



**Essex County Health Department Public Health Directors report  
Professional Advisory Council (PAC) - Public Health Advisory Council (PHAC)**

The Essex County Health Department (ECHD) is a registered as an overdose prevention program through the NYS Department of Health (NYSDOH). The focus of ECHD's Community Opioid Overdose Prevention (COOP) Program is to train community members to recognize and respond to an overdose and increase access to give naloxone (Narcan) to prevent fatalities. Through our COOP program, community members can anonymously request a Narcan kit, receive training on administering, and report Narcan usage by visiting our website (<https://essexcountyny.gov/Health>). Included in each kit are local contacts to connect people with recovery support, 24hr crisis access, and referral services.

Our COOP program will utilize Opioid Settlement Funding money for a multi-step approach; working with our ECHO collaborates.

\*First, to increase naloxone distribution around the County with vending machines and outreach. I am pleased to say at the Human Service Board meeting we trained and distributed Naloxone to the Board of Supervisor and those in attendance.

\*Second, create a comprehensive anti-stigma campaign for those with substance misuse disorder. (To include a billboard, taxi placards, county transposition signage working with Great Range etc.)

\*Third, decrease barriers for submitting information to OD Map. We are working with EMS to distribute car visor QR Code plaque cards to all EMS and support local PD. (already a huge success with 4 additional OD reported using the system)

**Opioid Settlement Board**, PHHPC (K. Watkins): Dr. Kevin Watkins (Cattaraugus County) delivers update from the latest Opioid Settlement Fund Advisory Board meeting held on July 10th. Slides can be found here: <https://oasas.ny.gov/opioid-settlement-fund-advisory-board> Discussion around the State as to how the funding is being used countywide. . Large discrepancies within the organization – The ECHD received \$50,000 total- \$30,000 for the Universal Newborn Home visiting program Baby Steps to Bright Futures and \$20,000 to be the backbone organizer for the Essex County Heroin ~~Opioid~~ Other Prevention Coalition. The remaining money has gone to Mental Health prevention initiatives (~\$150,000 +)

**Update on Children Services:**

I applaud the recent resolutions by the Essex County Board of Supervisor (BOS) to increase Preschool provider rates as well as one-on- one-aid rates. This will help to make us more competitive. I will be at the NYSAC conference advocating for resolutions on transportation and State Ed taking responsibility for this program. Preschool also has a waitlist however schools are beginning certify with NYSED as Preschool Providers to support their students .

Early Intervention enrollment numbers have been on the rise. We currently have 45 children enrolled with IFSPS. Our present waitlist:

- Physical Therapy: 1 X 30 Elizabethtown-2 x 30 Keeseville-2 x 30 Willsboro-
- Speech Therapy: 1 x 30 Ticonderoga-1 x 30 Crown Point-2 x 30 Keeseville-2 x 30 Moriah-2 x 30 Moriah-2 x MONTH Willsboro
- Special Instruction:-1 x week Minerva -1 x week Moriah
- Occupational Therapy: 1 x week Moriah



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The recent hiring of a Children Youth with Special Health Care Needs staff will support bridging the gap between these services. I will be at NYSAC to advocate for a resolution to increase provider rates by 11%.

**Women Infant Children (WIC) :** Target Caseload-700-Enrolled-581-High Risk Participants-30 Nutrition Education Appointments-156 -WIC food dollars spent in Essex County- \$32,655.5 Congratulations to Essex County WIC is proud to be receiving *the USDA Gold Breastfeeding Award of Excellence*. They were one of 10 awardees throughout the state. WIC has worked to create a safe and open environment that supports breastfeeding. They work as a team to guarantee open communication with participants and each other. WIC continued their WIC and Pick program this summer with an outpouring of families attending. They also have been very active in our community tabling at many events.

**New York State Association of County Health Officials (NYSACHO) Vice President**

Represents the collective voice of local health departments in New York State. We support, advocate for, and empower local health departments in their work to promote health and wellness to prevent disease, disability and injury throughout New York State.

Subcommittee updates: Updates

**Environmental Health Committee:**

Continued concerns about the lowering of the Lead Levels and increased workload without adequate funding to do the job. More mandates coming to larger counties (for now) that identify areas by zip codes and require a rental registry for every building in that zip code prior to 1980 ~ 90,000 units. <https://www.nysacho.org/topic/lead-prevention-advocacy/>

**CHHA Workgroup:**

June 2nd: The CHHA workgroup discussed staff nurse stress and ways to address workplace need to vent/nursing burnout. Issues of concern include high acuity of patients, staff shortages, lack of capacity for surge and weekends.

Some solutions suggested include - Offer office time to complete paperwork/allow office time to work from home. - EAP assistance - Team building/social events. Build in time to allow nurses to have lunch together periodically. - Limit caseloads to allow for vacation time. - Open door policy for supervisors/leadership to address concerns/complaints - Have therapists do start-of-care visits to alleviate the workload on nurses. - Be clear on the commitment/expectation for nurses in terms of the number of daily visit requirements. - Staff appreciation events - Use recruitment/retention funding for staff support items such as cars, food at staff events, and uniform/work clothes.

**Disease Control Committee:** COVID- “normalize like flu” remove legal reporting requirements, remove statute in law requiring paid time off. (Jessica’s report will have ECHD update) concerns with Asylum seekers and potential spread of Tuberculosis and Varicella. NYC not providing comprehensive medical screening and concerns of spreading disease across the State. Essex County did not write a resolution banning migrants.

**Emerging Issues:** Legalization of Cannabis continues to be a major concern- that include cross contamination of edibles, packaging, and health effects. This all happening while they attempt to crack down on illegal operations- Sticker stores-

**Maternal Child Health:**



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Will be submitting several resolution to NYSAC (see below)

Waitlist for Early Intervention continue to be a concern across the State – NYSACHO urges the Governor to provide an 11% increase to providers. (Not to be paid for by Counties)

**New York State Association of Counties NYSAC Conference –**

I represent at the State level as Chair to the NYSAC Public Health & Mental Health subcommittee and am on the NYS Board for Maternal Child Health.

**NYSAC Resolutions For Children Services:**

- A Resolution Urging the Governor and State Legislature to Move the Administrative Responsibility for Preschool Special Education Transportation Services to Local School Districts

§ NYSACHO submitted this same resolution for NYSAC's Winter 2023 Conference, which passed. The ask is the same, but has added data from a Pre-K transportation survey that shows the fiscal benefits of this shift to strengthen the resolution.

- Resolution Urging the Governor and State Legislature to Allow Speech-Language Pathologist Assistants and Aides to Practice via License, Registration, or Certification in New York State's Early Intervention Program to Expand Capacity for Children in Need of Services

§ In this resolution, we highlighted provider capacity issues in the EIP, particularly for speech services.

§ Emphasized shifting service delivery for some of the most common speech issues to qualified assistants would result in a more effective use of limited SLPs by allowing SLPs to work at the top of their license and focus on services that only they are qualified to provide, such as high needs children or evaluations

§ Included the stipulation that SLPAs should be providing services under a plan of supervision under the oversight of a licensed SLP.

§ We also asked that the New York State Department of Health be tasked with identifying any barriers to EIP services provided by SLPAs working under a plan of supervision being reimbursed by Medicaid and move forward with actions to ensure such services are Medicaid reimbursable. Counties discussed, but decided to take no action at this time.

- Resolution Urging the Governor and State Legislature to Implement an 11% Rate Increase for Early Intervention Providers

§ We keep the resolution basic, sticking to an ask for an overall 11% rate increase for all services, including evaluations, to improve provider recruitment and retention to the EIP.

§ We also included that rate add-ons should be considered to cover the higher costs of in-person service delivery to ensure all children who need in-person services have access to them.

**NYSAC Resolutions for the Standing Committee on Public Health and Mental Health**

- Resolution #1 Resolution in Support of Increasing Adult Vaccine Entry through NYSIIS and CIR

vaccines are essential for preventing and controlling infectious diseases in both children and adults; and the New York State Immunization Information System (NYSIIS) and the Citywide Immunization Registry (CIR) have proven to be effective tools in monitoring and improving



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Vaccination rates among children; and data on adult immunization rates in NYSIIS and CIR is currently limited, hindering public health efforts to track and manage vaccination coverage.

- Resolution #2 Resolution in Support of Making Chickenpox a Reportable Vaccine-Preventable Disease chickenpox (varicella) is a highly contagious viral infection that poses significant health risks, particularly to vulnerable populations such as infants, pregnant women, immunocompromised individuals, and adults at higher risk for complications
- Resolution #3 Resolution Urging New York State to Increase Doula Reimbursement Rates

across New York State, pervasive disparities in access to respectful, high-quality, patient-centered, and trauma-informed maternity services drive high rates of severe maternal morbidity (SMM) and mortality (MM); and New York State ranks in the highest quartile for SMM nationally; one promising strategy for improving birth outcomes is doula support; and because doula services are not currently covered statewide through Medicaid, they remain out of reach for underserved communities that are at higher risk of poor outcomes and would benefit the most; and access to doula care is critical for Medicaid enrollees, who often have a greater need for additional support, coordination of care, and connection to resources...

Directors attended:

June 7<sup>th</sup> – 8<sup>th</sup> NYSACHO In person Meeting Albany

June 14<sup>th</sup> – 15<sup>th</sup> Harm Reduction Symposium Syracuse

July 10<sup>th</sup> – 14<sup>th</sup> Denver NACCHO conference – emphasis on Mental Health and Data

July 25<sup>th</sup>-27<sup>th</sup> NYSACHO Board Retreat Sullivan County

August 11<sup>th</sup> -ADK Foundation Annual meeting

Sept. 12<sup>th</sup> -13<sup>th</sup> NYSAC Conference Chair -Syracuse

Sept 13<sup>th</sup> -15<sup>th</sup> NYS Rural Health Summit- Oneonta- presenting on a panel on opioid concerns