

Clinton County Health Department

Health Care Services Division

Annual Report 2017





Clinton County Health Department

Vision

Clinton County...Healthy People in a Healthy Community

Mission

Our mission is to improve and protect the health, well-being, and environment of the people of Clinton County

Core Values

Advocacy, Collaboration, Excellence, Innovation, Integrity, Service

Health Care Services Division Overview

The Health Care Services Division targets primary and secondary prevention interventions to impact population measures by serving those individuals and families who are at risk for adverse health outcomes.

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List of Acronyms:

APH – Alliance for Positive Health
BHSN – Behavioral Health Services North
CCHD – Clinton County Health Department
CD - Communicable Disease
CCMAC – Clinton County Multi-Agency Coordination Group
CPSE – Committee for Preschool Special Education
CSC – Children’s Services Coordinator
CSHCN – Children with Special Health Care Needs
CSPS – Children’s Services Program Specialist
DOT - Directly Observed Therapy
DPH – Director of Public Health
EHS – Environmental Health and Safety Division
EI – Early Intervention
HCS – Health Care Services Division
HPP – Health, Planning and Promotion Division
IBCLC – International Board of Certified Lactation Consultants
IPO – Improved Pregnancy Outcome
LHCSA – Licensed Home Care Services Agency
LHD – Local Health Department
LTBI – Latent Tuberculosis Bacteria Infection
MCT – Medical Clerk Typist
NENY – Northeastern New York
NYSDOH – New York State Department of Health
PCT – Principal Clerk/Typist
PHN – Public Health Nurse
POC – Plan of Care
PPNCNY – Planned Parenthood of the North County New York
RN – Registered Nurse
SED – State Education Department
SPHN – Supervising Public Health Nurse
STD – Sexually Transmitted Disease
STI – Sexually Transmitted Infection
Tb – Tuberculosis
TDAP – Tetanus, Diphtheria Acellular Pertussis
VFA – Vaccine for Adults
VFC – Vaccine for Children

Executive Overview

The Health Care Services (HCS) Division is a multi-faceted and dynamic division comprised of multiple programs that conform to various specific operating regulations and oversight. These include Communicable Disease housed under the NYS Sanitary Code (10NYCRR 2.10), Early Intervention covered by Article 25, the Committee for Preschool Special Education under the auspices of the NYS State Education Department, the Immunization Program under Article 28 and the Article 36 Licensed Home Care Services Agency (LHCSA) program. The LHCSA is the umbrella for all home visiting programs and covers the Improved Pregnancy Outcome, Newborn-Postpartum, and Lead Poisoning Prevention programs. In addition, the HCS Division includes the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) program which falls under federal regulation.

Within all its programs, HCS has the unique capacity to provide direct care to individuals, work with specific groups, such as partner agencies or community organizations, and to interact with the community as a whole. This ability allows HCS staff to educate and communicate important messages on nutrition, development, immunization, safety and life style choices which support the community improvement activities of the Action for Health Consortium's Community Health Improvement Plan (CHIP), of which HCS is a member.

In Governor Andrew Cuomo's State of the State Address this year (attended by the Director of Health Care Services); he touched on issues and discussed plans that encompass the stability and growth of Clinton County. Many of the themes Gov. Cuomo discussed had public health impacts on Health Care Services Division during 2017. The current opioid epidemic is an issue of significant impact. In alignment with work being accomplished through the CHIP, HCS collaborated with its community partner, The Alliance for Positive Health, to host an agency-wide naloxone administration workshop. Trained CCHD staff received overdose rescue kits, and kits were added to the Old Court House Automated External Defibrillators.

The increasing need to develop capacity for quick, effective response to natural disasters caused by extreme weather events and emerging diseases due to climate change was another theme. Emergency Preparedness and Response remains a core component of the Clinton County Health Department (CCHD), including the HCS Division. When Stella, a Category 3 Storm on the Northeast Snowfall Impact Scale (NESIS), hit the Clinton County and surrounding region in March, HCS staff contacted all patients enrolled in our Licensed Home Care Services Agency (LHCSA) programs to provide preparedness education. This storm triggered a requirement for HCS to complete the HCEMAGENCY-Home Care Emergency Agency Form and the HCEMRCAPACITY-Home Care Emergency Response Capacity Form on the Health Information Network.

The HCS leadership team attended a CCHD sponsored workshop on Crisis Communication presented by Dr. Vincent Covello, an internationally recognized expert in effective communication during emergencies. HCS staff also participated in CCHD drills involving food-borne outbreaks, earthquake event training, and vaccine preventable disease outbreaks throughout the year. Providing information and resources to the medical community, our partners and the public are also key components of HCS work. HCS hosted a Health Care Provider Infection Control training to meet the requirements of Section 239 of the Infection Control and Barrier Precaution and Patient Safety Bill. Nurses from the Hospice of the North Country also attended the training.

HCS maintains a blast-fax system alerting the medical community of weekly influenza and mosquito reports which include surveillance, testing, case reports and all NYS Health Commerce System alerts. Highlight HCS events include hosting the annual School Health Professionals workshop, presented to school health educators and attending multiple community events such as the Baby-N-Me Expo, presenting WIRY radio interviews and many more.

Excellence in care and continuous quality improvement is an HCS hallmark. The NYSDOH's Sexually Transmitted Infection Program Senior Program Coordinator, Erica Bouton, cited CCHD for its excellent job in outreach to the public and to medical providers. Our WIC program was cited as *exceeding program areas of operation* by NYSDOH staff, which completed a WIC Program Local Agency Compliance and the Self-Assessment (LACASA) audit.

Three new staff HIPAA-compliant workstations were installed as part of the multi-year improvement plan to improve privacy, and the Early Intervention team is engaged in a multi-year project to improve the efficiency of its documentation. Staff turnover has presented a challenge during 2017. The Children's Services Coordinator resigned in March. The position was filled immediately by a qualified internal candidate, which resulted in maintaining continuity within the Early Intervention and Preschool Special Education programs. Dr. Debra Clark, our medical consultant announced her resignation in order to meet other obligations. A new medical consultant will be obtained in early 2018.

Communicable Disease, Sexually Transmitted and HIV Programs

The Communicable Disease (CD) program is a federally mandated program under the New York State Sanitary Code §10NYCRR2.10 with the goal of preventing the spread of disease within a community. One facet of the process, disease surveillance, is accomplished by monitoring and investigating exposures of communicable disease. Multiple medical providers and community agencies assist in the process. The second facet of this process is the use of evidence based interventions, such as immunization to prevent and treat disease. As with all Health Care Services, medical provider, community and individualized education are a hallmark of the program.

Bold faced=vaccine preventable diseases

Communicable Disease	2015	2016	2017
Anaplasmosis	0	1	2
Babesiosis	0	1	0
Campylobacter	10	10	14
Chlamydia	337	280	273
Cryptosporidiosis	1	0	0
E.coli 0157	4	1	0
Encephalitis	0	0	0
Giardiasis	6	7	7
Gonorrhea	16	14	6
H. influenza (invasive) (Non-type B)	1	4	3
Hepatitis A	0	0	0
Hepatitis B – Acute	1	0	0
Hepatitis B – Chronic	5	1	2
Hepatitis B – Chronic Inmate	4	3	8
Hepatitis B – Prenatal	0	0	0
Hepatitis C – Acute	3	8	6
Hepatitis C – Chronic	118	141	83
Hepatitis C – Chronic Inmate	64	82	96
Legionellosis	8	8	1
Lyme Disease	29	38	67
Meningitis – Aseptic	2	3	6
Meningitis – Herpes	0	0	0
Meningitis – Meningococcal	0	0	0
Meningitis – Bacterial	0	0	0
Meningitis – Pneumococcal	0	0	1
Pertussis	38	12	31
Rocky Mountain Spotted Fever	2	0	2
Salmonellosis	5	11	5
Shigella	2	1	0
Streptococcal - Group A (invasive)	2	4	0
Streptococcal - Group B (invasive)	4	9	13
Streptococcal - pneumonia	12	5	12
Syphilis	1	8	9
Inmate	0	0	0
Prenatal Syphilis Exposure	0	0	0
TOTAL CASES	693	690	665

2017 Highlights

- Personnel attended several educational trainings including, the *2017 Northeastern Epidemiology Conference*, the NYS Bureau of Communicable Disease Control's, *Zika Conference* and the *Lyme Disease in the North Country* workshop.
- Partner Nurse Program collaboration continued between HCS and HPP, including up-to-date informational materials being provided to medical practices.

Program Analysis of Highlighted Diseases

Invasive Streptococcal infections

Both Group B and Pneumoniae strains of invasive streptococcal infections were elevated in 2017 with the majority of Group B cases seen in the first three months. Increases in streptococcal infections are typically observed with increased streptococcal throat infections circulating in the community. Individuals who are immunocompromised are at the most risk for this invasive disease.

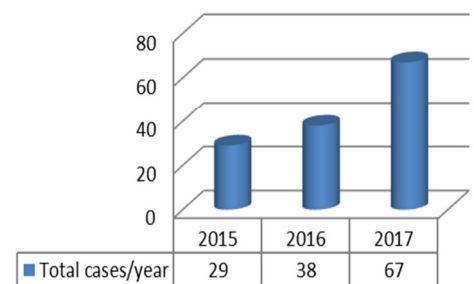
Lyme Disease

Consistent with the results of other regions in New York State, Lyme disease cases have continued to rise in the County, increasing 131% since 2015. Contributing factors for the increased numbers include:

- Increased awareness and testing.
- Longer tick activity with climate changes.

In response to this increase, 1000 “Tick Kits” (tweezers, alcohol wipes and tick removal information) were assembled and distributed by WIC, Early Intervention and the HCS home visiting programs. Staff completed “talking points” on the importance of tick bite prevention, body checks and how to safely remove a tick. Public outreach through a WIRY radio health segment and CCHD social media were also increased to alert the community on prevention of tick bites.

Lyme Disease 2015-2017

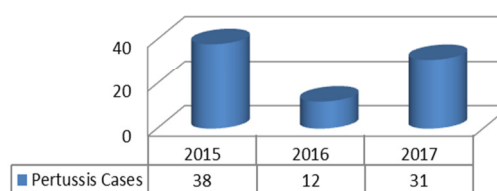


Highlighted Vaccine Preventable Diseases

Pertussis

Pertussis (whooping cough) is a common bacterial disease in the United States. Although Pertussis vaccines are effective, they typically offer good levels of protection within the first 2 years with protection decreasing over time. This waning immunity has led to outbreaks of this disease. Unvaccinated young infants are the most vulnerable to disease and death from pertussis. Continuous outreach is completed through programming and media to educate the public on the importance of the Tdap vaccine. Late summer saw the majority of the cases in 2017. A large regional outbreak of 14 cases was traced back to students attending an educational summer program.

Pertussis



Mumps

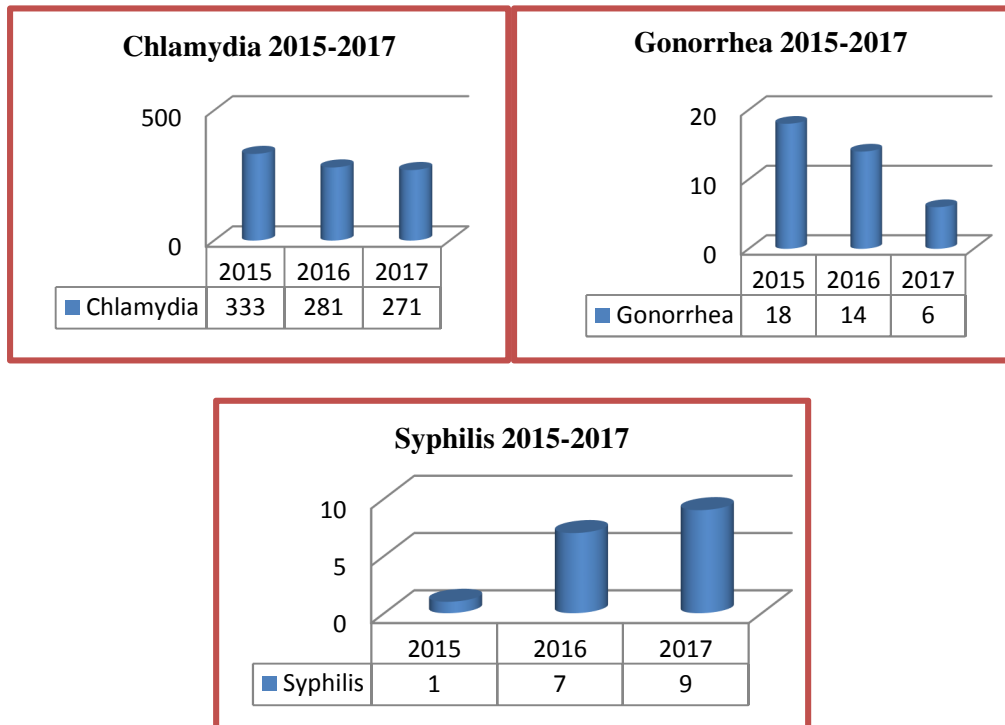
Mumps a contagious viral disease was diagnosed in two unrelated cases in 2017. In New York State and across the nation, unusually high numbers of mumps were seen in 2016 and 2017 due to vaccine waning immunity. In October, the Advisory Committee on Immunization Practices (ACIP) addressed this issue by recommending a third dose of MMR vaccine for “persons previously vaccinated with two doses of a mumps-containing vaccine who are identified by public health as at increased risk for mumps because of an outbreak”. This recommendation will allow colleges to vaccinate students with a third dose during outbreaks.

2018 Objectives

- Expand outreach to migrant farm workers aimed at infection control in a dormitory setting through education and vaccination clinics.
- Monitor Lyme disease rates to evaluate our current strategies. This will include procuring funding for additional “Tick Kits” to distribute through CCHD programs and outreach events in 2018.

Sexually Transmitted Infections

Sexually transmitted infections (STIs) continued to account for the majority of communicable disease cases in 2017, although Chlamydia and Gonorrhea cases declined for the third consecutive year. Increased outreach and education, as well as new testing guidelines are believed to play a role in the decrease in case numbers. Unfortunately, Syphilis numbers continued to climb, mirroring increases seen across NYS. This trend has spurred the NYSDOH-STD program to establish trainings focused on increasing screening, testing and treatment. Clinton County will host the January 24, 2018 Tri-County training with the plan of incorporating recommended key strategies into our programming.



Sexually Transmissible Infections (STI) Clinic

Public Health Law §2308 requires that local health departments “provide adequate facilities for the free diagnosis and treatment of persons *who are suspected of being infected or are infected with*” an STI. Clinton County meets this mandate by contracting with Planned Parenthood of the North Country New York (PPNCNY) for the service of testing and treatment.

STI Contract Services – Clinic Statistics	2016	2017
Number of attendees at CCHD contract clinic – PPNCNY	54	38
Percentage of persons who chose to have HIV testing at site	83%	84%
Percentage of persons requesting STI screening without symptoms	85%	92%
Percentage of asymptomatic persons diagnosed with an STI	7%	11%
Percentage of symptomatic persons requesting STI testing	17%	8%
Percentage of symptomatic persons that tested positive for an STI	33%	0%
Percentage of persons using clinic that were positive for an STI	20%	11%

2017 Highlights

- A decrease in county associated costs for testing and treatment of sexually transmitted infections was observed due to a decrease in needed services.
- An eight-percent increase in individuals requesting testing without symptoms was observed.
- A fifty-three percent decrease in symptomatic persons requesting testing was also observed.

Program Analysis

Individuals using the CCHD contracted services have decreased for a second year in a row. This is a result of increases in personal health insurance. Additionally, PPNCNY completes on-site Medicaid enrollment and offers the Family Planning Benefit Program to cover the cost of services. Client surveys were returned by 42% of individuals using the clinic. All reflected excellent service.

2018 Objectives

- As STI prevention is part of Healthy People 2020 and NYSDOH 2013-2018 Prevention Agenda, educational activities will continue to be promoted at all levels of public health.
- Continue participation in the NYS Condom Program with distribution through CCHD programs.
- Increase community partnerships via the STD Coalition group.

HIV Testing

HIV testing is an important tool for determining the needs of an individual for specific health services as well as for assessing the prevalence of such disease in the community. NYS law requires that individuals have a choice of either confidential or anonymous testing. Confidential testing is available at Planned Parenthood of the North Country NY, The Alliance for Positive Health, medical providers, emergency departments and clinic settings. HCS is the only facility in Clinton County that offers anonymous testing.



2017 Highlights

- A total of three (3) clients received HIV testing in 2017. One client requested re-testing since he previously tested positive and had begun HIV antiviral therapy in another state. The individual was referred for more services.

Program Analysis

The number of HIV screening tests at CCHD has continued to decrease due to the normalization of testing. Normalization is defined as *voluntary HIV screening as part of routine medical care for all patients aged 13 to 64*. Normalization has shown to increase the numbers and frequency of testing, thus reducing undiagnosed HIV infections and thus preventing new infections.

2018 Objectives

- Continue to offer both anonymous and confidential testing with referral mechanisms.



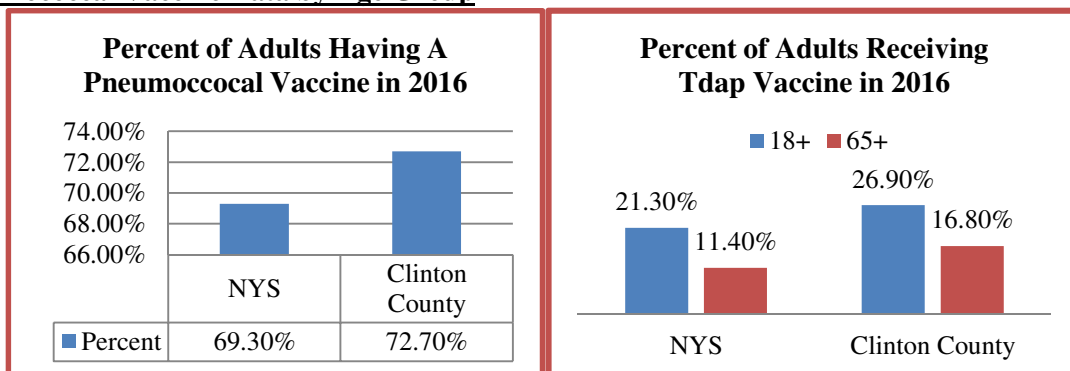
Immunization Program Services

CCHD offers immunization clinics with the goal to reduce or eliminate vaccine preventable diseases. Clinics target populations that are underinsured or uninsured, or those without access to a primary care provider. All vaccines listed by the Advisory Committee on Immunization Practices (ACIP) vaccines, as well as seasonal influenza and rabies vaccines, are offered.

2017 Highlights

- During the year, the CCHD applied for and received access to NYSDOH Vaccines for Migrant Workers, to address gaps among 15 Migrant Labor Camps in the County. Data shows Migrant Farmworkers have gaps in health care including immunization levels. Additionally, they live in dormitory style housing that can increase the spread of vaccine preventable diseases. In October/November, three (3) local apple orchards began utilizing vaccines for Migrant Workers. Influenza and Tdap vaccines were administered to 135 and 127 migrant farm workers, respectively.
- As of September 1, 2016, all public and private school students entering 7th and 12th grades in New York State must be fully vaccinated against Meningococcal disease. CCHD continues to assist schools by offering walk-in appointments to students to meet this requirement.
- CCHD continues to target at-risk populations. Immunization clinics were co-located at the Alliance for Positive Health, Behavioral Health Services North, rehab half-way homes sites for elderly homebound residents and three local apple orchards.

Pneumococcal Vaccine Data by Age Group



NYSDOH/2016

Doses Given for Selected Vaccines	2015	2016	2017
Hepatitis A	44	23	22
Hepatitis B	62	54	38
Hepatitis A/B TwinRix	41	36	25
Human papillomavirus Virus (HPV)	15	9	13
Meningitis	29	96	80
Measles Mumps Rubella (MMR)	68	65	90
Pneumococcal Polysaccharide (PPSV23)	14	11	19
Pneumococcal Conjugate (PCV13)	54	22	31
Tetanus, diphtheria and acellular pertussis (Tdap)	413+	85	251
Zostavax (shingles)	3	3	0
Varicella	29	57	41
Rabies	66	37	47
Total	838	498	657

+ Includes free Tdap vaccine provided by NYSDOH 2015 – NYSDOCCS prison escape.

2018 Objectives

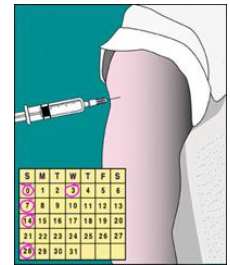
- Acquire a vaccine freezer to facilitate transport of frozen vaccine to off-site clinics including varicella at migrant farmworker clinics.
- Develop a culturally based educational program to increase migrant farm worker vaccination rates.

Program Analysis

CCHD continues to be an essential gap service for vaccinating individuals who are under or uninsured. Reductions in Hepatitis A and B vaccine numbers are due to these vaccines now being given as part of childhood vaccines, with Hepatitis B added in 1998 and Hepatitis A in 2000. With this immunization schedule change, we anticipate observing decreased numbers of individuals needing these vaccines as adults.

Rabies Immunizations:

The rabies immunization program is a collaboration between the Environmental Health & Safety Division (EHS) and HCS to meet NYS Rabies Regulations and the Clinton County Sanitary Code. This includes identification and control of animal rabies and suppression of human rabies through EHS and HCS offering rabies immunizations for pre- and post-exposure.



As part of that collaboration, documentation and analysis using the NYS Rabies Reporting System in the Communicable Disease Electronic Surveillance System (CDESS) was implemented between the divisions in 2015-2016. In 2017, there were 47 doses of post-exposure rabies vaccine administered to 28 individuals. Case management was provided for individuals who were traveling to assure their doses were completed. Outreach education was provided to the UVHN-CVPH Emergency Department to include treatment algorithms.

Program Analysis

The use of the Rabies Reporting system and outreach to the UVHN-CVPH has improved the process of acquiring data. Individual variances still exist and should be monitored and documented to ensure adequate care and identify future areas for improvement.

2018 Objectives

- Maintain continued ongoing communication with University of Vermont Health Network – Champlain Valley Physicians Hospital to assure 100% compliance with CDC Rabies protocols.

Influenza Immunization:

CCHD continues to provide influenza vaccine to high-risk populations, who may have difficulty obtaining vaccine at other sites, in an effort to meet the needs of vulnerable populations. In recent years, the vaccine has become more available through local providers, including pharmacies.

Program Analysis

Flu disease surveillance spans October through March; therefore, encompassing a portion of two different years. The 2016-2017 influenza season began and peaked later than the previous three flu seasons. While H3N2 viruses predominated early in the season, H1N1 viruses were the most common later in the season and became the dominant virus for the season. Indicators used to track influenza-like activity (ILI) are similar to what was observed during the peak of the 2014-2015 season; a season of high severity with high overall hospitalization rates. The CDC also is reporting elevated numbers of flu-related pediatric deaths nationally.

Influenza Vaccine	2015	2016	2017
Number vaccinated	552	535	688

2017 Highlights

- CCHD continues to provide influenza vaccine clinics through its immunization outreach program, targeting high-risk populations.
- The Center for Disease Control’s Advisory Committee on Immunization Practices, recommends an additional pneumonia vaccine for all adults 65 years and older. HCS continues to offer this vaccine as well as Pneumococcal Polysaccharide Vaccine (PPSV23) at all clinics.

2018 Objectives

- Utilize influenza vaccine from NYSDOH’s Vaccine for Adults Program to provide influenza vaccine for underinsured and uninsured adults and those with significant access to care issues.

Tuberculosis Program

The mission of the Tuberculosis (TB) Program is to identify and treat active TB disease and latent TB infection. In 2016, a total of 9,272 new TB cases were reported in the United States. This provisional count represents the lowest number of TB cases on record. Even with reduced state and national cases, Clinton County remains at an elevated risk due to its geographical position on an international border, large numbers of international college students and a state prison system. Due to these facts, our continued focus aligns with the national and state goals to identify and treat high risk persons. Testing for LTBI and active TB is accomplished by using targeted Tuberculin Skin Testing (TST) or Interferon-Gamma Release Assay (IGRA) testing. For individuals with a latent TB infection or TB disease, CCHD offers monthly Chest Clinic services that include medication, medical support, and physician follow-up.

2017 Highlights

- HCS transitioned from on-site pharmacy services to services with a local pharmacy. This has streamlined chart forms and processes.
- HCS provided outreach to facilities that provide TST testing on the recommended methods of TST placement and reading. Each facility was sent *the CDC’s Division of Tuberculosis Elimination Core Curriculum on Tuberculosis: What the Clinician Should Know*.
- Outreach was continued with local correction/parole agencies to provide Directly Observed Therapy (DOT) to released inmates on therapy.

CCHD – TB Program Statistics 2013-2017	2013	2014	2015	2016	2017	Performance Targets 2020 ¹
Total CCHD Chest Clinic Visits*	57	21	28	44	42	
Tuberculin Skin Tests (TST)	201	107	175	107	134	
Latent TB cases CCHD	1	0	0	0	0	
DOT By CCHD			25	16	2	
Contacts By Partner Agency				254	0	
Newly diagnosed Active TB Cases	1 1.2/100,000	0 N/A	2 2.5/100,000 ²	0 N/A	0 N/A	1.4/100,000
Initiation of recommended 4 drug regimen – Active Cases	100%	N/A	100%	N/A	0	97%
Newly diagnosed Active TB Cases completing treatment within 12 months or less	100%	N/A	100%	**	0	95%

*Patients may choose to be treated by their own provider. **Treatment not completed per time of printing.

¹ National TB Programs Objectives and Performance Targets for 2020, August, 2015 CDC ² Fewer than 10 events in the numerator, therefore the rate is unstable.

Program Analysis

The TB program follows CDC guidelines for targeted testing and treatment for those who have an increased likelihood of exposure or those with clinical conditions that increase the risk of progression from LTBI to TB disease. HCS exceeded the “Healthy People 2020” target for 2017 with zero active TB cases.

2018 Objectives

- Review and update the LTBI Directly Observed Therapy and chest clinic admissions paperwork to improve efficiency.
- Continue to utilize NYSDOH Learning Management, Rutgers Global TB Institute and the Southeastern National TB Center for TB education opportunities for all TB clinic staff.
- Ensure training with the Rutgers Global TB Institute for all CD staff.

Lead Poison Prevention Program (LPPP):

The LPPP is a grant funded program from NYSDOH. The local health department is tasked with enhancing efforts to reduce elevated blood lead levels in children from birth to 18 years old. CCHD offers education, testing and case management as part of the LPPP. Exposure to lead is associated with a range of serious health and developmental issues for children and pregnant women. Capillary blood tests are performed at monthly lead clinics and at outreach activities.

New York State Law requires primary care providers to screen all children for lead exposure at ages one and two. All four Clinton County pediatric offices offer on-site capillary lead screening. Children identified with a venous blood lead level greater than 10 mcg/dL are referred to the LPPP for a home inspection by a Certified Lead Assessor and case management by a Registered Nurse. Children remain in HCS case management until their lead level is 5 mcg/dL or lower.

Program Analysis

In accordance with the New York State Immunization Information System (NYSIIS), 74% of one year olds and 74% of two year olds were tested for lead in 2017 by their primary care provider. Reporting of lead levels into the NYSIIS registry is not mandatory and may affect the data of children actually being tested. During the year, Lead Poison Prevention Program Staff followed 11 children with blood lead levels between 10-14 mcg/dL and one with a blood lead level of 33 mcg/dL. Family education is a key element in the LPPP, including nutrition education and environmental cleaning. The EHS Division Lead Assessor and an HCS Registered Nurse both provide in person education and cleaning demonstrations to minimize lead dust exposure to the family.

2017 Highlights

- An essential part of the LPPP is educating the community regarding lead hazards and the importance of lead testing. This was done by coordinating community outreach events between HCS and EHS, which included informative lead displays at various functions throughout the county and for the general public.
- Additionally, LPPP information is posted on CCHD social media sites. Promotion in 2017 included: National Lead Prevention Week and a press release “Lead Lurks in Older Homes” sent to local newspaper/radio/CCHD website.
- Lead educational materials were simplified and made more user-friendly during the year.

Lead Data 2014– 2016		2015	2016	2017
Blood Lead Level	10 – 14 mcg/dL	2	4	1
	15 – 19 mcg/dL	1	1	0
	>20 mcg/dL	1	0	1
New Elevated Lead Cases		4	5	2
Active Case Management				11

2018 Objectives

- Incorporate the newly anticipated 2017 CDC and NYSODH changes in lead policies into the HCS and EHS guidelines for children with lead levels between 5 and 9.9 mcg/dL.
- Integrate lead information and education targeting families with children with blood lead levels between 5-9.9 mcg/dL.

Women's Infants and Children (WIC):

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a federal assistance program of the Food and Nutrition Service (FNS) of the United States Department of Agriculture (USDA). The WIC mission is to safeguard the health of low-income women, infants and children up to age 5 who are at nutritional risk by providing food supplements, breast feeding support and education on how to eat healthy and stay active.



Program Analysis

CCHD WIC continues to be an essential program within the community, as evidenced by data showing a 1% increase in local WIC participation, in comparison with New York State which saw a 5.2% decrease. This ranked CCHD 18th in participation out of 121 WIC Programs statewide. Participant surveys noted that transportation issues as well as the difficulty of using paper vouchers as major obstacles for using the WIC program. To address the issue of paper vouchers, NYS WIC programs will begin transitioning to *e-WIC*, a web based nutrition and supplemental food process which will disburse EBT cards for ease of use. CCHD WIC has received computers, scanners and other equipment needed to begin this process. The *e-WIC* program is expected to be fully operational in the fall of 2018. The quarterly newsletter "WIC BIZ" offered healthy nutritional recipes utilizing program foods, announced community educational courses and presented ways to address child development. Articles such as "Picky Eaters" and "Outdoor Play" promoted child nutrition, development and fun activities.

On July 5 and 6, the NYSDOH Capital District Regional Office completed a Local Agency Compliance and Self-Assessment (LACASA) audit within the WIC program. In August, CCHD WIC received the assessment results that stated, the overall program integrity, records and inventory exceeded regional office expectations. Of note in the report; staff ensured participant understanding of their rights and responsibilities, nutrition and breastfeeding education and offering a participant friendly environment. New York State Department of Health staff completed a site visit on November 18, 2017 for Federal Fiscal year 2018. Noted highlights from the report included "We were impressed with the participant-centered environment and the quality of care provided to WIC participants". Also remarked was the addition of new signage at the Old Court House entrance ramp, designating ADA accessibility, stroller entry and a breastfeeding friendly environment.

2017 Highlights

- In August, the CCHD WIC program was awarded *The Gold Standard Loving Support Award of Excellence* by the USDA. This prestigious award was presented for strong breastfeeding promotion and support activities to include the WIC's peer counseling program and professional lactation help.
- Clinton County was one out of eight WIC agencies across New York State to win this esteemed award. Staff instituted the Breastfeeding Attrition Prediction tool (BAPT) for prenatal women. The tool is intended to increase breastfeeding rates by identifying women at risk for discontinuing breast-feeding, allowing for more timely interventions.
- CCHD WIC saw the exclusive breastfeeding rate at 6 months; improve from 19.2% in 2016 to 21.5% in 2017, resulting in the third highest rate in New York State. A part-time WIC Nutrition Aide was hired to provide community outreach and improve farmer's market redemption and WIC participation.

- CCHD WIC ranked first in prenatal enrollment in the first trimester, providing secondary nutrition education contacts and completing documentation on infant medical nutritionals.
- CCHD WIC ranked third in NYS for Infants being exclusively breastfed at six months of age.
- The Clinton County WIC Program child obesity rate fell to 10.2% in 2017 from 11.65% in 2016.

2018 Objectives

- Fully implement use of *e-WIC* web based nutrition and supplemental food process.
- Complete training for staff in the process of their International Board of Lactation Consultant Certification (IBCLC).
- Improve prenatal weight gain. Currently Clinton County is ranked 78th out of 121 WIC agencies in NYS for prenatal weight gain.

	2016	2017
WIC Program Enrollment		
Women	362	344
Infants	340	343
Children	820	806
WIC Clinic Visits		
Nutrition/Certifications/Income	7021	6180
Food Dollars Expended	\$1,060,228.05	\$1,013,834.10
Farmers Market Program		
Coupons Distributed	987	1029
Dollars Expended	\$23,688	\$24,696
Breastfeeding Program		
Breast Pumps Distributed	85	89
Women Enrolled in Peer Counseling Services	160	114
Total Breastfeeding Services Provided	497	730
Breastfeeding Initiation Data		
Healthy People 2020 - goal is (81.9%)	74%	77.28%
Infants Exclusively Breastfeeding at 6 months	19.2%	21.5%

Data Sources: Local Agency Compliance and Self-Assessment (LACASA)-www.fns.usda.gov

Improved Pregnancy Outcome:

The Improved Pregnancy Outcome (IPO) Program was designed to improve the health of mothers and infants to reduce or prevent low birth weight and prematurity in infants as well as maternal complications. This program aligns with the New York State (NYS) Prevention Agenda 2013-2018 Promoting Healthy Women, Infants and Children Action Plan. The IPO Program is a voluntary home visiting program for pregnant women who want additional personalized support and education. In 2016, the program also focused on higher risk mothers.

The NYS DOH's Article 6, regulates that local health department maintain a family health program *designed to improve birth outcomes, decrease maternal and infant mortality and morbidity, and increase the number of pregnant and postpartum women who receive early, continuous and comprehensive prenatal and postpartum care*. Women are screened for high risk factors of health and life stressors. Education is provided on nutrition, immunizations, managing pregnancy and postpartum symptoms, health lifestyle choices, breastfeeding and emergency preparedness and safety. Referrals are made to relevant community services.

Program Analysis

The IPO Program uses eligibility criteria to focus efforts on a specific at-risk population. The eligibility screening form identifies physical and emotional diagnoses that may adversely affect the outcome of pregnancy. Monitoring substance abuse during pregnancy began in 2015. Socially at-risk women are referred to Health Families NY of Clinton County through Behavioral Health Services North. Community referrals are also made based on the needs of the woman and her family.

The education provided on breastfeeding in the antepartum period has shown an improvement in the number of breastfeeding IPO mothers postpartum. The Healthy People 2020 goal for breastfeeding in early postpartum is 85.5%; IPO mother's breastfeeding postpartum is 72%. There were 11 women that completed the IPO Program and 9 of these were breastfeeding postpartum after hospital discharge. Clinton County % is based on initiation and not at the time of discharge.

The CDC recommends that all women should receive the Tetanus/Diphtheria/Acellular Pertussis (Tdap) vaccine in the third trimester to protect their infants from whooping cough. Education and vaccine is provided to all clients as needed.

	2015	Clinton County*	2016	Clinton County*	2017	Clinton County*
Total Referrals	88	9.75% of births	64	9.75% of births	50	6.9% of births
Enrolled	49	5.2% of births	27	3.79% of births	23	3.2% of births
Total # of visits made	151		86		58	
Breastfeeding	68%	85.5% Early PP**	84.4%	88% Early PP**	12.7%	85% Early PP**
Medical Dx	91.8%	24%	100%	8.8%	81.8%	2%
MEB**	46%		81.4%		81.8%	
Prematurity	4.8%	4.9% of births	3.7%	3.5% of births	9%	4.3%
AP Tdap**	29%		62.9%		81.8%	

* New York Statewide Perinatal Database from the NYSDOH. 720 residents were contacted by mail, telephone and/or home visit.

** PP refers to Postpartum, MEB to Mental-Emotional-Behavioral diagnoses, and AP to Antepartum.

2017 Highlights

- IPO Program nurses continued to partner with the Healthy Families New York Clinton County program to provide additional education and support during pregnancy and postpartum.
- IPO representation occurred at the Baby-N-Me Expo in April where residents of Clinton County were introduced to many community support services.
- Specific educational handouts on breastfeeding have been added to the Partner Nurse packets that are given to obstetrician and pediatric practices.
- IPO nurse contact has been maintained with Birthright, the Plattsburgh Pregnancy Center, obstetrician offices, and pediatric offices.

2018 Objectives

- Continue membership in the Clinton County Breastfeeding Coalition.
- Continue partnerships and referrals to community organizations that provide support for pregnant women.
- Maximize data collection for performance management and quality improvement.
- Increase the number of clients who receive Tdap vaccine during their pregnancy.
- Increase the rate of IPO mothers initiating breastfeeding to surpass the Healthy People 2020 goal.
- Attend educational opportunities to improve the knowledge and implementation of best practices.

Newborn/Postpartum Program

The Newborn/Postpartum Program is a voluntary service that offers free home visits, telephone follow-up and/or educational materials to new families. A public health nurse contacts each family providing health promotion and prevention education to families and referrals specific to the family's needs. The NYS DOH's Article 6, regulates that the local health department *maintain a family health program of supportive services to decrease the rate of unintended pregnancies, increase optimal spacing of pregnancies, and decrease the prevalence and morbidity of sexually transmitted disease.*

Newborn/Postpartum Visits	2014	2015	2016	2017
Newborn Referrals	694	703	711	716
Completed Home Visits	184	155	87	67
Percentage of referrals that received visits	27%	22%	12%	9.4%

2017 Highlights

- Education is provided on public health based models. The nurses offer information about immunizations, breastfeeding resources, WIC participation and they also inform the mothers about the newborn/postpartum programs within the county.

Program Analysis

Referrals to the Newborn Program are received from local hospitals, pediatricians and families of newborns. Of these, 697 were born to residents of Clinton County. Nineteen (19) families were referred from University of Vermont Medical Center. The number of home visits made to mothers and healthy newborns has decreased in the past 5 years. This is due to the fact that pediatricians are seeing newborns much sooner after hospital discharge and are assessing for early complications and feeding issues.

All pediatric offices in the county are now designated breastfeeding friendly and offer breastfeeding counselor services. Additionally, the local hospital has a Lactation Clinic offering breastfeeding consultant services during the hospital stay and as outpatients. The NYSDOH Prevention Agenda has a defined goal to increase the proportion of NYS babies who are breastfed under the focus area of Promote Health Women, Infants and Children Action Plan. HCS staff is part of the Clinton County Breastfeeding Coalition and is working with community partners to continue to support breastfeeding families by participating in outreach events.

2018 Objectives

- CCHD Membership and participation will continue in the Clinton County Breastfeeding Coalition.
- One HCS nurse will be trained as a Certified Lactation Counselor.
- Continue to update the surveys done with families regarding the services provided by the Newborn/Postpartum Program to enhance services that will benefit young families.
- Complete an evaluation of program criteria to ensure HCS is meeting the needs of families.

Developmental Services

CCHD Developmental Services is an initiative designed to facilitate the identification of, evaluation of, and the provision of therapeutic and/or educational services to children with developmental delays. Program efforts are comprised of two programs, Early Intervention and Preschool Special Education. The Early Intervention Program (EIP) is a mandated program governed by NYS laws Article 25 Section 69-4 designed to serve children, ages 0-3. The Preschool Special Education Services program is governed by Article 89 of the State Education Law Section 4410, offering services to children, ages 3 to 5, with learning disabilities.



2017 Highlights

- Staffing changes in 2017 included; one new service coordinator and a new preschool specialist, hired to fill vacancies.
- Staff attended professional development offered by: CCHD, webinars and conference calls, BHSN, OPWDD, Fidelis, STOP DV, and the EI Learning Network.
- The Developmental Team hosted quarterly Clinton County Provider meetings and biannual Local Early Intervention Coordinating Council (LEICC).
- New staff toured our Clinton County service agencies and regional TRAIID center.
- Developmental screenings were made available to the public as part of the County’s “Child Find System.” The times of developmental screenings were adjusted to better serve the needs of families which increased attendance by 25%.
- Staff participated on local and regional teams, including: Child Care Coordinating Council of the North Country, Birth To 3 Alliance, Healthy Families New York, Head Start Selection Committee and Health Advisory Committee, JCEO Mental Health Advisory Committee, Ready-Set-Grow Coalition, Plattsburgh Public Library, CVPH Pediatric Team, THRIVE, Clinton County Special Education Steering Committee, County Early Intervention and Preschool Administrators Committee (CEIPAC), and the New York Association of Counties (NYSAC) Children with Special Needs Standing Committee.
- Staff completed a Fillable Forms objective as part of a Quality Improvement project.

Children’s Developmental Services	2014	2015	2016	2017
Early Intervention Program (EIP)				
Number of referrals	234	208	221	269
Unduplicated count of children	335	297	307	302
Total number of discharges	205	155	193	177
Reasons for closure:				
Children – delay/condition resolved	24	17	16	14
EI Evaluation found child not eligible	49	55	56	42
Family refused	45	12	19	37
Unable to locate family / moved	13	10	3/6	9/2
Transitioned to 3-5 program	56	47	77	63
Age-out, not eligible for 3-5 program	16	12	12	10
Other Reasons: Duplicate record for child	--	2	0	0
Preschool Special Education Program	2014	2015	2016	2017
Number of referrals	235	227	245	236
Unduplicated count of children on June 1 st	279	353	291	330
Number of Preschool meetings	737	726	764	739

Program Analysis

2017 brought many transitions to the Early Intervention Program and Preschool Special Education Services including staffing changes including a resignation and replacement of the Children’s Services Coordinator. For the 2017-18 school year, Beekmantown Central School District was approved for two integrated 6:1:1 special education preschool classrooms by the NYS Department of Education. These classrooms are in conjunction with the district’s UPK-4 program. These in-district classrooms decrease the amount of time children spend on buses and create familiarity for students transitioning into Kindergarten.

EIP data shows an increase in referrals, but a slight decrease in the total number of children served during 2017. While fewer children did not meet the eligibility requirements of the program, the needs of the children qualifying for EIP and their families have increased in intensity. Quality Assurance efforts in EIP and Preschool included quarterly and discharge chart audits, family surveys, provider input, and reaching out to CPSE Chairpersons to collaborate on ways to improve preschool special education services.

2018 Early Intervention Program Objectives

- Deliver targeted outreach regarding program regulations, EIP referrals, and eligibility requirements to agencies and individuals serving young children to increase the quality of referrals.
- Ensure contact with families and providers by Service Coordinators to support the delivery of services.
- Complete the electronic management system improvement project to ensure timely documentation, accurate billing, and regulatory compliance.
- Promote effective communication and interdisciplinary collaboration through provider and LEICC meetings.

2018 Children’s Preschool Special Education Program Objectives

- Revamp and distribute outreach materials regarding program regulations, referrals, and eligibility.
- Expand technology access to the Preschool Database to increase efficiency during CPSE meetings.

Children with Special Health Care Needs (CSHCN) and Family Services Programs

The Children with Special Health Care Needs Program is a NYSDOH funded program that provides services to families and children with special health care needs. The program offers case management services to families with a child from birth to age 21 that have or are suspected of having a serious or chronic physical, developmental, behavioral or emotional condition.

Referrals were made to CSHCN for a variety of diagnoses including: Premature infants, ranging from 25-35 week gestation, neonatal abstinence syndrome, congenital anomalies and other medical diagnoses. Case management included health education, assessments, referrals to community based programs based on the specific needs of the patients. The Family Services Program offers case management services and health guidance home visits for a variety of needs.

Program	2014	2015	2016	2017
Family Service Referrals	21	27	4	5
CSHCN Referrals	21	25	20	25

2017 Highlights

- Outreach is provided at least quarterly to include posters placed on public information bulletin boards, such as laundromats and restaurants.
- Staff attended the Baby-N-Me Expo at Champlain Centre Mall providing information about CCHD programs for families.
- Behavioral Health Services North sponsored a Kids Carnival at the City of Plattsburgh Recreation Gym in February, with HCS staff offering information to families at the event on programs offered by CCHD.

Children with Special Health Care Needs



Program Analysis

CSHCN children are admitted for case management needs or for low frequency nursing services. Clinton County statistics mirror those of NYS with a relatively small number of children being referred. The NYS-CSHCN Program's 2018 goal is to offer case management when children transition into the assistance to EI programs to transitioning at 3 years of age. The Family Services Program is a program that encompasses a wide range of needs that public health nurses can assist families with in a one-on-one intervention. Most often family service participants are provided with a one-time education visit or referrals to community-based organizations.

In 2017, staff provided bereavement services for families that have lost a pregnancy or an infant, additional support for families that have missed physician appointments and feeding support education. Statistical data shows the number of Family Services Referrals in 2017 remain low. This is believed to be the result of referrals being more appropriate for other HCS programs, such as newborn-postpartum, CSHCN, Early Intervention or the Children Preschool Special Education.

2018 Objectives

- Continue ongoing quarterly reporting to NYSDOH-CSHCN program for continued grant funding of the program.
- Continue data collection and tracking trends for future planning in service delivery.
- Partner with Early Intervention Program to support families after they transition into the Preschool Program.

2017 Division Presentations, Training Offered and Community Engagement Activities

January:

- Facebook Highlights: HPV Vaccine and Cervical Cancer.

February:

- Kids Carnival sponsored by BHSN and the City of Plattsburgh Recreational Center.
- Facebook Highlights: Breastmilk and Vitamin D; FDA Food Recall; Tdap during Pregnancy.

March:

- Northern Home & Lifestyle Association Home Show at the Crete Civic Center.
- Baby-N-Me Expo at Champlain Centre Mall, sponsored by BHSN Healthy Families NY.
- Provided CD/STI training to area school health educators.

April:

- Facebook Highlights: Zika and Pregnancy; Autism Awareness; Safe Sleep for Your Baby.

May:

- Facebook Highlights: Free Infant and Child Developmental Screening.

June:

- Radio/WIRY: *“Ticks and Mosquito Presentation.”*
- Facebook Highlights: Zika and Travel; National HIV Testing Day; Tick Removal.

July:

- Facebook Highlights: National Cleft and Craniofacial Awareness and Prevention Month; Immunizations for Victims or Volunteers during a disaster; Locating old immunization records/NYSIIS.

August:

- Presented STI and Immunization information to Twin-Oaks clients.
- Kids Day at the Plattsburgh Farmers’ and Crafters’ Market.
- Fall into Head Start enrollment day at JCEO.
- Facebook Highlights: HPV vaccine; School Vaccines; National Immunization Awareness Month; WIC Loving Support of Excellence; World Breastfeeding Week; Breastfeeding Block Party; Big Latch On.

September:

- Presentation for the Adirondack Nurses Association.
- Annual School Health Professionals Conference.
- Facebook Highlights: Pertussis; National Immunization Awareness Month, AIM- lead hunter safety.

October:

- Radio/WIRY presentation: *“Importance of getting your Flu and Pneumonia Vaccinations.”*
- Facebook Highlights : Lead Poisoning Awareness Month-Get your home and child tested; Home Checklist; Free Developmental Testing; International Infection Prevention Week; Lead Safety and ammunition; School Vaccinations.
- Facebook Highlights: *“Lead - Do you live in a house built before 1978?”*

December:

- Radio/WIRY presentation: *“Hazards and dangers of childhood lead poisoning.”*
- Facebook Highlights: World AIDS Day; National Influenza Vaccination Week; Infant and Toddler Development.

Regulatory Committee Overview

The Professional Advisory Committee (PAC) and Quality Assurance Committee (QAC) meet quarterly to maintain a coordinated quality assessment and assurance program for the Health Care Services Division. This includes establishing, managing and monitoring of policies and functions pertaining to the delivery of care. The findings and recommendations of this group are integrated into the agency's policies and procedures.

The PAC and QA cover Article 36, the Licensed Home Care Agency (LHCSA) Programs to include; Improved Pregnancy Outcome, Lead, Tuberculosis, Newborn, Family Services and the Children with Special Health Care Needs programs. Additionally, clinic services fall under Article 28 and Early Intervention and the Committee for Preschool Special Education Programs are covered by Article 36 and the State Education Department.

Professional Advisory Committee (PAC)

The PAC provides independent advice and recommendations on scientific and technical matters in relation to HCS's operating Articles. The group, which is comprised of representatives of professional and community based partners, uses the venue to promote sharing of information and resources. PAC Meetings were held on the following dates: January 12, April 13, July 13, and October 12, 2017.

PAC Membership:

NAME	AFFLIATION
Diana Aguglia, Regional Director	Alliance for Positive Health
Anna D' Angelo	SUNY Plattsburgh
Jamie Basiliere, Executive Director	Child Care Coordinating Council of the North Country
David Beguin MD	Plattsburgh Primary Health Care
Crystal Carter	Clinton County Office of Aging
Anthony Ching MD	Plattsburgh Primary Health Care
Debra Clark MD	CCHD Medical Consultant
Darwyna Facteau RN BSN MPA	CCHD-Director of Health Care Services, HCS
Richard Holcomb	DSS- Deputy Commissioner
Nichole Louis RN BSN	CCHD-Supervising Public Health Nurse, HCS
Vincent Pagano, RPh	CCHD-Contract Pharmacist
Ester Piper	BHSN- Early Advantages
Judith Ross	CCHD-Senior Public Health Sanitarian, EHS
Margaret Searing RN BSN	CCHD-Quality Coordinator
Jeff Sisson	Health, Safety, and Risk Management Specialist CVES-BOCES
Mandy Snay	CCHD-CCHD-Director of Health Planning and Promotion
Darcy Sutherland	DSS-Child Protective Unit
Tracey Tavano, RN MSN	Director of Patient Services- Hospice of the North Country
Elizabeth Casey	Principal Clerk Typist
Christa VanCour	CCHD – Children's Services Coordinator

2017 Highlights

- Darwyna Facteau presented the 2016 HCS Annual Report highlights.
- Dr. Anthony Ching of Plattsburgh Primary Care reported that the Adirondack Medical Home is applying for a "Food Insecurities" grant which will provide local fresh produce to families.
- Richard Holcomb, the Asst. Director of Social Services announced that a new program, known as the *OASIS Project*, will provide homeless children with a place for homework, access to a computer, and school supplies.

- Diana Aguglia, Director for Alliance for Positive Health, announced that the syringe exchange program will be undergoing expansion in the Glens Falls area and a mobile unit will allow syringes to be distributed and picked up from individuals with no transportation.
- New appointments to the PAC included Grace Ann Carlic, Community Health Educator for Planned Parenthood of the North Country NY, Crystal Carter, Director of the Office of Aging.
- Mandy Snay, Director of Health Planning and Promotion, presented the Community Health Assessment (CHA) and Community Health Improvement Plans (CHIP).
- Darwyna Facteau, HCS Director, presented on an outreach program, “Tick Kits,” which include tweezers, alcohol wipes, band aids and information about tick prevention/removal - 1000 kits were distributed.
- Esther Piper, Program Director of BHSN, shared information on Child Abuse Prevention month (April). BHSN selected the CCHD location, in front of the Old Court House, to post their display of pinwheels. Families can take a pinwheel and display them in their garden or plants.
- Claire O’Grady, a Medical Student Intern gave a presentation on Food Insecurity.
- Sally Meisenheimer, of the *North Country Conflict Resolution Services*, presented on the availability of free and confidential mediation services available to the community.
- Darwyna Facteau, DHCS presented “*Half-Way Through 2017.*” This included Threats to Public Health to include, seasonal threats, mosquito and tick borne illness and Zika updates.
- A discussion regarding “*Sun Safety & Melanoma Death Statistics*” was provided by Margaret Searing, CCHD Quality Improvement Coordinator.
- The CCHD Healthy Neighborhood Program Services Checklist was presented by Margaret Searing, Quality Improvement Coordinator.
- The annual School Health Professionals Workshop review and attendance was discussed.
- Darwyna Facteau, HCS Director, presented a fall update discussing the following topics: The Migrant Labor Camp (apple orchard) farmers immunization program; the pertussis outbreak; the NYS tick surveillance report; and the impending seasonal flu season concerns.

Quality Assurance Committee (QA)

The Quality Assurance Committee defines quality, and evaluates care, as well as reviewing outcome criteria against desirable and valued outcomes as determined from best science. QA Meetings were held on the following dates: February 9, May 11, August 10, and November 9, 2017.

Membership:

Name	Affiliation
Judy Baksi, RN BSN	SUNY Plattsburgh Adjunct Faculty/Community
Elizabeth Casey, Principal Clerk Typist	CCHD- Principal Clerk Typist
Debra Clark, MD	CCHD-Medical Consultant
Darwyna Facteau, RN BSN MPA	CCHD- Director of Health Care Services
Nichole Louis, RN BSN	CCHD-Supervising Public Health Nurse
Wanda McQueen, PhD	CCHD-Children’s Services Coordinator
Margaret Searing, RN BSN	CCHD- Quality Coordinator
Christa VanCour, CSC	CCHD- Children’s Services Coordinator

2017 Highlights

- Development of a Quality Assurance List of policies and procedures that reflect the Health Care Services Division’s on-going commitment to regulatory adherence.
- Addition of a quarterly “Infection Control Assessment Report (ICAR) for outpatient settings” to review HCS’s clinic’s infection control procedures.

- Review and resolution of two (2) SED 89 program breaches.
- Program review and data analysis were completed each quarter for Communicable Disease Early Intervention and School Preventative Services, Immunization and the Licensed Home Care Services Agency Programs.
- Exit interviews were completed for three (3) employees.
- The Quality Coordinator’s summaries of 2016 Quality improvement reports, projects and PHAB annual report were also discussed.

2018 Objectives:

- Updating the Quality Assurance List to reflect policy and program changes.

Division Contact:

County Health Department - Health Care Services
 133 Margaret Street, Plattsburgh, NY 12901
 Phone: (518) 565-4848 WIC Phone: (518) 565-4830
 Fax: (518) 565-4509 WIC Fax: (518) 565-4502
www.ClintonHealth.org

Division Staff

Darwyna Facteau, RN BSN MPA; Director of Health Care Services	Nichole Louis, RN BSN Supervising Public Health Nurse	Christa VanCour Children’s Services Specialist & Children’s Services Coordinator
Mary Lee Ireland WIC Program Coordinator	Elizabeth Casey Principal Clerk Typist	Margaret LaBombard, RN BSN Public Health Nurse II
Jackie Allan, RN * Registered Professional Nurse	Kristy Arnold-Lawrence, RN BSN + Public Health Nurse	Carrie Barcomb Medical Clerk Typist
Janelle Bausman WIC Nutrition Aide	Margaret Clifford* Public Health Nutrition Educator	Lillie Coon Medical Clerk Typist
Arletta Duprey Senior WIC Nutritionist	Debra Everett * + Preschool Program Assistant	Dawn Farrell, RN BSN Public Health Nurse
Michelle Fortin Typist	Laurel Glode, RN BSN Public Health Nurse	Carrie Healy * + WIC Nutrition Aide
Chanelle Heath Public Health Nutrition Educator	Eeva Jimenez, RN Registered Professional Nurse	Shelley Lee, RN BSN Public Health Nurse
Kara Lennon Public Health Nutrition Educator	Karen Merrill, RN BSN + Public Health Nurse	Teresa (Tracy) Plimpton, RN BSN Public Health Nurse
Karen Plotas-McGrath, RN BSN Public Health Nurse	Roberta Szczypien, RN* Registered Professional Nurse	Laurie Taylor, RN Registered Professional Nurse
Patty Therrian Senior WIC Program Aide Typist	Janice Tobin, RN BSN Public Health Nurse	Patricia Todd, RN BSN + Public Health Nurse
Dr. Wanda McQueen, PhD + Children’s Services Coordinator	Noreen Wolansky RN* Registered Professional Nurse	NOTES: Includes all employed in HCS during 2017: Part time * Partial year +

Contractors

Debra Clark, MD Physician - Medical Consultant	Sarah Valk, LCSW-R Psychosocial Consultant	David Beguin, MD Physician- Deputy Medical Consultant
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2017 Board of Health Members

Jonathan Beach, D.O. – Legislative Liaison
Kathleen Camelo, MD – Vice President
Edward Garrow
Virginia Hay, RN (1/2017–8/2017)
Lynn Howard, BSN
Kathleen Kasprzak, RN, PhD (1/2017-12/2017)
Victor Ludewig, MD
Jerie Reid, DPH – Secretary (1/2017-10/2017)
Erin Spees, MD – President
Patrick Bowen (appointed 9/2017)
John Kanoza – Secretary (appointed 10/2017)



Community Organizations with HCS Representation

Breastfeeding Coalition	STI / STD Community Partnership
CCMAC Planning Group & RRC	CEIPAC – Clinton Early Intervention / Preschool
Administration Committee	Clinton Community College Nursing Advisory Board
Community Services Board	Domestic Violence Task Force
Eastern Adirondack Health Care Network (EAHCN)	Environmental Health PAC
EXPLORE Steering Committee	HPV Initiative
Head Start Selection Committee	Healthy Families NY
Hospice of the North County –QA Committee	JCEO Health Advisory Committee
LEICC – Local Early Intervention Coordination Council	NYSAC Preschool / EI Subcommittee
Preschool Steering Committee	Residential Resources – Board & QA Committee
SUNY @ Plattsburgh Nursing Advisory Board	Suicide Prevention Committee
THRIVE – Ready, Set, Go	Tri-County Immunization Consortium
UVHN-CVPH Women and Children Service Line	