

Our Agency's Motto:

Do all the Good you can,
by all the means you can,
in all the ways you can,
in all the times you can,
to all the people you can,
as long as ever you can.

-John Wesley

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Warren County Health Services is
pleased to present the Annual Report for the Year 2015

VISION:

Healthy People in Healthy Communities

MISSION:

Promote Physical and Mental Health and Prevent Disease, Injury, and Disability
Maximize the Health Potential of all Residents in Warren County

Working together and committed to excellence, we protect, promote, and provide for
the health of our citizens through prevention, science, services, collaboration,
and the assurance of quality health care delivery.

GOALS:

- Prevent epidemics and the spread of disease
- Protect against environmental hazards
- Prevent injuries
- Promote and encourage healthy behaviors
- Respond to disasters and assist communities in recovery
- Assure the quality provision and accessibility of Health Services in the home
and in the community

WARREN COUNTY HEALTH SERVICES TEAM

Warren County communities remain fortunate to have the expertise of our staff. The quality of our Health Care Services is a direct reflection of continual commitment, dedication, care, and knowledge coupled with the excellent team efforts of the following individuals:

Marietta Anderson	Casey Dwyer	Janel Martinez	Toni Roth
Robin Andre	Sara Farnsworth	Erik Mastrianni	Laura Saffer
Jeannette Arends	Nedra Frasier	Kathy McGowin	Grace Saville
Shauna Baker	Cheryl Fuller	Crystal McKinney	Lisa Saville
Jackie Barney	Nancy Getz	Angela Meade	Margaret Sawyer
Patricia Belden	Diana Gillis	Jackie Merritt	Anni Stewart
Cheryl Bellizzi-Sharron	Mary Lee Godfrey	Barbara Moehringer	Sharon Schaldone
Craig Briggs	Lindsay Graham	Lisa Morton	Pamela Silva
Debbie Burke	Dana Hall	Dorothy Muessig	Melody Smith
Gwen Cameron	Meg Haskell	Jackie Mulcahy	Helen Stern
Georgene Carpenter	Alissa Hay	Mary Murphy	Gillian Tingley
Kerri Carpenter	Michelle Hayward	Patty Myhrberg	Debbie Toolan
Jamie Clute	Shannon Houlihan	Maureen O'Brien	Kathleen Wallace
Donna Cooke	Ginelle Jones	Bethany Paquette	Sandy Watson
April Cosey	Elaine Kane	Nancy Parsons	Valerie Whisenant
Tara Cote	Barbara Karge	Diane Pfeil	Diedre Winslow
Diane Decesare	Sue Kerr	Kristen Phinney	Stacy Woodcock
Tammie DeLorenzo	Emily LaLone	Stella Racicot	
Tawn Driscoll	Mary Lamkins	Cassandra Rausch	
Cathy Dufour	Maureen Linehan	Lynne Rodriguez	
Dan Durkee	Ashley Long		
	Danielle Martin		

I am honored to be their colleague ~ Pat Quier

HEALTH SERVICES COMMITTEE

Warren County Health Services is governed by the Board of Supervisors who are the legislative body for the county. These individuals constitute the Board of Health according to Chapter 55 of the New York State Public Health Law. The board is responsible for the management, operation, and evaluation of the Health Services Agency.

The Board of Supervisors is charged to perform the following overall functions:

- To appoint a Director of Public Health and Early Intervention Official and a Director of Home Care to provide day to day management of programs
- To provide for the proper control of all assets and funds and to adopt the agency's budget and annual audits
- To enter into contracts with individuals and/or facilities to allow for services or reimbursement mechanisms as needed
- To ensure compliance with all applicable federal, state, and local statutes, rules, and regulations

A subcommittee of the full Warren County Board of Supervisors constitutes the Health Services Committee and advises the full Board of Supervisors regarding Health Services concerns. We appreciate the support of the following county supervisors:

Warren County Board of Supervisors
Health Services Committee Members

Matthew Sokol, Chairman, Queensbury

Ronald Conover, Bolton

Edna Frasier, Hague

Peter McDevitt, Glens Falls

Mark Westcott , Queensbury

WARREN COUNTY HEALTH SERVICES 2015 ANNUAL REPORT

PURPOSE OF REPORT: This comprehensive Health Services Annual Report is intended to provide an opportunity for the Warren County Board of Supervisors to annually review and evaluate the various Health Services Programs as measured by statistical documentation of the services provided. The report further serves to demonstrate a public record of accountability for the various program areas.

It may also serve as a resource document to:

- provide public record of individual program statistical outcomes and specific program explanations
- display trend information
- motivate change
- provide measures for comparisons

LIMITATIONS OF THE REPORT: While the data contained in this document can serve as a useful resource for discussion regarding specific program areas, those who review this report should be aware of its limitations. There are, for example, many intended standards for care provision that are not measured by statistical information. Among such standards are staff attitudes, which have resulted in the development of these goals.

- Each staff person will continually demonstrate the knowledge, understanding, and appreciation for the program team in which they participate, and will continually develop the skills to express their personal talents.
- Each staff person will respect and practice basic civil values and utilize the skills, knowledge, understanding, and attitudes necessary to provide health and educational services to the community.
- Each staff person will maintain the ability to understand and respect people of different race, sex, ability, cultural heritage, national origin, religion; and political, economic and social background; and their values, beliefs, and attitudes.
- Each staff person will continually develop their general career skills, attitudes, and work habits to promote ongoing self assessment and job satisfaction.

In each of these goals, staff attitudes are critical and directly translate into the quality of services provided to the residents of Warren County.

PROFESSIONAL ADVISORY COMMITTEE

The Professional Advisory Committee is a collaborative committee that meets quarterly to review pertinent concerns regarding current Health Services issues. Membership is composed of a cross section of professional disciplines that routinely interface with Health Services initiatives. Specific program updates are provided at these meetings and consensual advice from members is obtained when needed in this forum.

Kathy Anderson, Dir. Of Dialysis Center & Vascular Infusion Center, GFH
Patricia Auer, Director of Health Services
Patricia Belden PHN, Communicable Disease Program, Health Services
Stephen Bassin, D. P. T.
Tammie DeLorenzo, Clinical Fiscal Informatics Coordinator
Tawn Driscoll, Financial Manager, Health Services
Joseph Dufour, FNP Irongate Family Practice
Dan Durkee, Health Educator, Health Services
Joan Grishkot, Community Member and Retired Director of Warren County Health Services
Ginelle Jones FNP, Assistant Director Public Health
Mary Lamkins, Supervising Nurse, Health Services
Daniel Larson MD, Public Health Medical Director
Richard Leach MD, Medical Consultant for Infectious Diseases
Richard Mason, Community Member, former Glens Falls City Supervisor
Kendra Raymond, Westmount Health Facility
John Rugge MD, Health Services Medical Director
Christie Sabo, Director Warren Hamilton Counties Office for the Aging
Julie Smith, Director Patient Services, Greater ADK Home Health Aides
Sharon Schaldone, Assistant Director Patient Services
Nancy Parson, RN Immunization Program, Warren County Health Services

FACTS, FIGURES, AND TRENDS
FOR HOME CARE & PUBLIC HEALTH

HEALTH SERVICES STAFFING

Number of Staff Involved with Health Services in 2015: 122

58 Full Time
9 Part Time
11 Per Diem
44 Contractual

Administrative Staff: 8 (all FT employees, all non-bargaining)

1 Director of Public Health/Patient Services, also acts as EI Official
1 Assistant Director of Public Health
1 Assistant Director of Patient Services
1 Clinical Fiscal Informatics Coordinator
1 Fiscal Manager
3 Supervising Public Health Nurses

Nursing Staff

6 Full Time Public Health Nurses (Grade 21)
18 Full Time Community Health Nurses (Grade 20)
3 Less than FT Community Health Nurses (Grade 20)
2 Full Time Registered Nurse (Grade 19)
4 Full Time Registered Nurse II (Grade 20)
3 Full Time Nurse Technicians (LPNs) (Grade 9)

Per Diem Nurses

4 Public Health Nurses
3 Community Health Nurses
3 Registered Nurses

Other Professional Staff

1 Full Time Senior Public Health Educator/Emergency Preparedness Coordinator (Grade 18)
1 Full Time Senior EI/Preschool Service Coordinator (Grade 19)
2 Part Time EI/Preschool Service Coordinators (Grade 18)
1 Per Diem Early Intervention/Preschool Service Coordinator
1 Part Time Public Health Liaison for Emergency Preparedness

WIC (Women, Infant, and Children's Nutrition) Program

1 Full Time WIC Program Coordinator (non bargaining)
1 Full Time WIC Nutrition Facilitator (Grade 16)
1 Full Time WIC Dietician (Grade 16)
1 Full Time Nutrition Aides (Grade 6)
2 Full Time WIC Assistant (Grade 5)
1 Full Time Infant Feeding Advocate (Grade 3)
1 Part Time WIC Clerk (Grade 4)
1 Part Time Health Educator (Grade 14)

Clerical Support Staff

1 Part time Administrative Assistant (Grade 8)
1 Full Time Principal Account Clerk (Grade 10)
2 Full Time Senior Account Clerks (Grade 7)
2 Full Time Account Clerks (Grade 4)
1 Full Time Medical Records Clerk (Grade 5)
3 Full Time Senior Clerks (Grade 4)
1 Full Time Principal Clerk (Grade 7)

Contractual Therapists

17 Physical Therapists
2 Physical Therapy Assistants
8 Occupational Therapists
11 Speech Therapists
2 Medical Social Workers
1 Dietician

Contractual Medical Directors

1 Medical Director for Public Health Programs
1 Medical Director for Infectious Disease
1 Medical Director for Home Care/High Technology Services

Medical Consultants are needed per NYSDOH regulations for the operation of our Diagnostic and Treatment Center, Certified Home Health Agency, and the Tuberculosis Program. Peter Hughes MD provides physician coverage for the weekly Sexually Transmitted Disease clinics. The costs for the clinics are divided between Warren and Washington Counties at 50% by each county. Glens Falls Animal Hospital veterinarians and animal handlers provide staffing for Rabies clinics and prepare animal specimens for rabies testing as needed. They receive reimbursement per contractual basis.

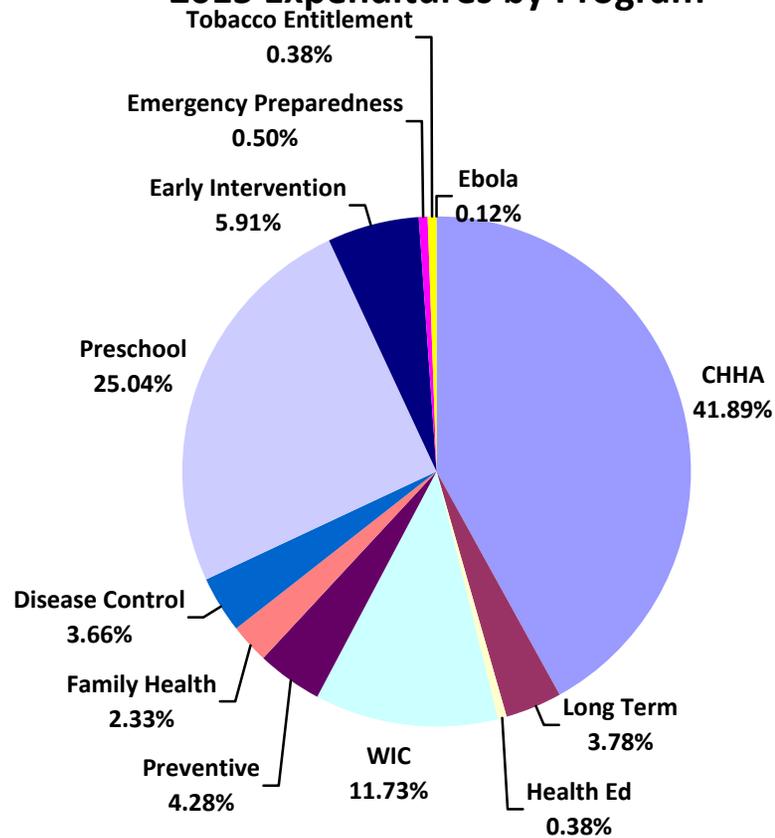
BUSINESS ASSOCIATES CONTRACTED IN 2015 FOR THERAPY SERVICES

Juliet Aldrich ST
Natalie Barber PT
Stephen Bassin PT
Barbara Beaulac PT
Heidi Bohne ST
Diana Burns PT
Sara Bush ST
Beth Callahan PT
Nancy Carroll MSW
Teresa Costin OT
Theresa Dicroce PTA
Stacie DiMezza ST
Linda Donnaruma OT
Colleen Dowing PT
Melissa Dunbar ST
Gary Endal OT
Kathleen Frasier PT
Stacey Frasier OT
Robert Gautreau PT
Debora Gecewicz ST

Lisa Grabee PT
Dorothy Grover PT
Cheryl Hoffis ST
Denise Jackson PT
Cathy Joss PT
Ellen Kirker PT
Kathryne Kitchen OT
Melissa Kenison-Rose OT
Mindy LaVine ST
Melissa Lemery RD
Christine McGlaufflin ST
Rita Lombardo-Navatka MSW
Catherine Meehan PT
Sara Nelson ST
Donna Reynolds OT
Kim Rivers PT
Emily Russom OT
Jean Szachacz ST
Jen Whalen PTA
Adam Willis PT
Nicole Willis PT

Health Services staff consider these people to be dedicated professionals – thanks for a job well done!

2015 Expenditures by Program



Total Expenditures: \$10,785,652.79

*Mandated programs account for 34.61% of total actual expenditures. (They are the Preschool, Early Intervention, and Disease Programs)

Source: Budget Performance Report as of 12/31/2015

WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS

Revenues and Expenses for 2015

EXPENSES	2015 BUDGETED	2015 YTD ACTUAL	2014 Prior Year Totals
Salaries - Regular	\$2,836,379.00	\$2,741,583.99	\$2,814,172.31
Salaries - Overtime	\$139,500.00	\$129,253.40	\$130,843.90
Salaries - Part Time	\$339,321.00	\$293,525.04	\$262,705.45
100's PERSONAL SERVICES	\$3,315,200.00	\$3,164,362.43	\$3,207,721.66
200's EQUIPMENT	\$33,440.00	\$18,161.90	\$130,183.64
400's CONTRACTUAL	\$6,844,481.20	\$5,893,074.64	\$5,844,841.39
800's EMPLOYEE BENEFITS	\$1,802,319.00	\$1,710,053.82	\$1,801,449.36
TOTALS	\$11,995,440.20	\$10,785,652.79	\$10,984,196.05

REVENUES	2015 BUDGETED	2015 YTD ACTUAL	2014 Prior Year Totals
	\$9,785,124.00	\$8,735,061.81	\$8,776,039.68

Note: In 2015, Warren County Health Services net effect to the county was under budget by \$159,725 or 7.23% and was \$157,565 under the 2014 effect to the county.

- * Total Personal Services were down \$150,837 from budget and Employee Benefits were also down from budget by \$92,265. All Salary categories were below 2015 budget. The primary reason for this was the nursing staff shortage we continue to have in our Home Care Division. Per Diem staff has helped tremendously during this time.
- * Contractual Expenses were below budget by \$951,406. Our Long Term Care program is being downsized per the state, therefore contractual expenses were down and also the Preschool and Early Intervention programs were also down in expenses. These three programs alone were 69% of the reduction in expenses.
- * Revenues are below budget primarily due to the decreases in the Long Term Care program and also within the Early Intervention/Preschool Programs. These two programs were 85.57% of the total revenue reductions. However, the Home Care division was \$140,793 above budgeted revenues for 2015. As we state throughout the year, if expenses are down, revenue will be down and usually correlates with that especially within the Preschool and EI Programs.

WARREN COUNTY POPULATION

Source: NYSDOH Statistical Data

BIRTHS AND DEATHS IN WARREN COUNTY

**STATISTICAL INFORMATION
COMPARISON TRENDS**

	2011	2012	2013	2014	2015
Births	598	577	602	556	535
Deaths	572	596	631	601	663



HOME CARE SERVICES

Philosophy: The primary focus of Home Care is the health of individuals and their families as they relate and interact in their community. Home Care recognizes the importance of psychosocial and physical wellness and attempts to correct the circumstances that interfere with the greatest degree of wellness that a person can achieve. Further, the agency respects the autonomy of the patient and family to make decisions and choices affecting their present and future health status.

Home Care is patient centered, outcome oriented, and dependent on a multi-disciplinary multi-agency collaboration.

Goals: As a Certified Home Health Agency, we shall provide skilled nursing services, physical, speech and occupational therapy, medical social services, nutrition, and home health aide services to patients within Warren County on an intermittent basis under the direction of a physician. The ultimate aim is to instruct and support the patient and/or family in self-care and disease management and to support care transition interventions to minimize avoidable complications. Our homecare Professionals provide health guidance to all ages so that individuals, families, and the community will be helped to achieve and maintain optimum health.

The agency participates in ongoing assessment of the community's health, social needs and resources. The agency shall participate in this ongoing assessment together with other providers and consumers of health care services in Warren County. They shall use this information to affect appropriate program planning under the direction of the Board of Supervisors acting as the Board of Health, with the assistance of the Professional Advisory Committee.

The agency will develop, implement and maintain comprehensive, case managed programs for persons who wish to be at home but who would otherwise require nursing home placement to meet their needs for care.

QUALITY ASSURANCE PERFORMANCE IMPROVEMENT PROGRAM QAPI

Warren County Health Services Division of Home Care is committed to providing quality health care to all of its clients. The process by which our client outcomes are monitored is through the Quality Assurance Performance Improvement Program (QAPI). The Quality Assurance team is the hub of our agency's QAPI process. The Quality Assurance team is led by the Assistant Director of Patient Services who collaborates with the administrative and clinical leadership to effectuate a successful and regulatory compliant program. The Quality Assurance team fosters a culture within the agency that promotes a daily commitment to continually improving quality of care for our clients. This team empowers clinical staff to build quality improvement processes into daily work activities.

The QA team is daily reviewing current Home Health Compare data, Process Measure data and OASIS C1 assessment data for accuracy. The implementation of the Agency's standards of care is continually monitored through our Chart Committee meetings. When the Chart Committee identifies a process as needing enhancing or revision the QA team will address. All personnel employed by our Division of Homecare play an integral part in our Quality Assurance Performance Improvement Program.

The following reports note our achievements comparing our Certified Home Health Agency (CHHA) to other CHHA's at the State and National levels.

The results of the agency's Quality Assurance Performance Improvement program for 2015 are as follows:

- **Home Health Compare Results/Process Measure Outcomes**
- **Home Health Consumer Assessment of Healthcare Providers and Systems (HCAHPS):**

This survey is a Federal requirement for all CHHA's. The survey needs to be conducted by an outside independent agency that is certified by Centers for Medicare and Medicaid Services (CMS) to do the standardized survey. We have a contract with Strategic Health Plan (SHP) for this service. The survey has 3 Composite Measures:

1. Care of Patients
2. Communications Between Providers and Patients
3. Specific Care Issues: Home Safety Issues, Medications regarding schedule and side effects, and Pain



Your Overall Star Rating		Quality of Patient Care: ☆☆☆															
Managing Daily Activities <i>DC/TRF - You/SHP: 1/15 - 12/15 CMS: 7/14 - 6/15</i>		You			State (NY)		National		Your % Rank								
		Actual	CMS	Risk Adj	CMS	SHP	CMS	SHP	CMS	SHP							
Improvement in Ambulation	☆☆☆	42.8%	56.3%	55.5%	63.6%	70.1%	64.3%	71.0%	31.3%	11.3%							
Improvement in Bed Transferring	☆☆☆☆	57.6%	66.1%	65.9%	59.5%	67.4%	59.9%	67.3%	78.2%	69.5%							
Improvement in Bathing	☆☆☆☆	59.9%	64.5%	62.9%	66.2%	72.8%	69.0%	74.1%	41.0%	17.4%							
Managing Pain and Treating Symptoms <i>DC/TRF - You/SHP: 1/15 - 12/15 CMS: 7/14 - 6/15</i>		You			State (NY)		National		Your % Rank								
		Actual	CMS	Risk Adj	CMS	SHP	CMS	SHP	CMS	SHP							
Pain Assessment Conducted	PM	99.9%	100.0%		98.9%	99.0%	98.8%	99.2%	99.0%	74.1%							
Pain Interventions	PM	99.8%	100.0%		99.2%	99.3%	98.6%	99.1%	99.0%	64.4%							
Improvement in Pain	☆☆	64.7%	61.0%	63.7%	70.2%	73.3%	68.5%	71.3%	33.5%	25.4%							
Heart Failure Symp Addressed	PM	99.1%	98.9%		97.9%	98.0%	98.0%	98.1%	42.7%	44.4%							
Improvement in Dyspnea	☆☆☆☆	55.5%	64.8%	63.8%	70.4%	73.4%	67.1%	73.2%	48.2%	21.2%							
Treating Wounds/Preventing Pressure Sores <i>DC/TRF - You/SHP: 1/15 - 12/15 CMS: 7/14 - 6/15</i>		You			State (NY)		National		Your % Rank								
		Actual	CMS	Risk Adj	CMS	SHP	CMS	SHP	CMS	SHP							
Improvement in Status of Surgical Wounds	PM	87.2%	92.9%	91.9%	89.6%	91.0%	89.5%	89.5%	60.7%	54.7%							
Pres Ulc Risk Assess Conducted	PM	99.9%	99.9%		99.0%	98.9%	98.7%	99.2%	71.8%	73.8%							
Pres Ulc Prevention in POC	PM	100.0%	100.0%		98.8%	98.6%	97.9%	98.3%	99.0%	99.0%							
Pres Ulc Prevention	PM	99.7%	99.9%		97.7%	98.1%	97.0%	98.0%	66.8%	73.0%							
Preventing Harm <i>DC/TRF - You/SHP: 1/15 - 12/15 CMS: 7/14 - 6/15</i>		You			State (NY)		National		Your % Rank								
		Actual	CMS	Risk Adj	CMS	SHP	CMS	SHP	CMS	SHP							
Timely Initiation of Care	☆☆☆☆	96.9%	97.0%		94.2%	94.4%	91.9%	92.6%	77.4%	72.6%							
Drug Education All Meds	☆☆☆☆	97.5%	97.1%		93.0%	95.0%	94.3%	96.5%	53.9%	44.2%							
Improvement in Mgmt of Oral Meds	PM	47.9%	52.8%	52.8%	53.7%	63.3%	54.0%	61.4%	56.2%	33.0%							
Fall Risk Assessment Conducted	PM	99.8%	99.8%		98.4%	98.7%	98.6%	99.1%	48.7%	59.4%							
Depression Assessment Conducted	PM	99.9%	99.9%		97.6%	97.9%	97.8%	98.4%	70.2%	83.0%							
Flu Vaccine Received	☆☆☆☆	74.4%	76.8%		65.3%	69.4%	70.3%	72.4%	66.1%	52.0%							
PPV Received	PM	80.3%	81.5%		61.1%	69.9%	71.5%	75.8%	69.0%	55.1%							
Diabetic Foot Care & Education	PM	99.4%	99.6%		96.9%	97.1%	95.3%	96.4%	72.8%	75.4%							
Preventing Unplanned Hospital Care <i>SOC - You/SHP: 1/15 - 12/15 CMS EC: 7/14 - 6/15 CMS Hosp: 7/14 - 6/15</i>		You			State (NY)		National		Your % Rank								
		Actual	CMS	Projected	CMS	SHP	CMS	SHP	CMS	SHP							
Note: In this section, lower scores are better.																	
30-Day Rehospitalizations	PM	15.8%			12.6%		12.4%		22.9%								
60-Day Hospitalizations	☆☆	16.9%	18.3%	18.2%	16.4%	15.1%	16.0%	15.6%	21.0%	21.3%							
30-Day EC without Hospitalizations	PM																
60-Day EC without Hospitalizations	PM		8.4%		10.3%		12.3%		82.3%								
HHC AHPs <i>Sample Months - You/SHP: 1/15 - 12/15 CMS: 7/14 - 6/15</i>		You			State (NY)		National		Your % Rank								
		Actual	CMS		CMS	SHP	CMS	SHP	CMS	SHP							
Care of Patients		90.9%	92.0%		84.0%	87.7%	88.0%	89.1%	80.9%	67.3%							
Communications		88.7%	90.0%		82.0%	85.3%	85.0%	86.4%	82.7%	70.3%							
Specific Care Issues		87.2%	86.0%		81.0%	85.6%	84.0%	85.6%	64.5%	62.5%							
% who Rated Agency 9,10		87.8%	91.0%		78.0%	82.5%	84.0%	83.9%	83.4%	72.6%							
% who would Recommend		87.4%	91.0%		72.0%	78.1%	79.0%	79.6%	91.9%	86.6%							
Your Percentile Ranking																	
<table border="1"> <tr> <td><10%</td> <td>10% - 20%</td> <td>20% - 40%</td> <td>40% - 60%</td> <td>60% - 80%</td> <td>80% - 90%</td> <td>>90%</td> </tr> </table>											<10%	10% - 20%	20% - 40%	40% - 60%	60% - 80%	80% - 90%	>90%
<10%	10% - 20%	20% - 40%	40% - 60%	60% - 80%	80% - 90%	>90%											

Hyphens indicate data not available.
 Italicized scores are CMS closest match.
 ☆ Data parameters match HHC. ☆ Data parameters do not match HHC.
 Better/Same/Worse than expected
 CMS cut points used (Pub: Outcomes/Process Measures-04/2016, Hospitalizations/EC-04/2016).
 Your % Rank - Ranks your actual CMS or SHP score (risk adjusted/projected where applicable) against the CMS and SHP populations.
 Additional report info: https://secure.shpdata.com/download/shpuniversity/documents/report_user_guides/Home-Health-Compare-User-Guide.pdf

2015 Overview of the Utilization Review Committee

The Utilization Review Committee of Warren County Health Services held quarterly meetings during the year 2015. The meetings were held March 12th, May 14th, August 20th and November 19th.

The numbers of patient records reviewed were 11, 10, 10, and 9 respectively, giving a total of 40 patient records reviewed during the year 2015.

The number of patients on the active roster on the last working day of 2015 was 330, with a breakdown as follows: CHHA – 301 (SN-145, PT/OT-27, and EI/CPSE-129); LTC – 6 and PCA – 23.

Members of the committee are:

Sharon Schaldone, ADPS
Mary Lee Godfrey, CSN
Mary Lamkins, CSN
Valerie Whisenant, CSN
Cathy DuFour, PHN QA
Maureen Linehan, RN QA
Lynne Rodriguez, RN QA
Staff Nurses
Physical Therapy Contractor

Breakdown of Charts Reviewed:

Number Active	32	Number CHHA	40
Number Discharged	8	Number LTC	0

Method of Record Selection: For all meetings during the year 2015, the records chosen were a random selection of patients admitted 3-4 months prior to each meeting. The random selected patients covered all services provided by the agency: SN, PT, OT, MSW, HHA, PCA, IV Therapy, and Telemonitoring.

Summary of Utilization of Services:

Adequate Utilization	35
Overutilization	2
Underutilization	2
Inadequate Information	0
Unable to Decide	1

Two records reviewed indicated that there was an overutilization of SN services – in both cases the documentation did not support the need for recertification of ongoing skilled services. The primary RN in both cases was counselled about the need for documentation that supports ongoing skilled services.

Two records reviewed indicated that there was an underutilization of available services. In one case, the reviewer felt that a referral for HHA services should have been made to assist the patient with personal care. In the other case, the reviewer felt that the patient should have been seen more frequently due to the deterioration in health status, orders for the patient to be considered palliative care and the need for more frequent assessments and support. In both cases, the primary RN was counselled about the findings of the UR review.

The reviewer felt that there was one case where they were unable to decide if the care provided was appropriate – this involved a case that PT was the only discipline involved and the reviewer felt that the poor documentation of the patient’s needs or progress made it difficult to decide if the care was appropriate. The findings of the committee were discussed with the primary therapist who stated that the nursing and aide were provided by the NHTD program so the therapist did not monitor the patient’s ADLs. His primary goal was to address the hand contractures, the patient did not make significant progress but the possibility of improvement was reasonable.

CERTIFIED HEALTH CARE AGENCY and LONG TERM HOME HEALTH CARE PROGRAM

SERVICES BY THE NUMBERS

Certified Home Health Agency

Visits by Discipline	2014	2015	2015/2014 % (+ or -)
Nursing	16,265	16,184	0%
Physical Therapy	6,864	7,160	4%
Occupational Therapy	490	485	-1%
Speech Therapy	112	96	-14%
Medical Social Worker	108	90	-17%
Nutrition	5	0	-100%
Home Health Aide	4,672	4,047	-13%
TOTALS	28,516	28,062	-2%

**Long Term Home Health Care Program (program in
process of being phased out)**

Visits by Discipline	2014	2015	2015/2014 % (+ or -)
Nursing	1,517	953	-37%
Physical Therapy	767	268	-65%
Occupational Therapy	54	2	-9677%
Speech Therapy	4	0	0%
Medical Social Worker	35	29	-17%
Nutrition	0	0	0%
Home Health Aide	1,479	674	-54%
Personal Care Aide	5,712	3115	-45%
Respiratory Therapy	2	0	-100%
TOTALS	9,570	5,041	-47%

CERTIFIED HOME HEALTH AGENCY GEOGRAPHICAL STATISTICS

2015 Visits by Town

Town	Total Visits	%
Adirondack	53	0.19
Athol	356	1.27
Bakers Mills	81	.029
Bolton Landing	320	1.14
Brant Lake	443	1.58
Chestertown	977	3.48
Cleverdale	8	0.03
Diamond Point	59	0.21
Glens Falls	6289	22.41
Hague	665	2.37
Johnsburg	516	1.84
Lake George	2,464	8.78
Lake Luzerne	544	1.94
North Creek	1,695	6.04
North River	98	0.35
Olmstedville	39	0.14
Pottersville	528	1.88
Queensbury	10,206	36.37
Stony Creek	241	0.86
Warrensburg	2,321	8.27
Wevertown	159	0.57
Grand Total	28,062	

REFERRAL NUMBER REPORT

Warren County Health Services Patient Evaluations CHHA Division

CATEGORY	01/2014	02/2014	03/2014	04/2014	05/2014	06/2014	07/2014	08/2014	09/2014	10/2014	11/2014	12/2014
SN eval	127	110	132	114	139	85	116	122	106	103	109	116
SN IV eval	7	4	6	2	5	7	5	5	6	15	4	7
CDPAP	7	2	0	0	0	0	0	0	0	0	0	0
PRI	3	2	3	4	0	5	3	3	6	3	5	5
UASNY	15	11	18	14	12	23	26	21	19	16	15	26
SN Evals per month	159	125	159	134	156	120	150	151	137	137	133	154
PT evals	88	82	78	69	84	61	75	76	67	74	70	70
PT only	33	32	35	25	25	27	27	21	18	21	24	21
PT only evals per mo	33	32	35	25	25	27	27	21	18	21	24	21
Total Evals per month	192	157	194	159	181	147	177	172	155	158	154	175
	-9%	12%	13%	-11%	-17%	-1%	-17%	-11%	-8%	-19%	-2%	-4%

TOTAL EVALS DOWN 7% FROM 2013, TOTAL EVALS=2021

CATEGORY	01/2015	02/2015	03/2015	04/2015	05/2015	06/2015	07/2015	08/2015	09/2015	10/2015	11/2015	12/2015
SN eval	122	110	114	109	122	109	122	111	99	104	106	102
SN IV eval	9	6	8	13	5	7	8	3	9	5	1	8
CDPAP	1	0	0	0	0	0	0	0	0	0	0	0
PRI	5	5	5	6	5	2	2	7	1	1	1	5
UASNY	18	15	23	16	10	13	23	10	14	15	14	17
SN Evals per month	155	136	150	144	142	131	155	131	123	125	122	132
PT evals	80	75	94	80	71	82	80	70	73	75	65	67
PT only	25	26	34	30	31	24	26	31	34	29	24	17
PT only evals per mo	25	26	34	30	31	24	26	31	34	29	24	17
Total Evals per month	180	162	184	174	173	155	181	162	167	154	146	149
	-7%	3%	-5%	8%	-4%	1%	1%	-6%	1%	-3%	-5%	-15%

TOTAL EVALS -3% FROM 2014, TOTAL EVALS=1957

REVENUE by PAYER

Traditional Medicare was 50% of our business for 2015 which is 2% decrease from 2014. Medicare reimburses the agency not by per visit (Fee for Service) but by episodes of care. The episode is a 60 day period and the Medicare payment is calculated by the score determined by the OASIS C1 assessment.

Managed Medicare comprised 26% of our revenues. Managed Medicare reimbursement can be either Fee for Service or Episodic Rate and is determined by the Managed Care Company.

Medicaid was reimbursing per visit up to May 1, 2012 at which time New York State's Medicaid Redesign Team (MRT) changed the previous Fee for Service payment as we knew it to an Episodic Rate System (EPS) similar to the Medicare PPS. In 2015 Medicaid was 7% of our CHHA revenue. The MRT calls for all Medicaid eligible clients in New York State to be assigned to a Managed Medicaid Plan. The transition began in Warren County in year 2014. This year our revenues were 9% Managed Medicaid, a 3% increase from 2014.

Private Insurance was 7% of the CHHA's revenue.

It is the intent of the Medicaid Redesign Team that all Medicaid patients will have to choose a Managed Long Term Care Agency to oversee their Medicaid spending. Because of this, the MRT changed the application process for opening a CHHA in a designated geographic area from an application based on Certificate of Need (CON) to one that allows patient choice. Changing the process will provide more than 1 agency for Medicaid recipients who need Medicaid funded community home care programs within a given geographic area. 2014 was the first full year that WCHS CHHA had competitors in the CHHA arena.

Warren County CHHA went from 0 competitors to 5 in 2015. I am proud to say that we have only had a decrease of 10% in our referrals since we have had competition.

LONG TERM HOME HEALTH CARE PROGRAM (LTHHCP) - MEDICAID REFORM MOVEMENT

New York States appointed Medicaid Reform Team movement is impacting the delivery of care for all Medicaid funded programs. One of the many goals for the Medicaid Reform is to transition all Medicaid recipients to a Managed Medicaid environment such a Managed Long Term Care Company (MLTC). One program that will be transitioned to the MLTC arena is the Long Term Home Health Care Program throughout New York State. The transition of this population affected our agency with the transition of all dually eligible Medicaid clients In the LTHHCP.

Warren County has 2 MLTC's that are accepting clients in our region. They are Fidelis and United Health Care. WCHS has contracts with both MLTC's to be the provider for the authorized skilled care that the clients will need when all patients are transitioned out of the LTHHCP. It is our goal that we will be chosen as the provider based on our experience in managing the LTHHCP for over the past 20 plus years.

The Long Term Care Home Health Program as we know it will be phased out by 2016 in our geographic region. All of the LTHHCP clients will be transitioned to a MLTC program which began in September 2014 in Warren County and be completed by June 2016. In the future all clients needing this type of care will be required to choose a MLTC to join. The MLTC will either have staff to provide the skilled care needed or they will contract with an agency to be the provider of services. At the closing of 2015 we had 8 LTHHCP patients waiting to be transitioned to a MLTC and 6 patients that are currently in their 90 day transition period. Warren County Health Services CHHA is the provider for 4 MLTC transitioned patients.

LONG TERM HOME HEALTH CARE PROGRAM (LTHHCP)

The LTHHC Program was a NYSDOH Waiver Certified Program administered by the local Department of Social Services (DSS). The program provided case management for coordination of services to Medicaid eligible clients who were medically eligible for placement in a nursing home. All individuals in the LTHHCP received case management by a nurse and may have received the following services based on assessment and plan of care:

Non-Waiver Services

- Skilled Nursing
- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Medical Supplies and Equipment
- Homemaking
- Housekeeping
- HHA or PCA
- Telehealth

Waiver Services

- Medical Social Worker
- Nutrition
- Respiratory Therapy
- Audiology
- Social Day Care (includes Transportation)
- Lifeline
- Respite Care
- Home Delivered or Congregate Meals
- Assistance with Moving
- Home Improvements and/or Maintenance

Waiver Services

- Medical Daycare
- Moving Assistance
- Assistive Technology
- Environmental Modifications

The focus of this program was to provide a cost-effective comprehensive alternative to nursing home placement for those individuals and their caregivers who prefer this option.

Skilled nursing and Tele monitoring were the only direct services provided by the agency in this program. All other services are provided on a contractual basis that necessitates a full time coordinator on a supervisory level to be sure these services are timely and appropriate. This supervisor is also responsible for coordination between all the services a client receives.

It is unfortunate to see this program being phased out for clients needing home care for greater than 120 days. This program was a cost-effective community based program administered by Warren County CHHA. We have data supporting a decrease in hospitalizations for many of our LTHHCP clients.

	2015
Number of active patients as of 12/31/2015	8
New Admissions	0
Number of Discharges/Transitioned	17

UNIFORM ASSESSMENT SYSTEM for New York STATE

The UAS-NY is the formal comprehensive assessment tool used to evaluate any individual for their need for community based long term care services or programs. WCHS has been involved with the UAS-NY since its inception in 2012. We continue to receive referrals for UAS-NY assessments from NHTD program, TBI waiver, MLTC's and DSS for their Medicaid programs (PCA and CDPAP)

HOME CARE GOALS FOR 2016

- ◆ Create and Enhance working relationships with referral sources to assure that our residents and existing clients continue to receive the quality of care provided by this agency in support of the changing times in delivering home health care
- ◆ Market our services and accomplishments to our residents and our referral sources
- ◆ Transition our homecare services to accommodate the Medicaid Redesign Team (MRT) in New York State
- ◆ Continue to support the Care Transition Initiatives
- ◆ Strengthen and Enhance the existing skilled programs we provide to our clients guiding them in managing their health
- ◆ Promote and implement Palliative Care through collaboration with local providers and agency training.



Public Health

Prevent. Promote. Protect.

Warren County Health Services
Division of Public Health

PUBLIC HEALTH SERVICES

The definition of Public Health is becoming increasingly broader and encompasses many disciplines. The department receives many calls where there are no easy answers or quick fixes for the questions asked or the requests made.

Our staff always endeavors to exemplify the essence of Health Services philosophies and missions and each service we provide and question we answer in some way demonstrates the importance of multidisciplinary efforts needed to achieve long lasting positive outcomes for the people we serve.

10 ESSENTIAL PUBLIC HEALTH SERVICES:

1. Monitor health status to identify community health problems
2. Diagnose and investigate health problems and health hazards in the community.
3. Enforce laws and regulations that protect health and ensure safety.
4. Inform, educate, and empower people about health issues.
5. Mobilize community partnerships to identify and solve health problems.
6. Link people to needed personal health services and assure provision of health care when otherwise unavailable.
7. Evaluate effectiveness, accessibility and quality of personnel and population-based health service.
8. Assure a competent public health and personnel health care work force.
9. Develop policies and plans that support individual and community health efforts.
10. Research for new insights and innovative solutions for health problems.

PRENATAL PROGRAM

SUMMARY OF SERVICES

Referrals to prenatal program are received by medical care providers and pregnant women are intended to supplement obstetrical services provided by private medical practitioners, through the provision of health supportive services including nutrition, psychosocial assessment and counseling, health education, and coordination of other services needed by Medicaid eligible women during pregnancy and for a period of up to 60 days after delivery. The coordinator of the client's health supportive services (HSS) must work closely with the medical practitioner to ensure that every opportunity is provided for clients to receive comprehensive and continuous prenatal care. The clinical aspect of obstetrical care will be provided by a medical provider in the medical provider's office while the HSS will be provided by maternal child health nurses in the client's home or on-site at the Public Health office.

Managed care programs are now being required to "demonstrate" that more positive outcomes for various diagnoses, i.e. pregnancy, are being achieved and specifically the factors which are contributing to positive outcomes, or what measures are in place to minimize negative outcomes. Public Health nursing services identify these goals by the extensive histories taken and the care plans established based on needs. Nursing services can assist managed care organizations to demonstrate one means in which outcome goals and objectives for clients are approached. Other referrals are received on prenatal clients identified at risk for less than optimal outcomes of pregnancy from agencies such as WIC, Community Maternity Services, health centers, Glens Falls hospital or clients themselves. Although reimbursement for services is pursued, no client is turned away because of inability to pay. Public Health Maternal Child Health Program nurses periodically visit obstetrical practice staff to review Public Health programs and discuss ways to improve client service. This endeavor has been viewed as positive by medical care providers and their staff and contributes to more collaborative and comprehensive client care effort. In addition, an annual MOMS Program meeting is held to network with providers and other referral sources, and other interested agencies.

In late 2007, the MOMS Program was transferred to an electronic record, thanks to the efforts of Jeremy Scime, IT Department. Information charting is done on-site making this information up-to-date which will facilitate communication with clients and network collaborating agencies. Reports and data are accessible and useful for the QA process and client-targeted education.

Note: None of the statistics in the Prenatal Program address or reflect information related to women who voluntarily terminate their pregnancies. Although this information is supposed to be anonymously reported to counties, reports appear incomplete, sporadic, and likely reflective of inaccurate information. (To date, information does not appear accurate enough to provide specific trends for the annual report. This is unfortunate because it is both a Public Health and a social concern.)

Maternal Child Health Program chart documentation is continuously reviewed and updated to reflect nursing standards and measure outcomes of service.

Program Goal: To target smoking in prenatal clients and offered referral to smoking cessation program. Mental health assessment for Depression is also in place. The maternal child health nurses have worked hard to develop assessment plans, care plans, and community plans to address and assist clients that smoke. Warren County's Community Health Improvement plan 2013-2017 will address chronic disease and mental health.

PRENATAL PROGRAM DATA

	CLIENTS REFERRED (UNDUPLICATED COUNT)	PRENATAL HOME VISITS MADE	TOTAL BIRTHS	TEEN PREGNANCY TRENDS (ENDING IN LIVE BIRTHS) <18YRS OLD
2011	175	121	598	11
2012	100	91	577	14
2013	67	91	602	14
2014	40	51	556	11
2015	47	76	535	6

Prenatal home visit numbers are significant but not totally reflective of the prenatal program for the following reasons:

- "Clients Refusing Services/Unable To Be Contacted After Referral" numbers are significant and a common occurrence
- Visits are also made at school, WIC clinics, or other sites i.e. friend's or relative's home due to unusual family circumstances
- Much more telephone time (and not home/not found time) is spent tracking down clients since addresses frequently change
- Many pregnant women referred are interested in participating in the Childbirth Education Classes but not the MOMS Program

Women, Infant and Children Nutrition Program
(WIC)

The Warren County WIC Program is sponsored by Warren County Health Services (WCHS). Our program maintains six full-time and two less than part-time staff.

October 1, 2015 began the first year of the five year contract between the USDA, NYS DOH and sponsoring agencies. The renewal of this contract provided an overall budget of \$ 501, 934 – the same amount of money provided for the FFY14 contract year.

WIC clinics are held at the Municipal Center, in addition to eight off-sites located in Glens Falls, Queensbury, Lake Luzerne, Warrensburg, North Creek and Horicon. Hours of operation include early morning, early evening and lunchtime appointments. Enrollment in 2015 was 1196 participants, a 9% decrease from 2014. USDA continues to report a nationwide decline in WIC enrollment with the reasons still under scrutiny. This local agency identified the need to enroll an increased number of prenatal women earlier in their gestational month and children aged one to two years through a multi-media advertisement blast. The outcome of this \$45,630 Performance Improvement Project (PIP) revealed that customer service and past participation with our local agency is the major source of WIC referrals and retention. Since this project, our Outreach Coordinator has increased visibility of this program by face to face contact throughout the county.

Site	Site Participant Average	% of Total Participant Average
Main Site – Warren County Municipal Center	264	22%
First Baptist Church – Glens Falls	240	20
Village Green Apartments – Glens Falls	153	13
VFW Post #6169 – Queensbury	205	16
Montcalm Apartments – Queensbury	63	5
Lake Luzerne Community Center – Lake Luzerne	51	4
Cornell Cooperative Extension – Warrensburg	103	8
North Creek Fire House – North Creek	48	4
Horicon Community Center – Brant Lake	69	8
	1196	100%

WIC supports breastfeeding as the primary source of nourishment for children birth to one year old. In early August, this local agency participated in World Breastfeeding “Latch On” set up at the Glens Falls City Park. Warren County WIC participated with the Washington and Saratoga County WICs and area doulas attended also by the NYS DOH Division of Nutrition Central Office. Breastfeeding mothers were invited to a morning of planned activities and outreach. WIC mothers who initiated breastfeeding increased to 73.8% from 71.2% in 2014; compared to 69.8% for the Capital Region and 79.1% statewide. During the prior year of operation, the four month absence of a

Breastfeeding Peer Counselor negatively affected this WIC service. Hire of a Breastfeeding Peer Counselor positively impacted the increase of postpartum mothers who initiated breastfeeding. Thirty breastfeeding women were issued WIC funded breast pumps and/or breastfeeding kits which allowed them to return to work after child birth. Since the inception of the Affordable Care Act, confusion regarding the assessment and follow-up support to our breastfeeding mothers has evolved. Private insurance and Medicaid Managed Care policies pay for breast pumps and kits but not in a timely manner. Our local agency makes every effort to provide WIC funded equipment to these women. Removing the insurance companies assures our Breastfeeding Coordinator and Peer Counselor that the breastfeeding assessment is completed accurately and in a timely manner.

As of July 1, 2015, the USDA and the NYS DOH, Division of Nutrition enhanced the WIC food package of all categorical recipients i.e. pre-natal women, post-partum women, breastfeeding women, infants and children. Food item choices added to each food package included whole wheat pasta, plain yogurt, canned beans and whole wheat tortillas. Another feature added to each participant's food voucher is a \$ 4.00 increased value of the already valued \$ 8.00 to \$11.00 Vegetable and Fruit check. This check allows participants to purchase fresh, frozen and canned vegetables and fruit. This check may also be negotiated at a Farmers' Market with farmers certified as a Vegetable and Fruit check vendor. This additional grant money is expected to close during the FFY16 contract year.

Our office works collaboratively with the WCHS Maternal-Child Health Program, United Health, Fidelis Cares, SNAP, Eat Smart NY, and the Warren-Washington County Head Start Program. All of these agencies attend WIC clinics as supportive community resources. The Maternal-Child Health Program promotes the MOMs Program, Child-Find and the Early Intervention Program. United Health and Fidelis Cares, both Warren County Managed Care Medicaid insurance companies, continued navigational services for the Affordable Care Act. These services have allowed WIC participants with a seamless application process. SNAP continues to utilize WIC clinics to meet with WIC participants for a regularly scheduled application appointment. Access to these essential services allows "one-stop shopping" - saving time, money and transportation for participants with limited resources. WIC hosted a confidential setting to SUNY Adirondack, Empire State College and Russell Sage College nursing and dietetic students completing their Maternal-Child rotation requirements. During the summer months, WIC took a very active role in the promotion of the USDA Summer Lunch Program, providing schedule, transportation options and convenient WIC appointments to accommodate participant demands experienced as young families. During the three months proceeding the December holidays, the BOOKS Program, donates new books, wrapped in seasonal paper, for newborns to children up to five years old. These books are distributed to all WIC children.

Of note, Warren County WIC's financial information is based up our 2014/2015 grant. Warren County WIC is 100% fully funded by the USDA. The monies identified in this report have been submitted to the NYS DOH and all dollars are reimbursed back to Warren County. The Warren County WIC FFY15 administrative budget totaled \$501,934. Actual expenditures totaled \$ 442,919. Indirect costs paid to Warren County were \$20,329; rent paid was \$21,394; and \$10,343 was paid to WCHS for non-direct staff. The redemption value of WIC vouchers spent by Warren County participants was \$797,743. This agency's Farmers' Market Nutrition Program contributed \$6,576 which supported local farmers. Participants are also encouraged to utilize their SNAP benefits and WIC Vegetable and Fruit vouchers when shopping at local Farmers' Markets.

Looking ahead to the next year, our local agency anticipates creation of an on-line breastfeeding support group for Warren County certified WIC participants only and the retirement of a 30 year tenured employment.

MATERNAL CHILD HEALTH PROGRAM

The MCH Program provides services to parents and children of all ages. Referrals are received from a variety of sources, such as hospitals, physicians, WIC, school district personnel, and clients themselves. Referrals are made to the program on all first time mothers, breastfeeding mothers, and mothers and infants with health or social concerns. Telephone contact is made and home visits are offered. If the case appears particularly high risk, a visit is automatically attempted.

In general, visits focus on providing parenting information, physical assessment, nutrition, breastfeeding education, safety, dental health, immunizations, family planning, childhood growth and development information, and encouraging routine primary and preventive medical care. All visits are individualized according to family needs, and the nurses strive to assist families to positively impact concerns they identify for themselves. Nurses work closely with physicians and other service agencies involved with families.

Reimbursement for services is pursued, but clients are not billed for services if insurance does not cover visits. Unfortunately, insurance companies are not eager to reimburse for preventive health care because actual savings of hospital days or other medical care cannot immediately be demonstrated. Visits that are covered, especially with private insurance, require timely phone calls for preauthorization and large amounts of documentation for reimbursement.

SUMMARY OF SERVICES

YEAR	TOTAL BIRTHS	NEWBORNS REFERRED	POSTPARTUM CLIENTS REFERRED	HEALTH SUPERVISION CLIENTS REFERRED	TOTAL HOME VISITS	PREMATURELY BORN INFANTS (less than 35 weeks gestation)	% Births Less Than 35 Weeks Gestation
2011	598	464 (9 Twins)	476 (374 breastfeeding) (123 Primary CS) (51 Repeat CS)	17	544	31	5.2%
2012	577	482 (6 twins)	477 (388 breastfeeding) (118 Primary CS) (45 Repeat) CS	13	398	17	2.9%
2013	602	482 (9 twins)	471 (374 breastfeeding) (104 Primary CS) (54 Repeat CS)	23	333	31	5.1%
2014	556	445 (6 twins)	439 (365 breastfeeding) (92 Primary CS) (69 Repeat CS)	14	401	14	2.5%
2015	535	400 (1triplet) (3 twins)	395 (339 breastfeeding) (77 Primary CS) (48 Repeat CS)	7	344	18	3.3%

40 weeks is considered a full term pregnancy. Referral numbers indicate unduplicated numbers referred to the program. Telephone contact only may have been made to some clients, while others may have received more than one home visit. A telephone interview tool is utilized to assure that uniformity is promoted and all the same information is allocated when determining the need for visit. In 2015 referrals were received on 6 young women under age 18 who delivered infants which is .01% of pregnancies referred to this agency.

LACTATION COUNSELING PROGRAM

The national goal of breastfeeding to “increase to at least 75% of the proportion of mothers who exclusively breastfeed their babies in the early postpartum period and at least to 50% the proportion who continue to breastfeed until babies are 5-6 months old.” It further targets special populations such a low income, under 20 years of age, and African American women as needing lactation support services to be successful as they are the least likely to breastfeed.

Public Health lactation support provides breastfeeding education in the prenatal period as well as postpartum support. Telephone assistance within 1-3 days of hospital discharge and follow-up home visits within one week of discharge are offered to all referred mothers. Successful management instills confidence in the mother by supporting her with simple answers to her questions as they arise. Public Health provides lactation counseling as a means of preventing or solving lactation problems before they are detrimental to the health of the child or mother. Lactation support provides a mechanism for the smooth transition to pediatric care of the infant, including good communication between obstetric and pediatric care providers. We are available as an ongoing resource to mother and family as their needs change. Warren County Public Health has two certified Lactation Counselors on staff. Public Health Nurses work in conjunction with a Lactation Consultant at Glens Falls Hospital to assure that nursing mothers are provided with consistent information.

	Postpartum Clients Referred	Referred Clients That Were Breastfeeding	Percentage of Breastfeeding Moms
2011	473	374	74%
2012	477	388	81%
2013	471	374	79%
2014	439	365	83%
2015	395	339	86%

It is suggestive that this is a fairly accurate statistic since arrangements are in place for referrals with Glens Falls Hospital where the majority of births in Warren County occur as well as Saratoga County and Albany Medical Center (where preterm or high-risk births occur). Breastfeeding continues to be promoted in the prenatal period at obstetrical care appointments, at childbirth education classes, WIC clinics, and prenatal home visits to those women enrolled in the MOMS Program. Due to staffing constraints, Public Health Nurses are usually unable to follow breastfeeding women for 6 months so it is difficult to secure an accurate tracking of the number of moms who breastfeed during this time. Working with pediatricians and the WIC clinic may be of assistance in measuring this outcome.

SYNAGIS ADMINISTRATION PROGRAM

(For the Prevention of Respiratory Syncytial Virus)

Respiratory Syncytial Virus (RSV) is the most common cause of bronchiolitis and pneumonia among infants and children under 1 year of age. Symptoms include fever, runny nose, cough, and sometimes wheezing. In United States, less than 57,000 hospitalized children and 100,000 – 126,000 hospitalizations for children more than 1 year of age.

Currently, there is no specific treatment for children with RSV other than management of symptoms. Children with severe disease may require oxygen therapy and mechanical ventilation. The majority of children hospitalized for RSV infection are under 6 months of age. Most children recover from illness in 8 to 15 days. Some infections may cause complications, which can cause permanent damage to the respiratory system, compromising pulmonary function.

RSV infections usually occur during annual community outbreaks, often lasting 4 to 6 months, during the late fall, winter, or early spring months. The timing and severity of outbreaks in a community vary from year to year. RSV is spread from respiratory secretions through close contact with infected persons or contact with contaminated surfaces or objects.

Current prevention options include good infection control practices and Synagis prophylaxis for children in high-risk groups, i.e. premature infants, children with CHD and CLD. Synagis is given during RSV outbreak season to prevent serious complications from RSV infection.

Our Public Health Nurses offer home visits to current patients participating in our programs. Monthly home visits are made to administer the Synagis injections, during the outbreak season. Visits are reimbursed by insurance.

Synagis Administration Data

	Injections Given
October through end of 2011	70
2012	41
2013	47
2014	22
2015	25

CHILD FIND

The Child Find Program is a statewide program to assure that children, ages 4 months to 3 years, are identified through periodic developmental screenings to receive the help and services needed for the best growth and development in their early years. Children can be referred based on their birth history/diagnosis, and/or by MDs, parents, or other social service and health professionals with concerns regarding the child's development. Funding for this program is received through an annual contractual grant with the New York State Department of Health. Children in the program are screened 2-3 times per year. Referrals to the EI Program are based on the screening results.

Since the major publicity efforts associated with the Child Find and Early Intervention Programs, parents and other service providers have a heightened awareness to developmental expectations for children and want them monitored, some children may not meet eligibility criteria for Early Intervention Services, thus Child Find continues to be a very cost-effective program and allows a great deal of opportunity for parent education. Physicians, pediatricians, and family practices in Warren County are very invested in the Child Find Program because of the ability the nurse has to do screenings in the home. Much documentation between Child Find nurse and physician is evident in this program. New York State Department of Health encourages physicians to do developmental screens on children during routine comprehensive well child care. Unfortunately, some of the most high risk children do not see physicians regularly for preventive care, only episodic acute care for illness. Thus, the important service provided by the Child Find nurse must be continued as a valued part of the Child Find Program.

YEAR	CHILDREN SERVED
2011	109
2012	88
2013	72
2014	71
2015	93

An additional 59 letters were mailed to parents of children who meet birth criteria offering this service.

EARLY INTERVENTION PROGRAM

The Early Intervention Program (EIP) is a statewide program that provides a wide variety of services to eligible infants and toddlers with disabilities, and their families. This program helps parents to meet the special needs of their child. Parents help choose the services and the places where services will be provided depending on the child's needs. Whenever possible, these services are provided in the home or in a community setting such as a day care center.

EARLY INTERVENTION SERVICES

Early Identification, Screening, and Assessment Services	Occupational Therapy
Medical Services for Diagnostic and Evaluation Purposes	Physical Therapy
Service Coordination	Psychological Services
Health Services Necessary for the Child to Benefit from EI	Nutritional Services
Nursing Services	Social Work Services
Family Training, Counseling, Home Visits, Parent Support Groups	Vision Services
Special Instruction	Assistive Technology Devices & Services
Speech Pathology and Audiology	Transportation

In addition to these Early Intervention Services, respite services also may be provided. These services can include in-home or out-of-home respite. Parents play an important role in planning on how these services, if needed, will be provided.

If a child is found to be eligible, and the parent wishes to have these services, an Individualized Family Service Plan (IFSP) is developed. This plan describes the Early Intervention services the child will receive, and how often and where the services will be provided. When deciding on where the child will receive services the Early Intervention Program Service Coordinator, when appropriate for the child, arranges to have these services provided. Only the services the parent consents to are provided.

TO BE ELIGIBLE FOR EARLY INTERVENTION SERVICES A CHILD:

1. Must be under 3 years of age and have a developmental delay or a diagnosed physical or mental condition that has a high probability of resulting in delay in the following areas:
 - Physical Development (including vision and hearing)
 - Cognitive Development (thinking process)
 - Communication (understanding and expressing language)
 - Social or Emotional Development (relating to others)
 - Adaptive Development (self-help skills)
2. Does not need to have a certain income or need to be a U.S. citizen.

EARLY INTERVENTION COSTS

Since 1993, when the Early Intervention Program became an "Entitlement" for children between birth and three years old, the numbers of children enrolled in the program have escalated significantly. This has added to the county's financial burdens. Although Medicaid and private insurances are pursued to the fullest extent possible and NYSDOH is billed according to specified methodology, it is difficult to predict the appropriation needed for the program since the number of referrals and intensity of services for children eligible are unknown.

EARLY INTERVENTION STATISTICS

	2011	2012	2013	2014	2015
Referrals Received	203	199	194	180	191
Children Served	285	281	260	242	250
Dollars Received From NYS	193,997.81	200,804.41	185,543.79	162,630.28	\$158,213.42
Dollars Received From Medicaid	404,557.15	353,251.57	169,817.40	93,286.72	\$53,205
Dollars Received from Escrow	---	---	---	---	\$39,785.20
Dollars Received From EI Grant	---	---	---	---	\$30,453
Dollars Received From Private Insurance	19,148.39	33,708.25	29,172.02	5,938.24	\$2,609
All Costs Before Reimbursement	988,424.39	955,941.68	761,964.28	598,314.11	\$639,931.36
Amount Appropriated (In budget, total amended numbers)	1,338,749.92	1,244,99.38	1,176,287.58	1,052,223.00	\$877,440
Expenditures For County After Reimbursement Received	370,721.04	368,177.45	377,431.07	336,458.87	\$358,274.74
Average Cost to County Per Child Served	1,300.77	1,310.24	1,451.83	1,390.32	1433.10
Births in County	598	577	602	556	535

Note: The EI Escrow account, which was established 4/1/13, seems to be working properly. Vendors are first paid directly by Insurances and Medicaid and then the balances are paid through the Escrow account paid by the County. Expenses will now reflect only the net amount paid from this Escrow account, therefore less expense and revenue to the county.

The cost per child has gone up only .03% from 2014. Warren County no longer receives payments by insurances for other vendors, only for Warren County therapists and for Service Coordination. Warren County is also a vendor and will get paid directly by insurances, Medicaid and also paid through the Escrow. The cost per child served will vary depending upon the reimbursement potential for each individual. Dollars received are based on actual cash in for the year, not revenues booked. Also to note, beginning 2015, we will now reflect the cash received by both the Escrow account and also from the EI Administration Grant. These monies also help offset the cost per child.

PRESCHOOL PROGRAM FOR CHILDREN WITH DISABILITIES

Serving Children 3-5 Years Old

All potentially eligible children are referred to the Committee for Preschool Special Education (CPSE) in the child's home school district. Parents are given the list of approved evaluators for Warren County (presently Prospect Child & Family Center, Glens Falls Hospital, BOCES, and Psychological Associates) and select the agency they wish to test their child. Following the evaluation the CPSE meets to discuss the child's needs. Recommendations for services are made at that time if indicated. A representative from Warren County Health Services, representing the municipality, attends all CPSE meetings as a voting member. Other voting members are the school district CPSE Chairperson, and the parent representative. Parents have the right to appeal the committee decision should they wish. All CPSE committee recommendations must be approved by the school district's Board of Education before services may begin. All children are identified as a "Preschool Child With a Disability". Specific classification does not occur until the child is school age. Preschool special education services are voluntary on the part of the parent and a child may be withdrawn from any program at any time at the parent's request. NYSED reimburses at 59.5% for tuition. Additionally Medicaid is billed for related health services (therapies, nursing, and counseling) and transportation on all Medicaid eligible children. All possible avenues are attempted in order to maximize reimbursement and assist in defraying Warren County's fiscal responsibility as much as possible. The Preschool budget and payment processes are extremely complicated and not timely. It takes much dedication on the part of many county staff to assure all reimbursement measures are pursued and accurate paperwork is submitted to NYS Department of Education and the Medicaid office on a timely basis.

SPECIFIC SCHOOL DISTRICT DATA

	SCHOOL YEAR 2011-2012	SCHOOL YEAR 2012-2013	SCHOOL YEAR 2013-2014	SCHOOL YEAR 2014-2015
All Children Served	292	226	224	213
Evaluations Only	75	51	46	72
Tuition Program/Evaluations Costs Approved	\$2,112,857.94	\$2,061,049.72	\$2,058,088.03	\$2,263,965.13
Tuition Program/Evaluations Costs Paid in 2015	\$2,160,955.39	\$1,711,727.01	\$1,780,779.78	\$2,243,097.56
Transportation Costs Approved	\$416,672.74	\$406,193.57	\$371,416.60	\$348,389.43
Transportation Costs Paid in 2015	\$420,283.30	\$370,003.74	\$367,791.02	\$336,571.18
Average Cost Per Child Before Reimbursement	\$8,839.85	\$9,211.20	\$9,591.83	\$12,111.12
Amount of Medicaid Received in 2015	\$21,673.58	\$176,073.94	\$45,318.96	\$119,857.64
Amount State Aid Received in 2015	\$2,135,454.97	\$943,599.30	\$1,957,299.05	\$1,322,847.51
Administrative Costs to Schools Received in 2015	\$53,250	\$90,060	\$91,712	\$225,135.82
Administrative Costs Paid to School Districts in 2015*	\$60.857	\$146,476	\$91,712	\$225,135.82
Program Costs After Reimbursement	\$424,110.14	\$962,057.50	\$145,952.79	\$1,136,963.59
Average Cost Per Child After Reimbursement	\$1,452.43	\$4,256.89	\$651.57	\$5,337.86

***Source: General Ledger/Accounts Payable Reports and Budget Performance Report, 1/1/15 - 12/31/15.**

Medicaid reimbursements for 2015 were \$119,857.64. This was our third year in four years that the state has allowed us to again bill Medicaid. We continue to work diligently to bill Medicaid for those children that are eligible. We also collected in 2015, \$1,322,847.51 for Preschool services from State billings.

Cost per child does not include expense or reimbursement related to administrative cost to school districts. It is strictly related to services only, such as Tuition, Evaluations, and Transportation. The cost per child is somewhat skewed due to the fact that the calculation is based on cash in/cash out for the year. In 2015, program costs per child after reimbursement was \$5,337.86 due to the fact that cash in during the year was lower and the expenses paid were the second highest during the last four years. We served 213 children. Receipts are skewed many times because we depend primarily on reimbursement from the state and those payments are not always consistent each year. Each year expenses such as tuitions/therapy and transportation are dependent on the needs of each child. This is different for each child and therefore makes each year difficult to budget. Also, we only receive 59.5% back on expenses billed to the state for Preschool activities.

PRESCHOOL PROGRAM

CHILDREN QUALIFYING FOR AND RECEIVING SERVICES
(Does not include children receiving evaluation services only.)

SCHOOL DISTRICT	School Year 2010-2011	School Year 2011-2012	School Year 2012-2013	School Year 2013-2014	School Year 2014-2015
Abe Wing	17	9	15	15	8
Bolton	4	0	0	2	2
GF City	84	57	58	58	48
Hadley Luzerne	18	12	14	18	12
Johnsburg	7	4	6	6	2
Lake George	15	12	13	8	12
No. Warren	15	13	19	18	9
Queensbury	87	81	81	81	97
Warrensburg	18	27	21	18	23

Administrative Costs Paid to School Districts During 2015**		
	12/13 School Year Paid Feb 2015	13/14 School Year Paid Dec 2015
Bolton	\$0	\$1,026
GF City	\$15,741	\$16,455
GF Common	\$8,619	\$10,260
Hadley Luzerne	\$11,2860	\$11,286
Johnsburg	\$3,549	\$4,104
Lake George	\$9,126	\$7,182
Queensbury	\$55,263	\$56,430
Ticonderoga*	\$0	\$158.82
Warrensburg	\$7,267	\$7,383
TOTAL	\$110,851	\$114,284.82

Rate Reconciliations	2014	2015
Paid Out to Providers	\$6,780.57	\$12,772.31
Received from Providers	\$14,080.63	\$36,479.91

Budget Appropriation for Contractual Services (Amended Budget)	
2011	\$5,159,880
2012	\$4,720,000
2013	\$3,996,250
2014	\$3,229,000
2015	\$2,930,117

*Note: We had to pay Ticonderoga School district due to the fact that a Warren County child was placed in their town. The County of origin is responsible for those costs.

**Total Administrative Costs paid in 2015 to school districts were \$225,135.82. This was for the 2013-14 school year which totaled \$114,284.82, all were reviewed and paid December 2015 and in early 2015 paid were the 12/13 SY for \$110,851. This was a \$3,433.82 or 3% increase overall. Not all school districts submit administrative costs to the New York State Education Department for reimbursement approval, however more and more have recently submitted vouchers for reimbursement from the counties. Without state education approval school districts cannot bill the county. Often by the time they are approved by the State Education Department, the numbers actually reflect previous school years.

**Rate reconciliations recorded in 2015 are reflected above for school years 12/13 to 13/14.

Source: General Ledger and Accounts Payable reports from 1/1/15-12/31/15.

CHILDREN WITH SPECIAL HEALTH CARE NEEDS PROGRAM (CSHCN)

A Historical Perspective

For children with special health care needs, the effects of lack of access to health care are felt more keenly than the general childhood population, resulting in increased morbidity and mortality and decrease quality of life.

In New York State, it is estimated that between 800,000 and 1.6 million children have special health care needs. These children account for the majority of pediatric health care expenditures in New York State.

In October 1996, the Commissioner of Health appointed a CSHCN work group to determine what role state and local public health agencies should play in improving the system of care for CSHCN. The work group discussed the key issues associated with the delivery of health care that impact CSHCN and their families:

- Lack of insurance or lack of comprehensive insurance for CSHCN
- Enrollment of CSHCN in managed care
- Multiple service needs of CSHCN
- Supportive services that families need to help them cope with caring for a child with special health care needs
- Involvement of parents as partners in improving the systems of care for CSHCN

The work group discussed the necessary elements of a comprehensive, integrated private and public health system that would improve the health of CSHCN by addressing the key issues.

The work group adopted the following definition of children with special health care needs: Children with special health care needs are those children 0-21 years of age who have or are expected to have a serious or chronic physical, developmental, behavioral or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.

New York State has a long history of concern for the health of all children including those with special health care needs. The health department's involvement with children with disabilities dates back to polio clinics held in the beginning of the century.

The state is committed to continuously improving the infrastructure for delivery of health services to mothers and children. A major focus of this infrastructure building is the developing of the system's capacity to:

- Regularly report on the health status of CSHCN
- Ensure access to medical homes for CSHCN
- Develop local capacity to address comprehensive needs of CSHCN
- Assist families in accessing the necessary health care and related services for their CSHCN
- Develop a partnership with families of CSHCN that involves them in program planning and policy development.

New York State Department of Health continues to provide funding to counties to facilitate the Children With Special Health Care Needs (CSHCN). Counties are responsible for submitting quarterly data to the NYS Department of Health that identify the types of children's health problems involved with children participating in the PHCP. The goal is to identify "gaps" with insurance coverage for children's services i.e. what types of things are not covered by insurance plans and what is the resultant impact on the involved child's health.

The CSHCN staff at New York State Department of Health continues to be available to assist when children's insurance companies deny payment for services that are needed by the child. This program has the potential to identify important gaps in children's health services.

In Warren County, children are placed directly into appropriate programs (i.e. ChildFind, Early Intervention, Health Supervision) and managed by applicable staff which better meets individual needs. This appears to be a working system.

HEALTH EDUCATION

Warren County Public Health continues to provide a broad array of health education programming to targeted populations within Warren County. Targeted populations include school aged children, seniors, health care providers and the general public. A variety of education methods are utilized to address the needs of each population, including but not limited to classroom visits, targeted messaging campaigns, in person lectures, promotion of training opportunities (webinars and face-to-face), health promotion material distribution (brochures, pamphlets, etc.) and attending community events.

Health education in Warren County isn't limited to just the health education program. Warren County Public Health Nurses incorporate health education into their home visits and early intervention staff provides health education materials to families they visit. Topics often covered include lead poisoning prevention, basic information about immunizations and hand washing to prevent disease, tobacco cessation resources and many others.

In addition to more routine health education activities, Warren County Public Health continues to work towards implementing different aspect of its Community Health Improvement Plan, which was designed to guide health promotion and disease prevention efforts in Warren County through 2017. Although some progress has been made, a lack of staff resources, community partner staff changeover and lack of adequate funding to implement programs are the biggest obstacles to the plans implementation.

2015 Activities

Community Health Assessment

- Warren County Health Services completed the second year of NYSDOH reporting requirements for the Community Health Improvement Plan. Progress towards many of the CHIP's goals and objectives remains slow. Reengaging community partners needs to be the focus of 2016.
- No data gathering initiatives to formally measure progress towards the Warren County CHIP goals or objectives was conducted in 2015.
- Warren County Public Health was notified in 2015 that a revised CHIP will now be required to be finished in 2016 instead of 2017 to help our hospital partner(s) meet their IRS requirements for maintaining not-for-profit status.

Program News

- Warren County Public Health conducted a robust informational campaign focused on Lyme disease and other tick-borne diseases aimed at health care providers in Warren County. The campaign included information on tick bite prevention, signs and symptoms for multiple tick-borne diseases, and the most current treatment recommendations as per Centers for Disease Control and Prevention guidance. Public Health staff also met with several community groups and provided posters, pamphlets/brochures, and tick warning trail signs for dissemination.
- The Head Start and elementary school health education programs continue to be popular. Tobacco prevention, nutrition, and dental health were the top three programs presented. See table on next page for complete list of programs.
- In light of the heroin epidemic continuing to impact our community Public Health organized a free training for Warren County school nurses to learn how to administer Naloxone in the event of an opioid overdose. The training was conducted by Alliance for Positive Health. Each nurse also received a free naloxone kit to take with them.
-

Community Events

- Health education provided materials and staff at 9 community events. Topics included fall prevention, ticks and Lyme disease information, the role of Public Health today and several other topics. No formal evaluations were completed.

Trainings/Conferences

- Participated in several online learning opportunities provided on the New York State Public Health Learning Management System.

Networking

- Maintained correspondence with Adirondack Rural Health network and Regional County Health Department partners.
- Continue to work with local school nurses to disseminate health education materials as needed
- Continued to work closely with Glens Falls Hospital on a range of health improvement programs/projects as outlined in the CHIP.

Worksite Wellness

- Held 7 meetings with committee members
- Committee organized 4 lunch and learn programs for Warren Co. employees with over 22 employees attending.
- Brought in a healthy salad vending service with 3 locations located in the Warren County Human Services Building, Municipal Center and Sheriff’s Department.
- Conducted 2 health fairs in 2015. The first fair was held as part of the DPW Safety Days in August. Topics included stretching demonstrations, smoking cessation, blood pressure information, safe driving tips and Emergency Preparedness info. Over 100 DPW staff attended. The second health fair was held in October with over 130 employees participating. Topics included alternative therapies (e.g. acupuncture/chair massage) blood pressure screenings, mental health services, health food options, flus shots and more. Committee agreed to continue the health fair on an annual basis
- Conducted several interactive employee programs including biggest loser, maintain don’t gain, and a stress reduction program. Participation was low, but plans are to continue to offer programs and work on boosting participation rates with better notifications and looking for ideas for incentives.

Miscellaneous

- Provided print materials to target groups during different Health Observances (e.g. fall prevention materials to senior groups, posters, brochures etc. to providers offices). Met with news organizations occasionally to provide information about specific health topics.
- Sent PSA’s/news releases to local print media to promote community events or to raise awareness of specific health topics.

PRESCHOOL ELEMENTARY and ADOLESCENT PROGRAMS

Program	Attendance '10	Attendance '11	Attendance '12	Attendance '13	Attendance '14	Attendance '15
Dental Health	644	320	825	548	556	678
Nutrition	868	852	464	694	925	812
Injury Prevention	572	567	949	526	619	498
Hand Washing/Hygiene	653	826	651	599	822	464
Exercise/Heart Health	251	391	725	626	786	227
Sun Safety	542	528	831	391	731	646
Poison Prevention	169	61	583	485	427	369
Tobacco Education	705	799	751	915	794	1160

Ticks & Lyme Disease	350	285	65	275	100	22
Rabies Awareness	0	424	0	0	0	0
HIV/AIDS	293	248	233	189	173	216
Flu/H1N1	0	0	285	0	0	0
TOTAL	5047	5301	6362	5248	5933	5092

ADULTS, PARENTS and SENIORS PROGRAMS

Program	Attendance '10	Attendance '11	Attendance '12	Attendance '13	Attendance '14	Attendance 2015
CPR/First Aid (includes non certifications)	116	130	102	59	65	131
School Nurse Training	32	45	48	43	28	30
Blood Borne Pathogens Training	40	46	40	51	40	46
Senior Health/Fall Prevention	50	36	140	25	50	15
Flu	0	0	0	0	0	0
Community Programs	336	240	50	86	105	133
TOTAL	686	519	506	264	288	

Above charts are not all-inclusive. Some programs may not have been included because of size and/or nature of the program.

NETWORKING WITH THE COMMUNITY

American Red Cross	Adirondack Community College	Capital Region BOCES Health Services
Communities That Care	Cornell Cooperative Ext. of Warren County	Council for Prevention
Warren/Hamilton Counties Office for the Aging	Warren Count Head Start	Hudson Headwaters HIV Network
Interagency Council	NYS Department of Injury Prevention	Washington County Public health
Adirondack Rural Health Network	Glens Falls Hospital	American Academy of Family Physicians
Zonta Club of Glens Falls	Youth Coalition	Hudson Headwaters Health Network
Southern Adirondack Childcare Network	Glens Falls YMCA	10 Warren County School Districts
Warren/Washington Co. Community Services (mental health)		

(We have tried to include any and all of our community partners we have worked with. However, we know this list is not all inclusive. We would like to apologize to any community partner that has been left off this list.)

LEAD POISONING PREVENTION PROGRAM

Warren County has a Lead Poisoning Prevention Program funded by a NYSDOH \$21,906 grant. Key components of the program include education, screening, and follow-up. A Public Health Nurse is responsible for submitting the annual work plan and quarterly/annual reports.

Lead poisoning can cause damage to the neurological system. Lead exposure at low levels has been known to cause anemia, growth and development deficiencies, mental impairment, irritability, and hyperactivity. Decreased IQ scores have also been associated with lead exposure. High levels can be severe and cause seizures, coma, and death.

Lead exposure is preventable if common sources are known. In addition, routine screening (blood tests) can diagnose cases prior to onset of symptoms, providing an opportunity to remove the hazard before serious complications. Prevention and screening are the focus of educational efforts.

Education: Health care providers are contacted annually to encourage screening and reporting of cases. Childcare providers are educated on lead, possible sources, and screening requirements. Parents are targeted through associations, health fairs, and informational calls to Public Health. Many pamphlets are available.

Screening: NYSDOH and CDC require lead testing (blood test) for all 1 and 2 year olds for lead exposure. Medical care providers are encouraged to test children 6 months to 6 years old with risk of lead exposure and are required to test all 1 and 2 year olds. Child care providers are encouraged to educate parents on lead screening if the child has not been screened prior to enrollment. Public Health will make arrangements for the test and cover the cost if there is a financial hardship preventing the family from getting a child tested.

Follow-up: All children are tracked in the NYSDOH Web-based LeadWeb system. All labs are entered in the system electronically which updates the program as results are received.

- Lead level 0-9mcg/dl: A letter is mailed when results are received in addition to a reminder letter when the child is 2 years old
- Lead level 10-14mcg/dl: An elevated letter and educational packet is sent. A reminder letter is sent every 3 months for retest until the child is considered stable (2 consecutive blood test results separated by at least 6 months, that are less than 15mcg/dl)
- Lead level 15-19mcg/dl: Same as for 10-14 level with the addition of a phone call to family to complete a lead risk assessment and exposure history. A home visit is also offered for education and prevention information and an environmental referral to NYSDOH for lead testing of the home.
- Lead level 20mcg/dl or higher: Same as above.

Services offered by Public Health are at no cost to the family. The Lead Poisoning Prevention Program provides a great service to the community especially to affected families. Despite educational efforts, services are not fully utilized. Referrals are received from a variety of sources i.e. parents, medical care providers, child care providers, Head Start, WIC, other Public Health programs, Well Child/Immunization Clinics.

LEADWEB DATA

BLOOD LEAD SCREENING TESTS	2011	2012	2013	2014	2015
<10mcg/dl	1039	964	827	1090	1155
10-14mcg/dl	3	2	3	2	0
15-19mcg/dl	1	0	0	2	0
20-25mcg/dl	3	0	0	1	0
>25mcg/dl	0	0	0	1	0
TOTAL ELEVATED RESULTS	7	2	3	6	0

(Note: The elevated numbers reflect the highest lab result, per child for specified year.)

Warren County Public Health Emergency Response Planning

2015 was an interesting year for Public Health Emergency Preparedness. There were several major events that strained resources and staff. Warren County Public Health as mandated by New York State Department of Health continued to bolster its ability to respond to a potential Ebola patient in the county. Along with Ebola preparations, planning continued for a mandated full-scale medical countermeasure exercise that would demonstrate our ability to respond to a biological threat with the mass dispensing of antibiotic regimens to the general public.

In the spring of 2015 the retirement of a long time staff person who worked on the Public Health Emergency Preparedness program retired leaving the program with only one part-time emergency preparedness coordinator to maintain the program through the end of the year.

Despite all of the mandates and staff changes Warren County Public Health was able to fulfill its emergency preparedness obligations in 2015.

2015 Emergency Response Planning Program Staff

- 1 Senior Health Educator/Emergency Response Coordinator (20 hrs/wk allotted to BT, 20 hrs to Health Education)
- 1 Part-time Public Health Liaison (14 hrs/wk) (Retired in April 2015) and position was not filled until December 2015
-

Meeting New York State and Federal Mandates

Currently Warren County Health Services in cooperation with local partners continued to update and/or modify the large number of different emergency response plans. Below is a partial list of plans that Warren County and its partners maintain. For more information about the plans please contact Warren County Public Health.

- Public Health Emergency Preparedness and Response (PHEPR) Plan
 - Pandemic Flu Plan
 - Continuity of Operations Plan (COOP)
 - Mass Fatality Plan
 - Chempack Plan
 - Isolation and Quarantine Plan
 - Strategic National Stockpile (SNS) Plan
 - Medical Countermeasures (MCM) Plan
-
- Ebola continued to be a major point of emphasis in 2015. Much time was spent meeting new mandates and deliverables as provided by NYSDOH. A small amount of funding was provided to Warren County Public Health to help prepare for an Ebola response. Warren County

Public Health utilized a portion of those funds to purchase new fit-testing equipment which should allow for more public health staff to be fit-tested quickly should the need arise. The equipment can also be used in other capacities like fit testing nurses that are assigned to work with TB patients.

Networking/Planning Partnerships

- The Warren County Health Services Emergency Preparedness Planning Group continued to meet quarterly in 2015. The number of participating organizations continues to increase each year. Contact WCHS EPR program for a complete list of partners
- Warren County Health Services participated in 10 regional BT Coordinators meetings in 2015.
- Warren County Health Services did not provide any formal volunteer training programs in 2015. However volunteers were asked to participate in the full-scale exercise. Participation was minimal and the loss of EPR staff in April made recruitment efforts and training opportunities difficult.

Goal/Outlook –

- Warren County Public Health continues to meet the public health emergency preparedness requirements of NYSDOH. However staff shortages continue to impact the emergency preparedness program and its priorities.
- Ideally the Emergency Preparedness program should be staffed by a full time person, but until such time as funding becomes available, Warren County Public Health will work diligently to meet the ever growing deliverables thrust upon it with part-time staff.
- New York State Department of Health has made clear its intentions to require county health departments to increase the amount of drill and exercises to test capabilities as set forth in current emergency preparedness plans. Warren County Public Health is looking to partner with Warren County Office of Emergency Services and Glens Falls Hospital to create an exercise and training calendar that benefits all partners.
- Building capacity/redundancies with current PH staff needs to be a priority. General Public Health staff needs to be included in EPR trainings and activities and play a more active role in EPR related priorities.
- Current staffing levels leave Warren County Public Health without the necessary resources to ensure the ability to maintain essential public health functions during a large or sustained public health emergency while also providing the necessary response efforts to the emergency. Reliance on neighboring counties and community partners will be essential during a real world event.

Drills/Exercises

Warren County Public Health EPR conducted a full-scale medical countermeasure exercise on March 3rd 2015. The exercise was designed to test Warren County Public Health's ability to dispense antibiotic regimens quickly and correctly to the general public at point of dispensing site identified in Warren County Public Health's medical countermeasures plan.

Exercise Highlights:

- Warren County Public Health staff and volunteers were able to successfully set-up the point of dispensing location in under 1-hour.
- Warren County Public Health was able to effectively use the pre-registration process to move people rapidly through the POD.

- Warren County Public Health was able to dispense medications at a rate high enough to meet the needs of the general population at one point of dispensing location for the 2-hours required by the exercise.
- Warren County Public Health was able to identify several issues at the POD location utilized during the exercise and developed potential solutions to those problems should a real event occur.

Exercise Concerns:

- It took 38 staff and volunteers to operate the exercise for 2-hours. The goal for a real event is to operate for 48hrs continuously. This exercise demonstrated that Warren County does not have the capability to operate at full capacity for the full 48hrs. There just isn't enough staff or volunteers.
- Warren County staff was only able to prove that the correct medication was dispensed 83% of the time. There were several administrative errors that lead to gaps in the data.
- Although there was enough equipment to operate a single POD site Warren County Public Health does not have enough equipment to operate multiple sites simultaneously as written in the medical countermeasure plan.
- Much of the public health staff and volunteers lack adequate training with regards to how a POD works and their roles. Identifying training opportunities continues to be an area of concern.

Other Drills/Exercises

- Public Health continued to participate in the monthly table top exercises at Glens Falls Hospital
- Public Health partnered with Warren County Office of Emergency Services and the Sheriff's Department to conduct a Chempack activation and asset transport to a site in Essex County. Several minor issues were identified (e.g. who contacts GFH with an event outside of Warren County or who is responsible for contacting neighboring county health departments) and an AAR/IP was completed with suggestions to correct those issues.
- Public Health completed a small scale drill in December to test Public Health's ability to send alerts to staff and other relevant parties using IHANS and internal communication methods. The drill was used to determine if Public Health staff could with limited notice set up a POD site and have it ready to receive MCM assets and dispense them in less than three hours. The staff was successful and several small issues were resolved during the drill.

Concerns/Strengths/Outlook

Concerns

- Lack of funding
- Staffing reductions

- Increasing requirements/mandates
- New or emerging disease threats and how to respond with limited resources

Strengths

- Strong and resourceful local partnerships with 80+ EPR committee members
- Excellent communication and support from county agencies and other community partners
- Dedicated staff
- Strong working relationship with staff from the Warren County Office of Emergency Services and Glens Falls Hospital Emergency Management

Outlook

- Public Health Emergency Preparedness is considered a mandated program by NYSDOH. Therefore getting more active participation by elected leaders will be needed to ensure funding and resources will be available to Warren County Public Health to meet its obligations.
- The network of local partners that participate in planning, drilling and responding to emergencies remains strong. The local EPR planning group allows for effective communication and planning across a broad range of partnering agencies.

MATERIAL DISTRIBUTION

General Public: Materials covering over 20 different public health topics are made available at health fairs, community clinics, on display tables at entrance to DMV, and information distribution racks located near DMV lobby and outside of the Public Health Office.

Rabies: Sent out yearly mailings to all the health care providers, vets and relevant professionals with information about reporting to the county. Distributed educational materials to the public at rabies clinics, vets offices and at the Warren County Health Department.

Lyme Disease: Conducted tick and Lyme disease education at the local Lower Adirondack Search and Rescue volunteers. Sent over 30 toolkits on Lyme disease to local healthcare providers. Provided several small group informational sessions with the general public.

Hypothermia: Conducted a health and safety program about hypothermia to 180 elementary school children (5th grade) at the annual Environmental Field Days program presented by Cornell Cooperative Extension.

Infectious/HIV Disease: Presented HIV education at a high school in Warren County as requested by the health teacher. Two full days were spent at the school, one in the fall and one in the spring to reach all of the students taking health during the year. Provided blood-borne pathogens training to 40 Home Health Aides as part of their yearly required training.

Lead: Conducted poisoning prevention programs for local preschool and daycare children. The dangers of lead paint were incorporated into the program. Lead poisoning prevention information was distributed to every child to be taken home. Informational brochures were provided to daycares, pre-schools and Head Start upon request.

OTHER PROGRAMS

Tar Wars Tobacco Free Education: Program funding has remained steady at \$7,500, however we only spent \$6,650 in 2015. Stewarts Shops helped offset the cost of prizes awarded to students that participate in the poster contest portion of the program. There was voluntary participation by 100% of school districts in Warren County. All but one school also participated in the poster contest that follows the classroom presentation. Attendance was similar to the 2014 school year. Twenty-five hundred calendars were printed and distributed to students and the general public showing the artwork 4th and 5th graders created as part of the Tar Wars poster contest. An online version is available for people to view on the Warren County Public Health website.

Conducted a tobacco outreach program for Queensbury 2nd and 3rd grades as part of a healthy communities grant Queensbury School has received. Over 350 students participated in the program. The program focused on the dangers of tobacco use and the damaged caused by smoking.

School Nurse Training: The meeting time was held in early October. Attendance was up. A special training was conducted on the use of naloxone for treating opioid overdose and how schools could create an opioid overdose program that meet NYSDOH guidance. The training was conducted by The Alliance for Positive Health. Several other topics were also included in the meeting as well. 19 nurses participated in the training.

For More Information about Warren County Health Education
Please Contact
Dan Durkee
Senior Health Educator & Emergency Preparedness Coordinator
Warren County Health Services
Phone: 518-761-6580 or email durkeed@warrencountyny.gov

COMMUNICABLE DISEASE CONTROL

INFECTION CONTROL EFFORTS

Warren County Health Services works closely with physicians, health centers, and Glens Falls Hospital to consistently encourage and assure timely reporting of laboratory confirmed and or clinically suspected cases of reportable communicable diseases. The agency also works in collaboration with the district office of the New York State Department of Health in this endeavor. A Public Health Nurse follows up with clients either by telephone or home visits, to offer needed information to assure appropriate treatment of infected individuals and prevent exposure to contacts as appropriate, therefore protecting the health of the public. Occasionally Warren County incurs the costs of necessary medications if the individual has no other payment source and out of pocket expense is a financial hardship. Clients are also followed to ensure tests of cure are done if indicated by the specific disease. Appropriate and timely reports are made to the New York State Department of Health. Infection Control Committee meetings are held periodically with the Preventive Program Medical Advisor to review infection control protocols and policies.

Health Services also has agency-wide Infection Control, Exposure Control, and Respiratory Protection Plans in place. Staff receives annual in-services to review these plans.

DISEASES REPORTED FROM LABORATORY CONFIRMATION

DISEASE ENTITY	2011	2012	2013	2014	2015	DISEASE ENTITY	2011	2012	2013	2014	2015
Amebiasis	0	0	0	2	0	Influenza, B	13	5	39	18	39
Anaplasmosis	0	0	0	0	11	Influenza, unspecified	0	0	1	2	3
Babesiosis	1	0	0	1	1	Influenza (Haemophilus) Invasive B	0	1	0	0	0
Brucellosis	0	0	0	0	0	Influenzae (Haemophilus) Invasive not Type B	2	0	1	2	0
Campylobacteriosis	8	9	9	11	11	Legionellosis	1	0	1	3	3
Chikungunya					0	Listeriosis	0	0	0	0	0
Chlamydia	188	176	195	186	166	Lyme Disease	25	45	100	60	51
Cryptosporidiosis	0	0	1	1	1	Ticks Tested/Confirmed Deer Ticks	39/38	0	0	0	0
Dengue Fever	0	1	0	0	0	Meningitis (bacterial)	0	0	0	0	0
E. Coli	0	0	3	0	1						

DISEASE ENTITY	2011	2012	2013	2014	2015	DISEASE ENTITY	2011	2012	2013	2014	2015
EHEC (not serogrouped)	0	0	0	0	0	Meningitis (viral)	0	0	0	1	0
EVD Traveler Monitoring				1	1	Mumps	0	0	0	0	0
Giardiasis	9	9	3	5	1	Pertussis	3	5	1	2	0
Gonorrhoea	10	6	14	10	7	Salmonellosis	8	5	4	6	7
Haemophilus Influenzae Inv No	2	0	0	0	0	Shigellosis	1	0	0	1	0
Hemolytic Uremic Syndrome	0	0	0	0	0	Strep Pneumo Invasive Sensitive	0	5	3	1	0
Hepatitis C (acute)	0	0	0	0	1	Syphilis, primary	0	0	0	0	0
Hepatitis C (chronic)	30	37	28	56	77	Syphilis, secondary	0	0	0	1	0
Hepatitis B (acute)	0	0	0	0	0	Syphilis, early latent	0	0	0	0	0
Hepatitis B (chronic)	1	1	0	1	0	Syphilis, late latent	0	1	0	1	0
Hepatitis B (infant prenatal)	0	0	0	0	0	Syphilis, unknown latent	0	4	0	0	0
Influenza A	11	105	54	64	154	Swine - Origin Influenza	0	0	0	0	0
Strep Pneumo Invasive Intermed	1	0	0	0	0	Toxic Shock Syndrome	0	2	0	1	0
Strep Pneumo Invasive, unknown	2	1	1	11	4	Tuberculosis	1	0	0	0	0
Strep Pneumo Invasive, sensitive	5	0	3	1	6	Yersiniosis	0	0	0	0	1
Streptococcus Pneumoniae (Unknown)	0	0	1	11	0	Vibriosis	1	0	0	1	1
Strep Group A Invasive	1	1	2	2	0	West Nile Virus				1	0
Strep Group B Invasive	7	7	6	8	7					1	0
Strep Group B Invasive, early	0	0	0	0	0						

These Diseases Are Reportable, However There Were No Recent Positive Lab Tests for Them In Warren County

Anthrax	Hantavirus Disease	Rabies (see rabies data)
Botulism	Hepatitis A	Rocky Mountain Spotted Fever
Chancroid	Hepatitis A in Food Handler	Rubella
Cholera	Hepatitis B (in pregnancy)	Rubeola
Cyclospora	Lymphogranuloma Venereum	Tetanus
Diphtheria	Malaria	Trichinosis
Ehrlichiosis	Measles	Tularemia
Encephalitis	Plague	
Foodborne Illness	Psittacosis	

RABIES PROGRAM

Warren County has a Rabies Prevention Program that follows up on all animal bites/exposures, provides rabies pre vaccination immunizations, provides approval for rabies post exposure vaccination, approves rabies specimen testing, serves as a resource for providers and the community, and offers rabies vaccination clinics for pets. All animal bites/exposures are mandated by Public Health Law to be reported to the victim's county of residence.

As of November 2002, a new rabies law went into effect requiring dogs, cats, and ferrets all be vaccinated against rabies by four months of age. Counties must offer at least one rabies clinic every four months. Warren County offers two clinics a month from February through November. Unvaccinated pets involved in a bite/exposure incident must be confined for ten days at an approved facility such as a veterinarian's office at the owner's expense. Any vaccinated pet involved in a bite/exposure may stay at home for the ten-day confinement period.

Warren County continues to diligently strive by public education efforts and ongoing communication with medical providers, animal control officers, and veterinarians, to assure that the public health is protected as related to rabies.

Note: As of December, 2011 the rabies law was amended to allow unvaccinated animals involved in a bite to stay at home for the 10-day quarantine period under the discretion of Public Health. Also, scratches alone are no longer considered a potential exposure and do not require a 10-day quarantine.

RABIES DATA FOR 2015

Town	Not Vaccinated			Vaccinated			Out of Town			Stray		
	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets
Bolton	2	2		2	3							
Chester	1	1			3			1		1	2	
Glens Falls	7	20		3	18			6		4	3	
Hague		2						1				
Horicon		3			1							
Johnsburg	2	2		2	6			2				
Lake George	3	5			4			3		1		
Lake Luzerne		1			6		1				1	
Queensbury	9	16		8	44		1	14	Pig (1)	5	3	
Stony Creek												
Thurman					1							
Warrensburg	2	4		2	6			3		2		
TOTALS	26	56		17	92		2	30	1	13	9	

BITES REPORTED BY MONTH

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2012	13	20	14	17	24	20	25	21	18	22	18	12	224
2013	18	15	15	19	19	25	23	26	18	22	16	18	234
2014	19	13	16	16	26	39	28	27	27	18	19	12	257
2015	15	15	19	22	24	20	24	26	24	26	13	18	246

RABIES STATISTICS

	2011	2012	2013	2014	2015
Confirmed Rabid Animals	0	1 cat 1 bat	1 cat 1 fox 2 raccoon	1 skunk 1 fox	1 raccoon 1 fox
Animal Specimens Submitted for Testing	28	45	30	42	24
Animal Bites	206	224	234	257	246
Patients Receiving Pre-Exp. Vac. (3 Injections) or Booster Vacc. Fee: \$203.00/Dose	8	3	4 Titers Drawn 8	0	3
Patients Receiving Post-Exp. Vac. Series @ GF Hosp. (All RIG and First Injections are Given at GF Hospital)	13	28	31	19	30
Patients Receiving Post-Exp. Vac. Series @ P. Health (All RIG and First Injections are Given at GF Hospital)	4	1	5	5	1
Animal Clinics	23	22	22	22	22
Animals Receiving Rabies Vaccinations	787	1130	905	911	958

Expenses paid in relation to Rabies Program: \$10,818.71
 Amount vouchered to New York State: \$2,010.13
 Rabies Clinic : \$8,534.00
 Total program cost to Warren County: \$274.58

Note: Data above reflects actual expenses incurred and both actual cash received at clinics and amounts vouchered to the State during 2015. We were able to offset 78.88% of clinic costs with donations received during those clinics. Of the \$274.58 impact to the county, \$100 was related to animal testing which was not fully covered and \$174.58 was related to clinic expenses that were maximized. Rabies expenses were down from previous years due to the fact that there were no Human vaccines billed during 2015. We have been working with Glens Falls Hospital to update those records/billings for 2015. We find that with Human vaccines, most patients have health insurance therefore the Hospital is able to bill for those services and reducing the cost to the county.

TUBERCULOSIS PROGRAM

PPD testing is offered by appointment to any Warren County resident requesting it on Monday, and Fridays. Agencies whose personnel must be screened for tuberculosis also may request screening by Warren County Public Health.

Warren County Health Services provides payment for preventive therapy medication for individuals who convert as a result of a tuberculosis test or have active tuberculosis and have no insurance to cover the cost of medication. This holds true for any test conversion, not just those done by Warren Co. This is done in attempt to assure compliance with prescribed treatment. Richard Leach MD is the contractual medical consultant for the program and follows those individuals needing treatment who do not have their own physician. Warren County maintains an agreement with a local pharmacy whereby the agency is billed at the Medicaid rate for the medications.

Amount Paid for Tuberculosis Medications	
2011	\$0.00
2012	\$0.00
2013	\$0.00
2014	\$0.00
2015	\$0.00

YEAR	INDIVIDUALS TESTED	POSITIVE CONVERTERS	ACTIVE TB CLIENTS DURING YEAR
2011	164	1	0
2012	175	0	0
2013	136	2	0
2014	123	0	0
2015	116	1	1

2015: One patient with TB of the spine received Direct Observed Therapy (DOT) for 7 months in 2015 and will continue in 2016 until therapy is completed (anticipated by March of 2016).

Warren/Washington County's STD Clinic Report 2015

A STD/HIV Clinic is held each Tuesday from 6:00 to 7:30 p.m. This clinic is financed by Warren and Washington Counties. The HIV clinic is staffed by personnel from the HIV/Ryan White program under the sponsorship of Hudson Headwaters. Any positive test is referred immediately for verification and follow-up care.

STD clinic tests for gonorrhea, chlamydia and syphilis routinely on all clients. These tests are taken to the Glens Falls Hospital Laboratory and are billed to Warren County Public Health at the Medicaid rates. The tests for syphilis are mailed to the Wadsworth Center of the NYS Department of Health. New York State Department of Health is notified of any positive test and is in direct communication with Warren County Public Health regarding treatment and "follow-up" care.

The age range of the participation at the clinic remains from young teenagers to the elderly.

The number of clients has been declining steadily over the past five years; the number of positive Chlamydia is declining.

The most important subject discussed with each client is "Prevention". Condoms, supplied by NYS are available for no charge at the clinic.

The 2013 Annual Report suggested that charges to health insurance for clinic visits are being considered but no directives have been issued for this.

Dr. Peter Hughes continues to staff the clinic in addition to two public health nurses. If numbers continue to decrease, as medical care becomes more available under the Affordable Care Act, the STD clinic may become less necessary; however, currently the clinic fills a definite need for the area.

HIV and STD (SEXUALLY TRANSMITTED DISEASE) CLINIC

	2011	2012	2013	2014	2015
Clinics Held	50	51	48	51	51
Participants	327	356	220	193	155
Males	230	239	162	134	110
Females	97	117	58	58	46
Age Range	15-86	15-86	17-87	16-67	13-69
Warren Co. Participants	204	196	111	120	114
Washington Co. Participants	76	109	55	41	31
Saratoga Co. Participants	41	39	44	26	20
Other County Participants	6	12	10	5	5

DISEASES WITH POSITIVE TEST RESULTS

DISEASES	2011	2012	2013	2014	2015
Genital Herpes	0	4	4	2	0
Genital Warts	10	8	9	2	0
Chlamydia	20	24	21	19	16
Gonorrhea	0	1	0	0	0
Syphilis	0	3	2	1	0

During the early part of 2014, we again surveyed clients regarding their health insurance status. Approximately 50% had health insurance but nearly 100% did not want EOB sent their house. The clinic attendance continues to dwindle; however, the number of positive chlamydia cases remains constant.

HUMAN IMMUNODEFICIENCY VIRUS (HIV)

In the face of difficult financial limitations Warren County Public Health began a formal partnership with Hudson Headwaters Health Network and its Ryan White HIV/AIDS Part C program to continue to provide free HIV testing for Warren County residents and surrounding counties in January 2014. This partnership was created when Warren County Public Health was informed there would be no money available through the Ryan White HIV/AIDS Part C program to help offset the costs associated with providing free HIV testing services. These funds had been used in the past to help pay for staff time and materials.

However, both organizations recognized that access to free HIV testing was essential for the area. In order to meet the needs of the community Warren County Public Health and Hudson Headwaters entered into an agreement that would maintain the HIV testing services. Warren County Public Health agreed to provide the testing site and administrative help (already on site for regular STD testing performed by WCPH) and Hudson Headwaters would provide the staff and supplies to conduct the actual testing during the weekly walk-in clinics. Hudson Headwaters staff is also responsible for providing test results and any necessary follow-up that might be needed based upon the test those test results.

The agreement went into effect without any disruption in services. The partnership is working well and the agreement has been extended through 2015.

Activities 2015

- Created a formal partnership with HHHN Ryan White program to maintain free HIV testing
- Held 51 clinics in 2015.

Comments/Concerns:

- HIV Rapid Test by Oraquik became available over the counter.
- HIV testing remained constant in 2015. New public health mandates that all people (between 13 – 64 yrs. old) be offered free testing during routine doctor's visits and an increase in testing venues in the County may have had an impact on testing numbers.
- New Affordable Care Act provisions making it easier for people to obtain insurance and see doctor's regularly may have an impact with future clinic numbers.
- The anonymity afforded those that do attend the clinic provides an invaluable resource for those who are embarrassed to visit their doctor to discuss potential exposure to HIV or unable to see a doctor because of other barriers (time, transportation etc.)

2015 Goal Progress

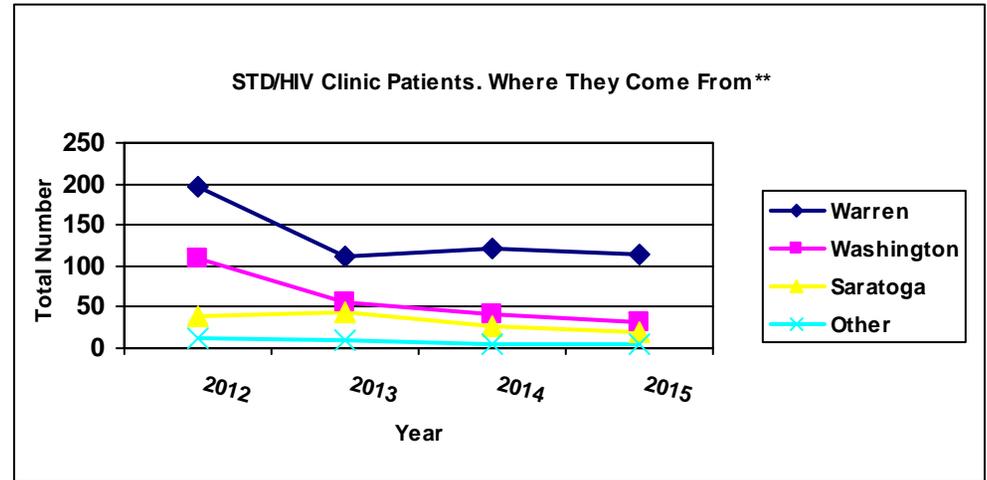
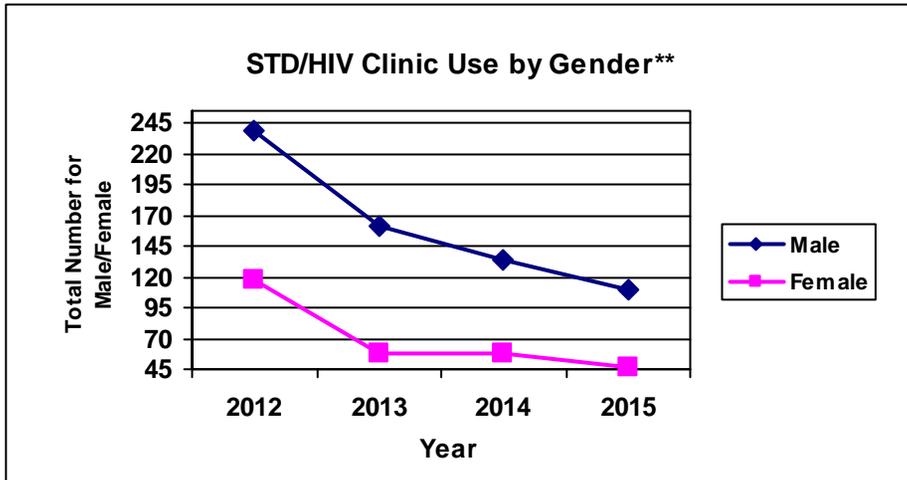
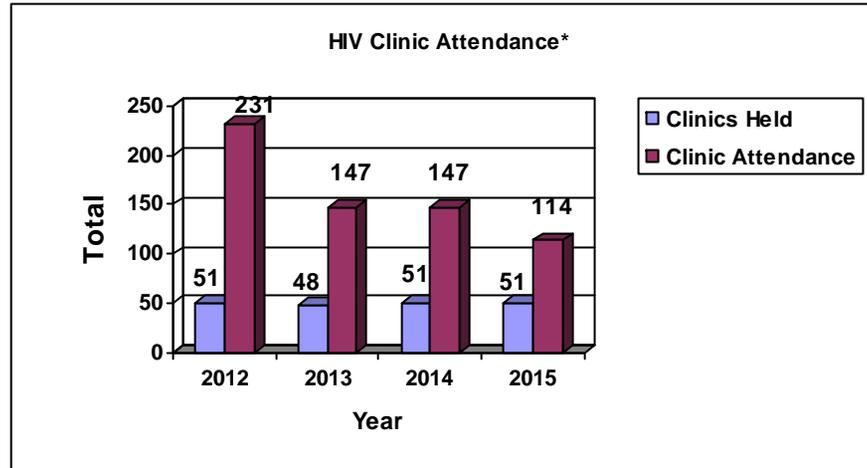
- Maintain or increase the current number of HIV test performed during 2015.
- Continued to analyze data about clients, identify target populations and population "gaps".

2016 Goals/Outlook

- Continue to try and reduce the number of people receiving STD testing but refusing HIV to less than 5%.
- Maintain a positive working relationship with the Ryan White HIV/AIDS part C program staff.

For more information about the free Rapid HIV Testing Program contact Warren County Public Health (761-6580). For more information about HIV/AIDS go to www.nyhealth.gov/diseases/aids.

2012 - 2015 HIV RAPID-TEST CLINIC BY THE NUMBERS



* The HIV clinic attendance graph includes those people that attended seeking only an HIV test.
 ** The graphs "clinic use by gender" and "where they come from" represent the total number of patients that attend the STD/HIV clinic. These numbers are not exclusive to people seeking only HIV

PERINATAL HEPATITIS B

PERINATAL HEPATITIS B PROGRAM

Women are routinely screened for Hepatitis B as part of prenatal bloodwork. In the event the pregnant woman tests positive for Hepatitis B the information is transferred to the hospital where the mother plans to deliver to assure that the infant receives treatment after birth, before the child is discharged. In these cases, a mechanism is in place where a referral is made to the local health department to assure that the child continues to receive Hepatitis vaccine on a timely basis. Reports are submitted for statistical tracking to New York State Department of Health whenever a case is identified.

There has been 0 case in 2015 of pregnant women identified as Hepatitis B carriers.

Hepatitis B is a virus that affects the liver. It is transmitted through contact with infected blood and body fluids. Pregnancy and Hep B combined can put the baby at risk for contracting the virus. Pregnant women are tested for many diseases during pregnancy. The Hep B test is important because there are interventions to prevent or minimize the baby's chance of contracting Hep B. When women are identified, they are followed through pregnancy and up to a year after delivery. During the pregnancy, goals include promoting a healthy pregnancy and preventing transmission to her partner and others. The women are given the opportunity to verbalize fears and ask questions. Information on the virus, transmission, prevention, and general health are discussed and reinforced. Also during pregnancy possible contacts are identified and offered prophylaxis. The goal at delivery is to prevent transmission to baby. Within twelve hours of delivery, the baby receives Hepatitis B Immune Globulin and the first dose of the Hep B vaccine series. The other two are given at one month and 6 months of age. When the child is 1 year old, a blood serology is done to determine the effectiveness of the prophylaxis. If there are adequate antibodies, the case is discharged. If there are insufficient antibodies, a booster dose is administered or the series is started again. This will prevent or minimize the child's chances of contracting Hep B. Public Health has an exciting role in the prevention of Hepatitis B transmission from mother to baby. Through educational efforts and prophylaxis, disease can be prevented.

IMMUNIZATION ACTION PLAN

The Immunization Action Plan is a 5 year plan covering years 2013-2018. NYSDOH, CDC and LHD partner in reaching specific goals. LHD's will have to meet accountability standards each year. Emphasis will be placed on increasing immunization rates in the county. Focus for the 2015-2016 contract year was:

- 1.) To increase the percent of children that are up to date with recommended immunizations at 19 months old. Warren County was one of five NYS counties whose immunization rates increased for children 19 months old. Warren County increased by 24 %. Some of this involved work done by the Immunization Action Plan coordinator with provider offices to ensure all immunizations were entered into the NYSIIS (see PHL 2174) much work was done assisting providers with EMR and NYSIIS uploading issues. Warren County will continue to work with providers, schools and parents in education regarding importance of the anti cancer HPV vaccine. The rates of HPV remain below the state goal. In this age of increasing reluctance to vaccines in general, or vaccine that is not required for school entrance has proven difficult for providers.
- 2.) Increase immunization rates among pregnant women, college students, and homeless/underprivileged. Warren County works collaboratively with Washington County on projects involving SUNY ACC and all Warren County OB practices, Glens Falls Hospital, WIC, food pantries and The Open Door Soup Kitchen
- 3.) Promote up to date immunization education materials to consumer groups, employee health services, long term facilities, hospitals, colleges and providers. Warren County provides ongoing outreach to Glens Falls Hospital, senior housing, colleges and providers.

Specific required standards and activities will need to be carried out. Activities include the assessment of childhood, and teen vaccination rates at pediatric offices including a follow-up and education meeting, assessment of adult provider vaccination rates, mandated educational programs to providers and health care workers. Outreach to all county schools and daycares for assistance with the new amendments to PHL 2164 school requirements is ongoing.

Warren County Public Health continues to have ninety minute clinics two times a week. VFC for children under age 19 is available as well as VFA (vaccines for adults), for those who qualify due to being uninsured or underinsured. Families are encouraged to establish with a provider as soon as possible. Travel clinic is held once a week.

NYSDOH adult hepatitis program provides free vaccines for adults "at risk" of contracting hepatitis A or B, this is offered at the weekly STD/HIV Clinic.

Our goal is to increase vaccination rates across the life span, from infants to seniors, by providing vaccine education to the residents of Warren County. Table top programs, PSA's in newspapers and radio, as well as social media will also be utilized to meet the required NYSDOH activities.

TRAVEL CLINIC

Six years ago, following a seminar sponsored by Sanofi Pasteur, Warren County Public Health received County support to begin offering a Travel Clinic, a clinic that could offer vaccines for diseases found in Asia, Africa and South America. These vaccines must have a specific order from a doctor. To insure that we could do this, we enlisted Dr. Richard Leach, who has credentials in Travel Medicine.

The arrangement has been very successful. We had as our goal, that the clinic would be financially independent of Warren County Public Health. For six years we have met that goal.

Clients are seen by “appointment only” for a consultation with Dr. Leach. After he has determined their anticipated and potential risks, he orders the appropriate vaccines and written prescriptions for medications to prevent Malaria or other travel related illness.

The public health nurse administers the vaccine and prepares the WHO Certification of Vaccination. This document is accepted world-wide. We are a designated site for administering vaccines.

We subscribe to TRAVAX, a website providing up-to-the-minute travel information for healthcare professionals. This information is very helpful in aiding a potential traveler regarding the recommended vaccines for their destination.

We are also a member of ISTA, and International Society of Travel Association that maintains a website directory of Travel Medicine Clinics.

We are proud of our Travel Clinic and the service that we are able to offer.

STATISTICS FOR CLINIC

CLIENTS SERVED

2014	2015
91	126

Contract Provider	\$10,300
Nurse Staff	1,600
Vaccines	18,460
Supplies	1,500
TRAVAX Subscription	895
Total Expenses	\$34,615
Total Revenue	\$38,723
NET	\$ 4,108

Vaccines Administered

Flu	5
Hep A	44
Hep B	1
Japanese Encephalitis	2
MMR	1
Menactra	1
Menomune	1
PPD	1
Pre-Rabies Shot	6
Prevnar 13	1
Tdap	6
Twinrix	6
Typhoid Ing	97
Yellow Fever	30
Total Administered	202

Planning for the future of the clinic, we are hoping to make the following a reality:

1. To advertise in local newspapers on a monthly schedule.
2. To investigate the value of using a “Square” credit card reader to make our service more “friendly”. This could be used for all public health clinics.
3. Maximize the value of Dr. Leach’s knowledge by financing him to talk to high school students who are preparing for travel abroad

INFLUENZA CLINICS

The role that Public Health plays in administering influenza vaccine continues to be uncertain. In 2015 Warren County ordered 1000 doses of flu vaccine, 500 doses of Quadrivalent and 500 doses of High-Dose for the over 65 population.

This year with the new guidelines from the CDC for pneumonia vaccination for adults over 65 years of age our challenge was to administer Prevnar 13 to all adults that met the criteria. We held clinics at all of the senior meal sites as well as at all of the town halls. We also participated in the Warren County Employee Health Fair providing Flu vaccines to all employees who wanted it. Publicized clinics were held at Warren County Public Health Office for the month of October. We also held a Flu Clinic at Double H Hole in the Woods winter training weekend for all instructors and staff who will be participating in the Winter Ski program.

The attendance at all of these clinics has declined in years past but seems to have stabilized somewhat. We will review the clinic numbers from this year and schedule the 2016-2017 season accordingly. The challenge to Public Health is to know how much vaccine to have available, how much staff to schedule for clinics and exactly what is the role of public health in the changing world of medicine, vaccines and insurances.

For the 2016-2017 season, we will again order the “high-dose” flu vaccine to administer to people over age 65.

Our goal for 2016-2017 will be to encourage higher rates of influenza vaccine, regardless of where it is obtained and to promote the use of the Immunization registry (NYSIIS) by all parties involved.

INFLUENZA VACCINE ADMINISTRATION

	2010	2011	2012	2013	2014	2015
Clinics Offered Throughout the County	22	24	35	30	33	28
Vaccine Doses Administered at Clinics	732	904	875	646	769	703
CHHA/Long Term Home Visits For Administration	33	63	42	47	20	17
Homebound Visits For Administration	7	0	5	7	3	3
Miscellaneous Administration i.e. PH Appointments And Other Home Visits	951	365	967	311	157	136
Total Doses Administered	1723	1332	1889	1011	949	859

BLOOD PRESSURE CLINICS

Warren County Public Health Clinic Nurses serve 10 senior sites for Blood Pressure Clinics. They are at seven meal sites and coincide with the serving of the noon meal. Two are held at senior residences, (Stitchman, Cronin) and the third Queensbury Town Center. We also did two additional clinics for local health fairs serving over 60 people.

Blood pressures are taken by the public health nurse and recorded on the clients chart. Often, the nurse had been seeing the client for many months so that she is able to observe changes in blood pressures, appearance and state of mind. A strong feeling of caring is developed between the nurse and the client which extends a level of trust. There are times when a client is advised to see their doctor immediately because of a dramatic change in blood pressure or because of a physical complaint that the client is hesitant to take to a doctor. These clinics have been very well received by the participants.

Partial reimbursement is received from Office for the Aging to compensate for the nurses time.

BP Clinic Site	2011	2012	2013	2014	2015
Bolton Meal Site	63	67	46	50	68
Chester Meal Site	87	96	65	69	50*
Cronin HighRise	105	92	93	84	72
Johnsburg	83	95	106	80	69
L.Luzerne Meal Site	133	109	135	95	142
Presb. Church (GF)	64	79	63	51	42
Queensbury Center	98	114	134	77	81
Solomon Heights	94	73	74	38	50
Stichman Towers	48	51	67	52	63
Warrensburg	80	84	55	62	61
TOTALS:	885	860	860	658	698

EAST SIDE CENTER OF WARREN WASHINGTON COUNTIES MENTAL HEALTH ASSOCIATION

Warren County Public Health Nurses are an integral part of the schedule of the participants of East Side Center.

Each Friday, a public health clinic nurse from Warren County goes to the Center to meet with clients, to talk with them individually, to take their blood pressures and weigh them. The professional relationship between the nurses and the clients is beautiful and very rewarding to the nurses. There is a feeling of trust between the client and the nurse and they appreciate the chance to discuss their weight concerns and other health issues. The nurses encourage proper health care and follow up with their health care providers as well as offering some basic nutritional guidance for weight management. She also reinforces the importance of taking their medications as prescribed. The nurses have been an asset to the staff at the Center on several occasions, when they had a medical event.

The nurses see between 8 – 12 clients each week and are pleased that the Center values their visits so much that they are willing to help contribute to their costs to Warren County.

QUALITY ASSURANCE

Public Health has a three level Quality Assurance Program.

- Level 1 utilizes the standard Chart Component List. Staff ensures the charts are complete prior to discharge. The Assistant Director monitors a random sample to ensure charts are complete at discharge
- Level 2 utilizes peer input with the intention of sharing creative interventions amongst staff and streamlining documentation.
- Level 3 utilizes subjective input from community referral sources on appropriateness of services and care rendered to families.

2015 UR Committee members:

Thank you all for your participation and dedication to Public Health

Mary Anne Allen PNP, Moreau Family Health	Ginelle Jones RN, MSN FNP Assistant Director Public Health
Patty Myhrberg PHN, Child Find Program	Dr. Dan Larson , Medical Director, Provides Oversight to QA/UR Program
Pat Belden PHN, Communicable Disease	Toni Roth , WIC Coordinator
Kim Flory , Care Management Glens Falls Hospital	Alley Whitmore , Health Center Manager
Patty Hunt , DPH Washington County Public Health	Diane Coughlin , DSS Preventive Services

Charts Reviewed in 2015

Meeting Date	MOMS	MCH	Synagis	Child Find	Other Health Supervision
03/11/15	3	13	0	0	6
06/10/15	5	10	4	0	1
09/09/15	NO MEETING				
12/09/15	5	10	2	0	2
Total	13	33	6	0	9

Summary of Findings: Appropriate

61 charts were reviewed. All deemed appropriate, however there were a few incidents where there were omissions. None of the findings were thought to impact patient care. The documentation in the charts has significantly improved throughout the years.

Strengths:

- Staff persistence in locating and contacting clients
- Education and coordination with other agencies.
- Good resource to clients

Areas Needing Improvement:

1. Although no areas were identified. Encourage staff to continue to follow up with concerns from previous visits.
2. Insurance – continue to work on pre-authorization issues.

Summary of Recommendations – Continue practice of good documentation.

Additional Activities

1. Consultants – Annual audits by record and pharmacy consultants. (Records – 3/20/15, Pharmacy – 07/17/15)
2. Medical Director – Provides overall oversight to QA program and completes peer reviews to medical providers in STD/Travel programs.
3. Satisfaction Questionnaires – Clients and providers complete annual questionnaires. No concerns reported.
4. Logs:
 - General Complaints – none received
 - HIPAA/FERPA Complaints – none received
 - Fire/Disaster Drills – 2 fire drills, 1 lockdown drill, 1 duck and cover drill, 2 suspicious package and 1 shelter in place.
 - Accident/Incident Reports 2, all reviewed to ensure any hazards are rectified.

2016 GOALS

1. Continue with the current QA Program- It appears to be working.
2. Continue to encourage staff to assist with annual review of policies and procedures.
3. Continue to focus on program QA reports of Logs, Incident Reports/STD/Travel/CDC/WIC.
4. Start to focus and incorporate UR Committee in strategic planning process.
5. Oversight of Infection Control policies, procedures and incidents.

CONTINUING CHALLENGES FOR WARREN COUNTY HEALTH SERVICES IN 2016

Our mission remains helping people to help themselves - to make a difference in the human condition. This is not an easy task. We realize gains may be slow, unpredictable, and not often immediately visible or measurable.

Our challenge for 2016 will be to continue to plan and deliver programs that do not serve abstract purposes but are tangible and reach out to individuals, families, neighborhoods, and institutions at the community level. Through collaboration with many multidisciplinary service providers we seek to foster personal responsibility - not dependency on others. We know, however, various strategies must be constantly employed to assist and educate people with many diverse health care needs and agendas. We will continue to expand and utilize technology to optimize patient health outcomes, prevent and/or reduce the number of unnecessary hospitalizations, and use our nursing and support staff time more efficiently.

In the Public Health and Home Care arena the mission remains consistently identifiable and visible: to assure Warren County residents are protected from all undue risks of contracting communicable or vaccine preventable diseases and, in conjunction with other service providers, to recognize and design intervention strategies targeted to impact social concerns that ultimately affect public health and to provide home health care that assists our citizens to manage many health problems and diagnoses. As well, the need cannot be overstated for increasing collaboration between human service provider agencies and medical care providers to obtain the most appropriate and cost effective use of resources.

For further information or questions regarding the
Warren County Health Services
Annual Report:

1-800-755-8102

or

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