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Warren County Health Services is
Pleased to present the Annual Report for the Year 2024

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:

Dexter Baker	Marie DeLorenzo	Robin McLaughlin
Patricia Belden	Stacie DiMezza	Laura Monroe
Cheryl Bellizzi-Sharron	Tawn Driscoll	Mary Murphy
Katie Boyle	Dan Durkee	Jolie Navatka
Craig Briggs	Diana Gillis	Bethany Paquette
Jodi Brynes	Dorothy Grover	Nancy Parsons
Diane Caldwell	Dana Hall	Jennifer Rahl
Kathleen Callaghan	Crystal Harrington	Cassandra Rausch
Gwen Cameron	Sara Hettel	Emily Russom
Beth Clark	Kaitlyn Jerdon	Jignasha Shah
Cathy Cloutier	Ginelle Jones	Isabella Shrestha
Jamie Clute	Olivia Jones	Amy-Jo Sokol
Olivia Cohen	Chawna Joseph	Donald Stack
Meghan Collums	Emily Lalone	Susan Sylvia
Florence Converse	Julie Madison	Sara Tarrarn-Casella
Donna Cooke	Janel Martinez	Debbie Toolan
Tara Cote	Erik Mastrianni	Valerie Whisenant
Diane DeCesare	Karen Mattes	Diedre Winslow
	Molly McClenahan	Charlene Woods

I am honored to be their colleague

HEALTH SERVICES COMMITTEE 2024

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

David Strainer, Chairman, Queensbury

Deborah Runyon, Thurman
Haley Gilligan, Glens Falls
Daniel Bruno, Glens Falls
Joshua Patchett, Hague
Michael Wild, Queensbury
Frank Thomas, Stony Creek

WARREN COUNTY HEALTH SERVICES 2024 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.

We are fortunate to have dedicated staff and contractors that contribute to success of all Health Services programs.

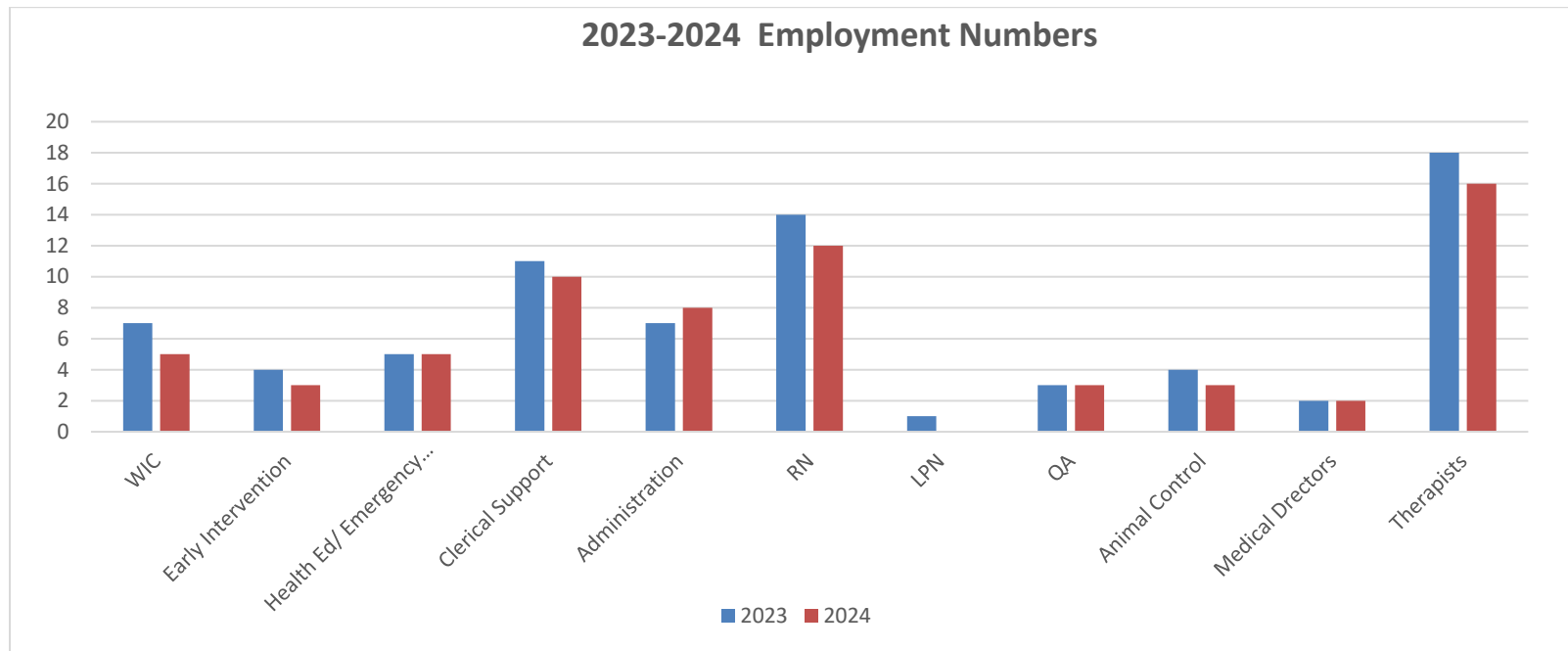
This report covers efforts and services for the past year.

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.

Hillary Alycon - Glens Falls Hospital - Mgr. of Infection Prevention and Control
Paul Bachman MD – Certified Home Health Agency Medical Director
Stephen Bassin – Doctor of Physical Therapy
Patricia Belden – Asst. Director of Public Health
William Borgos MD – Public Health Medical Director
Sara Deukmejian – ARHN Coordinator, Adirondack Health Institute
Tawn Driscoll – Warren County Health Services, Fiscal Manager
Joseph Dufour – FNP, Irongate Family Practice
Daniel Durkee – Warren County, Public Health Program Manager
Edna Frasier – Community Member
Dorothy Grover – Physical Therapist
Donna Healy – SUNY Adirondack – Prof. of Nursing/Health Sciences Division Chair
Susan Hughes – Dir. Community Maternity Services
Ginelle Jones – Director – Warren County Health Services
Richard Leach MD – Medical Consultant for Infectious Diseases
Richard Mason, Community Member
Christina Mastrianni – Warren County – Commissioner of Social Services
Erik Mastrianni – Warren County – Children With Special Needs Program Manager
Colleen Mazieka – Asst. Director – Adirondack Childcare Network
Charles Nelsen – Executive Director Greater ADK Home Health Aides
Deanna Park – Director – Office of Aging
Nancy Parsons – Warren County Health Services – Immunization Program
Valerie Whisenant – Asst. Director – Warren County Health Services
Rob York – Dir. of Community Services – Warren & Washington Counties

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



	Full Time	Part Time	Per Diem	
WIC	4	1		
EI	3			
Health Ed/ Em. Prep	4	1		
Support	9		1	
Admin	8			
RN	8	1	3	
LPN	0			
QA			3	
Animal Control			4	
Total Employed	36	3	11	50
Medical Director			2	
Therapists			16	
Total Contract			18	

Decrease in contract therapist is due to therapist deciding to become independent providers for CPSE, EI or both. They still provide services in our county.

BUSINESS ASSOCIATES CONTRACTED IN 2024 FOR THERAPY SERVICES

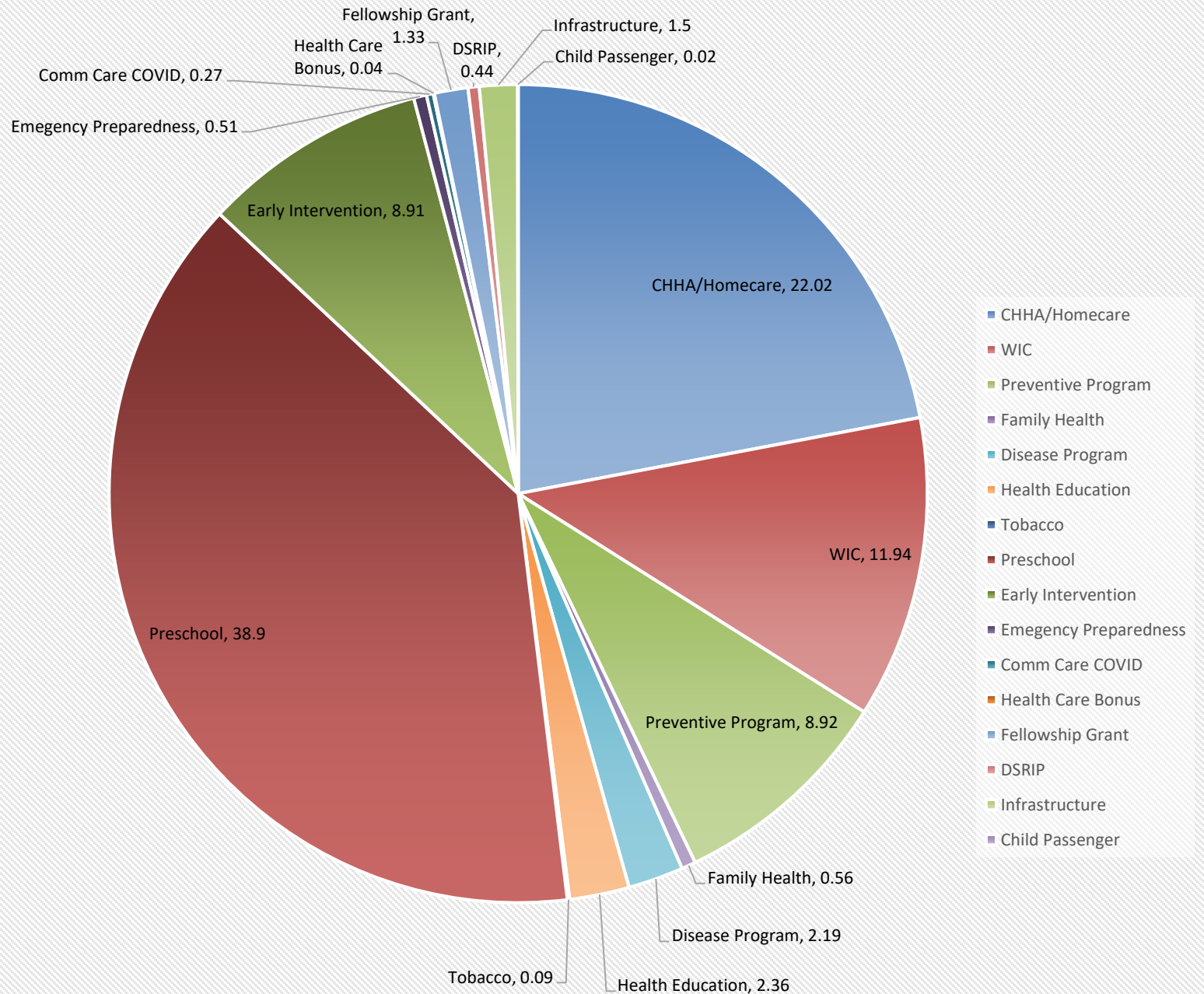
Juliet Aldrich ST
Stephen Bassin PT
Stacie DiMezza ST
Colleen Downing PT
Kathleen Frasier PT
Robert Gautreau PT
Deborah Gecewicz ST
Dorothy Grover PT

Cheryl Hoffis ST
Ellen Kirker PT
Kimberly Lawson OT
Mieka LeClair ST
Catherine Meehan PT
Nora Rubado ST
Jean Szachacz ST
Jennifer Wood OT

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

*** Many of the pediatric therapist that were previously contracted with Warren County are still providing services in our county but as independent providers.*

Source: Budget Performance Report as of 12/31/2024
Percentage of Expenditures by Program



Total Expenditures: \$9,582,396.71

Mandated Programs account for 50% of total expenditures (Disease Program, Preschool Program and Early Intervention Program)

WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2024

EXPENSES	2024 BUDGETED	2024 YTD ACTUAL	2023 Prior Year Totals
Salaries - Regular	\$3,089,093.00	\$2,519,379.06	\$2,240,621.49
Salaries - Overtime	\$106,106.00	\$67,733.16	\$59,872.81
Salaries - Part Time	\$355,506.00	\$149,849.59	\$247,642.15
100's PERSONAL SERVICES	\$3,550,705.00	\$2,736,961.81	\$2,548,136.45
200's EQUIPMENT	\$257,284.00	\$60,479.35	\$257,218.34
400's CONTRACTUAL	\$6,431,371.33	\$5,674,104.27	\$5,675,062.46
800's EMPLOYEE BENEFITS	\$1,407,316.00	\$1,110,851.28	\$1,067,166.90
TOTALS	\$11,646,676.33	\$9,582,396.71	\$9,547,584.15

REVENUES	2024 BUDGETED	2024 YTD ACTUAL	2023 Prior Year Totals
	\$8,564,774.28	\$6,065,684.31	\$6,602,336.11
	(\$3,081,902.05)	(\$3,516,712.40)	(\$2,945,248.04)

In 2024, Total Personal Services were down \$813,743.19 or 2.29% from Budget and \$188,825.36 or 7.4% above 2023 Salaries. Employees did receive through Union negotiations a retro back to 1/1/24 in November that impacted our department for \$38,479.47. Employee Benefits were also down from budget \$296,464.72 or 21.06% and \$43,684.38 or 4.09% above 2023 expenses. These savings have been primarily due to loss of staff needed for Contact Tracing and Per diem staff for clinics and also the loss of nurses in the Homecare Division. The loss of these positions decreased our employee benefits. To also note, our Retiree Health Insurance total cost was only \$69,694.07 for 2024, a decrease of \$64,774.13 or 48.17% from prior year and \$90,745.93 or 56.56% lower than anticipated budget.

Equipment was below both prior year and budget. Equipment consisted of \$9,739 related to the Infrastructure grant, \$2,010 related to Car Seat purchases for the grant, \$17,305.85 for a new vehicle and the purchase of a custom inflatable Colon for Health Education for \$11,150. These total \$40,204.85 or 66.47% of the purchases.

Contractual expenses were below budget by \$757,267.06 or decrease of 11.77% while below 2023 by only \$958.19 or 1.68%. However, we were able to get approval for expenses related to the Fellowship Grant and were able to bill the State \$127,184.58. It should be noted, we also budgeted for the Infrastructure Grant of which we were notified in March 2023 that we were awarded these funds effective 12/2022. Within the 2024, three years or \$331,695 was budgeted and we were able to bill for \$143,968.53 towards Phase 1 of changes to our department. The Child car seat grant we were able to bill \$2,058 for the year.

In 2024, most services /schools were back to normal. However, the Preschool and Early Intervention programs still have Provider shortages. Some children have been waiting for services. We have worked also with families and them providing transportation to their children for reimbursement as much as possible rather than utilizing the transportation vendor. The new transportation contract has become very expensive to utilize their services. In 2024 we had parent transportation total \$22,080 and the Transportation vendor total was \$545,702.

While Revenues did come under budget for 2024, the overall impact to the county was \$434,810.24 above budgeted and \$571,464.36 above the 2023 impact. The Home Care Division made up 22% of this impact, while the Preschool and Ei Programs (which are both mandated) made up a total of \$2,392,200.26 or 68.02% of this loss. The reduction of revenues from the Homecare Division continues to be due to the loss of Nursing staff and also due to competition from other homecare agencies, along with difficulties in dealing with Insurance company reimbursements. With less nursing staff and contract therapists, we were unable to take as many referrals, therefore less revenues. Within Public Health, we have resumed most of our Clinics; however, we have limited our Rabies clinics to six a year from the Spring to Fall only. We no longer offer the Travel Clinics. Immunization clinics have resumed but are not as large as they once were now that local Pharmacies can offer the same services. It should also be noted, we continue to receive Medicaid revenues for our Preschool and Early intervention programs, which helps offset our reimbursement from the State. The State reimburses at 59.50% for Preschool and 49% for our Early Intervention activities.

WARREN COUNTY POPULATION

Source: NYSDOH Statistical Data

BIRTHS AND DEATHS IN WARREN COUNTY

**STATISTICAL INFORMATION
COMPARISON TRENDS**

	2020	2021	2022	2023	2024
Births	480	512	525	490	477
Deaths	689	744	622	633	608



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. Assess and monitor population health status, factors that influence health, and community needs and assets
2. Investigate, diagnose, and address health problems and hazards affecting the population
3. Communicate effectively how to inform and educate people about health, factors that influence it, and how to improve it
4. Strengthen, support, and mobilize communities and partnerships to improve health
5. Create, champion, and implement policies, plans, and laws that impact health
6. Utilize legal and regulatory actions designed to improve and protect the public's health
7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy
8. Build and support a diverse and skilled public health workforce
9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement
10. Build and maintain a strong organizational infrastructure for public health

Women Infant and Children Program (WIC) 2024

The Warren County WIC Program is sponsored by Warren County Health Services (WCHS). Our program maintains four full time and three “less than part-time/20 hrs. week” staff comprised of Qualified Nutritionists, Competent Professional Authority, WIC Assistants, WIC Coordinator and a Breast-Feeding Peer Counselor. The main office is located at the Warren County Municipal Center in Lake George NY.

October 1, 2022 marked the start of the new five-year contract between the WIC, USDA, NYS DOH and sponsoring agencies. The fiscal year of 2022-2023 was the first year of the new fiscal grant covering October 2023- September 30th 2028. There are nine WIC clinics held throughout Warren County each month, located in Lake George, Glens Falls, Queensbury, Lake Luzerne, Warrensburg, North Creek and Horicon. Appointment hours span from early morning to evening depending on the clinic. Appointments are also available Monday-Friday from 8 am-4 pm at the Municipal center as needed. More appointment slots outside of normal working hours were added to better suit participant need. Five out of nine WIC sites are located at community sites that also house other participant services such as food pantries, clothing resources and pediatric health services in order to further aid participants with resource access. As of October 2022, WIC staff have returned to conducting clinics in all nine community sites and have adopted a hybrid appointment system consisting of in person appointments at the clinic locations and remote appointments over the phone. All required precautionary safety measures are being taken to prevent the spread of disease and maintain participant health and safety. The NYS DOH determines the yearly WIC budget based on a target monthly caseload of 935 participants or less. During the federal fiscal year 2024 WIC served an average of 2,046 participants, down from 2,911 participants in the fiscal year of 2023.

The online information management system (NYWIC) and an electronic benefit system (eWIC) are fully up, operational and in use during FFY24. NYWIC was rolled out in October 2018 and has since received an extremely positive response from both participants and WIC employees alike. The presence of WIC online has allowed Warren County to more efficiently serve those at satellite clinics as less equipment is required to run clinics, and less physical storage space is needed for participant records. Additionally, the eWIC cards participants now use to purchase groceries at the store have led to a faster shopping experience, less stigmatization at the store and a more convenient utilization of benefits. The WIC2GO application (App) for smartphones is also available for participants to download, an easy way for participants to check remaining benefits left on the card, determine which items at the store are WIC approved and view their next appointment times. All of this is geared towards making the WIC shopping experience easier for participants and increasing the retention and expansion of the WIC caseload. The system was constantly being updated and improved in FFY24 to ensure that the platform becomes more efficient and reliable with each coming year. The NYWIC system has made it easier to conduct appointments and issue benefits both remotely and in person during the transition out of the COVID 19 pandemic.

Site	Approximate Average Percentage of Participants per Site 2022	Approximate Average Percentage of Participants per Site 2023	Approximate Average Percentage of Participants per Site 2024
Village Green Apartments- Glens Falls	10%	11%	11%
Main Site- Warren County Municipal Center	38%	37%	37%
North Creek Fire House- North Creek	5%	4%	3%
Horicon Community- Brant Lake	5%	4%	4%
Hudson Headwaters Health Building- Warrensburg	8%	7%	7%
Lake Luzerne Community Center- Lake Luzerne	4%	4%	4%
VFW Post #6169- Queensbury	9%	11%	12%
United Methodist Church- Queensbury	6%	5%	6%
First Baptist Church- Glens Falls	15%	16%	16%

The focus area of Warren County WIC in FFY24 was increasing WIC community awareness, increasing the number of referrals received from the community and improving breastfeeding promotion and support. Seven different community agencies that have a cross population with WIC. These agencies included TANF, the Counsel for Prevention, Catholic Charities, Fidelis, BHSN, Cornell Cooperative Extension, The Salvation Army and the Warren County Medicare/Social Services Department. As we return to normal clinic activities in 2023 and 2024, it has been helpful to reestablish contact and refamiliarize WIC staff and the staff from outside community agencies about the respective programs. Community Agencies were sent invitations to come share referral information with WIC staff, during these meetings there were opportunities for both the community organization representative and WIC staff to ask questions and discuss services provided by each agency. The goal for 2024 was to reach out to and collaborate

with agencies to provide cross-referrals for WIC and other programs that may be beneficial to our community members and to communicate with participants the new, improved and upcoming services in Warren County.

This branch of WIC works with numerous agencies throughout the area in effort to provide resources and referrals to participants. In 2023 Warren County WIC was able to participate in a variety of in-person outreach groups and committees. These include the NYS breastfeeding coalition, HENSAC meetings and the Cornell Cooperative Extension Parent Ambassador Group. Other community partners that WIC has fostered relationships and worked with during 2024 are as follows; Fidelis Cares, MVP, Dennison farms, Cornell Cooperative Extension Parent Ambassador Coalition, NYS Breastfeeding Coalition, CDPHP, SNAP, RSVP, the GFH Smoking Cessation program, the Warren-Washington Head Start Program, Cornell Cooperative Extension, Planned Parenthood, Child Protective and Preventative Services, BOCES, the Glens Falls Farmers Market, and the numerous food pantries in the area.

By collaborating with these agencies and participating in these committees, WIC creates a “One Stop Shop” environment tailored towards participants who have limited time, transportation or knowledge of services in the community and allows them have access to a variety of services while at their WIC appointments. In 2024 obtaining up to date health assessment information has been a core value of WIC, whether participants choose to come in person to clinics or choose over the phone appointments. To help facilitate this focus, WIC is also now participating in and developing various health awareness campaigns both remotely and in person. Examples include sending home lunchboxes, toddler utensils and other incentives that are easy to mail, attending community health fairs, tabling at the farmers market, participation in national nutrition and breastfeeding months, and maintaining a social media presence in order to disseminate health and nutrition education. Now that clinics are hybrid (in person and over the phone), WIC provides toothbrushes for Children’s Dental Health Month, measuring cups for National Nutrition Month and many more incentive items throughout the year to participants who come in to clinics. These educational items are accompanied by corresponding educational displays and handouts developed by staff. Additionally, WIC also provides a student learning environment for nursing and dietetic students from SUNY ADK, Empire State College and Russell Sage College.

Per the County, the amended Budget allocated to WIC for 2024 was \$1,195,500. Expenses for 2024 totaled \$1,143,973.59. Food voucher values given to us from the State for WIC total was \$677,932.95. This was booked as both a Revenue and Expenses in the WIC General Ledger. Also, to note for the 2024 Grant year, we were able to bill \$21,068.36 in indirect costs to the State for the County’s administration of the program.

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 educator has to do screenings in the home. Much documentation between Child Find educator 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 educator must be continued as a valued part of the Child Find Program.

YEAR	CHILDREN SERVED
2020	50
2021	42
2022	48
2023	80
2024	41

	2020	2021	2022	2023	2024
New Admissions	21	31	40	48	39
Developmental Screenings Completed	37	45	66	80	78
Referrals to EI Completed	17	14	11	15	13
Discharged With Normal Development	9	10	8	10	7

** From mid-February 2020 through mid-May 2021 Child Find screening were completed through a questionnaire over the phone with parents. These numbers do not represent the total number of referrals but the number of children that were enrolled in the program.

EARLY INTERVENTION PROGRAM

The Early Intervention (EI) Program is a federal and state mandated program that provides a variety of services to eligible children with significant developmental delays or certain diagnoses, from birth to age three. All referred children receive a multi-disciplinary evaluation at no cost.

Referred children work with an Initial Service Coordinator (ISC) from Public Health, who reviews the program with the family, completes intake process, schedules evaluation, and is part of the team that recommends appropriate services.

Eligible children receive an Individual Family Service Plan (IFSP) that details the child's current level of functioning, their needs, services recommended, and goals/outcomes.

Ongoing Service Coordinators (OSC) then work with the eligible children and their families to secure the recommended services, check on progress and/or ongoing needs, provide other resources to families, and eventually transition to other appropriate programs. The IFSP is reviewed every 6 months by the family, providers, and ongoing service coordinator.

EARLY INTERVENTION SERVICES

Speech Therapy	Occupational Therapy
Physical Therapy	Special Instruction
Assistive Technology Devices and Services	Social Work
Parent Counseling + Training	Nutrition Services
Respite	Vision Services
Audiology	Psychological Services

Eligibility

To be initially eligible for the EIP based on developmental delay:

- a child must be experiencing a 12 month delay in one or more functional areas; **or**,
 - a 33% delay in one functional area or a 25% delay in each of two areas; **or**,
 - if standardized instruments are used during the evaluation process, a score of at least 2 standard deviations below the mean in one functional area or a score of at least 1.5 standard deviations below the mean in each of two functional areas.
- Physical Development
 - Cognitive Development
 - Communication
 - Social or Emotional Development
 - Adaptive Development

EARLY INTERVENTION COSTS

There are no out-of-pocket costs to families in the Early Intervention Program. Services are covered by Medicaid for children with Medicaid or Managed Medicaid plans. Until 2022, private insurance was also billed, although the reimbursement rate for private insurance was typically at around 10%. In 2022, insurance companies began to pay into a “pool” to cover eligible children with private insurance. New York State is billed directly by service providers, and pays them directly for any services not covered by Medicaid. Since April 2013, all counties pay into an escrow account to cover the county-share (51%) of these costs. NYS covers 49%. Counties also receive an EI Administration Grant to help fund staffing and other non-reimbursable costs.

EARLY INTERVENTION STATISTICS

	2019	2020	2021	2022	2023	2024
Referrals Received	157	117	138	220	251	184
Children Served	245	161	180	190	218	198
Dollars Received From NYS	\$263,139.09	\$169,984.28	\$53,674.83	\$164,056.69	\$145,845.40	\$61,170.56
Dollars Received From Medicaid	\$32,657	\$28,139	\$6,370	\$3,912.74	\$20,536.95	\$7,576.01
Dollars Received from Escrow	\$37,745	\$2,305	\$78	\$0	\$0	\$0
Dollars Received From EI Grant	\$24,644	\$24,644	\$19,678	\$48,566	\$36,570	\$44,599.65
Dollars Received From Private Insurance (For EI Svc Coord Only)	\$0	\$0	\$0	\$0	\$0	\$0
All Expenses Before Reimbursement	\$805,206.57	\$526,256.07	\$593,667.29	\$674,788.71	\$722,814.61	\$853,468.65
Amount of Expenses Appropriated (budgeted, total-amended numbers)	\$815,083	\$724,411	\$629,821.21	\$740,478.69	\$798,083.41	\$868,605
Expenditures For County After Reimbursement Received	\$447,021.48	\$301,183.79	\$513,866.46	\$458,253.28	\$519,862.26	\$740,122.43
Average Cost to County Per Child Served	\$1,824.57	\$1,870.71	\$2,854.81	\$2,411.86	\$2,384.69	\$3,737.99
Births in County	521	480	512	525	490	477

Source: General Ledger Journals and cash journal for 1/1/24-12/31/24

Note: The EI Escrow account, established 4/1/13, continues to be a working system. Vendors are first paid directly by Insurances and Medicaid and then the balances are paid through the Escrow account which is then paid by the County. Expenses will now reflect only the net amount paid from this Escrow account and any internal charges that the county approves for payment. In 2024 we serviced 198 children, compared to 218 in 2023. This is a mandated program. The cost per child has gone up to \$3,737.99 for 2024. It should be noted, cost per child is skewed because the calculations are based on actual cash received throughout the year and expenses noted on the General Ledger for the year. Since costs are up and funds received lower than the previous year, the cost per child has increased. Expenses have increased in 2024 due the increase for services. Warren County no longer receives payments from insurances. However, does receive Medicaid for Service Coordination and is paid as a vendor through Escrow. The revenue for the therapists contracted through Warren County Home Health Care (CHHA) division, is reflected through the CHHA, while expenses paid through the Escrow goes through EI and is billable to the State. Cash received in the year is directly deposited to the CHHA for services related to the therapists who are paid directly through the CHHA. The cost per child served will vary depending upon the reimbursement potential.

Committee on Preschool Special Education (CPSE)

Children 3-5 Years Old

The Committee on Preschool Special Education (CPSE) is a mandated program available in all school districts in New York State. Potentially eligible children are referred to the CPSE in the child's school district. Parents are given the list of approved evaluators for Warren County and select the agency they wish to evaluate their child.

Following the evaluation, the CPSE meets to discuss results, determine eligibility, and address the child's needs. A representative from Warren County attends all CPSE meetings as a member. Recommendations for services are made at that time if eligible. All eligible 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, and have no cost to the family.

CPSE services are billed by providers directly to Warren County. County funds are used to pay providers directly. Warren County attempts to bill Medicaid for eligible children for services, programs, and transportation. NYSED reimburses Warren County 59.5% for costs.

CPSE 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.

PRESCHOOL PROGRAM

	SCHOOL YEAR Ending 2020	SCHOOL YEAR Ending 2021	SCHOOL YEAR Ending 2022	SCHOOL YEAR Ending 2023	SCHOOL YEAR Ending 2024
All Children Served	324	299	323	374	397
Services Only	286	262	266	293	326
Evaluations Only	38	37	57	81	71
Tuition Program/ Evaluations/ Therapies Costs Approved	\$2,677,613.45	\$2,442,012.29	\$2,278,794.49	\$2,624,737.44	\$2,717,023.09
Tuition Program/ Evaluations/ Therapies Costs Paid	\$2,520,571.20	\$2,661,561.71	\$2,441,271.03	\$2,354,123.39	\$2,564,694.92
Transportation Costs Approved	\$232,652.39	\$481,268.33	\$372,276.24	\$471,774.57	\$647,819.80
Transportation Costs Paid	\$224,303.07	\$461,691.55	\$406,429.60	\$450,419.38	\$567,782.35
Average Cost Per Child Before Reimbursement based on Costs Paid	\$8,471.73	\$10,445.66	\$8,816.41	\$7,498.78	\$7,890.37
Amount of Medicaid Received	\$63,062.93	\$184,111.27	\$244,710.25	\$270,066.11	\$181,353.06
Amount State Aid Received	\$1,201,297.56	\$1,899,562.93	\$2,220,695.10	\$1,503,049.02	\$603,943.06
Amount received for Administrative Costs paid to Schools & Reimbursement for County Administrative costs	\$112,483.20	\$141,070.02	\$119,581.15	\$118,942.50	\$27,900
Administrative Costs Paid to School Districts each year	\$169,697.33	\$18,662	\$287,546.56	\$1,69,585.66	\$194,436.81
Program Costs After Reimbursement	\$1,480,513.78	\$1,039,579.06	\$382,295.28	\$1,031,427.64	\$2,347,181.15
Average Cost Per Child After Reimbursements**	\$4,147.10	\$3,476.85	\$1,183.57	\$2,757.83	\$5,912.30

SPECIFIC SCHOOL DISTRICT DATA

***Source: General Ledger/Accounts Payable Reports, Cash Receipts Journal, Budget Performance Report & Preschool Reports, 1/1/24-12/31/24.**

Cost per child does not include expenses or reimbursements related to Administrative Costs to School Districts. It is strictly related to services only, such as Tuition Therapy, 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. For 2024, the program cost per child was \$5,912.30. We served 397 children in 2024 compared to 374 in 2023. The cost per child is greater than the previous year due to reimbursement from the State being delayed. Payments from the State are not always consistent and we did not receive a large portion of our reimbursement until early 2025, skewing our numbers for 2024. Expenses such as tuition, therapy and transportation are dependent on the needs of the child. Since this is different for each child, it makes it difficult to budget. In 2023 there was a new transportation contract established with the local vendor. However, due to increase in costs, we have had more parent transportations being reimbursed. In 2024, Parent transportation costs totaled at \$22,080 and Durrin transportation costs totaled \$545,702. We only receive 59.5% back on expenses billed to the State for Preschool activities. Medicaid reimbursements for 2024 was \$181,353.06 lower than the previous year. We continue to work diligently to bill Medicaid for those children that are eligible. We are also able to bill the State for School Administrative Costs and received the 59.5% reimbursement allowed. We were able to bill the State \$75/child, which is the maximum allowable rate for the County for Administration of the program. We are experiencing a provider shortage and there are less classes being offered. Children who could not receive related services were given a recommendation to receive therapy in the home or daycare. Transportation costs have gone up due to the higher rates outlined in the new contract. Many children are also being transported at a further distance for services since a local vendor closed their preschool program in 2023.

PRESCHOOL-CHILDREN QUALIFYING FOR AND RECEIVING SERVICES 2024
(Does not include children receiving evaluation services only.)

SCHOOL DISTRICT	School Year 2019-2020	School Year 2020-2021	School Year 2021-2022	School Year 2022-2023	School Year 2023-2024	School Year 2024-2025
Abe Wing	11	12	13	15	17	17
Bolton	4	2	2	4	2	1
GF City	94	80	68	73	90	109
Hadley Luzerne	15	14	14	20	15	15
Johnsburg	8	9	11	8	5	7
Lake George	11	9	8	5	9	10
No. Warren	20	19	14	16	12	8
Queensbury	108	116	113	106	123	140
Ticonderoga	0	0	0	0	0	2
Warrensburg	29	24	17	18	19	17
Minerva	0	1	1	1	0	0
Schroon Lake	0	0	0	0	0	0

Administrative Costs Paid to School Districts During 2024			Rate Reconciliations**	2021	2022	2023	2024	Budget Appropriation for Contractual Services	
	22/23 SY Paid 2024		School Years Paid For	17/18, 18/19 19/20 & 20/21	19/20 & 20/21 & 21/22	18/19, 21/22 & 22/23	18/19, 21/22 & 23/24	(Amended Budget)	
Bolton	\$2,832.00		Paid Out to Providers	\$5,373.04	\$19,391.20	\$15,970.56	\$20,481.46	2020	\$3,071,750
GF City	\$17,310.24		Received from Providers(credits)	\$7,276.22	\$766.96	\$32.77	\$0	2021	\$3,150,919
GF Common	\$12,744.00							2022	\$2,961,299
Hadley Luzerne	\$16,992.00							2023	\$3,223,000
Johnsburg	\$7,788.00							2024	\$3,594,699
Lake George	\$7,080.00								
North Warren	\$14,160.00								
Queensbury	\$95,293.77								
Minerva	\$708.00								
Warrensburg	\$18,820.80								
Ticonderoga	\$708.00								
TOTAL	\$194,436.81								

*Administrative Costs for 2022-2023 from school districts were paid in 2024 which totaled \$194,436.81. 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 Warren County. Often by the time they are approved by the State Education Department, the numbers actually reflect previous school years. These are only reimbursed at 59.50%.

**Rate reconciliations recorded for 2024 are reflected above for school years 2018 to 2024 totaled \$20,481.46. Providers are able to bill the County up to three times to adjust their rates. Paid out to Providers are the amounts extra we were billed because their rates were recalculated and went up. Source: General Ledger and Accounts Payable reports from 1/1/24-12/31/24.

CHILDREN and YOUTH WITH SPECIAL HEALTH CARE NEEDS PROGRAM (CYSHCN)

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 CYSHCN
- Enrollment of CYSHCN in managed care
- Multiple service needs of CYSHCN
- 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 CYSHCN

The work group discussed the necessary elements of a comprehensive, integrated private and public health system that would improve the health of CYSHCN 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 CYSHCN
- Ensure access to medical homes for CYSHCN
- Develop local capacity to address comprehensive needs of CYSHCN
- Assist families in accessing the necessary health care and related services for their CYSHCN
- Develop a partnership with families of CYSHCN 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 CYSHCN 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. Child Find, Early Intervention) and managed by applicable staff which better meets individual needs. This appears to be a working system. Additionally, we offer informational programs for parents with specialists such as speech and occupational therapists. Parents have the opportunity to sample and borrow materials that may support them in promoting children's development. CYSHCN staff regularly attend Webinars in order to collaborate with other counties throughout the state to ensure that we have the latest information and share ideas. We attend quarterly meetings with a regional support staff for CYSHCN Initiative to develop a Family Engagement Plan.

Health Education

One of the biggest threats to public health is the increasing spread of misinformation. It is becoming more challenging for the public to decipher accurate and truthful information from information designed to cause confusion and mistrust, especially online. Health education is a key component in ensuring that people are receiving consistent and reliable health information that will help them lead more healthy lives.

Health educators are the face of Public Health. They must gain and maintain the trust of a public that since COVID has become skeptical of government agencies. Health educators must use a variety of different communication tools to share information. This includes utilizing social media and new technologies, along with continuing the use of older forms of media including radio, newspapers, and printed messaging, to reach as many people as possible. Health educators now more than ever must be vigilant in monitoring for misinformation and be ready to respond quickly and accurately to neutralize false and misleading information.

Health educators must also reengage with their communities. It isn't enough to just post information on social media or send letters to the editor. Our health education staff has worked diligently to provide in person health education programs all over Warren County and make an effort to participate in as many community events as possible. The best way to improve public health is by meeting individuals in our community where they are, whether online or in person, to combat misinformation and to promote health and wellness.

Accomplishments/Highlights of 2024

Mental Health Community Grant

Warren County Public Health was awarded a \$2000 mini grant from the Glens Falls Foundation to organize and facilitate community mental health programs in 2024. Through the grant a partnership was established between Public Health and ASCEND Mental Wellness.

As a result of the partnership, four free community Mental Health 101 presentations and 1 free Mental Health First Aid Certification Course were provided in Warren County.

Mental Health 101 presentation locations

- West Glens Falls Fire Department – March 21st, 2024, 6:00pm – 7:00pm
- North Warren Central School – June 6th, 2024, 6:00pm – 7:00pm
- Warrensburg Public Library – September 24th, 2024, 5:30pm – 6:30pm
- Crandall Public Library – December 12th, 2024, 6:00pm – 7:00pm

A total of 51 people attended the community mental health events. Feedback was very positive. Each community event also included informational tables staffed by other mental health partners that attendees could visit where mental health resources could be obtained prior to or following the program.

The free Mental Health First Aid program was open to the public. There were 17 participants that successfully completed the online and in-person course work and earned their certification.

WIC'ed Fresh Food Grant Completion

In late 2019 Public Health received funding to extend a mini grant program “WIC'ed Fresh Food” that was designed to provide supplemental fresh produce to participating WIC families through a partnership with local farms and produce providers. WIC families also received recipes, storage, prep and cooking instructions for the food they were receiving. The grant program was put on hold during COVID. Following COVID it took two year to find a new partner for the program because the partner used prior to COVID unfortunately went out of business.

In 2024 Public Health found a new partner, Denison Farms to provide fresh produce to participating WIC families. The program began the last week in May and ran through the end of October.

The program ran 22 weeks and over 100 bags of fresh produce were distributed to WIC Families throughout Warren County. Feedback was positive about the program and many WIC families reported using at least some of the supporting materials when storing, prepping or cooking their fresh produce.

Child Passenger Safety Program

Warren County Health Services applied for and received grant funding to start a Child Passenger Safety Program, also known as The Car Seat Program, from the Governor's Traffic Safety Committee Highway Safety Grant Program in the Fall of 2024. The goal of the program is to reduce the incidence of injuries among children due to incorrect car seat use and installation by the owners through car seat distribution, car seat installation checks, and education.

2024 Program Accomplishments:

- 2 staff members completed a rigorous 4-day training to become Certified Child Passenger Safety Technicians.
- Partnered with Washington County Public Health, who provided Warren County with 23 car seats to jump start our program prior to receiving grant funding.
- Conducted 15 car seat checks
- Provided 15 car seats to families in need.
- Conducted trainings for Department of Social Services staff and Southern Adirondack Child Care Network staff.

The car seat check program is open to anyone and is not limited to just parents/guardians. Car seat checks are completed by appointment only and are limited to Warren County residents. Participants are educated on their car seat's proper installation, use, and maintenance. Before leaving the check, the participants install their car seat under the guidance of the technician. Car seat distribution is based on need and financial eligibility. Participants may be eligible to receive a car seat if they qualify for Head Start, SNAP, Medicaid, WIC, or other financial assistance programs.

Opioids and Harm Reduction

Health Education staff continued to enhance outreach and education related to opioid use/abuse in Warren County and increase access to emergency naloxone (Narcan kits) for residents of Warren County.

- Sent staff to a two-day Statewide harm reduction symposium for local health departments. It provided evidence-based strategies and best practices to help people affected by opioid use/abuse
- Worked with Alliance for Positive Health to conduct a Narcan distribution day at 3 locations. Thirty-one kits were distributed.
- Provided 6 Narcan training classes and 42 naloxone kits for various community partners.
- Worked with Adirondack Health Institute and various community partners to draft a plan for opioid overdose response in Warren County. Plan remains in draft form.

School Classroom Presentations

School-based health education programs remained a strong outreach component of the overall health education program. Health educators provided 197 core classroom programs in 2024 and had 5036 student contacts. Student contacts increased by 14% for 2024 while the total number of classes provided in schools remain stable from 2023 – 2024. See table for breakdown (does not include non-core presentations)

Topic	Grades	Classes	Total Students	Notes
Bus/Pedestrian Safety	Pre-K – 5 th	19	576	
Dental Health	Pre-K – 5 th Grade	25	464	
Heart Health	Pre-K – 5 th Grade	16	249	
Handwashing/Hygiene	Pre-K – 5 th Grade	20	321	
Injury Prevention	Pre-K – 5 th Grade	12	370	
Nutrition	Pre-K – 5 th Grade	16	274	
Personal safety/Child Abduction	Pre-K – 6 th Grade	13	648	Taught by grade level not individual class
Poison Prevention	Pre-K – 5 th Grade	14	267	
Ticks & Lyme	Pre-K – 5 th Grade	10	246	
Tobacco/Vaping	4 th – 12 th Grade	29	1122	
Sun Safety	Pre-K – 5 th Grade	13	370	
HIV/AIDS	9 th – 12 th Grade	10	129	
Totals		197	5036	The “total students” does not represent individual students. Instead it shows the number student contacts. Students often participate in more than one class topic.

Community Engagements

Health education staff were part of 33 different community events including health fairs, community events and tabling events. See the table below for details for our largest events. Event attendance ranged from as few as 2 to over 100 people.

Topic	# of Events	# of Interactions	Notes
Cancer Screenings/ Prevention	6	148	Includes tabling events and participation in community programs
Tick & Lyme Disease Prevention	12	300+	Includes 3 tabling events, 5 community presentations and informational table at an annual hike-a-thon event in Bolton where over 100 people took information.
General Health Information Events	15	371	Includes health fairs, kid's days and less traditional PH presentations. Multiple health topics were covered at these events.
Fall Prevention	2	126	Information provided at the annual Office for the Aging Senior Picnic.
Naloxone Programs	8	50+ (42 kits distributed)	Not all interactions resulted in distribution of a naloxone kit.

Continuing Community Partnerships

In addition to the community engagements, health education staff attended or hosted 67 meetings and 28 trainings in 2024 with community partners.

Warren & Washington Counties Breastfeeding Coalition	Domestic Violence Community Coordination Council (DVCCC)
Community Health Assessment and Improvement Planning Committee	Cancer Services Program
Warren County Employee Wellness Committee	Warren County Employee Safety Committee
Warren County Public Health Mental Health Grant Planning Committee	Adirondack Rural Health Network (ARHN)
Mental Health / Addiction Recovery Subcommittees (Joint Meetings)	AHI Topics on Tobacco Coalition
Warren and Washington County Food Pantry Coalition	Long-Term Care Council
Warren/Washington County Opioid Overdose Taskforce	

Outlook for 2025

Health Education staff will be looking for opportunities to do more to incorporate information about climate change and how it impacts health. Monitoring vector-borne disease including Lyme disease, anaplasmosis and babesiosis from ticks will continue to be a high priority. Climate and health adaptation information will be disseminated on our website and social media pages to provide the most up to date guidance and available resources to increase awareness and build capacity.

In addition to climate change information, Health Education staff will be incorporating Social Determinants of Health more into program planning to better align with Healthy People 2030 and NYSDOH's goals. Social Determinants of Health include five umbrella categories; economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context.

There will be a renewed emphasis on being more visible online and in person. Efforts will also be made to improve outreach methods that align with community health survey results.

Finally, Health Education staff will continue to seek out new and more effective ways to be engaged with the public and expand the reach of health education programs.

New Initiatives for 2025

- Assemble a Community Health Assessment/Improvement Planning Committee comprised of community organizations from multiple disciplines to create the Warren County 2025-30 Health Assessment and Improvement plan. The committee will be responsible for identifying, organizing and analyzing various data sources that are associated with the health of a community. The committee will discuss and identify the health priority areas in Warren County based on the data and create a workplace to address the needs of those priority areas.
- Expand the reach of the Child Passenger Safety Program by requesting more funding and getting more staff members trained as Certified Child Passenger Safety Technicians especially in the Northern regions of Warren County by conducting awareness/ educational sessions among health care providers and EMS / Fire department.
- (Anticipated not yet received) Utilize JUUL settlement funds to enhance anti-vaping education and outreach targeting youth and young adults to reduce the impacts of vaping and nicotine on our communities. Activities will likely include anti-vape advertising campaigns, increasing access to quit vaping resources, enhancing anti-vaping education in school and community settings.
- Develop strategies to increase mental health programs including community mental health learning events and mental health first aid (adult and youth) offerings.

For information about the Warren County Public Health Education program please contact Dan Durkee, Public Health Program Administrator by email durkeed@warrencountyny.gov or by phone 518-761-6580.

LEAD POISONING PREVENTION PROGRAM 2024

Warren County has a Lead Poisoning Prevention Program funded by a NYSDOH \$36,800 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. In October of 2019 New York State public health law was amended to lower the definition of an elevated blood level in a child to 5mcg/dl.

- Lead level 0-5mcg/dl: A letter is mailed when results are received in addition to a reminder letter when the child is 2 years old
- Lead level 5mcg/dl or greater: 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 5mcg/dl)
- Lead level 5mcg/dl or greater confirmed. Same as for 5 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.

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	2019	2020	2021	2022	2023	2024
0 - < 5	1076	1046	879	1173	1068	1153
5 - <10mcg/dl	82	72	50	62	61	64
10- <15mcg/dl	12	5	15	15	17	9
15- < 20mcg/dl	3	3	2	4	5	3
20- <45mcg/dl	7	1	0	18	5	3
>45mcg/dl	0	1	0	5	1	1
TOTAL ELEVATED RESULTS (includes fingersticks)	104	82	67	104	89	80
Confirmed Elevated	11	14	10	19	15	4

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

Warren County Public Health Emergency Response Planning

Emergency Preparedness staff met all preparedness deliverable requirements New York State Department of Health, Office of Health Emergency Preparedness established for the grant cycle. EPR staff participated in more than a dozen drills and exercises with local and State partners in 2024. The Emergency Preparedness program had a strong year cross-training public health staff on numerous preparedness programs and applications enhancing our office capacities and capabilities.

Meeting New York State DOH OHEP and Federal Mandates

- Successfully updated the Public Health Respiratory Viral Pandemic Plan. The plan was revised to include more than just pandemic influenza as a potential threat. The plan was generalized to any viral respiratory disease based on lessons learned from the COVID-19 pandemic.
- Completed the Annual Preparedness Survey which consists of 6 separate Domains including baseline demographics, community readiness, incident and information management, countermeasure & mitigation, surge management and biosurveillance.
- Completed the Local Points of distribution & Dispensing Survey which consists of baseline data, County Staging Site review, and Points of Dispensing Security Forms.
- Completed 4 separate mandated trainings provided by the New York State Office of Health Emergency Preparedness.

Drills & Exercises

Public Health staff participated in numerous drills and tabletop exercises with emergency response partners in 2024.

- Conducted the required Annual 3-of-3 drill that tests Public Health staff abilities to conduct mass notifications and activation of staff and Points of Dispensing, assembly of staff and site set-up within 4-hours of activation. The drill exposed an issue with new security features NYSDOH has installed to protect patient data. Many public health staff that do not work regularly in emergency preparedness were unable to access certain secure systems needed for an effective response. Fixes have been identified and will be incorporated with plan updates.
- Participated in a Health Emergency Preparedness Coalition partner discussion of the Infectious Disease Surge Annexes to develop an understanding of the basic components of the infectious disease response for regional and state planning.
- Participated in the regional HEPC Medical Response and Surge Exercise (MRSE) exercise which included information sharing with the HEPC through various communication modalities and incorporated an Interoperable Communications (IOC) Drill. Staff also participated in the exercise hot wash afterwards.
- Participated in a Health Emergency Preparedness Coalition (HEPC) discussion of the Chemical Surge Annexes to develop an understanding of the basic components of the chemical response for regional and State planning.
- Conducted two ServNY Volunteer program communication drills to test the response rates for people signed up to volunteer in Warren County during an emergency.
- Participated in the annual Chempack training with Glens Falls Hospital.
- Participated in 3 Glens Falls Hospital TTX including illness at a children's camp and mass casualty response.

Real World Events/Networking

- Participated in monthly regional Public Health Coordinator meetings to share best practices and discuss ongoing and emerging preparedness concerns.
- Attend all required quarterly Health Emergency Preparedness Coalition meetings in person.
- Worked with Office of Emergency Services to update the list of available cooling shelters during three separate heat emergencies.
- Provided guidance to the public, local schools, local health care providers and long-term care providers about how to stay safe during 3 separate high heat events.
- Continued to share updates regarding Avian Flu H5N1 with local infectious disease partners and healthcare providers.

2025 Outlook

It is difficult to know where the Emergency Preparedness program will be headed in 2025. Current changes at the Federal level, mainly in the executive branch have created many unknowns about current and future funding levels and mandates. The EPR program will continue to work closely with State and local partners to maintain a basic level of readiness.

Disease monitoring will remain a priority in 2025 with the threat of H5N1 and H5N9 Avian flu still looming. Public Health currently has a sufficient amount of N95 masks, non-surgical masks and other personal protective equipment on hand should the need arise. Staff will also provide guidance to health care partners in the community as necessary.

COMMUNICABLE DISEASE CONTROL

INFECTION CONTROL EFFORTS

Warren County Health Services works closely with physicians, health centers, and Glens Falls Hospital to encourage and ensure 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. A Public Health Nurse follows up with clients either by telephone or home visits, to offer information and assistance to ensure 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 has agency-wide Infection Control, Exposure Control, and Respiratory Protection Plans in place. Staff reviews these plans annually.

As of December 20, 2023, Varicella and Respiratory Syncytial Virus (RSV) are now reportable diseases and are required by providers and labs to be reported to Local Health Departments.

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

Anthrax	Hantavirus Disease	Plague
Botulism	Hepatitis A	Psittacosis
Brucellosis	Hepatitis A in Food Handler	Rubella
Chancroid	Hepatitis B (in pregnancy)	Rubeola
Chikungunya	Listeriosis	Tetanus
Cholera	Lymphogranuloma Venereum	Toxic Shock Syndrome
Dengue Fever	Malaria	Trichinosis
Diphtheria	Measles	Tularemia
Encephalitis	Mumps	West Nile Virus

DISEASE REPORTED FROM LABORATORY CONFIRMATION

<i>DISEASE ENTITY</i>	<i>2020</i>	<i>2021</i>	<i>2022</i>	<i>2023</i>	<i>2024</i>		<i>DISEASE ENTITY</i>	<i>2020</i>	<i>2021</i>	<i>2022</i>	<i>2023</i>	<i>2024</i>
Amebiasis	1	0	0	1	0		Meningitis (bacterial)	1	0	0	0	0
Anaplasmosis*	38	76	57	63	75		Meningitis (viral)	0	1	0	1	0
Babesiosis*	3	5	6	16	14		Pertussis	1	0	0	0	1
Campylobacteriosis*	9	8	12	17	18		Rock Mountain Spotted Fever*	0	0	0	3	1
Chlamydia*	105	122	143	133	116		RSV	0	0	0	100	95
Cryptosporidiosis*	0	1	0	1	3		Salmonellosis	2	4	5	2	7
Cyclospora	0	0	0	1	0		Shigellosis	1	0	1	2	0
E. Coli*	0	5	1	2	3		Strep Group A, Invasive*	5	3	4	15	8
Ehrlichiosis*	0	0	0	0	3		Strep Group B Invasive*	4	7	9	8	2
Giardiasis*	3	6	4	7	13		Strep Group B Invasive, early	0	0	0	1	0
Gonorrhea	31	31	21	40	29		Strep Pneumo Invasive, sensitive	1	2	2	0	0
Haemophilus Influenzae Invasive not B	0	1	3	1	2		Strep Pneumo Invasive, unknown*	3	0	1	10	10
Hepatitis B (acute)	0	0	0	1	0		Swine – Origin Influenza	0	0	7	8	15
Hepatitis B (chronic)*	2	6	2	2	5		Syphilis, early latent	4	3	0	0	0
Hepatitis C (acute)*	3	4	5	3	1		Syphilis, early, non-primary/secondary*	0	0	0	0	1
Hepatitis C (chronic)**	29	28	27	32	51		Syphilis, primary	4	1	2	3	0
Hepatitis C (perinatal)*	0	0	0	0	1		Syphilis, secondary*	1	0	0	1	2
Influenza, A	95	38	825	196	419		Syphilis, late or unknown duration*	0	0	1	1	5
Influenza, B	87	18	26	30	117		Tuberculosis	0	0	1	1	0
Influenza, Unspecified	1	85	1348	552	593		Varicella*	0	0	0	0	4
Legionellosis	0	0	0	2	0		Vibriosis	0	1	1	0	0
Lyme Disease*	18	30	197	272	270		Yersiniosis*	2	1	3	7	2

*case count includes confirmed, probable, and suspected cases

**case count includes confirmed, probable, suspected, and Ab+&RNA- cases

RABIES PROGRAM

Warren County has a Rabies Prevention Program that follows up on all animal bites/exposures, provides rabies pre-exposure 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.

Rabies law requires 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 approximately 6 rabies clinics from May through November. Any pet involved in a bite/exposure is required to stay at home for a ten-day confinement period. Alternatively, the pet may quarantine at an approved facility, such as a veterinarian's office at the owner's expense.

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.

BITES REPORTED BY MONTH

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2020	15	13	21	10	22	21	39	21	25	10	21	29	218
2021	21	11	19	22	24	28	21	32	20	16	10	12	228
2022	9	12	9	25	22	22	24	20	18	20	14	7	202
2023	21	9	18	22	21	19	32	23	22	16	20	11	234
2024	13	10	12	16	9	19	22	16	17	19	15	15	183

**Warren County Public Health
Rabies Program**

2024

	<u>Different Address Owner/Victim</u> *Follow up by Town ACO				<u>Same Address Owner/Victim</u> * Follow up by Public Health				<u>Out of Town Owner</u> *Follow Up by Public Health				<u>Strays or Unknown Owner</u> Follow Up by Public Health <ul style="list-style-type: none"> • Vet's Office • Victim Offered Rabies PEP • Euthanized and tested 			
Town	Cats		Dogs		Cats		Dogs		Cats		Dogs		Vet	Treated with PEP	Refused PEP	Euthanized & Tested
	UTD	NOT UTD	UTD	NOT UTD	UTD	NOT UTD	UTD	NOT UTD	UTD	NOT UTD	UTD	NOT UTD				
Bolton			2		1		2							1		
Chester			1	1			1	3								
Glens Falls		1	4	6	2	6	11	4				2		3	2	1
Hague														1		
Horicon							2	1							1	
Johnsburg			2	4		1	2	1			1					
Lake George			2	1	1	1	4	1						3	1	
Lake Luzerne			1		1		3	4						1	2	
Queensbury			15	4	4	10	19	7			2	2	2	2	3	3
Stony Creek						1										
Thurman																
Warrensburg				2		3	2	3			1			1		1
Totals		1	27	18	9	22	46	24			4	4	2	12	9	5

*UTD- Up to date

*PEP- Post exposure prophylaxis

WARREN COUNTY RABIES PROGRAM STATISTICS

	2020	2021	2022	2023	2024
Confirmed Rabid Animals	1 raccoon 1 fox	1skunk	2 fox 1 bat	1 Fisher	0
Animal Specimens Submitted for Testing	29	37	37	34	28
Animal Bites	218	228	202	234	183
Patients Receiving <u>Pre-Exp. Vac.</u> (3 Injections) or Booster Vacc. Fee: \$415 per dose	0	1	0	1	
Patients Receiving <u>Post-Exp. Vac. Series @ GF Hosp.</u> (All RIG and First Injections are Given at GF Hospital)	36	35	31 13 refusals	31 19 refusals 4 boosters	47
Patients Receiving <u>Post-Exp. Vac. Series @ P. Health</u> (All RIG and First Injections are Given at GF Hospital)	2	0	0	0	1
Animal Clinics	5	5	6	6	6
Animals Receiving Rabies Vaccinations	160	280	393	509	536

	2023	2024
Expenses paid in relation to Rabies Program	\$34,576.75	\$28,550.83
Amount vouchered to New York State (Max allowed)	\$16,653.47	\$17,852.53
Rabies Clinic Donations	\$4,537.00	\$3,968.00
Total program cost to Warren County	\$13,386.28	\$13,884.53
Percentage of Expenses covered by Revenues	61.28%	76.43%

Note: Data above reflects in 2024 the actual expenses incurred and actual cash received at clinics and amounts vouchered to the State. We now have 6 mandated clinics per year, therefore less in donations. However, overall, we were able to cover 76.43% (up from 61.28% in 2023) of all rabies costs in 2024 between Donations and amounts billed to State. Costs to the county are skewed because we paid some expenses on behalf of patients but not all expenses have yet to be received, therefore we are unable to submit those expenses to the state until the file is closed and all expenses have been received and paid. Also, to note, expenses we were not able to claim will be carried to the next grant year to be submitted once the file is closed. In 2024, 45.77% of the Animal Clinics were covered by donations. We can bill for the Animal Specimens and shipments, Animal clinics and Human Rabies vaccines. We find with the Human vaccines; most patients have health insurance therefore the Hospitals/Facilities are able to bill for these services and this reduces the costs to the County. However, if a patient does not have health insurance, the local hospital will discount the first dose of rabies vaccine at the Medicaid rate and the patient is then referred to the Public Health office for the remaining three or four doses of the vaccine. The difficulty is when we need to coordinate care for patients /billing with those Facilities that are out of our area. All these can be billed to the State once received and paid. We were unable to bill the State anything in the fourth quarter, since all of the Rabies funding allocated had been fully utilized.

TUBERCULOSIS PROGRAM

PPD testing is offered by appointment, HHHN is the contractual medical consultant for the program and follows those individuals needing treatment who do not have their own physician. Warren County Health Services provides payment for preventive therapy medication for individuals who convert or have active tuberculosis and have no insurance to cover the cost of medication. Warren County maintains an agreement with local pharmacy whereby the agency is billed at the Medicaid rate for the medications. This is done in attempt to assure compliance with prescribed treatment.

YEAR	INDIVIDUALS TESTED	POSITIVE CONVERTERS	ACTIVE TB CLIENTS DURING YEAR
2020	73	0	0
2021	17	0	0
2022	14	0	1
2023	8	0	1
2024	15	0	2

Amount Paid for Tuberculosis Medications/Expenses	
2020	\$0.00
2021	\$0.00
2022	\$0.00
2023	\$1,916.50
2024	\$0.00

Warren/Washington County's STD Clinic Report 2024

A STD/HIV/TB Clinic is held weekly by appointment only. This clinic is shared by Warren and Washington Counties. Although counties are encouraged to bill insurance companies, clients have indicated they would not want their insurance utilized. (i.e. are not comfortable with insurance EOB's being sent to their homes). Costs are eligible for 36% state aid reimbursement.

HIV/Hep C testing is also performed at the clinic. The HIV clinic counselors are 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 routinely tests for gonorrhea, chlamydia and syphilis for all clients. These specimens are taken to the Glens Falls Hospital Laboratory and are billed to Warren County Public Health at the Medicaid rates. The 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 teenagers to the elderly, specifically in 2024 the age range was 21-65 yrs.

The number of clients has been declining steadily over the past five years, but the clinic remains a valuable resource to the community and to those in need of services.

Prevention is stressed at the clinic. Condoms, supplied by NYS, are available for no charge at the clinic.

The clinic is staffed by one nurse and one provider.

In 2023 we entered a contract with Hudson Headwaters Health Network to ensure provision of a medical provider for the clinic.

HIV and STD (SEXUALLY TRANSMITTED DISEASE) CLINIC

	2018	2019	2020	2021	2022	2023	2024
Clinics Held	50	44	5	1	0 **	7	9
Participants	117	96	13	2	3	5	11
Males	83	72	12		2	3	10
Females	34	24	1		1	2	1
Age Range	16-67	18-71	19-73	48-50	21-74	22-63	21-65
Warren Co. Participants	76	53	7		3	3	8
Washington Co. Participants	24	20	5		0	1	2
Saratoga Co. Participants	13	19	1		0	1	0
Other County Participants	4	4	0		0	0	1

DISEASES WITH POSITIVE TEST RESULTS

DISEASES	2018	2019	2020	2021	2022	2023	2024
Genital Herpes	0	0	0	0	0	0	0
Genital Warts	1	1	0	0	0	0	0
Chlamydia	6	3	0	0	0	1	0
Gonorrhea	0	0	1	0	0	0	0
Syphilis	3	4	1	0	0	1	0

Our STD clinics are by weekly by appointment only. In 2024 we served 11 clients.

PERINATAL HEPATITIS B PREVENTION PROGRAM

Hepatitis B is a vaccine-preventable virus that affects the liver. It is transmitted through contact with infected blood and body fluids. Hepatitis B during pregnancy can put the baby at risk for contracting the virus, which could cause a life-long, chronic infection.

Women are routinely screened for Hepatitis B as part of prenatal bloodwork during every pregnancy. In the event a pregnant woman tests positive for Hepatitis B, the lab results are sent to the Local Health Department (LHD) where the mother resides. The LHD then works with the birthing hospital to ensure that the infant will receive proper treatment after birth. Within 12 hours of delivery, the baby receives Hepatitis B Immune Globulin (HBIG) and the first dose of the Hep B vaccine series. Two more doses are given at one month and six months of age. At 1 years old, a blood serology is done to determine the level of antibodies the infant has from vaccination. If there are adequate antibodies, the case will be completed. If there are insufficient antibody levels, the infant will either need a booster dose or complete the whole vaccine series again. This will prevent or reduce the child's chance of contracting Hepatitis B.

There were **0 cases in 2024** of pregnant women identified as Hepatitis B carriers in Warren County.

When infected pregnant women are identified, they are followed through pregnancy and up to a year after delivery by the LHD.

The LHD's role in preventing perinatal Hep B includes:

- Providing case management to ensure completion of the vaccine series and post-vaccination serology for the infant
- Providing education and follow up for all other potential contacts of the mother

The goals of this program are to promote healthy pregnancies and prevent transmission of Hepatitis B.

IMMUNIZATION ACTION PLAN

The Immunization Action Plan (IAP) is a project between NYSDOH, CDC and LHDs that works to reach specific immunization goals. LHD's must meet accountability standards each year. The IAP project runs in 5-year periods, in 2024 falls within the 2023-2028 5-year project cycle.

Objectives for the IAP project:

- 1.) Childhood immunizations:
 - a. Increase immunization rates for all children 24 months and older
 - b. Increase HPV immunization rates for adolescents
- 2.) Perinatal Hepatitis B Prevention (see Perinatal Hep B Prevention Program page for details)
- 3.) Increase Adult Immunization Rates
- 4.) Reduce disparities among special/underserved populations at risk for low immunization rates
- 5.) Improve county-wide New York State Immunization Information System (NYSIIS) accuracy and completeness

To achieve these goals, Warren County Public Health works closely with health care providers, schools, day cares, hospitals, community agencies, and statewide organizations.

Project Highlights:

- County 2024 4:3:1:3:3:1:4* rate increased to 77.82% (76.79% in 2023)
- County 2024 HPV vaccination coverage among boys and girl aged 13 years old increased to 30.52% (29.57% in 2023)
- 99.61% of immunizations were entered into NYSIIS by all providers in Warren County in 2024
- Worked on Immunization Quality Improvement for Providers (IQIP) strategies with multiple pediatric providers
- Annual school nurse meeting – provided up to date immunization information and an opportunity to clarify immunization requirements
- Assisted many school nurses throughout the school year with ensuring students are up to date on required vaccinations to prevent school exclusions
- Mailed immunization requirements and education to all day care providers
- Mailed immunization education to adult immunization providers and conducted in-person visits to multiple provider offices to offer support and education on adult immunizations
- Warren County Public Health staff completed many trainings specific to encouraging timely vaccinations
- Participated in an immunization coalition with Washington, Saratoga, and Hamilton Counties that meets quarterly
- 24-hour monitoring system of our vaccine storage units via Digital Data Loggers, continues as a safety mechanism for the viability of all vaccines.
- Promotion of immunizations for all age groups continues on the Warren County Public Health Facebook page and website, at health fairs and other events. Distribution of educational material to local groups and organizations continues throughout the year and as requested

* 4:3:1:3:3:1:4 childhood immunization series includes: 4 DTaP, 3 polio, 1 MMR, 3 hep B, 3 Hib, 1 varicella, 4 PCV13

INFLUENZA CLINICS 2024

In 2024 Warren County ordered 430 doses of flu vaccine. This year's Flu vaccine was a Trivalent compilation due to the FDA's decision not to continue to vaccinate against the B/Yamagata strain since it hasn't been detected since 2020. 210 doses of Trivalent and 200 doses of High-Dose for the over 65 population and 20 doses of FluBLOK was ordered. The prebook for this order was done with the thought that we would be able to do outreach clinics for the community and Walk- in Clinics open to the public. We had VFC and VFA Flu vaccines available to give to those who qualified for government funded vaccines. FluBLOK was pulled by the manufacturer so we did not have any to administer this season.

For the 2024 Flu Season we held 3 staff vaccine clinics. We offered Walk-in Flu Clinics bi-weekly on 2 Thursdays in October with a good response along with our 5 weekly clinics by appointment. We held clinics at 7 sites to include Solomon Heights, Lake Luzerne Senior Center, Johnsbury Senior Meal site, Northern Gl, Warren County Municipal Employees and the Glen, The Terrace and Memory Care Unit at the Glen.

The attendance at all of our clinics was consistent. As we review the clinic numbers again this year we will schedule the 2025-2026 season accordingly. The challenge for Public Health continues to be to know how much vaccine to have available and how much staff to schedule for clinics.

Our continued goal for the 2025-2026 season 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

	2019	2020	2021	2022	2023	2024
Clinics Offered Throughout the County	27	3	6	8	17	18
Vaccine Doses Administered at Clinics	473	153	182	141	247	307
CHHA/Long Term Home Visits for Administration	8	11	8	5	9	2
Homebound Visits for Administration	2	0	5	29	6	6
Miscellaneous Administration i.e. PH Appointments And Other Home Visits	152	0	0	102	26	0
Total Doses Administered	633	164	195	277	288	315

BLOOD PRESURE CLINICS 2024

Warren County Public Health Clinic Nurses serve three senior meal sites for Blood Pressure Clinics and they coincide with the serving of the noon meal. We also visit The Glen at Highland Meadows for a Blood Pressure Clinic. We have a very positive response to being out in the community. We did B/P checks for the Senior Health Fair in September serving over 200 people.

Blood pressures are taken by the public health nurse and recorded on the client's chart. Often, the nurse has been seeing the client for many months so that she is able to observe changes in blood pressure, 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 are very well received by the participants.

Partial reimbursement is received from Office of the Aging to compensate for the nurse's time.

BP Clinic Site	2018	2019	2020	2023	2024
Bolton Meal Site	37*	17	**	**	**
Chester Meal Site	40*	35*	**	**	**
Cronin High Rise	61	70	13	**	**
Johnsburg	111	93	15	56	46
Lk.Luzerne Meal Site	118	101	19	89	73
Presb. Church (GF)	30	26	4	**	**
The Glen	**	**	**	44	69
Solomon Heights	58	49	12	48	72
Stichman Towers	25	20*	3	**	**
Warrensburg (Senior Picnic)	37*	50	9	**	24
TOTALS:	517	494	75	237	284

**No longer doing B/P screening at that site

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 Deputy 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.

Additional Activities

1. Consultants – Annual audits by record and pharmacy consultants.
 - Records – August 18, 2023 a record audit was completed. Any deficiencies noted have been corrected. We are in the process of seeking a new consultant (due to retirement of the last one).
 - Pharmacy- September 27, 2023 Pharmacy Consultant completed audit. Any deficiencies noted in report have been corrected.
2. Medical Director – Provides overall oversight to QA program and completes peer reviews to medical providers in STD program.
3. Satisfaction Questionnaires – Clients and providers complete annual questionnaires. No concerns reported.
4. Logs:
 - General Complaints – 2024, none received
 - HIPAA/FERPA Complaints – 2024, none received
 - Fire/Disaster Drills –
 - 2024- 2 fire drills
 - 1 shelter in place
 - 1 duck and cover
 - 1 run, hide, fight review with self-insurance
 - 2024 Accident/Incident Reports – 2 incidents reported / no injuries.

2025 GOALS

1. Continue with the current QA Program- It was put on hold during COVID -19 Pandemic.
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/CDC/WIC.
4. Start to focus and incorporate UR Committee in strategic planning process.
5. Oversight of Infection Control policies, procedures and incidents.



HOME CARE SERVICES

Philosophy: We at Warren County Health Services believe that the health of individuals and their families as they relate and interact in their community plays a vital role in the health care needs. Home Care recognizes the importance of psychological and physical wellness and attempts to correct the circumstances that interfere with the greatest degree of wellness that a person can achieve. 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 Care Agency we provide skilled nursing, physical, speech and occupational therapy and home health aide services to the residents within Warren County on an intermittent basis under the direction of a physician.

The ultimate aim is to instruct and to support the patient and/or family 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; collaboratively recognizing that the patient is the driving force of his/her healthcare.

With the recognition that the patient is the driving force of his/her healthcare, our professionals work collaboratively to empower the patient, understanding that homecare is not a one size fits all.

The agency participates in ongoing assessment together with other providers and consumers of healthcare 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.

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 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 2024 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

**VBP Preview 2025+**

(337045) Warren County Health Services

01/01/2024 - 01/31/2025

Report Date: 04/08/2025

68.11 93% Total Performance Score (TPS) and Rank

Value Based Purchasing (VBP) Measures	Your SHP Score (01/2024 - 01/2025)		CMS Large-Volume Baseline		Your CCN Baseline Score**	Points				Weight	Weighted Care Points
	Eligible	Score	Threshold* (Median)	Benchmark* (90th% Avg)		Achievement	Improvement	Care Points	National Rank		
Improvement in Mgmt of Oral Meds (Risk Adj)	397	76.50%	85.18%	98.75%	81.87%	0.00	0.00	0.00	17%	9.0%	0.00
Improvement in Dyspnea (Risk Adj)	377	66.97%	89.67%	99.42%	76.58%	0.00	0.00	0.00	19%	6.0%	0.00
Discharge Function Score	408	76.47%	● 62.35%	83.18%	85.15%	6.78	0.00	6.78	61%	20.0%	13.56
OASIS-Based Total								6.78	24%	35.0%	13.56
Potentially Preventable Hospitalization	139	6.47%	● 9.76%	6.08%	● 8.14%	8.93	7.28	8.93	78%	26.0%	23.22
Discharge to Community (Risk Adj)	(CC 01/25)	92.25%	● 80.51%	● 90.12%	92.25%	10.00	0.00	10.00	99%	9.0%	9.00
Claims-Based Total								18.93	96%	35.0%	32.22
Care of Patients	529	96.46%	● 89.51%	● 94.59%	● 94.00%	10.00	9.00	10.00	99%	6.0%	6.00
Communications	607	90.77%	● 86.82%	93.19%	93.00%	6.20	0.00	6.20	83%	6.0%	3.72
Specific Care Issues	680	83.29%	● 82.37%	91.30%	87.00%	1.03	0.00	1.03	38%	6.0%	0.62
% who Rated Agency 9,10	136	95.39%	● 86.33%	● 94.69%	● 95.00%	10.00	0.00	10.00	99%	6.0%	6.00
% who would Recommend	139	92.97%	● 80.23%	● 91.39%	93.00%	10.00	0.00	10.00	99%	6.0%	6.00
HHCAHPS-Based Total								37.23	92%	30.0%	22.34
Total Performance Score (TPS)											68.11

● Baseline scores outperformed

*CMS Baselines sourced from CY 2025 Implementation Performance Report (IPR) published January 2025

- OASIS-based measures: 01/01/2023 - 12/31/2023
- Potentially Preventable Hospitalizations: 01/01/2023 - 12/31/2023
- Discharge to Community: 01/01/2022 - 12/31/2023
- HHCAHPS-based measures: 01/01/2023 - 12/31/2023

**Your CCN Baselines sourced from:

- OASIS-based measures: SHP (Dates match IPR 01/01/2023 - 12/31/2023)
- Potentially Preventable Hospitalizations: Care Compare (Dates match IPR 01/01/2023 - 12/31/2023)
- Discharge to Community: Care Compare (Dates match IPR 01/01/2022 - 12/31/2023)
- HHCAHPS-based measures: Care Compare (Dates match IPR 01/01/2023 - 12/31/2023)

Scores and ranks are calculated using OASIS and CAHPS data from SHP's national database and may differ from those found in CMS Annual Performance Reports

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Real-Time Star Ratings Preview - Quality of Patient Care

Warren County Health Services

OM/PM: 01/24-12/24, Hosp: 01/24-12/24

Report Date: 4/8/2025

		Process		Outcomes				
		Timely Initiation of Care	Mgmt of Oral Meds	Ambulation	Bed Transfer	Bathing	Dyspnea	PPH (CMS)
		+	+	+	+	+	+	-
2	0.5	0.0-83.6	0.0-55.7	0.0-62.2	0.0-59.7	0.0-66.6	0.0-62.5	14.0-100.0
3	1.0	83.7-90.6	55.8-68.9	62.3-74.3	59.8-73.4	66.7-78.6	62.6-76.6	12.4-13.9
4	1.5	90.7-94.4	69.0-77.0	74.4-80.4	73.5-80.9	78.7-84.2	76.7-83.6	11.3-12.3
5	2.0	94.5-96.5	77.1-82.2	80.5-84.3	81.0-85.2	84.3-87.5	83.7-87.4	10.5-11.2
6	2.5	96.6-97.8	82.3-85.4	84.4-87.0	85.3-87.8	87.6-89.5	87.5-89.9	9.8-10.4
7	3.0	97.9-98.7	85.5-87.8	87.1-89.2	87.9-90.0	89.6-91.5	90.0-91.9	9.2-9.7
8	3.5	98.8-99.3	87.9-90.3	89.3-91.1	90.1-91.6	91.6-93.1	92.0-93.5	8.6-9.1
9	4.0	99.4-99.7	90.4-92.4	91.2-93.0	91.7-93.2	93.2-94.9	93.6-95.2	7.9-8.5
10	4.5	99.8-99.9	92.5-95.7	93.1-95.8	93.3-95.7	95.0-97.5	95.3-98.0	7.1-7.8
11	5.0	100.0-100.0	95.8-100.0	95.9-100.0	95.8-100.0	97.6-100.0	98.1-100.0	0.0-7.0

12	Your HHA Score	84.9	77.5	86.2	87.9	86.1	66.9	6.6
13	Your Initial Decile Rating (Requires N ≥ 20)	1.0	2.0	2.5	3.0	2.0	1.0	5.0

14	Your Number of Cases (N)	496	368	384	382	384	351	122
15	National (All HHA) Median	97.8	85.4	87.0	87.8	89.5	89.9	9.8
16	Your Statistical Test Probability Value (p-value)	0.000	0.000	0.342	0.501	0.025	0.000	0.145
17	Your Statistical Test Results (Is the p-value ≤ 0.050?)	Yes	Yes	No	No	Yes	Yes	No

18	Your HHA Adjusted Rating	1.0	2.0	2.5	3.0	2.0	1.0	4.5↓
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19	Your Average Adjusted Rating			2.3				
20	Your Average Adjusted Rating Rounded			2.5				

Final Step: Convert Your Average Adjusted Rating Rounded (Line 20) to the 1.0 to 5.0 star scale as shown below.

21	Your Overall Star Rating (1.0 to 5.0)		
Average Adjusted Rating Rounded		Overall HHC Star Rating	% of CCNs with Rating (CMS: 01/2025)
4.5 and 5.0		(5.0) ★★★★★	5.75%
4.0		(4.5) ★★★★★	13.78%
3.5		(4.0) ★★★★★	16.63%
3.0		(3.5) ★★★★★	15.66%
2.5		(3.0) ☆☆☆	15.58%
2.0		(2.5) ★★★	13.18%
1.5		(2.0) ★★	9.82%
1.0		(1.5) ★	7.64%
0.5		(1.0) ★	1.97%

Star Rating cut points: Process/Outcome Measures-10/2025 (SHP), Hospitalizations-04/2026 (SHP).

★ Parameters match Star Rating. ☆ Parameters do not match Star Rating.

**Warren County Health Services
Division of Homecare**

2024 Overview of the Utilization Review Committee

The Utilization Review Committee of Warren County Health Services held meetings during the year 2023. The meetings were held February 9th, May 10th, July 30th and November 1st.

The numbers of patient records reviewed were 4, 4, 4, and 4 giving a total of 16 patient records reviewed during the year 2024.

The number of patients on the active roster on the last working day of 2024 was 100, with a breakdown as follows: CHHA – (SN-50 and EI 06 /CPSE-44) = 100

Members of the committee are:

Valerie Whisenant, ADPS
Robin Andre, SPHN
Jodi Brynes, SPHN
Craig Briggs, CHN
Kaitlyn Jerdon, PHN
Laura Monroe, PHN
Lisa Morton, CHN
Amy-Jo Sokol, RPN

Breakdown of Charts Reviewed:

Number Active	8	Number CHHA	16
Number Discharged	8		

Method of Record Selection: For all meetings during the year 2024, the records chosen were a random selection of patients admitted 1-4 months prior to each meeting. The random selected patients covered all services provided by the agency: SN, PT, OT, ST, HHA, and IV Therapy.

Summary of Utilization of Services:

Adequate Utilization	16
Overutilization	0
Underutilization	0
Inadequate Information	0
Unable to Decide	0

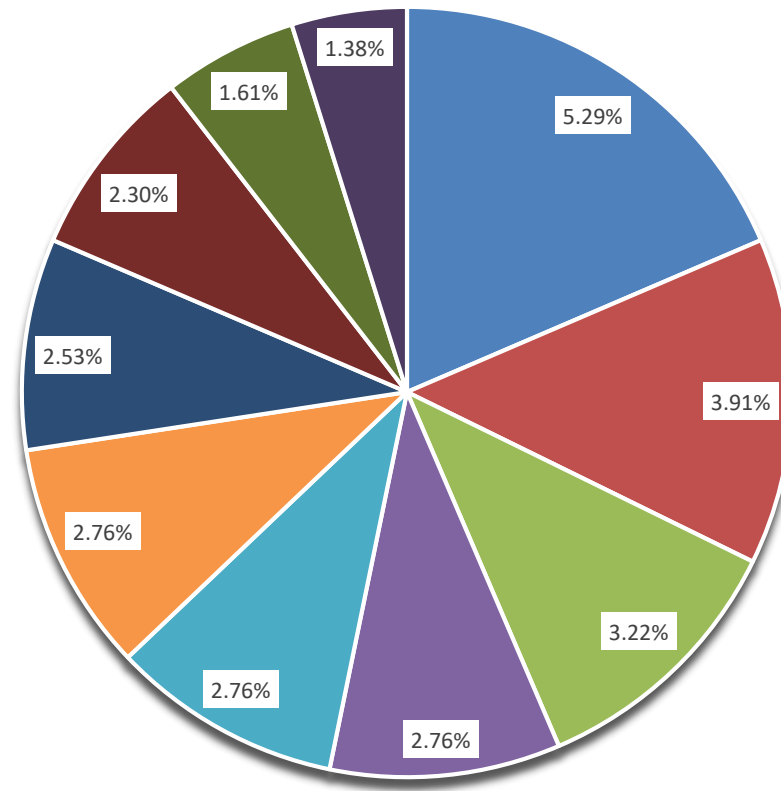
All the charts reviewed showed adequate utilization of services. It was noted by some of the reviewers that our current EMR has too many places to document. We are currently trying to get a new EMR to hopefully alleviate some of the redundancy of documentation.

Division of Home Care - SERVICES BY THE NUMBERS

**Certified Home Health Agency
VISITS BY DISCIPLINE**

Services	2020	2021	2022	2023	2024
Nursing	9,794	7,707	4131	3357	3459
Physical Therapy	3,815	3,641	3137	2333	2663
Occupational Therapy	723	479	340	196	195
Speech Therapy	152	229	37	14	173
Medical Social Worker	0	0	0	0	0
Nutrition	16	1	0	0	0
Home Health Aide	1,787	1,427	1122	967	967
TOTALS	18,307	14,875	8,767	6551	7363

Top 10 Primary Diagnosis for Vists between 1/1/24 and 12/31/24 for Certified Home Health Agency



- Z48.812- Enctr for surgical aftercr following surgery on the circ sys count
- I11.0- Hypertensive heart disease with heart failure
- Z47.1- Aftercare following joint replacement surgery
- Z48.3- Aftercare following surgery for neoplasm
- J44.1- Chronic obstructive pulmonary disease with (acute) exacerbation
- N39.0- Urinary tract infection- Unspecified
- U07.1- COVID-19
- I13.0- Hypertensive heart and chronic kidney disease with heart failure
- Z48.815- Encounter for surgical aftercare following surgery on the digestive system
- J18.9- Pneumonia, unspecified organism

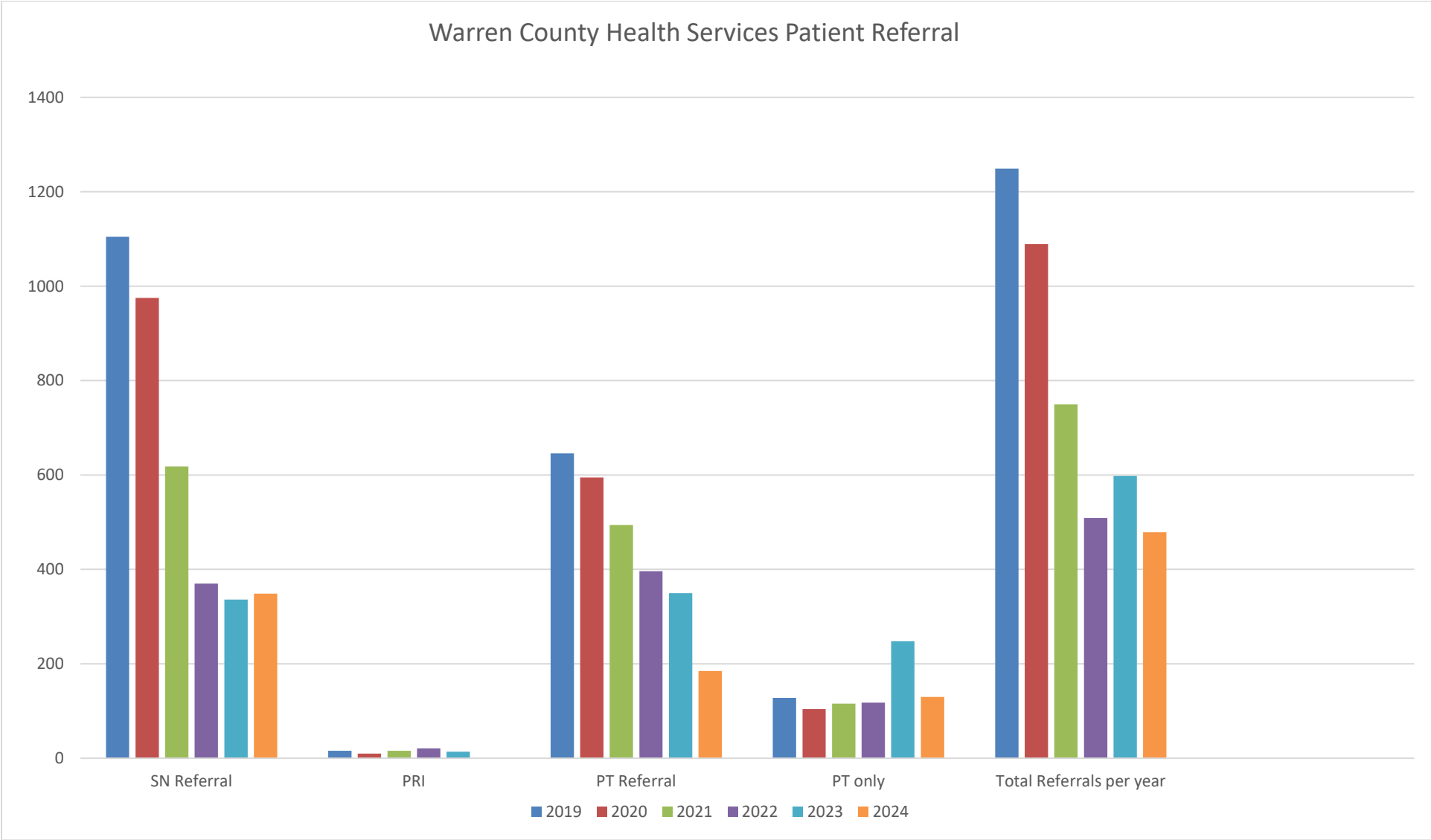
CERTIFIED HOME HEALTH AGENCY GEOGRAPHICAL STATISTICS

Patients by Town

Town	2020	2021	2022	2023	2024
Adirondack	21	21	18	6	13
Athol	21	16	16	6	4
Bakers Mills	15	12	15	8	0
Bolton Landing	64	61	30	33	24
Brant Lake	55	27	16	30	25
Chestertown	103	82	76	63	58
Cleverdale	16	3	0	0	4
Diamond Point	38	21	10	9	13
Glens Falls	525	466	308	188	255
Hague	39	36	21	21	17
Johnsburg	40	39	41	28	11
Kattskill Bay	12	3	2	5	3
Lake George	198	166	126	75	91
Lake Luzerne	121	82	35	51	38
North Creek	19	36	23	33	34
North River	11	1	1	0	2
Olmstedville	13	20	1	0	3
Pottersville	63	32	40	31	25
Queensbury	888	710	489	404	487
Riparius	0	0	0	1	0
Silver Bay	9	11	3	5	4
Stony Creek	12	8	18	21	13
Warrensburg	237	179	122	94	125
Wevertown	6	15	9	14	24
Grand Total	2526	2047	1420	1126	1273

REFERRAL NUMBER REPORT

Warren County Health Services
Patient Evaluations
CHHA Division



REVENUE by PAYER

Traditional Medicare was 36.08% of our business for 2024 which is a 31.62% decrease from 2022 and a 5.05% decrease from 2023. Medicare reimburses the agency not by per visit (Fee for Service) but by episodes of care. The episode is a 30-day period and the Medicare payment is calculated by the score determined by the OASIS D assessment.

Managed Medicare comprised 46.63% of our revenues, which is an 26.33% increase from 2022 and a 13.48% increase from 2023. Managed Medicare reimbursement can be either Fee for Service or Episodic Rate and is determined by the Managed Care Company.

In 2024 Traditional Medicaid represented 3.65% of our CHHA revenue. While in 2022 was 6.3% and in 2023 2.97%.

In 2024 Managed Medicaid revenues were 3.78% and in 2022 3.43% and 3.68% in 2023.

In 2024 Private Insurance represented 9.86% of our CHHA revenue and was 5.96% in 2022 and 19.06% in 2023.

HOME CARE GOALS FOR 2025

- ◆ Continue strong 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.
- ◆ Strengthen and Enhance the existing skilled programs we provide to our clients guiding them in managing their health.
- ◆ Continue to promote our Palliative Care Program through collaboration with local providers as well as education and training of our staff to recognize and meet the needs of our Warren County Residents.
- ◆ Increase and enhance our remote patient monitoring through the use of Telemonitoring / Telehealth.
- ◆ Maximize the full potential of our new Electronic Medical Record system to continue to improve efficiency and reporting requirements.
- ◆ Recruit/retain staff in a most challenging workforce/labor shortage.
- ◆ Strive to achieve the strongest Star Rating /HCCAPS/PDGM/HHVBP scores to provide quality and steady reimbursement.
- ◆ Advocate for federal/regulatory and reimbursement adjustments that assist the state of Home Care continuing to be a viable option in the continuum of care.

CONTINUING CHALLENGES FOR WARREN COUNTY HEALTH SERVICES IN 2025

Our mission remains advocating and assisting people to help themselves – to promote and maximize health and wellness, both physical and mental, while minimizing disease, injury, and disability. This is not an easy task. We realize gains may be slow, unpredictable, and not often immediately visible or measurable. In 2025, our agency will continue to address and lead our community through unprecedented public health related challenges.

Our challenge for 2025 will be to continue to assess, plan, and deliver programs for individuals, families, neighborhoods, and institutions at the community level. To foster personal responsibility - not dependency on others. Various strategies must be employed to assist and educate people with many diverse and ever -changing health care needs. 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 more efficiently.

In the Public Health and Home Care arenas 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.

Health Services continues effort toward normalcy. Our agency will continue to focus on rebuilding services and figuring out a way to creatively deliver community programs. This is an exciting time to truly evaluate needs and collaborate with local agencies to promote and ensure necessary programs are available to address gaps and assist those in need. The Community Health Needs Assessment and Community Health Improvement Plan processes are valuable resources to make this happen.

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

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or

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