



St. Lawrence County Public Health Department
 80 State Highway 310, Suite 2 • Canton, NY 13676
 Phone: 315.386.2325 • Fax 315.386.2203

2020 PUBLIC HEALTH DEPARTMENT ANNUAL REPORT

Mission: To ensure the health, safety and quality of life for all St. Lawrence County residents. The department is dedicated to protecting the health of our community by:

- Controlling the spread of disease;
- Promoting healthy choices;
- Providing timely health information;
- Promoting the health and development of infants and children; and
- Planning for and helping to mitigate public health emergencies.

Our philosophy is that prevention is better than a cure, healthy families need healthy environments, safety first must be a way of life, and that people must be empowered to take care of themselves.

Our department was tasked with the COVID-19 pandemic response beginning in February. As the year progressed, we adapted to meet the demands and challenges of the pandemic, while continuing to meet the mission of the department.

This report provides our overall standing for the year, a review of our quarterly financials, and program (or unit) standing as we close out 2020.

2020 Overall Original Budget

CATEGORY	ORIGINAL APPROPRIATIONS	ACTUAL EXPENDITURES	PERCENT USED
PERSONNEL	\$1,722,328	\$1,694,099	98%
EQUIPMENT	\$103,553	\$3,552	3%
CONTRACTUAL	\$5,997,158	\$3,248,623	54%
EMPLOYEE BENEFITS	\$820,992	\$884,305	108%
REVENUE	\$(4,900,763)	\$(2,104,932)	43%
TOTAL	\$3,743,268	\$3,725,647	100%

The above budget was developed during 2019 and does not take any COVID funding or activities into account. During the year, several positions were open either due to not yet being filled, organizational modifications, and resignations. During the year, there was an average of 3-5 positions that were vacant throughout each quarter. We have struggled to fill the vacant nursing positions for the last half of the year. Due to staffing needs and employees being unable to take vacation time, we did 4 vacation buybacks in Quarter 2. With many staffing changes within the department over the last year, we are still adjusting to these changes, learning new roles, and putting in place policies and procedures to standardize our work, improve efficiency, and stay abreast current requirements.

We earned less revenue during 2020 than expected. This is most likely due to the COVID-19 pandemic and the fact that our Core Programs were not functioning at full capacity. Revenue for our grant work was reduced as all staff were needed to assist with the pandemic efforts.

2020 Quarterly Snap Shot

CATEGORY	Q1	Q2	Q3	Q4
Personnel	\$330,370	\$376,204	\$431,778	\$555,747
Equipment	0	0	0	3,552
Contractual	\$732,552	\$791,602	\$677,434	\$1,047,035
Benefits	\$197,871	\$185,007	\$210,088	\$291,339
Revenue	<u>\$(27,968)</u>	<u>\$(599,912)</u>	<u>\$(1,209,291)</u>	<u>\$(267,761)</u>
NET COST	\$1,232,825	\$752,901	\$110,009	\$1,629,912

Q1

Personnel - In the first quarter, we were at 23% usage of our personnel budget line. The quarter started with 4 vacant positions: Deputy Director, Public Health Specialist, Sanitarian, and Account Clerk Typist. By the end of the second week of March the original 4 vacant positions were filled. However, we had a vacant Service Coordinator position in February and interviews were delayed due to the pandemic.

Contractual - We expended 13% of our contractual budget: Admin = \$6,077 (11%) - Coroners = \$6,859 (3.6%) - Early Intervention = \$30,253 (14.1%) - Preschool = \$609,557 (13.3%) - Prevent = \$79,806 (17.3%). There were no major purchases to date, with exception of approximately \$11,000 of vaccines and clinic supplies. Additionally, 2 coroners cases were transported to Monroe County and 1 case transported to Broome County, due to Dr. Livingstone being on medical leave.

Benefits - 27% of our budget for benefits were exhausted in the first quarter.

Revenue - The majority of 1st quarter revenue was not reflected until the second quarter reporting due to the fact that our grants and state aid are not submitted until after the quarter ends. We estimated \$71,000 this quarter for our grants. The department was approved for an overall amount of \$760,720 in state aid this year. Based on what was received last year, we estimated state aid reimbursement for the first quarter to be approximately \$207,000.

Q2

Personnel - The department was at 47% of the 2020 budgeted personnel expenses. Entering the 2nd quarter of 2020, our department had 1 vacant Service Coordinator position which was filled July 14th. Our department also paid out 4 vacation buybacks due to employees being maxed on their vacation time and being unable to take time due to the COVID-19 pandemic.

Contractual - We expended 26.6% of our contractual budget: Admin = \$37,581 (69%), Coroners = \$53,038 (24.4%), Early Intervention = \$71,386 (31.6%), Preschool = \$1,087,970 (23.7%), Prevent = \$249,826 (43%). We started clinic renovations; the total to date is \$13,498 for updates. One coroner's case was transported to Broome County due to Dr. Livingstone being on medical leave. Two forensic autopsies were sent to Albany Medical. We purchased thermometers, masks, gloves, and hand sanitizer as we were required to provide quarantined individuals with food, supplies, and lodging.

Benefits - 50.4% of our benefit budget was exhausted in the second quarter.

Revenue – We received reimbursement for grant claiming from the first quarter of 2020. We had estimated \$71,000 for our first quarter grant reimbursement and received \$30,560, with \$46,517 still outstanding. For our COVID-19 grant (\$166,544), we vouchered a total of \$40,663 for March & April and a total of \$11,470 for May, all of which were still outstanding. While work continued to focus on COVID-19, we were still able to claim funding designated for the past 2 quarters, either by specific program work or the ability to claim COVID activities on various grants. The amount of \$293,107 for State Aid first quarter was still outstanding. Using the first quarter actuals for state aid and grants reimbursement (as in general Q1 and Q2 are similar), we estimated 2nd quarter state aid and grants reimbursement would be \$370,184.

Q3

Personnel – The department was at 74% of the 2020 budgeted personnel expenses. We interviewed for our vacant RN position, successfully canvassed for a Senior Account Clerk position, and hired temporary community health nurses to help with the pandemic response.

Contractual – We expended 40% of our overall contractual budget: Admin = \$413,343 (83.2%), Coroners = \$192,593 (59.3%), Early Intervention = \$468,736 (64.4%), Preschool = \$1,873,924 (39.2%), Prevent = \$1,385,511 (63.1%) breakdown as follows: Prevent = \$1,191,180 (24.8%), COVID-19 = \$146,697 (22.9%), ELC-COVID-19 = \$47,634 (15.4%). There were no major purchases this month as our Core Programs were not functioning at full capacity.

Benefits – Approximately 80% of the benefit budget was exhausted in the third quarter.

Revenue – Approximately \$270,000 in outstanding revenue remained with the breakdown as follows: \$120,000 for grants, \$150,000 for automated voucher listing's (AVL) for our Preschool Program. However, the State withheld 20% of these funds. We anticipated our 3rd quarter State Aid would be significantly lower due to the fact that our Core Programs continued to function at less than capacity.

Q4

Personnel – The department expended 98% of the 2020 budgeted personnel expenses. We continued to hire temporary staff and utilized other county employees to assist our office with contact tracing and case investigations. We created a new position, Keyboard Specialist, in the Early Intervention program because caseload and referrals into the program continued to increase. We started the vacancy process to get the Registered Nurse position changed to a Public Health Nurse due to role responsibilities and RN starting salary. We had the following positions vacant: Community Health Nurse, Registered Nurse, 2 Service Coordinators, Keyboard Specialist and Secretary 1. We were able to fill the 2 Service Coordinator and Secretary 1 position externally and Keyboard Specialist internally.

Contractual – We expended 54% of our overall contractual budget: Admin = \$523,681 (105.4%), Coroners = \$251,717 (77.1%), Early Intervention = \$596,470 (81.7%), Preschool = \$2,663,171 (55.7%), Prevent = \$1,830,867 (83.7%). The Prevent breakdown is as follows: Prevent = \$1,463,565 (63.3%), COVID-19 = \$143,670 (86.3%), ELC-COVID-19 = \$223,452 (72.3%). Our overall Prevent contractual amounts were low due to the fact that our transportation cost for the Preschool program was drastically reduced as schools utilized remote learning.

Benefits – 108% of our benefit budget was exhausted in the fourth quarter.

Revenue – We had approximately \$870,000 in outstanding revenue to include the 4th quarter with the breakdown as follows: \$260,000 outstanding for our grants, \$160,000 outstanding in AVL's and Medicaid reimbursements for our Preschool Program, and \$450,000 State Aid. The State withheld 20% of all our state funds including our grants due to the unexpected impact of COVID-19 on the state budget. To date, we have had \$211,722 withheld and an additional \$174,000 (estimated) may also be withheld, pending the state budget.

2020 Unit & Program Review

Administration

Category	Original Budget	Actual Budget
Personnel	\$296,501	\$324,670
Contractual	\$54,511	\$57,443
Benefits	\$145,702	\$152,702
Revenue	<u>\$(165,500)</u>	<u>\$(126,042)</u>
TOTAL	\$331,214	\$408,773

Accomplishments – The department led a strong pandemic response throughout the year. All staff played a significant role and are commended for their work. Throughout the pandemic response, the department strengthened and increased its community partnerships, including relationships with its 5 hospitals, 5 colleges, 18 school districts, 4 nursing homes, chamber of commerce and other business partners, religious organizations, and municipalities. The Deputy Director began in January and quickly began learning and assisting with Prevent programs and grant deliverables and budgets. The Deputy was also instrumental in leading the COVID-19 response activities including training and technical assistance for NYS CommCare (the online system for case investigation and contact tracing), interpreting and providing up-to-date guidance to staff and partners, and assisting those in need of supplies and resources during isolation and quarantine. The department added 3 new positions: 1 Service Coordinator, 1 Keyboard Specialist, and 1 Public Health Specialist (created at the end of 2019 and filled in January 2020). We also hired multiple temporary nurses to help assist with the pandemic response as we attempt to fill our vacant nursing roles.

Challenges - The pandemic began in February with many department programs and grants ceasing normal functions in March, as the pandemic response became the priority within the department and across the state. Staff were required to work 7 days a week, with office hours modified as the response dictated. With pandemic response activities, vacancies, and extended leaves during the year, a significant amount of Article 6 Core Program productivity was lost. Additionally, information and experience were lost as a result of staff leaving. Staff moving into new positions slowed processes while training occurred. As the year progressed, programmatic work was reinitiated, however the pandemic response remained the priority.

Focus for 2021– We will continue to develop and update policies and procedures for all programs and areas. We will monitor grant processes, allocations, and progress throughout the year to modify as necessary in a timely manner. Additionally, we will continue to streamline coordination between fiscal and program quarterly reporting and documentation to prevent the need for multiple submissions. As the pandemic response continues, we will continue to balance programmatic work

with response activities. We will focus on different recruitment techniques to fill our vacant nursing positions as we are not receiving any applications.

Fiscal

Accomplishments - All positions in the fiscal department have been filled which has enabled the unit to accomplish tasks more efficiently. We also underwent a thorough and smooth budget review and submission with engagement from all programs. Binders for each grant were created for requisition tracking purposes.

Challenges – Lack of time allocated in required grant activity resulted in reduced revenue. Staff were pulled to COVID-19 to include case investigations, contact tracing, and daily follow-up calls. Department received two new grants to assist with the pandemic and we had to track volunteers and temporary employees time.

Focus for 2021 – We will continue the development of fiscal policies and procedures for all programs within the department. This will facilitate work flow during times of vacancies and/or staff transitions in the future. Fiscal staff will also plan on participating in governmental accounting training to further improve the overall understanding of fiscal functions within the department. The fiscal unit will continue to cross train and develop a system for checks and balances, particularly in the areas of payroll and grant submissions.

COVID

Category	Original Budget	Actual Budget
Personnel	\$206,516	\$183,631.26
Contractual	\$214,930	\$54,404.33
Benefits	\$54,004	\$72,900.65
Revenue	<u>\$(475,450)</u>	<u>\$(310,936.24)</u>
TOTAL	\$0	\$0

Summary - Conducts activities related to isolation and quarantine of individuals who test positive and those who are exposed to COVID-19. Provides education to the community and medical providers. Provides vaccination of COVID-19.

Accomplishments – We were awarded 2 grants totaling \$475,450. The first grant awarded was COVID-19 Response and totaled \$166,544. This grants allowable activities included surge staffing, emergency public information, quarantine and isolation support. The second grant awarded was Epidemiology & Laboratory Capacity - COVID-19 and totaled \$308,906. This grants deliverables included surge staffing to conduct case and contact investigations. Some funding may be allocated to computers, and other miscellaneous expenses in support of staff activities. The first case of COVID-19 was identified on March 25, 2020. We established open communication with a host of stakeholders through strengthened and new partnerships. We trained other county department staff and other partners in contact tracing and case investigation as we worked together on the response. We were successful in recruiting volunteers for multiple aspects of the response including for the county call center and vaccine distribution sites. We also developed close relationship with hospitals, colleges and K12 schools to promote testing, along with assistance with case investigations.

Challenges – As COVID-19 is an emerging infectious disease, guidance changed on a regular basis and often times was not always clear and definitive. New York State Department of Health (NYSDOH)

often provided guidance that did not always align with CDC and/or the Governor’s office. At times, NYSDOH delayed or did not give guidance. NYSDOH had expectations that local health departments would perform case investigations and contact tracing 7 days a week, from 8am-8pm; time off and work-life balance were difficult for staff.

Focus for 2021 – We are working to increase vaccinations within the county. We are also continuing to prioritize case investigation and contact tracing and encourage testing. We will continue to foster our established relationships within the county for COVID-19 activities and other departmental projects.

Community Health Education

Summary - Educates the public on a variety of health topics and concerns through presentations, activities and media; coordinates and leads a variety of preventive programs.

Accomplishments – In 2019, a Health Education Program work plan was developed. Through the work plan, activities and goals were developed to help guide the educational offerings and media the department. A monthly calendar of health observances and internal programmatic activities was created to assist in directing the education provided to the public on a monthly basis. Additionally, a regular schedule of monthly press releases, daily Facebook posts, and public services announcement was established. A quarterly newsletter, “Public Health Matters”, was published in the first quarter to inform partners and community members of the work public health does. The newsletter highlights specific public health program and/or grants that were awarded to the department— depending on the quarter. The Department initiated the standardization of its education in print and on social media to help partners and the community at large recognize material coming from SLC Public Health. The Community Health Educator began reviewing all program education and materials for literacy level and cultural sensitivity.

Challenge – The COVID-19 pandemic derailed the schedule and routine of many education activities (outside of COVID-19 messaging) that were established most recently. However, the pandemic made a positive impact on our social media following and the amount of new media sources the department now has access to. We are now able to reach thousands of St. Lawrence County residents when sending out important health messages and notifications.

Focus for 2021 – The goal is to get back into a routine of providing relevant and accurate health information on a monthly basis, continue to inform the community of public health topics and activities, and improve education materials and their frequency as a whole.

Coroners’ Program

Category	Original Budget	Actual Budget
Personnel	\$36,718	\$39,017
Contractual	\$218,706	\$208,288
Benefits	\$70,999	\$74,994
Revenue	--	--
TOTAL	\$326,423	\$322,299

Summary - Responds to and determines, under certain circumstances, the manner of death of individuals within St. Lawrence County. There were a total of 210 deaths in SLC; 16 suicides, 16 due to/or related to drug and/or alcohol use, and 41 deaths were related to COVID-19.

Accomplishments – We were able to get contracts with Our Lady of Lourdes Hospital and Twin Tier Pathology to perform autopsies in the event that our current Medical Examiner from Jefferson County is unavailable.

Challenges - There was an increase in suicides in our county; it continues to rise, which is of great concern. We have a rising cost due to transporting bodies from other area hospitals to CPH, as the medical examiner prefers this location. There have been added costs to autopsies in regards to COVID testing. We do not always receive timely notice that a coroner will be unavailable because they are going to be out of town and will find out when we try to contact them. Receiving timely documentation from one of our coroners continues to be a challenge, resulting in delays in autopsy completion. These reports are provided to the medical examiner to assist him in the autopsy process.

Focus for 2021- Our current medical examiner is close to retirement so we are looking at recruiting options. We will be examining our processes for transporting bodies to see if we can decrease the cost of multiple transportations.

Emergency Preparedness

Summary - Provides guidance and coordination of preparation, response, and recovery activities related to emergency situations and events under the direction of New York State Department of Health and Center for Disease Control.

Accomplishments – We completed a successful exercise in February of 2020. The scope of the full-scale exercise was to focus on Medical Supplies Management and Distribution capability to procure and maintain pharmaceuticals and medical materials prior to an anthrax incident. This exercise encouraged the department to collaborate with many County departments and outside partners through monthly exercise planning meetings, further strengthening relationships with partners who would be involved during a true Public Health emergency. The Emergency Preparedness Program was able to meet grant deliverables during the COVID-19 pandemic.

Challenges – The COVID-19 pandemic created many challenges during 2020, as Public Health staff were called upon to lead contact tracing and case investigation for St. Lawrence County. Many planned trainings for the Emergency Preparedness program were postponed or cancelled and goals for updating Emergency Preparedness plans were postponed.

Focus for 2021 – We will continue to develop and update necessary plans based on risk assessment in St. Lawrence County. This includes development and integration of a comprehensive plan for the distribution of the COVID-19 vaccine. This plan will identify multiple POD sites in the community with the intent of creating equitable distribution for all eligible individuals. We will also focus on restructuring our medical and nonmedical volunteer base and forming a structured medical reserve corps to be called upon in the event of an emergency. Staff of the Public Health Department will continue to be required to participate in emergency preparedness trainings and drills in order to insure that staff are able to appropriately respond during emergency situations.

Sanitation

Summary – Works with localities to investigate public health nuisances such as rubbish and private water and septic concerns.

Accomplishments – The St. Lawrence County Sanitary Code was passed in October of 2019 and put into use in the program in 2020. A fillable whey application was also completed to assure all information is gathered initially during each application process. The program continues its use of the data base, keeping track of calls and complaints.

Challenges – The new Sanitarian came on during the onset of COVID-19, making trainings and connecting with other key-players in the community difficult. Due to it being the first year of the sanitary code use, there were challenges reading and applying the new code to some scenarios, as well as determining what falls under public health’s jurisdiction, as opposed to being a landlord issue, code enforcement issue, town issue, or legal issue. The county attorney continues to assist in these areas.

Focus for 2021 – The Sanitarian will participate in trainings, including the Annual Environmental Education Training on the Learning Management System (LMS). Relationships with County Code Enforcement Officers will be prioritized, hopefully participating and presenting on common issues and solutions at their local meetings. The New York State residential code and building code will be studied to have a better understanding of our role vs. code enforcement’s role and to better direct callers when they call about code enforcement issues. The whey application process will continue to be streamlined. Complaints will continue to be organized using the data base and addressed in a timely manner.

Children’s Programs

Early Intervention

Category	Original Budget	Actual Budget
Personnel	\$327,893	\$316,900
Contractual	\$226,076	\$142,115
Benefits	\$168,487	\$165,295
Revenue	<u>\$(273,050)</u>	<u>\$(194,804)</u>
TOTAL	\$449,406	\$429,506

Summary - The program supports and promotes the development of infants and toddlers (birth to 3 years of age) who have special needs related to developmental delays and enhances the capacity of families to meet these needs. There was a total of 98 billable initial and ongoing home visits, and 507 phone contacts made by service coordinators. The program received approval March 18 to begin teletherapy for services due to COVID 19 restrictions. Home visits were discontinued in April and resumed in July for all EI services. We continue to provide most Service Coordination activities via telephone. Home visits are made to obtain required signatures for services.

Accomplishments - We hired 3 service coordinators in 2020 due to resignation and promotion and added 1 new service coordinator position. In 2019, the average caseload was 111 and in 2020, the average caseload increased to 137. We developed teletherapy procedures and adapted our current procedures to meet the needs of the program and our families during COVID 19. EI staff continued their program work while tasked with COVID 19 responsibilities. In 2020 a total of 155 new referrals were received and processed. Additionally, there were a total of 229 children and families served by the EI program.

Challenges – At the conclusion of 2020, there was a wait list of 26 children for speech services, 27 children for special instruction services, 4 children for occupational therapy services and 1 child for

physical therapy service. Service coordinator and providers had difficulty in obtaining signatures on required documentation as many home visits were declined due to symptomatic family members, isolation, and/or quarantine. New service coordinators faced the challenge of learning EI and COVID 19 simultaneously to meet the needs of the community.

Focus for 2021 –We will work on program requirements to continue to ensure the annual performance measures meet state standards. All procedures will be updated. We are working to transition to fillable forms for documentation with an overall goal of having electronic signatures. New service providers will be contracted to augment the services available to children of our county and assist with the wait list. New quality assurance data will be utilized to review documentation and enhance staff development and services.

Children and Youth with Special Health Care Needs

Summary – Children and Youth with Special Health Care Needs provides resources and referrals to ensure access to health care, insurance, information and support for children ages birth to 21 years, who have (or may have) a serious or chronic physical, developmental, behavioral, or emotional condition. This year, there were 7 referrals, which is down as compared to 12 in 2019. There are 4 staff in CYSHCN program, currently going through training. We began working with Strong Center at University of Rochester, the Regional Support Center for our county, so that we may receive additional information for our CYSHCN families.

Accomplishments - We have provided information and resources to school nurses, guidance counselors, physicians and their staff. We provided phone contact and mailings to families in need of resources and information.

Challenges - Training new staff and meeting program grant allocations has been difficult, particularly because COVID 19 was the priority for all staff and program staff were learning both CYSHCN and COVID 19. Regularly scheduled meetings were not held as frequently to share program information and discuss issues which are not easily resolved due to the COVID 19 response requirements.

Focus for 2021– We will continue to improve outreach to schools and physicians, as well as work to enhance community knowledge of resources for children and their families through these partnerships. Tracking of grant time will be monitored on a monthly basis to ensure time requirements are being met.

Maternal Child Health

Summary - Educates new mothers during the immediate postpartum period on breastfeeding, postpartum self-care, and newborn care; offers a one-time nurse home visit for review of education and head-to-toe assessment of the newborn. This year, there were 55 referrals to the program and four home visits were made. The overall number of referrals were down in 2020, believed to be due as a response to the pandemic.

Accomplishments – We continued to provide maternal child services and resources to families during the pandemic. SLC Public Health applied for a Community Health Award to implement breastfeeding-friendly environments throughout St. Lawrence County Department buildings— and the award was received! The award was used to purchase enough items to furnish seven lactation rooms. Items were purchased based on the requirements from NYS Labor Law Section 206-C Breastfeeding in the Workplace Accommodation. In 2020, two rooms were set up at the Department of Social Services.

Challenges – Due to COVID, our in-home maternal child visits were stopped due to COVID. We provided education to families over the phone. Staff turnover was also a challenge, as the staff trained in the MCH program resigned in July and August 2020. One position was filled in September 2020. We were unable to set up all 7 breastfeeding rooms due to COVID, but we were able to set up 2.

Focus for 2021 – We will work to increase outreach to the community and resume in-home maternal child visits with families. We will continue to train staff and work to hire additional MCH staff. We will modify MCH forms to improve efficiency and allow MCH staff to focus on providing family education and resources. We are also planning to finish the other 5 rooms in other county buildings.

Preschool

Category	Original Budget	Actual Budget
Personnel	\$124,583	\$135,402
Contractual	\$4,592,640	\$3,069,978
Benefits	\$60,728	\$55,379
Revenue	\$(2,762,909)	\$(1,002,942)
TOTAL	\$2,015,042	\$2,257,817

Summary - Coordinates evaluations, education, remedial and therapeutic services, and transportation to services for children 3-5 years of age with developmental delays or disabilities to facilitate the child’s education. The average number of students who attended the extended school year (July & August) was 146 and the average number of students attending the regular school year (Sept-June) was 186. The average number of First Student buses in 2020 was 0 for the extended school year (ESY) due to COVID-19 school closures and 9 for the school year (SY), in 2019 there were 9 for ESY and 10 for SY. The average number of parents transporting in 2020 was 0 for ESY and 6 for SY, in 2019 was 6 for ESY and 9 for SY. Transportations costs in 2019 were \$876,785 and 2020 were \$406,179. Parent travel costs for 2019 were \$35,943 and 2020 were \$15,399.

Accomplishments – We worked with school districts and providers to develop teletherapy processes. 123 preschool students received teletherapy services. Of those, we were able to obtain teletherapy consents and the required documentation for 78 Medicaid eligible students in order to bill for services.

Challenges – Due to COVID and lack of services performed in the home setting and frequent classroom closures, there has been a 31% decrease in Medicaid revenue. State Education Department Guidance for billing teletherapy services was delayed and inhibited our ability to bill for services in a timely manner. We also had difficulty in obtaining required documentation from school districts in order to process Medicaid billing, due to COVID school closures and school staff working from home. Continual education and guidance was given to providers for the mandatory teletherapy visit documentation and guidance (i.e. receiving telehealth consent by explaining the risk/benefits of teletherapy services). Program staff worked to balance preschool duties, along with COVID duties, to generate revenue. Frequent transitioning of in-person to remote learning in each Center based Classroom required additional time and attention to detail to ensure proper payments to the transportation company.

Focus for 2021 – We are pursuing alternative transportation options for the program. Currently, First Student is the only transportation company willing to contract for these services and the contract will renewed in 2021, with a request for proposals due in 2022. We are working with school districts to develop contracts for them to assist with transporting students. We will continue to

educate the school districts with regards to necessary documentation, as schools transition from in-person to remote frequently – with an emphasis on classroom closures and bus transportation claiming. We will continue to work to maximize Medicaid claiming as services resume.

Prevent Programs

Overall budget

Category	Original Budget	Actual Budget
Personnel	\$656,100	\$687,788
Contractual	\$465,035	\$425,676
Benefits	\$282,891	\$357,582
Revenue	<u>\$(883,344)</u>	<u>\$(742,541)</u>
TOTAL	\$599,562	\$538,894

Immunization

Summary - Provides immunizations for children, adults, and international travelers to decrease the incidence of vaccine preventable diseases; educates and provides resources to providers, schools, childcare centers, other partners, and the community at large. In 2020, we administered 588 vaccines in 463 individuals. Of the 463 individuals vaccinated, 276 of them were adults. We provided 128 flu vaccines, 110 VFC vaccines, 55 non-VFC vaccines, 20 VFA vaccines and 3 MMRs. Our last clinic for 2020 was on 10/9/21.

Accomplishments - We were able to provide flu vaccine to SLC employees during the pandemic by working with Buildings and Grounds to provide drive-thru flu clinics, ensuring the health and safety of those attending the clinics. Several people stated this was their first year of obtaining the flu vaccination. SLCPH was able to collaborate with local providers to vaccinate 119 students being excluded from school due to their vaccination status. Health and safety checks prior to the client coming into the clinic were implemented in our policy and procedures. We were able to coordinate with Buildings and Grounds to maintain the cleaning and sanitation protocols during these clinics. Our clinic and clinic area passed inspection in 2020. Our clinic waiting room was renovated, including updates for COVID safety measures.

Challenges - Both of our nurses trained in immunizations resigned this year prior to back-to-school and flu vaccination clinics. We contracted with Kathleen Terrance, MD to provide vaccinations at our clinic for students on the school exclusion list. There was a decline in completed well-child visits and yearly immunizations, due to access to care being limited for extended periods during the pandemic response.

Focus for 2021 - We will continue to train and hire new immunization staff. Our clinics are projected to resume in the second half of 2021, with the latest health and safety protocols in place. The COVID-19 vaccine will be administered to SLC residents at varying locations throughout the county. We will work to increase outreach to local providers in an attempt to decrease the number of students being excluded from school due to their vaccination status prior to the 2021-2022 school year. Immunization Quality Improvement for Providers (IQIP) will resume for the 2021-2022 grant year, requiring education and outreach to the providers identified by DOH. This is a required activity for PH to promote and support the implementation of provider-level quality improvement strategies that are designed to increase childhood and adolescent vaccine rates consistent with the Advisory

Committee on Immunization Practices' (ACIP) recommended routine immunization schedule. We will also begin steps to re-start our migrant immunization program.

Lead

Summary- This program monitors children identified with Elevated Blood Lead Levels (EBLL) collaborating with providers and New York State Department of Health Canton District for environmental referrals and providing case management to families. New lead regulations passed in October 2019 required all children with an elevated blood lead level of $>5\mu\text{g}/\text{dL}$, as opposed to $10\mu\text{g}/\text{dL}$, to be monitored. This year 33 children were diagnosed EBLL 5-10ug/dl 25, 10-15ug/dl - 5, 15-20ug/dl -2, 20-45ug/dl -1.

Accomplishments – Collaboration increased with local providers, NYSDOH District office, NYSDOH Regional office, and the Lead Resource Center due to our significantly increased in Blood Lead Level (BLL) cases. New educational outreach was created, including the importance of testing ferritin levels, a half-pager reminder for providers on the new regulations, and drafted more cohesive letters for parents. The Lead Poisoning Prevention Program created, coordinated, and started sending flyers regularly to our patients about the Housing and Urban Development (HUD) Lead Hazard Reduction grant. The Early Intervention Program has also been sending HUD flyers to their caseload, expanding our reach.

Challenges – There were shifts in duties throughout the 2020 year due to vacancies and extended leaves. Some families are not cooperative with answering phone calls for follow up, making care coordination difficult. Due to COVID-19, there were no home visits, which decreased our ability to connect with the family, making follow up more difficult. Some providers still do not provide the information needed and requested for best care of the children in the Lead Poisoning Prevention Program, or as required by New York State regulation. There was a decrease in testing specifically April-May due to COVID-19, however, we are seeing an increase in lead tests overall.

Focus for 2021– Education will be provided to both parents and providers about the importance of screening children ages one and two years old. We will revamp the current education that has been used for parents and create education for providers. This could potentially be done in person with parent and presentations to providers. We will also provide education to providers on the importance of doing a yearly lead risk questionnaires with children under the age of 6 and testing those children if their answers on the questionnaire are “yes”, in alignment with NYS regulation. Families will receive a phone call, which includes a risk assessment and mailed educational materials, when a lead result is above $5\mu\text{g}/\text{dL}$. Coordination with the Planning Department and Housing Council will continue for the HUD grant. Our practices, organization, and educational materials will morph to better suit the community and the associated challenges, including making our current education easier for anyone in the community to read and understand.

Housing and Urban Development (HUD)

Summary - Works in conjunction with Planning Department and North County Housing Council to provide free lead abatement to edible households in St Lawrence County.

Accomplishments – HUD program postcards were created to send out to not only the elevated lead levels in children, but also to all children getting a lead test, to inform families of the program. These

are also sent out to our Early Intervention program caseload. Cleaning kits were purchased and put together for families who are going to receive the HUD grant. A survey was completed gathering information on the community's knowledge and understanding of lead poisoning in St. Lawrence County and as a whole. Bus wraps were created and put on local buses to spread awareness of the program. The New York State Department of Health played a large role in providing education about the program while doing their environmental investigations. Additionally, a HUD program awareness campaign launched in the local newspaper (North Country This Week) and online platform (North Country Now), as well as on the local radio station (102.9 and 96.7), and on our SLC Public Health Facebook Page to increase awareness of the dangers of lead poisoning and to inform the community about the HUD program. A bus wrap was also created to promote awareness of the grant.

Challenges – Due to COVID-19, the key partners were not able to meet as regularly. At first, eligible individuals were not applying but that has increased with our increase in education. The cleaning kits were not going out as often as planned due to the delay in completed projects.

Focus for 2021 – We will continue to promote the HUD program, utilizing local sources of advertising. We will release survey findings to the community to continue education efforts on the dangers of lead poisoning. We will look to offer another Lead Renovation, Repair and Painting (RRP) training later in the year.

Rabies

Summary - This program monitors animal bites, rabies exposures and post exposure treatment. There were 285 dog and cat bites reported this year. We continue to submit animals for rabies testing and the USDA submits animals for surveillance that have had no contact to humans or domestic animals. 184 animals were identified and submitted by PH and the USDA; 3 bats tested positive. 61 people were offered rabies post exposure treatment. The county's rabies clinics vaccinated 1,065 cats and dogs. In August, the USDA distributed oral rabies vaccine (the bait is called ONRAB) throughout St. Lawrence County.

Accomplishments - The County has not identified any terrestrial rabies in the past 3 years. All rabies clinics were by appointment in 2020. This process has reduced the amount of stress on the pets, owners and vaccination staff. The clinic appointments take less time for the pets and owners. The process has stream lined there is no paperwork it is electronic and can be easily viewed and printed. Using the NYS Counter Measure Data Management System (CDMS) system allows for the community to utilize the state site used during Points of Dispensing (PODS). 7 rabies clinics were held; 3 by Public Health and 4 by towns. Continued coordination with the hospitals occurred for rabies post exposure treatment and billing.

Challenges – COVID safety procedures modified the normal operations of rabies clinics. Conversations and planning sessions with towns were necessary to discuss fears of COVID and not being able to protect one another, changing the process they were used to doing and having to use a computer for pre-registration.

Focus for 2021- We will continue to utilize CDMS and require the towns to participate to streamline the process. We will provide training for the towns on the state site to assist them with the process. We continue to work with the hospitals with coordination or RPEP.

Sexually Transmitted Diseases

Summary - The last several years there has been a decline in the community using the STD clinic due to increased access throughout the community, along with a lessening of stigma for using your insurance for testing and treatment. The focus for 2020 was outreach to at-risk populations, focusing on the North Country Freedom home, by offering STD testing and vaccinations of Hepatitis A and B. We continue to have a strong collaboration with the NYSDOH regional office in assisting clients or contacts with testing and treatment. In 2020 there were 242 cases of Chlamydia reported, 28 cases of Gonorrhea and 5 cases of Syphilis.

	2020	2019	2018	2017	2016
CHLAMYDIA	242	308	313	250	250
GONORRHEA	28	24	41	21	19
HEP A ACUTE	1	2	0	0	0
HEP B ACUTE	2	3	0	0	3
HEP B CHRONIC	7	7	9	9	8
HEP C ACUTE	3	3	4	7	10
HEP C CHRONIC	64	118	117	135	104
SYPHILIS	5	7	10	5	8
TOTAL	352	472	493	427	402

Accomplishments – We held 9 STD clinics and screened 16 people for sexually transmitted infections. We continued to provide access to treatment to clients who were unable to afford it or were contacts and needed Expedited Partner therapy (EPT). Presentations on EPT were provided to community providers and college health centers. We received \$21,893 for our Year 8 Incentive Program.

Challenges - Due to the pandemic and staffing issues, we had to close our STD clinic; however we were able to refer out all individuals calling for STD screening. Many provider’s offices were seeing limited patients from March through May due to COVID. Limited use of our clinic and no show appointments continue to be an issue for our clinic. Despite NYSDOH focus on providing EPT, combined with LHD education to community providers, we still encounter hesitancy using EPT on a regular basis. With the Year 9 Incentive Program, we will continue to increase our outreach as EPT has proven to decrease the spread of STD’s.

Focus for 2021- On December 3, 2020 new treatment guidelines were sent out by NYSDOH for gonorrhea. With the increase in STD’s across the state and country, we will continue to promote/educate our providers on the importance and use of EPT for Chlamydia and Gonorrhea treatment. We will continue to work with targeted high risk population to provide access to care.

Community Health Assessment and Community Health Improvement Plan (CHA/CHIP)

Summary - The St. Lawrence County Community Health Improvement Coalition, Bridge to Wellness, is an active committee with fifty-four participating organizations, including public health, higher education, hospitals, health centers, and community based organizations. Meetings are facilitated by the St. Lawrence County Health Initiative, Inc. and the Local Public Health Department. Partners work collaboratively to plan, implement, and oversee the St. Lawrence County Community Health Improvement Plan and hospital Community Services Plans. Based on the Community Health Survey conducted by the Fort Drum Regional Health Planning Organization, regional needs are identified that guide a strong data drive health improvement plan for St. Lawrence County. The community health survey is incorporated into a Community Health Assessment using New York State and national data sources. Based on the results of the Community Health Assessment and the capacity of our region, Bridge to Wellness identified “Prevent Chronic Disease” and “Promote Well-Being and Prevent Mental and Substance Use Disorders” as priorities for the 2019-2021 Community Health Improvement Plan (CHIP). Based on the NYS Prevention Agenda and a thorough review of the needs of the county, Bridge to Wellness chose to focus on the following areas: improving healthy eating and food security, physical activity; preventative care and management; and preventing mental health and substance use disorders.

Accomplishments - At the conclusion of 2019, the 2019 – 2021 CHIP was submitted; it was the first time that all hospitals jointly contributed and agreed upon the work identified in the plan. Bridge to Wellness Coalition met 9 times, with an average of twenty partners attending each meeting. Submitted the 2019 Community Health Improvement Plan and despite COVID 19 and its resulting challenges to accomplish all work managed to achieve several milestones in 2020. In 2020, the number of community members who participated in workshops are: chronic pain self-management – 5; workplace chronic disease self-management – 8; cancer: surviving and thriving – 15; chronic disease self-management education – 15; diabetes self-management program – 17; diabetes prevention program – 38.

Challenges - The COVID-19 Pandemic made it increasingly difficult for the Department and other Bridge to Wellness Partners to actively participate in the Bridge to Wellness Coalition. Time and effort typically spent on overseeing/carrying out coalition work was interrupted by the pandemic response.

Focus for 2021 - We will designate a staff member to actively participate in and assist in leading the Bridge to Wellness Coalition to ensure the goals of the CHIP are being met and help engage our partners in their work.

Opioid Response Grant

Summary – The SLC Public Health Department was awarded \$75,000 for the next 3 years (2019 – 2022) to work on the opioid epidemic. The department initially received its first round of funding in 2018. During the first year (2018), the strategies to combat the epidemic included: increasing the number of MAT (Medication Assisted Treatment) providers in the area; conducting a County-wide assessment to gather data; community education; creation of a coalition to bring partners from multiple public and private sectors within the community, together to focus on combatting the epidemic (i.e.: school leaders, law enforcement, EMS, mental health, treatment services, recovery/peer services, community members, etc.); increase the number of individuals who are Narcan trained.

2019 & Beyond - Goals have been focused on obtaining overdose data from ER's, EMS and Law Enforcement using the ODMAP system; continuing to increase the number of medical providers trained in MAT; providing education to various populations in the community surrounding stigma, language, harm reduction, and trauma informed care training/resiliency; and educating the public as a whole on Narcan, the Good Samaritan Law, and the Partners 4 Substance Use Prevention Coalition

2019 Accomplishments - Trained over 20 medical providers in Medication Assisted Treatment; Brought together over 70 different individuals for coalition meetings; held an event called Shredding the Stigma Surrounding Substance Use to bring the community together to educate them on the opioid grant; Increased the number of individuals Narcan trained through partnership with community services; launched ODMAP program and continue to see improvements in use among law enforcement; creation of Mental Health and Substance Use Resource Guide.

2020 Accomplishments - We continued to support Narcan training series through partnership with Community Services and provided Trauma Informed Care Training to St. Lawrence County Superintendents. We held an additional virtual Trauma Informed Care Training for school staff, college staff, human service agencies and the community as a whole. Utilization of ODMAP surveillance system continued and we launched a Narcan/Language/Good Samaritan Campaign on local radio and television stations as well as streaming online. We began the creation of Partners 4 Substance Use Prevention Website. Partners 4 Substance Use Prevention Coalition meetings were held virtually.

Challenges - COVID-19 disrupted many planned in-person trainings and ongoing coalition meetings. For many months, it was difficult to focus and spend any time on the grant due to COVID-19 duties. Another challenge is that activities needed to be held virtually, making it difficult to engage audience member at trainings and coalition members during meetings.

2021 Focus - Expanding community awareness of the Partners 4 Substance Use Prevention Coalition and activities associated with the coalition will be prioritized. Increased collaboration with organizations to obtain overdose data from all sources (ERs, EMS, and Law Enforcement) will be worked on. Trauma Informed Care and Resiliency training will be provided to school districts. We will continue marketing Narcan trainings and educate the community on the Good Samaritan Law and importance of Narcan. We will provide mentorship training and support to medical providers who have been trained in MAT, along with training to correction officers and Town Justices regarding language and empathy surrounding substance use disorder.