ULSTER COUNTY BOARD OF HEALTH

April 11, 2023

AGENDA

CALL TO ORDER

- 1. OLD BUSINESS
 - a. Approval of February 2023 Minutes
- 2. Commissioner's Report (Dr. Smith)
 - a. COVID Update
 - PODS
 - Water Surveillance report
 - b. Personnel and Infrastructure Funding
 - c. Medical Examiner
 - New Medicolegal Investigator
 - WMC Contracts
 - First Quarter Stats

MEETING CONCLUSION

Ulster County Board of Health Golden Hill Office Building 239 Golden Hill Lane Kingston, NY 12401

Date: April 11 2023

Board Members		Signature
Carena MD, Gina	Board Member	deco,
Rogan, Kathleen	Secretary	larker.
Sanchez MD, Marta	Board Member	
Stevens, Naomi, RN	Vice Chair	Marin Stroens
Saint Jean MD, Ashanda	Board Member	Did Not Sian
Turco LCSW, Stephanie	Chair	1500
Keegan, Christy	Board Member	(Chipk RUD)
Department of Health and M	Iental Health	Signature
Smith, MD, MPH, Carol	Commissioner of Health	Carol Minus The PH
Gibney, MBA, Tom	Deputy Director for Administration	
Guests		Signature
	,	
	·	

Ulster County Board of Health April 11, 2023 5:00 p.m. Golden Hill Office Building 239 Golden Hill Lane Kingston, NY 12401

PRESENT: Stephanie Turco, Christy Keegan, Dr. Gina Carena, Kathleen Rogan, Dr. Ashanda Saint Jean, Naomi Stevens, Dr. Marta Sanchez

EXCUSED:

ABSENT:

UCDOH: Dr. Carol Smith- Commissioner of Health, Thomas Gibney - Deputy

Director for Administration

GUEST: None

Call To Order: 5:07 PM

OLD Business: A motion to approve the February 2023 minutes was made by

Ms. Rogan, seconded by Ms. Stevens and unanimously approved.

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

a. COVID Update:

- The Wastewater Surveillance Report was distributed to the Board. (See Attached) This report monitors COVID in wastewater in Kingston, New Paltz, and most recently Saugerties. Kingston and Saugerties have seen and uptick in numbers, while New Paltz has seen a downtick.
- COVID cases are not being followed the way they previously were. The use of home tests has made reporting and data not so reliable. Laboratory testing remains the most reliable. NYSDOH has a dashboard to capture some data.
- The numbers at the UC PODs were steadily declining. Ulster County has stopped holding PODs but UCDOH offer vaccines within the Department if an individual calls for an appointment.
- b. Personnel & Infrastructure Funding: Health Research Inc. and the New York State Department of Health (HRI/NYSDOH) is awarding funding to counties to strengthen public health workforce and foundational capabilities. Counties have the option of accepting the monies in one lump sum or a yearly amount for five (5) years. UCDOH has elected to receive the funds over five (5) years. This funding is specifically for DOH and cannot be placed in the county's general fund. Currently, we are waiting for the HRI contract. NYS is in the process of trying to figure out contract details to get it out to the counties. UCDOH is wanting to use the funding to hire a Sr. Public Health Engineer with a PE. Dr. smith explained that there is too much engineering work to be done. Currently, there is one (1) Environmental Health Director with a PE license and two (2) Assistant Public Health Engineers (non-PE) within the Department.

Ms Turco asked if this funding was enough for a PE.

Dr. Smith explained that it is sufficient for the Department. However, the Department struggles with being competitive with salaries.

Mr. Gibney added that the Department currently has these positions but would like to bump them up to be more competitive in salary.

Dr. Smith added the Department is struggling with years of keeping a flat budget, staff retiring and the elimination of positions. The Department is now in need to get back some of those positions lost.

- c. Medical Examiner Stats: The report was distributed to the Board (see attached). One of the Medicolegal Investigators has resigned her position. A replacement has been hired and is expected to start 5/1. Dr. Smith signed the Westchester Medical Center contract today for the Forensic Pathologist and Diener. Dr. Smith explained that Forensic Pathologists are rare and difficult to find.
- d. Dr. Smith gave kudos to the Department's Fiscal Team for their hard work and dedication the State Aid Claim. This is not difficult but does require time and attention to detail.
- e. The Adjournment: A motion to adjourn the meeting was made by Dr. Saint Jean, seconded by Ms. Stevens and unanimously approved.

Next Meeting: Scheduled for Tuesday, May 9,2023 at 5:00 PM, Golden Hill Office Building, 239 Golden Hill Lane, Kingston, NY 12401.

Respectfully submitted by:

Stephanie Turco - Chair

Ulster County Wastewater Surveillance Update

DATE: April 11, 2023

TO: Ulster County Health Department, Wastewater Facilities, & Stakeholders

FROM: Shailla Raymond, MPH

RE: Ulster County Weekly Wastewater Surveillance Data Report

Dashboard | Website

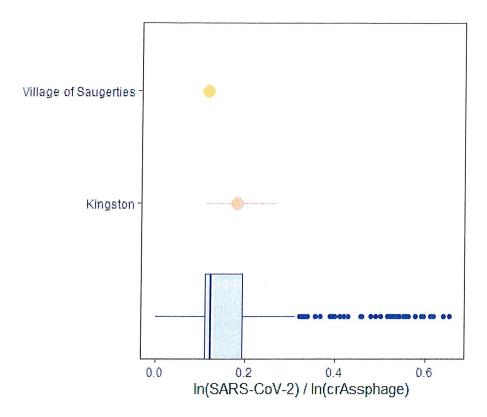
This report contains information **Ulster County** treatment plants over the time period of **2023-03-28** to **2023-04-05**.

All Samples from Ulster County From to											
Collection Date	Detection Level	Compared to NYS	Quality Control	Two-Week Trend							
illage of Saugerties											
April 5, 2023	Detected, <loq< td=""><td>higher</td><td>alert1</td><td>increasing</td></loq<>	higher	alert1	increasing							
March 29, 2023	Detected, <loq< td=""><td>lower</td><td>good</td><td>increasing</td></loq<>	lower	good	increasing							
ingston											
April 5, 2023	Quantifiable	higher	good	increasing							
April 4, 2023	Quantifiable	higher	good	increasing							
March 29, 2023	Detected, <loq< td=""><td>lower</td><td>good</td><td>increasing</td></loq<>	lower	good	increasing							
March 28, 2023	Detected, <loq< td=""><td>lower</td><td>good</td><td>increasing</td></loq<>	lower	good	increasing							

Above is a table describing the samples collected from the last two weeks. The table includes:

- Catchment location and sample collection date
- Comparison of SARS-CoV-2 from a facility to all NYS wastewater
- Level of SARS-CoV-2 detection: "Quantifiable" and "Detection <LOQ" levels suggest community-level transmission
- Quality control indicator: Samples that are "good" have a crAssphage level > 10,000. Samples that are "alert" have <10,000, suggesting low sample recovery and confidence

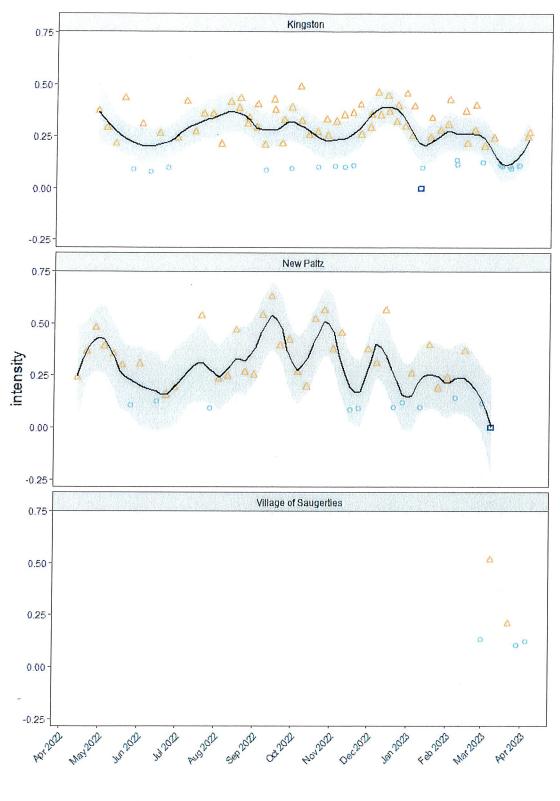
Box Plot for Treatment Plants in Ulster County from 2023-03-28 to 2023-04-05



Points represent the SARS-CoV-2 intensity of samples taken at the influent over the last two weeks. The box plot represents all SARS-CoV-2 values from the previous two weeks as observed from wastewater treatment facilities across New York. The box plot shows the median (solid line), first and third quartiles (box edges), minimum (lower whiskers), maximum (upper whisker), and outliers (black dots) for all NY WWTP's. The concentration of SARS-CoV-2 is normalized by population, ln(SARS-CoV-2)/ln(crAssphage), to give overall intensity.

The most recent sample from Kingston on April 05, 2023 is higher when compared to New York State values.

The most recent sample from Village of Saugerties on April 05, 2023 is higher when compared to New York State values.



Detection Level □ Not detected ○ Detected, <LOQ △ Quantifiable

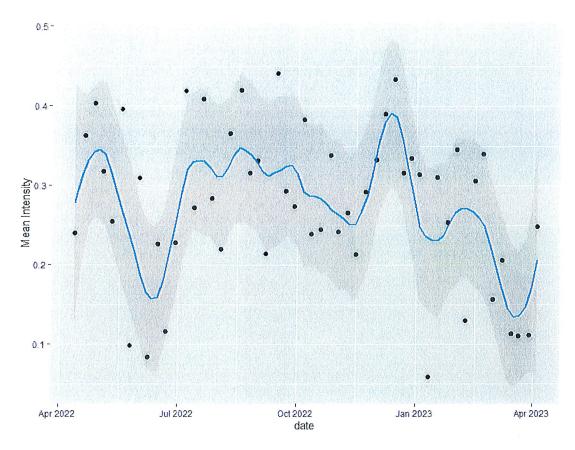
A smoothed trend line (black), uncertainty (gray), and wastewater samples (shapes) are shown. Wastewater sample points are color coded to specify the level of SARS-CoV-2 detected. The concentration of SARS-CoV-2 is normalized by population, ln(SARS-CoV-2)/ln(crAssphage), to give overall intensity.

The level of SARS-CoV-2 RNA can tell us roughly how many cases can be expected in a population.

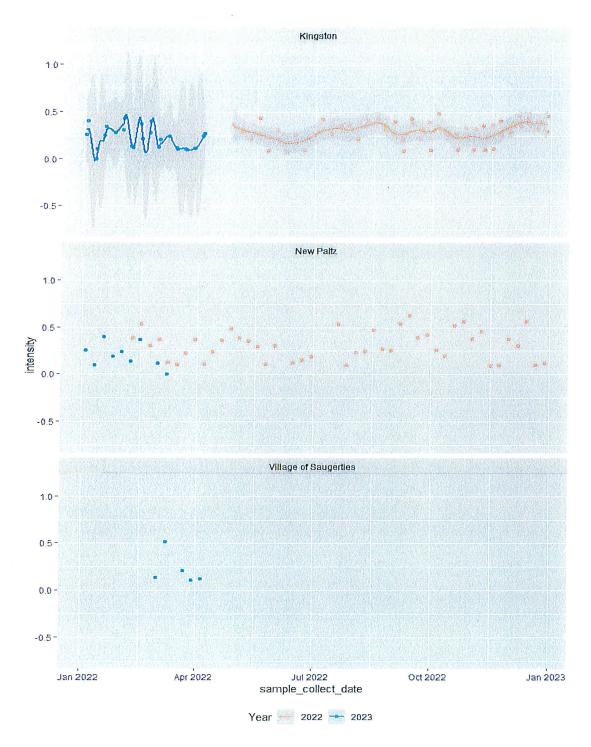
- Not detected: <10 cases per 100,000
- Detected, <LOQ: 10-50 cases per 100,000
- Quantifiable detection: >50 cases per 100,000

The most recent sample from Kingston on April 05, 2023, had a detection level of "Quantifiable" suggesting daily case incidence of more than 50 cases per 100,000 people.

The most recent sample from Village of Saugerties on April 05, 2023, had a detection level of "Detected, <LOQ" suggesting daily case incidence of 10 to 50 cases per 100,000 people.



Average intensity (population weighted) for all Ulster WWTP's over the last 12 months.

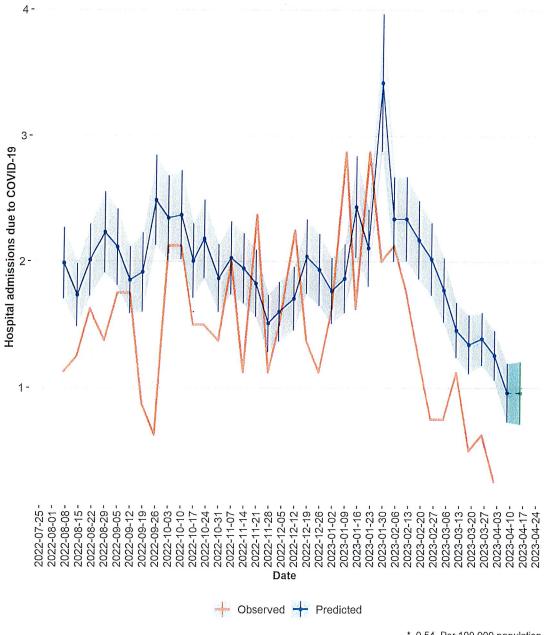


This figure shows an annual comparison of SARS-CoV-2 intensity. Smoothed trend lines, uncertainty (gray bands), and wastewater samples (dots) are shown. The recent trend is lower than year over year values.

Ulster County COVID-19 in-patient hospitalization trend

Predicted 7-day average in-patient hospitalizations in the next 10 days: 0.96*

0 percent decrease from previous week's prediction



* 0.54 Per 100,000 population

This figure shows predicted new in-patient hospital admissions due to COVID-19 for your county. Predictions are calculated from a generalized linear mixed model that fits wastewater data with a ten-day lag, test positivity (ten-day lag), proportion of the county population that has full series of mRNA vaccine, along with several covariates including population over 50 years old, estimated asthma and cardiovascular disease rate for the county, county social vulnerability from the CDC social vulnerability index, and whether the day was within one week of a major or minor holiday. This model makes predictions with

new data for future hospital admissions and provides uncertainty around the prediction in the form of the 95% confidence interval (the light grey and green band around the predictions). Past predictions are in blue with the current prediction in light green. The red line is actual hospital admissions from the Department of Health SPARCS or Statewide Planning and Research Cooperative System database. These data may have up to a 6-month reporting lag and therefore may stop prior to the recent prediction periods, however, future predictions can be accurately made without that data. We will update these data and the models as new data are provided.

Estimated new COVID-19 hospitalizations comes with several uncertainties including whether new variants have arisen, what the current immunization state of the county is (including booster and bivalent shots or immunity from previous infection), and other factors not captured in the model such as intervention behaviors such as masking. Week to week predictions will vary in their accuracy and the width of the confidence interval around the prediction due to changes in the data.

Strengthening U.S. Public Health Infrastructure, Workforce and Data Systems, CFDA# 93.967

Local Health Department (LHD) Allocations

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Local Health Departments	Total Award	Accept as a 5 year award in one lump sum OR split award evenly each year for 5 years	Year 1	Year 2	Year 3	Year 4	Year 5
Albany Allegany	\$858,886		\$171,777	\$171,777	\$171,777	\$171,777	\$171,777
Broome	\$803,341		\$160,668	\$160,668	\$160,668	\$160,668	\$121,030
Cattaraugus	\$696,482		\$139,296	\$139,296	\$139,296	\$139,296	\$139,296
Chantanona	\$649,825		\$129,965	\$129,965	\$129,965	\$129,965	\$129,965
Chemung	\$647.096		\$100,714	\$133,714	\$155,714	\$155,714	\$155,714
Chenango	\$676,315		\$135,263	\$135,419	\$135,263	\$135,419	\$129,419
Clinton	\$663,984		\$132,797	\$132,797	\$132,797	\$132,797	\$132,797
Columbia	\$588,109		\$117,622	\$117,622	\$117,622	\$117,622	\$117,622
Cortiand	\$563,411		\$112,682	\$112,682	\$112,682	\$112,682	\$112,682
Dutchess	\$811,827		\$153,909	\$155,969	\$135,969	\$135,969	\$135,969
Erie	\$1,519,458		\$303.892	\$303.892	8303 892	\$303,303	\$102,505
Essex	\$619,863		\$123,973	\$123,973	\$123,973	\$123,973	\$123 973
Franklin	\$609,278		\$121,856	\$121,856	\$121,856	\$121,856	\$121,856
Fulton	\$602,222		\$120,444	\$120,444	\$120,444	\$120,444	\$120,444
Greene	\$566 939		\$131,735	\$131,735	\$131,735	\$131,735	\$131,735
Hamilton	\$612,806		\$122,561		\$122.561	\$122,560	\$115,588
Herkimer	\$566,939	2	\$113,388	\$113,388	\$113,388	\$113,388	\$113,388
Jefferson	\$675,962		\$135,192	\$135,192	\$135,192	\$135,192	\$135,192
Lewis	\$542,241		\$108,448	\$108,448	\$108,448	\$108,448	\$108,448
Madison	\$535,185		\$114,095	\$114,093	\$114,093	\$114,093	\$114,093
Monroe	\$1,325,735		\$265,147	\$265,147	\$265,147	\$265,147	\$265,147
Montgomery	\$644,561		\$128,912	\$128,912	\$128,912	\$128,912	\$128,912
Nassau	\$1,909,173		\$381,835	\$381,835	\$381,835	\$381,835	\$381,835
Oneida	\$818,958		\$163.792	\$163 792	\$163,792	\$163,792	\$154,982
Onondaga	\$1,040,836		\$208,167	\$208,167	\$208,167	\$208,167	\$208,167
Ontario	\$632,912		\$126,582	\$126,582	\$126,582	\$126,582	\$126,582
Orleans	\$923,704		\$184,741	\$184,741	\$184,741	\$184,741	\$184,741
Oswego	\$687,346		\$137,469		\$137.460	\$100,551	\$100,331
Otsego	\$542,241	×	\$108,448	\$108,448		\$108,448	\$108,448
Putnam	\$692,296		\$138,459			\$138,459	\$138,459
Kensselaer Beekland	\$720,127		\$144,025	\$144,025		\$144,025	\$144,025
Saratoga	\$684 720		\$186,527	\$186,327	\$186,327	\$186,327	\$186,327
Schenectady	\$720,603		\$144,121	\$144,121		\$144 121	\$144 121
choharie	\$612,806	,	\$122,561	\$122,561		\$122,561	\$122,561
Schuyler	\$658,674		\$131,735	\$131,735		\$131,735	\$131,735
Seneca	\$637,504		\$127,501	\$127,501		\$127,501	\$127,501
St. Lawrence Stemben	\$700,283		\$155,317	\$153,317	\$153,317	\$153,317	\$153,317
Suffolk	\$2,020,962		\$404.192	\$404 192	\$404 192	\$123,334	\$125,534
Sullivan	\$740,394		\$148,079	\$148,079	\$148,079	\$148,079	\$148,079
Tioga	\$531,656		\$106,331	\$106,331	\$106,331	\$106,331	\$106,331
Tompkins	\$247,439		\$105,488	\$105,488	\$105,488	\$105,488	\$105,488
Warren	\$552,826		\$110 565	\$110,632	\$110,865	\$110,882	\$148,852
Washington	\$566,939		\$113,388		\$113,388	\$113,388	\$113,388
Wayne	\$647,135		\$129,427			\$129,427	\$129,427
Westchester	\$1,569,402		\$313,880			\$313,880	\$313,880
Yates	\$672,787		\$134,557	\$134,557	\$134,557	\$134,557	\$134,557
Total	\$43,115,337	Total	\$8,623,067	\$8,623,067	\$8.623.067	\$8 623 067	48 623 067

Exhibit A – Deliverables (draft) Grants to Local Health Departments to Strengthen Public Health Workforce and Foundational Capabilities

Purpose: The program of work under this funding opportunity addresses long-standing weaknesses due to chronic underinvestment in New York's public health system and strengthens preparedness to address new challenges and future public health emergencies. The investments in the local public health workforce and foundational capabilities supports Local Health Departments (LHDs) to address health inequities and disparities more effectively across populations and regions throughout their jurisdiction and better meet the ongoing and future public health needs of New Yorkers.

Requirements: Funds from this grant must be used to strengthen the county public health department and may not supplant existing public health department resources. Maintenance of effort is a requirement of receiving these grant funds.

Uses: Grant funds may be used to strengthen the public health workforce through hiring of public health positions, supporting retention of current staff, making upgrades to the workplace to increase employee satisfaction, providing public health training, and providing public health support services to the public health department.

Short-term outcomes of this funding investment include improvements in the LHD workforce to include hiring new or vacant positions, retaining current staff through various investments or services, or improving foundational public health capabilities through training and other staffing enhancements.

Longer-term outcomes of this funding investment include improvements in the public health of the jurisdiction, especially among socially and economically marginalized communities.

Examples of Allowable Costs:

- Hire new staff or retain staff whose grant funding sources are expiring;
- Develop policies and best practices to guide use of funds for various recruitment and retention incentives; deploy the resources for these purposes;
- Contract with another agency to hire staff on the LHD's behalf;
- Invest in staff retention efforts to include retention bonuses, base pay increases, tuition assistance, staff training opportunities (including travel to conferences and events) or other retention efforts;
- Partner with neighboring county or counties to hire staff in a shared staffing model;
- Invest in 'special projects', novel public health efforts and partnerships with academic or community partners to address workforce solutions;
- Invest in office upgrades to increase employee satisfaction with the workplace environment; examples include minor alterations, repairs, purchasing updated furniture, equipment, wifi expansion and implementation of software/technology solutions;
- Invest in internal data modernization solutions that will increase efficiencies and improve employee satisfaction.

Funding Restrictions:

- Funds cannot be used for research-related activities.
- Funds cannot be used for clinical care / direct patient care.

<u>NOTE</u>: Funds are intended to augment public health staffing capacity and cannot supplant existing commitments. These funds should result in a net increase of total county public health staff.

Reporting: TBD

NYSDOH Programmatic Contact: TBD

NYSDOH Fiscal Contact: Bridget Pardo, Grants Administration, NYSPHEP@health.ny.gov

Ulster County Department of Health Medical Examiner's Office - Autopsy Cases

Date of Death between 1/1/2023 and 3/31/2023

Total Number of Cases: 56

Cases by Gender	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand Total
F	4	5	6	0	0	0	0	0	0	0	0	0	15
M	12	12	17	0	0	0	0	0	0	0	0	0	41
Grand Total	16	17	23	0	0	0	0	0	0	0	0	0	56
Cases by Manner	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand Total
Accidental	5	2	2	0	0	0	0	0	0	0	0	0	9
Homicide	1	1	0	0	0	0	0	0	0	0	0	0	2
Natural	- 3	1	1	0	0	0	0	0	0	0	0	0	5
Pending	5	11	16	0	0	0	0	0	0	0	0	0	32
Suicide	2	2	4	0	0	0	0	0	0	0	0	0	8
Grand Total	16	17	23	0	0	0	0	0	0	0	0	0	56
Cases by Category	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand Total
Blunt Force Trauma - non-MVA	0	1	0	0	0	0	0	0	0	0	0	0	1
Cardiovascular	2	1	0	0	0	0	0	0	0	0	0	0	3
Cardiovascular and Obesity	1	0	1	0	0	0	0	0	0	0	0	0	2
Gunshot Wound	2	1	1	0	0	0	0	0	0	0	0	0	4
Hanging	0	1	3	0	0	0	0	0	0	0	0	0	4
Motor Vehicle Accident	1	0	0	0	0	0	0	0	0	0	0	0	1
Non-Opioid Substance	0	1	0	0	0	0	0	0	0	0	0	0	1
Non-Opioid Substance w/ Other Substances	1	0	0	0	0	0	0	0	0	0	0	0	1
Opioid-Related	3	0	0	0	0	0	0	0	0	0	0	0	3
Other	0	1	2	0	0	0	0	0	0	0	0	0	3
Pending	3	5	5	0	0	0	0	0	0	0	0	0	13
Pending - Suspected Opioid	2	6	11	0	0	0	0	0	0	0	0	0	19
Smoke Inhalation	1	0	0	0	0	0	0	0	0	0	0	0	1
Grand Total	16	17	23	0	0	0	0	0	0	0	0	0	56