

2017 Annual Report



Columbia County Department of Health

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Public Health

Prevent. Promote. Protect.

Introduction

The mission of the Columbia County Department of Health is to protect, preserve and promote the health of our community through education, prevention and treatment of disease and injury.

There were 645 deaths in Columbia County in 2017.

The three leading causes of death were:

Multi-system failure, various cancers, and heart disease.

There were 461 births: 237 male, 224 female. This figure does not include Massachusetts, Connecticut or home births. A total of 198 births were at Columbia Memorial Hospital, while 235 births were in hospitals outside the county. There were 25 registered home births, and 3 non-traditional, non-registered or out of area births.

John J. Mabb, MA, Public Health Director
Dr. Ananthkrishnan Ramani, Medical Director

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Joseph Lombardo, MD
John J. Mabb, Public Health Director
Elizabeth Neale, RN, Migrant Program
Ananthkrishnan Ramani, MD

Public Health Director's Message

It is my pleasure to present to you the Columbia County Department of Health's annual report for 2017.

Among the many issues facing public health in 2017, the one garnering the most attention is the growing opioid and heroin use among our citizens. Statistics show that both Columbia and Greene Counties have higher incidence of overdoses than other counties in the Capital region. As part of a joint effort with other agencies in the county, our Health Department has responded.

One of our staff nurses is now dedicated to addressing this issue by taking the following steps: Helping local grass roots organizations who want to address drug use in their home communities with outreach; assisting county schools in organizing community events designed to educate and inform students and parents; and working to establish a recovery coach program here in the county. These coaches are trained to work directly with individuals who overdose and come through area hospital's emergency departments. Such direct one-on-one support is critical to the success of individuals who commit to recovery.

Our department also provided a home and support for the Mentor Foundation U.S.A., a Washington D.C.-based non-profit that has funded a full time peer counselor. The peer counselor works within local schools, training students to serve as Youth Ambassadors to keep fellow students drug and alcohol free. The contract between our department and Mentor is the first of its kind in the nation.

We also set out on the journey to become a nationally accredited health department. Like many other community partners such as hospitals and law enforcement agencies, obtaining accreditation means that our department has established and met high standards in our policies and procedures as we assess the health needs of our community and ensure the services are there to meet those needs. This process can take several years to accomplish but we have begun our effort.

Other accomplishments for 2017 include:

- Placing syringe kiosks at the Hannaford Supermarkets in Valatie and Livingston. These drop-off boxes give community members a convenient and safe place to dispose of the syringes they use to deliver much needed medicine at home.
- Serving as part of a committee looking for creative ways to ensure that county residents who wish to remain in their homes as they age will have access to qualified personal care aides.
- Working with Safe at Home to bring together residents of the towns of Columbia County to help each other meet the needs of aging and disabled county residents as they work to remain at home.

This report also summarizes the many and varied services offered through our six primary programs that positively affect nearly every county resident. The highlights include:

- 1,483 vaccines administered by public health staff;
- 3,969 investigations by our communicable disease staff;
- 675 dogs and cats vaccinated against rabies at 8 clinics throughout the county;
- 419 migrant farm workers benefited from healthcare and outreach services;

- 393 food establishments inspected;
- 235 preschool-age children received services and transportation;
- 87 underage teen compliance checks conducted on 81 tobacco retailers.

The financial summary provides you with information on the financial activities of CCDOH, and we hope that you will use it to assess the organization's effectiveness and to measure its fiscal performance.

We look forward to your valued support as we continue our mission of providing services to Columbia County residents in the future.

The Role of Public Health

Public health departments are responsible for providing leadership to safeguard the health and wellness of the community. This is accomplished by implementing the core public health functions through provision of essential public health services as listed below:

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





Disease Control

Elizabeth Galle, RN, MS, Director of Patient Services

Dawn Bemiss, Nurse Practitioner (Contract)
Marsha Bishop, Senior Clerk
Susan Decker, Per Diem Registered Nurse
Marcia Fabiano, Consult. Epidemiologist (Contr.)
Irish Falkner, Community Health Worker (Span)
Pamela Ferber, Registered Nurse
Phyliss Higgins, Registered Nurse

Mary Jason, Part Time Registered Nurse
Chuck Kaiser, PHEP Coordinator
Victoria McGahan, Public Health Educator
Marilyn Miller, Nurse Practitioner (Contract)
Elizabeth Neale, Registered Nurse
Barbara Pough, Senior Clerk
Cheryl Ronsani, Registered Nurse

Mary Sullivan-Sweet, Registered Nurse

The Communicable Disease staff of the Columbia County Department of Health is responsible for the surveillance and investigation of seventy-seven reportable communicable/vector borne diseases. Reporting any suspected or confirmed communicable disease is mandated under New York State Sanitary Code 10 NYCRR. The total number of cases investigated in 2017 was 3,969; some are reportable to the New York State Department of Health, and others are investigated and dismissed as non cases. Case numbers reported in the narrative that follows the table below may differ from the NYSDOH report. Additional cases from 2017 were totaled over the beginning of 2018.

The table below represents information provided by the New York State Bureau of Communicable Disease Control. Finalized reports for 2017 are not due from the State until August of 2018, but the numbers below represent cases for 2017 that have been confirmed and tallied thus far; suspected and/or revoked cases have not been included in the table.

	2017 Freq	2017 Rate	2016 Freq	2016 Rate	2015 Freq	2015 Rate	2014 Freq	2014 Rate
Amebiasis	3	4.9	0	0.0	1	1.6	2	3.2
Anaplasmosis	138	224.4	78	125.6	76	119.1	50	80.5
Babesiosis	39	63.4	25	40.2	23	37.0	11	17.7
Campylobacteriosis	10	16.3	7	11.3	2	3.2	12	19.3
Cryptosporidiosis	2	3.3	1	1.6	0	0.00	0	0.0
Cyclospora	2	3.3	0	0.0	0	0.0	0	0.0
EHEC, Serogroup Non-0157	0	0.0	1	1.6	0	0.0	0	0.0
EHEC, Not Serogrouped	0	0.0	1	1.6	1	1.6	0	0.0
Ehrlichiosis (Chafeensis)	5	8.1	7	11.3	3	4.8	3	4.8
Ehrlichiosis (Undetermined)	1	1.6	1	1.6	2	3.2	3	4.8
Encephalitis, Other	1	1.6	1	1.6	1	1.6	0	0.00
Giardiasis	3	4.9	3	4.8	3	4.8	7	11.3
Hemophilus Influenzae, Not Type B	4	6.5	2	3.2	2	3.2	3	4.8
Hepatitis A	0	0.0	1	1.6	0	0.00	2	3.2
Hepatitis B, Chronic	3	4.9	0	0.00	5	8.0	1	1.6
Hepatitis C, Acute	3	4.9	2	3.2	0	0.0	0	0.0
Hepatitis C, Chronic	49	79.7	28	45.1	39	62.8	41	66.0
Influenza A	166	269.9	97	156.1	80	128.8	185	297.8
Influenza B	57	92.7	44	70.8	10	16.1	47	75.7
Influenza Unspecified	1	1.6	2	3.2	1	1.6	0	0.0
Legionnaires	1	1.6	0	0.0	1	1.6	1	1.6
Listeriosis	1	1.6	0	0.0	0	0.0	0	0.0
Lyme Disease	248	403.2	211	339.7	238	383.1	185	297.8
Malaria	1	1.6	1	1.6	0	0.0	0	0.0
Meningitis, Aseptic	5	8.1	0	0.0	5	8.0	4	6.4
Meningitis, Other Bacterial	0	0.0	0	0.00	0	0	0	0
Mumps	0	0.0	1	1.6	0	0	0	0
Pertussis	7	11.4	4	6.4	0	0	10	16.1
Rocky Mtn Spotted Fever	0	0.0	1	1.6	0	0.0	3	4.8
Salmonellosis	2	3.3	8	12.9	11	17.7	11	17.7
Shigellosis	1	1.6	3	4.8	1	1.6	1	1.6
Strep Group A, Invasive	1	1.6	1	1.6	4	6.4	2	3.2
Strep Group B, Invasive	4	6.5	8	12.9	8	12.9	4	6.4
Strep Pneumoniae, (Invasive)	3	4.9	4	6.4	1	1.6	7	11.3
Toxic Shock Syndrome, Staphylococcal	0	0.0	0	0.0	0	0.0	0	0.0
Toxic Shock Syndrome, Streptococcal	0	0.0	0	0.0	1	1.6	0	0.0
Tuberculosis	3	4.9	0	0.0	5	8.0	2	3.2
Yersiniosis	1	1.6	1	1.6	0	0	1	1.6
Zika Virus (Symptomatic)	0	0.0	3	4.8	0	0.0	0	0.0
Syphilis Total...	11	17.9	11	17.7	5	8.0	4	6.4
-Late Latent	2	3.3	5	8.0	2	3.2	1	1.6
-P & S Syphilis	4	6.5	4	6.4	2	3.2	2	3.2

-Early Latent	5	8.1	2	3.2	1	1.6	1	1.6
Gonorrhea Total...	30	48.8	22	35.4	25	40.2	11	17.7
-Gonorrhea	30	48.8	21	33.8	24	38.6	11	17.7
P.I.D.	1	1.6	1	1.6	1	1.6	0	0
Chlamydia	188	305.6	180	289.8	153	246.3	119	191.6

HIV Antibody Testing

In 2017, there were 379 total client visits made to the Columbia County Department of Health's Sexually Transmitted Disease (STD) clinic. This figure represents initial visits, which include education and counseling for HIV and other STDs, and return visits for results of testing, treatment and/or additional testing. Seventy-nine clients presenting for clinic services were tested for HIV in 2017. As of September 2010, new legislation was passed regarding HIV testing. Essentially, the law states that all clients between the ages of 13-64 presenting to primary care clinics in New York State must be offered HIV testing at least once, and this must be documented in the client record. Berkshire Farm was visited during the course of 2017 by Health Department nurses, and HIV education and testing was provided to 11 adolescent boys, while 12 had been tested in 2016. The population of children at the facility remains low.

STD Clinic Visits

In 2017, 188 cases of Chlamydia were reported to CCDOH from all facilities and providers where STD testing is done, representing an increase from 180 cases in 2016. In 2015, there were 153 cases of Chlamydia reported, and in 2014 there were 119. Reported Gonorrhea cases in Columbia County also increased, with 30 in 2017 compared to 22 cases reported in 2016. There were 25 Gonorrhea cases in 2015 and 11 cases in 2014. The number of Syphilis cases reported in 2017 remains the same as in 2016 at 11, compared to five cases in 2015. As a result of these infection rate increases, our agency has increased its efforts at prevention education, with targeted advertising promoting safe sex practices and the importance of getting tested for STD's

STD clinic hours are advertised on the County website and via signage in the front lobby and in local public areas. Flyers are distributed and the clinic is promoted by other means to area residents and providers during various Public Health outreach efforts. We have also promoted STD clinics and testing with public billboards and advertising and through our work with the Women's Health Project and other community partners.

The Communicable Disease staff holds Infection Control Committee meetings and STD Committee meetings at least twice annually.

Other Communicable Diseases

Three active cases of Tuberculosis were reported and treated by Directly Observed Treatment (DOT) during the course of 2017. The Health Department investigated seven reported cases of Pertussis in 2017, following four cases in 2016 and zero confirmed cases in 2015. There were 49 confirmed cases of chronic Hepatitis C in 2017, compared to 47 cases in 2016.

In 2017, Department nurses administered 37 post exposure rabies treatments to county residents, down from 38 in the previous year. Post exposure rabies treatments consist of a scheduled series of injections if a person has been exposed to a potentially rabid animal. Department staff, in collaboration with Emergency Room and other physicians, determines the nature of the exposure and the need for treatment. There were also three people who received rabies pre-exposure treatments.

Immunization Program

Immunization services are provided to infants, children and adults for school, work, travel and general protection against vaccine-preventable diseases. Our immunization team has worked directly with providers, other community resources and our Columbia County constituents through clinics, presentations, and educational outreach. These activities are carried out in an effort to increase knowledge and awareness of current immunization practices.

The total number of vaccines given in 2017 was 1,483, with 1,202 vaccines given to adults and 281 given to children. Seasonal Influenza vaccinations were given at 31 Flu/Pneumonia clinics in 2017. The total number of flu vaccines administered in 2017 was 911.

Number of Vaccinations (Doses)	
DTP/ap	2
DTP/aP-Hep B	0
DTP/ap-Hib	1
DTP/ap-Polio	0
Hepatitis A	29
Hepatitis A-B	59
Hepatitis B	68
Hib	0
HPV	59
Influenza	911
Meningitis	68
MMR	29
MMRV	2
Pneumo-Poly	3
Polio	11
Pevnar 13	5
Rabies Pre-Exposure	9
Rabies Post-Exp	86
Rotavirus	0
Td	17
Td-Pertussis	100
Varicella	22

Zoster	2
Total	1483

*This figure represents the total number of vaccinations included in the New York State Immunization Information System. Some vaccinations may not be included in this online report.

Lyme/Arthropod Diseases

In April of 2009, the NYS DOH implemented the Sentinel Surveillance system. Under this form of surveillance the State Health Department randomly selects 20% of all positive Lyme reports for local health department follow up. Sentinel Surveillance was initiated to assist counties that have the heaviest tick-related disease burdens with the process of investigation and reporting. Health care providers are still required to report EM or classic “bull’s eye” rashes. Additionally, Columbia County Health Department continues to monitor Ehrlichia/Anaplasma and Babesia cases.

Arthropod numbers have continued to rise in 2017. Below is a chart of comparative numbers for these diseases over the last four years.

	2017	2016	2015	2014
Lyme	262	222	247	191
Ehrlichia/Anaplasma	147	87	82	62
Babesia	40	25	23	12

Columbia County continues to participate in the Lyme and Other Arthropod Task Force. The Task Force meets to discuss the latest issues regarding Arthropod illnesses and to brainstorm educational and prevention ideas. The Task Force members include several Registered Nurses and an Environmental Health Sanitarian from the Columbia County Department of Health, a local veterinarian, a representative from Congressman John Faso’s office, the Director of Community Health at Columbia Memorial Hospital (CMH), and CMH’s Chief of Infectious Disease and Microbiology, Dr. Ananthakrishnan Ramani, who also acts as CCDOH’s Medical Director. The Task Force had previously been meeting twice yearly, but is increasing the number of meetings to three per year in an effort to increase educational efforts and promote prevention awareness in the community.

The Lyme and other Arthropod Task Force met in March and October of 2017. Prevention and education strategies were discussed. Arthropod literature was distributed to various retailers, including Agway, PetSmart and Tractor Supply Company. Community outreach and education was also achieved through billboards and the distribution of educational materials. Arthropod presentations were also given to summer camps, schools, libraries, county agencies and at community events throughout the county. Additionally, CCDOH continues to maintain an Arthropod call line as a resource for general information and with contact numbers for individuals who need further guidance or assistance regarding Arthropod issues.

The Zika virus was an important health topic in 2016, largely due to the sudden rise in cases of microcephaly in Latin America. There has been a sharp decline in these cases, primarily as the result of increased herd immunity, according to the World Health Organization (WHO). This means

that there are fewer cases because a large percentage of the population has already been exposed, resulting in fewer people to infect. CCDOH has not received any positive Zika results in 2017 and only five individuals were tested through our agency. There is ongoing statistical data being collected by the scientific community and still many unknowns regarding Zika virus. CCDOH will continue to educate and monitor as circumstances dictate.

Two Registered Nurses from the Communicable Disease department attended the Zika Virus Learning Collaborative sponsored by NYSDOH in June. These conferences present wonderful learning opportunities for professionals who work daily with various epidemiological issues. They also keep them up to date on the latest public health issues, trends, and strategies for dealing with a variety of health concerns that impact our community. It also presents a great opportunity to network with epidemiologists and other communicable disease professionals throughout the state.

Written testimony was submitted to the Senate Task Force on Lyme and Tick Borne Diseases for a hearing on August 29, 2017, by Cheryl Ronsani, RN and Pamela Ferber, RN. The submission attested to the benefit of arthropod-focused conferences for the various local health departments. These conferences, which we have attended in the past, enable local health departments to stay abreast of the latest arthropod trends, which in turn enables CCDOH staff to be more proficient, knowledgeable, and better able to serve the community.

Arthropod illnesses remain an important ongoing issue in this highly endemic area and it is likely we will continue to see high numbers in 2018.

Public Health Education Program

The Columbia County Department of Health (CCDOH) provides health education, a core Public Health service, to schools, community groups, worksites, healthcare providers, families, and individuals. This outreach and education is delivered through workshops and presentations, the Department's website, Twitter account and Facebook page, community events, participation in coalitions, health fairs and local media. The program coordinates the Community Health Assessment and Community Health Improvement Plan to strategically address health concerns in the county. Furthermore, the program promotes healthy behaviors and disease prevention by working with schools and local organizations to develop and promote healthy policies, systems and environments.

Community Outreach and Education

In 2017, the Department developed and implemented educational programs in various settings, reaching people of all ages. These programs included: flu and infection prevention workshops to community groups, public school students and staff, afterschool programs and summer camp attendees; HIV/AIDS education, fall prevention workshops, safe medication disposal practices, bullying prevention and Tai Chi classes for older adults at the Office for the Aging's "Food and Friendship" sites throughout the county; pest prevention education for parents; education on the health effects associated with sugar-sweetened beverage consumption; Lyme disease prevention education to worksites, summer camps, cultural and community groups, libraries, and

students; and emergency preparedness presentations to summer camps and community groups. CCDOH conducts a wellness series for incarcerated individuals at the Columbia County Jail through the ReEntry Columbia program, and provides an overview of CCDOH services for participants of the Columbia County Department of Probation. The Public Health Educator continues to update and improve the agency website, Facebook and Twitter pages, which serve as valuable educational tools. These contain information about programs and services, various health topics pages, and videos displaying health information. The website is available in English and Spanish.

The Department of Health celebrated National Public Health Week 2017 with an outreach initiative in collaboration with the Columbia County Department of Motor Vehicles. Many of CCDOH's program representatives were able to connect with community members and increase awareness of available public health services, as well as recruit community feedback.

The Public Health Educator has worked in collaboration with the Infectious Disease staff of CCDOH to increase public awareness of ticks and Lyme disease, sexually transmitted infections, and rabies prevention education and awareness through billboards and social media campaigns.

The Department of Health spearheaded a drug use awareness evening for parents in the Hudson City School District, collaborating with the Columbia County Child Fatality Review Team, Columbia County Sheriff's Department, Columbia County Stop DWI, Hudson Police Department, Twin County Recovery Services, Columbia County Healthcare Consortium, Catholic Charities, and the Mental Health Association of Columbia & Greene Counties. Additionally, the Department of Health participated in the Columbia County Board of Supervisors' Opioid Response Forums held throughout the county.

In addition to the above outreach efforts, the Department provided health education and information about programs and services via numerous community events, including outreach events sponsored by Community Night Out, the annual Migrant Worker Health Fair, Community Take Care Fair, Columbia and Greene Interagency Awareness Day, Hudson City School District Book Festival, Out of the Darkness Suicide Awareness Walk and the Golden Gathering event for older adults.

Coalitions and Partnerships

The Columbia County Department of Health is an active member of coalitions aimed at preventing disease and strategically tackling community health issues. The Department manages the Public Health Leadership Team (PHLT), an important partnership of staff from local agencies committed to carrying out the initiatives and objectives of the Community Health Improvement Plan. The Department also sits on the Columbia-Greene Controlled Substance Awareness Task Force, the Columbia-Greene Breastfeeding Coalition, the Columbia-Greene Suicide Prevention Task Force, the Ichabod Crane School Wellness Committee, the Ichabod Crane Drug Forum Planning Committee, the Columbia County Youth Advisory Board, the Hudson City School District Wellness Committee and the Greene County MAPP (Mobilizing for Action through Planning and Partnerships) Committee.

A notable new partnership in 2017 has been with the Columbia County Chamber of Commerce in the creation of the Move Columbia Initiative, a group whose focus is corporate wellness, with an additional interest in promoting health in the community at large. One of the primary goals of the group is to move Columbia County into the top 20 of the Robert Wood Johnson Foundation County Health Rankings. Additionally, CCDOH has partnered with the Mentor Foundation USA in support of their Living the Example evidence-based program promoting positive messaging and peer to peer support as preventative efforts in the fight against the opioid epidemic.

The Public Health Educator attends quarterly meetings of the Public Health Educators' Committee, composed of educators from local health departments in the Capital District area and beyond, and aimed at strengthening members' education skills and sharing best practices.

Community Health Assessment & Community Health Improvement Plan

The Department coordinated the Columbia County Community Health Assessment and Community Health Improvement Plan (CHA/CHIP) for 2016-2018. In 2016, the Columbia County Public Health Leadership Team and other community partners contributed to the planning and development of the documents, which summarize county health issues and present a community plan for making measurable improvements in priority areas. In 2017, the PHLT and CCDOH partners worked to implement the priorities and activities designated by the CHA/CHIP process. The main priority areas are Chronic Disease Prevention (focus area: obesity prevention) and Mental Health Promotion and Substance Abuse Prevention (focus: prescription and illicit drug abuse prevention).

The CHA/CHIP, which is available for download through the Department's website (<https://sites.google.com/a/columbiacountyny.com/health/reports-and-data>), forms the foundation of many community health improvement activities aimed at helping the county to be a healthier, safer place to live, work, learn and play.

Within the priority of obesity prevention for Columbia County residents, community partners selected youth obesity to be the area of focus for the 2016-2018 CHIP. The Columbia County Department of Health and community partners plan to engage youth after school programs to encourage and reinforce healthier habits through implementing the 5-2-1-0 program, an evidence-based, policy level initiative, which promotes healthy eating, physical activity and limitations on recreational screen time.

Strategies for Mental Health Promotion and Substance Abuse Prevention, with a focus on prescription and illicit drug abuse prevention, include:

- Conducting prescription drug abuse prevention education among adolescents at public schools throughout the county as well as more general instruction to the entire community to promote education and awareness.
- Continuing the work of the Columbia-Greene Controlled Substance Task Force, which aims to reduce and prevent prescription drug abuse in the two counties through focusing on practice guidance for prescribers, community prevention, and connections to treatment.

Commitment to Learning and Professional Enrichment

Department staff completed educational training by participating in conferences, webinars, seminars and presentations to learn the latest developments in disease prevention, public health promotion, substance abuse prevention, environmental health and emergency preparedness.

During 2017, CCDOH staff attended presentations by Columbia Memorial Hospital on HIV and Hepatitis C. The Columbia County Department of Health also mentored student interns and nursing students. These mentorships aided the Department in planning and implementing important public health initiatives.

Migrant Health Program 2017

Migrant program staff visited nine farms (plus six return visits for flu clinics, as well as other follow-up return visits to recheck elevated blood pressures, and read PPDs). A total of 419 farm workers and family members - 242 men, 63 women and 114 children (including attendees of the Health Fair) - benefited from culturally sensitive healthcare and outreach services provided by our staff in 2018. There was an increase in the population this year as more H2A workers were ordered by the farmers. The season was longer than the prior year and many workers arrived early in the season while others stayed late. Many migrants who stay here longer than 90 days had enrolled in insurance plans, and for this reason we had additional staff to assist with screening; we had billable vaccines for those who had insurance and free vaccines for the uninsured workers. Many new workers were referred as new patients to Hudson River Healthcare for follow-up care. Many of these encounters were for established clients that have settled in the area; the majority of these encounters were through Irish Falkner, our Community Health Worker. The Migrant Health Program serves migrant and seasonal farm workers (MSFWs) in Columbia, Greene, Rensselaer and Dutchess Counties, and is funded through a grant from NYSDOH. In all, there were 2,152 total encounters throughout the year.

Outreach clinics at farms are a major component of CCDOH's services to MSFWs. In 2017, we provided services at nine participating farms, which included: screenings for hypertension, diabetes, and tuberculosis; immunizations for Tdap, Hepatitis B and Twinrix; and education provided in Spanish and English on health-related topics. We had a total of 25 resident doctors who participated at all nine farms. The following immunizations were provided to migrant and seasonal farm workers: 44 Tdap or Td, 32 Twinrix series, 31 Hepatitis B series, and 89 Flu. Many migrant workers who return to the farms each year are fully immunized because of this effort. The educational topics at outreach this season were Reproductive Health, STDs, and a Zika update. We had a large bi-lingual display and educational pamphlets in English and Spanish. For anyone who was screened and needed follow-up, appointments were scheduled with a medical provider.

Our annual health fair was held on March 11th at St. Joseph's Church. We had a healthy turnout, with 115 MSFWs and family members attending. The topic for the fair was early childhood health issues. We provided educational information on nutrition and activity for infants and toddlers. CCDOH Immunization Program participated by offering Tdap, Td, Hepatitis series and Flu vaccines; 10 vaccines were provided to 8 adults; educational materials were also provided. The Healthy Neighborhoods program obtained three referrals to their program through the fair. Our

Health Educator provided healthy smoothie demonstrations, and gave out smoothie samples; the CFRT Educator/Community Outreach Liaison offered education on car seat safety, bike safety, home safety, choking safety, water safety. Other agencies that participated were Healthcare Consortium, Hudson River Healthcare, Catholic Charities, Community Action of Greene County and Columbia County Mental Health. Educational materials were distributed in both English and Spanish.

Through our collaboration with Hudson River Healthcare, the Healthcare Consortium and Columbia Memorial Hospital, the Columbia County Department of Health offers the many services to MSFWs and their families. Our Community Health Worker provides translation and transportation for primary medical care, specialty care, dental care, all phases of pregnancy care, and access to social services such as WIC, SNAP, DSS, and legal services. An important detail for the CHW is assisting pregnant migrant women with their appointments. Irish assisted five pregnant women during the year 2017; four of them gave birth to healthy babies in 2017, the fifth gave birth in early 2018. Irish kept very busy with juggling appointments for these women through all their prenatal care, births, post-partum, and newborn care, along with all the other clients she coordinates care for.

In April, staff attended the Partners in Prevention Breakfast presented by the Healthcare Consortium's Tobacco-Free Action program.

We had many in-services, trainings and webinars in 2017. There were 49 occasions that we participated in throughout the year. The various topics included immunization, communicable diseases, Zika, tuberculosis, HIV/STDs, Hepatitis C, opioid/prescription drug abuse, suicide prevention/mental health, emergency preparedness, and other topics related to migrant health. We received Infection Control Training and CPR Recertification.

We have held four productive Migrant Network Meetings this year and attended four quarterly PAC Meetings. We routinely participated in the STD Committee Meetings, the Infection Control Committee Meetings and the monthly meetings with Dr. Ramani.

Public Health Preparedness

In 2017, CCDOH continued emergency preparedness efforts to ensure readiness for its role as an integral part of the emergency response team in Columbia County. Throughout the year, we developed and tested community emergency response plans; developed, revised and implemented policies and procedures; conducted localized outreach and education to the public; offered training and participation in exercises; and attended numerous conferences, seminars and webinars on emergency preparedness related topics. These activities helped to prepare CCDOH and its partners to effectively prevent, respond to, mitigate and recover from any type of public health incident. These activities fell into five basic categories: planning, training, education, exercises and response.

Planning

Planning is the largest component of the preparedness calendar. An enormous amount of time goes into researching, comparing, and evaluating data and response protocols that are then

implemented into the eighteen different plans that are a part of our core response capabilities. Planning also includes identifying resources and evaluating the resource capabilities, and then developing the training and education sessions to adequately prepare response personnel.

In the early part of 2017, CCDOH participated in a number of Clinical Operations Webinars with the State Health Department in an effort to plan for a large statewide Pandemic Flu Exercise that was held in March. This exercise was designed to test the ability of local health departments and local hospitals to respond to a pandemic flu that does not have a vaccine. Counties had a choice to test their Medical Countermeasure (MCM) (anti-viral) dispensing capabilities or their Non-Pharmaceutical Intervention (NPI) capabilities. Columbia County elected to test our NPIs, which included initiatives such as social distancing, isolation and quarantine, personal hygiene techniques, and Points of Dispensing (POD) for N-95 respirators. Other areas tested during the exercise were mass fatality management, mass care logistics, and continuity of operations with a depleted work force.

The PHEP program also completed an extensive analysis of the Health Department's Operational Readiness in an effort to determine what our response capabilities are in accordance to our Strategic National Stockpile and Medical Countermeasures Distribution plans.

Improvements were made to the CCDOH Emergency Operations Center (EOC) to enhance communications capabilities with outside agencies and within the County EOC. The room's independent desktop computer was upgraded and its alternate means to reach the internet was confirmed. An extra phone was added and a means to post large flip chart documentation within the room was also established.

CCDOH worked with the County OEM and numerous response agencies in planning and implementing a comprehensive Active Shooter Exercise at the Taconic Hills High School. This exercise included the testing of a new operational plan that included early EMS entry along with law enforcement. This differs from the old procedure of staging and waiting until the scene is secured. Early EMS intervention has shown to reduce mortality rates of an active shooter incident.

Other planning initiatives included the following:

- Development of CCDOH policies for Local State of Emergency Declaration, and Imminent Threat to Public Health which included the process of reimbursement.
- Completed the development of the Columbia-Greene Hazmat team occupational health program including fit testing, response procedures, and program policies.
- Identified and confirmed two new Open POD sites and developed electronic floor plans for each to help accelerate set up times in the event of an emergency.
- Inventoried all preparedness supplies and equipment and maintained all electronic devices such as lap tops, cell phones, and portable VHF radios.

- Coordinated with Greene County PH in the development and planning of a multi-phased Chempack exercise consisting of a Chempack educational component, a table top exercise, and a functional deployment exercise.
- Began the planning stage for a full scale Hepatitis A Vaccine POD requiring cold chain retention at the CGCC College scheduled for 2018.
- Developed a comprehensive table top exercise involving a radiological laced improvised explosive device detonated in the City of Hudson, and coordinated a site location and date for the exercise in 2018.

Planning initiatives also involved meeting with OEM officials to develop an exercise and drill itinerary for 2018-2019.

To assure staff readiness, we planned and implemented our annual respirator mask fit testing procedures, and trained CCDOH staff in a number of preparedness topics (see training).

Not only is it important to be prepared as an organization and a county, it is also important to be prepared as individuals. Therefore, CCDOH provided flyers and booklets on individual and family emergency response plans to the citizens of Columbia County at a variety of public outreaches as noted below under education.

Training

Training is another large component of the preparedness calendar. Throughout the year training sessions were provided for CCDOH staff, county partners and local volunteers. These sessions fell into two categories: training provided by CCDOH, and training attended by CCDOH staff.

Training/education provided:

The training that CCDOH PHEP provided offered two main components: subject matter expertise and education on specific public health responses. These two components were offered to key county personnel in emergency management, emergency response, and to our community partners. Specific topics included: SNS deployment, Chempack use and deployment, pandemic flu response, nursing home communicable disease response, and EMS response safety to evolving terrorist tactics.

Additional training included a number of building safety presentations addressing the Building-wide Emergency Response Plan for the Human Services building to both the appointed Safety Marshals and to all new employees of agencies occupying the facility.

Community outreach initiatives brought PHEP education, materials and information to a number of events held in the community in 2017 including: the Interagency Awareness Day, the annual Chatham Fair, community adult homes, and facilities for those with functional needs.

Department staff also delivered presentations for infection prevention to community groups and to participants of the Department's ongoing clinics. The Department's website and Facebook page also provided a host of health related information.

Training/education received:

Throughout the year, CCDOH staff attended a number of different preparedness training sessions ranging from webinars and conference calls to day conferences/trainings and multi-day training courses. The PHEP Coordinator attended the quarterly Capital District Health Emergency Preparedness Coalition Sub-Regional Planning Group meetings at HANYS, and the monthly Regional BT Coordinators meetings held at Ballston Spa. The PHEP Coordinator also participated in the following training activities: quarterly FBI WMD update/training sessions, an Access and Functional Needs Workshop at the Glens Falls Hospital, academic bio-security training at Siena College, and MCM distribution training at Lake George. Specialized training was offered to LHD staff covering topics such as radiological and nuclear incidents, fire safety, HIPAA requirements, bloodborne pathogen safety, hazard communications and Safety Data Sheets, HSEEP (Homeland Security Exercise Evaluation Program), CDMS quality assurance training, Incident Command System (ICS 100, 700), Medical Emergency Response Inventory Tracking System (MERITS 101), and Personal Protective Equipment doffing and donning for an Ebola incident was also done for selected CCDOH staff members on the Public Health Response Team.

Drills and Exercises

Drills and exercises fall into three major categories: tabletops, functional, and full scale.

Tabletop Exercise:

The Health Department participated in two tabletop exercises in 2017. The first was the state-wide Pandemic Flu tabletop exercise that included some functional components such as contacting vital County organizations or agencies, utilizing the Tandberg inter-facility communication device linking the Health Department's EOC with the County EOC, and writing out practical response plan directives.

The second tabletop that CCDOH participated in was a County LEPC-sponsored exercise designed to test the County's All Hazards plan. This scenario involved a chlorine gas leak caused by a train derailment containing multiple tanker cars in a residential area.

Functional Drills/Exercises:

The primary functional exercise for 2017 was the multi-phased Chempack asset exchange with Greene County as noted above under planning. We also held quarterly drills designed to test the Department's communication and response capabilities in the event of an emergency, including the Department's ability to get a message to all staff. This was done through utilizing the State's Integrated Health Alert Network System (IHANS) and the Department's internal phone trees. Periodic evacuation drills were also performed at the County's Human Services Building, and other

functional drills included quarterly use of GETS (Government Emergency Telecommunications Services) by all CCDOH staff who were assigned GETS cards.

Tactical Drills/Exercises:

We held a number of tactical drills designed to test the Department's communication and response capabilities in the event of an emergency, including the Department's ability to get a message to all staff. This was done through utilizing the State's Integrated Health Alert Network System (IHANS) and the Department's internal phone trees.

The County ServNY program also exercised its notification and scheduling capabilities. A mock POD set up exercise was performed to test our ability to notify, assemble, and deploy our staff to a POD, and to have our staff set up the POD to fully functional capability. Periodic evacuation drills were also performed at the County's Human Services Building. Other tactical drills included quarterly use of GETS (Government Emergency Telecommunications Services) by all CCDOH staff assigned GETS cards.

Full scale exercise:

The only full scale exercise done in 2017 was the Taconic Hills Active Shooter drill that involved two perpetrators, numerous response agencies including state, county, and local law enforcement, County EMS, local Fire, local health department, Columbia Memorial Health, school administration, volunteer students and teachers.

Response - Real Life events

Thankfully, the year 2017 contained only two incidents that required a public health response. That was an unknown skin rash at one of our long-term care facilities, and the other was a Chickenpox outbreak at a private school. Other public health related occurrences included isolated Tuberculosis, Pertussis, Zika, Chronic Hepatitis C, Flu, tick-borne diseases, Coxsackie Virus and STDs that required treatment and monitoring.



Environmental Health

Edward Coons, Environmental Health Director

Tara Becker, Public Health Sanitarian
Melissa Blass, Secretary I
Michael DeRuzzio, Public Health Engineer
Jenna Dodge, HNP Public Health Technician
Brenda First, PT Clerk/Typist
Cindy Gimber, PT Public Health Sanitarian

Magnolia McBroom, Public Health Technician
Marisa McBroom, Sr. Public Health Technician
Tyrone McClary, Public Health Technician
Cailey Nieto, HNP Public Health Technician
Dale Rowe, PT Public Health Sanitarian
Amy Schober, Public Health Sanitarian

The Environmental Health division's primary function is to implement regulatory programs, to protect the health of the public in accordance with the New York State Sanitary Code in the food industry, to enforce clean air standards, to protect our drinking water supplies, and follow up on hazards and exposure related diseases identified in occupational and community settings.

Program	2015					2016					2017				
	Permitted Facilities	Pre-inspections	Operational Inspections	Major Incidents/Outbreaks	Safety Plans Reviewed*	Permitted Facilities	Pre-inspections	Operational Inspections	Major Incidents/Outbreaks	Safety Plans Reviewed*	Permitted Facilities	Pre-inspections	Operational Inspections	Major Incidents/Outbreaks	Safety Plans Reviewed*
Beaches	20	14	20	0	10	20	8	22	-	13	19	5	26	-	2
Campgrounds	11	-	11	0	-	11	-	10	-	-	13	-	13	-	-
Children's Camps	28	28	28	1	28	28	28	28	3	29	26	26	26	0	26
Food Service	267	18	390	-	-	294	11	268	-	2	318	2	395	-	-
Migrant Housing	17	17	16	0	-	17	17	20	-	0	19	20	20	-	-
Mobile Home Parks	23	-	23	-	-	43	-	44	-	0	42	-	46	-	-
-	25	11	25	0	11	24	4	31	-	14	24	6	28	-	1
Temporary Residences	33	2	33	0	0	33	-	24	-	-	32	1	31	-	-
Tanning Facility											6	-	3	-	-

Adolescent Tobacco Use Prevention Act (ATUPA)

During 2017, there were 81 tobacco retailers registered in Columbia County. Staff conducted 87 compliance checks and re-inspections throughout the year. The compliance checks resulted in three citations issued for selling tobacco products to underage minors. All violators were subjected to enforcement proceedings with fines levied.

	2014	2015	2016	2017
Registered Retailers	77	78	81	79
Vending Machines	0	0	0	0
Compliance Checks	261	106	87	164
Citations	1	1	3	2
Fines	2,050	1,050.00	1,250.00	1,900.00

Campgrounds

Each of the 13 operating public campgrounds was inspected during their open season. There were no incidents at any campground facility.

Children's Camps

Each of the 26 children's camps operating in the county received both a pre-season inspection and an operational inspection. Of these 26, five have been identified as large camps, all of which are also overnight camps. These camps were inspected by a team from CCDOH, consisting of both Environmental Health inspectors and public health nurses. This team approach was very effective, resulting in a thorough inspection and a great educational opportunity for not only the camp directors but also the camp staff. There were no illness/outbreak investigations and no major incidents at any of the children's camps in 2017.

Childhood Lead Poisoning Prevention

A total of two risk assessments were conducted, both having an elevated blood lead level. One relocation inspection was completed to move the family involved while the lead hazard reduction work was being completed in their apartment. There were four assessments conducted to prevent lead poisoning.

Food Service Establishments

Included in this category are facilities classified as restaurants, taverns, bakeries, catering operations, soup kitchens and commissaries, as well as institutional kitchens (i.e., schools, secure facilities, children's camps). In addition, permits are issued for mobile food service units, summer feeding sites sponsored by the State Education Department, large day care facilities (not at a family residence) offering daily meals to more than six children, and the Food and Friendship sites operated by the Columbia County Office for the Aging. Permits were also issued for temporary food service operations at festivals and single purpose events.

In 2017, there were a total of 318 regulated food service establishments. The Environmental Health Department completed 393 inspections. There were eight food service related complaints investigated; one complaint was determined to be unfounded, all others were resolved. There were no confirmed food-borne illness outbreaks in 2017.

Temporary Residences

There were 32 regulated temporary residences operating in the county during the year 2017. Temporary residences include hotels, motels, bed & breakfast operations with an occupancy that exceeds 11 persons, and children's camps that have an extended season. The focus of these inspections is to ensure compliance with fire safety standards, building maintenance, drinking water standards, and food and bathing facility safety. There were two complaints investigated during the year, one of which was invalid and the other resolved.

DEC Programs

The Columbia County Environmental Health Department assists the Department of Environmental Conservation on a continual basis with the initial investigation and monitoring of petroleum spills, chemical spills, landfill closures and remediation sites and waste water treatment systems which may have an impact on public health. Efforts are made to respond to and coordinate with the DEC Spill Response Unit and the NYSDOH Bureau of Toxic Substance Assessment in the event of a spill occurrence. Staff technicians conduct initial investigations to gather pertinent information, interview residents to determine and assist if relocation is warranted, and conduct sanitary surveys to determine the location of and potential impacts on private drinking water well supplies. Staff technicians collect baseline and surveillance monitoring samples of drinking water in these situations to determine if contaminate removal treatment is necessary or is effective, and also to determine when the NYS Health Department criteria has been met for such removal treatment. The spiller or responsible party is determined by the DEC and is required to reimburse the State for the costs associated with this program under Navigation Law. There were no petroleum spills reported by the NYSDEC with a request for CCDOH assistance and follow-up during 2017.

Rabies

During 2017, eight rabies clinics were conducted to vaccinate cats, dogs and ferrets. The clinics were free to county residents. These clinics vaccinated a total of 675 animals (406 dogs, 264 cats, 5 ferrets). A total of 92.75 staff hours were incurred, and a total of \$800.00 was expended to the veterinarians/animal technicians for their services at the 2017 clinics. We continued to offer the public attending our rabies clinics the opportunity to make a donation. Donations for 2017 totaled \$1,212.50 compared to a total of \$922.76 in 2016, \$1,246.00 in 2015 and \$1,251.78 in 2014. This practice will be continued going forward into 2018.

2017 Animal Rabies Vaccination Clinics				
	Cats	Dogs	Ferrets	Total
Ancram	23	21		44
Germantown	35	53		88
Gallatin	24	41		65
Greenport	25	59		84
Ghent	48	78		126
New Lebanon	42	64		106
Claverack	41	45		86
Kinderhook	26	45	5	76
Total	264	406	5	675

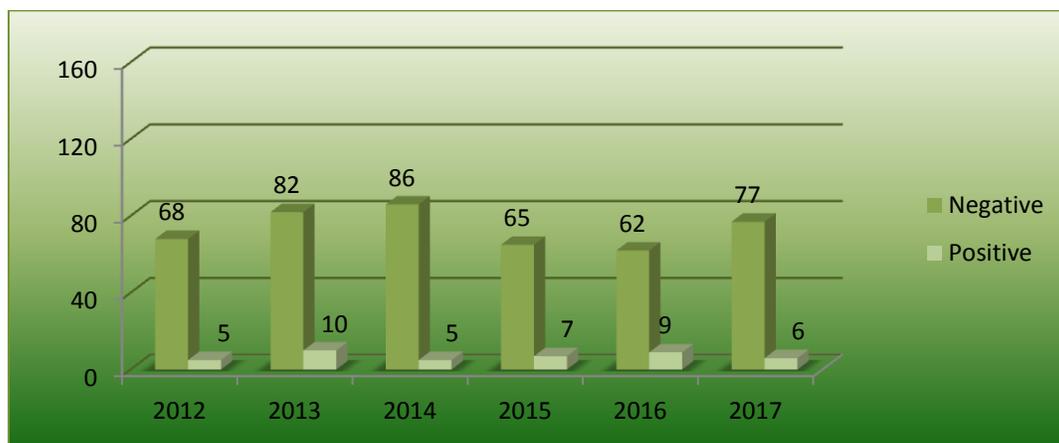
Summarized below are the results of all Rabies laboratory submissions in 2017.

Laboratory Submissions:

	Total	Positive	Negative
Bats	32		32
Cats	23	1	22
Cattle	4		4
Chipmunk	1		1
Deer	3		3
Dogs	4		4
Fox	1	1	
Goats	2		2
Horse	1		1
Raccoons	7	3	4
Sheep	1		1
Skunks	3	1	2
Woodchuck	1		1
Total All	83	6	77

In 2017, a total of 37 (30 adults and 7 children) required post-exposure treatment. This number includes cases where there was no laboratory submission of the animal. Cases requiring post-exposure treatment: 4 raccoons (3 confirmed positive), 15 cats (1 confirmed positive), 5 bats, 6 dogs and 2 skunks (1 confirmed positive), 8 fox (1 confirmed positive), 1 unknown animal bite and 1 human (exposed in Virginia).

Rabies Submissions:



Mobile Home Parks

Nine of the 42 mobile home parks in the county are served by public water systems and 23 are served by private well supplies. In addition, five of the parks are served by public sewer systems while the remaining parks are served by on-site wastewater disposal systems.

Public Water

Environmental staff continue to administer the work to be completed under the NYSDOH Drinking Water Enhancement (DWE) Grant that includes the ongoing monitoring and inspection of regulated facilities. In 2017, the CCDOH inspected 241 facilities as summarized below:

	2013	2014	2015	2016	2017
Facilities	242	284	273	254	241
Inspections	231	279	250	216	217

The Department has continued a joint effort with the NYSDOH to bring about compliance with “groundwater under the influence of surface water” as outlined in the Federal EPA Surface Water Treatment Rule and Part 5 (NYS Standards for Drinking Water) for two larger community and municipal systems in the County.

Samples Collected

	2013	2014	2015	2016	2017
Bacteriological	380	359	448	386	352
Nitrates	0	40	55	51	65
Fecal Samples	0	3	0	2	0
Iron	0	1	0	0	12
Nitrites	0	1	14	2	5
U-V Parameter Studies	0	6	0	0	2
Lead*	-	-	1	2	0
Fluoride*	-	-	1	0	0
Turbidity*	-	-	1	0	13
IOC/SOC/POC*	-	-	9	9	11
Radionuclide*	-	-	10	13	0

*Sample collection begun in 2015 in accordance with State requirements; data for previous years unavailable.

Individual Sewage and Realty Subdivisions

Site soil condition evaluations are conducted to determine the suitability for on-site wastewater disposal to serve new single family home construction. The number of site inspections for the various individual on lot and subdivisions are summarized below.

In addition, staff members review design engineering plans for private systems as well as the smaller commercial wastewater systems that generate less than 1,000 Gallons per Day (GPD), and conduct joint plan reviews with the NYSDEC for Department permitted facilities that generate between 1,000 and 10,000 GPD.

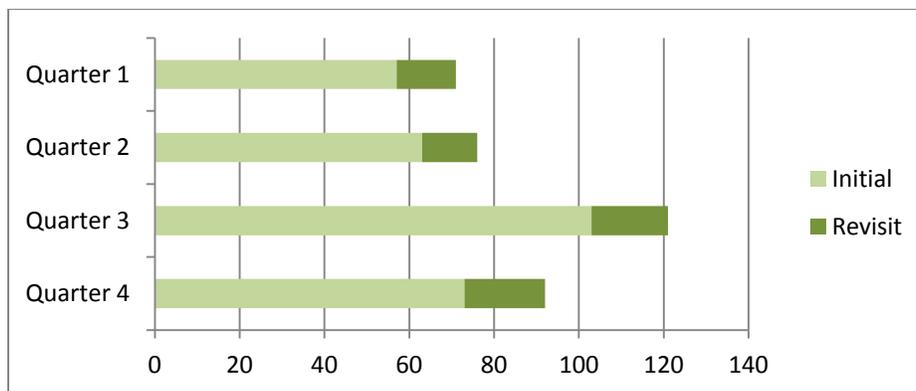
Program Activity

	2013	2014	2015	2016	2017
Site Evaluations	100	77	103	63	81

Realty Subdivision	1	1	0	0	3
Large Lot	0	0	0	1	0
Single Lot	99	76	93	58	61
Private Subdivision	0	0	5	4	1
DEC	-	-	5	-	1

Healthy Neighborhoods Program

In 2017, the Columbia County Healthy Neighborhoods Program (HNP) completed a total of 296 initial home visits and 64 revisits throughout the county. HNP educators addressed home health and safety concerns including indoor air quality, fire safety, lead poisoning prevention, asthma prevention, fall prevention and tobacco use, through education and intervention. During home visits, educators provided residents with free health and safety products such as fire extinguishers, smoke and carbon monoxide detectors and green cleaning supplies. This year over 2,000 free products were given. Educators also held outreach events at organizations throughout the county, with a total of 25 being held this year. Community involvement and referrals to the program increased, positively correlating to the number of Columbia County residents served. In 2016, the HNP completed 169 home visits, compared to 296 in 2017. This shows an increase of 75%.





Maternal Health

Elizabeth Galle, MS, RN, Director of Patient Services

Patricia Abitabile, Community Health Worker Assistant
Marguerite Folz, Registered Nurse

Janet Briscoe, Registered Nurse (ret. 3/17)
Kristy Frederick, Registered Nurse

Luanne Kline, Per Diem Public Health Nurse

The Maternal Child Health program made a total of 899 home visits and patient contacts during 2017. The program received a total of 204 referrals. The nurse liaison visited 109 new mothers at Columbia Memorial Hospital to offer services and provide education about our programs. Packets of educational materials regarding maternal care, infant care, safety and lead poisoning were distributed.

Maternal Child Health Vital Statistics

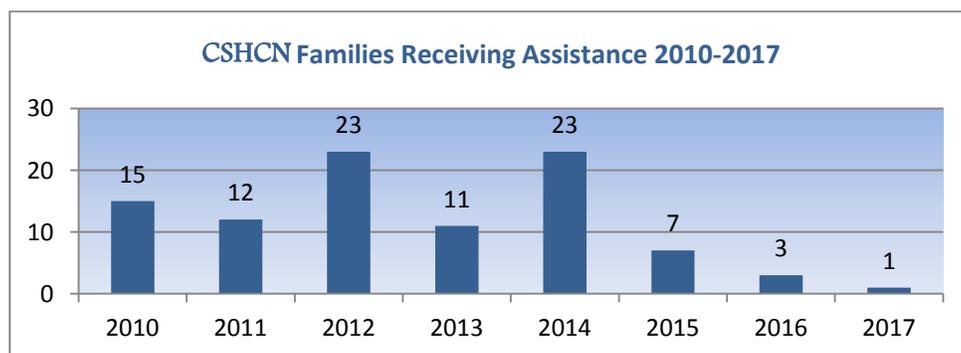
There were 461 births (including 10 sets of twins) - 237 male, 224 female. This figure does not include Massachusetts or Connecticut. Ninety-nine women had late entry into prenatal care and statistics also reflect 9 women with unknown status of entry into prenatal care. A total of 198 births were at Columbia Memorial Hospital, while 235 births were in hospitals outside the county. Twenty-five of the total 461 births in New York State hospitals in 2017 were home births. The 461 total figure also includes 3 births that either did not take place in a traditional hospital or birth center setting, were not registered home births, or occurred out of the area.

Physically Handicapped Children’s Program

As part of our Physically Handicapped Children’s Program, 6 children received services in 2017. All six of those children required services for hearing impairment; insurance companies rarely pay for hearing aids. All six children were ineligible for Medicaid.

Children with Special Health Care Needs (CSHCN)

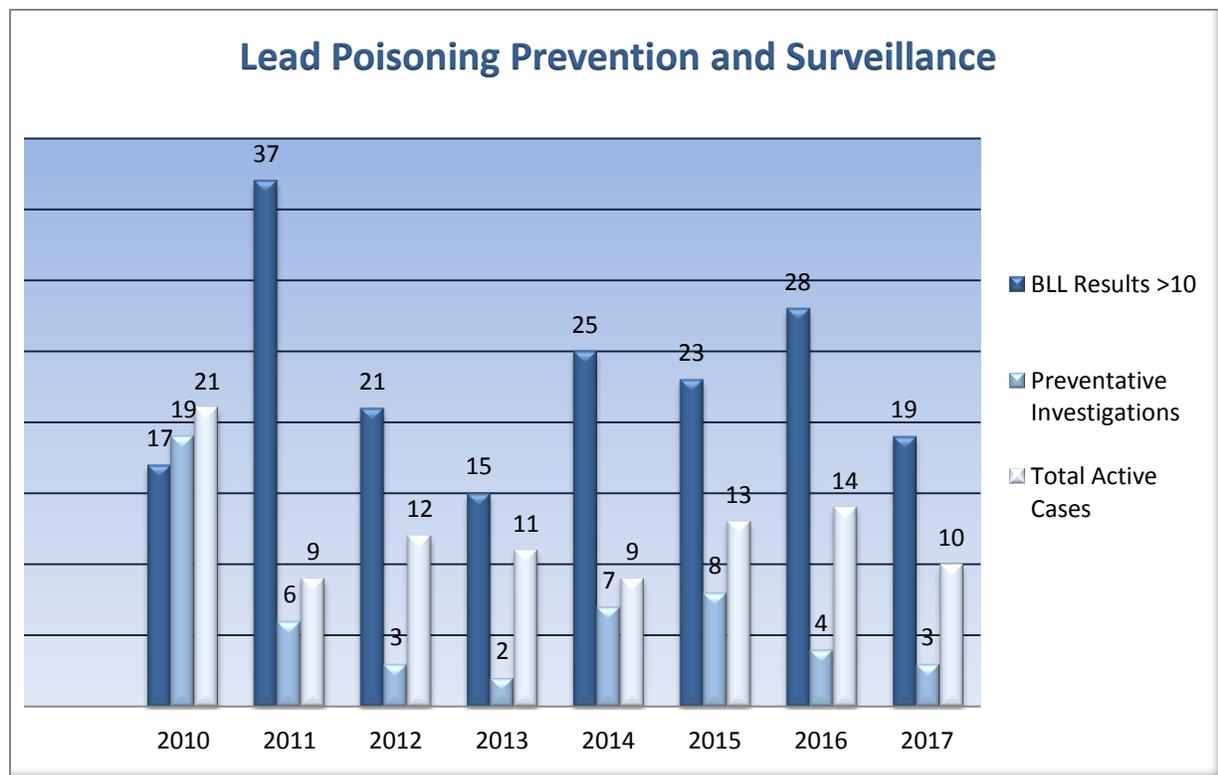
The major focus of the Children with Special Health Care Needs (CSHCN) program is to identify gaps in services for children dealing with health care challenges, such as lack of health insurance, primary health care, dental care and transportation. A major component of the program includes assisting with coordination among multiple health care providers and helping connect families with specialists. Families are assisted in obtaining services and are tracked to ensure that children are receiving the care that they need. Referrals to other programs within our agency or to outside agencies are made as appropriate. The family of one child benefited from the CSHCN program in 2017.



Lead Poisoning Surveillance and Prevention Program

Lead web results and case management activities for open case managed children show a slight increase in the number of children completing an initial blood lead level (BLL) and subsequent follow up testing in 2017. The Lead Poisoning Prevention staff continues their education and outreach efforts to support this continued increase. Nineteen children were followed under the case management component of the program for elevated lead levels during 2017. An additional 30 families had a child with a mildly elevated lead level and were provided packets of information about lead poisoning. A total of 3 new elevated lead results were referred to the Environmental Health department for follow-up. Only 2 cases of the total lead web referrals warranted a joint nursing and Environmental Health investigation of the home. Lead remediation was completed or is ongoing as required.

Lead Poisoning Prevention staff presented informational programs to approximately 555 participants over the course of various outreach activities. Health care providers and the general public were targeted for education. In addition to these other programs, Lead Poisoning Prevention staff who are also Certified Child Passenger Safety Technicians continue to collaborate with the Columbia County Sheriff's Department at their Child Passenger Safety Seat Inspection events to educate the parents of young children on the importance of lead poisoning prevention and testing at ages one and two. Increased outreach and education efforts will continue to be ongoing for lead program staff.





Early Intervention & Preschool Services

Anna Papadakis, MS Ed., Director of Early Intervention & Preschool Services

Colleen Melino, Administrative Assistant
Timothy Moore, Program Coordinator
Janice Nieto, Senior Service Coordinator

Marissa Pappalardi, Service Coordinator
Miranda Utterback, Sr. Account Clerk
Sarah Veronezi, Service Coordinator

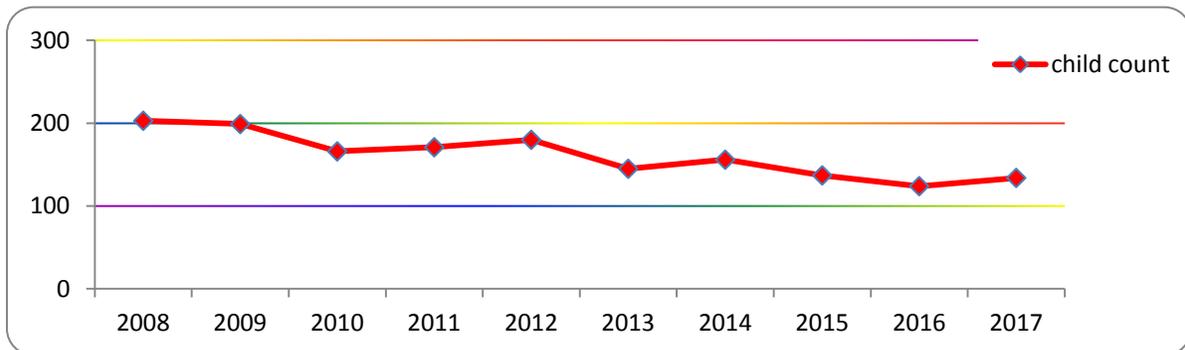
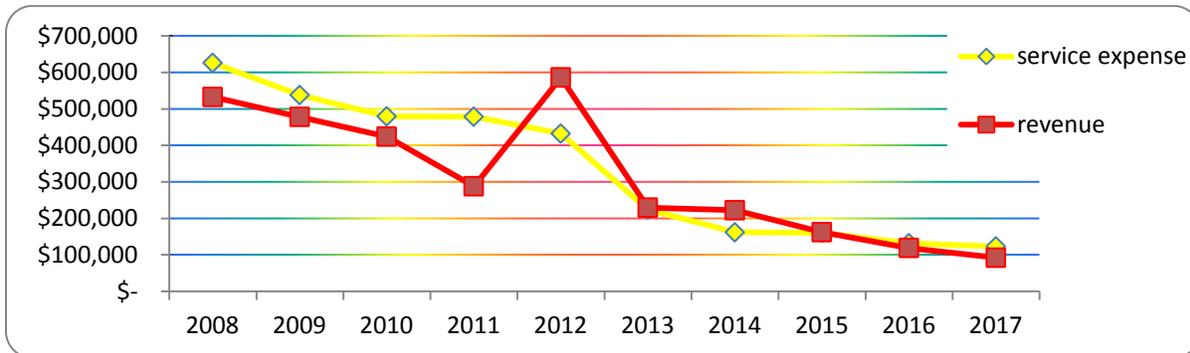
The **Early Intervention and Preschool Services Department** of the Columbia County Department of Health consists of two different programs that are regulated by two different state agencies. **The Early Intervention Program** is regulated by the **New York State Department of Health (NYSDOH)** and the **Preschool Program** is regulated by the **New York State Education Department (NYSED)**. Both programs were created to assist children with special needs. Services provided by both programs include speech therapy, occupational therapy, physical therapy and special education. Services are provided in either the home or a community settings i.e. daycare. Some children qualify for more restrictive programs in specialized classrooms. Eligibility for the program is determined through formal standardized evaluations by State-approved licensed professionals. Eligibility to continue in the program is reviewed minimally on an annual basis in preschool, and every six months in early intervention.

The **Early Intervention Program (EIP)** serves children from birth to age three. Funding for the program comes from New York State, municipalities, Medicaid, and third party insurance. Legislation passed by the New York State Legislature in 2012, effective April 1, 2013, completely restructured the EIP payment system. Prior to April 1, 2013, providers would contract directly with counties, and payment for services rendered would be processed with the child's county of residence. The 2012 bill created a State Fiscal Agent (SFA) that maintains *all* the contracts for EIP providers in New York State and also processes payments to the providers. Counties continue to administer the program and authorize services. Counties receive an Administrative Grant to advertise and educate the public regarding the EIP, we are mandated to conduct "child find" activities to ensure that children with disabilities or at risk of developmental delays are located and enrolled in the EIP. The Administrative Grant has stayed at the same amount as the grant year of 2014/2015 (\$25,912). New York State reimburses the counties for service coordination at 49%. After the SFA has billed for services through Medicaid and third party insurance, the remainder of the amount of payments due to providers is made through the county escrow account. Approximately 50% of the children in the Early Intervention Program are Medicaid eligible.

In 2017, EIP received 88 referrals and provided services for approximately 134 infants and toddlers at a cost of \$123,154 for services and transportation

Reimbursements for each funding source are as follows: Departmental income is \$30,389, Medicaid is \$8,073, and State Aid is \$53,675.

Early Intervention Program

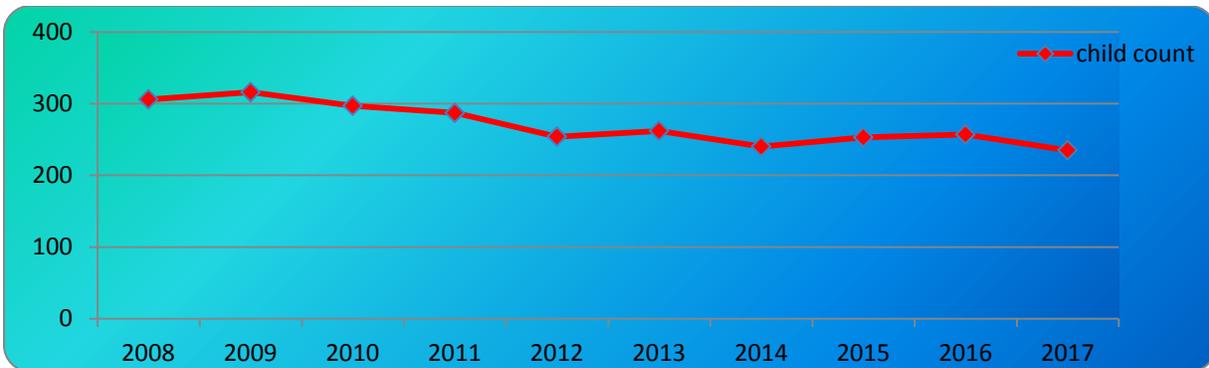
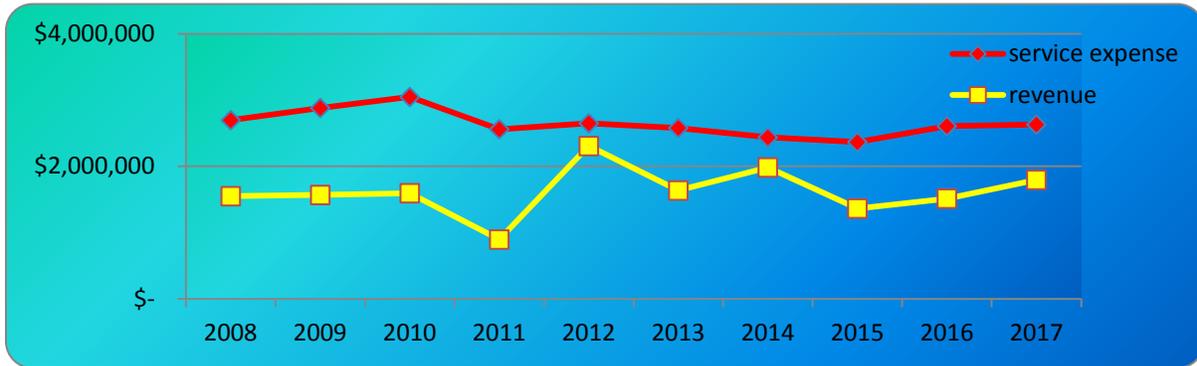


The **Preschool Program** provides services for children between the ages of three and five. The level and type of services are assigned after a formal standardized evaluation has been completed. Each school district in the state has a Committee on Preschool Education (CPSE); the membership of the CPSE is determined by NYSED regulations. One of the mandated members of the CPSE is a chairperson that meets NYSED qualifications. The chairperson makes the final determinations regarding services and developing the individualized education plan (IEP). However, the decision regarding services is a CPSE decision. The Municipal Representative is included in the membership of the CPSE but is not a mandated member. The CPSE, i.e. school district, is responsible for maintaining the children’s files, scheduling the meetings, and adhering to the IEP. The municipality is fiscally responsible for payment of the services, maintaining a contracted provider list, and for transportation if a child attends a specialized classroom. The municipality receives 59.5% reimbursement for services and transportation from NYS through the automated voucher listing program (AVL system). Counties are also allowed to bill Medicaid for certain therapies for qualifying children. The rates for tuition based programs are determined by the NYSED Rate Setting Unit. Municipalities do not have any input into the rates, but are mandated to abide by the determinations.

In 2017, we received 111 referrals and paid for evaluations, services and/or transportation to 235 preschoolers. Our total expenditures for services and transportation were \$2,631,508.

Reimbursements for each funding source are as follows: Preschool Medicaid: \$384,083 and State Aid: \$1,411,669.

Preschool Program





Home Health Care

Elizabeth Galle, R.N., M.S.N., Director of Patient Services

Patricia Abitabile, Community Health Worker Assistant
Marguerite Folz, Registered Nurse
Kristy Frederick, Registered Nurse

Luanne Kline, PT Registered Nurse
Elizabeth Neale, Registered Nurse
Barbara Pough, Senior Clerk

The Licensed Home Care Services Agency (LHCSA) operated for its first full year in 2017. We had received approval to operate as a LHCSA effective July 11, 2016.

Services covered under the LHCSA are our Maternal and Child Health program (MCH), Lead, and Direct Observational Therapy (DOT) for our tuberculosis clients. These three services require, or can require, home visits to meet the needs of our clients.

Our new moms are encouraged to breastfeed, which we support with the services of our maternal and child health nurse who is a lactation consultant. The bulk of our referrals come from Columbia Memorial Hospital even though many of the children born to Columbia County residents are delivered out of county. We work with the Healthy Families program to provide additional support for new moms once they're discharged from our services. This partnership has worked in both directions: We refer to Healthy Families and their program refers to us when they see a need.

Lead cases are seen for risk reduction education and nutritional counseling based on the degree of lead elevation. Home visits conducted in conjunction with environmental services have a goal of identifying lead sources in the home and decreasing exposure risk for the child.

Our communicable disease staff has seen a variety of clients for DOT. We have residents who came here from other countries where tuberculosis is much more common than it is in the United States. Some of the clients seen have been local residents with a family history of TB. We work closely with these clients to be sure their therapy is completed and the risk of illness and potential for disease exposure to others is eliminated.

On July 26, 2017 we had our New York State Department of Health (NYS DOH) Article 28 survey completed on-site. Deficiencies sited were limited to six, all of which were successfully addressed with the plan of correction accepted by NYS DOH on August 17, 2017. Part of the plan included obtaining a Medical Record Consultant. The consultant has been put in place, has completed a record review and filed a report. The consultant will be doing an annual record review and will provide education to staff on documentation when she comes.

We had one nursing retirement in March. We've been watching our caseloads, the changes coming from NYSDOH, and assessing community needs to see our plan for the future.



Administration & Finance

Sharon Svingala, Deputy for Administration

Melissa Blass, Secretary I
Joanne Brousseau, Bookkeeper
Adrienne Burger, Administrative Assist.

Donna Monska, Bookkeeper
Barbara Pough, Senior Clerk
Chelsea Rice, Bookkeeper

The Administrative Office of the Department of Health provides support to all divisions and staff of the Department. These divisions include Disease Control, Maternal Child Health/LHCSA, Environmental Health and Early Intervention and Preschool Services and consist of approximately 45 staff and clinicians and several programs.

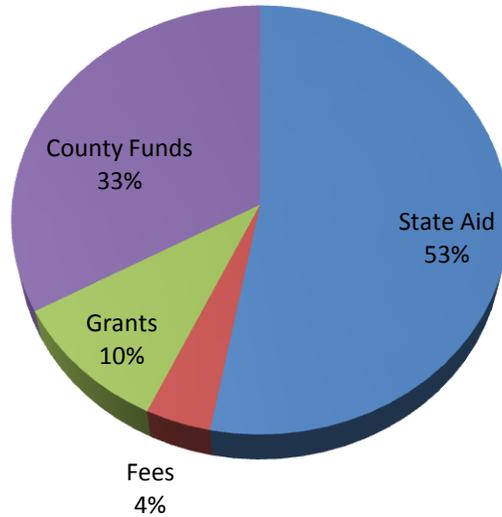
Administrative support includes pursuing reimbursement for maternal child health care services and immunizations provided at weekly and seasonal clinics; making provisions for staff to have necessary tools to carry out their work such as vehicles and supplies and maintaining an efficient working environment with communication and production equipment to support everyday needs. Support also includes providing assistance to the many callers and visitors to our Department to direct them to appropriate resources both within and outside of the Department of Health. The Administrative department is also responsible for processing contracts, tracking and maintaining State standards for personnel, and much more. We work cooperatively with other Columbia County agencies for centralized services, including purchasing, accounts payable, payroll, central garage, County Attorney, the Treasurer, Controller, Human Resources, Board of Supervisors and others.

Ten grants magnify the intensity of support provided to the department. These grants provide state and federal funding for public health programs. The Code of Federal Regulations requires all entities receiving federal funds to have a system of time and effort reporting in place to support grant funding of salaries. Audit and accountability requirements affect every member of our Department as the Office of the Medicaid Inspector General enforces the adherence of all staff and operating procedures to a Corporate Compliance Plan.

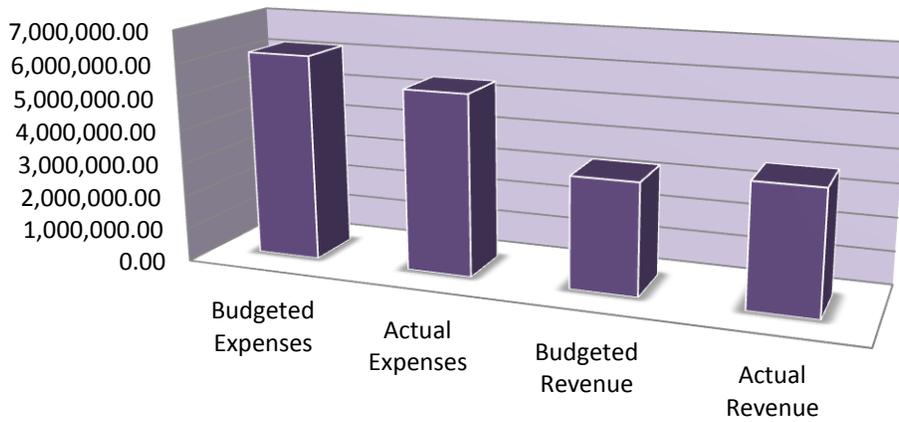
State and federal funds also support our Article 28 clinics and Article 36 home care programs through Medicaid and Medicare reimbursements. As a result, comprehensive and detailed attention is necessary to track expenditures and revenue by cost center and discipline in order to track expenses and compile the required Medicare and Medicaid cost reports. Fees for every division of the Department of Health are collected, carefully logged, tracked and deposited on a regular basis as are state funding receivables that are claimed through a vouchering process.

Our revenue continues to be impacted by various initiatives at State and Federal levels to reduce budget deficits.

Department Funding 2017



2017 Total Budgeted vs. Actual



	Budgeted Expenses	Actual Expenses	Budgeted Revenue	Actual Revenue
Totals	6,203,758.00	5,426,052.00	3,324,781.00	3,651,145.00

2017 Total County Costs = \$1,774,907

2016 Total County Costs = \$2,303,968

2015 Total County Costs = \$2,156,378