	0	37	50188	
10/16/22	10/16/22	204	797936	60	192	758861	1.20	12	0	0	12	50200	
10/17/22	10/17/22	391	798327	61	361	759222	1.92	30	20	-2	48	50248	

Tosca Sweeney  
 COVID-19 Operations  
 Budget Department  
 Ulster County  
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## OPEN MEETINGS LAW

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### PUBLIC OFFICERS LAW, ARTICLE 7

**§100. Legislative declaration.**

**§101. Short title.**

**§102. Definitions.**

**§103. Open meetings and executive sessions.**

**§ 103-a. Videoconferencing by public bodies [Expires and deemed repealed July 1, 2024].**

**§104. Public notice.**

**§105. Conduct of executive sessions.**

**§106. Minutes.**

**§107. Enforcement.**

**§108. Exemptions.**

**§109. Committee on open government.**

**§110. Construction with other laws.**

**§111. Severability.**

#### **§100. Legislative declaration.**

It is essential to the maintenance of a democratic society that the public business be performed in an open and public manner and that the citizens of this state be fully aware of and able to observe the performance of public officials and attend and listen to the deliberations and decisions that go into the making of public policy. The people must be able to remain informed if they are to retain control over those who are their public servants. It is the only climate under which the commonwealth will prosper and enable the governmental process to operate for the benefit of those who created it.

#### **§101. Short title.**

This article shall be known and may be cited as "Open Meetings Law".

#### **§102. Definitions.**

As used in this article:

1. "Meeting" means the official convening of a public body for the purpose of conducting public business, including the use of videoconferencing for attendance and participation by the members of the public body.
2. "Public body" means any entity, for which a quorum is required in order to conduct public business and which consists of two or more members, performing a governmental function for the state or for an agency or department thereof, or for a public corporation as defined in section sixty-six of the general construction law, or committee or subcommittee or other similar body consisting of members of such public body or an entity created or appointed to perform a necessary function in the decision-making process for which a quorum is required in order to conduct public business and which consists of two or more members. A necessary function in the decision-making process shall not include the provision of recommendations or guidance which is purely advisory and which does not require further action by the state or agency or department thereof or public corporation as defined in section sixty-six of the general construction law.
3. "Executive session" means that portion of a meeting not open to the general public.



### **§103. Open meetings and executive sessions.**

(a) Every meeting of a public body shall be open to the general public, except that an executive session of such body may be called and business transacted thereat in accordance with section one hundred five of this article.

(b) Public bodies shall make or cause to be made all reasonable efforts to ensure that meetings are held in facilities that permit barrier-free physical access to the physically handicapped, as defined in subdivision five of section fifty of the public buildings law.

(c) A public body shall provide an opportunity for the public to attend, listen and observe meetings in at least one physical location at which a member participates.

(d) Public bodies shall make or cause to be made all reasonable efforts to ensure that meetings are held in an appropriate facility which can adequately accommodate members of the public who wish to attend such meetings.

\* NB There are 2 sub (d)'s

(d) 1. Any meeting of a public body that is open to the public shall be open to being photographed, broadcast, webcast, or otherwise recorded and/or transmitted by audio or video means. As used herein the term "broadcast" shall also include the transmission of signals by cable.

2. A public body may adopt rules, consistent with recommendations from the committee on open government, reasonably governing the location of equipment and personnel used to photograph, broadcast, webcast, or otherwise record a meeting so as to conduct its proceedings in an orderly manner. Such rules shall be conspicuously posted during meetings and written copies shall be provided upon request to those in attendance.

(e) Agency records available to the public pursuant to article six of this chapter, as well as any proposed resolution, law, rule, regulation, policy or any amendment thereto, that is scheduled to be the subject of discussion by a public body during an open meeting shall be made available, upon request therefor, to the extent practicable at least twenty-four hours prior to the meeting during which the records will be discussed. Copies of such records may be made available for a reasonable fee, determined in the same manner as provided therefor in article six of this chapter. If the agency in which a public body functions maintains a regularly and routinely updated website and utilizes a high speed internet connection, such records shall be posted on the website to the extent practicable at least twenty-four hours prior to the meeting. An agency may, but shall not be required to, expend additional moneys to implement the provisions of this subdivision.

(f) Open meetings of an agency or authority shall be, to the extent practicable and within available funds, broadcast to the public and maintained as records of the agency or authority. If the agency or authority maintains a website and utilizes a high speed internet connection, such open meeting shall be, to the extent practicable and within available funds, streamed on such website in real-time, and posted on such website within and for a reasonable time after the meeting. For the purposes of this subdivision, the term "agency" shall mean only a state department, board, bureau, division, council or office and any public corporation the majority of whose members are appointed by the governor. For purposes of this subdivision, the term "authority" shall mean a public authority or public benefit corporation created by or existing under any state law, at least one of whose members is appointed by the governor (including any subsidiaries of such public authority or public benefit corporation), other than an interstate or international authority or public benefit corporation.

#### **§ 103-a. Videoconferencing by public bodies [Expires and deemed repealed July 1, 2024].**

1. For the purposes of this section, "local public body" shall mean a public corporation as defined in section sixty-six of the general construction law, a political subdivision as defined in section one hundred of the general municipal law or a committee or subcommittee or other similar body of such entity, or any entity for which a quorum is required in order to conduct public business and which consists of two or more members, performing a governmental function for an entity limited in the execution of its official functions to a portion only of the state, or a political subdivision of the state, or for an agency or department thereof. For the purposes of this section, a public body shall be as defined in subdivision two of section one hundred two of this article.

2. A public body may, in its discretion, use videoconferencing to conduct its meetings pursuant to the requirements of this article provided that a minimum number of members are present to fulfill the public body's quorum requirement in the same physical location or locations where the public can attend and the following criteria are met:



(a) the governing board of a county, city, town or village has adopted a local law, or a public body has adopted a resolution, or the senate and assembly have adopted a joint resolution, following a public hearing, authorizing the use of videoconferencing:

(i) for itself and its committees or subcommittees; or,

(ii) specifying that each committee or subcommittee may make its own determination;

(iii) provided however, each community board in a city with a population of one million or more shall make its own determination;

(b) the public body has established written procedures governing member and public attendance consistent with this section, and such written procedures shall be conspicuously posted on the public website of the public body;

(c) members of the public body shall be physically present at any such meeting unless such member is unable to be physically present at any such meeting location due to extraordinary circumstances, as set forth in the resolution and written procedures adopted pursuant to paragraphs (a) and (b) of this subdivision, including disability, illness, caregiving responsibilities, or any other significant or unexpected factor or event which precludes the member's physical attendance at such meeting;

(d) except in the case of executive sessions conducted pursuant to section one hundred five of this article, the public body shall ensure that members of the public body can be heard, seen and identified, while the meeting is being conducted, including but not limited to any motions, proposals, resolutions, and any other matter formally discussed or voted upon;

(e) the minutes of the meetings involving videoconferencing shall include which, if any, members participated remotely and shall be available to the public pursuant to section one hundred six of this article;

(f) if videoconferencing is used to conduct a meeting, the public notice for the meeting shall inform the public that videoconferencing will be used, where the public can view and/or participate in such meeting, where required documents and records will be posted or available, and identify the physical location for the meeting where the public can attend;

(g) the public body shall provide that each meeting conducted using videoconferencing shall be recorded and such recordings posted or linked on the public website of the public body within five business days following the meeting, and shall remain so available for a minimum of five years thereafter. Such recordings shall be transcribed upon request;

(h) if videoconferencing is used to conduct a meeting, the public body shall provide the opportunity for members of the public to view such meeting via video, and to participate in proceedings via videoconference in real time where public comment or participation is authorized and shall ensure that videoconferencing authorizes the same public participation or testimony as in person participation or testimony; and

(i) a local public body electing to utilize videoconferencing to conduct its meetings must maintain an official website.

3. The in person participation requirements of paragraph (c) of subdivision two of this section shall not apply during a state disaster emergency declared by the governor pursuant to section twenty-eight of the executive law, or a local state of emergency proclaimed by the chief executive of a county, city, village or town pursuant to section twenty-four of the executive law, if the public body determines that the circumstances necessitating the emergency declaration would affect or impair the ability of the public body to hold an in person meeting.

4. No later than January first, two thousand twenty-four, the committee on open government, created by paragraph (a) of subdivision one of section eighty-nine of this chapter, shall issue a report to the governor, the temporary president of the senate, the speaker of the assembly, the chair of the senate standing committee on local government, the chair of the senate standing committee on investigations and government operations, the chair of the assembly standing committee on local governments, and the chair of the assembly standing committee on governmental operations concerning the application and implementation of such law and any further

recommendations governing the use of videoconferencing by public bodies to conduct meetings pursuant to this section.

5. Open meetings of any public body that are broadcast or that use videoconferencing shall utilize technology to permit access by members of the public with disabilities consistent with the 1990 Americans with Disabilities Act (ADA), as amended, and corresponding guidelines. For the purposes of this section, "disability" shall have the meaning defined in section two hundred ninety-two of the executive law.

#### **§104. Public notice.**

1. Public notice of the time and place of a meeting scheduled at least one week prior thereto shall be given or electronically transmitted to the news media and shall be conspicuously posted in one or more designated public locations at least seventy-two hours before such meeting.

2. Public notice of the time and place of every other meeting shall be given or electronically transmitted, to the extent practicable, to the news media and shall be conspicuously posted in one or more designated public locations at a reasonable time prior thereto.

3. The public notice provided for by this section shall not be construed to require publication as a legal notice.

4. If videoconferencing is used to conduct a meeting, the public notice for the meeting shall inform the public that videoconferencing will be used, identify the locations for the meeting, and state that the public has the right to attend the meeting at any of the locations.

5. If a meeting will be streamed live over the internet, the public notice for the meeting shall inform the public of the internet address of the website streaming such meeting.

6. When a public body has the ability to do so, notice of the time and place of a meeting given in accordance with subdivision one or two of this section, shall also be conspicuously posted on the public body's internet website.

#### **§105. Conduct of executive sessions.**

1. Upon a majority vote of its total membership, taken in an open meeting pursuant to a motion identifying the general area or areas of the subject or subjects to be considered, a public body may conduct an executive session for the below enumerated purposes only, provided, however, that no action by formal vote shall be taken to appropriate public moneys:

a. matters which will imperil the public safety if disclosed;

b. any matter which may disclose the identity of a law enforcement agent or informer;

c. information relating to current or future investigation or prosecution of a criminal offense which would imperil effective law enforcement if disclosed;

d. discussions regarding proposed, pending or current litigation;

e. collective negotiations pursuant to article fourteen of the civil service law;

f. the medical, financial, credit or employment history of a particular person or corporation, or matters leading to the appointment, employment, promotion, demotion, discipline, suspension, dismissal or removal of a particular person or corporation;

g. the preparation, grading or administration of examinations; and

h. the proposed acquisition, sale or lease of real property or the proposed acquisition of securities, or sale or exchange of securities held by such public body, but only when publicity would substantially affect the value thereof.

2. Attendance at an executive session shall be permitted to any member of the public body and any other persons authorized by the public body.

#### **§106. Minutes.**

1. Minutes shall be taken at all open meetings of a public body which shall consist of a record or summary of all motions, proposals, resolutions and any other matter formally voted upon and the vote thereon.



2. Minutes shall be taken at executive sessions of any action that is taken by formal vote which shall consist of a record or summary of the final determination of such action, and the date and vote thereon; provided, however, that such summary need not include any matter which is not required to be made public by the freedom of information law as added by article six of this chapter.

3. Minutes of meetings of all public bodies shall be available to the public in accordance with the provisions of the freedom of information law within two weeks from the date of such meeting except that minutes taken pursuant to subdivision two of this section shall be available to the public within one week from the date of the executive session. If the agency in which a public body functions maintains a regularly and routinely updated website and utilizes a high speed internet connection, such minutes shall be posted on the website within two weeks from the date of such meeting except that minutes taken pursuant to subdivision two of this section shall be available to the public within one week from the date of the executive session. For purposes of this subdivision unabridged video recordings or unabridged audio recordings or unabridged written transcripts may be deemed to be meeting minutes. Nothing in this section shall require the creation of minutes if the public body would not otherwise take them.

#### **§107. Enforcement.**

1. Any aggrieved person shall have standing to enforce the provisions of this article against a public body by the commencement of a proceeding pursuant to article seventy-eight of the civil practice law and rules, or an action for declaratory judgment and injunctive relief. In any such action or proceeding, if a court determines that a public body failed to comply with this article, the court shall have the power, in its discretion, upon good cause shown, to declare that the public body violated this article and/or declare the action taken in relation to such violation void, in whole or in part, without prejudice to reconsideration in compliance with this article. If the court determines that a public body has violated this article, the court may require the members of the public body to participate in a training session concerning the obligations imposed by this article conducted by the staff of the committee on open government. An unintentional failure to fully comply with the notice provisions required by this article shall not alone be grounds for invalidating any action taken at a meeting of a public body. The provisions of this article shall not affect the validity of the authorization, acquisition, execution or disposition of a bond issue or notes.

2. In any proceeding brought pursuant to this section, costs and reasonable attorney fees may be awarded by the court, in its discretion, to the successful party. If a court determines that a vote was taken in material violation of this article, or that substantial deliberations relating thereto occurred in private prior to such vote, the court shall award costs and reasonable attorney's fees to the successful petitioner, unless there was a reasonable basis for a public body to believe that a closed session could properly have been held.

3. The statute of limitations in an article seventy-eight proceeding with respect to an action taken at executive session shall commence to run from the date the minutes of such executive session have been made available to the public.

#### **§108. Exemptions.**

Nothing contained in this article shall be construed as extending the provisions hereof to:

1. judicial or quasi-judicial proceedings, except proceedings of the public service commission and zoning boards of appeals;
2. a. deliberations of political committees, conferences and caucuses.  
b. for purposes of this section, the deliberations of political committees, conferences and caucuses means a private meeting of members of the senate or assembly of the state of New York, or of the legislative body of a county, city, town or village, who are members or adherents of the same political party, without regard to (i) the subject matter under discussion, including discussions of public business,  
(ii) the majority or minority status of such political committees, conferences and caucuses or  
(iii) whether such political committees, conferences and caucuses invite staff or guests to participate in their deliberations; and
3. any matter made confidential by federal or state law.

**§109. Committee on open government.**

The committee on open government, created by paragraph (a) of subdivision one of section eighty-nine of this chapter, shall issue advisory opinions from time to time as, in its discretion, may be required to inform public bodies and persons of the interpretations of the provisions of the open meetings law.

**§110. Construction with other laws.**

1. Any provision of a charter, administrative code, local law, ordinance, or rule or regulation affecting a public body which is more restrictive with respect to public access than this article shall be deemed superseded hereby to the extent that such provision is more restrictive than this article.
2. Any provision of general, special or local law or charter, administrative code, ordinance, or rule or regulation less restrictive with respect to public access than this article shall not be deemed superseded hereby.
3. Notwithstanding any provision of this article to the contrary, a public body may adopt provisions less restrictive with respect to public access than this article

**§111. Severability.**

If any provision of this article or the application thereof to any person or circumstances is adjudged invalid by a court of competent jurisdiction such judgment shall not affect or impair the validity of the other provisions of the article or the application thereof to other persons and circumstances.