remain very low and all resources are availed to move them from the shelter as quickly as possible. However, sometimes homeless persons require accommodations for extraordinary needs.

Ryan Piche stated that the 2019 shelter budget was increased by 50% over the current level.

Legislator Lehman indicated interest to attend the Bridges Out of Poverty training.

Jenny thanked the Legislators for accommodating her request to participate via phone.

**DSS/OFA/PUBLIC HEALTH/COMMUNITY SERVICES COMMITTEE MEETING**  
**September 19, 2018**

The following dockets were approved:

1. Agreement w/LCGH for Chief Medical Technologist as Public Health consultant-$2,500
2. Appropriate funds for a vaccine refrigerator-$6,306.40
3. Appropriate Community Services State Aid to NRCIL-$20,563; TLS-$17,472; ARC-$750
4. Appropriate contributions to Office for Aging Shelf Ready Meals-$1,087.19; Senior Events-$800

**Director of Community Services Pat Fralick**

Pat reported a $700 savings due to the Department’s County vehicle being reassigned. They avail other vehicles when needed.

She thanked the Board for their timely response to the Transitional Living Services appropriation request.

The additional State Aid for services provided in previous years was appropriated to the respective local agencies.

**Public Health Director Penny Ingham**

Penny highlighted a few statistics from the attached second quarter Board of Health report, Corporate Compliance report, and Quality Assurance report.

There are two local physicians that are not immunizing their patients, instead referring persons to Public Health clinic. Public Health is unable to bill certain insurance companies, therefore causing out-of-pocket fees for patients, some of which may not be recovered. Public Health personnel continue to reach out to the two doctors and urge them to provide the vaccinations.

There are 36 new children registered for Early Intervention Program with a spike in the number of new referrals over the past few weeks.
There were no Corporate Compliance issues cited following an audit of all programs.

In response to Legislator Moser, Penny stated that the State district NYSDOH office in Watertown monitors all municipal water systems and environmental issues. All schools are required to test for lead and are in compliance or are working on any issues found. BOCES works with the school districts and informs Penny’s office of any issues. The primary concern is with lead in homes.

Penny announced receipt of a performance incentive award of $2,500.

There were a couple of citizens who contracted Legionnaire’s Disease. Public Health focuses on investigating these cases to determine source, if possible.

Penny had met with Ryan and Legislator Osborne to speak about the overall budget. She has been analyzing since 2015 to determine the “right size” department after the CHHA and Hospice programs were transferred to the Hospital. She conducted a comparison with other counties and has been working to abolish, reassign and consolidate job duties.

Lewis County Public Health had planned to add a Public Health Specialist to their workforce in 2019. This was removed from the budget due to county budget concerns in remaining below the tax cap. The plan was to then to add the position in 2020 when savings were realized through retirements.

Since the submission of the budget, Public Health is in receipt of a contract for $100,000 that would make funding the new position feasible and desirable in 2019. In order to maintain the County’s maintenance of effort, expense will need to be realized to offset this larger amount of money. It makes sense to add the position in 2019 rather than deferring until 2020.

Public Health’s “right sizing” that was begun in 2015 with a goal date of 2019 has almost been completed with the exception of adding this position of Public Health Specialist and eliminating the Principal Account Clerk. The elimination will be completed before the end of 2019, leaving the addition of this position as the final action. Public Health will then have a workforce size of between 15 to 16 full time equivalents and with the appropriate mix of administrative, fiscal and program positions.

The addition of this position to the 2019 budget as it is a zero budget impact and minimal impact in future years. Ryan Piche supports the proposal because it is a part of Penny’s overall staffing plan, not just off-the-cuff request. The Committee indicated general consent for the 2019 budget appropriations as outlined.

Penny was grateful for assistance from Brittany Davis to develop informational fliers.

Ryan offered to schedule budget workshops with all Legislators.
## Communicable Disease Investigations

**Board of Health Report**

<table>
<thead>
<tr>
<th>Disease</th>
<th>Qtr 1</th>
<th>Qtr 2</th>
<th>Qtr 3</th>
<th>Qtr 4</th>
<th>Disease</th>
<th>Qtr 1</th>
<th>Qtr 2</th>
<th>Qtr 3</th>
<th>Qtr 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campylobacter</td>
<td>6</td>
<td>7</td>
<td></td>
<td></td>
<td>Mumps</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlamydia</td>
<td>17</td>
<td>22</td>
<td></td>
<td></td>
<td>Norovirus</td>
<td>7</td>
<td>2</td>
<td></td>
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</tr>
<tr>
<td>Cryptosporidiosis</td>
<td>0</td>
<td>3</td>
<td></td>
<td></td>
<td>Not Reportable</td>
<td>5</td>
<td>14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cyclosporiasis</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td>Perinatal Hepatitis B</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Coli</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
<td>Pertussis</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Giardia</td>
<td>2</td>
<td>0</td>
<td></td>
<td></td>
<td>Powasson</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>1</td>
<td>0</td>
<td></td>
<td></td>
<td>Rocky Mountain Spotted Fever</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td>Salmonella</td>
<td>2</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B, chronic</td>
<td>2</td>
<td>3*</td>
<td></td>
<td></td>
<td>Shigellosis</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis C, chronic</td>
<td>25*</td>
<td>28*</td>
<td></td>
<td></td>
<td>Strep Pneumonia</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis C, acute</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td>Strep, Group A</td>
<td>1*</td>
<td>1*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza A</td>
<td>347</td>
<td>7</td>
<td></td>
<td></td>
<td>Strep, Group B</td>
<td>0</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza B</td>
<td>87</td>
<td>8</td>
<td></td>
<td></td>
<td>Syphilis</td>
<td>1*</td>
<td>3*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza Unknown</td>
<td>3</td>
<td>0</td>
<td></td>
<td></td>
<td>Toxic Shock Syndrome</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza Dx No Test</td>
<td>56</td>
<td>0</td>
<td></td>
<td></td>
<td>Tuberculosis, Latent</td>
<td>2</td>
<td>1*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legionellosis</td>
<td>1*</td>
<td>0</td>
<td></td>
<td></td>
<td>Tuberculosis, Active</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lyme Disease</td>
<td>9*</td>
<td>7*</td>
<td></td>
<td></td>
<td>West Nile Virus</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningitis, Viral / Encephalitis</td>
<td>1*</td>
<td>1*</td>
<td></td>
<td></td>
<td>Yersiniosis</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningitis, Bacterial (non-Neisseria)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>Zika</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Flu Reports</td>
<td>493</td>
<td>15</td>
<td></td>
<td></td>
<td>Total Investigations (not including flu)</td>
<td>90</td>
<td>103</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Hep B-1 old, 1 new, 1 dismissed  
*Hep C- 28 chronic, 3 new, 9 negative  
*Lyme- 4 new, 1 pending, 2 dismissed  
*Meningitis, Viral- Did not meet case definition  
*Strep, Group A- Not from sterile site, not reportable.  
*Syphilis- 1 old primary, 2 negative confirmatory
**Rabies**

Test if there is human contact

- Number of exposure reports – 35 (17 Dogs, 8 Cats, 3 Bats, 1 Pig, 2 Fox, 3 Raccoon, 1 Skunk)
- Number of specimens tested – 4
- USDA Wildlife Services specimens tested (no exposures) - 4
- Number of positive specimens – 2 (1 Raccoon, 1 Skunk)
- Number of people receiving PEP – 1 and 1 refused
- Animals on quarantine – 0

**New York State Arthropod Disease Surveillance**

- 568 West Nile Virus-positive mosquito pools have been identified in NYS. (Cattaraugus 1, Clinton 1, Erie 5, Nassau 11, NYC 339, Onondaga 5, Orange 3, Rockland 14, Suffolk 12, Westchester 2).
  - 1 Human Case
  - 0 Equine cases
- 3 Eastern Equine Encephalitis Virus- positive mosquito pools identified. (Onondaga 1, Oswego 2).
  - No Human Cases
  - 0 equine cases
- 0 Zika Virus-positive mosquito pools identified. Aedes Albopictus has been identified in 4 counties (Nassau, Rockland, Suffolk, Westchester). Aedes Aegypti has not been identified anywhere in the state.
  - 10 Human cases - all travel associated
- 5 human cases of Chikungunya—all travel associated
- 2 human cases of Dengue—both travel associated
- 28 human cases of Malaria—all travel associated

### Immunization Program

#### Immunization Clinic Attendance

![Graph showing immunization clinic attendance by year from January to December.](image)

#### Other Clinics
- 0 international travel clinic
- 6 individuals received vaccines through the Vaccines for Adults Program.

#### Flu Vaccines
- Total of 0 adult (0 VFA) and 5 child (5 VFC) flu vaccines administered this quarter.

### Maternal/Child Health

<table>
<thead>
<tr>
<th>Health Guidance</th>
<th>Referrals</th>
<th>Admissions</th>
<th>Current Caseload</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antepartal Health Guidance</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Postpartum Health Guidance</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Newborn/Ped. Health Guidance</td>
<td>5</td>
<td>4</td>
<td>0</td>
</tr>
</tbody>
</table>

### Lead Poisoning & Prevention Program

<table>
<thead>
<tr>
<th>Number of children tested</th>
<th>&lt;10mcg/dl</th>
<th>10-14 mcg/dl</th>
<th>15-19 mcg/dl</th>
<th>20-44mcg/dl</th>
<th>Current # Children Case Managed</th>
</tr>
</thead>
<tbody>
<tr>
<td>One Year olds</td>
<td>46</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Two Year olds</td>
<td>40</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Three and older</td>
<td>27</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>113</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
</tbody>
</table>
Emergency Preparedness

There was a Point of Dispensing exercise held on April 26, 2018 at Lowville Academy that dealt with a Hepatitis A outbreak scenario within the County. The drill was staffed by Lewis County Public Health Employees and volunteers from Lewis County General Hospital and local health insurance companies. Overall the drill was deemed as success meeting all the objectives laid out by the State. The after action report and improvement plan was completed and submitted to the State in June.

PHEP Coordinator traveled to Atlanta, Georgia for the 2018 Emergency Preparedness Summit. This was a week-long conference dealing specifically with Public Health Preparedness throughout the nation.

PHEP Funds were used to purchase Port-a-Walls which will be used at PODs and other events as privacy screens so that clients can be more comfortable in a setting where they may have to receive multiple medical countermeasures. This purchase came as a direct result of the POD exercise in April because privacy issues were a major discussion topic in the after action meetings.

Health Education

- Child Health Consultant provided education on communicable disease prevention and detection at Hand in Hand.
- CSP coordinator, CSN Coordinator, and health educator attended the LCGH Health Appreciation Day.
- Health educator partnered with the Lions Club on Diabetes Alert Day to screen individuals throughout the community for prediabetes. There were several new class members found for Diabetes Prevention Program.
- Health Educator and Public Health Specialist attended the Beaver River Central School Health and Wellness Fair.
- Health educator visited all the senior meal sites providing education on heart health as well as flu and pneumonia.

Chronic Disease Prevention/Diabetes

- National Diabetes Prevention Program (DPP)
DPP #13 - Completed on 06/05/18 with 7 attendees (started with 13)
DPP #14 - 10
DPP #15 - 8
DPP #16 -13
4 referral for the quarter- 3 were from providers

- Diabetes Self-Management Program (DSMP)

  DSMP #13- completed on 05/21 with 2 members (12 started)
  16 referrals for the quarter -15 were from providers

- Chronic Disease Self-Management Program

  Program promoted with outreach, flyers, and boards.
  No new referral this quarter.

- Lewis County Diabetes Education Program

  April with 9 attendees
  May with 11 attendees
  June with 10 attendees

**Chronic Disease Prevention/Cardiovascular Disease**

- Walk-in blood pressure checks – 2

**Community Health Improvement Plan**

- Naturally Healthy APP approved by Google and Apple Store. This APP includes local farm stands, farmers markets, nutrition classes, fitness classes, school open gym hours, walking trails, and other opportunities for physical activity within the county.

- Physical Activity Leader training through Shape America is being offered to all local schools in October. This training will prepare the schools for implementing the Comprehensive School Physical Activity Program.

- Lewis County Wellness Committee held a Community Cup in May. South Lewis Central School, Lewis County General Hospital, Department of Social Services, Sheriff’s Department, Courthouse, Public Health, Open Sky Wellness Center, and Double Play Community Center all participated in the week of events.

- Suicide Prevention Coalition’s new website went live in June [www.lewislivesmatter.com](http://www.lewislivesmatter.com)

- Community Crisis Response Team launched in June. This team is a group of volunteers who will support people impacted by a sudden or traumatic loss. The group will help individuals affected by suicide, drug overdose, fatal car/ATV/snowmobile accident, or homicide with immediate needs to regain a sense of control over their lives.
Chronic Disease Prevention/Cancer Services Program

<table>
<thead>
<tr>
<th>Individuals Served</th>
<th>Diagnostics</th>
<th>Cancer Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td># Screened - 35</td>
<td>Breast – 5</td>
<td>Breast Cancer – 0</td>
</tr>
<tr>
<td>17 – Lewis</td>
<td>Cervical – 0</td>
<td>Cervical Cancer – 0</td>
</tr>
<tr>
<td>17 – Jefferson</td>
<td>Colorectal – 4</td>
<td>Colorectal Cancer – 0</td>
</tr>
<tr>
<td></td>
<td>( 2 positive FIT kits)</td>
<td>(3 clients with polyps removed)</td>
</tr>
</tbody>
</table>

Children with Special Needs Programs/ Primary and Preventative Health Care for Under age 21

<table>
<thead>
<tr>
<th></th>
<th>Referrals</th>
<th>Admissions</th>
<th>Active case load</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Intervention</td>
<td>17</td>
<td>9</td>
<td>36</td>
</tr>
<tr>
<td>Child Find</td>
<td>4</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Pre-K</td>
<td>15</td>
<td>12</td>
<td>120</td>
</tr>
<tr>
<td>PHCP</td>
<td>7</td>
<td>3</td>
<td>35</td>
</tr>
<tr>
<td>CSHCN</td>
<td>4</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

Agency Staff Updates

No staff changes.
No applications for the per diem nurse position.

Prevent\Admin\HSAC\Quarterly Report 2017 3rd Quarter
2nd Quarter 2018
Public Health Corporate Compliance Report

Immunization Program:
- 5 of 9 claims audited were paid either in full or via contracted rates
- 4 of 9 claims appear to be appropriate, just have some issues to work out with either the billing company program or the insurance company itself

Physical Handicapped Children’s Program (PHCP):
- All 12 Clients with financial transactions this quarter audited
- No errors found with indicators
- 2 minor error on fiscal master tracking sheet which were already addressed

Preschool Program:
- Script Review - 2 minor errors found
- Medicaid Claiming - $12445.31 of $38909.37 was audited for services billed from July-August 2017
  - 2 errors
- State AVL Claiming (Related Services) – 10 Students of 99 who had services April-June 2018 audited
  - 2 errors
  - 3 minor errors
- State AVL Claiming (Center Based) – 4 of 10 Students who had these costs from April – June 2018 audited
  - 2 students had multiple errors with location; corrections made if possible

Health E Connections:
- All 15 consents were on file (3 from each month of quarter)
- No unusual activity conducted by Public Health Employees

Tyler Munic Payroll System:
- EI Staff & CSP Coordinator Audited
- No errors found with the data entry portion of payroll system

The Corporate Compliance committee for public health met on August 14, 2018 to go over the results of the audits in detail.
**Immunization Program:**

LCPH Immunization 8 records reviewed of 75 records

- Decline in 6 of the 11 quality indicators; this is a result of lack of completeness on immunization encounter forms.

**Maternal Child Health Program:**

LCPH Neonatal POC - 5 certifications
2 children did not receive services within 30 days.
1 child’s IFSP had services in natural environment marked as no, this was a mistake and corrected.

One client was not contacted prior to appointments.
Rabies:

LCPH Rabies Prevention Program - 4 reports reviewed of 35 reports

- 2 records did not have treatment provided documented.

Lead Poisoning Prevention

LCPH Lead Poisoning Prevention Program QA

1 record

POC Quality Indicator