



St. Lawrence County Public Health Department
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2021 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.

The COVID-19 pandemic response continued throughout 2021. As the year progressed, we adapted to meet the demands and challenges of the pandemic, along with the resumption of our base services and grants, 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 2021.

2021 Overall Original Budget

CATEGORY	ORIGINAL APPROPRIATIONS	ACTUAL EXPENDITURES	PERCENT USED
PERSONNEL	\$1,979,2111	\$1,853,8356	94%
EQUIPMENT	\$100,000	\$100,000	100%
CONTRACTUAL	\$8,634,5418	\$4,749,9575	55%
EMPLOYEE BENEFITS	\$879,6476	\$941,4508	107%
REVENUE	\$(7,797,558)	\$(2,599,128)	33%
TOTAL	\$3,795,841	\$5,046,114	133%

During the year, several positions were open either due to not yet being filled, organizational modifications, and resignations. 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 year. Due to staffing needs and employees being unable to take vacation time due to COVID-19 we did 7 vacation buybacks throughout the year. With many staffing changes within the department over the last year, we are learning new roles, and putting in place policies and procedures to standardize our work, improve efficiency, and stay abreast with current requirements. We earned less revenue during 2021 than expected 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.

2021 Quarterly Snapshot

CATEGORY	Q1	Q2	Q3	Q4
Personnel	\$454,416	\$420,423	\$458,409	\$520,5877
Equipment	\$0	\$100,000	\$0	\$0
Contractual	\$545,218	\$1,154,133	\$1,029,959	\$2,020,647
Benefits	\$227,566	\$209,660	\$241,987	\$262,237
Revenue	\$(70,751)	\$(1,000,98)	\$(1,117,820)	\$(409,571)
NET COST	\$1,156,449	\$883,231	\$612,534	\$2,393,900

Q1

Personnel -Our department is at 29% of the 2021 budgeted personnel expenses. We created and filled a full-time temporary Public Health Specialist to assist with COVID-19 activities including our vaccine Point of Dispensing (POD) clinics. We currently have the following positions vacant: Community Health Nurse, Public Health Nurse, and Coordinator of Quality Assurance & Improvement.

Contractual – We have expended 9.8% of our overall contractual budget; Admin = \$284 (.5%) - Coroners = \$9,131 (4.3%) - Early Intervention = \$13,364 (6.2%) - PreSchool = \$452,516 (9.8%) - Prevent = \$77,483 (16.8%). There has not been any major purchases to date with exception of approximately \$14,000 in supplies for our vaccine POD's.

Benefits – N/A

Revenue – The majority of 1st quarter revenue will not be reflected until the second quarter reporting due to the fact that our grants and state aid will not be submitted until after the quarter ends. We can expect an estimated \$70,000 this quarter for our grants. There is an approved overall amount of \$780,818 in state aid this year. To date we have not received our 3rd and 4th quarter state aid which totals approximately \$104,000. Based on what we received last year, the estimated amount of state aid reimbursement for the first quarter would be approximately \$293,000. We submitted an Imminent Threat to Public Health claim totaling \$240,990 for our 2020 COVID-19 activities. We have received all the 20% withholding amounts this quarter that were withheld in 2020.

Q2

Personnel - Our department is at 55% of the 2021 budgeted personnel expenses. A Temporary Clerk position was created to assist with Public Health clerical duties as well as providing assistance preparing for vaccination POD clinics when needed. We also created a Temporary Registered Nurse position to provide COVID-19 vaccinations and clinical care to the public at our COVID-19 vaccination PODs. Public Health also created Temporary Public Health Program positions for two functions within the department: assisting with COVID-19 activities and Prevent program work. We have also created a Temporary Public Specialist to assist with our K-12 COVID-19 screening testing grant. We currently have the following positions vacant: Director of Public Health, Community Health Nurse, Public Health Nurse, Temporary Public Health Specialist, and Temporary Registered Nurse.

Equipment - Purchased two Rheonix COVID-19 machines to be distributed to St. Lawrence Health Systems location CPH, and Claxton- Hepburn for COVID-19 testing.

Contractual – We have expended 29.5% of our overall contractual budget; Admin = \$225,715 (42.1%) - Coroners = \$120,461 (37.9%) - Early Intervention = \$3,27604 (45.4%) - PreSchool = \$1,383,084 (28.8%) - Prevent = \$1,078,025 (58.2%). There has not been any major purchases to date with exception of approximately \$25,000 in supplies for our vaccine POD's.

Benefits – N/A

Revenue – We have an estimated \$80,000 outstanding for our grants this quarter. There is an approved overall amount of \$780,818 in state aid this year. To date we have not received our 3rd quarter state aid from 2020 of \$103,595, and we have not received our 1st quarter state aid of \$392,338. We did not have a 4th quarter state aid claim as we utilized the Imminent Threat to Public Health claim totaling \$240,990 for our 2020 COVID-19 activities, which is still outstanding. We are reincorporating our Core programs, and Grant funded programs and expect revenue to increase as our time allocated back to grants increases.

Q3

Personnel – Our department is at 67.4% of the 2021 budgeted personnel expenses. Public Health also created a Temporary Public Health Program Aide position to assist with our ELC Reopening Schools screening testing grant. We currently have the following positions vacant: Deputy Director of Public Health, Community Health Nurse, Public Health Nurse, 2 Temporary Public Health Specialist, and 1 Temporary Registered Nurse.

Contractual – We have expended 31.6% of our overall contractual budget; Admin = \$45,307 (57.7%) - Coroners = \$198,282 (55.9%) - Early Intervention = \$144,736 (67.1%) - PreSchool = \$3,335,371 (72%) - Prevent = \$1,026,260 (27.9%). There has not been any major purchases to date with exception of approximately \$380,000 in supplies, and payments to schools for additional staffing needs for our ELC Reopening School Grant.

Benefits – N/A

Revenue – We have an estimated \$147,000 outstanding from the 2nd quarter for our grants. We anticipate that our 3rd quarter grant revenue will remain consistent with our 2nd quarter revenue. There is an approved overall amount of \$780,818 in state aid this year. To date we have not received our 2nd quarter state aid of \$247,308. We anticipate our State Aid for the 3rd quarter to stay consistent with the 2nd quarter. We are reincorporating our Core programs, and Grant funded programs and expect revenue to increase as our time allocated back to grants increases.

Q4

Personnel – Our department is at 89.1% of the 2021 budgeted personnel expenses. Public Health also created a Temporary Public Health Specialist, and a Temporary Registered Nurse position to assist with our Vaccine grant. We also created a Temporary Keyboard Specialist position to assist with COVID-19. We currently have the following positions vacant: Deputy Director of Public Health, Community Health Nurse, Sanitarian, Senior Account Clerk, 2 Temporary Public Health Specialist, and 1 Temporary Registered Nurse.

Contractual – We have expended 31.6% of our overall contractual budget; Admin = \$45,307 (57.7%) - Coroners = \$198,282 (55.9%) - Early Intervention = \$144,736 (67.1%) - PreSchool = \$3,335,371 (72%) - Prevent = \$1,026,260 (27.9%). There have not been any major purchases to date with exception of approximately \$380,000 in supplies, and payments to schools for additional staffing needs for our ELC Reopening School Grant.

Benefits – N/A

Revenue – We have an estimated \$60,000 outstanding from our Vaccine grant, \$491,000 outstanding from our Schools grant, \$220,000 outstanding from our ELC COVID-19 grant, \$100,000 outstanding from our regular grants. We will not start to receive the 4th quarter grant revenue until February or March. There is an estimated \$900,000 outstanding in AVL's and Medicaid monies from our PreK Program. There is an approved overall amount of \$780,818 in state aid this year. To date we have not received our 3rd quarter state aid of \$129,618. We anticipate our State Aid for the 4th quarter to stay consistent with the 3rd quarter.

2021 Unit & Program Review

Administration

Category	Original Budget	Actual Budget
Personnel	\$316,088	\$265,256
Contractual	\$54,374	\$51,634
Benefits	\$141,454	\$117,749
Revenue	\$(173,579)	\$(138,538)
TOTAL	\$338,337	\$296,101

Accomplishments – Staff continued a strong response in the 2nd year of the pandemic, working as a whole unit on the various activities. The Deputy Director stepped into the Interim Director position in March and held both positions concurrently. The department added temporary staff to assist with response activities. A Public Health Specialist position was created to assist schools with COVID-19 testing. The Department was awarded 3 different awards, the 2021 Chamber Appreciation Award by the St. Lawrence Chamber of Commerce, Service Award from the Canton-Potsdam Hospital Board of Director, and the Bertrand Snell Award from Clarkson University. In early summer, all programs were required to re-start, in addition to continuing the pandemic response. The Department was able to pass all baseline requirements and audits that occurred within the year.

Challenges - The pandemic response took a toll on staff and morale, resulting in increased vacancies. It has been a struggle to recruit and retain staff, especially nurses. Staff were still required to work nights and weekends. As the number of COVID-19 cases increased, staff had to learn new roles and coping mechanisms to adjust to meet the needs. Fiscally, with the increased grants and lack of staff, it was difficult to keep up with the different requirements and reporting deadlines for each grant.

Focus for 2022– We will be re-structuring programs due to our struggle to hire nurses. We will be developing a Google calendar with all program and fiscal deadlines. 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 - We underwent a thorough and smooth budget review and submission with engagement from all programs.

Challenges – One senior account clerk position remained vacant for several months. The department also lost their Principal Fiscal Officer for 3 months, while the senior account clerk position was concurrently vacant. The increase in the number of grants the Department handles has increased by 4. This, combined with the reduction in staff, increased the workload of the remaining staff.

Focus for 2022 – 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-19

Category	Original Budget	Actual Budget
Personnel	\$503,159	\$105,348.87
Contractual	\$3,090,171	\$480,804.85
Benefits	\$98,779	\$13,027.64
Revenue	<u>\$(3,692,109)</u>	<u>\$(599,181.36)</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. Supported testing efforts in schools.

Accomplishments – During 2021, we were awarded 2 additional grants totaling \$3,720,835. The first additional grant awarded was COVID-19 Vaccine Response and totaled \$313,036. This grants allowable activities included promoting and increasing COVID-19 and other vaccine uptake including personnel support, replace or repair LHD vaccine storage, and engage in existing community outreach. The second additional grant award was ELC Reopening Schools and totaled \$3,407,799. The grants allowable activities included testing supplies, personnel support, courier services, and laboratory support.

Our Epidemiology & Laboratory Capacity - COVID-19 grant increased from \$308,906 to \$701,900 enhancing efforts for contact tracing, enhanced testing, and vaccination activities across their communities, schools, child care programs and other vulnerable populations.

We hosted 250 vaccination clinics, with a total of 15,875 vaccinations given. We also provided approximately 300 homebound vaccinations and 379 migrant vaccinations. We partnered with St. Lawrence County Correctional Facility, school districts, colleges, hospitals, and nursing homes to provide vaccination clinics for ease of access to the community. We were able to recruit 149 volunteers throughout the year and hosted a Volunteer Appreciation event in August to thank

everyone. From September to December, a total of 12,139 tests were performed by the schools through Quadrant. We were able to increase our educational materials upon hiring a temporary Public Health Specialist. We collaborated with the IT department, Emergency Services Department and Cornell Cooperative Extension to utilize the Unified Command Vehicle 1 (UCV1) to provide outreach with COVID-19 immunizations to the migrant farms. We participated in a COVID-19 Telephone Marathon to help answer questions from the tri-county community on any COVID-19 questions.

Challenges – Communication from NYSDOH was not timely and did not always align with CDC guidance. Changes to the NYS Government also hindered communication from DOH to LHDs. In the fall, case counts dramatically increased due to new variants and loosened mitigation measures. The response requirements on the departmental staff continued to take a mental and emotional toll, as the phone calls and expectations of the public intensified.

Focus for 2022 – We will continue to provide vaccinations in our clinic space. We will increase education provided to the community and provider’s offices. We will be working to re-build credibility with the community that was lost due to mistrust in government information.

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.

2021 Accomplishments –Although many established goals and objectives of the Health Education program took a pause due to the COVID-19 pandemic, the program has continued to provide vital information to the community in a timely manner. Throughout 2021, our online social media presence continued to dramatically increase, as COVID-19updates and education remained at the forefront of our education goals. The Health Education program led another campaign titled “I Got My COVID-19 Vaccine Because” where it received several submissions from local agencies and community members which were featured on the SLC Public Health Facebook page. SLC Public Health has adopted a standard branding; this includes the SLC Public Health department logo and colors on educational materials to help partners and the community at large recognize material coming from SLC Public Health. The Community Health Educator continues to review program education and materials for literacy level and cultural sensitivity prior to being released to the public.

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 2022 – 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.

Coroner Program

Category	Original Budget	Actual Budget
Personnel	\$38,791	\$44,897
Contractual	\$213,004	\$345,754
Benefits	\$64,573	\$80,943

Revenue	--	--
TOTAL	\$316,368	\$471,594

Summary - Responds to and determines, under certain circumstances, the manner of death of individuals within St. Lawrence County. There were a total of 242 deaths in SLC processed through the coroner program; 20 suicides, 60 due to/or related to drug and/or alcohol use, and 118 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 to other area hospitals, as the medical examiner we currently use was not able to work for the majority of the year. We have had to wait for the medical examiner that we normally use to come back to work and start catching up on all of the autopsy reports he is behind on. There have been added costs to autopsies in regards to COVID-19 testing. 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 2022- We are working to contract with Dr. LaPoint for services at CPH. We will be setting new rates for transportation for funeral homes. An overall encompassing policy will be created for the entire coroner program. It has been identified that the department is lacking in contracts for existing partners and will be addressed in a timely manner.

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 – Throughout the COVID-19 pandemic, we continued to meet all Emergency Preparedness grant deliverables which included submitting quarterly reports, completing mandatory training and surveys, attending virtual meetings with PHEP partners, and updating Public Health Emergency Preparedness plans related to vaccine distribution. All employees of the St. Lawrence County Public Health Department were fit tested to the N95 particulate mask, which is to be worn during Public Health Emergencies as indicated by NYSDOH and the CDC. We continued to collaborate with County departments and outside partners who would be supporting our department during any Public Health emergencies. The Annual PHEP Exercise was replaced by COVID-19 vaccination activities for 2021.

Challenges – The COVID-19 pandemic created many challenges during 2021, as Public Health staff were called upon to lead the COVID-19 vaccination clinics in addition to contact tracing and case investigation efforts. Many planned training sessions for the Emergency Preparedness program were postponed or canceled.

Focus for 2022 – We will continue to develop and update necessary plans based on risk assessment in St. Lawrence County. This includes reviewing Emergency Preparedness plans, policies and procedures to incorporate ‘lessons learned’ throughout the COVID-19 isolation and quarantine protocols, supply distributions and vaccination distribution. We will also focus on restructuring our

medical and nonmedical volunteer base and research 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 training and drills in order to ensure 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 – Field work was able to be completed safely with COVID-19 precautions. We continued to work closely with the NYSDOH District Office, including handling COVID-19 concerns.

Challenges – The Sanitarian position was vacated in December. Many of the calls received are code enforcement and are referred to the appropriate office.

Focus for 2022 – We are working with the NYSDOH District Office to transition the position of Sanitation from County to State. We would like to create a Public Health Specialist position to provide education and presentation on environmental health issues and concerns. The Department would consider offering water testing under certain circumstances.

Children’s Programs

Early Intervention

Category	Original Budget	Actual Budget
Personnel	\$342,768	\$404,663
Contractual	\$215,779	\$170,818
Benefits	\$162,449	\$185,488
Revenue	\$(320,275)	\$(229,531)
TOTAL	\$400,721	\$531,438

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 were a total of 115 billable initial and ongoing home visits, and 895 phone contacts made by service coordinators. We continue to provide most Service Coordination activities via telephone. Home visits are made to obtain required signatures for services.

Accomplishments - We hired 1 new service coordinator in 2021 due to resignation. In 2021, the average caseload was 127. We adapted our current procedures and forms 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, that number increased to 228 in 2021. Additionally, there were a total of 374 children and families served by the EI program.

Challenges – At the conclusion of 2021, there was a wait list of 42 children for speech services, 13 children for special instruction services, 6 children for occupational therapy services and 9 children for physical therapy service. Service coordinators 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. Service coordinators faced the ongoing challenge of

completing EI and COVID-19 work simultaneously to meet the needs of the community. An empty service coordinator position was difficult to fill due to civil service requirements.

Focus for 2022 –We will work on program requirements to continue to ensure the annual performance measures meet state standards. We will be resuming home visits in the 2nd quarter. 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 EI 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 (CYSHCN)

Summary – 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 4 referrals. There are 4 staff in the CYSHCN program, currently going through training.

Accomplishments - We continue to work 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 and support for our staff. We have provided information and resources to community members, school nurses, guidance counselors, day care providers, 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. 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 2022– 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 12 referrals to the program and 0 home visits were made. The overall number of referrals significantly decreased in 2021, 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. In 2021, two lactation rooms funded by the Community Health Award were set up with one room at each of the following locations: Public Health and Public Safety Building.

Challenges – Due to COVID, our in-home maternal child visits were stopped. We provided education to families over the phone. There was a significant decrease in the number of MCH referrals in 2021, which is believed to be due to the pandemic.

Focus for 2022 – 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 continue to modify MCH forms in order to improve efficiency and allow MCH staff to focus on providing family education and resources.

Preschool

Category	Original Budget	Actual Budget
Personnel	\$123,231	\$132,229
Contractual	\$4,632,199	\$4,166,594
Benefits	\$50,179	\$51,825
Revenue	\$(2,861,184)	\$(1,485,524)
TOTAL	\$1,944,425	\$2,865,124

Summary - Coordinates evaluations, education, remedial and therapeutic services, and transportation to services for children 2-5 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 193 and the average number of students attending the regular school year (Sept-June) was 194. The average number of First Student buses in 2021 was 8 for the extended school year (ESY) and 8 for the school year (SY), in 2020 there were 0 for ESY (due to COVID) and 10 for SY. The average number of parents transporting in 2021 was 5 for ESY and 5 for SY, in 2020 was 0 due to COVID-19 for ESY and 6 for SY. Transportation costs in 2020 were \$406,179 and 2021 were \$423,375. Parent travel costs for 2020 were \$15,399 and 2021 were \$20,757.

Accomplishments – Teletherapy processes established in 2020 continued and new providers were educated on required documentation. 91 preschool students received teletherapy services in 2021, who otherwise would have gone without services, due to COVID-19 concerns and the lack of access to services within the rural setting of St. Lawrence County. Of those, we were able to obtain teletherapy consents and the required documentation for 76 Medicaid eligible students in order to bill for services. We were able to contract with 2 school districts to help provide transportation.

Challenges – NYSED issuance of classroom tuition rates has been delayed due to delayed paperwork submission by school districts and delayed processing by NYSED. Delayed rates impact submission of our AVLs. Another challenge, due to COVID-19, was the constant turnover of students. Parents pulled students from classrooms to obtain therapy services in the home, daycare setting, etc. This would create an opening in the classroom requiring additional meetings; therefore, requiring changes to the paperwork, programs and transportation.

Focus for 2022 – Preschool staff will continue to inquire about the issuing of program rates from NYS SED, in order to process payment, claim AVLs and claim Medicaid. We are pursuing alternative transportation options for the program. Currently, we are working to develop transportation contracts with all school districts. A new proposal will be made for bids for transportation that school districts are unable to provide. We will continue to work to maximize Medicaid claiming as services resume.

Prevent Programs

Overall budget

Category	Original Budget	Actual Budget
Personnel	\$734,149	\$790,257
Contractual	\$457,965	\$448,925

Benefits	\$352,834	\$432,308
Revenue	\$(876,652)	\$(827,019)
TOTAL	\$668,296	\$844,471

Immunizations

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 2021, we administered 537 vaccines in 347 individuals. Of the 347 individuals vaccinated, 191 of them were adults. We provided 110 flu vaccines, 211 VFC vaccines, 325 non-VFC vaccines, and 1 VFA vaccine. Our last clinic for 2021 was on 12/21/21.

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. SLCPH was able to collaborate with local providers to vaccinate 74 students to prevent them from being excluded from school due to their vaccination status. We were able to maintain the cleaning and sanitation protocols for our clinics. The clinic passed the pharmacy inspection in 2021. On August 4, 2021 NYSDOH conducted a COVID-19 Vaccination Program provider site visit audit; this resulted in an excellent review. Another NYSDOH VFC audit was conducted on November 3; no deficiencies were identified. Additional renovations to our clinic waiting room were made, including updates for COVID-19 safety measures that were continually changing due to guidance per NYSDOH.

Challenges - The immunization clinics resumed for back-to-school clinics in July with a newly trained immunization nurse. There continued to be a decline in completed well-child visits and yearly immunizations, due to access to care being limited for extended periods during the pandemic response. Following the increased responsibilities during the pandemic, it was challenging to determine which students risked being excluded from school due to their need for additional immunizations. Due to the pandemic and travel restrictions the travel clinic was not in demand. In the past few years yellow fever was in short supply and only certain travel clinics were identified to provide it. SLCPH was not an identified provider of yellow fever. We continue to refer clients to Albany or Burlington in order for them to receive this vaccination; those referred out have chosen to go to that clinic to receive all their vaccinations.

Focus for 2022 - We will continue to train and work to hire new immunization staff, including an immunization nurse. The COVID-19 vaccine will be administered at our regularly scheduled immunization clinics. 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 2022-2023 school year. Immunization Quality Improvement for Providers (IQIP) will be a priority for the 2022-2023 grant year, requiring education and outreach to the providers identified by DOH. This is a required activity for SLCPH 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. IQIP was to be initiated prior to COVID, and has not been implemented. We will also continue to work towards the beginning steps of re-starting our migrant immunization program. We will continue to monitor the travel clinic immunizations availability to be able to offer this convenience to members of our community.

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 37 children were diagnosed with the following EBLLs: 29 between 5-10ug/dl, 6 between 10-15ug/dl, 2 between 15-20ug/dl, and 0 new cases between 20-45ug/dl.

Accomplishments – Collaboration increased with local providers, NYSDOH District office, NYSDOH Regional office, and the Lead Resource Center due to our significant increase in Blood Lead Level (BLL) cases. New educational outreach was created, including the importance of testing ferritin levels, a half-page 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 lead informational sheets and HUD flyers to their caseload, expanding our reach. All standardized letters and communications were updated to be more informative, with health literacy and engagement as priorities.

Challenges – There were shifts in duties throughout the 2021 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. On average, approximately 96 children are tested each month for lead. However, there was a decrease during the last three months of the year to approximately 82. Throughout the year, a total of 1,355 lead tests were conducted for children of ages one and two years old. St. Lawrence county testing rates in 2021 for all 1 year olds are at 45% and for all two year olds are 52%.

Focus for 2022- 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 parents and presentations to providers. We will also provide education to providers on the importance of doing a yearly lead risk questionnaire 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 educational materials were updated and re-vamped. HUD program postcards continue to be sent to all children who get a lead test at their well-child check, approximately 30-40 postcards are sent out on a weekly basis. HUD Program postcards are also sent to our Early Intervention program caseload. The HUD program continues to be advertised on our Facebook page, reaching upwards of 3,000+ people per month. Bus wraps continue to spread awareness of the program. The New York State Department of Health continues to provide education about the program while doing their environmental investigations.

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.

Focus for 2022 – We will continue to promote the HUD program, utilizing local sources of advertising including social media. We will continue education efforts on the dangers of lead poisoning.

Rabies

Summary - This program monitors animal bites, rabies exposures and post exposure treatment. There were 288 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 1,487 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 4 years. All rabies clinics were by appointment in 2021. 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 been streamlined by cutting out paperwork; it is all electronic now and can be easily viewed and printed. Using the NYS Counter Measure Data Management System (CDMS) allows for the community to utilize the state site used during Points of Dispensing (PODS). 18 rabies clinics were held; 2 by Public Health and 16 by towns. Continued coordination with the hospitals occurred for rabies post exposure treatment and billing.

Challenges – Continuing to provide conversations and planning with towns was necessary to utilize the pre-registration process, some towns were concerned with changing the process they were used to doing and using the computer for pre-registration.

Focus for 2022- We are restructuring our internal staff due to staffing issues, including on-call personnel. We will continue to utilize CDMS and require the towns to participate to streamline the process. We will work to recruit more towns to provide clinics to get back to 2019 levels. We will provide training for the towns on the state site to assist them with the process. We continue to work with the hospitals to facilitate coordination of 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. We continue to reach out to high risk populations this year to offer STD testing, treatment and vaccinations for Hepatitis A and Hepatitis B. We continue to have a

strong collaboration with the NYSDOH regional office in assisting clients or contacts with testing and treatment. In 2021 there were 277 cases of Chlamydia reported, 35 cases of Gonorrhea and 4 cases of Syphilis.

	2021	2020	2019	2018	2017
CHLAMYDIA	277	242	308	313	250
GONORRHEA	35	28	24	41	21
HEP A ACUTE	2	1	2	0	0
HEP B ACUTE	0	2	3	0	0
HEP B CHRONIC	16	7	7	9	9
HEP C ACUTE	3	3	3	4	7
HEP C CHRONIC	86	64	118	117	135
SYPHILIS	4	5	7	10	5
TOTAL	423	352	472	493	427

Accomplishments – We held 4 STD clinics during the last 5 months and screened 5 people for sexually transmitted infections. We continued to provide access to treatment for clients who were unable to afford it or were a contact to an STD and needed Expedited Partner therapy (EPT). Presentations on EPT were provided to community providers and college health centers. We received \$34,000 for our Year 9 Incentive Program as we had a score of 100 completing all required components.

Challenges - As COVID-19 numbers increased, staff was limited in the ability to hold STD clinics. Clients were able to be referred to the Community Health Center of the North Country, Planned Parenthood or Urgent Care if they were experiencing symptoms. 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.

Focus for 2022- New treatment guidelines were implemented by NYSDOH for gonorrhea in 2021. With the increase in STDs 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. Nationally we are seeing an increase in Syphilis. We will continue to work with targeted high risk populations to provide access to care. We are increasing our advertising to try to increase the number of people utilizing our services. Continue to promote Hepatitis B, Hepatitis A and HPV vaccinations at the clinics. If we are unable to increase our numbers, we will be looking to partner with Planned Parenthood for services.

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-driven 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 - Despite COVID-19 and its resulting challenges to accomplish all work, the Bridge to Wellness partners managed to achieve several milestones in 2021. The Bridge to Wellness Coalition met 9 times, with an average of twenty partners attending each meeting. In 2021, 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 – 7; chronic disease self-management education – 15; diabetes self-management program – 15; diabetes prevention program – 28.

The coalition and its partners implemented several interventions that impact the goal to increase skills and knowledge to support healthy food and beverage choices, and the objective to increase the percentage of adults who buy fresh fruits and vegetables in their neighborhood. Efforts in the community included the following programs: Senior Squad, No Kids Hungry, Fruit & Vegetable Rx, Self-Management programs supporting the goals and objectives, \$25 Feeds Five, and additional collaborations targeting smaller populations in need.

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 2022 - 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. The designated staff member will actively participate in the development of the 2023-2025 Community Health Improvement Plan (CHIP). We will attempt to coordinate with Social Services for Medicaid numbers to help share our CHIP.

Opioid Response Grant

Summary – The SLC Public Health Department was awarded \$75,000 for a three year grant, ending in August of 2022. Goals have been focused on obtaining overdose data from ER’s, EMS and Law

Enforcement using the ODMAP system; 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.

Accomplishments – We continued to provide education regarding Narcan/how to get Narcan Trained, and what the Good Samaritan Law is through our PSA campaign with local TV and radio stations. We provided an additional MAT training session for 8 providers. Utilization of the OMDAP surveillance system continued. We launched the Partners 4 Substance Use Prevention website. We held an in-person event titled “A Night of Community Connection and Hope” that featured Tony Hoffman and his road to recovery, while treatment and recovery agencies provided Narcan training and education on the services they provide. Partners 4 Substance Use Prevention Coalition meetings were held virtually. Trauma-Informed Care training was provided to St. Lawrence County Correction Officers. Digital kiosks were purchased and placed at SLC DSS, SLC Human Services Center, two Kinney Drug pharmacies to provide education regarding harm reduction, Narcan, community events, and services treatment and recovery agencies provide. Harm reduction kits (Narcan, Fentanyl Test Strips) were purchased and provided to SLC Addiction Services and The Valley Recovery Center to provide to clients.

Challenges - COVID-19 disrupted many planned in-person training 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 members at training, and coalition members during meetings.

2022 Focus – We will continue expanding community awareness of the Partners 4 Substance Use Prevention Coalition and activities associated with the OD2A grant through the P4SUP Coalition website and Public Health social media platforms. We will also be working to promote many St. Lawrence County treatment and recovery resources within the community through PSAs featuring the agency(s) that directly provide services. Increasing collaboration with organizations to obtain overdose data from all sources (ERs, EMS, and Law Enforcement) will be another top priority. We will continue marketing Narcan training and providing education to the community regarding the Good Samaritan Law. Bridges out of Poverty Training will be provided to community agencies working with at-risk clients, social services workers, and school staff members. Lastly, we plan to deploy Naloxboxes throughout all County buildings and continue to provide harm reduction supplies to treatment and recovery agents to provide to clients.