



## Department Highlights –

### Community Health Assessment & Community Health Improvement Plan Update

Local Community Health Assessments and Improvement Plans are developed using the State Health Improvement Plan (SHIP) – known as the NYS Prevention Agenda as the guiding framework.

The Prevention Agenda is a six-year initiative aimed at improving health and reducing health disparities through a strong emphasis on prevention. It serves as a blueprint for coordinated state and local action to improve the health and well-being of all individuals in New York.

2019-2024 Prevention Agenda Priorities				
 Prevent Chronic Diseases	 Promote a Healthy and Safe Environment	 Promote Healthy Women, Infants, and Children	 Promote Well-Being and Prevent Mental and Substance Use Disorders	 Prevent Communicable Diseases

The 2019-2024 Prevention Agenda named five domains, previously referred to as priorities, focused on overall health outcomes.

2025-2030 Prevention Agenda Domains				
 Economic Stability	 Social and Community Context	 Neighborhood and Built Environment	 Healthcare Access and Quality	 Education Access and Quality

The 2025-2030 Prevention Agenda adopts a broader perspective, emphasizing factors that influence health beyond traditional health outcomes, prevention strategies, medical care, and public health systems. It aligns with Healthy People 2030.

These **five** domains encompass **24 key priorities** to address health conditions, behaviors, and systemic issues such as poverty, education, housing, and access to quality health care. Addressing these issues is crucial for reducing health disparities.

**Based on Healthy People 2030's Social Determinants of Health**

<p><b>1. Economic Stability</b></p> <p><b>Economic Wellbeing</b></p> <ul style="list-style-type: none"> <li>Poverty</li> <li>Unemployment</li> <li>Nutrition Security</li> <li>Housing Stability and Affordability</li> </ul>	<p><b>2. Social &amp; Community Context</b></p> <p><b>Mental Wellbeing and Substance Use</b></p> <ul style="list-style-type: none"> <li>Anxiety and Stress</li> <li>Suicide</li> <li>Depression</li> <li>Primary Prevention, Substance Misuse, and Overdose Prevention</li> <li>Tobacco/E-Cigarette Use</li> <li>Alcohol Use</li> <li>Adverse Childhood Experiences</li> <li>Healthy Eating</li> </ul>	<p><b>3. Neighborhood &amp; Built Environment</b></p> <p><b>Safe and Healthy Communities</b></p> <ul style="list-style-type: none"> <li>Opportunities for Active Transportation and Physical Activity</li> <li>Access to Community Services and Support</li> <li>Injuries and Violence</li> </ul>
<p><b>4. Health Care Access &amp; Quality</b></p> <p><b>Health Insurance Coverage and Access to Care</b></p> <ul style="list-style-type: none"> <li>Access to and Use of Prenatal Care</li> <li>Prevention of Infant and Maternal Mortality</li> <li>Preventive Services for Chronic Disease</li> <li>Oral Health Care</li> </ul> <p><b>Healthy Children</b></p> <ul style="list-style-type: none"> <li>Preventive Services (Immunization, Hearing Screening and follow up, Lead Screening)</li> <li>Early Intervention</li> <li>Childhood Behavioral Health</li> </ul>	<p><b>5. Education Access &amp; Quality</b></p> <p><b>PreK-12 Student Success and Educational Attainment</b></p> <ul style="list-style-type: none"> <li>Health and Wellness Promoting Schools</li> <li>Opportunities for Continued Education</li> </ul>	

## WHY DOES THIS MATTER?

- ★ The Prevention Agenda is a framework for local public health agencies, hospitals, government agencies, community-based organizations, health care providers, advocates, educators, policymakers, and other critical partners to promote action, maximize resources, and prioritize strategies that advance health.
  - ★ In short, it is the basis for our local Community Health Assessment & Improvement Planning process.
  - ★ One of the six core functions of local health departments
  - ★ Local Health Departments (LHDs) and hospitals **are required** to conduct community assessments and develop improvement plans. LHDs and hospitals **are encouraged** to collaborate on their CHAs/CHIPS/CSPs, **involving community partners** throughout assessment, priority selection, planning, implementation, and evaluation.
- The New York State Department of Health also strongly encourages LHDs and hospitals to work together with other regional partners to develop **one joint assessment and plan**.

## OUR CHA/CHIP PROCESS

### Stakeholder Engagement

- Stakeholder Survey (AHI)
- Community Survey (ECHD & ECH)
- All Partner Meeting (ECHD & ECH)
- Community Health Coalition of Essex County (ECHD & ECH)
- Internal engagement within organizations

### Data Analysis

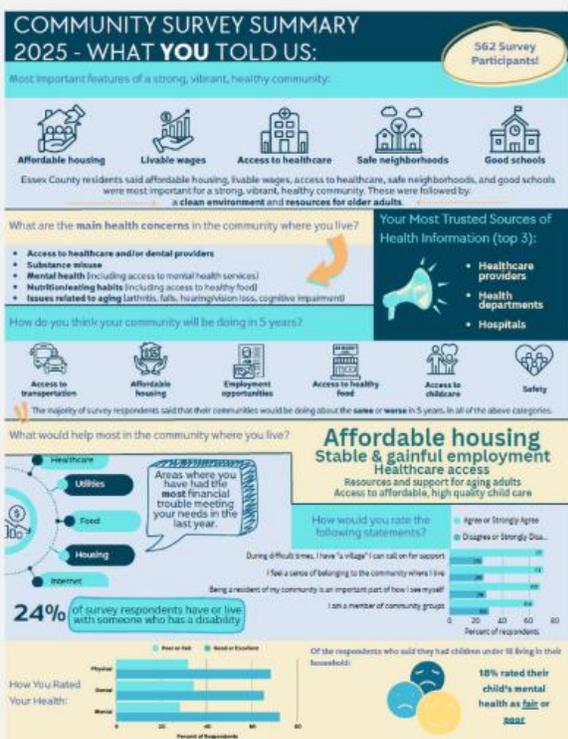
- Preliminary data analysis and sharing

### Prioritizing Health Issues

- Voting & assessment of survey results/discussions data review

### Share Results & Seek Additional Input

- PHAC
- BOS
- Public
- Coalition(s)



\*Full-size versions attached to this report

## DATA SUMMARY

 Total Number of Indicators: 13 Total Number of Indicators with Comparison Available: 8			
Status	Number of Indicators	% of total (8)	Data Quality/Reliability
Better than comparison	3	38	2 stable; 1 undefined
Same as comparison	4	50	3 stable; 1 unreliable
Worse than comparison	1	13	1 stable

 Total Number of Indicators: 36 Total Number of Indicators with Comparison Available: 35			
Status	Number of Indicators	% of total (35)	Data Quality/Reliability
Better than comparison	13	37	10 stable/reliable; 3 unstable
Same as comparison	7	20	5 stable/reliable; 2 unreliable
Worse than comparison	15	43	11 stable, 4 unstable

 Total Number of Indicators: 37 Total Number of Indicators with Comparison Available: 33			
Status	Number of Indicators	% of total (33)	Data Quality/Reliability
Better than comparison	16	48	10 stable; 6 unstable/unreliable
Same as comparison	9	27	6 stable; 2 unstable; 1 undefined
Worse than comparison	8	24	11 stable, 4 unstable

 Total Number of Indicators: 199 Total Number of Indicators with Comparison Available: 143			
Status	Number of Indicators	% of total (143)	Data Quality/Reliability
Better than comparison	49	34	28 stable; 21 unstable
Same as comparison	44	31	39 stable/reliable; 5 unstable/unreliable
Worse than comparison	50	35	37 stable/reliable, 11 unstable/unreliable

 Total Number of Indicators: 6 Total Number of Indicators with Comparison Available: 4			
Status	Number of Indicators	% of total (4)	Data Quality/Reliability
Better than comparison	0	0	N/A
Same as comparison	0	0	N/A
Worse than comparison	4	100	4 stable; 0 unstable

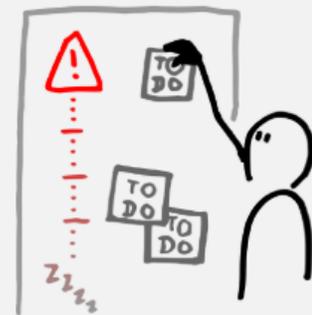
Following review of numerous data points and key indicators, and with consideration of prioritization surveys collected from the community, partners, and stakeholders, an initial prioritization revealed the following:

## INITIAL PRIORITIZATION

	Survey Totals*	Rank	Community Survey	Stakeholder Survey
Nutrition Security & Healthy Eating	104	5	4	
Poverty	76	1		1
Unemployment / Housing Stability and Affordability	78	2		1
Prevention of Substance Misuse and Overdose	124	9	2	3
Anxiety & Stress Management	111	7	3	
Adverse Childhood Experience	94	3		
Access to Community Services and Support	94	3	1	2
Transportation	110	6		
Physical Activity	173	11		
Injuries and Violence in the Community	187	12		
Childhood Behavioral Health	111	7		
Preventive Services for Chronic Disease Prevention	133	10	5	
Early Intervention	121	8		
Health and Wellness (Promoting Schools)	97	4		
Continued Education	187	12		

\*Tallied from 15 complete surveys collected at All Partner Meeting in June

**Domains - Top Votes:** Economic Stability  
 Social & Community Context  
 Neighborhood & Built Environment



Using the 2025-2030 Prevention Agenda to begin to select objectives and interventions that address the these top priorities, the health department, hospital, and partner organizations completed a Community Health Improvement Planning Survey. Fifteen partners participated, not including ECHD (PH, WIC, Children's Servies). The table below summarizes the themes that emerged from the survey – the interventions that garnered the greatest interest. The health department is now exploring where our partnership can have the most impact among what was selected and is determining if there are gaps that we can fill.

DOMAIN	Priority & Intervention	No. of Agencies Selecting
Economic Stability	<b>POVERTY</b>	
	Partner with organizations that provide services for older adults in rural areas to reduce food insecurity	4
	Partner with, promote, and refer to SNAP and WIC	5
	<b>HOUSING</b>	
	Provide standardized screening for unmet Housing needs to improve overall access	2
	Refer housing insecure individuals to benefit programs and community-based health-related social needs providers	2
	Collaborate with new and current partners to increase access to safe and affordable housing	3
	<b>UNEMPLOYMENT</b>	
	Engage in multi-sector collaborations that highlight the health burden of unemployment and leverage these collaborations to create local pathways to meaningful employment	2
	<b>NUTRITION</b>	
	Conduct referrals of nutrition-insecure adults to community-based organizations	3
Expand Food as Medicine approaches across the lifespan, especially for populations at a higher risk of nutrition-related health disparities	3	
Promote and expand the availability of fruit and vegetable incentive programs	3	
Neighborhood & Built Environment	<b>ACCESS TO COMMUNITY SERVICES &amp; SUPPORTS</b>	
	Educate policymakers and health care leaders on promoting age-friendly practices in health care and community infrastructures, focusing on integrating aging into core health care practices	5
	Facilitate social interaction and community engagement to combat isolation and loneliness by offering structured programs and creating inclusive spaces for participation	4
	Support quality improvement initiatives that focus on enhancing comprehensive, age-friendly, coordinated care provided to older adults within health care settings through the Age Friendly Health Systems (AFHS) movement	4
	Increase health and wellness among older adults by promoting age-friendly environments that support active lifestyles and enhance access to supportive services	4
Social & Community Context	<b>ADVERSE CHILDHOOD EXPERIENCE</b>	
	Promote the use of family-based interventions, providing instruction or training to parents and caregivers to enhance substance use prevention skills and practices for children and adolescents	3
	Promote education to prevent and/or mitigate ACEs by engaging with public health professionals and community partners	3
	Strengthen community partnerships to support education, case coordination, and referrals of at-risk families to LHDs, hospitals, and other CBOs to increase participation in home-visiting programs	3
	<b>TOBACCO/E-CIGARETTE USE*</b>	
Tobacco use reduction strategies including increasing cessation programs, launching youth prevention programs, and retailer density reduction.	2	

\*Write-in priorities from partner organizations



### FEEDBACK

As our Board of Health, are there areas of concern in your communities that are not well reflected in our CHA/CHIP draft so far? Do you want to see something added or expanded upon?

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

### Community Health Assessment and Improvement Planning

CHA/ARHN/Data Meetings – 1

CHA/CHIP Partner Meetings – 5

CHA Training/Webinars – 0

NYSACHO CHA/CHIP Workgroup - 1

CHA/CHIP Progress Updates & Special Reports – Included above.

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## Communicable Disease

### Communicable Disease Surveillance/Epidemiology Investigations

Respiratory Illness investigations (Flu, COVID, RSV, TB) - **14**

GI Illness (Water/Foodborne) Illness Investigations - **2**

STI/Hepatitis & HIV Investigations – **7**

Arthropod-borne (Mosquitos and Ticks) Disease Investigations – **36**

Food Safety/Outbreak Investigations – **0**

Other investigations – **0**

### TB Program

No update.

### Immunization Program

Clinics in the community – **1 (Lake Placid Central School Clinic)**

Individuals immunized – **28**

Healthcare provider engagement – **12 phone; 3 e-mail; 1 in-person**

\*Highlights, campaigns, activities – School Nurse supports: **8**; updated NYS vaccine records in NYSIS for **22** children from local school district; multiple immunization trainings completed by public health nurses, including VFC and IQIP; Immunization Action Coalition Meeting for Essex, Clinton and Franklin Counties.

### Screening Services

HCV Screenings - **0**

HIV Screenings - **0**

TB Screening - **2**

STI Screening Services –referrals and/or services rendered – **2 referrals for treatment/1 services rendered**

STI and HIV training complete by Public Health Nurse: Sex Positive Approach course (3-day) and Living with HIV/Hep B co-infection

### Rabies Prevention Program

Rabies Vaccine Clinics – **0**

Pets Vaccinated – **0**

Rabies investigations - **27**

Specimens submitted for testing – **8; 2 positives: 1 raccoon (Essex); 1 fox (Jay)**. An additional raccoon (Ticonderoga) tested positive for rabies on 10/1. This specimen will be reported in the November BOS report.

YTD Positive Specimens – through 9/30/25: **7**

People approved for rabies post exposure prophylaxis – **4**

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### Emergency Preparedness & Response

Real World Events, Drills & Exercises – **2**

- Event: Back-up freezer down; working on new order
- Exercise: Employee flu clinic = Medical Countermeasure (MCM) Exercise

Training/Continuing Education – **2**

Meetings/Coalitions/Community Engagement– **1**

- Public Health Emergency Preparedness Coalition

Volunteer Coordination – **1**

- Recovery Day at Hunter Way – 3 Volunteers Needed: Greeter, Educator, Access & Functional Needs

Plan Updates/Revisions – **0**

Highlights, campaigns, activities –

- Participating in the Essex County Lockdown Committee led by the Safety Officer & Deputy County Manager to support emergency response at government center buildings.
- Highlighted September as National Preparedness Month, encouraging citizen preparedness & inviting people to join the MRC.

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## Chronic Disease

Public Health Detailing - 0

Coalition/Collaboration Interactions/Meetings & Highlights

Nutrition (Well Fed); - 3

Tobacco – TURN – 1

Chronic Disease & Older New Yorkers - 2

Campaigns/Events - 4

- #GetFitEssexCounty – Every Step Counts. Every Band Rep Matters
  - Healthy Aging Month
  - Hunger Action Month
  - UVMHN-Elizabethtown Community Hospital “Fall into Health Fair” - 27 community members participated
- Training – 1

## Community Opioid Overdose Prevention Program (COOP)

Narcan Kits Distributed – 55

Groups Trained - 1

SUDOR Submissions/ODs – 3

YTD ODs Non-Fatal/Fatal – 21 Non-Fatal/2 Fatal

## Environmental Health

### Air, Water and Food Health & Safety

Air Safety/Quality/Excessive Heat Alerts - 0

Public Water Notices

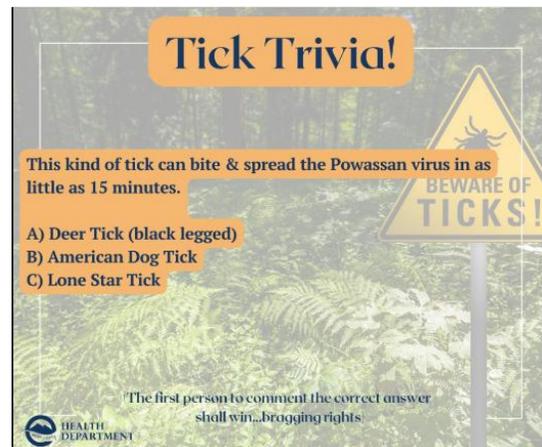
Boil Water Orders – 0

Blue-Green Algae Notices – 0

### Climate and Health

Initiatives –

- Tuesday Trivia on September 9, 2025



Answer: A

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## Family Health

### Baby Steps to Bright Futures

Babies born & families offered the Program – 21 (8 pending)

Families enrolled in the program – 7

Families that sent a packet as unable to reach or declined the program - 6

Referrals out to programs and services – 1



### Childhood Lead Poisoning Prevention Program

Lead Cases open (elevated lead levels in pregnant women or children) & ensure appropriate follow-up care:

Active Children - 13

Pending confirmatory testing - 6

Released with confirmatory testing stating capillary testing was falsely elevated - 0

### Car Seat Program

Car seat check clinics - 8

Car seats checked - 7

Car seats issued as new & installed – 4

**School Nurse Stetho-Scoop Monthly Meeting** – Starting up again this month (October)!

## Sexual/Reproductive/Relationship Health Program

Schools/Camps/Groups – 0

Classes/Students – 0

CAP Pack Distribution – 41

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## Children's Services

### Early Intervention

Referral received in to the program - 4

Children found eligible & enrolled (have a plan) - 15

Children awaiting evaluation - 4

Speech Therapy - 8 receiving; 6 waiting

Occupational Therapy - 2 receiving; 0 waiting

Physical Therapy - 1 receiving; 2 waiting

Special Instructional Services - 9 receiving; 0 waiting

### Preschool Program

Children in process of evaluation, referrals - 14

Children enrolled - 61

Children waiting for services

Counseling - 1

Occupational Therapy - 1

Physical Therapy - 0

Speech Therapy - 8

Special Education/Itinerant Teacher - 7

Children Attending Center Based Classrooms

In County - 17

Out of County - 8

### Children and Youth with Special Healthcare Needs (CYSHN)

Children enrolled – 40

In August we had two schools approved to operate special class programs to serve preschool students with disabilities, pursuant to Education Law §4410. Schroon Lake was approved to provide a special classroom with 8 special needs kids in their building. Bouquet Valley was approved for an integrated classroom supporting 8 children with special needs and 10 community children attending either the Head Start Early Bridges Program or Universal PreK. We now have three schools in Essex County who provide special programs for our 3-5 year olds, supporting up to potentially 30 students in county.

To transport these children from their homes to the classrooms we have had to establish many parent contracts due to lack of bus drivers resulting in no bids on certain routes. Two schools, Bouquet Valley and Schroon Lake, have contracted with us to support the students in their new classrooms.

### Preschool Transportation

Parent Transportation – IRS Mileage Rate – (\$0.70 / Mile)

**Total Parent Transportation (4 parents) - \$15,055.20**

Commercial Transportation – 2 Commercial Transporters

**Total Commercial Transportation (Bid) - \$312,480.00**

School District Transportation - 1 School District

**Total School District Transportation - \$200 per day x 180 days = \$36,000**

**Summer Transportation - \$59,760.00 (2025-2026 2 Month)**

School Year Transportation - \$363,535.20 (2025-2026 10 Month)

**Grand Total Transportation for the 2025-2026 School Year - \$423,295.20**

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## WIC

Target Enrollment – 600

Enrolled - 511

Women enrolled - 105

Infants (0-1) enrolled - 108

Children (1-5) enrolled - 298

High Risk Families - 33

Nutrition Education sessions – 201

In person - 55

Remote - 146

Referrals made to other programs/services - 99

Breastfeeding Initiation Rate – 81%

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WIC had our 4th guest chef come and do a cooking class with the kids at WIC-n-Pick. She was so engaging. Someone staying at the farm brought his guitar out and started playing kids' music. It was a great night. Last week we finished off our season with our WIC-N-Picnic. We had an excellent turnout to close out our fourth year!



Through our collaboration with The Essex Food Hub in 2025, 60 WIC families have received an additional \$72,500 of meals and meal kits made with healthy food from local farms. These have been delivered to their homes, eliminating the transportation barrier many of our participant's face.

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## Home Health Care

New Patients Admitted into ECHD Home Care – **53**

Patients Safely Discharged from Program – **55**

Home Visits Made – **670**

Miles Driven by Staff – **4,767**

### Per Medicare Care Compare last updated on August 13, 2025:

Patients rate the overall care from out home health agency at **96%**, which is better than our competition, National average and NY average of 82%.

This past reporting period, our patients re-admitted to the hospital after discharge from home health was **3.8%**, which was better than NY State, the national average and our competition at 4.3%.

This past reporting period our patients who were admitted to the hospital while receiving home health care was **7.4%**, which is better than our competition, NY State and the national average of 9.9%.

### Patient Admissions

Patients were admitted to our services for a variety of complex medical conditions including, **neurological, cardiovascular, integumentary, respiratory, digestive, renal and metabolic, musculoskeletal, and mental health conditions.**

# COMMUNITY SURVEY SUMMARY 2025 - WHAT YOU TOLD US:

562 Survey Participants!

Most important features of a strong, vibrant, healthy community:



Affordable housing



Livable wages



Access to healthcare



Safe neighborhoods



Good schools

Essex County residents said affordable housing, livable wages, access to healthcare, safe neighborhoods, and good schools were most important for a strong, vibrant, healthy community. These were followed by:

.....> a **clean environment** and **resources for older adults**. <.....

What are the **main health concerns** in the community where you live?

- Access to healthcare and/or dental providers
- Substance misuse
- Mental health (including access to mental health services)
- Nutrition/eating habits (including access to healthy food)
- Issues related to aging (arthritis, falls, hearing/vision loss, cognitive impairment)



Your Most Trusted Sources of Health Information (top 3):



- Healthcare providers
- Health departments
- Hospitals

How do you think your community will be doing in 5 years?



Access to transportation



Affordable housing



Employment opportunities



Access to healthy food



Access to childcare



Safety

!! The majority of survey respondents said that their communities would be doing about the **same** or **worse** in 5 years, in all of the above categories.

What would help most in the community where you live?



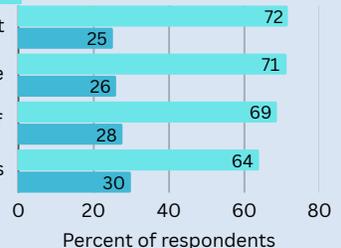
**Affordable housing**  
**Stable & gainful employment**  
**Healthcare access**

Resources and support for aging adults  
Access to affordable, high quality child care

How would you rate the following statements?

- Agree or Strongly Agree
- Disagree or Strongly Disagree

During difficult times, I have "a village" I can call on for support



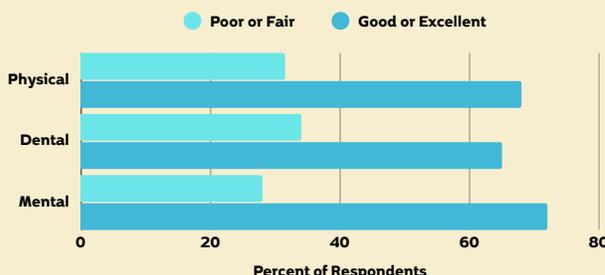
I feel a sense of belonging to the community where I live

Being a resident of my community is an important part of how I see myself

I am a member of community groups

**24%** of survey respondents have or live with someone who has a disability

How You Rated Your Health:



Of the respondents who said they had children under 18 living in their household:



**18%** rated their child's mental health as fair or poor

# STAKEHOLDER SURVEY SUMMARY 2025

**118**  
Stakeholder Respondents  
(highest participation of 7  
county region!)

## Top 5 health concerns in Essex County:

1. Mental Health
2. Substance use/alcoholism/opioid use
3. Child/adolescent emotional health
4. Adverse childhood experiences
5. Overweight or obesity

## Top 5 contributing factors in Essex County:

1. Poverty
2. Lack of mental health services
3. Addiction to alcohol/illicit drugs
4. Changing family structures
5. Age of residents

## Rank the social determinants of health that impact residents the most:



- **Economic stability**
- **Health access**
- **Education access and quality**
- **Neighborhood and built environment**
- **Social and community context**

## What population experiences the poorest health outcomes in Essex County?

1. Individuals living at or near Federal Poverty Limit
2. Individuals with mental health issues
3. Seniors/elderly
4. Individuals with substance use issues tied with individuals living in rural areas
5. Children/adolescents

## TOP PRIORITY AREAS IN EACH DOMAIN that organizations serving Essex County said they are best positioned to support:

### DOMAIN

**Economic Stability**



- Nutrition Security
- Poverty
- Unemployment **tied** with Housing Stability & Affordability

### DOMAIN

**Social & Community Context**



- Primary Prevention, Substance Misuse, & Overdose Prevention **tied** with Healthy Eating
- Anxiety & Stress
- Adverse Childhood Experiences

### DOMAIN

**Neighborhood & Built Environment**



- Access to Community Services & Support
- Opportunities for Active Transportation & Physical Activity
- Injuries & Violence

### DOMAIN

**Health Care Access & Quality**



- Childhood Behavioral Health
- Preventive Services for Chronic Disease Prevention & Control **tied** with Preventive Services
- Early Intervention

### DOMAIN

**Education Access & Quality**



- Health & Wellness Promoting Schools
- Opportunities for Continued Education

## Assets/resources your organizations said you could contribute toward achieving goals in the above priority areas:

- Participate on committees, work groups, and coalitions
- Provide subject matter knowledge & expertise
- Share knowledge of community resources
- Promote health improvement activities/events through social media & other channels your agency/organization operates



# 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)  
AND THE MEDICAL DIRECTOR, ON SEPTEMBER 9, 2025.

**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:



# HEALTH DEPARTMENT

## Medical Director Policy & Procedure Review for Public Health Advisory Committee (PHAC) Meeting

September 9, 2025

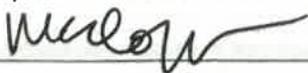
I, Michael Celotti, DO, Medical Director, have reviewed the following Diagnostic & Treatment (D&TC)/Public Health Policies and Procedures + *Standing Orders* (as applicable).

<u>POLICY LIST</u>	<u>TYPE</u>
1. 24/7 Contact Capacity	Revision
2. Resolution and Budget Amendment	Revision
3. Time & Effort Reporting	Review
4. Trauma Informed Care	Revision
5. Departure from Employment	Revision
6. Dress Code	Revision
7. Mandatory Employee Requirements	Revision
8. Department Work Rules	NEW
9. Administration of Vaccines Policy & Standing Order	Revision
10. Vaccine Storage and Handling	Revision
11. Emergency Vaccine Storage and Handling	Revision
12. Exposure Prevention and Control	Revision
13. AED	Revision
14. Community Opioid Overdose Prevention Policy & Standing Order	Revision
15. Communicable Disease	Revision
16. Syphilis	NEW

- No Changes required
- Recommended revision(s)

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

Medical Director, Dr. Michael J. Celotti

Signature:  Date: 09-04-25



# Essex County Committee Form Miscellaneous Resolution Request

Department:

Committee:

Date:

Submitted By:

Nature of and Reason for Request:

Resolution for the Essex County Health Department to accept funds associated with the submission of drug overdose reports from county coroner(s) to the New York State Unintentional Drug Overdose Reporting System (SUDORS). This includes revenues from submissions of reports for years 2023 and 2024 totally 4 reports reimbursed at \$150 each. Expenses are to be applied toward the work of the Overdose Fatality Review Board.

Drug overdoses reported in the year 2023 (Quantity = 1)  
Drug Overdoses reported in the year 2024 (Quantity = 3)

A4197 427050 SUDOR - SUDORS Reimbursement  
A4197 547001 SUDOR - SUDORS Miscellaneous Expenses

**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:



# Essex County Committee Form Miscellaneous Resolution Request

Department:

Committee:

Date:

Submitted By:

Nature of and Reason for Request:

RESOLUTION ADOPTING AND APPROVING the Essex County Health Department's OPIOID SETTLEMENT AGREEMENT REQUEST FOR USE OF FUNDS in the amount of \$50,000 replenishment of funding for continued efforts as described in the Department's Approved Uses of the State Wide Opioid Settlement Agreement Request for 2025-2026

Revenue A4197.426901 BSBF Opioid Settlement Pay \$30,000  
Appropriations A4197.541026 BSBF Other Supplies \$30,000

Revenue A4197.426901 ECHO Opioid Settlement Pay \$20,000  
Appropriations A4197.546007 ECHO Educational Materials \$20,000

**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:



**Essex County Committee Form  
Miscellaneous Resolution Request**

Department: Public Health

Committee: Human Service

Date: \_\_\_\_\_

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 September 9, 2025 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 Health Department Home Health Unit

Medical Director Quality Assurance Review

For September 9, 2025 PAC Meeting

I, Michael Celotti, MD, Medical Director, have read the following CHHA records/reports for the Chart Audits and Peer Reviews for the 2nd Quarter 2025:

Records/Reports Reviewed: 430 records reviewed

Comprehensive chart audits reviewed: 12 charts

Review of Therapy and Nursing Documentation: 325 records reviewed (OASIS AND PTA NOTES)

Home Health Aide Clinical Record Audits: 110 records reviewed

Investigation of Potentially Avoidable Events: 6 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, MD, Medical Director**

09-08-25

date

## REVIEW AND SIGN

Essex County Public Health Department  
 Medical Director Policy/Procedure Review  
 September 9, 2025 PAC/PHAC

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:

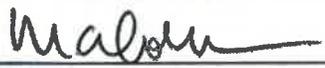
[NC&CHHA]	Advanced Beneficiary Notice (ABN) Form
[NC&CHAA]	Billing Procedure
[C&CHAA]	Change of Employment Process- added verification of employment history
[C&CHAA]	Clinical Records- added patient or designee signature
[NC&CHAA]	Corrections to OASIS
[NC&CHAA]	COVID 19
[NC&CHAA]	Credit Balance Report
[NC&CHAA]	Criminal history background check
[C & CHAA]	Emergency preparedness and response- added staff log in to link, email and matrix twice each day
[NC&CHHA]	Health commerce system (HCS)
[NC & CHAA]	Home Health Aide Orientation
[C&CHHA]	Major change in condition- added safety concerns alert in task manager of the EMR
[NC&CHHA]	Medical Records, Storage, Retention, Security and Destruction
[NC&CHHA]	Mobile computer use
[NC&CHHA]	Palliative care
[NC&CHAA]	Patient assessment and plan of care
[NC&CHHA]	Patient discharge
[C&CHHA]	Patient rights and responsibilities- added patient/representative with decision making capacity
[NC&CHHA]	Patient Handbook
[NC&CHHA]	Physical therapist job description
[NC&CHHA]	Quality Assurance and performance improvement
[NC & CHAA]	Refusal of Care Not Taken under Care
[NC&CHHA]	Registered professional nurse description
[NC&CHHA]	Skilled nursing or Therapy competency
[NC&CHHA]	Transfer agreement

[R=Revised; N=New; D=Deleted; NC=No change; A- Agency Wide; Certified Home Health Agency-CHHA]; \* = found on policy manager <http://www.co.essex.ny.us/downloads/Essex%20County%20Policy%20Manual%202005.pdf>

**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, MD, Medical Director

09-08-25  
 date