

# Clinton County Health Department

Health Care Services Division

2020 Annual Report



## 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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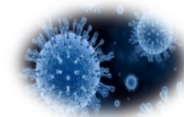
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### Communicable Disease Program

The Communicable Disease Program is mandated under the NYS Sanitary Code as a vital step in controlling and preventing the spread of disease. Health department nurses perform surveillance, confidential case investigations, outbreak management and contact identifications in an effort to protect the health of Clinton County residents as part of this process.



On March 11, 2020 the World Health Organization declared the novel coronavirus (COVID-19) outbreak a global pandemic. Clinton County saw its first case of COVID-19 on March 16, 2020. Health Care Services Communicable Disease, Immunization and Home Visiting programs staff and one Environmental Health and Safety (EHS) staff were assigned to the initial response of COVID-19 case investigations and contact tracing. The focus of 2020 was predominantly on COVID-19 across all divisions of Clinton County Health Department (CCHD). In April 2020 the core 9 person COVID-19 response team relocated to Clinton Community College's campus to build a more cohesive response to the case investigations. Clinton County was closed to non-essential businesses.

Health Care Services continued to investigate all reportable communicable diseases. There were 569 investigations in 2020 outside of COVID cases and investigations. Of these investigations, NYSDOH is reporting 442 cases of reportable communicable disease, see chart below.

Only cases meeting New York State Department of Health (NYSDOH) and Centers for Disease Control (CDC) case definition (standard criteria for classifying a disease), are reflected in the final tally. These totals may be different than what was reported in quarterly reports as NYSDOH makes the final decisions on cases months or years following the initial case investigations.

Communicable Disease*	2017	2018	2019	2020
Anaplasmosis	2	3	1	14
Campylobacter	14	12	17	13
Chlamydia	273	303	270	206
Cryptosporidiosis	0	1	2	4
COVID-19	n/a	n/a	n/a	1365 (confirmed) 122 (probable)
Encephalitis	0	3	0	0
Giardiasis	7	4	8	11
Gonorrhea	6	33	29	17
H. influenza (invasive) (Non-type B)	3	4	4	2
<b>Hepatitis A</b>	0	2	0	0
<b>Hepatitis B – Acute</b>	0	1	1	1
<b>Hepatitis B – Chronic</b>	2	3	9	2
<b>Hepatitis B – Chronic Inmate</b>	8	6	5	N/A
<b>Hepatitis B – Prenatal</b>	0	0	1	0
Hepatitis C – Acute	6	5	4	4
Hepatitis C – Chronic	83	87	62	41
Hepatitis C – Chronic Inmate	96	59	67	N/A
Legionellosis	1	1	6	2
Lyme Disease	67	54	63	95
Meningitis – Aseptic	6	8	4	1
<b>Meningitis – other(not bacterial/meningococcal)</b>	1	0	0	0
<b>Pertussis</b>	31	8	27	1
Rocky Mountain Spotted Fever	2	0	1	2
Salmonellosis	5	5	8	8
Shigella	0	0	3	0
Streptococcal - Group A (invasive)	0	2	1	2

Streptococcal - Group B (invasive)	13	8	10	11
<b><i>Streptococcal - Pneumonia</i></b>	12	14	11	5
Syphilis	9	7	2	0
Prenatal Syphilis Exposure	0	1	0	0
Toxic Shock Syndrome (STSS)	0	2	0	0
Tuberculosis	0	1	1	0
Vibriosis	0	1	0	0
<b>TOTAL CASES</b>	<b>665</b>	<b>655</b>	<b>656</b>	<b>442</b>

***Bold, italicized diseases are vaccine preventable.***

### 2020 Highlights

- CCHD qualified to participate in NYSDOH Lyme disease sentinel surveillance system (>50 cases of Lyme disease per year over a 3 year period). Clinton County is responsible for investigating 20% of reported Lyme disease cases in Clinton County.
- NYSDOH has added a category for Hepatitis C infections – Antibody positive, RNA negative.
- Anaplasmosis cases increased in Clinton County, thus mirroring the pattern of Lyme disease from previous years as infected ticks increased north and west of the Hudson Valley.
- This was predicted by NYSDOH environmental health experts secondary to increasing tick borne disease investigations throughout NYS. NYS and CCHD increased education about tick borne disease prevention and testing over 2018-2019 in an effort to increase awareness of diseases other than Lyme.
- COVID-19 case investigations dominated much of communicable disease work closing 2020 with 1487 cases.

### Sexually Transmitted Infections Programs



Over the last 5 years NYS has had a steady increase in sexually transmissible disease (STD) cases. In 2020 NYSDOH Office of Public Health Practices chose to focus Local Health Department Performance Incentive Program on expedited partner therapy (EPT) for chlamydia therapy.

In 2020, sexually transmitted infections (STIs) (Chlamydia, Gonorrhea and Syphilis) made up just over 50% of communicable diseases in Clinton County (excluding COVID-19), as compared to 2019, in which 48% of the cases were STIs. Of these chlamydia infections are over 92% of reported STIs in the county. The year began strong providing education to community providers that diagnose a significant portion of STIs. This initiative was placed on hold after the pandemic was declared and staff were reassigned.

### 2020 Highlights

- Provider training based on Performance Incentive Program on EPT at a large adult provider practice, at an on campus student health center and at UVHN-CVPH Emergency Department.
- The Performance Incentive for 2019-2020 for EPT was awarded to all NYS counties that participated, including Clinton County.
- Chlamydia rates are down 24% from 2019. This is potentially accounted for from decrease in social and physical interaction while the county and state were in pandemic shutdown or lack of testing due to closure of clinics and medical practices.

### Sexually Transmitted Infections Clinic

CCHD contracts with Planned Parenthood of the North Country New York (PPNCNY) for clinical and laboratory services for diagnosis and treatment for STDs for residents of Clinton County to meet the NYCRR 40-2.2 of public health law Title 10. The clinic diagnosis and treatment numbers are low in 2020, partially due to the pandemic but also with health insurance access for those under or uninsured. PPNCNY works with marketplace navigators to help participants secure health insurance to cover treatment costs.

### 2021 Goals

- Continue participation in NYS Condom Program with distribution of condoms through CCHD programs and encourage community partners to participate in the no-cost program for their venues.
- Provide gap services for underinsured or uninsured individuals through contracted STD services.
- Participate in the Article 6 Performance Incentive Program for EPT in an effort to decrease STI spread in Clinton County and NYS.

### Immunization Program

CCHD participates in the NYSDOH Immunization Action Plan grant. The grant is tasked with increasing and sustaining immunization rates of Clinton County residents. As part of the work-plan, immunization staff work toward:

- Achieving The Advisory Committee on Immunization Practices (ACIP) recommendations.
- Increasing childhood immunization rates among children 19-35 months.
- Increasing HPV vaccination coverage of 13 year olds.
- Prevention of perinatal hepatitis B by providing case management of newborns exposed to Hepatitis B in utero.
- Improving adult immunization rates.
- Reducing disparities among special/underserved populations.



### ➤ ACIP Recommended and Influenza Vaccines

In the fall of every year, staff provides off-site vaccine clinics to congregate communities and other high-risk individuals within the county. This population would be most likely to suffer from significant complications from vaccine preventable diseases including hospitalization and death. Clinic venues include housing complexes and treatment day programs. These clinics were well attended despite the pandemic, boasting adult vaccine rates of influenza helping to decrease the risk of complications from both flu and COVID-19 illness.

### 2020 Highlights

- Staff participated in 3 NYSDOH programs, Vaccine for Children (VFC), Vaccine for Adults (VFA) and Migrant Farmer Vaccine (MFV).
- Flu vaccine clinics were offered at 5 congregate living facilities; the Advocacy and Resource Center; Behavioral Health Services North Center for Wellness.
- Staff also went to 3 local apple orchards to vaccinate migrant farmer workers with flu vaccine.

➤ **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 vaccination.

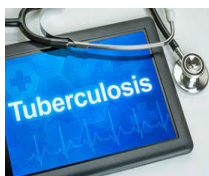
**2020 Highlights**

- There were 26 individuals that were potentially exposed to Rabies that required case management and post-exposure prophylaxis treatment. Compared to 58 from the previous year.

**2021 Goals**

- Implement COVID-19 vaccination clinic response based on NYS and CDC guidance.
- Continue work with local migrant labor camps, adding additional 1 or 2 employers to offer vaccine clinics.
- Continue to offer site vaccine clinics to high risk populations at their congregate living sites in an effort to improve adult vaccine rates.

**Tuberculosis Program**



The mission of the Tuberculosis (TB) Program is to identify and treat active TB disease and latent TB infection (LTBI). Even with reduced state and national cases, Clinton County remains at a potential risk of TB spread due to its geographical position on the international border with Canada, large numbers of international college students and a state prison system. Our continued focus aligns with the national and state goals to identify and treat high risk persons.

		2017	2018	2019	2020
Chest Clinic Referrals for LTBI or Active Tb		42	5	5	1
Tuberculin Skin Tests (TST) at CCHD		134	129	129	20
DOT Contacts	By CCHD	2	216	216	0
	By Partner Agency	0	0	0	0
Newly diagnosed Active TB Cases		0	1 1.25/100,000	1 1.25/100,000	0
Initiation of recommended 4 drug regimen – Active TB		N/A	100%	100%	N/A
Active TB Cases completing treatment within 12 months or less		N/A	100%	100%	N/A

**2020 Highlights**

- Due to COVID-19 response activities there was limited tuberculin skin test (TST) placements.
- One referral was for LTBI person who was referred to Infectious Disease physician. CCHD is not required to provide case management for LTBI persons.
- TB infection reported by physicians and the state’s Electronic Clinical Laboratory Reporting System (ECLRS) were investigated; no active cases were identified in 2020.

**2021 Goals**

- Continue TB Program Policy to reflect streamlining referral and process changes

### Family Health Home Visiting Program (From Pregnancy to 21 years)

The Family Health Home Visiting encompasses the programs of the Licensed Home Health Care Services Agency (LHCSA) including 2 state grant funded programs – Children and Youth with Special Health Care Needs (CYSHCN) and the Lead Poisoning Prevention Program (LPPP).



Home visiting programs were on hold from March through December 2020 due to the COVID-19 global pandemic. Staff assigned to this program were reassigned to COVID-19 response activities. All referrals made to these programs were referred to community agencies for support, except for those in the LPPP. All children with elevated lead were provided with case management services through telephone visits and referrals to environmental services when needed.

CCHD continues to send families of newborn infants an information packet that includes breastfeeding resources, immunization recommendations and community based resources.

Program \ Year	2018		2019		2020	
	Referred	Enrolled	Referred	Enrolled	Referred	Enrolled
CYSHCN	17	9	24	11	5	2
Family Services	2	2	3	1		
IPO	24	5	6	0		
Lead Poisoning Prevention	See Lead Poisoning Prevention Section on next page					
Newborn/PP	648	22	563	20		
<b>Family Health Home Visiting Programs Total Enrollment*</b>				14		

\* Beginning in 2020: All families referred/enrolled will be listed under the Family Health Home Visiting Programs except for CYSHCN and LPPP as these are grant funded programs.

### ➤ Children and Youth with Special Health Care Needs (CYSHCN):



The Children and Youth with Special Health Care Needs Program is a NYSDOH grant funded program that assists any child, to age 21, and their families who has, or is suspected of having, a physical, developmental, behavioral or emotional condition. A registered nurse provides short-term case management to aid families in acquiring community resources, offers support, guidance, education and teaching about the child's illness or disability. In 2020 NYSDOH began contracting with Regional Support Centers (RSC) to assist local health departments in providing technical assistance, training, mentorship and coaching to support families with CYSHCN and engage with CYSHCN families to continue to assess and support their needs. CCHD is affiliated with the Westchester Institute for Human Development.

#### 2020 Highlights

- CYSHCN new grant cycle began with a new work plan to incorporate the new partnership with the RSC
- HCS staff began working with the RSC on a Clinton County Resource Guide for CYSHCN and their families

#### 2021 Goals

- Complete the resource guide
- Continue to work with RSC in identifying unmet needs in our community that effect CYSHCN

➤ **Lead Poisoning Prevention Program (LPPP)**



Funded by a grant from New York State, the Lead Poisoning Prevention Program (LPPP) aims to protect children from lead exposure by identifying and removing the source. Even low levels of lead have been shown to affect IQ, ability to pay attention, and academic achievement. New York State Law requires that primary care providers screen all children for lead exposure at ages one and two.

Beginning October 1, 2019 NYS Public Health Law requires CCHD to follow up and confirm lead levels  $\geq 5\mu\text{g}/\text{dL}$ ; any child with a confirmed test will be offered nursing and environmental home assessments in an effort to eliminate childhood lead poisoning. As part of this effort, a home inspection by a Certified Lead Risk Assessor and for case management by a Registered Nurse is completed. Children remain in HCS case management until their lead level is  $5\mu\text{g}/\text{dL}$  or lower.

Lead Data 2017-2019		2017	2018	2019	2020
Blood Lead Level	5-9.9 mcg/dL				7
	10-14 mcg/dL	1	1	3	3
	15-19 mcg/dL	0	0	2	0
	>20 mcg/dL	0	1	1	0
New Elevated Lead Cases		5	2	2	10
Active Case Management				8	10

### Lead Poisoning Program Analysis

Despite the COVID-19 pandemic, HCS staff and EHS staff worked collaboratively to identify and assess lead poisoning. Home visits were not performed in early 2020 but children were identified as having elevated lead levels. HCS nursing staff provided education to the families about lead hazards, nutrition and prevention techniques. EHS provided an environmental assessment and worked with the NYS Regional District Environmental Health Program to have the home assessment completed with use of the XRF Lead Paint Analyzer as Wadsworth lab was unavailable to test lead dust samples secondary to the pandemic.

### 2021 Goals

- Improve pediatric testing rates for one and two year olds by 3%, through outreach and education to primary care providers that see children less than 36-months of age.
- Continue community education campaigns on social media and through outreach events to provide education and action for families to identify and mitigate lead in their environment.





Developmental Services is an initiative designed to facilitate the identification of, evaluation of, and the provision of therapeutic and/or educational services to children and their families with developmental delays. It is comprised of two programs, Early Intervention and Preschool Special Education.

The Early Intervention Program (EIP) serves infants and toddlers, birth to age three with a confirmed disability or an established developmental delay. The EIP is administered by the New York State Department of Health through local health departments.

Preschool Special Education Services provide services for children ages 3-5 who have a disability that affects learning. The New York State Education Department (SED), Office of Special Education oversees the preschool special education program. Local school districts in conjunction with the health department administer the program with program funding provided by local counties and the State.

### Program Highlights

- COVID-19 created sweeping and immediate changes in service delivery. The NYS Department of Health Bureau of Early Intervention and NYS Department of Education allowed for telehealth services in early April, and has continued this throughout the remainder of the COVID-19 emergency.
- Staff attended professional development offered by: CCHD; Early Childhood Direction Center; NYSDOH; FEMA; NYS Association of Infant Mental Health; and numerous conference calls and webinars.
- The Developmental Team hosted biannual Clinton County Provider and one Local Early Intervention Coordinating Council (LEICC) meetings – three of these meetings were moved to virtual platforms.
- Staff participated on local and regional teams such as the Child Care Coordinating Council of the North Country, Birth To Three Alliance, Healthy Families New York, Head Start Selection Committee, Head Start/Early Head Start Health Advisory Committee, JCEO Mental Health Advisory Committee, Ready-Set-Grow Coalition, CVPH Pediatric Initiative, Clinton County Special Education Steering Committee, County Early Intervention and Preschool Administrators Committee (CEIPAC), and New York Association of Counties (NYSAC) Children with Special Needs Standing Committee.
- CDS staff facilitated developmental screenings January, February, and again from September – December. CDS staff also assisted the Child Care Coordinating Council of the North Country with their monthly developmental screening upon return in December.
- Key developmental staff continued attending monthly meetings, moved to virtual platforms in April, with school district special education chairpersons to further promote communication and improve services to our preschool population.

### Analysis:

The CDS team pivoted quickly to working remotely when the start of the COVID-19 emergency began. Programming and logistic issues were identified and dealt with as needed to make these programs as efficient as possible to still provide quality services to the families of Clinton County.

EIP saw a vast decline from the previous year in referrals through the early spring and summer, with a slight uptick in the fall. Many children did not have access to their Pediatrician at the March – May shut down, and developmental screenings were cancelled for many months to help protect the health and safety of families and staff. Preschool Special Education also saw a decline in referrals, and navigating the transition from EIP to Preschool Special Education was difficult until state guidance allowed for a longer grace period to qualify for the program.

There continues to be a shortage of all services for children throughout EIP and Preschool Special Education. Agency staff retention continues to be a concern, as well as recruiting new therapists and providers to the field of Early Intervention. The COVID-19 emergency pointed to some issues of payment and equity, as some families do not have access to the needed technology for telehealth services. NYS Bureau of Early Intervention (BEI) allowed for telephone only services to help address this disparity, but this mode of service delivery is likely not as efficacious as telehealth, or certainly, in-person delivery.

Quality Assurance efforts in EIP and Preschool included quarterly and discharge chart audits, family surveys, provider input, and reaching out to the Committee of Preschool Education (CPSE) Chairpersons to collaborate on ways to improve preschool special education services, including transportation.

### 2021 Goals

#### Early Intervention Program:

- Train and implement the new electronic system, EI-Hub, from NYS Department of Health
- Continue training clerical support for efficient work flow of billing and processing all EIP participants
- With continued provider shortages, Service Coordinators will also look to discover and promote activities to have families work on with EIP participants. A growing resource library of YouTube videos, websites, and handouts is being established. Concurrently, additional upstream cause-analyses are being completed to address issues surrounding parenting, environmental, and health disparities in EIP.
- Promote effective communication and interdisciplinary collaboration through provider and LEICC meetings. Meetings will include: team-building activities, partner awards and acknowledgments, and data sharing.

#### Preschool Program:

- Increase communication with providers, school district staff, and families regarding regulatory requirements to ensure services are delivered in an appropriate manner. This includes plans to collaborate with local Preschool agencies to help promote and implement new initiatives to increase family/parent support (ie: The Play Project)

Children's Developmental Services	2017	2018	2019	2020
<b>Early Intervention Program (EIP)</b>				
Number of referrals	269	286	327	252
Unduplicated count of children	302	332	351	312
Total number of discharges	177	153	185	139
Reasons for closure:				
• Children – delay/condition resolved	14	16	18	12
• EI Evaluation found child not eligible	42	36	41	31
• Family refused	37	23	26	18
• Unable to locate family / moved	9/2	11/2	16/3	13/3
• Transitioned to 3-5 program	63	58	72	74
• Age-out, not eligible for 3-5 program	10	7	9	6
<b>Preschool Special Education Program</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Number of referrals	236	264	285	198
Unduplicated count of children on June 1 <sup>st</sup>	330	318	334	296
Number of Preschool meetings	739	811	808	751

### HCS Committee Reports

The Professional Advisory and Quality Assurance Committees meet quarterly to maintain a coordinated quality assessment and assurance program for Health Care Services. This includes review of policies pertaining to the delivery of care and recommendations on professional issues. The findings and recommendations of this group are integrated into the division's policies and procedures. Articles and programs encompass:

- *Communicable Disease (NYS Sanitary Code (10NYCRR-2.10)*
- *Early Intervention Program & School Preventative Services (Articles 25 and SED 89)*
- *Immunization (Article 28)*
- *Licensed Home Care Services Agency (Article 36)*
- *Women, Infant and Children's Program*

### Professional Advisory Committee

The Professional Advisory Committee (PAC) provides advice and recommendations on scientific and technical matters in relation to the HCS division operating articles. Moreover, the group is comprised of representatives of community based partners who use this venue to promote sharing of information and resources.

Meeting Dates: January 30, 2020 (No other PAC meetings were held in 2020 due to COVID-19 global pandemic response.)

Member	Affiliation
<i>Diana Aguglia, Regional Director</i>	Alliance for Positive Health
<i>Jamie Basiliere, Executive Director</i>	Child Care Coordinating Council of the North Country
<i>Elizabeth Casey, Principal Clerk Typist</i>	CCHD – Health Care Services Division (Minute Recorder)
<i>Anthony Ching, MD</i>	Plattsburgh Primary Care Pediatrics
<i>Diana Christensen, MD</i>	CCHD – Medical Consultant
<i>Darlene Collins</i>	Clinton County Office for the Aging
<i>Kevin Defayette</i>	Lake Forest Senior Living Community
<i>Richard Holcomb</i>	Clinton County Department of Social Services
<i>Margaret LaBombard, PHN II</i>	CCHD – Health Care Services Division
<i>Nichole Louis, RN BSN</i>	CCHD-Communicable Disease Control and Family Health Services
<i>Scott McDowell</i>	Clinton County Child Advocacy Center
<i>Ester Piper</i>	BHSN- Healthy Families New York
<i>Margaret Searing, RN BSN</i>	CCHD-Performance Management and Quality Improvement
<i>Tim Simonette</i>	CCHD – Environmental Health and Safety Division
<i>Jeff Sisson, MS</i>	Health, Safety, and Risk Management Specialist CVES-BOCES
<i>Mandy Snay, RD MPH</i>	CCHD-Health Planning and Promotion
<i>Erin Streiff, MS, RN</i>	CCHD – Health Care Services Division
<i>Darcy Sutherland</i>	Clinton County Department of Social Services – Child Protective Svcs.
<i>Tracey Tavano, RN, MSN</i>	Director of Patient Services- Hospice of the North Country
<i>Christa VanCour, MS</i>	CCHD – Children's Developmental Services

### 2020 Highlights

- Review of each member's program outreach events, highlights, program changes (for Quarter 4, 2019)
- Program review and data analysis completed each quarter.
- Quarterly Public Health appraisals; emerging infections, vaccine updates, decrease in sexually transmitted infection, increase in incidence of Lyme disease
- New York State Public Health Law requires follow-up on lead levels  $\geq 5$  ug/dl beginning October 1, 2019.
- Many programs on hold and/or scaled back in response to the COVID-19 global pandemic.
- Staff from many programs re-deployed to support response to the COVID-19 global pandemic.

**Quality Assurance Committee**

The Quality Assurance Committee (QAC) defines quality, evaluates care and reviews outcome criteria against desirable and valued outcomes as determined from regulations and best science.

Meeting Dates: January 15, 2020 (No other QAC meetings were held due to COVID-19 global pandemic response.)

Member	Affiliation
<i>Judy Baksj, RN BSN</i>	SUNY Plattsburgh Adjunct Faculty/Community
<i>Elizabeth Casey, PCT</i>	CCHD- Principle Clerk Typist (minute recorder)
<i>Diana Christensen, MD</i>	CCHD-Medical Consultant
<i>Margaret LaBombard, PHN II</i>	CCHD – Public Health Nurse II
<i>Nichole Louis, RN BSN</i>	CCHD-Supervising Public Health Nurse
<i>Margaret Searing, RN BSN</i>	CCHD- Quality Coordinator
<i>Erin Streiff, MS, RN</i>	CCHD- Director of Health Care Services
<i>Christa VanCour, MS</i>	CCHD- Children’s Services Coordinator

**2020 Highlights**

- Utilization of a Quality Assurance Inventory of policies and procedures that reflect the Health Care Services Division’s on-going commitment to regulatory adherence; ensuring “best practice” service delivery and the identification and correction of adverse events.
- Review of internal and external reviews and audits.
  - HIPAA Privacy and Security Audits
  - Early Intervention- LEICC Reports
  - WIC – 2020 LACASA Report
  - Health Information Consultant, medical record review.
- Review of incidents/injuries/events and care reports.
- Program review and data analysis completed each quarter:
  - *Communicable Disease (NYS Sanitary Code (10NYCRR-2.10)*
  - *Early Intervention Program & School Preventative Services (Articles 25 and SED 89)*
  - *Immunization (Article 28)*
  - *Licensed Home Care Services Agency (Article 36)*
  - *Women, Infant and Children’s Program*
- Listing of all program policy and procedures, new, revised or reviewed.
- Quality Coordinator reports.
- Programs on hold and/or scaled down in response to the COVID-19 global pandemic.
- Staff from many programs re-deployed to support response to the COVID-19 global pandemic.

Health Care Services Division Staff	
Jacqueline Allan, Registered Nurse	Shelley Lee, Public Health Nurse
Carrie Barcomb, Medical Clerk Typist	Nichole Louis, Supervising Public Health Nurse
Elizabeth Casey, Principal Clerk Typist	Jessica Mathews, Children's Services Program Specialist
Lillie Coon, Medical Clerk Typist	Teresa Plimpton, Public Health Nurse
Debra Everett, Children's Services Program Specialist	Karen Plotas-McGrath, Public Health Nurse
Dawn Farrell, Public Health Nurse	Michelle Rushby, Public Health Nurse (partial year)
Melissa Fuller, Children's Services Program Specialist	Erin Streiff, PHN (Jan – Aug); Director of Health Care Services
Chanelle Heath, Children's Services Program Specialist	Roberta Szczypien, Registered Nurse
Eeva Jimenez, Registered Nurse	Debra Tackett, Director of Health Care Services (starting Nov. 2020)
Margaret LaBombard, Public Health Nurse II (Jan – Aug)	Christa VanCour, Children Services Coordinator

Board of Health Members
Mark Henry - Legislative Liaison
Erin Spees, MD – President
Kathleen Camelo, MD – Vice President
John Kanoza, PE, PG, DPH - Secretary
Patrick Bowen
Edward Garrow
Lynn Howard, RN BSN
Rebecca King, VMD
Victor Ludewig, MD
Kathleen Kasprzak, PhD, RN

Contractors
Diana Christensen, MD
David Beguin, MD
Sarah Valk, LCSW-R

HCS Committee Representation	
Alliance for Positive Health QA Committee	Birth to 3 Alliance
Breastfeeding Coalition	BHSN Health Families
CCMAC Planning Group & RRC	CEIPAC – Clinton County Early Intervention
Clinton Community College, Nursing Advisory Board	Community Services Board- Developmental Subcommittee
DA; Child Fatality Board	Disaster Mental Health Team CVPH
Environmental Health PAC	EXPLORE Steering Committee
Head Start Selection and Health Committees	Hospice of the North Country QA Committee
Local Early Intervention Coordinating Council	NYSAC Preschool/EI Subcommittee
Preschool Steering Committee	Residential Resources- QA Committee
SUNY Plattsburgh, Nursing Advisory Board	Suicide Prevention Committee
THRIVE- Ready, Set, Go	NYS Immunization Consortium
STOP Domestic Violence	STI Community Partnership Committee