

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

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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	Jennifer Rahl
Sarah Arnold	Tara Cote	Julie Madison	Cassandra Rausch
Dexter Baker	Drew Crawford	Danielle Martin	Lisa Reiter
Jackie Barney	Diane Decesare	Jamie Martin	Emily Russom
Alexandra Belden	Marie DeLorenzo	Janel Martinez	Michael Schrammel
Patricia Belden	Stacie DiMezza	Erik Mastrianni	Jignasha Shah
Cheryl Bellizzi-Sharron	Tawn Driscoll	Karen Mattes	Isabella Shrestha
Craig Briggs	Cathy Dufour	Robin McLaughlin	Kassandra Smith
Jodi Brynes	Dan Durkee	Laura Monroe	Donald Stack
Diane Caldwell	Nedra Frasier	Lisa Morton	Shannon Stockwell
Kathleen Callaghan	Diana Gillis	Brett Moulton	Susan Sylvia
Georgene Carpenter	Dorothy Grover	Mary Murphy	Alizah Tariq
Gwen Cameron	Dana Hall	Patty Myhrberg	Jamie Taylor
Beth Clark	Crystal Harrington	Jolie Navatka	Debbie Toolan
Cathy Cloutier	Tammy Harvey	Emma Nelson	Valerie Whisenant
Jamie Clute	Sara Hettel	Maureen O'Brien	Molly Wilkie
Olivia Cohen	Ginelle Jones	Bethany Paquette	Diedre Winslow
Meghan Collums	Emily Lalone	Nancy Parsons	Maxine Zwartkay
Florence Converse	Erin Langworthy	Kristen Phinney	

I am honored to be their colleague

HEALTH SERVICES COMMITTEE 2022

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
Claudia Braymer, Glens Falls
Douglas Beaty, Queensbury
Michael Geraci, Horicon

WARREN COUNTY HEALTH SERVICES 2022 ANNUAL REPORT

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

It may also serve as a resource document to:

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

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

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

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

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

This report covers efforts and services for the past year.

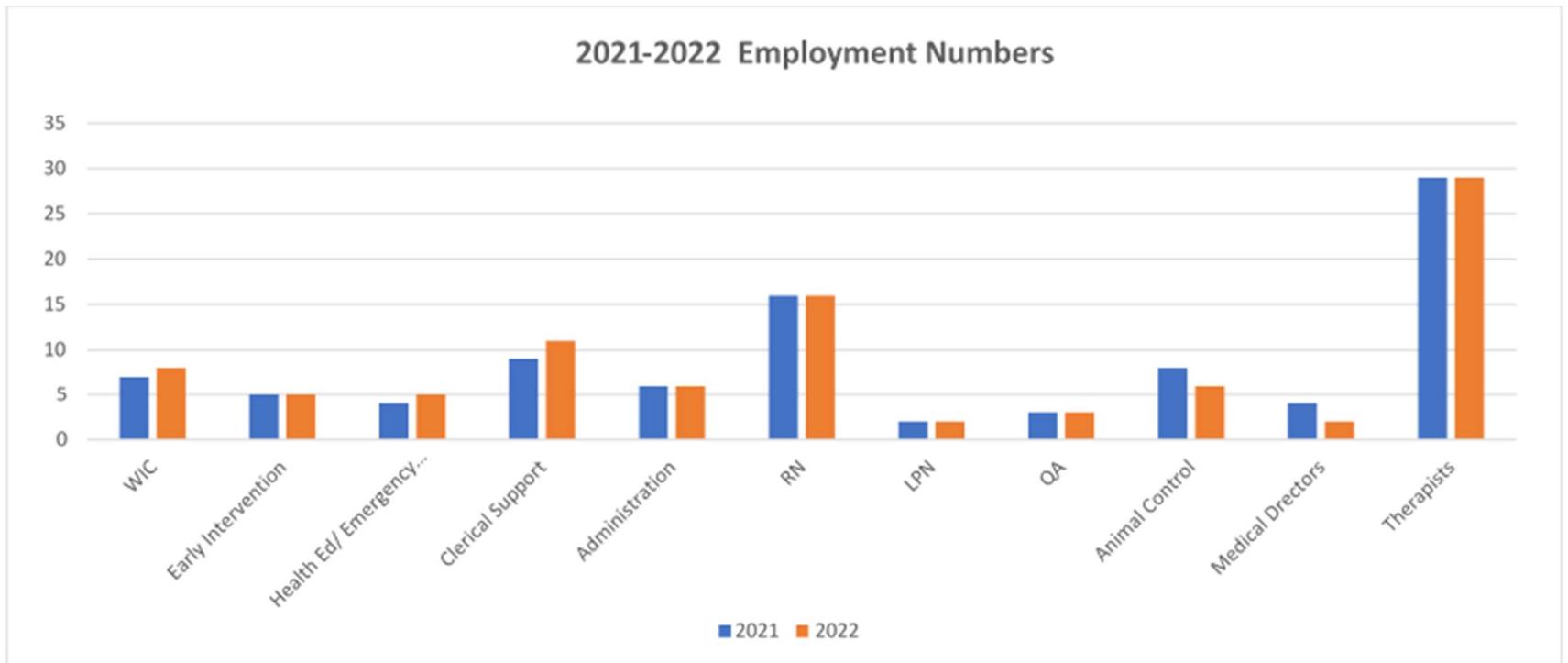
Our staff and contractors spent incredible effort promoting and protecting the health and safety of the community as they continue to lead the Covid Pandemic Response effort. Warren County demonstrated a solid and collaborative response. Staff worked until the job was done, demonstrating care, concern, compassion, and dedication. Health Services is fortunate to have such a wonderful team.

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 – Certified Home Health Agency Medical Director
Stephen Bassin – Doctor of Physical Therapy
Patricia Belden – Asst. Director of Public Health
William Borgos MD – Public Health Medical Director
Sara Deukmejian – ARHN Coordinator, Adirondack Health Institute
Tawn Driscoll – Warren County Health Services, Fiscal Manager
Joseph Dufour – FNP, Irongate Family Practice
Daniel Durkee – Warren County, Public Health Program Manager
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
Trish McKinney – Executive Director Greater ADK Home Health Aides
Deanna Park – Director – Office of Aging
Nancy Parsons – Warren County Health Services – Immunization Program
Valerie Whisenant – Asst. Director – Warren County Health Services
Rob York – Dir. of Community Services – Warren & Washington Counties

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



Department	Full Time	Part Time	Per Diem	
WIC	6	2		
EI	2	1		2
Health Ed/ Em. Prep	4	1		
Support	10			1
Admin	6			
RN	6	2		8
LPN	1			1
QA				3
Animal Control				6
Total Employed	35	6	21	62
Medical Director				2
Therapists				29
Total Contract			31	

The number of individuals working for Warren County remained consistent from 2021. These numbers do not include 19 individuals that remained on the payroll in the event that we need them for COVID related activities.

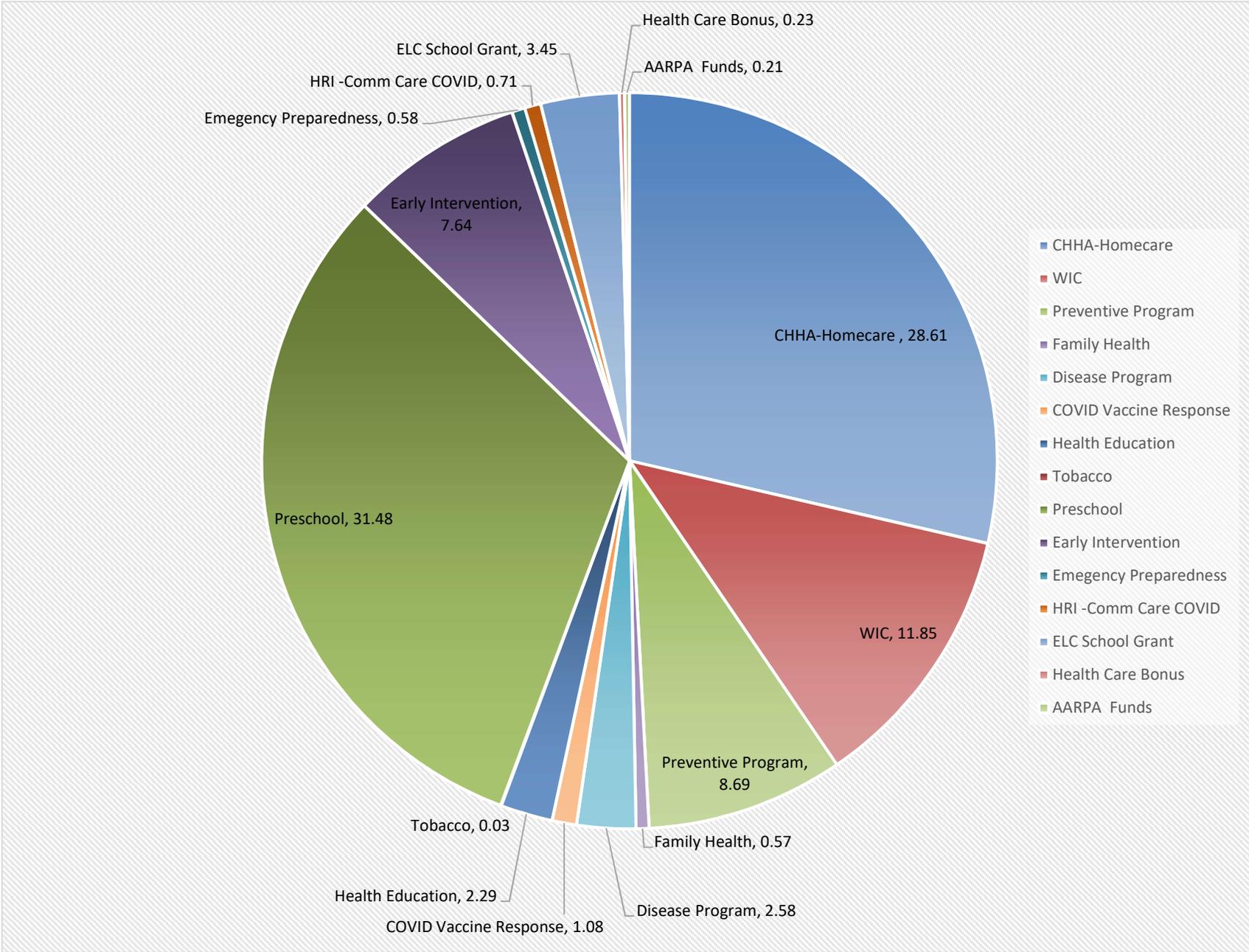
BUSINESS ASSOCIATES CONTRACTED IN 2022 FOR THERAPY SERVICES

Juliet Aldrich ST
Stephen Bassin PT
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
Suzanne Gowen PT
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 12/31/2022
2022 Percentage of Expenditures by Program**



Total Expenditures: \$8,832,867.44

*Mandated Programs account for **41.70%** of total expenditures (Disease Program, Preschool Program and Early Intervention)

**WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS
REVENUE AND EXPENDITURES FOR 2022**

EXPENSES	2022 BUDGETED	2022 YTD ACTUAL	2021 Prior Year Totals
Salaries - Regular	\$3,082,552.81	\$2,130,579.05	\$2,253,568.55
Salaries - Overtime	\$190,700.00	\$62,381.37	\$155,258.31
Salaries - Part Time	\$881,779.19	\$265,766.35	\$533,265.12
100's PERSONAL SERVICES	\$4,155,032.00	\$2,458,726.77	\$2,942,091.98
200's EQUIPMENT	\$867,529.83	\$153,138.44	\$69,942.71
400's CONTRACTUAL	\$6,950,449.42	\$5,145,939.42	\$5,557,847.08
800's EMPLOYEE BENEFITS	\$1,586,281.07	\$1,075,062.81	\$1,294,467.65
TOTALS	\$13,559,292.32	\$8,832,867.44	\$9,864,349.42

REVENUES	2022 BUDGETED	2022 YTD ACTUAL	2021 Prior Year Totals
	\$11,002,826.62	\$6,238,498.31	\$7,185,081.36
IMPACT TO COUNTY	(\$2,556,465.70)	(\$2,594,369.13)	(\$2,679,268.06)

In 2022, Total Personal services were down \$1,696,305.23 or 40.82% from Budget and \$483,365.21 or 16.43% down from 2021 Salaries. Employee Benefits were also down from budget \$511,218.26 or 32.22% and \$219,404.84 or 16.95% down from 2021 expenses. These savings have been primarily due to loss of staff needed for Contact Tracing and Per Diem staff for clinics and also loss of nurses in the Homecare Division. Salaries also were down in Family Health due to the Pandemic, we were not seeing infants and mothers at this time. The loss of these positions decreased our employee benefits. Also to note the Retiree Health Insurance decreased by \$11,736.14 or 6.17%.

Contractual expenses were below budget by \$1,804,510 and also down from 2021 by \$411,907.66. 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 in past years, however in 2022 many of these expenses were no longer being utilized.

To also keep in mind, in 2022 many services /schools were back to normal. However, in the Preschool Program there has been a Provider Shortage and therefore these children either did not receive services and were added to a waiting list or were recommended to have program in the home or Daycare therefore no transportation expenses. Therefore in 2022, transportation costs were lower due to the fact that there were some children who did not need transportation. However, keep in mind we are still paying the Transportation company a much high "pandemic" rate and working with them on a new contract.

While Revenues did come under budget for 2022 the impact to the County was only \$37,903.43 above budgeted impact. The Home Care Division made up most of this reduction in revenues. This is due to the decrease in revenues from the loss of Nursing staff and due to competition from other agencies. With less staff we were unable to take as many referrals, therefore less revenue. There were only a few children who were seen in Family Health in 2022, therefore those revenues were less. Also less clinic Revenue for Rabies, Immunization and the Travel clinic. 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**

	2018	2019	2020	2021	2022
Births	534	521	480	512	525
Deaths	624	631	689	744	622



Public Health

Prevent. Promote. Protect.

Warren County Health Services
Division of Public Health

COVID IMMUNIZATION CLINICS 2022

Covid vaccines clinics continued throughout 2022. We held weekly clinics at the Health & Human Services building, while also traveling around the county to local schools, SUNY Adirondack and senior housing facilities offering vaccinations. We also assisted area nursing homes and Warren County Jail transporting vaccines for their use to vaccinate residents and employees. We are continuing to hold clinics to vaccinate any person eligible. In total for 2022 we held **65** clinics giving approximately **1600** doses and vaccinated **75** homebound patients.

Our last change in vaccinations occurred in August 2022 determining that all vaccines given to anyone who completed the primary COVID vaccine series could only receive the Bivalent COVID Booster. We had a resurgence in the number of patients coming to our vaccine clinics for approximately 3 months, then the numbers dropped off as more people received the Bivalent COVID Booster

PUBLIC HEALTH SERVICES

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

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

10 ESSENTIAL PUBLIC HEALTH SERVICES:

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

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.

2022- As of September 2022, we have been unable to accept referrals due to a nursing staff shortage. We are currently trying to fill vacancies.

PRENATAL PROGRAM DATA

	CLIENTS REFERRED (UNDUPLICATED COUNT)	PRENATAL HOME VISITS MADE	TOTAL BIRTHS*	TEEN PREGNANCY TRENDS (ENDING IN LIVE BIRTHS) <18YRS OLD*
2018	67	25	534	5
2019	40	33	521	3
2020	16	8	480	4
2021	11	0	512	1
2022	3	5	525	5

*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.

~ As of September 2022, our last full-time Public Health Nurse (PHN) resigned. We are currently advertising for PHN's, but at this time, are unable to accept MOM's, MCH or Synagis patients.

Women Infant and Children Program (WIC) 2022

The Warren County WIC Program is sponsored by Warren County Health Services (WCHS). Our program maintains five 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, 2021 marked the end of the five-year contract between the WIC, USDA, NYS DOH and sponsoring agencies and during the years 2021 and 2022 Warren County Public Health reapplied for the USDA grant. The fiscal year of 2021-2022 was covered by an extension of the 2015 contract and the new fiscal grant is starting in 2023. As of March 2023, Warren County Public Health was re-awarded the federal WIC grant which will now cover another five years of WIC funding from October 1, 2023- September 30th 2028. There are nine WIC clinics held throughout Warren County each month, located in Lake George, Glens Falls, Queensbury, Lake Luzerne, Warrensburg, North Creek and Horicon. Appointment hours span from early morning to evening depending on the clinic 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. During the previous 2020-2021 fiscal years, all appointments were conducted remotely over the phone in order to protect the immunocompromised WIC population being served from exposure to COVID 19. However as of October 2022 WIC staff have returned to conducting remote clinics and are seeing 66% of appointments in person once again, with 33% of appointments still being conducted remotely. This has allowed an easier transition for participants back to the in-person clinic setting All required precautionary safety measures are being taken to prevent the spread of disease and maintain participant health and safety.

The NYS DOH determines the yearly WIC budget based on a target population of 1,500 participants or less. During the federal fiscal year 2022 WIC served an average of 2,911 participants, up from 2,788 participants in the fiscal year of 2021. WIC caseload increased in FFY22 for a variety of reasons, including the cessation of pandemic SNAP and financial aid increases and reestablishment of public transportation which increases the ability of participants to get to the grocery store. Additionally, the remediation of the nationwide formula shortage has made it easier for participants to redeem their benefits.

The online information management system (NYWIC) and an electronic benefit system (eWIC) are fully up, operational and in use during FFY22. NYWIC was rolled out in October 2018 and has since received an extremely positive response from both participants and WIC employees alike. The presence of WIC online has allowed Warren County to more efficiently serve those at satellite clinics as less equipment is required to run clinics, and less physical storage space is needed for participant records. Additionally, the eWIC cards participants now use to purchase groceries at the store have led to a faster shopping experience, less stigmatization at the store and a more convenient utilization of benefits. The WIC2GO application (App) for smartphones is also available for participants to download, an easy way for participants to check remaining benefits left on the card, determine which items at the store are WIC approved and view their next appointment times. All of this is geared towards making the WIC shopping experience easier for participants and increasing the retention and expansion of the WIC caseload. The system was constantly being updated and

improved in FFY22 to ensure that the platform becomes more efficient and reliable with each coming year. The NYWIC system has made it easier to conduct appointments and issue benefits both remotely and in person during the transition out of the COVID 19 pandemic. This has helped keep immunocompromised participants safe and healthy by limiting exposures to COVID 19.

Site	Approximate Average Percentage of Participants per Site 2020	Approximate Average Percentage of Participants per Site 2021	Approximate Average Percentage of Participants per Site 2022
Village Green Apartments- Glens Falls	14%	12%	10%
Main Site- Warren County Municipal Center	37%	36%	38%
North Creek Fire House- North Creek	4%	4%	5%
Horicon Community- Brant Lake	2%	4%	5%
Hudson Headwaters Health Building- Warrensburg	7%	8%	8%
Lake Luzerne Community Center- Lake Luzerne	4%	5%	4%
VFW Post #6169- Queensbury	12%	10%	9%
United Methodist Church- Queensbury	6%	6%	6%
First Baptist Church- Glens Falls	14%	14%	15%

The focus area of Warren County WIC in FFY22 was increasing the rate of referrals from health care providers and therefore increasing the amount of participant anthropometric measurements received. This was in hopes of increasing the quality of staff documentation in the NYWIC system and refining the high-risk care provided to participants within the Warren County WIC agency. 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.

Health care provider referral forms were updated to streamline this process during the two-year pandemic period. In the year 2022, 56% of the forms sent out to Health Care Providers were returned, up from 15% the previous year. This was achieved through the diligent promotion of referral forms via mail, email and personal calls to the Health Care Providers. These forms will continue to be used by Warren County WIC in fiscal year 2023 due to the successful health care provider response. The usage of the forms has increased, and positive feedback regarding these forms and how easy they are to use has been received from various pediatric offices. Staff also participated in numerous trainings and underwent various quality checks by the state and WIC 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. Initially in 2022, COVID necessitated that most outreach was remote. However, Warren County WIC was also able to begin participation in a variety of in-person outreach groups and committees near the end of the year due to the loosening of COVID restrictions. These include the NYS breastfeeding coalition, HENSAC meetings and the Cornell Cooperative Extension Parent Ambassador Group. Other community partners that WIC has fostered relationships and worked with during 2022 are as follows; 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, and the numerous food pantries in the area.

By collaborating with these agencies and participating in these committees, WIC creates a “One Stop Shop” environment tailored towards participants who have limited time, transportation or knowledge of services in the community and allows them have access to a variety of services while at their WIC appointments. WIC was also participating in and developing various health awareness campaigns remotely during the pandemic, including running a remote video recipe program and sending home lunchboxes, toddler utensils and other incentives that were easy to mail. Now that clinics are again 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. WIC clinics began again October 2022. The staff was working from home during COVID. To note that the WIC staff is down 1 full time and 1 part time position. Due to no additional funding expected from the WIC grant, these positions will not be filled at this time. Per the County, the amended Budget allocated to WIC for 2022 was \$1,192,898.38. Expenses for 2022 totaled \$1,046,399.71. Food voucher values given to us from the State for WIC total was \$580,153. This was booked as both a Revenue and Expenses in the WIC General Ledger. Also to note for 2022, we were able to bill \$33,354 in indirect costs.

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
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%
2022	525	74 (No Twins)	74 (61 breastfeeding) (20 Primary CS) (10 Repeat CS)	0	2 74 Letters	26	5.0%

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 2022(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.
- 2022- 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.

~ As of September 2022, we have been unable to accept referrals due to a nursing staff shortage. We are currently trying to fill our vacancies.

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.

2018	295	253	86%
2019	319	272	85%
2020	209	174	83%
2021	93	67	72%
2022	74	61	82%

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
2018	21
2019	18
2020	3
2021	0
2022	0

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

2022- Due to nursing staff shortage, we are not able to accept Synagis referrals.

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
2018	92
2019	93
2020	50
2021	42
2022	48

	2019	2020	2021	2022
New Admissions	51	21	31	40
Developmental Screenings Completed	89	37	45	66
Referrals to EI Completed	19	17	14	11
Discharged With Normal Development	23	9	10	8

** 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

	2018	2019	2020	2021	2022
Referrals Received	151	157	117	138	220
Children Served	235	245	161	180	190
Dollars Received From NYS	\$208,435.87	\$263,139.09	\$169,984.28	\$53,674.83	\$164,056.69
Dollars Received From Medicaid	\$35,007	\$32,657	\$28,139	\$6,370	\$3,912.74
Dollars Received from Escrow	\$43,671.40	\$37,745	\$2,305	\$78	\$0
Dollars Received From EI Grant	\$24,644	\$24,644	\$24,644	\$19,678	\$48,566
Dollars Received From Private Insurance (For EI Svc Coord Only)	\$0	\$0	\$0	\$0	\$0
All Expenses Before Reimbursement	\$839,449.01	\$805,206.57	\$526,256.07	\$593,667.29	\$674,788.71
Amount of Expenses Appropriated (budgeted, total-amended numbers)	\$861,962	\$815,083	\$724,411	\$629,821.21	\$740,478.69
Expenditures For County After Reimbursement Received	\$527,690.74	\$447,021.48	\$301,183.79	\$513,866.46	\$458,253.28
Average Cost to County Per Child Served	\$2,245.49	\$1,824.57	\$1,870.71	\$2,854.81	\$2,411.86
Births in County	534	521	480	512	525

Source: General Ledger Journals and cash journal for 1/1/22-12/31/22

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 down to \$2,411.86 for 2022. 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 are up for 2022, the cost per child has decreased. Expenses have increased in 2022 primarily with the cost of transportation. It should be noted the transportation company requested a “Pandemic” rate for all children in 2022. Warren County no longer receives payments from insurances however does receive Medicaid for Service Coordination and is paid as a vendor through Escrow. The revenue for the therapists contracted through Warren County Home Health Care (CHHA) division, is reflected through the CHHA, while expenses paid through the escrow goes through EI and is billable to the State. Cash received in the year is directly deposited to the CHHA for services related to the therapists who are paid directly through the CHHA. The cost per child served will vary depending upon the reimbursement potential for each individual. Dollars received are based on actual cash in for the year, not revenues booked. In 2022, we received more cash from 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

	SCHOOL YEAR Ending 2017	SCHOOL YEAR Ending 2018	SCHOOL YEAR Ending 2019	SCHOOL YEAR Ending 2020	SCHOOL YEAR Ending 2021	SCHOOL YEAR Ending 2022
All Children Served	333	335	357	324	299	323
Services Only	275	287	300	286	262	266
Evaluations Only	58	48	57	38	37	57
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	\$2,278,794.49
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	\$2,441,271.03
Transportation Costs Approved	\$370,025.19	\$362,110.99	\$329,391.34	\$232,652.39	\$481,268.33	\$372,276.24
Transportation Costs Paid	\$328,003.23	\$343,498.58	\$325,004.29	\$224,303.07	\$461,691.55	\$406,429.60
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	\$8,816.41
Amount of Medicaid Received	\$44,942.74	\$1,137.76	\$68,849.03	\$63,062.93	\$184,111.27	\$244,710.25
Amount State Aid Received	\$1,204,229.64	\$957,820.62	\$1,044,507.61	\$1,201,297.56	\$1,899,562.93	\$2,220,695.10
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	\$119,581.15
Administrative Costs Paid to School Districts each year	\$0	\$142,927	\$238,408.02	\$169,697.33	\$18,662	\$287,546.56
Program Costs After Reimbursement	\$1,326,645.53	\$1,446,887.87	\$1,368,561.45	\$1,480,513.78	\$1,039,579.06	\$382,295.28
Average Cost Per Child After Reimbursements**	\$3,983.92	\$4,319.06	\$3,833.50	\$4,147.10	\$3,476.85	\$1,183.57

SPECIFIC SCHOOL DISTRICT DATA

***Source: General Ledger/Accounts Payable Reports, Cash Receipts Journal, Budget Performance Report & Preschool Reports, 1/1/22-12/31/22.**

Cost per child does not include expenses or reimbursements related to Administrative Costs to School Districts. It is strictly related to services only, such as Tuition, Therapy, Evaluations, and Transportation. The cost per child is somewhat skewed due to the fact that the calculation is based on cash in/cash out for the year. For 2022 program costs per child after reimbursement was \$1,183.57 which is less than previous years. However, this is due to the fact that total program costs were less in 2022 than in other years and the fact that the actual amount received from State Aid and Medicaid was much more. We served 323 children in 2022 compared to 299 in 2021. 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. Transportation is still being billed at the "Pandemic" rate. Also, we only receive 59.5% back on expenses billed to the State for Preschool activities. Medicaid reimbursements for 2022 was \$244,710.25 our highest in five years. We continue to work diligently to bill Medicaid for those children that are eligible. We are 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 Administration. Also keep in mind there is a Provider shortage and less classes being offered, therefore children who could not receive related services were given a recommendation to receive therapy in the home or daycare, therefore no transportation needed.

PRESCHOOL-CHILDREN QUALIFYING FOR AND RECEIVING SERVICES 2022
(Does not include children receiving evaluation services only.)

SCHOOL DISTRICT	School Year 2018-2019	School Year 2019-2020	School Year 2020-2021	School Year 2021-2022	School Year 2022-2023
Abe Wing (GF Common)	14	11	12	13	15
Bolton	6	4	2	2	4
GF City	96	94	80	68	73
Hadley Luzerne	10	15	14	14	20
Johnsburg	7	8	9	11	8
Lake George	10	11	9	8	5
No. Warren	14	20	19	14	16
Queensbury	97	108	116	113	106
Ticonderoga	0	0	0	0	0
Warrensburg	24	29	24	17	18
Minerva	0	0	1	1	1

Administrative Costs Paid to School Districts During 2022			Rate Reconciliations**	2020	2021	2022	Budget Appropriation for Contractual Services (Amended Budget)	
	19/20 SY Paid 2022	20/21 SY Paid 2022	School Years Paid For	15/16,& 17/18	17/18,18/19, 19/20 & 20/21	19/20,20/21 & 21/22		
Bolton	\$1,842	\$1,288	Paid Out to Providers	\$602,447.06	\$5,373.04	\$19,391.20	2018	\$2,736,664
GF City	\$15,721.92	\$17,790.72	Received from Providers(credits)	\$1,147.01	\$7,276.22	\$766.96	2019	\$3,440,959
GF Common	\$12,894	\$10,438					2020	\$3,071,750
Hadley Luzerne	\$12,280	\$10,438					2021	\$3,150,919
Johnsburg	\$6,754	\$0					2022	\$2,961,299
Lake George	\$8,596	\$5,526						
North Warren	\$11,052	\$12,280						
Queensbury	\$82,276	\$83,316						
Minerva	\$0	\$0						
Warrensburg	\$7,333.92	\$0						
TOTAL	\$158,749.84	\$141,076.72						

*Administrative Costs for 2019-2020 and 2020-2021 from school districts were paid in 2022 which totaled \$299,826.56. For 20/21 Johnsbury, Minerva and Warrensburg were not paid until January 2023. 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 for 2022 are reflected above for school years 2019 to 2022. Providers are able to bill the County 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 1/1/22-12/31/22.

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

In 2022, Warren County Public Health continued its transition from COVID-19 pandemic response initiatives to more traditional public health programs. To support the transition back to traditional public health programming and to close gaps left by staff retirements and resignations that occurred during the pandemic two full-time health educators were hired, several public health liaisons were retained (originally hired for COVID-19 response activities) and one staff person was promoted to Public Health Program Coordinator.

The transition from the COVID-19 response to traditional public health initiatives was slowed early in the year as COVID-19 cases soared, vaccine boosters were being recommended and New York State Department of Health began rolling back many of the COVID-19 regulations based on Centers for Disease Control recommendations. All the new vaccine information and the disorganized way NYSDOH rescinded or allowed to expire most of the COVID-19 regulations led to increased confusion among local health departments, county and local elected leaders, business and community groups and the public.

By mid-March it became clear that the COVID-19 response at a State level had shifted from containing COVID-19 through mandates for mask wearing, isolation and quarantine and vaccination to asking the public to take responsibility for their behaviors to reduce COVID-19 impacts.

Priority Identification

Priority 1 – Staff Training

Staff training, and orientation was one of the main priorities of the health education program. Health education staff had not had any exposure to traditional public health programming during the pandemic. Staff was provided detailed information about the NYSDOH Article 6 General Public Health Work Program which includes

Completion of a Community Health Assessment & Improvement Plan	Lead Poisoning Prevention Program
Chronic Disease Prevention (CVD, Cancer, Diabetes, Tobacco Use, Obesity, and Asthma)	Sexually Transmitted Infections/HIV Prevention Program
Communicable Disease Surveillance, Reporting and Control	Immunization Program
Arthropod-borne Disease Vector Surveillance and Control	Rabies Control and Prevention program
Family Health	

Although health education staff may not be the primary people charged with ensuring the program requirements are met they do play a supporting role in ensuring the successful completion of each of the program requirements.

Staff also received basic training on how to document their time allocations on projects and expectations when interacting with community partners and the public.

Priority 2 – Program Familiarization

New staff needed to become familiar with educational programs that had been provided to all different types of organizations. The new health educators shadowed an experienced educator during community engagements, classroom presentations, online programs and in-person meetings. The educators were also provided with training and information about any visual aids, presentation materials, props, available IT equipment and reliable educational pamphlets, fact sheets etc.

Priority 3 – Building Online Presence

The COVID-19 pandemic forced local health departments to use online tools and social media to reach the public with important information, timely updates. Using the momentum provided by the pandemic health education staff began building a plan to strengthen and increase our online and social media reach. Initiatives undertaken in 2022 include regular weekly posts to our social media pages about different health topics, creation of a podcast series, publishing of an online newsletter and an update to the Public Health webpage (see below for details).

Priority 4 – Restoring Collaborative Networks

Health education staff served on many different committees and work closely with community partners that stopped meeting during the pandemic. Health education staff began restoring connections with partners like Cancer Services Program at Glens Falls Hospital, Adirondack Rural Health Network, Breastfeeding Coalition, Office of Community Services (mental health) to name a few. There is also a push going into 2023 to expand the number of networks Public Health is a part of utilizing the new staff.

Priority 5 – Align Program Strategies to meet NYSDOH Article 6 General Public Health Work Program Requirements

New York State Department of Health assists local health departments deliver public health services to their residents by providing funding through the Article 6 General Public Health Work Program. In order to receive the funding LHD's have to meet the requirements of each part of the program (see table above). By aligning our health education programs to the Article 6 program requirements we can ensure Public Health continues to receive the full amount of funding available.

Accomplishments of 2022

2022-2024 Community Health Assessment and Improvement Plan

Every 3-years Warren County Public Health is required by NYSDOH to conduct a Community Health Assessment and create an Improvement Plan in cooperation with Glens Falls Hospital and Community partners. The completed plan which identified two priority areas *Chronic Disease Prevention* and *Promote Well-Being and Prevent Mental and Substance Abuse Disorders* was submitted to NYSDOH in November 2022 for review. For a detailed look at the CHA/CHIP plan go to <https://warrencountyny.gov/sites/default/files/healthservices/docs/education/2022-24%20Warren%20County%20Public%20Health%20CHA-CHIP%20Document.pdf>

Social Media and Podcast Activities

Warren County Public Health recently began a greater focus on outreach using online platforms and social media. With COVID-19, it became clear that there were gaps in our outreach capabilities. To better address these gaps, a greater emphasis on social media, online newsletters and began a podcast called "Just for the Health of it". Our social media pages include Instagram, Facebook and YouTube. These platforms have involved more than 700 combined posts and over 5 hours of content. Using these platforms, Public Health has been able to reach a greater audience without needing to host in-person events. The "Just for the Health of it" Podcast follows along with health observances for each month and involves hosting local health experts such as pediatricians, cardiologists, program managers, and service directors, to discuss various health topics. This podcast has covered topics such as Childhood Obesity, Cervical Cancer Screenings, Gambling Addictions, HIV and AIDS, and many more. Using different platforms, we can reach a broader audience.

Emergency Naloxone Kits Deployment

Public Health worked with Adirondack Health Institute (AHI) on the Rural Communities Opioid Response Program (RCORP) program to increase access to emergency naloxone kits in communities throughout Warren County. Health education staff attended regular meetings and worked as a liaison between AHI and potential businesses and community organizations to find suitable locations for kit deployment. At the time of this report 20 kits had been deployed in Warren

County to convenience stores, libraries, low-income housing, a college campus and business locations. For a detailed list of locations go to <https://ahihealth.org/rcorp/>.

School Classroom Presentations

In May of 2022 health educators were able to resume in person classroom programs at preschools, Head Start and Pre-K thru 12th grade schools. Programs cover a variety of general health and well-being topics including handwashing, dental health, nutrition, physical activity, tobacco/vaping prevention, HIV/AIDS educations (HS), several injury prevention programs and tick and Lyme disease programs. The table below shows the number of programs provided.

Topic	Grades	Classes	Total Students	Notes
Bus/Pedestrian Safety	Pre K – K	6	92	
Dental Health	Pre K – 3 rd Grade	22	388	
Heart Health	3 rd Grade	2	41	
Handwashing/Hygiene	Pre K – 3 rd Grade	13	300	
Injury Prevention	Pre K – 3 rd Grade	7	171	
Nutrition	Pre K – K	10	147	
Poison Prevention	Pre K – K	3	49	
Tobacco/Vaping	5 th – 12 th Grade	10	186	
Sun Safety	Pre K – 5 th Grade	18	334	
HIV/AIDS	9 th – 12 th Grade	5	88	
Totals		96	1796	The “total students” does not represent individual students. Instead it shows the number student contacts. Many students participated in more than one class topic.

Community Engagements

Community engagements are an important part of public health. They allow staff to interact with the public on a personal level and hopefully build trust with community members. During the pandemic these types of events were not allowed so it was important for public health staff to begin reconnecting with the public in 2022. Community engagements can be initiated by public health or staff can sign on to be part of larger organized community events. The following table provides a summary of community engagements for 2022

Topic	Event Organizer	Date	Location	Notes
General Public Health Information	Warren County Inter-Agency Coordinating Committee	5/20/2022	Queensbury High School	Community Service Provider Fair
Tick & Lyme disease Informational Tables	Warren County Public Health	5/5, 5/25, 5/26 & 7/5/2022	Cole’s Woods & Rush Pond Trailhead, Ski Bowl Park (North Creek), Pinnacle Trail (Bolton), Hike-a-Thon (Bolton)	Tick & Lyme disease Awareness Campaign
Tick & Lyme Disease/Sun safety	Warren County DPW	5/24/2022	Warren County Fair Grounds	Annual Safety Day for DPW Staff

Bike safety, Sun safety, Tick & Lyme Disease	Family Service Association	7/1/2022		Out Door Friday Family Event
General Public Health Program Information	SUNY ADK	9/22/2022	SUNY ADK Campus	Health Fair. Open to the Students & Public
Breast Cancer Screening	American Cancer Society	10/23/2022	Glens Falls City Park	Annual Awareness Event
Flu/COVID	SUNY ADK	10/25/2022	SUNY ADK Campus	Student Information Table
EPR/ Fall Prevention	Fidelis	12/3/2022	Aviation Mall/Indoor Farmer's Market	One-time event during open enrollment.
STI's/HIV/Hep C	SUNY ADK	12/8/2022	SUNY ADK Campus	Student Information Table

Along with the in-person community engagements Health Education staff also conducted 8 mailer campaigns that targeted either businesses, healthcare providers or community partners covering a variety of topics including cancer screenings, fall prevention, and breastfeeding to list a few.

Renewed and New Community Partnerships

- Met with the Cancer Services Program at Glens Falls Hospital and agreed to collaborate on cancer screening and prevention initiatives for 2022-2023
- Continued to serve on the ARHN Regional Community Health Assessment workgroup and agreed to serve as the County co-chair for the 2022-2023 planning years.
- Rejoined the Office of Community Services Mental Health / Addiction Recovery Subcommittee
- Rejoined the Warren County Inter-Agency Collaboration Committee - A committee comprised of staff from school districts (including WSWHE BOCES), Warren County agencies, not-for-profits, local organizations and individuals who work with children and families that need or request support and assistance across a variety of topics.
- New – Participation in the Breastfeeding Coalition
- New – Participation in the AHI Tobacco Taskforce Coalition to address topics including quit smoking resources, youth and tobacco advertising, secondhand smoke exposure especially in low-income housing, retail and point of sale marketing, smoke-free parks playgrounds and recreational areas.

Outlook for 2023

With addition of two health educators and the elimination of most COVID-19 pandemic restrictions, Warren County Public Health hopes to expand its health education program. Priorities included implementation of the Community Health Improvement Plan, reconnect with schools to provide classroom-based health programs, rebuild and strengthen networks with our community partners that have been affected by the pandemic and explore new opportunities to engage with the communities we serve.

LEAD POISONING PREVENTION PROGRAM 2022

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

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

Warren County Public Health Emergency Response Planning

During the first quarter of 2022 most of Public Health's emergency preparedness activities remained focused on the COVID-19 pandemic response. Public Health continued to provide guidance to schools, businesses, community groups and individuals about the rapidly changing COVID-19 mandates.

Vaccination clinics continued to be offered on a weekly basis as new COVID booster doses were recommended. To reach and encourage populations less likely to get vaccinated community pop-up clinics were provided. There was also a push to get children vaccinated against COVID using school-based vaccination clinics.

In addition to COVID response activities there was a renewed push from New York State Department of Health Office of Health Emergency Preparedness to have Public Health resume more traditional emergency preparedness activities. These activities are driven by pre-determined deliverables established by NYSDOH.

Meeting New York State DOH OHEP and Federal Mandates

- Updates were made to the Annual Preparedness Survey which consists of seven sections including; baseline data, community resilience, incident management, information management, countermeasures and mitigation, surge management and biosurveillance.
- Attended four mandatory Health Emergency Preparedness Coalition Meetings and was a presenter at the September meeting.
- Updated the Points of Distribution and Dispensing Survey which includes three sections; county staging site information, points of dispensing baseline data, and points of dispensing security forms.
- Reviewed and modified Medical Countermeasure Clinical Operations Plans for two Points of Dispensing (POD) locations.
- Held three virtual local Emergency Preparedness and Response committee meetings. These meeting allow for EPR partners to connect with one another, share updates on their current activities and promote trainings and exercise across a diverse group of organizations that may have a role in responding to large scale emergencies which includes public health emergencies.
- Staff participated in the follow trainings; Specimen Packaging and Shipping, National Incident Management System trainings (various), Fatality Management, and Crisis and Emergency Risk Communication.

Drills & Exercises

Although drills and exercises remained limited several tabletop and functional drills and exercises were conducted including

- Conducted two ServNY Volunteer program communication drills to test the response rates for people signed up to volunteer in Warren County during an emergency. The results showed more consistent communication is needed with volunteers to get them to respond.
- Participated in the annual Chempack training with Glens Falls Hospital and Warren County Sheriff's department. The drill is limited and discussions about deployment of the Chempack materials to a "hot zone" have been discussed, but at this time a full-scale exercise is not feasible.
- Participated in a NYSDOH led Interoperable Communications Drill to test various communications system used during an emergency. No major problems were found.

Real World Events

- Participated in planning meetings for the World University Games which anticipated 12,000 athletes from around the world participating. Warren County was involved because the skiing portion of the games was being held at Gore Mountain in Northern Warren County.
- Following the New York State Health Commissioner's declaration of a Statewide Imminent Public Health Threat from Monkeypox, Warren County provided updated treatment and vaccination information to healthcare providers within Warren County as it was provided by NYSDOH. Warren county also provided situational updates as needed County Officials and healthcare providers.
- COVID-19 response activities continued for all of 2022. Warren County shared information and guidance documents with schools, daycares, healthcare providers, businesses, community organizations, local elected leaders and the public. Other resources were provided for schools to assist in the safe start of the 2022-23 school year. Please see COVID-19 pages for details.

Looking Ahead

As Warren County emerges from the COVID-19 pandemic the emergency preparedness program finds itself again understaffed. There is currently no full-time public health staff person overseeing the program. The program is currently overseen by a full-time Public Health Program Coordinator who is assigned to about 5 hours a week in the EPR program, and a part-time public health liaison who can spend no more than 24 hours a week on the EPR program. Many of the other roles and responsibilities are divvied up among remaining public health staff which has seen several public health nurses retire in 2022 and one nurse resign.

Warren County Public Health will continue to meet the baseline requirements of NYSDOH for the emergency preparedness program.

It should be noted that the Public Health Emergency Preparedness program does not include staff that are funding through various COVID-19 grant monies. Please see the COVID-19 pages for activity and staffing details. It is anticipated that once those grants expire the positions that are funded by those grants will be eliminated.

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>2018</i>	<i>2019</i>	<i>2020</i>	<i>2021</i>	<i>2022</i>	<i>DISEASE ENTITY</i>	<i>2018</i>	<i>2019</i>	<i>2020</i>	<i>2021</i>	<i>2022</i>
Amebiasis	0	0	1	0	0	Lyme Disease	26	62	18	30	197
Anaplasmosis	17	47	38	76	57	Meningitis (bacterial)	0	0	1	0	0
Babesiosis	0	4	3	5	6	Meningitis (viral)	0	0	0	1	0
Brucellosis	0	0	0	0	0	Mumps	0	2	0	0	0
Campylobacteriosis	10	10	9	8	12	Pertussis	0	1	1	0	0
Chikungunya	0	0	0	0	0	Salmonellosis	6	6	2	4	5
Chlamydia	203	147	105	122	143	Shingellosis	0	0	1	0	1
Cryptosporidiosis	0	1	0	1	0	Strep Group A, Invasive	4	2	5	3	4
Dengue Fever	0	0	0	0	0	Strep Group B Invasive	10	14	4	7	9
E. Coli	2	3	0	5	1	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	6	8	3	6	4	Strep Pneumo Invasive, sensitive	4	0	1	2	2
Gonorrhea	20	30	31	31	21	Strep Pneumo Invasive, unknown	2	5	3	0	1
Haemophilus Influenzae Invasive not B	1	2	0	1	3	Swine – Origin Influenza	0	0	0	0	7
Hemolytic Uremic Syndrome	1	0	0	0	0	Syphilis, early latent	4	2	4	3	0
Hepatitis B (acute)	0	1	0	0	0	Syphilis, primary	1	4	4	1	2
Hepatitis B (chronic)	4	12	2	6	2	Syphilis, secondary	3	0	1	0	0
Hepatitis B (infant prenatal)	0	1	0	0	0	Syphilis, late latent	0	0	0	0	1
Hepatitis C (acute)	3	3	3	4	5	Syphilis, unknown latent	0	0	0	0	0
Hepatitis C (chronic)	56	43	29	28	27	Ticks Tested/Confirmed Deer Ticks	0	0	0	0	0
Influenza, A	154	135	95	38	825	Toxic Shock Syndrome	0	0	0	0	0
Influenza, B	51	8	87	18	26	Tuberculosis	0	0	0	0	1
Influenza, Unspecified	3	0	1	85	1348	Vibriosis	0	0	0	1	1
Legionellosis	2	3	0	0	0	West Nile Virus	0	0	0	0	0
Listeriosis	0	0	0	0	0	Yersiniosis	3	0	2	1	3

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 approximately 6 rabies clinics 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
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
2022	9	12	9	25	22	22	24	20	18	20	14	7	202

RABIES DATA FOR 2022

Town	Not Vaccinated			Vaccinated			Out of Town			Stray		
	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets
Bolton				1	4			1				
Chester	2	2			4			1			2	
Glens Falls	6	4		3	19			4		2	4	
Hague					3			1		1	1	
Horicon	2				3							
Johnsburg	1	4			4		1			1		
Lake George	1				4			1		2	3	
Lake Luzerne	1	4			8					1	1	
Queensbury	4	13		4	41		1	9		4	1	
Stony Creek												
Thurman					2					1		
Warrensburg	2	4		3	4					2		
TOTALS	19	31		11	96		2	17		14	12	

WARREN COUNTY RABIES PROGRAM STATISTICS

	2018	2019	2020	2021	2022
Confirmed Rabid Animals	1 bat 1 Unsatisfactory specimen	1 bat 1 raccoon-no exposure	1 raccoon 1 fox	1skunk	2 fox 1 bat
Animal Specimens Submitted for Testing	30	40 1 unsatisfactory	29	37	37
Animal Bites	255	259	218	228	202
Patients Receiving <u>Pre-Exp. Vac.</u> (3 Injections) or Booster Vacc. Fee: \$345.00/Dose	5	9	0	1	0
Patients Receiving <u>Post-Exp. Vac. Series @ GF Hosp.</u> (All RIG and First Injections are Given at GF Hospital)	29 @ GFH 6 @ other hospitals 6 refusals 3 boosters	25	36	35	31 13 refusals
Patients Receiving <u>Post-Exp. Vac. Series @ P. Health</u> (All RIG and First Injections are Given at GF Hospital)	0	1	2	0	0
Animal Clinics	17	17	5	5	6
Animals Receiving Rabies Vaccinations	693	638	160	280	393

	2022
Expenses paid in relation to Rabies Program	\$25,846.16
Amount vouchered to New York State (Max allowed)	\$17,253.00
Rabies Clinic Donations	\$3,670.00
Total program cost to Warren County	\$4,920.16

Note: Data above reflects actual expenses incurred and both actual cash received at clinics and amounts vouchered to the State for 2022. Due to the COVID-19 pandemic, we did not have many clinics, therefore less in donations. However, overall we were able to cover 80.96% of all rabies costs in 2022. Costs to the county are skewed because we paid some expenses on behalf of patients but not all expenses have yet to be received, therefore we are unable to submit those expenses to the state until the file is closed and all expenses have been received and paid. Also to note, as of December 2022, 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 2022, 76.38% of the Animal Clinics were covered by donations. No clinics were billed the first quarter of 2022 since we had no clinics scheduled. We can bill for the Animal Specimens and shipments, Animal clinics and Human Rabies vaccines. We find with the Human vaccines, most patients have health insurance therefore the Hospitals/Facilities are able to bill for these services and this reduces the costs to the County. However, if a patient does not have health insurance, the local hospital will discount the first dose of rabies vaccine at the Medicaid rate and the patient is then referred to the Public Health office for the remaining three or four doses of the vaccine. The difficulty is when we need to coordinate care for patients /billing with those Facilities that are out of our area. All these can be billed to the State once received and paid.

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
2018	120	0	0
2019	131	0	0
2020	73	0	0
2021	17	0	0
2022	14	0	1

Amount Paid for Tuberculosis Medications/Expenses	
2018	\$0.00
2019	\$0.00
2020	\$0.00
2021	\$0.00
2022	\$0.00

Warren/Washington County's STD Clinic Report 2022

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 2023 is to enter a contract with Hudson Headwaters Health Network to ensure provision of a medical provider for the clinic.

Dr. Peter Hughes retired in 2022 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	2022
Clinics Held	46	50	44	5	1	0 **
Participants	151	117	96	13	2	3
Males	113	83	72	12		2
Females	37	34	24	1		1
Age Range	16-64	16-67	18-71	19-73	48-50	21-74
Warren Co. Participants	72	76	53	7		3
Washington Co. Participants	43	24	20	5		0
Saratoga Co. Participants	26	13	19	1		0
Other County Participants	10	4	4	0		0

DISEASES WITH POSITIVE TEST RESULTS

DISEASES	2017	2018	2019	2020	2021	2022
Genital Herpes	1	0	0	0	0	0
Genital Warts	0	1	1	0	0	0
Chlamydia	13	6	3	0	0	0
Gonorrhea	0	0	0	1	0	0
Syphilis	2	3	4	1	0	0

** Our STD clinics were on hold in 2022 due to the pandemic. We were able to provide services on a case by case basis. In 2022 we served approximately 3 clients.

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 2022 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 retired 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.

Currently we do not have a travel clinic due to the pandemic/recovery and shortage of nurses. This may be reinstated at a later date but it is not one of our 2023 goals.

STATISTICS FOR CLINC
CLIENTS SERVED

2018	2019	2020	2021	2022
66	72	8	0	0

	2018	2019	2020	2021	2022
Contract Provider	\$7,850	\$ 7,625	\$950	\$0	\$0
Nurse Staff	\$2,892	\$ 2,984	\$316	\$0	\$0
Vaccines	\$5,426	\$557.14	\$486	\$0	\$0
Supplies	\$ 0	\$ 0	\$ 0	\$0	\$0
TRAVAX Subscription	\$ 975	\$ 975	\$975	\$975	\$1020
Total Expenses	\$17,143	\$17,155	\$2727	\$975	\$1020
Total Revenue + IAP Grant	\$16,338	\$15,949.85	\$1490	0	0
NET Profit/Loss	(\$805)	(\$1205)	(1237)	(975)	(1020)

Vaccines Administered for 2021

	2018	2019	2020	2021	2022
Flu	1	9	1	0	0
Hep A	15	23	3	0	0
Hep B	0	1	0	0	0
Japanese Encephalitis	3	0	0	0	0
MMR	0	1	0	0	0
Menactra	2	0	0	0	0
Polio	3	2	0	0	0
Pre-Rabies Shot	1	3	0	0	0
Tdap	5	4	0	0	0
Twinrix	0	1	0	0	0
Typhoid Ing	52	57	6	0	0
Yellow Fever	2	0	0	0	0
Total Administered	84	101	10	0	0

INFLUENZA CLINICS 2023

In 2022, Warren County ordered 430 doses of flu vaccine, 200 doses of Quadrivalent and 200 doses of High-Dose for the over 65 population and 30 doses of FluBLOK. The prebook for this ordered was done with the thought that we would be able to do outreach clinics for the community since the pandemic was slowing down. We had VFC and VFA Flu vaccines to give to those who qualified for government funded vaccines.

For the 2022 Flu Season we held 3 staff vaccine clinics. We offered flu vaccines at our weekly Covid -19 clinics with very few takers. We held clinics at 8 sites to include Solomen Heights, Lake Luzerne Senoir Center, Countryside Adult Home & The Glen/Terrace Senior Living, Northern GI, NYS Department of Health, Warren County Municipal Employees 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 our ever-changing Public Health. As we review the clinic numbers again this year we will schedule the 2023-2024 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 2023-2024 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

	2018	2019	2020	2021	2022
Clinics Offered Throughout the County	25	27	3	6	8
Vaccine Doses Administered at Clinics	447	473	153	182	141
CHHA/Long Term Home Visits For Administration	7	8	11	8	5
Homebound Visits For Administration	3	2	0	5	29
Miscellaneous Administration i.e. PH Appointments And Other Home Visits	156	152	0	0	102
Total Doses Administered	652	633	164	195	277

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.

2022 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
Pat Belden SPHN	Erik Mastrianni , Early Intervention Coordinator
Sarah Arnold , PHN Public Health	Stacie Dimezza , SLP – Speech Therapist
Sara Hettel , WIC Coordinator	Kim Flory , Care Management Glens Falls Hospital

All meetings that were scheduled for 2022 were cancelled due to the COVID9 Pandemic. No Charts were reviewed during 2022 as many programs were suspended and there were not charts to review.

Additional Activities

1. Consultants – Annual audits by record and pharmacy consultants.
 - Records – June 10, 2022 a record audit was completed. Any deficiencies noted have been corrected.
 - Pharmacy- November 30, 2022 Pharmacy Consultant completed audit. Any deficiencies noted in report have been corrected.
2. Medical Director – Provides overall oversight to QA program and completes peer reviews to medical providers in STD/Travel programs.
3. Satisfaction Questionnaires – Clients and providers complete annual questionnaires. No concerns reported.
4. Logs:
 - General Complaints – 2022, none received
 - HIPAA/FERPA Complaints – 2022none received
 - Fire/Disaster Drills –
 - 2022- 5 fire drills (2 fire drills, 1 accidental fire drill-(by maintenance), 2 actual fire events)
 - 1 shelter in place
 - 1 active shooter
 - 1 duck and cover
 - 2022 Accident/Incident Reports - 4, all reviewed to ensure any hazards are rectified.

2023 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 Home care is not a one size fits all and not all patients need to be in the hospital.

The nurse collaborates with the physician on what might be the best way to help treat the patient whether it be through assessment and teaching, disease management, coordinating in patient care or transition to hospice or being kept comfortable in their home, which 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 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 2022 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:

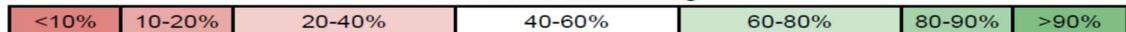
1. Care of Patients
2. Communications Between Providers and Patients
3. Specific Care Issues: Home Safety Issues, Medications regarding schedule and side effects, and Pain

Your Overall Star Rating		Quality of Patient Care: ☆☆☆									
Managing Daily Activities DC/TRF 01/22-12/22 (CMS Unavailable)		High/Low Better(+/-)	You			State (NY)		National		Your % Rank	
			Eligible	SHP	CMS	SHP	CMS	SHP	CMS	SHP	CMS
Ambulation	(Risk-Adj) ☆☆☆	⊙ +	384	72.9%	-	87.1%	-	86.9%	-	10%	-
Bed Transferring	(Risk-Adj) ☆☆☆	⊙ +	379	81.8%	-	89.3%	-	88.7%	-	22%	-
Bathing	(Risk-Adj) ☆☆☆	⊙ +	390	78.9%	-	88.4%	-	88.6%	-	14%	-
Asmt & Care Plan Addresses Function		PM +	519	99.2%	-	97.2%	-	98.2%	-	49%	-
Treating Symptoms DC/TRF 01/22-12/22 (CMS Unavailable)		High/Low Better(+/-)	You			State (NY)		National		Your % Rank	
			Eligible	SHP	CMS	SHP	CMS	SHP	CMS	SHP	CMS
Dyspnea	(Risk-Adj) ☆☆☆	⊙ +	293	77.7%	-	88.7%	-	89.2%	-	15%	-
Skin Integrity	(Risk-Adj)	⊙ -	392	0.64%	-	0.23%	-	0.27%	-	20%	-
Preventing Harm DC/TRF 01/22-12/22 (CMS Unavailable)		High/Low Better(+/-)	You			State (NY)		National		Your % Rank	
			Eligible	SHP	CMS	SHP	CMS	SHP	CMS	SHP	CMS
Timely Initiation of Care	☆☆☆	PM +	520	91.7%	-	98.4%	-	96.5%	-	13%	-
Drug Education All Meds		PM +	513	99.8%	-	98.6%	-	98.9%	-	68%	-
Mgmt of Oral Meds	(Risk-Adj) ☆☆☆	⊙ +	358	69.0%	-	85.6%	-	85.1%	-	10%	-
Flu Vaccine Received		PM +	297	79.8%	-	74.3%	-	74.7%	-	65%	-
Drug Regimen Review w/ Follow-Up		PM +	519	96.3%	-	95.3%	-	96.2%	-	31%	-
Falls w/ Major Injury		⊙ -	517	1.16%	-	0.54%	-	0.90%	-	36%	-
Preventing Unplanned Hospital Care SOC SHP 01/22-12/22 (CMS Unavailable)		High/Low Better(+/-)	You			State (NY)		National		Your % Rank	
			Eligible	SHP	CMS	SHP	CMS	SHP	CMS	SHP	CMS
60-Day Hospitalizations (CMS)	☆☆☆	⊙ -	222	14.0%	-	14.2%	-	14.7%	-	56%	-
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 CMS Unavailable		High/Low Better(+/-)	You			State (NY)		National		Your % Rank	
			CMS			CMS		CMS		CMS	
Medicare Spending Per Beneficiary		⊙ -									
Patient Survey Rating Sample Mo 01/22-12/22 (CMS Unavailable)		High/Low Better(+/-)	You			State (NY)		National		Your % Rank	
			Eligible	SHP	CMS	SHP	CMS	SHP	CMS	SHP	CMS
Care of Patients		☑ +	462	93.9%	-	89.2%	-	89.6%	-	90%	-
Communications		☑ +	532	91.5%	-	87.1%	-	87.4%	-	85%	-
Specific Care Issues		☑ +	603	88.4%	-	84.6%	-	85.0%	-	74%	-
% who Rated Agency 9,10		☑ +	122	93.4%	-	85.2%	-	85.2%	-	92%	-
% who would Recommend		☑ +	122	95.1%	-	79.4%	-	79.6%	-	96%	-

★ Parameters match Star Rating.

☆ Parameters do not match Star Rating.

Your Percentile Ranking



Star Rating cut points: Outcomes/Process Measures-10/2023 (SHP), Hospitalizations/EC-04/2024 (SHP).



Real-Time Star Ratings Preview - Quality of Patient Care

Warren County Health Services

OM/PM: 01/22-12/22, Hosp: 01/22-12/22

Report Date: 4/10/2023

1	Initial Decile Rating	High/Low Better (+/-)	Process		Outcomes				
			Timely Initiation of Care	Mgmt of Oral Meds	Ambulation	Bed Transfer	Bathing	Dyspnea	60-Day Hospitalizations
			+	+	+	+	+	-	
2	0.5		0.0-83.9	0.0-56.8	0.0-62.5	0.0-63.1	0.0-66.8	0.0-59.9	18.7-100.0
3	1.0		84.0-90.5	56.9-66.8	62.6-73.0	63.2-75.2	66.9-76.3	60.0-72.1	16.8-18.6
4	1.5		90.6-94.1	66.9-73.3	73.1-78.4	75.3-81.0	76.4-81.3	72.2-78.8	15.7-16.7
5	2.0		94.2-96.1	73.4-78.3	78.5-82.0	81.1-84.4	81.4-84.4	78.9-82.7	14.8-15.6
6	2.5		96.2-97.4	78.4-82.0	82.1-84.7	84.5-86.7	84.5-87.3	82.8-85.9	14.1-14.7
7	3.0		97.5-98.3	82.1-85.0	84.8-87.4	86.8-88.8	87.4-89.5	86.0-88.6	13.4-14.0
8	3.5		98.4-99.1	85.1-87.7	87.5-89.6	88.9-90.7	89.6-91.7	88.7-90.5	12.6-13.3
9	4.0		99.2-99.7	87.8-90.9	89.7-92.2	90.8-92.9	91.8-93.9	90.6-92.9	11.3-12.5
10	4.5		99.8-99.9	91.0-96.3	92.3-95.6	93.0-96.5	94.0-97.3	93.0-96.3	9.5-11.2
11	5.0		100.0-100.0	96.4-100.0	95.7-100.0	96.6-100.0	97.4-100.0	96.4-100.0	0.0-9.4

12	Your HHA Score	91.7	69.0	72.9	81.8	78.9	77.7	14.0
13	Your Initial Decile Rating (Requires N ≥ 20)	1.5	1.5	1.0	2.0	1.5	1.5	3.0

14	Your Number of Cases (N)	520	358	384	379	390	293	222
15	National (All HHA) Median	97.4	82.0	84.7	86.7	87.3	85.9	14.1
16	Your Statistical Test Probability Value (p-value)	0.000	0.000	0.000	0.004	0.000	0.000	0.524
17	Your Statistical Test Results (Is the p-value ≤ 0.050?)	Yes	Yes	Yes	Yes	Yes	Yes	No

18	Your HHA Adjusted Rating	1.5	1.5	1.0	2.0	1.5	1.5	3.0
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19	Your Average Adjusted Rating							1.7
20	Your Average Adjusted Rating Rounded							1.5

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

21	Your Overall Star Rating (1.0 to 5.0)		
	Average Adjusted Rating Rounded	Overall HHC Star Rating	% of CCNs with Rating (CMS: 01/2023)
	4.5 and 5.0	(5.0) ★★★★★	6.27%
	4.0	(4.5) ★★★★★	13.15%
	3.5	(4.0) ★★★★★	15.48%
	3.0	(3.5) ★★★★★	16.67%
	2.5	(3.0) ★★★★★	15.91%
	2.0	(2.5) ★★★★★	13.38%
	1.5	(2.0) ☆☆☆	10.30%
	1.0	(1.5) ★★★	7.13%
	0.5	(1.0) ★	1.71%

Star Rating cut points: Process/Outcome Measures-10/2023 (SHP), Hospitalizations-04/2024 (SHP).

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

**Warren County Health Services
Division of Homecare**

2022 Overview of the Utilization Review Committee

The Utilization Review Committee of Warren County Health Services held meetings during the year 2022. The meetings were held February 10th, May 5th, August 5th and November 4th.

The numbers of patient records reviewed were 5, 7, 3, and 5 giving a total of 18 patient records reviewed during the year 2022.

The number of patients on the active roster on the last working day of 2022 was 261, with a breakdown as follows: CHHA – (SN-62 and EI 124 /CPSE-75) = 199

Members of the committee are:

Valerie Whisenant, ADPS
Robin Andre, SPHN
Jodi Brynes, SPHN
Cathy DuFour, PHN, QA Assistant
Mary Murphy, PHN, QA Assistant
Staff Nurses

Breakdown of Charts Reviewed:

Number Active	8	Number CHHA	18
Number Discharged	10		

Method of Record Selection: For all meetings during the year 2022, the records chosen were a random selection of patients admitted 1-4 months prior to each meeting. The random selected patients covered all services provided by the agency: SN, PT, OT, ST, HHA, IV Therapy, and Telehealth.

Summary of Utilization of Services:

Adequate Utilization	18
Overutilization	0
Underutilization	0
Inadequate Information	0
Unable to Decide	0

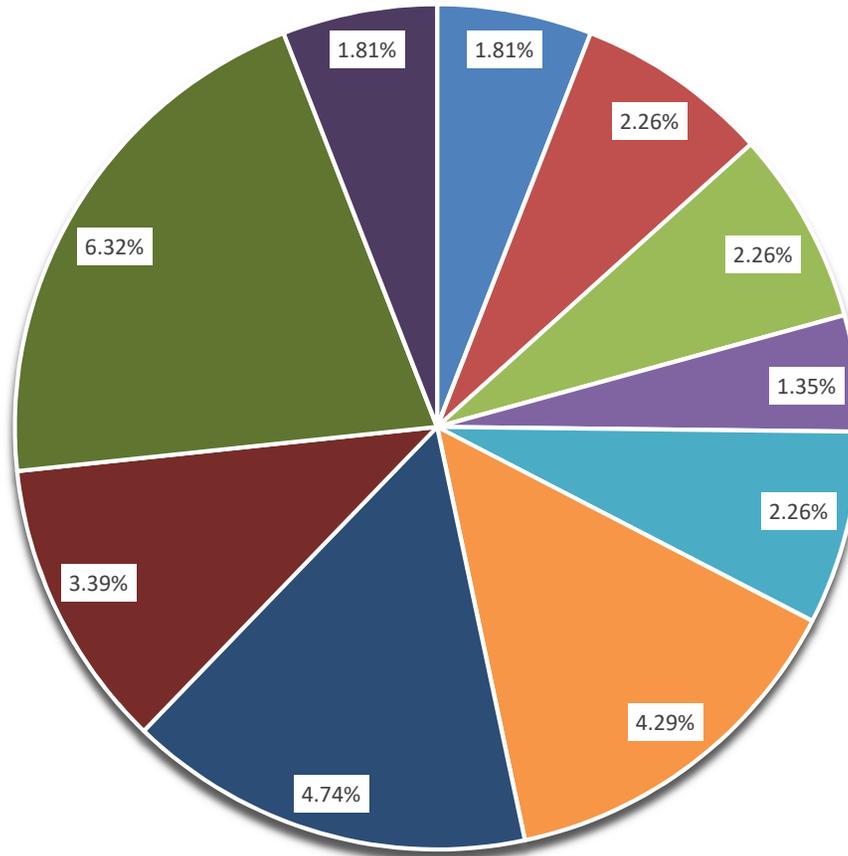
All the charts reviewed showed adequate utilization of services. It was noted by some of the reviewers that our current EMR has too many places to document. We are currently trying to get a new EMR to hopefully alleviate some of the redundancy of documentation.

Division of Home Care - SERVICES BY THE NUMBERS

**Certified Home Health Agency
VISITS BY DISCIPLINE**

Services	2018	2019	2020	2021	2022
Nursing	12,598	12,269	9,794	7,707	4131
Physical Therapy	4,895	4,448	3,815	3,641	3137
Occupational Therapy	576	1,108	723	479	340
Speech Therapy	14	120	152	229	37
Medical Social Worker	83	25	0	0	0
Nutrition	0	0	16	1	0
Home Health Aide	1,743	2,296	1,787	1,427	1122
TOTALS	19,909	22,285	18,307	14,875	8,767

Top 10 Primary Diagnosis for Vists between 1/1/22 and 12/31/22 for Certified Home Health Agency



- | | |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| ■ A41.9 - Sepsis, unspecified organism Count | ■ I11.0 - Hypertensive heart disease with heart failure Count |
| ■ I13.0 - Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny Count | ■ I48.91 - Unspecified atrial fibrillation Count |
| ■ J44.1 - Chronic obstructive pulmonary disease w (acute) exacerbation Count | ■ U07.1 - COVID-19 Count |
| ■ Z47.1 - Aftercare following joint replacement surgery Count | ■ Z48.3 - Aftercare following surgery for neoplasm Count |
| ■ Z48.812 - Encntr for surgical aftcr following surgery on the circ sys Count | ■ Z48.815 - Encntr for surgical aftcr following surgery on the dgstv sys Count |

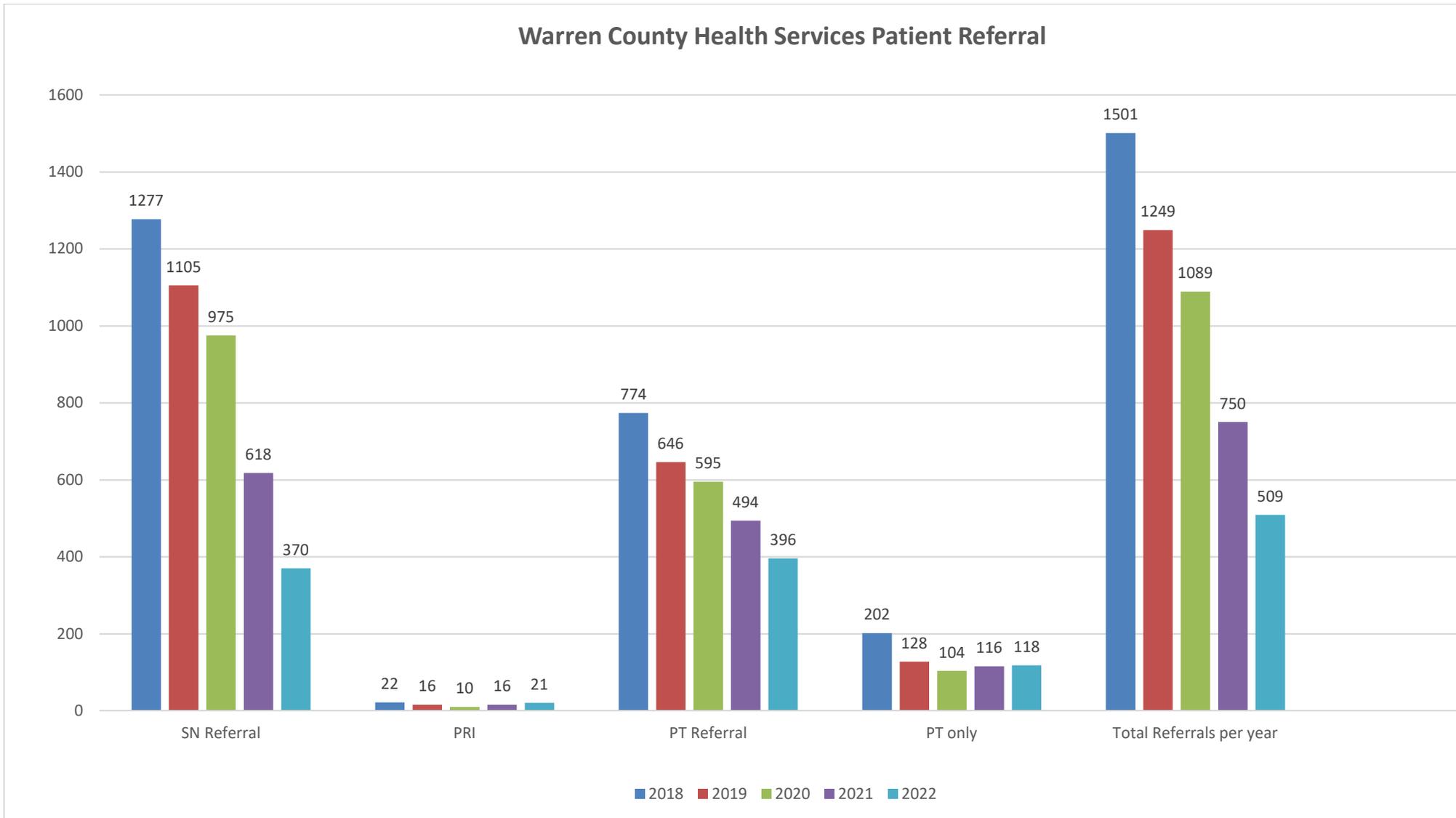
CERTIFIED HOME HEALTH AGENCY GEOGRAPHICAL STATISTICS

Patients by Town

Town	2019	2020	2021	2022
Adirondack	29	21	21	18
Athol	31	21	16	16
Bakers Mills	24	15	12	15
Bolton Landing	76	64	61	30
Brant Lake	60	55	27	16
Chestertown	123	103	82	76
Cleverdale	13	16	3	0
Diamond Point	40	38	21	10
Glens Falls	609	525	466	308
Hague	27	39	36	21
Johnsburg	49	40	39	41
Kattskill Bay	12	12	3	2
Lake George	237	198	166	126
Lake Luzerne	155	121	82	35
North Creek	80	19	36	23
North River	7	11	1	1
Olmstedville	7	13	20	1
Pottersville	80	63	32	40
Queensbury	1253	888	710	489
Riparius	0	0	0	0
Silver Bay	1	9	11	3
Stony Creek	22	12	8	18
Warrensburg	293	237	179	122
Wevertown	35	6	15	9
Grand Total	3263	2526	2047	1420

REFERRAL NUMBER REPORT

Warren County Health Services
Patient Evaluations
CHHA Division



REVENUE by PAYER

Traditional Medicare was 67.7% of our business for 2022 which is a 18.76% increase from 2020 and a 17.7% increase from 2021. 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 20.3% of our revenues, which is an 9.43% decrease from 2020 and a 9.33% decrease from 2021. Managed Medicare reimbursement can be either Fee for Service or Episodic Rate and is determined by the Managed Care Company.

In 2022 Traditional Medicaid represented 6.3% of our CHHA revenue. While in 2020 was 4.85% and in 2021 2.14%.

In 2022 Managed Medicaid revenues were 3.43% and in 2020 1.55% and .46% in 2021.

In 2022 Private Insurance represented 5.96% of our CHHA revenue and was 27.03% in 2020 and 18.07% in 2021.

HOME CARE GOALS FOR 2023

- ◆ 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 Electronic Medical Record system 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

CONTINUING CHALLENGES FOR WARREN COUNTY HEALTH SERVICES IN 2023

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 2023, our agency will continue to lead pandemic response which has created unprecedented challenges.

Our challenge for 2023 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.

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Annual Report:

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