

# ESSEX COUNTY HEALTH DEPARTMENT

JUNE 2024

MONTHLY REPORT

DIRECTOR - LINDA BEERS, MPH



## Health Department Highlights

### STAFF RECOGNITION for EXCELLENCE

**Lindsay Java, Communications Specialist**, is featured through the NYS Public Health Fellows Spotlight Program.

#### ^ Lindsay Java (Essex County/North Country Region)

The COVID pandemic underscored the growing need for the Essex County Health Department to make an investment in public health marketing and communication to support its mission. The Department created a Communications Specialist title and with Public Health Fellows funding, hired Lindsay Java.

Lindsay is a poster child for the success of the Fellows Program. She was given the skills required to be highly effective in Public Health Communications by attending The Cornell University Public Health Essentials Certificate Program and being mentored by experts in the field. Her ability to use her Communication degree coupled with her new found public health literacy created the synergy for success. Lindsay brings incredibly bright energy to the workplace environment and the Department's mission. She connects with program and service staff and expertly translates the language of public health into the language of images, words and phrases that draw in viewers allowing them to connect with content. As a local, she knows the local audience and uses her insights to bring forth ideas, implement approaches that will create the biggest impact, listens and reflects back to improve the health literacy of Essex County residents. She also does copious research into data-driven marketing strategies and evidence-based interventions to ensure the campaign is a success.



During her tenure she has completely updated the Essex County Health Department's website; created an annual plan for social media posts; improved our Facebook presence; initiated an Instagram presence to advance the reach younger audiences; supported the creation, and launched public health service announcements fit for TV and social media. She has expanded the breadth and depth of content coverage across all modes of communication.

**Thanks, Andrea Whitmarsh, for sharing!**

### STAFF TURNOVER – NURSES NEEDED

Did you know? Not all nurses that work for the Health Department work exclusively in Home Care? It's true! We typically have at least two nurses that work in Public Health in areas of prevention.

During the month of May, the two nurses working in the Public Health Unit resigned. These nurses provided essential skills and service in multiple programs:

#### Immunizations

- \*serve as a local expert in immunization guidance for families & schools
- \*work with local providers, early childhood education centers and day cares on immunization record checks
- \* immunize people un-connected to insurance or healthcare

#### Communicable Disease Program

- \*consult on reportable communicable diseases with providers
- \*support outbreak response efforts
- \*ensure infection prevention and control with staff training

#### School Nurse Support

- \*monthly virtual check-in with a school health topic and opportunity for connecting
- \*co-locating immunization clinics to support school-aged vaccination access

#### Family Health

- \*home visits with newborns,
- \*connecting families to community programs & services

Do you know a nurse interested in these diverse job responsibilities with a great schedule and fantastic work culture? Encourage them to reach out to Jessica Darney Buehler, the Director of Health Planning & Promotion.

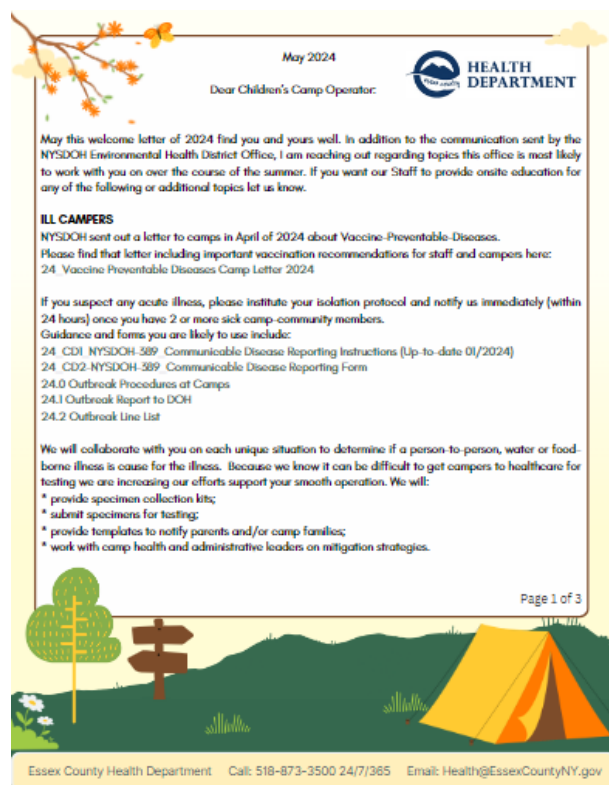
## CAMP SEASON OUTREACH

Did you know? Essex County has 23 camps operating in 2024!

Our Department regularly interacts with camps most frequently as related to illness outbreaks and potential rabies exposures.

But tick bites, air quality concerns, blue-green algae and the use of epi pens are also common issues we communicate with them about.

This year, with the department's website update, we have a page dedicate to Camps where Camp Administrators and Camp Health Officials can quickly access guidance and forms they need when working with us or the NYSDOH District Office covering environmental health.



## EXCITING NEWS for WOMEN, INFANTS, and CHILDREN!

The U.S. Department of Agriculture (USDA) has announced significant updates to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) food packages, marking a pivotal moment in the program's history. These updates, rooted in independent, science-based research, reinforce WIC's 50-year legacy of promoting positive maternal and child health outcomes for millions of participants nationwide.

ECHD WIC is collaborating with The Essex Food Hub this summer to provide additional foods for local families. In April and May, WIC has distributed 128 cases of local yogurt to WIC families around the county. This has been a huge boost for people! Thank you to The Essex Food Hub and North Country Creamery.



## ECHD Program Data – May (unless otherwise noted)

### Community Health Assessment (CHA) and Improvement Planning (CHIP)

#### CHA Progress Updates & Special Reports

The Prevention Agenda is New York State's health improvement plan, the blueprint for state and local action to improve the health and well-being of all New Yorkers and to promote health equity in all populations who experience disparities. In partnership with more than 100 organizations across the state, the Prevention Agenda is updated by the New York State Public Health and Health Planning Council at the request of the Department of Health. Local Health Department's use the state health improvement plan to guide local health improvement efforts.

The NYS Prevention Agenda 2025-2030 is the fourth cycle for this statewide initiative that started in 2008.

We anticipate that the state will shift to Healthy People 2030 as the framework for developing this iteration of the Prevention Agenda. Healthy People 2030 sets data-

driven national objectives to improve health and well-being over the next decade with a focus on health equity.



## Communicable Disease

### Communicable Disease Surveillance/Epidemiology Investigations

Respiratory Illness investigations (Flu, COVID, RSV, TB) - 33

GI Illness (Water/Foodborne) Illness Investigations - 4

STI/Hepatitis & HIV Investigations - 5

Arthropod-borne (Mosquitos and Ticks) Disease Investigations - 48

Food Safety/Outbreak Investigations – 0

### Immunization Program

Clinics in the community - 0

Individuals immunized - 0

Healthcare provider, school nurse, day care provider or other public health detailing activities - 0 IQIP visits; 1 Stethoscope; outreach to daycare providers for immunization surveys; Kindergarten Round up at Ticonderoga Elementary School for immunization guidance; connecting with school nurse

### Screening Services

HCV Screenings - 0

HIV Screenings - 0

TB Screening - 0

Referrals to Planned Parenthood for STI Testing – 2

### Rabies Prevention Program

Rabies Vaccine Clinics – 1 (Moriah)

Pets Vaccinated - 146

Rabies investigations - 28

Specimens submitted for testing – 11

Positive Specimens – 2 skunks in Westport (April); 1 woodchuck in Port Henry (Moriah); 1 raccoon in New Russia (Elizabethtown) and 1 raccoon in Moriah in May. Five total positives in 2024 to date.

People approved for rabies post exposure prophylaxis – 6

## Emergency Preparedness & Response

Real World Events, Drills & Exercises - **0**

Training/Continuing Education - **10** – participated in a chemical surge tabletop exercise and observed the full-scale active shooter exercise at SUNY Plattsburgh

Community Engagement/Collaborative Planning Meetings - **3**

Volunteer Coordination – **0**; finalized/submitted the Volunteer Background Check Policy for the MRC STTRONG Grant Plan Updates/Revisions - **0**

---

## Chronic Disease

Campaigns/Events - **9**

Coalition/Collaboration Interactions/Meetings - **3**

Public Health Detailing Screenings & Disease Concordant Care - **0**

Direct Community Outreach Initiatives – **1**

Training/Continuing Education – **3**

**May – National Physical Fitness and Sports Month**

**National Physical Fitness and Sports Week**

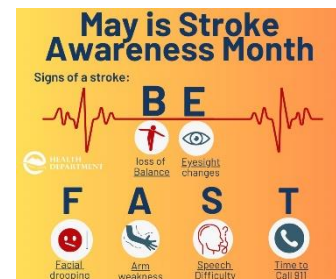
**National Stroke Awareness Month**

**Air Quality Awareness Week**

**Older Americans Month**

**World No Tobacco Day**

**No Fry Day**



## Community Opioid Overdose Prevention Program

Narcan Kits Distributed - **33**

Groups Trained – **4** ACAP, Nutrition, (1) Community member; (1) local business

SUDOR Submissions/ODs – **8** non-fatal; **0** fatal

---

## Family Health

### Baby Steps to Bright Futures

Babies born & families offered the Program - **17**

Families enrolled in the program - **5**

Families that were sent a packet as unable to reach or declined the program – **10** (awaiting response for 2 more)

Referrals out to programs and services – **3**

Reached through Little Feeders Support Group – **1** in-person; **296** viewed the Facebook Live session

### Childhood Lead Poisoning Prevention Program

Lead Cases open (elevated lead levels in pregnant women or children) – **8** active; **7** pending confirmatory testing

Lead levels screenings performed by our Department – **0**

**4** confirmatory tests completed and closed; **1** confirmed case closed.

### Car Seat Program

Car seat check clinics – **4** (always available by appointment)

Car seats checked - **1**

Car seats issued as new & installed – **1**

Training attended – **0**

### School Nurse Stetho-Scoop Monthly Meeting

Topic(s) covered: Departure of two ECHD staff nurses; survey to determine date for 2024 School Nurse In-Service.



Seed packets and thanks you cards were mailed out to all school nurses in recognition of National School Nurse Day on May 8, 2024. This gesture of thanks and appreciation was very well received by the important partners at our schools!

Our nurses also presented their novel Stetho-Scoop initiative at the statewide immunization conference in May. The presentation was a hit, with many departments reaching out afterward to give positive feedback!

## Sexual/Reproductive Health Program

Schools/Camps/Groups – 2 (BVCS Mountain View Campus and Moriah)

Classes – 3 at BVCS (6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> grade) and 1 class at Moriah (7<sup>th</sup> grade)

Students reached - ~46

## Children's Services

### Early Intervention

Referral received in to the program - 12

Children found eligible & enrolled (have a plan) - 38

Children awaiting evaluation - 5

Speech Therapy - 19 receiving; 15 waiting

Occupational Therapy - 1 receiving; 1 waiting

Physical Therapy - 4 receiving; 0 waiting

Special Instructional Services - 8 receiving; 3 waiting

### Preschool Program

Children in process of evaluation, referrals - 17

Children enrolled - 103

Children waiting for services: 43 Counseling – 9; Occupational Therapy – 21; Physical Therapy – 2; Speech Therapy – 11; Special Education Itinerant Teacher - 11

# Children Attending Center Based Classrooms in County; Out of County - 9

### Children and Youth with Special Healthcare Needs

Children enrolled – 25

EI and CYSHNC Staff attended the annual state conference in May. This 2-day conference was to learn about emerging topics, statewide programmatic updates, local best practices, and connect with colleagues across the state. Two positive updates for the program are that the reimbursement rates for early intervention services rendered in person will increase by 5 percent. • By April 1, 2025, a 4 percent rate modifier will be added to the reimbursement rate for services rendered to children and families that reside in specified underserved communities and hard to reach rural areas. The EICC Rate Setting Taskforce will recommend the methodology. Another change will be that EI services delivered via telehealth would be reimbursed at the facility rate that is approximately 20% less than a basic home visit rate. There will also be the addition of four Mental Health Practitioner Types: • Licensed Mental Health Counselor (LMHC) • Licensed Marriage and Family Therapist (LMFT) • Licensed Psychoanalyst • Licensed Creative Arts Therapists. These additional service provider will be accessible in October when the new EI system is activated.

---

## WIC – Update pending

Target Caseload – 600

Current Enrollment - 546

High Risk Participants - 36

Nutrition Education sessions/contacts – 211 (in-person: 52; remote: 159)

Referrals made to other programs/services - 119

Breastfeeding initiation rate – 88%

\$ Redeemed (spent) through the WIC program - \$36,233

---

## Home Health Care

Essex County Health Department's Certified Home Health Agency has had 7,000+ admissions over the past decade!



Cathleen Selkirk, RN, announced her retirement, effective April 26, 2024 after graciously performing her duties for over 21 years.





**Essex County Committee Form  
Miscellaneous Resolution Request**

Department: Public Health

Committee: Human Service

Date: 6/4/2024

Submitted By: Linda L. Beers

Signature: *Linda L. Beers*

**Nature of Request: Resolution adopting and approving the revised policies and Procedures and quarterly reports for the Home Health Services and approved by the Professional Advisory Council (PAC) and Dr. M J Celotti at the 6/4/2024 PAC meeting.**

**Reason for Request: Update Policy and Procedures and establish quarterly reports**

**Attach Text of any special provision to be included in finale resolution**

**Budget Impact:**

**A. Will Resolution impact current budget and/or future budgets:** Yes ☐ **No** ☒

Explain: \_\_\_\_\_

**B. Is appropriation from contingent account required?** Yes ☐ **No** ☒

If "Yes" amount: \_\_\_\_\_ Transferred to What Account# : \_\_\_\_\_

**C. If a Budget transfer is required, please complete the following:**

From Account #: \_\_\_\_\_ which has a current balance of: \_\_\_\_\_

To Account #: \_\_\_\_\_ which has a current balance of: \_\_\_\_\_

Transfer amount: \_\_\_\_\_

**D. Were funds originally budgeted for this item or purpose?** ☐ Yes ☐ No

If "Yes" amount: \_\_\_\_\_ Account #: \_\_\_\_\_

**E. Funds or Costs to be paid from: Account#:** \_\_\_\_\_

Current Account Balance: \_\_\_\_\_ Balance after Expenditure: \_\_\_\_\_

**F. Is there any State and/or Federal reimbursement?** ☐ Yes ☐ No

If "Yes" amount: \_\_\_\_\_ Program: \_\_\_\_\_

---

***(To be completed by the County Manager when required)***

**County Manager Action:**

**County Manager Approval:** ☐ Yes ☐ No **Signature:** \_\_\_\_\_

## **Budget Amendment Request**

**Page 2**

*(To be completed by the Clerk of the Board)*

### **Board Action:**

**Action Required:** Yes ☐ No ☐

### **Record of Committee Action:**

<i>Human Services</i>	<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected	<i>Human Services</i>	<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected
<i>Public Safety</i>	<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected	<i>Economic Devel.</i>	<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected
<i>Dept. of Public Works</i>	<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected	<i>Personnel</i>	<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected
<i>Finance, Tax Reduction</i>	<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected	<i>Other</i>	<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected

**Ways & Means Approval:** ☐ Yes ☐ No

### **Record of Board Action:**

Date of Board Action: \_\_\_\_\_ Resolution #: \_\_\_\_\_

Vote Type: ☐ Majority ☐ Two Thirds ☐ Three Quarters:

**Roll Call Vote:** ☐ Yes ☐ No

Vote Results: For: \_\_\_\_\_ Against: \_\_\_\_\_ Absent: \_\_\_\_\_ Abstain: \_\_\_\_\_

## REVIEW AND SIGN

Essex County Public Health Department  
Medical Director Policy/Procedure Review  
June 7, 2024 PAC/PHAC  
4

I, Michael Celotti, DO, Medical Director, have reviewed the following Certified Home Health Agency (CHHA) and Agency Wide Policies and/or Procedures for the following:

[NC&CHAA]	Governing Authority
[NC&CHAA]	Completing an income assessment form
[NC&CHAA]	Emerging infectious disease and Pandemic
[NC&CHAA]	Electronic Device Security and Confidentiality
[NC&CHAA]	Electronic Visit Verification and Attestation of training
[NC&CHAA]	COVID 19

[ C & C H A A ]			
--------------------------------------	--	--	--

	Medical Records, Storage, Retention, Security and Destruction – No Paper Charts – Only Electronic Medical Record Storage
--	--

[ N C & C H A A ]			
---	--	--	--

	ABN – Advance Beneficiary Notice 2024




[R=Revised; N=New; D=Deleted; NC=No change; A- Agency Wide; Certified Home Health Agency-CHHA]; \* = found on policy manager

**Recommendations:**

☒ No changes required.

☐ Recommended revision(s):

Linda Beers, Public Health Director, or her designee, will present my recommendations to the Essex County Board of Supervisor's Human Services Committee.

Michael Celotti  
Michael Celotti, MD, Medical Director

06-3-24  
date



**HEALTH  
DEPARTMENT**  
Home Health Unit

DIRECTOR OF PUBLIC HEALTH- Linda Beers, MPH  
DIRECTOR OF PATIENT SERVICES- Jennifer Newberry, BSN

**REVIEW AND SIGN**

Essex County Health Department Home Health Unit

Medical Director Quality Assurance Review

For June 4, 2024 PAC Meeting

I, Michael Celotti, MD, Medical Director, have read the following CHHA records/reports for the Chart Audits and Peer Reviews for the 1st Quarter 2024:

Records/Reports Reviewed: 423 records reviewed

Comprehensive chart audits reviewed: 10 charts

Review of Therapy and Nursing Documentation: 140 records reviewed

Home Health Aide Clinical Record Audits: 124 records reviewed

Investigation of Potentially Avoidable Events: 0 charts reviewed

Based on my review I make the following recommendations:

☒ No specific action required

☐ Actions Required for QA Review

Linda Beers, Public Health Director, or her designee, will present my recommendations to the Essex County Board of Supervisor's Human Services Committee

Michael Celotti

06-03-2024

Michael Celotti, MD, Medical Director

date



## Essex County Committee Form Miscellaneous Resolution Request

Department:

Committee:

Date:

Submitted By:

Nature of and Reason for Request:

RESOLUTION ADOPTING AND APPROVING  
the QUARTERLY REPORTS FOR THE HEALTH DEPARTMENT including the  
REPORT OF THE PUBLIC HEALTH DIRECTOR,  
REPORT OF THE DIRECTOR OF HEALTH PLANNING & PROMOTION, and  
POLICIES AND PROCEDURES OF PUBLIC HEALTH,  
ALL OF WHICH WERE APPROVED BY THE PUBLIC HEALTH ADVISORY COMMITTEE (PHAC)/  
PROFESSIONAL ADVISORY COUNCIL (PAC) AND THE MEDICAL DIRECTOR, ON June 4, 2024.

**ATTACH TEXT OF ANY SPECIAL PROVISIONS TO BE INCLUDED WITHIN THE FINAL RESOLUTION**  
*Additional language can be submitted as an email attachment, or physically attached to this request.*

Budget Impact:

A. Will Resolution impact current budget and/or future budgets: ☐ Yes ☒ No

Explain:

B. Is appropriation from contingent account required? ☐ Yes ☒ No

If "Yes" amount:  Transferred to What Account #:

C. If a Budget transfer is required, please complete the following:

From Account #:  which has a current balance of:

To Account #:  which has a current balance of:

Transfer amount:

D. Were funds originally budgeted for this item or purpose? ☒ Yes ☐ No

If "Yes" amount:  Account #:

E. Funds or Costs to be paid from: Account #:

Current Account Balance:  Balance after Expenditure:

F. Is there any State and/or Federal reimbursement? ☒ Yes ☐ No

If "Yes" amount:  Program:

CERTIFICATION BY SIGNATURE THAT THE INFORMATION ABOVE IS ACCURATE AND COMPLETE.

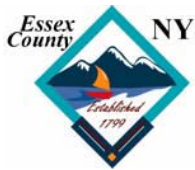
Name:

Title:

Date:

Signature:

*Linda L Beets*



## ***Essex County Committee Form***

### ***Miscellaneous Resolution Request***

Department:

Committee:

Date:

Submitted By:

Nature of and Reason for Request:

**ATTACH TEXT OF ANY SPECIAL PROVISIONS TO BE INCLUDED WITHIN THE FINAL RESOLUTION**  
*Additional language can be submitted as an email attachment, or physically attached to this request.*

Budget Impact:

A. Will Resolution impact current budget and/or future budgets: ☐ Yes ☐ No

Explain:

B. Is appropriation from contingent account required? ☐ Yes ☐ No

If "Yes" amount:  Transferred to What Account #:

C. If a Budget transfer is required, please complete the following:

From Account #:  which has a current balance of:

To Account #:  which has a current balance of:

Transfer amount:

D. Were funds originally budgeted for this item or purpose? ☐ Yes ☐ No

If "Yes" amount:  Account #:

E. Funds or Costs to be paid from: Account #:

Current Account Balance:  Balance after Expenditure:

F. Is there any State and/or Federal reimbursement? ☐ Yes ☐ No

If "Yes" amount:  Program:

CERTIFICATION BY SIGNATURE THAT THE INFORMATION ABOVE IS ACCURATE AND COMPLETE.

Name:

Title:

Date:

Signature: \_\_\_\_\_