

Our Agency's Motto:

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

-John Wesley



Dedicated to Joan Grishkot

February 10th, 1942 – July 8th, 2021

We thank you for your contribution to our agency’s Homecare and Public Health programs, the nursing profession, local charitable organizations and the community. Your dedication to Warren County Health Services will never be forgotten.

July 1st is named “Joan Grishkot Day” as Joan served as the County’s 1st Director of Public Health and Patient Services.



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Warren County Health Services is
Pleased to present the Annual Report for the Year 2021

VISION:

Healthy People in Healthy Communities

MISSION:

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

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

GOALS:

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

WARREN COUNTY HEALTH SERVICES TEAM

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

Jeannette Arends	Donna Cooke	Deanna Lebel	Kristen Phinney
Sarah Arnold	Florence Converse	Julie Madison	Patricia Rabine
Dexter Baker	Tara Cote	Daniell Martin	Jennifer Rahl
Shauna Baker	Diane Decesare	Jamie Martin	Cassandra Rausch
Jackie Barney	Marie DeLorenzo	Janel Martinez	Lisa Reiter
Alexandra Belden	Tawn Driscoll	Erik Mastrianni	Deborah Rotolo
Patricia Belden	Cathy Dufour	Karen Mattes	Michael Schrammel
Cheryl Bellizzi-Sharron	Dan Durkee	Christie McAvey	Jignasha Shah
Craig Briggs	Nedra Frasier	Robin McLaughlin	Kassandra Smith
Jodi Brynes	Diana Gillis	Laura Monroe	Donald Stack
Debbie Burke	Darian Granger	Lisa Morton	Shannon Stockwell
Diane Caldwell	Dana Hall	Brett Moulton	Lindsay Swan
Kathleen Callaghan	Crystal Harrington	Mary Murphy	Susan Sylvia
Georgene Carpenter	Tammy Harvey	Patty Myhrberg	Alizah Tariqu
Gwen Cameron	Sara Hettel	Jolie Navatka	Jamie Taylor
Beth Clark	Ginelle Jones	Emma Nelson	Debbie Toolan
Cathy Cloutier	Sue Kerr	Maureen O'Brien	Valerie Whisenant
Jamie Clute	Emily Lalone	Bethany Paquette	Diedre Winslow
Olivia Cohen	Erin Langworthy	Nancy Parsons	Maxine Zwartkay

I am honored to be their colleague

COVID RESPONSE

Thank you to the following individuals who were hired and worked for Warren County during the height of the COVID pandemic. Their duties ranged from contact tracing, delivering isolation and quarantine orders, checking on community members, helping with vaccination appointments/clinics, data entry, and support as needed.

We would also like to thank the numerous volunteers who stepped up when we needed a hand. In less than 24 hours, 55 volunteers took the Johns Hopkins Contact Tracing Course. Toward the end of the pandemic, over 100 volunteers took the course and offered to be available as needed. The Warren County Community was extremely supportive of pandemic response and contributed to the success of the pandemic response!

Amber Aurilio	Scott Jones
Alexandra Belden	Erin Langworthy
Olivia Brynes	Brianna LaPlant
Kathleen Callaghan	Deanna Lebel
Cole Carpenter	Emma Nelson
Georgene Carpenter	Jean Perry
Beth Clark	Jennifer Rahl
Olivia Cohen	Lisa Reiter
Cole Crotty	Michael Schrammel
Pete Crotty	Kassandra Smith
Marie DeLorenzo	Shannon Stockwell
Peter Derway	Shannon Sutherland
Tammy Harvey	Susan Sylvia
Jackie Hogan	Alizah Tariq
John Jones	



HEALTH SERVICES COMMITTEE

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

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

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

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

Warren County Board of Supervisors
Health Services Committee Members

Edna Frasier, Chairwoman, Hague

Ronald Conover, Bolton
Peter McDevitt, Glens Falls
Andrea Hogan, Johnsbury
John Strough, Queensbury

WARREN COUNTY HEALTH SERVICES 2021 ANNUAL REPORT

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

It may also serve as a resource document to:

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

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

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

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

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

This report covers efforts and services for the past 3 years (2019-2021). In March of 2020, the Covid pandemic reached Warren County and many programs were suspended due to pandemic restrictions and covid response. Although programs were suspended, anyone presenting with needs were provided assistance as appropriate.

Our staff and contractors spent incredible effort promoting and protecting the health and safety of the community as we lead the Covid Pandemic Response effort. Warren County demonstrated a solid and collaborative response. Staff worked until the job was done, demonstrating care, concern, compassion, and dedication.

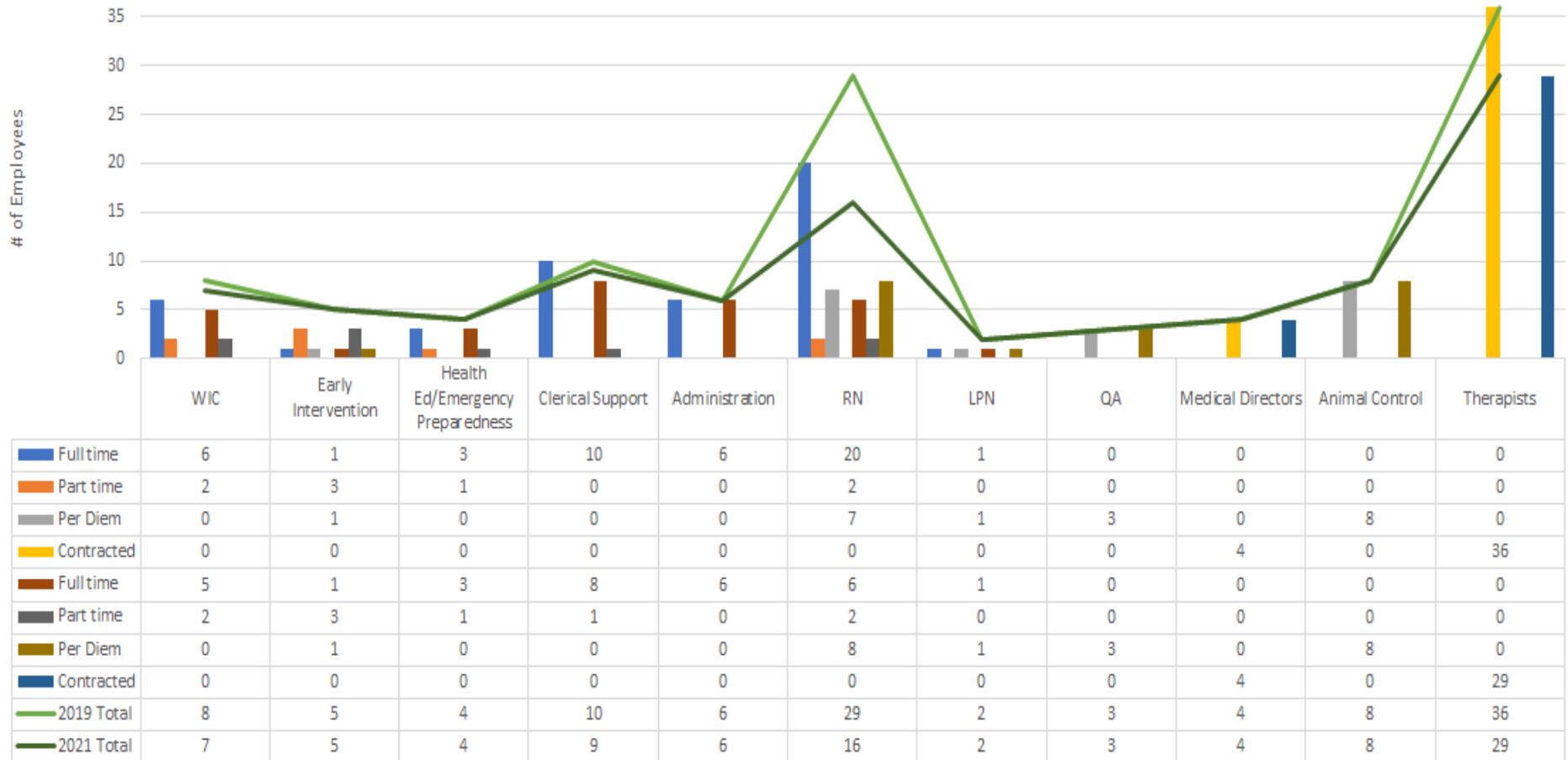
PROFESSIONAL ADVISORY COMMITTEE

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

Hillary Alycon - Glens Falls Hospital - Mgr. of Infection Prevention and Control
Sara Arnold - Warren County Health Services -Communicable Disease Program
Patricia Auer – Consumer
Paul Bachman MD – Public Health Medical Director
Stephen Bassin – Doctor of Physical Therapy
Patricia Belden – Asst. Director of Public Health
William Borgos MD – Certified Home Health Agency Medical Director
Sara Deukmejian – ARHN Coordinator, Adirondack Health Institute
Tawn Driscoll – Warren County Health Services, Fiscal Manager
Joseph Dufour – FNP, Irongate Family Practice
Daniel Durkee – Warren County, Sr. Health Educator/Emergency Preparedness Coordinator
Joan Grishkot – BSN, MHA
Christian Hanchett – Warren County – Commissioner of Social Services
Donna Healy – SUNY Adirondack – Prof. of Nursing/Health Sciences Division Chair
Susan Hughes – Dir. Community Maternity Services
Ginelle Jones – Director – Warren County Health Services
Richard Leach MD – Medical Consultant for Infectious Diseases
Richard Mason, Community Member
Erik Mastrianni – Warren County – Children With Special Needs Program Manager
Deanna Park – Director – Office of Aging
Nancy Parsons – Warren County Health Services – Immunization Program
Valerie Whisenant – Asst. Director – Warren County Health Services
Julie Smith – Dir. Patient Services – Greater ADK Home Health Aides
Rob York – Dir. of Community Services – Warren & Washington Counties

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

Employment 2019-2021



***During the year of 2020, there were an additional 24 staff hired to assist in the COVID pandemic relief efforts
There were 115 employees as of 2019 and 92 during 2021 (excluding the 24 additional staff hired for COVID relief efforts)**

BUSINESS ASSOCIATES CONTRACTED IN 2021 FOR THERAPY SERVICES

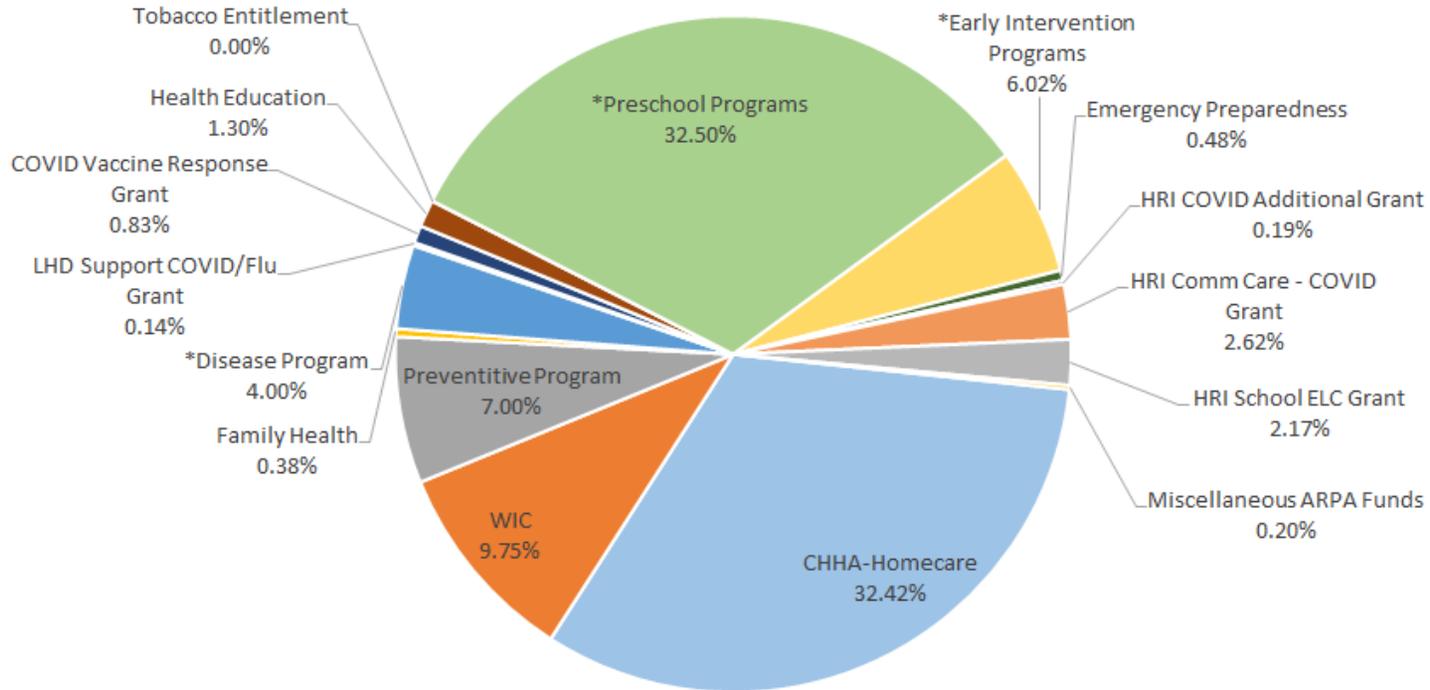
Juliet Aldrich ST
Stephen Bassin PT
Wendee Basinger OT
Heidi Bohne ST
Sara Bush ST
Beth Callahan PT
Diedre Convery-Bernard ST
Stacie DiMezza ST
Linda Donnaruma OT
Colleen Dowing PT
Kathleen Frasier PT
Robert Gautreau PT
Debora Gecewicz ST
Dorothy Grover PT
Cheryl Hoffis ST

Alyssa Keegan OT
Ellen Kirker PT
Melissa Kenison-Rose OT
Mindy LaVine ST
Kimberly Lawson PT
Mieka LeClaire Lundy ST
Lindsey Maresca OT
Jamie Martin RD
Jesse Matteson OT
Christine McGlaufflin ST
Catherine Meehan PT
Sara Nelson ST
Emily Russom OT
Jean Szachacz ST
Jennifer Wood OT

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

Source: Budget Performance Report as of 12/31/2021

2021 Expenditures by Program



Total Expenditures: \$9,864,349.42

*Mandated Programs account for 42.52% of total expenditures (Disease Program, Preschool Program, And Early Intervention)

Source: Budget Performance Report as of 12/31/2021

WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS
REVENUE AND EXPENDITURES FOR 2021

EXPENSES	2021 BUDGETED	2021 YTD ACTUAL	2020 Prior Year Totals
Salaries - Regular	\$2,665,375.44	\$2,253,568.55	\$2,282,599.40
Salaries - Overtime	\$187,947.00	\$155,258.31	\$155,260.24
Salaries - Part Time	\$671,263.13	\$533,265.12	\$376,208.79
100's PERSONAL SERVICES	\$3,524,585.57	\$2,942,091.98	\$2,814,068.43
200's EQUIPMENT	\$153,002.52	\$69,942.71	\$61,278.50
400's CONTRACTUAL	\$6,786,128.49	\$5,557,847.08	\$5,358,402.78
800's EMPLOYEE BENEFITS	\$1,515,923.06	\$1,294,467.65	\$1,339,421.44
TOTALS	\$11,979,639.64	\$9,864,349.42	\$9,573,171.15

REVENUES	2021 BUDGETED	2021 YTD ACTUAL	2020 Prior Year Totals
	\$9,509,510.71	\$7,185,081.36	\$7,383,780.29
Impact to County	(\$2,470,128.93)	(\$2,679,268.06)	(\$2,189,390.86)

In 2021, Total Personal services were down \$582,493.69 or 16.52% from Budget and \$128,023.55 or 4.55% up from 2020 Salaries. Employee Benefits were also down from budget \$221,455.41 or 14.60% and \$44,953.79 or 3.35% down from 2020 expenses. These savings have been primarily due to loss of staff in the Homecare Division. Salaries also were down in Family Health because due to the Pandemic, we were not seeing any infants or mothers at that time. The Family Health nurse fully dedicated her time to Contract Tracing for the County. Also to note, there is a decrease in Full time Salaries however a large increase in part time salaries and per diem staff utilized for COVID clinics and Public Health Assistants used for Contact Tracing. These positions do not have health or dental benefits . Also the Retire Health insurance has reduced for the year.

Contractual expenses were below budget by \$1,228,281.41 and up \$199,444.30 from 2020. Due to the Pandemic, Health Services has received Grant funding for certain Covid related expenses. These grants did assist in offsetting added expenses related to COVID activities such as Salaries and fringe for added staff needed for clinics and contact tracing along with extra PPE such as masks, gloves, gowns needed for staff and patients.

To also keep in mind, in 2020 due to COVID, many services /schools were shut down and there was no transportation for children for the Preschool and Early Intervention programs. Therefore from April to August 2020 no expense was accrued for transportation however children were being serviced via telemonitoring. In September 2020 transportation did resume some but many still chose to keep their children home for services. Therefore in 2020, transportation costs were lower and resumed in 2021 and a much high "pandemic" rate.

Revenues did come under budget for 2021. The Home Care Division made up most of this reduction in revenues from 2020 to 2021. Our Home Care division decreased in revenues due to competition from other agencies and loss of staff. With less staff we were unable to take as many referrals, therefore less revenues. There were no children being seen 2021 and most of 2020 in the Family Health program , therefore those revenues were lost along with no clinics for Rabies, Immunizations and the Travel clinic, again reductions in revenues. Within our Preschool program, while we have been greatly increasing our Medicaid revenues, due to less expenses for transportation for example, we received less revenue reimbursements at 59.50% from the State.

WARREN COUNTY POPULATION

Source: NYSDOH Statistical Data

BIRTHS AND DEATHS IN WARREN COUNTY

**STATISTICAL INFORMATION
COMPARISON TRENDS**

	2017	2018	2019	2020	2021
Births	529	534	521	480	512
Deaths	647	624	631	689	744



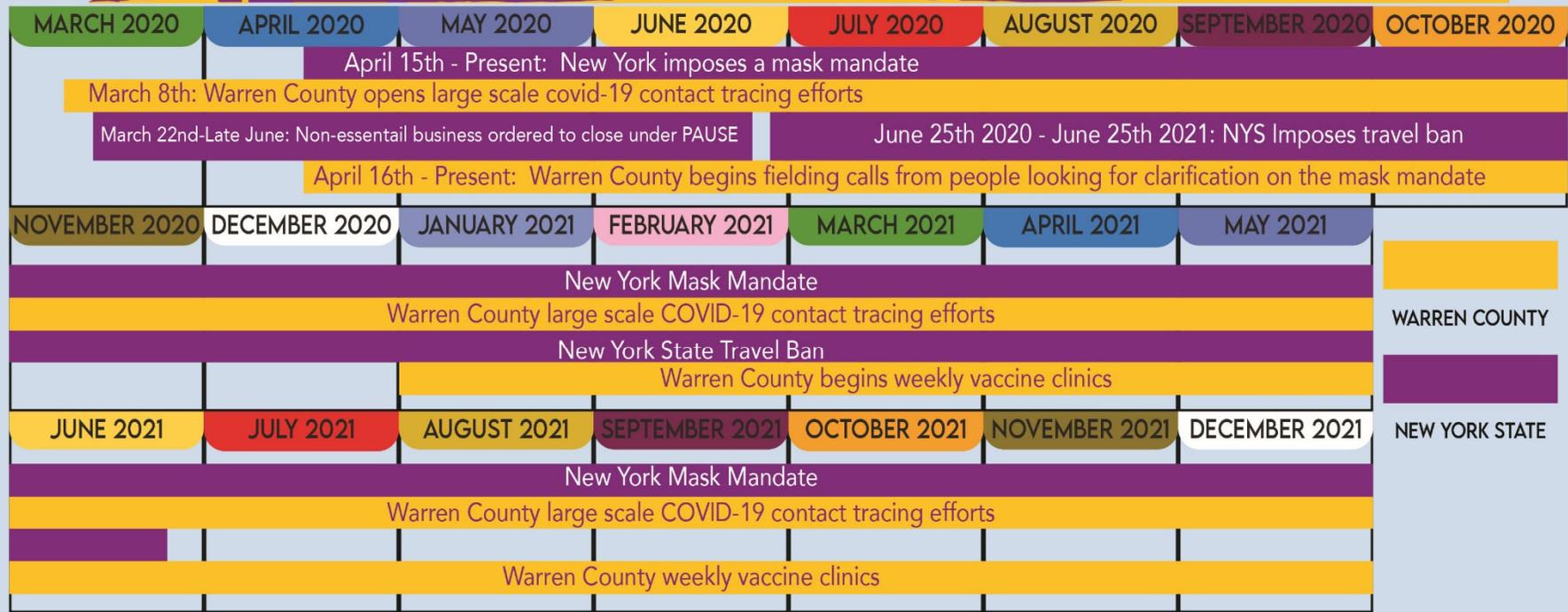
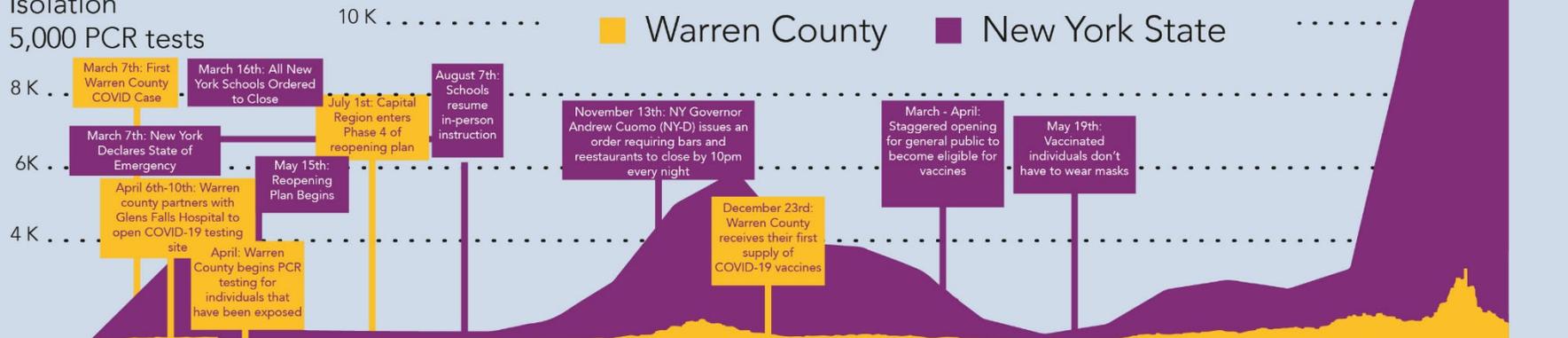
Public Health
Prevent. Promote. Protect.

Warren County Health Services
Division of Public Health

2019 - 2021: THE TIMELINE OF COVID 19 WARREN COUNTY NY PUBLIC HEALTH

9,472 Confirmed Cases
 10,000 Vaccines
 142 Executive Orders
 Over 17,000 in
 Quarantine and
 Isolation
 5,000 PCR tests

ACTIVE CASES OF NYS AND WARREN COUNTY



COVID IMMUNIZATION CLINICS

COVID vaccines clinics were started on January 2, 2021. Prior to starting these clinics, we were required to register as a COVID Provider through New York State NYSIIS program. Once approved we were eligible to order vaccines. Initially we ordered Moderna vaccine due to the complexity of storing the Pfizer vaccine. The amount we were ordering was to be based on the amount we could administer in a week's time. This was a challenge and so we started the process of holding 3 clinics per week for 2 hours each clinic. With the cooperation of DSS we set up 6 stations in the HHS conference room and hired and credentialed several school nurses as per diem staff, used health services ancillary staff, not to mention a huge number of volunteers who offered to help at our clinics. We were administering approximately 200 doses per week. We followed the guidelines set forth for Public Health Offices by NYS DOH and the Governors Office for vaccinating designated populations only. We worked cooperatively with SUNY Adirondack and Queensbury Community Center to host large clinics for Warren and Washington County populations. We held clinics for OPWDD population, local businesses, at town halls, schools (including colleges), local outdoor summer events.

Throughout the year we started ordering Pfizer vaccine in cooperation with the GFH Pharmacy to use their Ultra Cold Freezer for vaccine shortage. We ordered Janssen vaccine to help vaccinate the homebound population. We received help for administering vaccines to homebound patients from the EMS from Bolton Landing, Glens Falls and West Glens Falls Fire departments.

We were responsible for transporting vaccines to nursing homes, doctors' offices, Warren County Jail and other counties Public Health Departments all in an effort to get as many people as possible vaccinated.

In total for 2021, we held 462 clinics giving approximately 10,000 doses. We are continuing to hold clinics to vaccinate any person eligible.

PUBLIC HEALTH SERVICES

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

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

10 ESSENTIAL PUBLIC HEALTH SERVICES:

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

PRENATAL PROGRAM

SUMMARY OF SERVICES

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

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

MOMS Program utilizes an electronic record. Charting is done on-site making this information up-to-date which will facilitate communication with clients and network collaborating agencies. Reports and data are accessible and useful for the QA process and client-targeted education.

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

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

Program Goals: (1) To target smoking in prenatal clients and offered referral to smoking cessation program. Mental health assessment for Depression is also in place. The maternal child health nurses have worked hard to develop assessment plans, care plans, and community plans to address and assist clients that smoke. (2) To target substance abuse in prenatal clients and coordinate care with collaborating agencies involved with prenatal clients. Warren County's Community Health Improvement Plan 2019-2022 addresses chronic disease and mental health.

PRENATAL PROGRAM DATA

	CLIENTS REFERRED (UNDUPLICATED COUNT)	PRENATAL HOME VISITS MADE	TOTAL BIRTHS*	TEEN PREGNANCY TRENDS (ENDING IN LIVE BIRTHS) <18YRS OLD*
2017	52	24	529	5
2018	67	25	534	5
2019	40	33	521	3
2020	16	8	480	4
2021	11	0	512	1

*Total Births and Teen Pregnancy numbers come from AMC Medical College for total numbers for Warren County Residents

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

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

~Referral numbers were at a decline due to the COVID 19 Pandemic that entered our county in March of 2020. Contact was made with the referrals we did receive by telephone or by letter and education was provided by phone.

Women Infant and Children Program (WIC)

2019, 2020, 2021

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

October 1, 2020 marked the beginning of the fifth year of the five-year 2015 contract between the WIC, USDA, NYS DOH and sponsoring agencies and during the year 2021 Warren County Public Health reapplied for the USDA grant. If awarded, this will fund the WIC program for another 5 years, the agency is expected to receive news of the grant in October 2024. The fiscal year of 2023 will be covered by an extension of the 2015 contract. Typically, there are nine WIC clinics held throughout Warren County each month, located in Lake George, Glens Falls, Queensbury, Lake Luzerne, Warrensburg, North Creek and Horicon. Appointment hours span from early morning to evening depending on the clinic and appointments are also available Monday-Friday from 8 am-4 pm at the Municipal center as needed. The Warrensburg remote clinic site was moved from the Cornell Cooperative Extension building to the new Hudson Headwaters Health network building in order to improve participant access to services. However, during the 2020-2021 year, all appointments were conducted remotely over the phone in order to protect the immunocompromised WIC population being served from exposure to COVID 19. Appointments continue to be remote at the present time.

The NYS DOH determines the yearly WIC budget based on a target population of 1,500 participants or less. During the FFY20 year Warren County WIC served an average of 2,995 participants and in 2021 WIC served an average of 2,788 participants. WIC caseload was down statewide in FFY20 and FFY21 for a variety of reasons, including the pandemic SNAP and financial aid increases, difficulty of reaching participants for remote appointments during the COVID 19 pandemic and lack of public transportation which hinders the ability of participants to get to the grocery store. Additionally, the nationwide formula shortage made it difficult for participants to redeem their benefits.

The online information management system (NYWIC) and an electronic benefit system (eWIC) were fully up, operational and in use during FFY20 and FFY 21. NYWIC was rolled out in October 2018 and has received an extremely positive response from both participants and WIC employees alike. The presence of WIC online has allowed Warren County to more efficiently serve those at satellite clinics as less equipment is required to run clinics, and less physical storage space is needed for participant records. Additionally, the eWIC cards participants now use to purchase groceries at the store have led to a faster shopping experience, less stigmatization at the store and a more convenient utilization of benefits. Participants are now able to buy single items at a time with the card, as opposed to all items listed on the check at once. The WIC2GO application (App) for smartphones is also available for participants to download, an easy way for participants to check remaining benefits left on the card, determine which items at the store are WIC approved and view their next appointment times. All of this is geared towards making the WIC shopping experience easier for participants and increasing the retention and expansion of the WIC caseload. The system was constantly being updated and improved in FFY20 and FFY 21 to ensure that the platform becomes more efficient and reliable with each coming year. The NYWIC system also made it easier to conduct WIC clinics and appointments remotely during the pandemic as well as remotely issue participants benefits, which helped keep participants, who are largely immunocompromised, safe and healthy by limiting exposures to COVID 19.

Site	Approximate Average Percentage of Participants per Site 2019	Approximate Average Percentage of Participants per Site 2020	Approximate Average Percentage of Participants per Site 2021
Village Green Apartments- Glens Falls	15%	14%	12%
Main Site- Warren County Municipal Center	24%	37%	36%
North Creek Fire House- North Creek	4%	4%	4%
Horicon Community- Brant Lake	4%	2%	4%
Hudson Headwaters Health Building- Warrensburg	8%	7%	8%
Lake Luzerne Community Center- Lake Luzerne	5%	4%	5%
VFW Post #6169- Queensbury	18%	12%	10%
United Methodist Church- Queensbury	5%	6%	6%
First Baptist Church- Glens Falls	19%	14%	14%

*WIC has replaced the Cornell Cooperative Extension with Hudson Headwaters Health Building

The focus areas of Warren County WIC in FFY20 were increasing the initiation rate of breastfeeding moms and the child (ages 1-5) initiating more community outreach to increase program participation and refining the high-risk care provided to participants within the Warren County WIC agency. Frequently moms meet with barriers at home and work which prevent them from even attempting to breastfeed, and many participants stop attending appointments after they stop receiving formula. They are not taking advantage of the nutritious selection of foods provided to children ages 1-5 in the program. In order to address these issues, the agency implemented a variety of strategies. Normally the agency participates in the “Big Latch On” a national event geared towards providing breastfeeding mothers on the program with a supportive community. COVID 19 prevented participation in this event in FFY20 however the agency tabled at the local current and past breastfeeding mothers, our WIC breastfeeding coordinators and representatives from various outreach agencies from the community. To further provide support for breastfeeding mothers, a Breastfeeding Peer Counselor was hired, breast pumps are on hand to be issued to those who require them, WIC has increased outreach to Glens Falls Hospital (the Snuggery) and a breastfeeding blog is being created to foster a sense of community between WIC participants who breastfeed. To increase the child retention rate cards were given to children at their 1-year appointment and calls were made to remind participants of 1-year appointments. Overall, increases in both goal areas were seen with the breastfeeding initiation rate jumping from 71.2% FFY18 to 73.7% and the

child participation rate increased over 3% over the course of FFY18. In the interest of increasing enrollment and breastfeeding support, Warren County WIC will be focusing on expanding outreach within the community and breastfeeding initiation rates in FFY19.

The focus areas for FFY 21 were increasing the amount of participant anthropometric measurements received from Health Care Providers and increase the quality of staff documentation in the NYWIC system. Due to the remote nature of clinics in 2021 and 2022, it was imperative that measurements needed to monitor participant health be obtained from health care providers in a more expedient and efficient fashion. New referral forms were created to streamline this process during the two-year pandemic period. In the year 2021 only 15% of the forms sent out to Health Care Providers were returned, however Warren County WIC continues to promote these referral forms and hopes to increase this number in fiscal year 2022. These forms are being actively promoted by the agency through email, personal calls to the Health Care Providers and the postal service. Though the usage of the forms is not as high as hoped initially, positive feedback regarding these forms and how easy they are to use has been received back from various pediatric offices. Because NYWIC notes were one of the only forms of monitoring participants so thorough documentation became a high priority. Staff participated in numerous trainings and underwent various quality checks by the state and WC coordinator to help foster improved documentation and note writing practices.

This branch of WIC works with numerous agencies throughout the area in effort to provide resources and referrals to participants. Included in this list are the WCHS Maternal-Child Health program, Fidelis Cares, MVP, Cornell Cooperative Extension Parent Ambassador Coalition, NYS Breastfeeding Coalition, CDPHP, SNAP, RSVP, the GFH Smoking Cessation program, the Warren-Washington Head Start Program, Cornell Cooperative Extension, Planned Parenthood, Child Protective and Preventative Services, BOCES, the Glens Falls Farmers Market, food pantries in the area and numerous others. By collaborating with these agencies, WIC creates a “One Stop Shop” environment tailored towards participants who have limited time, transportation or knowledge of services in the community and allows them have access to a variety of services while at their WIC appointments. Recently the number of insurance agencies working with Warren County WIC has increased from just one to three, providing even more options to participants and more access to the resources of Warren County. WIC has also been participating in and developing various health awareness campaigns remotely throughout the pandemic including running a remote video recipe program and sending home lunchboxes, toddler utensils and other incentives that are easy to mail. When clinics are in person WIC provides toothbrushes for Children’s Dental Health Month, measuring cups for National Nutrition Month and many more items throughout the year. These educational items are accompanied by corresponding educational displays and handouts developed by staff. Additionally, when clinics are in person, WIC also provides a student learning environment for nursing and dietetic students from SUNY ADK, Empire State College and Russell Sage College.

Warren County WIC is fully funded by a grant from the USDA.

MATERNAL CHILD HEALTH PROGRAM

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

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

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

SUMMARY OF SERVICES

YEAR	TOTAL BIRTHS	NEWBORNS REFERRED	POSTPARTUM CLIENTS REFERRED	HEALTH SUPERVISION CLIENTS REFERRED	TOTAL HOME VISITS	PREMATURELY BORN INFANTS (less than 35 weeks gestation)	% Births Less Than 35 Weeks Gestation
2017	529	345 (3 Twins)	341 (288 breastfeeding) (64 Primary CS) (36 Repeat CS)	16	248	31	5.9%
2018	534	301 (4 Twins)	295 (253 breastfeeding) (65 Primary CS) (39 Repeat CS)	16	226	30	5.6%
2019	521	324 (5 Twins)	319 (272 breastfeeding) (79 Primary CS) (31 Repeat CS)	15	138	27	5.2%
2020	480	212 (4 Twins)	209 (174 breastfeeding) (48 Primary CS) (23 Repeat CS)	1	21Visits 209 Letters	13	2.7%
2021	512	93 (No Twins)	93 (67 breastfeeding) (33 Primary CS) (6 Repeat CS)	3	0 Visits 71 Letters	23	4.5%

40 weeks is considered a full term pregnancy. Referral numbers indicate unduplicated numbers referred to the program. Telephone contact only may have been made to some clients, while others may have received more than one home visit. A telephone interview tool is utilized to assure that uniformity is promoted and all the same information is allocated when determining the need for visit. Warren County received a total of 7 referrals for women under the age of 18 who delivered infants 2019 through 2021(see below for numbers).

- 2019- 4 referrals received which was .01% of pregnancies referred.
- 2020- 3 referrals received which was .01% of pregnancies referred.
- 2021- 0 referrals received.

~Referral numbers were at a decline due to the Covid 19 Pandemic that entered our county in March of 2020. Contact was made with the referrals we did receive by telephone or by letter and education was provided by phone.

LACTATION COUNSELING PROGRAM

The national goal of breastfeeding is to have breastfeeding rates to 82%, “ever breast-fed” to 61% at 6 months and 34% at 1 year and up. Exclusive breastfeeding goals are set for 44% by 3 months and 24% at 6 months.

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

2017	341	288	85%
2018	295	253	86%
2019	319	272	85%
2020	209	174	83%
2021	93	67	72%

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

SYNAGIS ADMINISTRATION PROGRAM

(For the Prevention of Respiratory Syncytial Virus)

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

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

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

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

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

Synagis Administration Data

	Injections Given
2016	18
2017	7
2018	21
2019	18
2020	3
2021	0

* Due to the COVID pandemic this program was not utilized by the community and no referrals were received.

CHILD FIND

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

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

YEAR	CHILDREN SERVED
2017	85
2018	92
2019	93
2020	50
2021	42

	2019	2020	2021
New Admissions	51	21	31
Developmental Screenings Completed	89	37	45
Referrals to EI Completed	19	17	14
Discharged With Normal Development	23	9	10

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

EARLY INTERVENTION PROGRAM

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

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

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

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

EARLY INTERVENTION SERVICES

Speech Therapy
Occupational Therapy
Assistive Technology Devices and Services
Group Developmental Services
Nursing Services
Respite Services
Audiology

Physical Therapy
Special Instruction
Social Work
Parent Counseling + Training
Nutrition Services
Vision Services
Psychological Services

Eligibility

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

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

- Physical Development
- Cognitive Development
- Communication
- Social or Emotional Development
- Adaptive Development

EARLY INTERVENTION COSTS

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

EARLY INTERVENTION STATISTICS

	2017	2018	2019	2020	2021
Referrals Received	166	151	157	117	138
Children Served	221	235	245	161	180
Dollars Received From NYS	\$249,095.07	\$208,435.87	\$263,139.09	\$169,984.28	\$53,674.83
Dollars Received From Medicaid	\$43,313	\$35,007	\$32,657	\$28,139	\$6,370
Dollars Received from Escrow	\$25,673	\$43,671.40	\$37,745	\$2,305	\$78
Dollars Received From EI Grant	\$24,644	\$24,644	\$24,644	\$24,644	\$19,678
Dollars Received From Private Insurance (For EI Svc Coord Only)	\$0	\$0	\$0	\$0	\$0
All Expenses Before Reimbursement	\$721,298.85	\$839,449.01	\$805,206.57	\$526,256.07	\$593,667.29
Amount of Expenses Appropriated (budgeted, total-amended numbers)	\$748,525	\$861,962	\$815,083	\$724,411	\$629,821.21
Expenditures For County After Reimbursement Received	\$378,573.78	\$527,690.74	\$447,021.48	\$301,183.79	\$513,866.46
Average Cost to County Per Child Served	\$1,713.00	\$2,245.49	\$1,824.57	\$1,870.71	\$2,854.81
Births in County	529	534	521	480	512

Source: General Ledger Journals and cash journal for 1/1/19-12/31/21

Note: The EI Escrow account, established 4/1/13, continues to be a working system. Vendors are first paid directly by Insurances and Medicaid and then the balances are paid through the Escrow account which is then paid by the County. Expenses will now reflect only the net amount paid from this Escrow account and any internal charges that the county approves for payment. This is a mandated program. The cost per child has gone up to \$2,854.81 for 2021. It should be noted, cost per child is skewed because the calculations are based on actual cash received throughout the year and expenses noted on the General Ledger for the year. Since costs are up and funds received down for 2021, the cost per child has increased. Expenses have increased more in 2021 primarily with the cost of transportation. Due to the Pandemic, EI children were not bussed from April 2020 until February 2021. It should be noted the transportation company requested a “Pandemic” rate for all children. At this time we are still considered in a Pandemic and once we are no longer the rates will drop slightly. Our expenses and cash received in general have dropped due to the fact that many EI Escrow payments are made throughout the year directly to some vendors. Warren County no longer receives payments by insurances for other vendors, only for Warren County therapists and primary Medicaid for Service Coordination. Warren County is also a vendor and will get paid directly by insurances, Medicaid and also paid through the Escrow. However, the revenue for the therapists contracted through Warren County Home Health Care (CHHA) division, is reflected through the CHHA, while expenses paid through the escrow goes through EI and is billable to the state. Cash received in the year is directly deposited to the CHHA for services related to the therapists paid through the CHHA. The cost per child served will vary depending upon the reimbursement potential for each individual. Dollars received are based on actual cash in for the year, not revenues booked. Beginning 2015, we have reflected the cash received by both the Escrow account and also from the EI Administration Grant. These monies also help offset the cost per child. Warren County is able to bill the state for 49% of the total costs for services given.

Committee on Preschool Special Education (CPSE)

Children 3-5 Years Old

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

Following the evaluation, the CPSE meets to discuss results, determine eligibility, and address the child's needs. A representative from Warren County attends all CPSE meetings as a member. Recommendations for services are made at that time if eligible. All eligible children are identified as a "Preschool Child With a Disability". Specific classification does not occur until the child is school age. Preschool special education services are voluntary.

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

CPSE budget and payment processes are extremely complicated and not timely. It takes much dedication on the part of many county staff to assure all reimbursement measures are pursued and accurate paperwork is submitted to NYS Department of Education and the Medicaid office on a timely basis.

**PRESCHOOL PROGRAM
SPECIFIC SCHOOL DISTRICT DATA**

	SCHOOL YEAR Ending 2017	SCHOOL YEAR Ending 2018	SCHOOL YEAR Ending 2019	SCHOOL YEAR Ending 2020	SCHOOL YEAR Ending 2021
All Children Served	333	335	357	324	299
Services Only	275	287	300	286	262
Evaluations Only	58	48	57	38	37
Tuition Program/ Evaluations/ Therapies Costs Approved	\$2,254,489.12	\$2,411,725.78	\$2,526,560.43	\$2,677,613.45	\$2,442,012.29
Tuition Program/ Evaluations/ Therapies Costs Paid	\$2,247,814.68	\$2,062,347.67	\$2,156,913.80	\$2,520,571.20	\$2,661,561.71
Transportation Costs Approved	\$370,025.19	\$362,110.99	\$329,391.34	\$232,652.39	\$481,268.33
Transportation Costs Paid	\$328,003.23	\$343,498.58	\$325,004.29	\$224,303.07	\$461,691.55
Average Cost Per Child Before Reimbursement based on Costs Paid	\$7,735.19	\$7,181.63	\$6,952.15	\$8,471.73	\$10,445.66
Amount of Medicaid Received	\$44,942.74	\$1,137.76	\$68,849.03	\$63,062.93	\$184,111.27
Amount State Aid Received	\$1,204,229.64	\$957,820.62	\$1,044,507.61	\$1,201,297.56	\$1,899,562.93
Amount received for Administrative Costs paid to Schools & Reimbursement for County Administrative costs	\$81,604.03	\$109,789.78	\$199,523.05	\$112,483.20	\$141,070.02
Administrative Costs Paid to School Districts each year	\$0	\$142,927	\$238,408.02	\$169,697.33	\$18,662
Program Costs After Reimbursement	\$1,326,645.53	\$1,446,887.87	\$1,368,561.45	\$1,480,513.78	\$1,039,579.06
Average Cost Per Child After Reimbursements**	\$3,983.92	\$4,319.06	\$3,833.50	\$4,147.10	\$3,476.85

*Source: General Ledger/Accounts Payable Reports, Cash Receipts Journal, Budget Performance Report & Preschool Reports, 1/1/19- 12/31/21.

Cost per child does not include expenses or reimbursements related to administrative cost to school districts. It is strictly related to services only, such as Tuition, Therapy, Evaluations, and Transportation. The cost per child is somewhat skewed due to the fact that the calculation is based on cash in/cash out for the year. For 2021 program costs per child after reimbursement was \$3,476.85 which is less than both 2019 and 2020 however is due to the fact that total program costs were less in 2021 than in other years because the actual amount received from State Aid and Medicaid was much more. We served 299 children in 2021 compared to 357 in 2019 and 324 in 2020. Receipts seem skewed because we depend primarily on reimbursement from the state and those payments are not always consistent each year. Each year expenses such as tuitions/therapy and transportation are dependent on the needs of each child. Since this is different for each child, it makes it difficult to budget. Also, we only receive 59.5% back on expenses billed to the state for Preschool activities. Medicaid reimbursements for 2021 were \$184,111.27 our highest in five years. We continue to work diligently to bill Medicaid for those children that are eligible and this billing is current. We are able to bill up to 15 months back for Medicaid. Due to the Pandemic however, schools/facilities were shut down and no transportation was paid from April to August 2020. Therefore for 2020, you will see a large decrease in Transportation expenses. In September 2020, some students went back to program however the transportation company did request a "Pandemic" rate to transport children. There was a 36% increase in pricing for each student round trip for transportation and this remains in effect currently as long as we remain in a National Pandemic. This can be seen in the large increase in Transportation costs for 2021. Many families did not return their child to program and continued to receive services via telemonitor. Services and Tuition was still paid in full for all children whether in person or done via telemonitor. We were still able to bill the State for School Administrative Costs and received the 59.50% reimbursement allowed. We also were able to receive the \$75/child allowed for the County Administrative.

PRESCHOOL-CHILDREN QUALIFYING FOR AND RECEIVING SERVICES 2021
(Does not include children receiving evaluation services only.)

SCHOOL DISTRICT	School Year 2016-2017	School Year 2017-2018	School Year 2018-2019	School Year 2019-2020	School Year 2020-2021	School Year 2021-2022
Abe Wing	14	15	14	11	12	13
Bolton	3	6	6	4	2	2
GF City	90	98	96	94	80	68
Hadley Luzerne	15	13	10	15	14	14
Johnsburg	9	7	7	8	9	11
Lake George	13	12	10	11	9	8
No. Warren	12	12	14	20	19	14
Queensbury	90	98	97	108	116	113
Ticonderoga	1	1	0	0	0	0
Warrensburg	28	25	24	29	24	17
Minerva	0	0	0	0	1	1

Administrative Costs Paid to School Districts During 2020/2021		Rate Reconciliations**	2019	2020	2021	Budget Appropriation for Contractual Services (Amended Budget)	
	18/19 SY Paid 2020/2021	School Years Paid For	16/17,17/18 & 18/19	15/16 & 17/18	17/18,18/19,19/20 & 20/21		
Bolton	\$4,214	Paid Out to Providers	\$17,206.98	\$602,447.06	\$5,373.04	2017	\$2,742,175
GF City	\$13,720.65	Received from Providers(credits)	\$854.60	\$1147.01	\$7276.22	2018	\$2,736,664
GF Common	\$12,642					2019	\$3,440,959
Hadley Luzerne	\$9,030					2020	\$3,071,750
Johnsburg	\$7,224					2021	\$3,150,919
Lake George	\$7,826						
North Warren	\$11,438						
Queensbury	\$74,046						
Warrensburg	\$6,951.84						
TOTAL	\$147,092.49						

*Administrative Costs for 2018-2019 from school districts were paid in both 2020 (\$128,430.49) and 2021 (\$18,662), which totaled \$147,092.49. Not all school districts submit administrative costs to the New York State Education Department for reimbursement approval, however more and more have recently submitted vouchers for reimbursement from the counties. Without state education approval school districts cannot bill the county. Often by the time they are approved by the State Education Department, the numbers actually reflect previous school years.

**Rate reconciliations recorded from 2019-2021 are reflected above for school years 2015 to 2021. Providers are able to go back up to three times to adjust their rates. These credits we were able to apply to future payments and reduced expenses in each year. However, Paid out to Providers are the amounts extra we were billed because their rates were recalculated and went up.

Source: General Ledger and Accounts Payable reports from 1/1/19-12/31/21.

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

A Historical Perspective

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

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

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

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

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

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

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

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

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

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

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

In Warren County, children are placed directly into appropriate programs (i.e. Child Find, Early Intervention) and managed by applicable staff which better meets individual needs. This appears to be a working system. Additionally, we offer informational programs for parents with specialists such as speech and occupational therapists. Parents have the opportunity to sample and borrow materials that may support them in promoting children's development. CYSHCN staff regularly attend Webinars in order to collaborate with other counties throughout the state to ensure that we have the latest information and share ideas. We attend quarterly meetings with a regional support staff for CYSHCN Initiative to develop a Family Engagement Plan.

HEALTH EDUCATION

Warren County Public Health staff in its efforts to “Promote Physical and Mental health and Prevent Disease, Injury, and Disability” has provided a variety of health education programs. However, in early 2020 most of those efforts were put on hold to free up staff to respond to the emerging COVID-19 pandemic.

In addition to the regular health education programs offered to schools, daycares, and community groups Warren County Public Health also received three small Population Health Improvement Program (PHIP) awards to help fund several one-time projects. These projects focused on promoting physical activity and nutrition among targeted populations in Warren County. Unfortunately, due the COVID-19 pandemic these projects had to be put on hold. The projects will be revisited once the pandemic subsides to see if they are still feasible.

As healthcare continues its shift from treating the sick to preventing sickness, health education and population health improvement initiatives will continue to expand and play a prominent role in the efforts of local, state, and federal public health departments. It is reasonable to assume that funding and reimbursement for healthcare services will continue to be tied not only to the recovery of the sick but the ability to keep people well. This will require more health education professionals working with primary care organizations and local public health departments further reducing public health’s primary care functions in exchange for more health policy development, population health initiatives and other prevention efforts.

2019-2021 Activities

Program News

In 2019 health education programs mirrored programming from previous years. See earlier annual reports for details as to the types of programming that usually occurred.

Starting in early 2020 all non-COVID-19 education programs were suspended during the COVID-19 pandemic. Warren County Public Health conducted multiple virtual education programs focused on COVID-19 during the pandemic and a handful of in person programs for targeted groups.

Community Events

No community events were held during the COVID-19 pandemic due to restrictions on mass gatherings, lack of available staff and the closure of most non-essential businesses and organizations.

Trainings/Conferences

Non COVID—19 conferences and trainings were cancelled beginning in early 2020. All training and conferences held during the pandemic focused on COVID-19 response and were held virtually.

Networking

Warren County Public Health maintained several of the community networks that had been established prior to the start of the COVID-19 pandemic. They tended to be with groups and organizations that were also working on COVID-19 response activities. However, many of the public health networks that were focused on things like community health assessments, tobacco control, health communities, and cancer prevention were weakened during the pandemic and will need to be strengthened as the pandemic subsides and WCPH shifts to more traditional public health programming.

Worksite Wellness

Worksite wellness initiatives were suspended during the COVID-19 pandemic.

Miscellaneous

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

LEAD POISONING PREVENTION PROGRAM 2021

Warren County has a Lead Poisoning Prevention Program funded by a NYSDOH \$23,001 grant. Key components of the program include education, screening, and follow-up. A Public Health Nurse is responsible for submitting the annual work plan and quarterly/annual reports.

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

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

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

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

Follow-up: All children are tracked in the NYSDOH Web-based LeadWeb system. All labs are entered in the system electronically which updates the program as results are received. In October of 2019 New York State public health law was amended to lower the definition of an elevated blood level in a child to 5mcg/dl.

- Lead level 0-5mcg/dl: A letter is mailed when results are received in addition to a reminder letter when the child is 2 years old
- Lead level 5mcg/dl or greater: An elevated letter and educational packet is sent. A reminder letter is sent every 3 months for retest until the child is considered stable (2 consecutive blood test results separated by at least 6 months, that are less than 5mcg/dl)
- Lead level 5mcg/dl or greater confirmed. Same as for 5 level with the addition of a phone call to family to complete a lead risk assessment and exposure history. A home visit is also offered for education and prevention information and an environmental referral to NYSDOH for lead testing of the home.

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

LEADWEB DATA

BLOOD LEAD SCREENING TESTS	2015	2016	2017	2018
<10mcg/dl	1155	1175	1212	1186
10-14mcg/dl	0	3	3	1
15-19mcg/dl	0	0	0	1
20-25mcg/dl	0	1	0	0
>25mcg/dl	0	1	0	0
TOTAL ELEVATED RESULTS	0	5	3	2

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

BLOOD LEAD SCREENING TESTS	2019	2020	2021
0 - < 5	1076	1046	879
5 - <10mcg/dl	82	72	50
10- <15mcg/dl	12	5	15
15- < 20mcg/dl	3	3	2
20- <45mcg/dl	7	1	0
>45mcg/dl	0	1	0
TOTAL ELEVATED RESULTS (includes fingersticks)	104	82	67
Confirmed Elevated	11	14	10

Warren County Public Health Emergency Response Planning

(Grant year runs July 1st - June 30th, 2019-2021)

Over the last two years Warren County Public Health staff has responded to the COVID-19 pandemic. Throughout the pandemic staff relied on their Emergency Preparedness training for many things including effective communication with Federal, State and local partners sharing vital information as it became available. In Early 2020 daily email and telephone meetings were held between Federal, State and County health officials. Critical information was then shared by Warren County Public Health with local elected officials and healthcare providers the same day. The network of contacts that had been created through the emergency preparedness program proved vital in effective information sharing.

In March of 2020 Warren County Public Health staff began contact tracing for COVID-19. Warren County Public Health was able to quickly train staff to conduct contact tracing efforts using Just-In-Time-Trainings. As the pandemic grew Warren County Public Health was able to bring in public health assistants to bolster contact tracing efforts. These efforts would continue until January 17th, 2022.

Warren County Public Health implemented isolation and quarantine protocols along with other non-pharmaceutical interventions to try and stem the tide of the COVID-19 pandemic. Because Warren County Public Health had an I&Q plan and had reviewed it annually and conducted drills and exercises focused on I&Q there was a shorter learning curve to the full implementation. Isolation & Quarantine measures were mostly successful early on during the pandemic. However, as the pandemic continued, and mitigation strategies become politicized I&Q strategies become less effective because the public was less likely to follow them.

Warren County staff also used previous medical counter-measure (MCM) trainings to quickly establish policies, procedures and operational plans that allowed for the establishment of a COVID-19 testing site. The testing site was a joint effort by Warren County Public Health and Glens Falls Hospital to reduce the testing burden on local healthcare providers and Glens Falls Hospital and increase access to testing for the public when testing supplies and locations were limited.

Similarly, because Warren County Public Health staff had participated in MCM drills and exercises prior to the pandemic, the experience and lessons learned led to the successful establishment of vaccination PODs. These PODs were able to provide hundreds of doses of COVID-19 vaccine a week, safely and efficiently during the pandemic. Often the biggest challenge at the PODS was a lack of vaccine supply from State and Federal partners.

In order to meet the demands of the COVID-19 vaccination clinics Warren County Public Health relied on the help of volunteers. There were several ways in which volunteers were identified and recruited. WCPH utilized the ServNY volunteer database to find people willing to fill clinic roles including traffic control, flow monitors and data entry tasks. To increase the number of staff able to vaccinate at a vaccine clinic WCPH worked with the SUNY Adirondack Nursing program to bring in nursing students who needed clinical hours to work vaccine clinics. It benefited both WCPH and SUNY ACC because WCPH did not have enough paid staff to meet the demand and SUNY ACC was struggling to find clinic hours for their nursing students because most hospitals and healthcare facilities stopped allowing outside personnel to enter their facilities because of COVID-19 concerns. WCPH also relied on its small but dedicated group of volunteers that had participated in public health programs in the past. This included retired doctors, nurse and community members who stepped up and filled many essential roles.

2019-2021 Emergency Response Planning Program Staff

- 1 Senior Health Educator/Emergency Response Coordinator (10 hrs./wk. allotted to BY, 30 hrs. to Health Education)
- 1 Public Health Program Planner
- 1 Part-time Public Health Liaison

Meeting New York State and Federal Mandates

As the COVID-19 pandemic continued many of the traditional Emergency Preparedness deliverables were suspended. Instead almost daily State and Federal mandates were enacted through Executive Orders. Things like travel bans, business closures, social gathering restrictions, and Isolation and Quarantine orders were implemented and were constantly modified. This approach required local health departments to have to pivot quickly since it was local health departments tasked with enforcing many of the State mandates even though most local health departments do not have enforcement powers.

In addition to the changing mandates Warren County Public Health had to modify many of its existing EPR Plans due to the unique nature of the pandemic. These changes had to be made and submitted to the State with relatively short turnaround times, usually less than a week.

The requirement of data tracking and submission by local health departments added to the workload as well. State and Federal surveys seeking information were almost a daily occurrence and often came with little or no prior notice. This often required WCPH to gather information from essential services in the County including from nursing homes, health centers and Glens Falls Hospital. When necessary WCPH would provide training and technical support to our community partners as required by many State mandates.

As schools and other services that had been closed by State mandate began to reopen, WCPH worked closely with them to reopen safely. WCPH helped schools and other services decipher confusing language in the ever-changing State mandates and then develop safety plans to meet those mandates.

Ultimately, WCPH along with most other local health departments became the default agency for every industry, business, educational setting, community organization, religious group and general public who had questions about the often vague and confusing State mandates issued during the COVID-19 pandemic.

During the COVID-19 pandemic Warren County Public Health worked with community partners to implement several emergency plans. The following plans were activated and implemented during the pandemic

- **Public Health Emergency Preparedness and Response (PHER) Plan**
- **COVID-19 Mass Vaccination Plan**
- **Continuity of Operations Plan (COOP)**
- **Isolation and Quarantine Plan**
- **Public Health Asset Distribution Plan (PHAD)**
- **Medical Countermeasures Plan (MCM)**
- **Crisis & Emergency Risk Communication Plan (CERC)**

These plans provided WCPH with a basic roadmap for responding to the pandemic. However, like all plans there were strengths and gaps in each plan that will need to be addressed.

Networking/Planning Partnerships

- Warren County Public Health staff in partnership with Warren County Office of Emergency Services remained in constant contact with State and Federal partners (daily early on and at least weekly as the pandemic dragged on).
- Warren County Public Health's strong partnerships with Glens Falls Hospital, Hudson Headwaters Health Network and other local providers paid dividends. The partnerships made it easy for communication to occur and the flow of information to happen quickly.
- Warren County Public Health was able to quickly assist the four nursing homes that operate within County with finding personal protective equipment, testing supplies, contact tracing and vaccinations throughout the pandemic
- Warren County Public Health's strong partnerships with school prior to the pandemic was essential for the safest and quickest reopening of schools when they were allowed to resume in person learning.

Drills/Exercises

Warren County Public Health did not conduct any drills or exercises during the 2020 or 2021 years. Public Health staff were too busy responding to the COVID-19 pandemic. The hope is the drills and exercises that helped WCPH staff be prepared for the COVID-19 pandemic will resume once the pandemic is declared over and staff have time to recover from their time spent working on the pandemic.

Training

Warren County Public Health conducted many trainings during the pandemic. The trainings focused on getting new and existing staff familiarized with the following:

- Contact tracing efforts – utilized the John’s Hopkins University online training
- Proper PPE Donning and Doffing
- COVID-19 Testing PCR and Rapid Tests
- Countermeasure Data Management System
- Vaccine Cold Chain Storage
- Vaccination Administration
- Various Points of Dispensing roles

Warren County Public Health also provided trainings for schools and other organizations as needed. The trainings generally included

- Contact tracing efforts – utilized the John’s Hopkins University online training
- Proper PPE Donning and Doffing
- COVID-19 Testing PCR and Rapid Tests

Concerns/Strengths/Outlook

The COVID-19 pandemic demonstrated the need to continue to adequately fund public health emergency preparedness programs. It also reinforced the need to cross train public health staff to ensure that essential roles will be able to be filled by competent staff.

The COVID-19 pandemic should also serve a wake-up call. This pandemic showed how important Crisis Emergency Risk Communication is and how quickly that message can be hijacked by social media influencers and politicians. The availability of misinformation and the inability of Federal, State and local health departments to effectively combat it has led to a decreased trust in the information coming from health officials at all levels.

It is plausible that as future pandemics and other emergency situations arise it will be difficult to get the public to follow the advice of public health officials. In turn this could lead to increased morbidity and mortality rates that could otherwise be prevented. It is going to take years and possibly decades to rebuild the trust that once was a strength of public health.

Outlook - Warren County Public Health will continue to meet its emergency preparedness obligations and will emerge better prepared for the next public health emergency. However, there should be some concern that the public will not accept and even protest, perhaps violently, the response strategies implemented by public health to save their lives.

COMMUNICABLE DISEASE CONTROL

INFECTION CONTROL EFFORTS

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

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

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

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

DISEASE REPORTED FROM LABORATORY CONFIRMATION

<i>DISEASE ENTITY</i>	<i>2017</i>	<i>2018</i>	<i>2019</i>	<i>2020</i>	<i>2021</i>		<i>DISEASE ENTITY</i>	<i>2017</i>	<i>2018</i>	<i>2019</i>	<i>2020</i>	<i>2021</i>
Amebiasis	0	0	0	1	0		Lyme Disease	15	26	62	18	30
Anaplasmosis	8	17	47	38	76		Meningitis (bacterial)	0	0	0	1	0
Babesiosis	1	0	4	3	5		Meningitis (viral)	0	0	0	0	1
Brucellosis	0	0	0	0	0		Mumps	2	0	2	0	0
Campylobacteriosis	11	10	10	9	8		Pertussis	1	0	1	1	0
Chikungunya	0	0	0	0	0		Salmonellosis	8	6	6	2	4
Chlamydia	208	203	147	105	122		Shingellosis	1	0	0	1	0
Cryptosporidiosis	0	0	1	0	1		Strep Group A, Invasive	3	4	2	5	3
Dengue Fever	0	0	0	0	0		Strep Group B Invasive	5	10	14	4	7
E. Coli	5	2	3	0	5		Strep Group B Invasive, early	0	0	0	0	0
EVD Traveler Monitoring	0	0	0	0	0		Strep Pneumo Invasive, intermed	0	0	0	0	0
Giardiasis	1	6	8	3	6		Strep Pneumo Invasive, sensitive	7	4	0	1	2
Gonorrhoea	15	20	30	31	31		Strep Pneumo Invasive, unknown	2	2	5	3	0
Haemophilus Influenzae Invasive not B	1	1	2	0	1		Swine – Origin Influenza	0	0	0	0	0
Hemolytic Uremic Syndrome	0	1	0	0	0		Syphilis, early latent	3	4	2	4	3
Hepatitis B (acute)	0	0	1	0	0		Syphilis, primary	0	1	4	4	1
Hepatitis B (chronic)	2	4	12	2	6		Syphilis, secondary	1	3	0	1	0
Hepatitis B (infant prenatal)	0	0	1	0	0		Syphilis, late latent	2	0	0	0	0
Hepatitis C (acute)	0	3	3	3	4		Syphilis, unknown latent	0	0	0	0	0
Hepatitis C (chronic)	54	56	43	29	28		Ticks Tested/Confirmed Deer Ticks	0	0	0	0	0
Influenza, A	114	154	135	95	38		Toxic Shock Syndrome	0	0	0	0	0
Influenza, B	37	51	8	87	18		Tuberculosis	0	0	0	0	0
Influenza, Unspecified	0	3	0	1	85		Vibriosis	2	0	0	0	1
Legionellosis	1	2	3	0	0		West Nile Virus	0	0	0	0	0
Listeriosis	0	0	0	0	0		Yersiniosis	1	3	0	2	1

RABIES PROGRAM

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

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

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

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

BITES REPORTED BY MONTH

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2017	17	19	22	21	28	27	27	28	20	26	15	22	272
2018	12	16	17	28	22	31	29	26	20	15	14	25	255
2019	15	19	21	26	28	31	28	16	29	13	17	15	248
2020	15	13	21	10	22	21	39	21	25	10	21	29	218
2021	21	11	19	22	24	28	21	32	20	16	10	12	228

RABIES DATA FOR 2019

Town	Not Vaccinated			Vaccinated			Out of Town			Stray		
	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets
Bolton		1			5			1		1		
Chester				3	8			1		1		
Glens Falls	1	21		14	18		1	3		9		
Hague		2		1				1				
Horicon												
Johnsburg		3		2	3		2	2		1		
Lake George		6		2	3			1				
Lake Luzerne		3		3	6		2			2		
Queensbury		29		14	26		6	10		3		
Stony Creek					2							
Thurman		1			3							
Warrensburg	1	2		2	8			3		6		
TOTALS	2	65		41	82		11	22		23		

RABIES DATA FOR 2020

Town	Not Vaccinated			Vaccinated			Out of Town			Stray		
	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets
Bolton		3			3			1				
Chester	1	2			5		1			4		
Glens Falls	7	8		5	21		2	4		3		
Hague				1						1		
Horicon		1			4							
Johnsburg		1		1	3			2				
Lake George	1	4		1	9					3		
Lake Luzerne		6			3			1		1		
Queensbury	12	13		6	34		1	3		4		
Stony Creek		1						1				
Thurman	1	4		1				1		3		
Warrensburg	1	8			5			3		2		
TOTALS	23	51		15	87		4	16		21		

RABIES DATA FOR 2021

Town	Not Vaccinated			Vaccinated			Out of Town			Stray		
	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets
Bolton		4		3	1			1				
Chester		3		1	2							
Glens Falls		12		9	15			6				
Hague		1		1	1			1				
Horicon				2	3							
Johnsburg		1		2	8		1					
Lake George		3		4	5			5				
Lake Luzerne		4			4			3				
Queensbury	1	34		10	31		2	9				
Stony Creek							1					
Thurman				1	1							
Warrensburg		7		2	1			1				
TOTALS	1	69		35	72		4	26				

WARREN COUNTY RABIES PROGRAM STATISTICS

	2017	2018	2019	2020	2021
Confirmed Rabid Animals	1 cat 1 raccoon	1 bat 1 Unsatisfactory specimen	1 bat 1 raccoon-no exposure	1 raccoon 1 fox	1skunk
Animal Specimens Submitted for Testing	39	30	40 1 unsatisfactory	29	37
Animal Bites	272	255	259	218	228
Patients Receiving <u>Pre-Exp.</u> Vac. (3 Injections) or Booster Vacc. Fee: \$345.00/Dose	8	5	9	0	1
Patients Receiving <u>Post-Exp.</u> Vac. Series @ GF Hosp. (All RIG and First Injections are Given at GF Hospital)	27 4 refusals	29 @ GFH 6 @ other hospitals 6 refusals 3 boosters	25	36	35
Patients Receiving <u>Post-Exp.</u> Vac. Series @ P. Health (All RIG and First Injections are Given at GF Hospital)	3	0	1	2	0
Animal Clinics	20	17	17	5	5
Animals Receiving Rabies Vaccinations	598	693	638	160	280

	2019	2020	2021
Expenses paid in relation to Rabies Program:	\$27,671.97	\$20,969.81	\$28,724.74
Amount vouchered to New York State:	\$21,616.63	\$17,331.17	\$17,253.00
Rabies Clinic Donations:	\$ 5,672.00	\$ 1,948.00	\$ 2,750.00
Total program cost to Warren County:	\$ 383.34	\$ 1,690.64	\$ 8,721.74

98.61% covered 91.94% covered 69.64% covered

Note: Data above reflects actual expenses incurred and both actual cash received at clinics and amounts vouchered to the State from 2019 to 2021. Due to the COVID-19 pandemic, we did not have many clinics, therefore less in donations. However, overall we were able to cover 98.61% of all rabies costs in 2019 and 91.94% in 2020. However, in 2021 only 69.64% were covered because we paid some expenses on behalf of patients but not all expenses have yet to be received, therefore we are unable to submit those expenses to the state until the file is closed. Also to note, as of December 2021, all the funds were maxed for the amount allotted for the grant, therefore expenses we were not able to claim will be carried to the next grant year. In 2019, 67.66% of the clinics were covered by donations while in 2020, 71.54% were covered and 82.95% in 2021. We find with the human vaccines, most patients have health insurance therefore the hospitals are able to bill for these services and this reduces the costs to the County. However, if a patient does not have health insurance, the local hospital will discount the first dose of rabies vaccine at the Medicaid rate and the patient is then referred to the Public Health office for the remaining three or four doses of the vaccine. All these can be billed to the State.

TUBERCULOSIS PROGRAM

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

YEAR	INDIVIDUALS TESTED	POSITIVE CONVERTERS	ACTIVE TB CLIENTS DURING YEAR
2017	124	1	0
2018	120	0	0
2019	131	0	0
2020	73	0	0
2021	17	0	0

Amount Paid for Tuberculosis Medications/Expenses	
2017*	\$1,106.08
2018	\$0.00
2019	\$0.00
2020	\$0.00
2021	\$0.00
*Note: This total for 2017 is related to three patients. Medication expense is \$995.08 and X-rays totaled \$111.	

Warren/Washington County's STD Clinic Report 2021

A STD/HIV Clinic is held each Tuesday from 6:00 to 7:00 p.m. This clinic is shared by Warren and Washington Counties. Although counties are encouraged to bill insurance companies, clients have indicated they would not want their insurance utilized. (i.e. are not comfortable with insurance EOB's being sent to their homes). Costs are eligible for 36% state aid reimbursement.

HIV testing is also performed at the clinic. The HIV clinic counselors are from the HIV/Ryan White program under the sponsorship of Hudson Headwaters. Any positive test is referred immediately for verification and follow-up care.

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

The age range of the participation at the clinic remains from teenagers to the elderly, (16 yrs. – 67 yrs.)

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

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

The clinic is staffed by two nurses, one support staff and one physician.

The STD clinic was suspended during the pandemic, however those seeking services were served on a case by case basis.

Our goal in 2022 is to enter a contract with a medical facility to ensure provision of a medical provider for the clinic.

Dr. Peter Hughes is retiring after helping with the clinic for over 15 years. We are very thankful for his service and wish him luck in his new endeavors.

HIV and STD (SEXUALLY TRANSMITTED DISEASE) CLINIC

	2017	2018	2019	2020	2021
Clinics Held	46	50	44	5	1
Participants	151	117	96	13	2
Males	113	83	72	12	
Females	37	34	24	1	
Age Range	16-64	16-67	18-71	19-73	48-50
Warren Co. Participants	72	76	53	7	
Washington Co. Participants	43	24	20	5	
Saratoga Co. Participants	26	13	19	1	
Other County Participants	10	4	4	0	

DISEASES WITH POSITIVE TEST RESULTS

DISEASES	2017	2018	2019	2020	2021
Genital Herpes	1	0	0	0	0
Genital Warts	0	1	1	0	0
Chlamydia	13	6	3	0	0
Gonorrhea	0	0	0	1	0
Syphilis	2	3	4	1	0

PERINATAL HEPATITIS B

PERINATAL HEPATITIS B PROGRAM

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

There has been 0 case in 2021 of pregnant women identified as Hepatitis B carriers.

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

IMMUNIZATION ACTION PLAN

The Immunization Action Plan is 5-year plan covering years 2018-2023. NYSDOH, CDC and LHD partner in reaching specific goals. LHD's will have to meet accountability standards each year. Emphasis will be placed on increasing immunization rates in the county. Focus for the 2019-2020 contract year was:

- 1.) Increase immunization rates for all 24 month and 13 year olds, with emphasis on increasing HPV immunization rates for adolescents.
- 2.) Within 5 years Increase influenza rates for those over age 18 by 5 percentage points from the 2016 county rate of 38% ages 18-64 and 54.5% for ages 65+.
- 3.) Reduce disparities among special underserved populations at risk for low immunization rates. Warren County identified the population of people with mental health disorders including homelessness and substance abuse disorders as a target group.
- 4.) Provide up to date immunization education and presentations to consumer groups, day care centers, employee health services, long term facilities, hospitals, providers, schools and colleges.
- 5.) Improve documentation of immunization records into the New York State Immunization Information System. (NYSIIS)

Highlights of Education:

- Annual assessment of pediatric provider immunization rates and development of and monitoring of Quality Improvement Strategies.
- The 5-year plan also includes focus on adult providers, schools, preschools and daycares. Immunization assessment rates and/or educational visits were completed to 7 adult providers, Johnsbury Central School, and several preschools.
- Annual school nurse meeting – provided up to date immunization information and an opportunity to clarify the new immunization requirements. The changes to the NYS immunization requirements for 2019-2020 school year created many challenges for all involved, including the parents who had used religious exemption status in the past. Many hours and many phone calls were needed to assist the schools, providers and parents, in their attempt to be compliant with these new requirements.
- An Educational program on immunizations was provided at the two-day Annual Early Childhood Conference held in Lake George this year.
- Meetings were held with the nursing staff of Conifer Park Glens Falls to assess their policies regarding client's immunization status, distribute vaccine educational material and Warren County's immunization clinic information.
- Ongoing work with, Primary Care, Specialist and Urgent Care Centers to educate on the importance and benefits of documenting adult immunizations into New York State Immunization Registry. With increase in the number of disease outbreak such as the recent Measles outbreak, utilizing NYSIIS can be a very helpful tool in tracking patient's immunization needs.
- Annual educational program for Warren County Public Health staff was provided on storage and handling of our vaccine supply.
- 24-hour monitoring system of our vaccine storage units via Digital Data Loggers, continues as a safety mechanism for the viability of all vaccines.
- Promotion of immunizations for all age groups continues on Warren County's Facebook page and website, at health fairs, farmers markets and specialty meetings such as, NAS subcommittee and Hometown vs. Heroin. Distribution of educational material to such places as senior housing facilities, Crandall Library, and Food Pantries.

Warren County Public Health held ninety -minute clinics two times a week. VFC for children under age 19 is available as well as VFA (vaccines for adults), for those people who are uninsured or underinsured. Travel clinic is held once a week. Each Fall, Flu clinics are held in nearly every Warren County towns and the City of Glens Falls.

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

Warren County Immunization Coordinators belong to the Northeastern New York Immunization Coalition. Representatives are from 4 counties, Senior Living housing, Skidmore College, Vaccine Manufacturers, NYSDOH, Saratoga Hospital, Global Foundries, Pharmacies The goals of this committee are to assess, improve and monitor the immunization status of the Northeastern NY region. This year the target group was EMS.

The focus for grant year 2020-2021 was covid related. Initially in 2020 staff prepared the community for anticipated covid vaccination and then when vaccine became available in 2021, participated in NYS vaccination campaign, ensuring vaccine availability, planning clinics, addressing special/ underserved populations, and vaccination hesitancy.

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

TRAVEL CLINIC

The travel clinic focuses on travel health and offers consultations and vaccinations to prepare and protect travelers.

The arrangement has been very successful. We had as our goal, that the clinic would be financially independent of Warren County Public Health. Since the beginning which has been over 10 years, we have met that goal.

Clients are seen by “appointment only” for a consultation with Dr. Richard Leach to determine and discuss risks. Travelers then receive recommended vaccines and written prescriptions for medications to prevent Malaria or other travel related illness.

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

Health Services is also a member of ISTA, and International Society of Travel Association that maintains a website directory of Travel Medicine Clinics.

We are proud of our Travel Clinic and the service that we have been able to offer. The goal of the clinic is not only to promote travel health but to not cost county taxpayers.

Revenues and Expenses vary every year and are dependent on the individual needs of each client.

The travel clinic has been suspended since March of 2020 due to the pandemic, travel restrictions, and our agency’s covid response efforts. The future of the clinic is unclear. At this time Yellow Fever Vaccine is still widely unavailable, so clients are referred to CDC designated clinics. With staffing shortages, our agency will be prioritizing mandated services.

Dr. Richard Leach will be retiring in 2022 and we would like to thank him for his service, since the beginning, and wish him luck in his new endeavors. He has done a tremendous job and been a huge asset to the success of the clinic.

STATISTICS FOR CLINC
CLIENTS SERVED

2018	2019	2020	2021
66	72	8	0

	2018	2019	2020	2021
Contract Provider	\$7,850	\$ 7,625	\$950	\$0
Nurse Staff	\$2,892	\$ 2,984	\$316	\$0
Vaccines	\$5,426	\$557.14	\$486	\$0
Supplies	\$ 0	\$ 0	\$ 0	\$0
TRAVAX Subscription	\$ 975	\$ 975	\$975	\$975
Total Expenses	\$17,143	\$17,155	\$2727	\$975
Total Revenue + IAP Grant	\$16,338	\$15,949.85	\$1490	0
NET Profit/Loss	(\$805)	(\$1205)	(1237)	(975)

Vaccines Administered for 2021

	2018	2019	2020	2021
Flu	1	9	1	0
Hep A	15	23	3	0
Hep B	0	1	0	0
Japanese Encephalitis	3	0	0	0
MMR	0	1	0	0
Menactra	2	0	0	0
Polio	3	2	0	0
Pre-Rabies Shot	1	3	0	0
Tdap	5	4	0	0
Twinrix	0	1	0	0
Typhoid Ing	52	57	6	0
Yellow Fever	2	0	0	0
Total Administered	84	101	10	0

INFLUENZA CLINICS

In 2020 Warren County ordered 850 doses of flu vaccine, 450 doses of Quadrivalent and 350 doses of High-Dose for the over 65 population and 50 doses of FluBLOK. The prebook for this order was done before the pandemic hit and as a result of not holding any community Flu clinics we returned over 500 doses. FLUMIST was ordered due to the fact we had a credit with the company for last year's returns. In 2021 Warren County decreased our order for Flu vaccines due to the COVID pandemic. We had VFC and VFA Flu vaccine to give those who qualified for government funded vaccines for both seasons.

We continued to follow the guidelines from the CDC for pneumonia vaccination for adults over 65 years of age, however we only administered a handful of doses due to the pandemic.

For the 2020 Flu Season we held staff vaccine clinics by appointment in the testing trailer to get all staff members vaccinated by November 1st and had 3 clinics at the Human Services Building to offer vaccine to the public, however it was not well attended.

In 2021 we held clinics at 6 sites to include Solomen Heights, The Glen Senior Living, Northern GI, Warren County Municipal Employee, Warren County Public Health and Queensbury Town Hall Employees.

The attendance at all of our clinics continues to decline but until we are out of the pandemic we will remain flexible in dealing with ever-changing Public Health. As we review the clinic numbers again this year we will schedule the 2022-2023 season accordingly. The challenge for Public Health continues to be to know how much vaccine to have available., how much staff to schedule for clinics.

Our continued goal for the 2022-2023 season will be to encourage higher rates of influenza vaccine, regardless of where it is obtained and to promote the use of the immunization registry (NYSIIS) by all parties involved.

INFLUENZA VACCINE ADMINISTRATION

	2017	2018	2019	2020	2021
Clinics Offered Throughout the County	26	25	27	3	6
Vaccine Doses Administered at Clinics	594	447	473	153	182
CHHA/Long Term Home Visits For Administration	11	7	8	11	5
Homebound Visits For Administration	3	3	2	0	0
Miscellaneous Administration i.e. PH Appointments And Other Home Visits	103	156	152	0	0
Total Doses Administered	711	652	633	164	195

QUALITY ASSURANCE

Public Health has a three level Quality Assurance Program.

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

2019 UR Committee members:

Thank you all for your participation and dedication to Public Health

Patty Myhrberg PHN, Child Find Program	Ginelle Jones RN, MSN FNP Dir. Health Services/Public Health
Cortney Hoerter , RN, Public Health	Erik Mastrianni , Early Intervention Coordinator
Leah Howe , RN, Public Health	Stacie Dimezza , SLP – Speech Therapist
Pat Belden SPHN	Sara Hettel , WIC Coordinator
Sarah Arnold , PHN Public Health	Cindy Mulchay , DSS Preventive Services
Patty Hunt , DPH Washington County Public Health	Kim Flory , Care Management Glens Falls Hospital

Charts Reviewed in 2019

Meeting Date	MOMS	MCH	Synagis	Child Find	Health Supervision	Communicable Disease
03/12/19	2	3	3	0	2	0
06/11/19	NO	MEETING	WAS	HELD		
09/17/19	4	6	3	0	2	20
12/10/19	4	6	0	0	2	40
Total	10	15	6	0	6	60

Summary of Findings: Appropriate

97 charts were reviewed in total for 2019. There were a few incidents where there were omissions in documentation, but all deemed appropriate. None of the findings were thought to impact patient care. Documentation in the charts has significantly improved throughout the years. **All meetings that were scheduled for 2020 and 2021 were cancelled due to the COVID-19 Pandemic. No Charts were reviewed during 2020 and 2021.**

Strengths:

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

Areas Needing Improvement:

1. Although no areas were identified. Encourage staff to continue to follow up with concerns from previous visits.
2. Insurance – continue to work on pre-authorization issues.
3. Continuation of monitoring documentation in the charts.

Summary of Recommendations – Continue practice of good documentation.

Additional Activities

1. Consultants – Annual audits by record and pharmacy consultants.
 - Records – 03/11/2019 and 12/21/2020. 2021 record audit was not completed due to COVID -19 Pandemic.
 - Pharmacy- 09/13/2019 and 12/17/2020. 2021 pharmacy audit was not completed due to COVID -19 Pandemic
2. Medical Director – Provides overall oversight to QA program and completes peer reviews to medical providers in STD/Travel programs.
3. Satisfaction Questionnaires – Clients and providers complete annual questionnaires. No concerns reported.
4. Logs:
 - General Complaints – none received
 - HIPAA/FERPA Complaints – none received
 - Fire/Disaster Drills –
 - 2019- 2 fire drills, 1 shelter in place and 1 actual drills -evacuation for incident in courts.
 - 2020- no fire/disaster drills
 - 2021- 3 fire drills
 - Accident/Incident Reports-
 - 2019 - 5, all reviewed to ensure any hazards are rectified.
 - 2020 - 5, all reviewed to ensure any hazards are rectified.
 - 2021 - 4, all reviewed to ensure any hazards are rectified.

2022 GOALS

1. Continue with the current QA Program- It was put on hold during COVID -19 Pandemic.
2. Continue to encourage staff to assist with annual review of policies and procedures.
3. Continue to focus on program QA reports of Logs, Incident Reports/STD/CDC/WIC.
4. Start to focus and incorporate UR Committee in strategic planning process.
5. Oversight of Infection Control policies, procedures and incidents.



DIVISION OF HOME CARE

HOME CARE SERVICES

Philosophy: We at Warren County Health Services believe that the health of individuals and their families as they relate and interact in their community plays a vital role in the health care needs. Home Care recognizes the importance of psychological and physical wellness and attempts to correct the circumstances that interfere with the greatest degree of wellness that a person can achieve. The agency respects the autonomy of the patient and family to make decisions and choices affecting their present and future health status.

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

Goals: As a Certified Home Care Agency we shall provide skilled nursing, physical and occupational therapy, medical social work, nutrition and home health aide services to the patients of Warren County on an intermittent basis under the direction of a physician.

Our aim is not only to instruct and to support the patient and/or family self-care and disease management and to support care transition interventions to minimize avoidable complications. Our homecare Professionals provide health guidance to all ages so that individuals, families, and the community will be helped to achieve and maintain health; but to also recognize that the patient is the driving force of his or her healthcare.

With today's changes in healthcare, sicker patients in the hospital, patients being discharge sooner than in the past, and rising cost of healthcare it only makes sense that the consumers of healthcare make the decisions of how they would like to receive it.

With the recognition that the patient is the driving force of his or her healthcare, we as home care providers need to understand this new concept and deliver care accordingly. It is not our goals that we focus on but the goals of our patients. Our professionals here at Warren County Health Services are learning to not only empower themselves but to work collaboratively to empower the patient, understanding that not all patients need to be in the hospital.

The nurse collaborating with the physician on what might be the best way to help treat the patient whether it be through assessment and teaching, disease management, returning to the hospital or being able to be kept comfortable in their home allows the patient to be the true consumer of his or her healthcare.

Warren County Health Service will continue to participate in ongoing assessments of the community's health and social needs and identify possible resources available to help meet these needs by networking with other members within our local health care arena.

QUALITY ASSURANCE PERFORMANCE IMPROVEMENT PROGRAM
QAPI

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

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

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

The results of the agency's Quality Assurance Performance Improvement program for 2021 are as follows:

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

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

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

Your Overall Star Rating		Quality of Patient Care: ☆☆☆									
Managing Daily Activities High/Low Better(+/-)		You		State (NY)		National		Your % Rank			
DC/TRF 01/21-12/21 (CMS Unavailable)		Eligible	SHP	CMS	SHP	CMS	SHP	CMS	SHP	CMS	
Ambulation (Risk-Adj) ☆☆☆	⊙ +	526	73.2%	-	85.5%	-	85.4%	-	11%	-	
Bed Transferring (Risk-Adj) ☆☆☆	⊙ +	523	77.1%	-	88.3%	-	87.3%	-	13%	-	
Bathing (Risk-Adj) ☆☆☆	⊙ +	556	74.4%	-	87.4%	-	87.1%	-	9%	-	
Asmt & Care Plan Addresses Function	Ⓜ +	779	99.9%	-	96.9%	-	97.9%	-	80%	-	
Treating Symptoms High/Low Better(+/-)		You		State (NY)		National		Your % Rank			
DC/TRF 01/21-12/21 (CMS Unavailable)		Eligible	SHP	CMS	SHP	CMS	SHP	CMS	SHP	CMS	
Dyspnea (Risk-Adj) ☆☆☆	⊙ +	374	78.2%	-	87.2%	-	87.5%	-	18%	-	
Skin Integrity (Risk-Adj)	⊙ -	565	0.35%	-	0.24%	-	0.28%	-	55%	-	
Preventing Harm High/Low Better(+/-)		You		State (NY)		National		Your % Rank			
DC/TRF 01/21-12/21 (CMS Unavailable)		Eligible	SHP	CMS	SHP	CMS	SHP	CMS	SHP	CMS	
Timely Initiation of Care ☆☆☆	Ⓜ +	782	94.4%	-	97.9%	-	96.1%	-	18%	-	
Drug Education All Meds	Ⓜ +	762	100.0%	-	98.7%	-	98.8%	-	99%	-	
Mgmt of Oral Meds (Risk-Adj) ☆☆☆	⊙ +	473	67.7%	-	84.0%	-	82.8%	-	11%	-	
Flu Vaccine Received	Ⓜ +	443	83.5%	-	75.0%	-	76.3%	-	74%	-	
Drug Regimen Review w/ Follow-Up	Ⓜ +	783	97.3%	-	95.5%	-	96.1%	-	43%	-	
Falls w/ Major Injury	⊙ -	780	0.90%	-	0.53%	-	0.92%	-	49%	-	
Preventing Unplanned Hospital Care High/Low Better(+/-)		You		State (NY)		National		Your % Rank			
SOC SHP 01/21-12/21 (CMS Unavailable)		Eligible	SHP	CMS	SHP	CMS	SHP	CMS	SHP	CMS	
60-Day Hospitalizations (CMS) ☆	⊙ -	486	19.5%	-	14.4%	-	14.9%	-	11%	-	
60-Day EC without Hospitalizations	⊙ -										
Unavailable (DC to Comm), Unavailable (PPR)		You CMS		CMS State (NY)		CMS National		CMS % Rank			
DC to Community (Claims-based)	⊙ +										
30-Day Post-DC Readmissions (PPR)	⊙ -										
Payment & Value of Care High/Low Better(+/-)		You		State (NY)		National		Your % Rank			
CMS Unavailable		CMS		CMS		CMS		CMS			
Medicare Spending Per Beneficiary	⊙ -										
Patient Survey Rating High/Low Better(+/-)		You		State (NY)		National		Your % Rank			
Sample Mo 01/21-12/21 (CMS Unavailable)		Eligible	SHP	CMS	SHP	CMS	SHP	CMS	SHP	CMS	
Care of Patients	Ⓜ +	607	94.4%	-	88.4%	-	89.2%	-	94%	-	
Communications	Ⓜ +	714	92.3%	-	86.1%	-	86.8%	-	91%	-	
Specific Care Issues	Ⓜ +	804	89.3%	-	83.7%	-	84.6%	-	83%	-	
% who Rated Agency 9,10	Ⓜ +	157	91.7%	-	83.7%	-	84.5%	-	90%	-	
% who would Recommend	Ⓜ +	160	86.3%	-	77.8%	-	79.0%	-	84%	-	

★ Parameters match Star Rating.

☆☆ Parameters do not match Star Rating.

Your Percentile Ranking



Star Rating cut points: Outcomes/Process Measures-10/2022 (CMS), Hospitalizations/EC-07/2023 (SHP).

Real-Time Satisfaction Survey Results: HH-CAHPS

Data & Benchmark Summary

	You	State (NY)	National
CCNs:	1	50	2,998
Completed Surveys:	160	18,168	623K

Quality Measures - Top Box Scoring Methodology

Top Box	You Actual	You 12M Trend	SHP State (NY)	SHP National	You % Ranking
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Composite Measures

C1. Care of Patients Measure Details	94%		88%	89%	94%
C2. Communications Between Providers and Patients Measure Details	92%		86%	87%	91%
C3. Specific Care Issues Measure Details	89%		84%	85%	83%

Universal Measures

U1. Overall Rating of Agency Measure Details	92%		84%	85%	90%
U2. Recommend Agency Measure Details	86%		78%	79%	84%
Overall Composite: All Quality Measure Questions	91%		85%	86%	92%

Your Percentile Ranking: <10% 10-20% 20-40% 40-60% 60-80% 80-90% >90%

2021 Overview of the Utilization Review Committee

The Utilization Review Committee of Warren County Health Services held meetings during the year 2021. The meetings were held April 25th, August 4th, and November 1st.

The numbers of patient records reviewed were 8, 7, and 5 respectively, giving a total of 20 patient records reviewed during the year 2021.

The number of patients on the active roster on the last working day of 2021 was 250, with a breakdown as follows: CHHA –(SN-76, , and EI/CPSE-174).

Members of the committee were:

Valerie Whisenant, CSN/ADPS
Robin Andre, SPHN
Jodi Brynes, SPHN
Cathy DuFour, PHN QA
Lindsay Swan, BSN, RN
Staff Nurses

Breakdown of Charts Reviewed:

Number Active	14	Number CHHA	20
Number Discharged	6		

Method of Record Selection: For all meetings during the year 2021, the records chosen were a random selection of patients admitted 1-4 months prior to each meeting. The random selected patients covered all services provided by the agency: SN, PT, OT, HHA, IV Therapy and Telehealth.

Summary of Utilization of Services:

Adequate Utilization	19
Overutilization	0
Underutilization	1
Inadequate Information	0
Unable to Decide	0

Many charts reviewed showed adequate utilization of services. There was one chart reviewed that indicated an underutilization of available services. In this case, the reviewers felt that the primary RN needed more specific goals on what teaching was needed, how the patient responded and progress noted. Also wanted to clarify why there were several missed frequencies without notifying the MD. Noted that wound pictures and measurements did not meet agency policy. The committee's findings were discussed with the RN involved in the patient's case.

Division of Home Care - SERVICES BY THE NUMBERS

Certified Home Health Agency

VISITS BY DISCIPLINE

Services	2017	2018	2019	2020	2021
Nursing	13,257	12,598	12,269	9,794	7,707
Physical Therapy	5,220	4,895	4,448	3,815	3,641
Occupational Therapy	364	576	1,108	723	479
Speech Therapy	31	14	120	152	229
Medical Social Worker	46	83	25	0	0
Nutrition	16	0	0	16	1
Home Health Aide	2,915	1,743	2,296	1,787	1,427
TOTALS	21,849	19,909	22,285	18,307	14,875

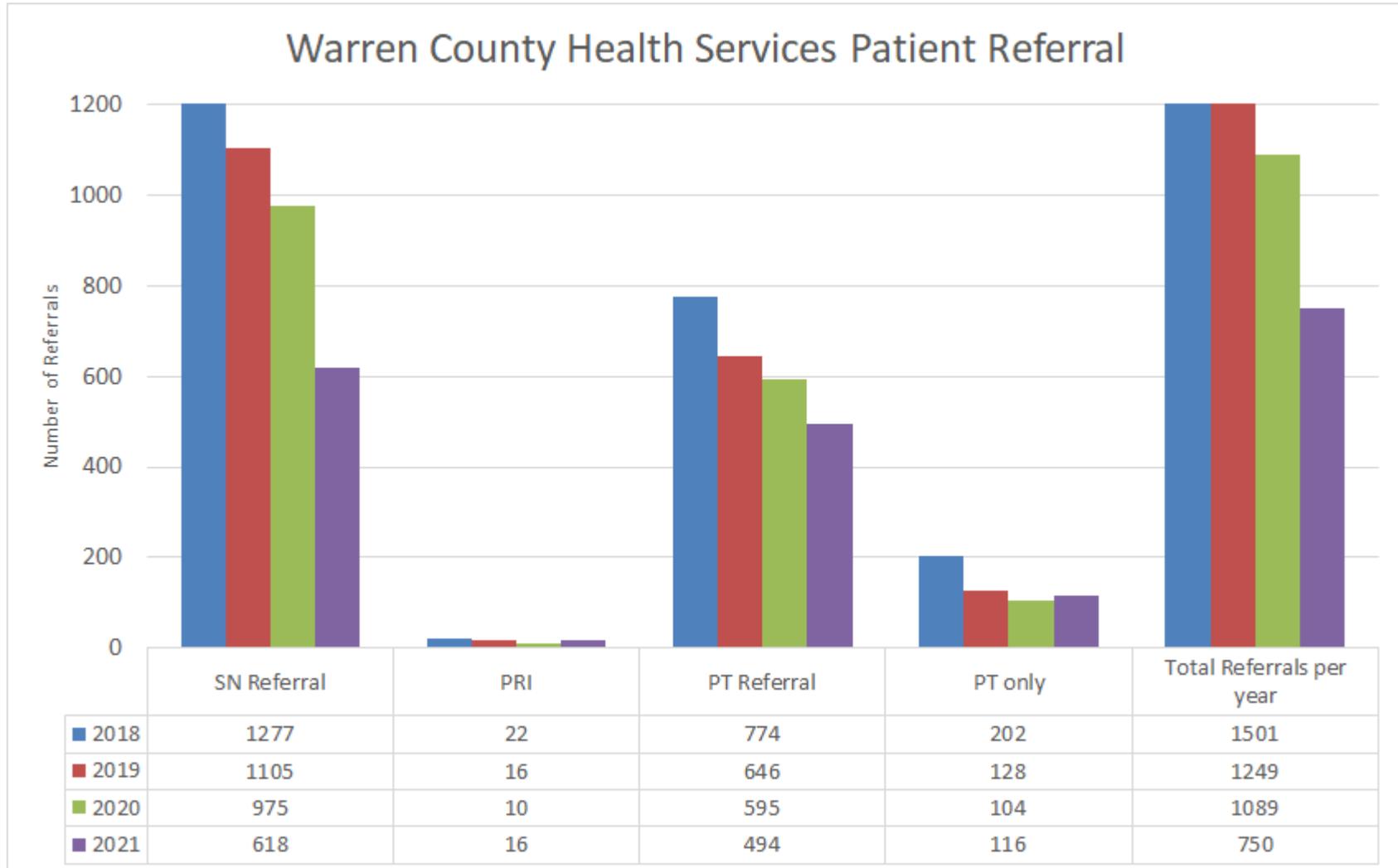
CERTIFIED HOME HEALTH AGENCY GEOGRAPHICAL STATISTICS

Patients by Town

Town	2019	2020	2021
Adirondack	29	21	21
Athol	31	21	16
Bakers Mills	24	15	12
Bolton Landing	76	64	61
Brant Lake	60	55	27
Chestertown	123	103	82
Cleverdale	13	16	3
Diamond Point	40	38	21
Glens Falls	609	525	466
Hague	27	39	36
Johnsburg	49	40	39
Kattskill Bay	12	12	3
Lake George	237	198	166
Lake Luzerne	155	121	82
North Creek	80	19	36
North River	7	11	1
Olmstedville	7	13	20
Pottersville	80	63	32
Queensbury	1253	888	710
Riparius	0	0	0
Silver Bay	1	9	11
Stony Creek	22	12	8
Warrensburg	293	237	179
Wevertown	35	6	15
Grand Total	3263	2526	2047

REFERRAL NUMBER REPORT

Warren County Health Services
 Patient Evaluations
 CHHA Division



REVENUE by PAYER

Traditional Medicare was 49.70% of our business for 2021 which is a 1.03% increase from 2019 and a 1.06% increase from 2020. Medicare reimburses the agency not by per visit (Fee for Service) but by episodes of care. The episode is a 30 day period and the Medicare payment is calculated by the score determined by the OASIS D assessment.

Managed Medicare comprised 29.63% of our revenues, which is an 11.8% increase from 2019 and a 11.71% increase from 2020. Managed Medicare reimbursement can be either Fee for Service or Episodic Rate and is determined by the Managed Care Company.

In 2021 Traditional Medicaid represented 2.14% of our CHHA revenue. While in 2019 was 5.59% and in 2020 4.85%.

In 2021 Managed Medicaid revenues were .46% and in 2019 .31% and 1.55% in 2020.

In 2020 Private Insurance represented 18.07% of our CHHA revenue and was 27.61% in 2019 and 27.03% in 2020.

HOME CARE GOALS FOR 2022

- ◆ Continue strong working relationships with referral sources to assure that our residents and existing clients continue to receive the quality of care provided by this agency in support of the changing times in delivering home health care
- ◆ Market our services and accomplishments to our residents and our referral sources
- ◆ Strengthen and Enhance the existing skilled programs we provide to our clients guiding them in managing their health
- ◆ Continue to promote our Palliative Care Program through collaboration with local providers as well as education and training of our staff to recognize and meet the needs of our Warren County Residents.
- ◆ Increase and enhance our remote patient monitoring through the use of Telemonitoring / Telehealth
- ◆ Obtain a new EMR that allows us to meet the rapidly changing requirements of home care in the most efficient method
- ◆ Recruit/retain staff in a most challenging workforce/labor shortage
- ◆ Strive to achieve the strongest Star Rating /HCCAPS/PDGM/HHVBP scores to provide quality and steady reimbursement

A Special Note of Thanks to Our Home Care Staff

In March 2020 WCHS had 12 nurses, however over the course of the pandemic effective in 2020 until 12/31/2021 we are down to 6. They are the core. We have staff with longevity. In today's world it is not that common to have someone stay at their position for 2 years not to mention 30 years.

Our nurses and therapists are front-line workers. These nurses go out everyday 365 days a year no matter how hot or cold, rain or snow, These nurses are ready to go. Our nurses provide assessment and follow up care to individuals with identified health problems. This follow up care includes assessment, teaching, nurse interventions, referrals to other providers or services and coordination of other agency services involved with the client.

The practice of home care is unique. It requires the understanding of family dynamics, cultural and socioeconomic influence on an individual's perception and response to illness or injury. It is not a one size fits all. Our staff is definitely unique, they truly give from the heart.

The pandemic had caused many clients to fear having the nurse come to their homes because they were afraid of the nurse/therapist bringing COVID to them or a loved one. However, after much patience, understanding and teaching by the nurse, our community had once again opened their arms and homes to Warren County Health Services to help them meet their health needs.

From 03/2020 – 12/31/2021, Warren County Health Services have seen 1,260 patients and has made 27,274 visits.

This is something to be extremely proud of and yes, we are definitely proud of each and every one of you.

CONTINUING CHALLENGES FOR WARREN COUNTY HEALTH SERVICES IN 2022

Our mission remains helping people to help themselves - to make a difference in the human condition. This is not an easy task. We realize gains may be slow, unpredictable, and not often immediately visible or measurable. With the COVID pandemic, many services were suspended so staff could assist with Covid response, which hugely impacted our agency's programs. In 2022, our agency will continue to lead pandemic response which has created unprecedented challenges.

Our challenge for 2022 will be to continue to assess, plan, and deliver programs that do not serve abstract purposes but are tangible and reach out to individuals, families, neighborhoods, and institutions at the community level. Through collaboration with many multidisciplinary service providers we seek to foster personal responsibility - not dependency on others. We know, however, various strategies must be constantly employed to assist and educate people with many diverse health care needs and agendas. We will continue to expand and utilize technology to optimize patient health outcomes, prevent and/or reduce the number of unnecessary hospitalizations, and use our nursing and support staff time more efficiently.

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

As the pandemic progresses to more normalcy, our agency will focus on rebuilding the agency and figuring out a way to creatively deliver community programs. This is an exciting time to truly evaluate gaps and collaborate with local agencies to promote and ensure necessary programs are available to those in need. The Community Health Needs Assessment and Community Health Improvement Plan processes will be valuable resources to make this happen.

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

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