

NIAGARA COUNTY DEPARTMENT OF HEALTH



ANNUAL REPORT

2008

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*Children With Special Needs

** Healthy Neighborhoods Program

TABLE OF CONTENTS

ADMINISTRATIVE STAFF/ MEDICAL CONSULTANT/ BOARD OF HEALTH/ COMMUNITY SERVICES COMMITTEE.....	1
NIAGARA COUNTY DEPARTMENT OF HEALTH ORGANIZATIONAL CHART ...	2
<u>REPORTS:</u>	
PUBLIC HEALTH DIRECTOR	3
CHILDREN WITH SPECIAL NEEDS	4
ENVIRONMENTAL HEALTH.....	21
FISCAL DIVISION	27
NURSING DIVISION	31
PUBLIC HEALTH EDUCATION.....	48
PUBLIC HEALTH PLANNING & INFORMATION OFFICER	49

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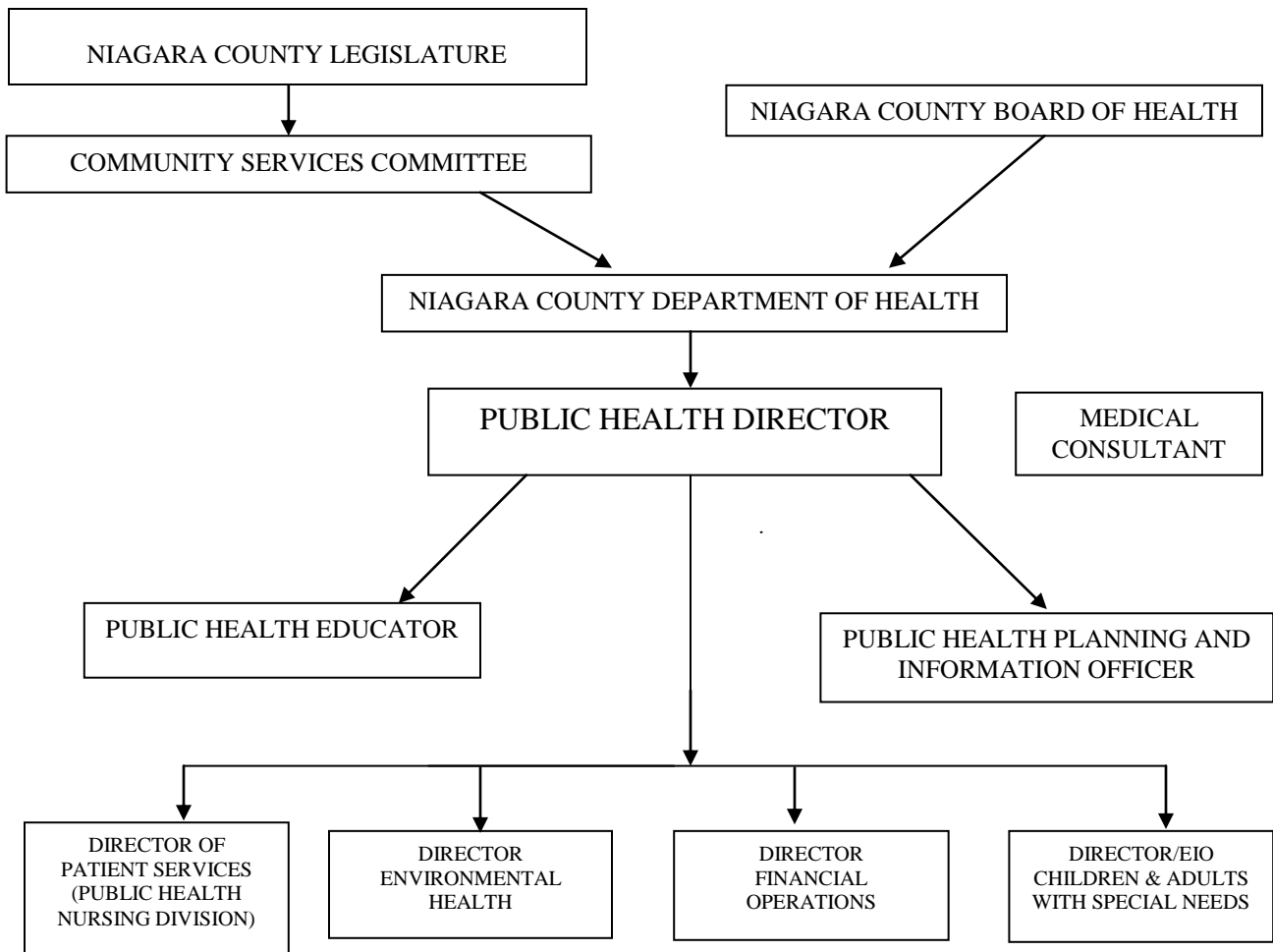
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NIAGARA COUNTY DEPARTMENT OF HEALTH



**Public Health Director
Daniel J. Stapleton, MBA
2008 Annual Report
Niagara County Department of Health**

In retrospect, 2008 was a year of preparing for emergencies, meeting increased demands for services and responding to unique threats to the public's health.

For example, the department held a combined Flu vaccination and rabies clinic. This very unique approach was consistent with the department's attempts to reach the members of our communities who may not receive their services through conventional methods. These unique approaches allow us to service more of our fellow citizens.

The department responded to the increasing threat of antibiotic resistant infections not only in health care settings but out in the public settings as well. The actions of a rogue amateur tattoo artist prompted the department to develop tattoo regulations, accepted by the Niagara County Board of Health and approved by the New York State Department of Health. These rules and regulations are codified in the Niagara County Sanitary Code. The department worked with legitimate tattoo artists who follow hygienic practices while providing their service. These artists supported these rules and regulations to eliminate the artists that gave their art a "bad name" and to ensure that all artists followed the same rules. The public is safer because of the collaboration between the department and the stakeholders in the communities we serve.

A tire "burn out pit" being held in the parking lot of the Summit Park Mall was putting residents in danger. The involvement of our Environmental Health Division and the Niagara County Board of Health resulted in the cancellation of this event permanently.

A comprehensive Cancer Cluster study was released by the New York State Department of Health (NYSDOH) and presented at a public meeting at the Lewiston Porter High School. No conclusive link was found between cancer incidence and potential environmental risks. Experts from the NYSDOH and Roswell Park Cancer Institute presented the findings and replied to questions from the public. As we all know, the incidence of cancer can be related to environmental exposure, hereditary factors and lifestyle decisions such as diet and a sedentary lifestyle. Ongoing sharing of this information is essential.

The information contained in this annual report shows the vast array of services the Niagara County Department of Health is responsible for providing to the communities we serve. While we have "more than enough" responsibilities to keep all staff busy, the urgent issues that arise unexpectedly require our immediate response and can be very time consuming. It's our response to these "unexpected" emergencies that demonstrates our immediate response to meeting urgent needs as soon as they arise.

I would like to leave you with two quotes that describe what we mean by Public Health.

“Public Health is the science and art of promoting health. It does so based on the understanding that health is a process engaging social, mental, spiritual and physical well-being. Public Health acts on the knowledge that health is a fundamental resource to the individual, to the community and to society as a whole and must be supported by soundly investing in living conditions that create, maintain and protect health.”¹

“Public Health (..) represents an organized response to the protection and promotion of human health and encompasses a concern with the environment, disease control, the provision of Health care, health education and health promotion.”²



Daniel J. Stapleton
Niagara County Public Health Director

WORKS CITED

¹Kickbusch Iona (1989), *Good Planets are Hard to Find*. Copenhagen (WHO-EURO, Health Cities Papers, No 5), 13

²Research Unit in Health and Behavioral Change, University of Edinburgh (1989), *Changing the Public Health*. Chichester (Wiley), xvii

CHILDREN WITH SPECIAL NEEDS DIVISION - 2008

The mission of the Children with Special Needs Division is to insure that children with special health care needs have access to necessary services. Through the coordination and delivery of medical, educational and related services, identified needs of the child and family are met, thus enhancing the child's quality of life and improving the capacity of the family to meet their family member's specific and unique needs.

The Children with Special Needs Division continues to strive for effectiveness and efficiency in all program services we provide as were evidenced via our programs' operational goals. These goals continue to be addressed by demonstration of:

1. Reduction of costs relating to the Early Intervention Program, a mandated program, due to our ability to provide therapeutic services by internal staff
2. Elimination of the duplication of services
3. Assurance of high quality services across all programs
4. Assurances, when feasible, in the availability of therapeutic services that may not be easily available within the County due to geographic location

The division currently works out of two full-time sites at the Shaw Building in Lockport and the Trott Access Center in Niagara Falls. Staff is assigned between the two (2) sites. In addition, for most of 2008, the division operated three preschool special education classrooms, two in the Newfane School District and one in the Lewiston-Porter School District.

The division is certified by the New York State Health Department and the New York State Education Department.

Programs within this division are:

- ❖ Early Intervention/Child Find Program (EI/CF) which serves children birth through two years of age
- ❖ Preschool Special Education Program which serves children three to five years of age
- ❖ Physically Handicapped Children's Program (PHCP) which serves children birth to twenty-one years of age
- ❖ Children With Special Health Care Needs Program (CSHCNP) which serves children birth to twenty-one years of age

2008 presented unique challenges as the number of children being referred, and subsequently enrolled, in all division programs increased.

Cross training of all staff in like position titles is ongoing and has become necessary in order to accomplish program goals and objectives.

Demonstration of fiscal accountability for the division by the internal auditing of agency and independent provider billing continued and with the exception of billing activities associated with the PHCP program out of Trott, most of the division billing staff is located at the Shaw Building in Lockport to include the billing supervisor. As part of the staff's routine functions, an

audit of all necessary and required billing paperwork is conducted prior to payment of a bill. This process has decreased the amount of billing errors significantly and, as mentioned above, has greatly aided the division in demonstrating fiscal responsibility for the programs housed within. In addition, any provider who is billing for services rendered must have documentation on file, which demonstrates they have the proper licensing and credentialing necessary to substantiate their billing claims to third party payers, such as private insurance and/or Medicaid. Due to new rules enacted mid-year by the Preschool Supportive Health Services Program (Medicaid), the division billing staff underwent a tremendous outreach effort to secure the necessary signed parental consent forms needed and continues to be proactive in assuring compliance with Medicaid billing rules, and working with contracted providers in the types of documentation that must be kept in each child's record to substantiate a claim. In an effort to reduce outside contractors, streamline operations and reduce costs, outsourced Medicaid billing activities associated with Medicaid claims was taken in house, provided by existing staff.

All providers delivering early intervention services who have a license to practice certain health-related professions, effective May 23, 2008, were required to obtain a National Provider Identifier (NPI). The NPI is a requirement of the Health Insurance Portability and Accountability Act (HIPAA) and assists to identify the provider who is claiming to private insurance, Medicaid and the State. All NPI's for all contracted and internal staff are on file.

Due to increasing regulatory demands placed by the New York State Health Department, programmatic monitoring of agency and independent providers continues and has required the attendance of upper level management at the focused reviews on a regular basis. As the requirements provided by the State Department of Health relative to monitoring evolves, the main focus of the reviews continue to place an emphasis on the establishment of common practice statewide by agency and independent providers relative to health and safety procedures as well as confidentiality procedures in the delivery of services to eligible children and their families. New requirements are requesting that all providers complete annual physicals prior to working with eligible children, that all providers and families refrain from smoking during therapy sessions, that all community settings in which the delivery of early intervention services takes place have been assessed and documented that the setting is a safe environment and that toys are in good working condition, clean, and free from lead based contaminants. In addition, upper management has worked diligently to assist providers in these regulatory demands and review all providers' policies and procedures for accuracy and appropriateness. Upper management ensures that, aside from the State Health Department, the above mentioned demands in addition to a review of such issues as proper licensing, credentialing and State Central Registry clearance of all independent and agency providers continues.

The Office of Special Education Program's Federal requirements, which were issued to states last year on the collection and reporting of data on the outcomes being achieved for children and families through participation in both New York State's Early Intervention and Preschool Special Education Programs continues. Those programs housed within the division are now responsible to collaborate with and assist the State, school districts, providers, and families with the outcomes data collection process. These new requirements are in place, because nationally, there

is an increasing focus on measuring and improving the results being achieved for young children and students with disabilities through state early intervention, preschool special education, and special education systems for children and youth with disabilities. At the present time, there are no annual or long-term outcome oriented performance targets or data for the results being achieved for young children and their families through these programs and services. The outcome data is collected for each child upon entrance and exit from both the Early Intervention and the Preschool Special Education Programs.

The division also continues to receive an annual grant from the Technology Resource Assistance for Individuals with Disabilities (TRAID) center housed at the University of Buffalo. The grant has allowed the division to develop and maintain an Assistive Technology Play Lending Center. The division has a Program Coordinator who has catalogued all of the available assistive technology toys for loan. Toys are available to eligible children enrolled in the Early Intervention Program and include such items as therapy balls, Boppys, switches, switch toys and basic communication devices. Toys are loaned on a monthly basis and give families and therapists an opportunity to try an item prior to purchasing, to determine if that item is beneficial in improving the child's development. In compliance with health and safety regulations, the New York State Department of Health's website: www.nyhealth.gov/environmental/lead/recalls is checked monthly to ensure all toys housed in the loan closet are lead free.

The division continues to maintain an Adaptive Equipment Loan Closet, which also has a Program Coordinator. Families enrolled in the Early Intervention Program who secured some type(s) of adaptive equipment, who no longer need such item(s) for their child, are encouraged to donate the adaptive equipment to the loan closet. The Adaptive Equipment Loan Closet was developed not only as a result of the lengthy process in securing said items for children, but to decrease the costs associated with said items within the Early Intervention Program. In addition, the Adaptive Equipment Loan Closet has benefited many families by providing a piece of equipment that was needed in a much more timely fashion and/or the opportunity to "try" out a piece of equipment to determine if it is appropriate for the child. Items for loan in this closet include standers, floor sitters and Kid Karts, to name a few. In addition, the division has realized savings associated with the loan closet.

For both the Early Intervention and Preschool Special Education Programs, capacity was maximized in the fields of speech, occupational, and physical therapy. The provider contracting process was opened to interested professionals for the first time in many years, and new providers who met the State Department of Health and Education Department's requirements were newly contracted with.

The division also assisted school districts in the county in meeting capacity for services included in preschool children with a disability's Individual Education Program (IEP). It is the responsibility of the county to ensure capacity of providers is maintained. Through the sub contract process, the addition of Special Education Itinerant Teacher (SEIT) services was started. This allowed children to continue to receive special education services in the most least-restrictive environment, typically the home or daycare setting.

Descriptions of each program within the Children with Special Needs division are as follows:

EARLY INTERVENTION/CHILD FIND

As research has shown, the infant and toddler years are very important relative to a child's growth and development. The Early Intervention/Child Find Program is a statewide program that provides many different types of early intervention services to identified infants and toddlers with a developmental delay or disability and their families.

The Niagara County Early Intervention/Child Find Program is part of the New York State Early Intervention Program, which is part of the national Early Intervention Program for infants and toddlers with disabilities and their families. The Early Intervention/Child Find program (EI/CF) is an extension of the Individuals with Disabilities Education Act (IDEA) – Part C. This program entitles infants and toddlers who have a developmental delay or disability to receive therapeutic services. To be eligible for services, children must be under three (3) years of age and have a confirmed disability (such as Down syndrome) or an established developmental delay in one or more areas of development. These areas include: adaptive, cognitive, communication, physical (to include vision and hearing) and social-emotional development.

Therapeutic and support services available to eligible infants and toddlers and their families are:

Assistive technology devices and services;

Audiology

Family training, counseling, home visits and parent support groups *

Medical services only for diagnostic or evaluation purposes

Nursing services

Nutrition services

Occupational therapy

Physical therapy

Psychological services

Service coordination *

Social work services *

Special instruction *

Speech-language pathology *

Vision services

Health services

Transportation and related costs

* These clinical services are provided by in-house staff to off-set program costs and ensure high quality services

New York Public Health Law requires provisions that govern the Early Intervention Program such as:

- Local administration of the program by the Early Intervention Official (EIO) who is responsible for ensuring eligible children and families receive the services included in the Individualized Family Service Plan (IFSP) that is developed for the child and family.

- Identification and referral of children at risk or suspected of disability by primary referral sources. Referrals are received from a number of sources and include (but are not limited to): parents, pediatricians, family practice providers, health department staff, childcare centers, and other community agencies.
- Periodic developmental screening and tracking of at-risk children.
- Provision of service coordination services to eligible children and their families.
- A multidisciplinary evaluation of children referred to the program, at no cost to families, to determine eligibility.
- The development of the Individualized Family Service Plan (IFSP) for eligible children and their families.
- Provision of early intervention services as specified in the IFSP at no cost to families.
- Delivery of services in natural settings in the community where peers are typically found to the maximum extent appropriate. Community settings can include:
 1. The family's home
 2. A child care center or family day care home
 3. Recreational centers
 4. Play groups
 5. Playgrounds
 6. Libraries
 7. Early childhood programs and centers

Early Intervention/Child Find services are free to eligible infants and toddlers and their families. Niagara County Health Department is able to access private insurance and Medicaid for reimbursement as well as receive funding from the New York State Department of Health.

The 2007-2008 program year continued to be a very vigorous and productive one for Niagara County's LEICC. Membership of the LEICC continues to grow at each meeting, with an excellent representation of all required participants and stakeholders. Although parent involvement continues to be a challenge, new parents did attend one or more meeting(s) and committee members included them in any type of decision making item actions. Increased participation by providers was also evidenced. Established goals of the LEICC gave direction for the many activities that were completed. Established goals are as follows.

INSTITUTED GOALS FOR PROGRAM YEAR 2007-2008:

- ***Increase provider capacity in areas of need.*** This goal was originally set last year, as the need for physical therapists increased and a short wait for this type service was being experienced. With the assistance of contracted providers, capacity was met in this area by agencies employing more therapists, with demands being met until the beginning of 2008. Shortly thereafter, and for the first time in Niagara County's Early Intervention Program history, a waiting list of children was compiled due to the program's inability to assign a therapist in the child's area of need. There were many reasons for the delays, which included the child living in a rural setting, more children's IFSP's requiring physical, speech and occupational therapies than in the past, and the increase number of referrals to the program. With the assistance of the State Department of Health, the EIO

solicited independent and agency providers currently approved to determine their interest in contracting with Niagara County to provide EI services. To date, there are seven (7) new speech language pathologists, one (1) new physical therapy agency and one (1) new independent physical therapist; (1) new occupational therapist; and (1) new independent special education teacher under contract. We still have other providers in the process of fulfilling contractual requirements who will be under contract as soon as these requirements are met.

- **Continuation of the LEICC subcommittee to increase parent involvement on the LEICC and determine parent's interests for a LEICC meeting/workshop.** The LEICC Parent Meeting/Workshop Planning Subcommittee continued its' focus of exploring various topics that would be of interest to families in the hope that more parents and/or caregivers would become interested in attending and participating in the LEICC meetings. The subcommittee members decided on the workshop "Emergency Preparedness for Families". The workshop was presented by the Border Community S.E.R.V.I.C.E. of Niagara University and covered many aspects of what a family needs to have in place should an emergency situation arise. Nancy also provided a free first aid to each family that attended. The workshop was developed in conjunction with our community agencies such as Niagara County Head Start, Niagara County Children with Special Health Care Needs Program and the Early Childhood Direction Center. The workshop was held at one of the inner city Head Start locations as to provide a location that was easily accessible by walking or public transportation. Childcare and transportation reimbursement was available for all families as well as refreshments. Approximately fourteen (14) families attended as well community agencies and providers. Overall, the workshop was well attended and review of the workshop evaluations indicated a high level of satisfaction with the workshop. **This goal will continue.**
- **Continuation of the LEICC subcommittee to conduct outreach.** EI/Child Find staff continued our outreach activities this year via participation in various community health fairs throughout the community. In addition to EI program brochures, handouts such as EI brochures, EI magnets, and EI bookmarks were distributed (see attachment #6). In addition, developmental screening was available to the public if so desired. Venues of the fairs included county municipal social services and health department buildings, schools, local Head Start locations, county fairgrounds, and Niagara County Community College (Balloons over Niagara). Advertisements were placed in the local telephone books as well as local newspapers with a target audience of 250,000 people for each advertisement. In addition, contact information was included in the Regional Directory of Services for Infants and Toddlers as well as the 2007-2008 Guide to Services published by the Developmental Disabilities Alliance of Western New York (DDAWNY). **This goal will continue.**
- **Continuation of the LEICC Quality Assurance Subcommittee to address noted concerns voiced at scheduled LEICC meetings.** Throughout the year, concerns that were addressed at the various LEICC meetings were brought forth for action to the LEICC Quality Assurance Subcommittee. The Quality Assurance Subcommittee

meetings are regularly scheduled. Concerns that were raised and addressed are as follows:

1. **LEICC Co-Chair Nominations.** Nominations for the next two year terms of the LEICC Co-Chairs were discussed. A survey was developed and distributed to all LEICC members asking for recommendations for this appointment. Surveys were reviewed and nominees were contacted for interest in appointment. Two new appointments were made, one parent Co-Chair who is a parent of a child recently transitioned from EI who is also a Service Coordinator, and one agency Co-Chair who works for the Early Childhood Direction Center and is also a parent of two children with special needs.
 2. **Parent Satisfaction Survey.** A newly revised parent satisfaction survey was implemented beginning 1-1-08, and is sent to families after each IFSP review and upon exit from the EIP. The committee continued its' review of all returned parent satisfaction surveys received in 2008. Based on the amount of IFSP reviews and EIP case closures in 2008, the return rate for the completed parent satisfaction survey was approximately 44.9%. Although some surveys did contain concerns, the vast majority of the surveys indicated a high level of satisfaction with the program, overall. Each parent satisfaction survey is coded so that investigation into concerns noted can be remedied, if possible. Also, as a suggestion and implemented this year, the family is able to add their name to the survey, their telephone number and a request for a return call from the Early Intervention Official to further discuss their concerns. Based on suggestions from the committee, the compilation of the surveys into one survey will be completed and disseminated at the May 2009 LEICC meeting. As mentioned above, the compiled survey contained the responses from surveys returned to EI for the period of time from 1/1/08 through 12/31/08 and this activity of the subcommittee will continue annually.
 3. **Confidentiality Guidelines:** The committee reviewed the current confidentiality guidelines and discussed the need for providers to have policies relative to confidentiality. The guidelines were disseminated to the field via hard copy and email.
 4. **Health and Safety Guidelines:** The committee reviewed the newly released Health and Safety Guidelines and various questions were discussed. Niagara County's EIP will hold a provider training that will cover the guidelines and give ideas on policies that to address all items. The guidelines were distributed to the field via hard copy and email
 5. **Provider Surveys:** Subcommittee members again developed a provider survey that would capture a provider's area of expertise and/or specialized treatment method. It was decided that a provider survey should be developed specifically for both the independent provider and an agency provider. The completed survey was mailed to all providers with a specific return date. The results of the survey were reviewed at the August 2008 Quality Assurance Subcommittee meeting and were then compiled and disseminated to all service coordinators and CPSE chairs in Niagara County.
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- **Continuation of LEICC Assistive Technology subcommittee.** Subcommittee members continue to work on cataloging all equipment that families have donated when they are no longer in need of assistive technology item(s). The items have been photographed, color coded with written descriptions of each item provided. At each provider training held throughout the year, the list of available equipment is given to all the providers in

addition to information on the TRAIID Center's Assistive Technology Toy Lending Library which is housed at the EIP at Trott and Erie County's Baker Victory loan closet. When an enrolled child is in need of a certain type of equipment or developmentally appropriate toy, the therapist is able to come in and view the available items. The loan closets have expedited equipment and/or toys to an eligible child and have reduced associated expenses. **This goal will continue.**

- **Improve provider assignment.** It was also believed that weekly availability of therapists' updates sent to the Service Coordinators would be helpful, so that the Service Coordinators did not spend an inordinate amount of time placing calls, and waiting for return calls, from full providers. A form was developed titled "Therapist Availability by Location" which is sent in weekly to the EIO (D) and circulated to the Service Coordinators. This has helped to assign a therapist within twenty-one days of the IFSP meeting and also gives the EIO a visual picture of provider capacity. Also, providers are being utilized in a more timely fashion as those providers who meet the child's needs, and indicate availability, are called first.

OTHER ACTIVITIES OF THE LEICC:

- In 2006 forward, and due to concerns continued to be voiced by evaluation agencies regarding the list of approved and contracted evaluators given to families when selecting an evaluator, the list was revised to remove addresses and telephone numbers of the evaluators. Evaluators have been encouraged to submit a blurb to be included on the list, which highlights the uniqueness of each evaluator. Some evaluators continue to receive the bulk of EI referrals for evaluation, which Service Coordinators report to be due to the flexibility of the agency to meet family's schedules (i.e. night and weekend evaluations), the child's level of medical need (i.e. hospital based evaluator), the family's familiarity with a certain evaluator (sibling in EI in the past) and the evaluators availability to meet the forty-five (45) day time frame.
- Recommendation of the LEICC to continue to provide statistics form regarding the amount of screenings performed, cores performed, and screenings to cores performed within the reporting period. In addition, the statistics form has been revised to include each city within Niagara County.
- Recommendation of the LEICC to conduct periodic provider training, as needed, but no less than two times per year in an effort to disseminate important information from the state and county (i.e. new guidance documents, new policies and procedures, etc.) in a timely fashion.
- Recommendation of the LEICC to have in-services provided by various agencies in Niagara County as to increase everyone's awareness of community resources.

IDENTIFIED NEEDS OF THE LEICC (AND GOALS FOR 2008-2009) ARE:

- Continuation of the LEICC Quality Assurance Subcommittee to address noted concerns voiced at scheduled LEICC meetings in addition to review of issued guidance documents and memorandums issued from the NYSDOH.
- Continuation of the LEICC Outreach Subcommittee regarding outreach to all daycare programs and/or pediatricians and family practice providers.
- Continuation of LEICC Parent Involvement Subcommittee to brainstorm on ways to increase parent involvement on the LEICC.
- Continuation of Assistive Technology Loan Closet Subcommittee to address increased partnership with community agencies that also have loan closets, toy lending libraries, etc.
- Continuation of provider training as needed.
- Monitor the implementation of the Child and Family Outcome Project as Niagara County's oversample year will be July 1, 2009.
- Monitor the availability of services in Niagara County in an effort to ensure services begin within twenty-one (21) days of the IFSP

PRESCHOOL SPECIAL EDUCATION PROGRAM

Children served by the Preschool Special Education Program are evaluated in conjunction with their local school district. Children are referred to the school district's Committee on Preschool Special Education (CPSE) if they are suspected of having a disability that impairs their learning and development. Numerous sources such as parents, professionals, caregivers, program providers, or other individuals concerned about the child's development make referrals. The early intervention official upon parental consent may refer children transitioning from the Department of Health's Early Intervention Program. The evaluation of the preschool child requires information gathering and for individually administered assessments and behavioral observations to be conducted to determine the physical, mental, behavioral and emotional factors that contribute to the suspected disability. Once the evaluation takes place, it is determined if the child meets the eligibility requirements. Once the child is deemed eligible for special education services and/or programs, the Committee on Preschool Special Education (CPSE), which is housed in each school district, meets to develop a plan to meet the child's unique needs. This plan is called the Individualized Education Program (IEP). The IEP development process must consider:

- The child's strengths
- The family's concerns for their child's education
- The results of the child's individual evaluation
- The results of any other State or district wide tests or assessments; and
- Any unique needs related to the child's disability (such as communication needs, behavior, etc.)

Educational services are at no charge to the family. These services may include:

- Related services (such as speech therapy)
- Special education itinerant services
- A half-day preschool program
- A full-day preschool program
- A twelve (12) month special service and/or program or
- An in-state residential special education program

Niagara County is one (1) of four (4) counties in New York State that is also an approved Preschool Special Education Provider for Special Class in an integrated setting, Special Education Itinerant Services, Related Services and Comprehensive evaluations and in being so, we receive a grant to supplement these services for the school year. The 2008-2009 allocation for this grant is \$480,000.00.

Before recommending that special education services are provided in a setting, which includes only preschool children with disabilities, the CPSE chair must first consider providing special education services in a setting where age-appropriate peers without disabilities are typically found.

Although we are unable to access private insurance for reimbursement, we are able to bill Medicaid for services such as speech, occupational and physical therapies, as well as receive reimbursement from the New York State Department of Education. Regarding Medicaid reimbursement, this year began an extensive review by the Centers for Medicare and Medicaid at the Federal level, resulting in the pending of states' Medicaid claims as they related to the above noted services in addition to transportation, counseling and psychological services. A reduction in anticipated Medicaid revenue has resulted.

Unique to the New York State this year was the development of the Preschool Special Education Task Force with the goal of a re-examination of the system that would identify strategies for improving the quality of service delivery in a fiscally responsible manner. With this goal in mind, as proposed in the Governor's Executive Budget, the 2007-2008 NYS Enacted Budget established a Temporary Task Force on Preschool Special Education to recommend improvements. Members of the Task Force were selected and appointed by Governor Spitzer to represent a broad group of key stakeholders from across the state. They were charged:

- To study and evaluate the relationship between preschool special education and other early childhood programs and to make recommendations on the approaches to improve transitions and enhance delivery in the least restrictive environment
- To study the current tuition rate-setting methodology for preschool special education programs and services and to make recommendations for improvement, and
- To conduct a comparative study of systems of delivery in New York and other states and to make recommendations for inclusion of best practices from other states that will promote the cost-effective delivery of appropriate programs and services in compliance with the federal Individuals with Disabilities Education Act (IDEA).

PHYSICALLY HANDICAPPED CHILDREN'S PROGRAM

The Physically Handicapped Children's Program (PHCP) continued its' goal of ensuring accessible, appropriate, comprehensive, coordinated care for chronically ill and disabled children birth to twenty-one, by providing medical and related services for the treatment and rehabilitation of physically disabling conditions, chronic illnesses and potentially disabling conditions. Staff worked very hard this year to increase awareness of the PHCP and identified gaps and barriers, which have affected referrals to this program. As a result, referrals have increased, although slightly.

In addition, the Dental Rehabilitation Program (DRP) component of PHCP assisted children with severe physically handicapping dental defects. Children are referred by their dentist, and their records are then evaluated at the State Department of Health by an Orthodontist.

Also, on a bi-monthly basis, PHCP provides a free diagnostic/evaluation orthopedic clinic for children from birth through twenty-one years of age. The evaluation is performed by a pediatric orthoped who is an expert in treating disorders of growth and development of the skeleton, muscles and joints in children. Niagara County Health Department is very fortunate to have him available for our families. Adults who have had polio may also be seen. The clinic is available for any family within Niagara County, whose child is suspected of having a disabling condition related to their bone structure. Children are referred by their physician or school nurse.

Of the 30 referrals received by the orthopedic clinic, most infants/toddlers were referred for either hip, leg, knee or foot concerns. Older children were most often referred by school nurses following school health screenings when scoliosis (curvature of the spine) was suspected.

For the treatment program under the PHCP, if the child is not covered under Medicaid, the family must meet financial criteria designed to assist families with low to moderate incomes or inadequate private health insurance. We are the payer of last resort; all third-party payers must be billed first.

CHILDREN WITH SPECIAL HEALTH CARE NEEDS PROGRAM

The Children with Special Health Care Needs Program assists families who have children that have a chronic physical, developmental, behavioral or emotional condition, and require health and related services of a type or amount beyond that required by children generally. The Program assists the family through information and referral to various community resources that are child and family specific.

The New York State Department of Health, through a Family Champion's project, continued to provide training opportunities for a select number of parents to partner with the Department of Health to focus on improving programs for children with special health care needs. The project identified and empowered select families of children with special health care needs to become Family Champions. The families selected were selected statewide and representative of the diversity of New York State. Two (2) families from Niagara County, who were selected for the

project over the last few years, remained as “partners”. In conjunction with the Directors of Children with Special Health Care Needs (CSHCN) Programs across the state, families were trained to become energetic, enthusiastic, group leaders who are able to speak on behalf of children with special health care needs and their families. Typical activities that Family Champions are involved with this year are:

1. Increasing parent involvement in various related activities
2. County Children with Special Health Care Needs Programs
3. State agency public meetings

During 2008, the staff again put forth a great effort in conducting outreach and public awareness activities, which are required components of the work plan associated with this grant. Due to the increasing number of lay-offs and jobs that do not offer health insurance benefits, the need to educate families and the public regarding Child Health Plus, Medicaid and other health insurers continues to grow.

When encounters are made with families, they are queried regarding medical insurance and if they have a medical home. If the family is uninsured or underinsured, assistance is given to them regarding Medicaid and Child Health Plus. Encouragement is also given to parents to seek routine primary and preventative care, which will result in healthier children and those with special needs will receive high-quality, comprehensive, appropriate services.

Staff also assists the family in any other type of resource information and referral information they may need such as where to find food, toys, or clothing.

Visits to all family practice providers and pediatricians within Niagara County were made. Staff conducted presentations at the physicians’ offices upon request, reinforcing their role in developmental screening and referral of children who have developmental delays and/or disabilities as well as those families who are uninsured and need assistance in securing health insurance and keeping appointments for follow- up care. In addition, informational packets containing brochures, magnets, posters, and bookmarks on the Children with Special Health Care Needs Program, as well as other programs housed within this division and the Niagara County Health Department, were left at each site.

Advertisements were posted in the local Yellow Pages and weekly newspaper (Metro Community News) relative to this program.

CHILDREN WITH SPECIAL NEEDS DIVISION – 2008 DATA

EARLY INTERVENTION PROGRAM:

Total number of children referred:	510
Males:	320
Females:	190

Age of children referred:

0 yr. – 11 months:	112
1 yr. – 23 months:	226
2 yrs. – 35 months:	172
3 yrs. +:	0

Race:

a. White	324
b. Asian	3
c. African American	43
d. Native American	9
e. Pacific Islands	0
f. Hispanic	13
g. Other	118 *

* Includes number of intakes not conducted prior to submission of statistical data

Income:

a. \$0-9,000	84
b. \$10,000-19,999	36
c. \$20,000-29,999	36
d. \$30,000-39,999	44
e. \$40,000-49,999	30
f. \$50,000 and above	153
g. Other	127 *

* Includes number of intakes not conducted prior to submission of statistical data

Household:

a. Two Parent/Guardian	280
b. Single Parent/Guardian	80
c. Extended Family	16
d. Foster Care	21
e. Other	113 *

* Includes number of intakes not conducted prior to submission of statistical data

Medical Coverage:

a. Medicaid only	59
b. Private Insurance only	214
c. Child Health Plus only	12
d. Medisource	90
e. Uninsured	13
f. Other	122 *

* Includes number of intakes not conducted prior to submission of statistical data

Referral Source:

a. Physician	209
b. Hospital	56
c. Family/Self	127
d. Within the Health Department	11
e. Other (specify)	107 *

* (DSS, daycare, EI provider, community program, transfer from another county and/or state, Head Starts, school districts)

Location:

a. Appleton	0
b. Barker	3
c. Burt	1
d. Gasport	12
e. Lewiston	21
f. Lockport	136
g. Middleport	9
h. Newfane	15
i. Niagara Falls	165
j. North Tonawanda	114
k. Olcott	1
l. Ransomville	11
m. Sanborn	10
n. Wilson	7
o. Youngstown	5

Reasons for Discharge:
(Cases closed in 2008)

a. Delay/Condition Resolved	70
b. Family Refused	32
c. Can't Locate Family	5
d. Transferred to 3-5 System	153
e. Evaluation Found Not Eligible	86
f. Family Moved Out-of-County	14
g. Family Moved Out-of-State	10
h. Child died	3
i. Transferred to ICHAP	1
j. Refused Before an IFSP	45
k. Aged Out-Not Eligible for CPSE but referred to Other Program	4
l. Aged Out-Not Eligible for CPSE	12
m. Aged Out-Eligibility Not Determined	38

Direct Clinical Services:

Related services (including speech, special instruction, counseling, family training) 3946

Preschool Special Education Program:

Total number of children receiving services: 1170
 Males: 842
 Females: 328

Services Per School District:

- Related services (RS-services such as speech therapy, occupational therapy, physical therapy, etc. provided in a community based setting such as the home or daycare)
- Special Education Itinerant Teacher (SEIT-Special Education Teacher services provided in a community based setting such as the home or daycare)
- Center-based (CB-Center Based special education preschool class)

District	Related Service	SEIT	CB
Akron	6	3	0
Barker	13	0	5
Lewiston-Porter	38	11	12
Lockport	182	25	133
Newfane	54	6	19
Niagara Falls	212	70	93
Niagara Wheatfield	87	10	31
North Tonawanda	139	31	44
Royalton-Hartland	25	3	4
Starpoint	77	13	23
Wilson	31	1	14
Total all districts:	853	169	368

Direct Clinical Services:	
Related Services	1985
SEIT	932
Preschool Integrated – Special needs	3006
Preschool Integrated – Non-disabled	2396
Service coordination	19
CPSE meetings	60
Total:	7,382

Unduplicated Direct Clinical Services:

New patients	117
Patient treated/seen previously	98
Total:	215

Males:	147
Females:	68

PHYSICALLY HANDICAPPED CHILDREN'S PROGRAM:

Orders received:

Private insurance	22
Medicaid	3
New	14
Total:	39

Disposition of orders:

Approved	25
Decision pending (Orthodontia)	2
Decision pending (Medical)	0
Referred to Child Health Plus/Family	
Health Plus	0
Withdrawn	12

(Those that did not follow through with clinics, disapproved at the State level, not within the scope of the program, moved, and resubmit in one year)

Adult Polio:

There were no adult polio orders for 2008.

ORTHODONTIA PROGRAM:

Due to New York State Department of Health’s changing requirements, children are referred directly from their dentist to a participating Orthodontist, who then submits a screening x-ray to the State Department of Health for treatment approval. Once the treatment has been approved at the State level, and the family meets financial and other eligibility criteria (i.e. severe cranial facial abnormalities), participation in the program begins.

Approved	4 (0 New, 4 Progress)
Discontinued or Closed:	1
Pending	2

ORTHOPEDIC PROGRAM:

Screening clinics	4
Total number of clinics	4
Scheduled appointments	30
Number of appointments kept	10
Medicaid	1
Non-Medicaid	9
No Insurance or Medicaid	0

Number of Authorizations and Reports of Individual
 Consultation or Evaluation: 10

CHILDREN WITH SPECIAL HEALTH CARE NEEDS PROGRAM

Client Encounters:

January – March	19
April – June	12
July – September	20
October – December	11
Total:	62

Lisa M. Chester, B.A., M.P.A.
Director

Stacy Lampman, M.A. CCC/A
Clinical Director

ENVIRONMENTAL HEALTH DIVISION

James Devald
Director of Environmental Health

The programs offered by the Environmental Health Division of the Niagara County Department of Health strive to preserve and protect the public environmental health of the residents of Niagara County and prevent illness, injury and deaths linked by environmental factors. The Environmental Health Division is charged with:

- Inspection, surveillance and monitoring public water supplies
- Provision of technical assistance to Public Water Systems and water supply operators
- Reviewing and monitoring hazardous waste site investigations and cleanups
- Inspection, surveillance and enforcement over 1760 food service facilities
- Inspection and annual permit issuance for hotels/motels, bed-n-breakfast operations, campgrounds, mobile home parks, children's camps and migrant labor camps
- Inspection and surveillance of all public swimming pools and bathing beaches
- Monitoring and controlling rabies and arthropod diseases
- Raising community awareness about tobacco, tobacco use and tobacco sales to minors
- Responding to public health and related environmental health emergencies
- Inspecting minor radiological health diagnostic equipment
- Oversight of individual sewage disposal systems
- Inspection, permitting of tattoo and body piercing facilities and artists

A significant portion of the work accomplished by the Environmental Health Division involves education of the regulated community and education of the public. An effort is put into describing the science behind what we do and each program involves education, education, education.

An overview of program statistics is outlined, followed by major highlights for 2008 and ending with the goals of the Division. This data provides a comprehensive view of the environmental health work accomplished in Niagara County. Environmental Health is responsible for providing information about, and the necessary enforcement of, codes and standards that apply to various facilities and systems under our jurisdiction.

Public Water Supplies

Inspect, survey and monitor the public water supply systems in accordance with the Niagara County and New York State Sanitary Codes. Review of plans for the construction, addition, or modification of any public water supply system to ensure compliance with local, state and federal regulations. Provide technical assistance to systems and operators.

Active Facilities	25
Public Health Hazards	0



Wastewater Treatment and Disposal

Individual homeowner sewage disposal system site inspection, design for replacement system, plan review for new system and testing/review regarding property transfers.

New Systems Approved	63
Replacement Systems Designed	47
Systems Tested/Reviewed	265



Realty Subdivisions

Review and approve engineering plans and specifications for realty subdivision development as required by law. Water supply, sewage disposal, storm water drainage plans and related site history are included. Public water line and public sewer line extensions are also approved as they relate to realty subdivision development.

Plans submitted and approved	5
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Mobile Home Parks

Inspect and issue annual operating permit for mobile home parks as required by Codes. Water supply, sewage disposal, refuse disposal and park maintenance of facilities are a few of the items of note pertaining to the parks.

Inspections	74
Public Health Hazards	6

Swimming Pools & Beaches

Inspect, monitor and permit all public swimming pools and bathing beaches in Niagara County. Review and approve plans for new construction and for alterations to existing construction. Provide technical assistance to operations and management.

Inspections	215
Public Health Hazards	5



Temporary Residences and Children's Camps

Inspect and issue annual operating permits for hotels/motels, campgrounds, bed-n-breakfast operations, rooming houses and children's camps. This includes reviewing and approving plans for construction, alteration/modification of existing or new buildings in order to assure compliance with Codes and standards.

Inspections	215
Public Health Hazards	5



Food Service

Inspect and monitor 1,056 permanent and 704 temporary food service facilities in Niagara County for compliance under the Sanitary Code, educating and taking enforcement action when and where required. Also included is the investigation of food borne disease outbreaks and the training of food service staff along with plan review for new/remodeled facilities.

Inspections	2,279
Public Health Hazards	293



Indoor Air Quality

Investigate complaints and reports of impacted indoor air quality. Provide recommendations concerning corrective actions and suggested supporting laboratory services.

Emergency Response

Respond to reports relating to spills, releases or accidents resulting in the discharge of materials that may produce a public environmental health hazard. Coordinate public environmental health response and follow-up to eliminate all public environmental health hazards.

Rabies Control



Investigate reports of animal bites, prepare and ship suspected rabies specimens to the state laboratory, coordinate with the Nursing Division to determine human follow-up and need for post exposure treatment, follow-up on animal vaccination and provide community rabies education.

Exposure Investigations	809
Humans Receiving Post Exposure Treatment	16
Animal Vaccinations	2,202
Animal Specimens Tested	84
Positive Specimens	9



Arthropod Disease Program

Mosquito and Lyme disease surveillance and education programs are conducted to monitor insect related diseases in the County and to educate the public on these issues.

Positive mosquito pools	1
Positive dead birds	9
Human cases West Nile	0
Human cases Lyme disease	3



Childhood Lead Poisoning Prevention

The Lead Poisoning Prevention Program is a collaborative effort between the Environmental Health Division and the Nursing Division of the Department. The Environmental Health Division is charged with investigation of the environment where documented high blood lead levels exist in children. The source of the lead in the child's environment is pursued with lead source problem correction.

Case Investigations	8
Samples Tested	92

Migrant Labor Camps

Inspect and permit all migrant labor camps per Code. Housing and maintenance of facilities are key elements.

Inspections	56
Public Health Hazards	2



Adolescent Tobacco/Clean Indoor Air Act

Staff provides guidance on Public Health Law requirements of smoking in public, provide community awareness and education on tobacco issues and monitor compliance with NYS laws regarding the prohibition of the sale of tobacco to minors. The Niagara county Sheriff's Office assists us with our tobacco compliance checks. Staff also provides certified training for tobacco retailers.

Clean Indoor Air Act Complaints Investigated	47
Adolescent Tobacco Inspections	121
Number of Facilities Licensed	193
Completed Compliance Checks	215
Compliance Rate	93%
Facility Staff Trained	53

Public Health Nuisance Complaints

Investigation of public environmental health complaints that involve the potential of being a public health hazard to determine applicability and to ensure corrective action of all complaints determined to be a public health hazard.

Public Health Nuisance Complaints Investigated	949
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Freedom of Information Requests

Process requests for public information on all program areas.

Requests Processed 116

Hazardous & Solid Wastes

Investigate and report on those dumpsites in Niagara County that may present a potential public health problem. Review and comment on reports prepared to evaluate and remediate these sites. Maintain public health oversight of Chemical Waste Management site and the Lake Ontario Ordinance Works in Lewiston.

Healthy Neighborhoods

Healthy Neighborhoods is a door to door program conducted in the underserved areas of the City of Niagara Falls with core components consisting of childhood lead poisoning, fire prevention, indoor air quality improvement and asthma management. Secondary components involve other environmental health issues and other health related issues.

Homes Approached	5,802
Home Visits	1,019
Home Re-Visits	169
Homes with insufficient smoke detectors	584
Homes with high carbon monoxide levels	9
Homes with at least one smoker	515
Homes with asthmatics	254
Homes with deteriorating paint	242
Homes with cockroaches	17



Cost per visit \$150, second lowest of 12 programs in the State, only New York City is less.

2008 Highlights

- Tattoo/body piercing regulations enacted
- NYS Archives grant for plans on record applied for, allowing for map scanning
- Participation in planning/collection event – unused/unwanted pharmaceuticals
- Successful operation of rabies/flu clinic
- Geographical information system enhancement of rabies and arthropod disease programs
- Temporary food service risk assessment initiation
- Brownfields grant environmental coordinator designation
- No Trans Fat program/brochure for food service facilities initiated
- Lewiston Porter Cancer Cluster Study release
- Community Lake Ontario Ordinance Works Project website and release of report

- 93% compliance rate sale of tobacco to minors
- Healthy Neighborhoods Program recognized by NACCHO, “In the Spotlight”
- Conducted successful evening rabies clinic in Porter
- Public water supplies recognized by USEPA for their commitment to fluoridation
- Niagara Falls Storage Site RIR reviewed, input provided
- Bat rabies education focus resulted in fewer post-exposure rabies treatment
- Hope VI housing project input pursued and realized
- Oral rabies vaccination program completed its 14th year
- First significant food borne illness outbreak since 1993 investigated and resolved
- Tire burnout event moved to Dunn Tire Speedway due to health concerns
- MRS Plating site in Lockport cleaned up under Superfund
- Division participated in NYS Food Service Code Revision workgroup

2009 Goals

- Permit all existing tattoo/body piercing facilities and artists
- Pursue further funding for our Community LOOW project
- Explore environmental public health tracking
- Provide more detailed oversight of the CWM facility
- Develop a pre-closure model for Krull Park bathing beach
- Participate in the Niagara River Remedial Action Program current effort
- Locate and permit all children’s camps in the County that meet Code
- Pursue swimming pool compliance with Virginia Graham Baker Act definition
- Continue to integrate GIS into daily environmental health activities
- Develop a successful Healthy Neighborhoods Grant application
- Continue to work with the Erie Niagara County Tobacco Free Coalition
- Provide review and comment on Niagara Falls Storage site matters
- Work with the Restoration Advisory Board as technical resource
- Actively participate in pharmaceutical drop off projects in the County
- Emphasize bat rabies education in attempt to reduce post exposure treatments
- Research e-government for environmental health

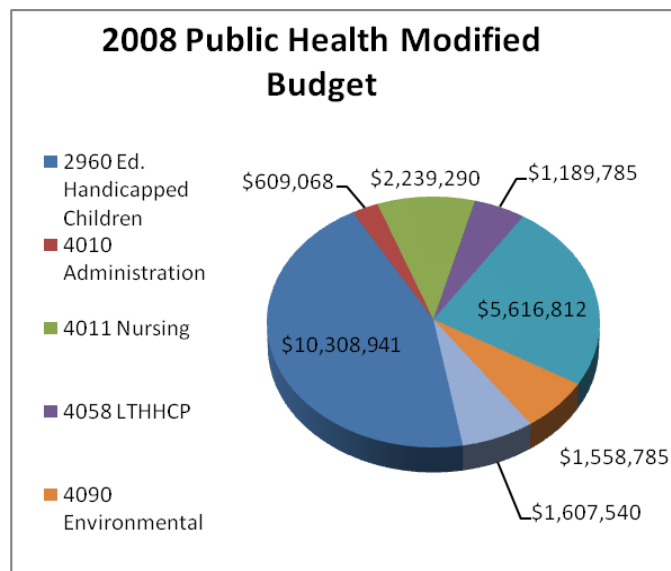
FISCAL DIVISION

**Victoria Pearson
Director of Financial Operations**

In the Administration of the Department of Health budget for 2008, it was necessary to bring 18 resolutions to the Niagara County Legislature for approval, 9 of these involved a transfer or addition of funds. In addition to this, the Department of Health also required 127 line item transfers, which did not require resolutions.

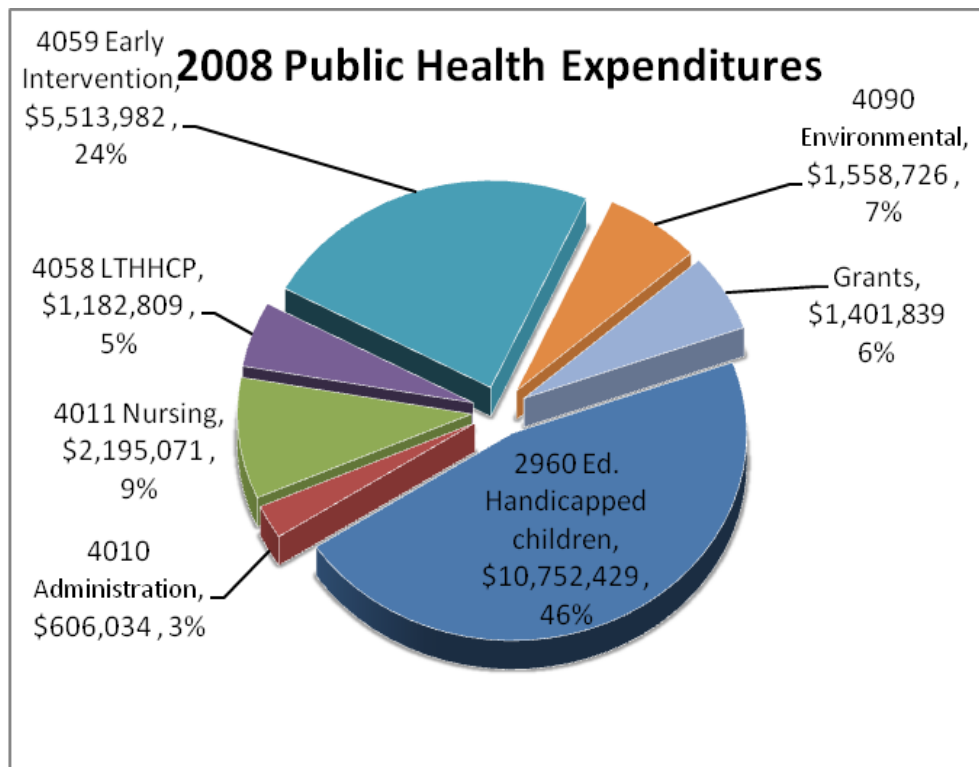
The operations of the Department of Health were completed at 17% over the predicted budget. Due to increased funding accepted through resolutions, a modified budget was used. Public Health expenses came within 1/2 % of the modified budget. Overall expenses increased by 2% from 2007, and revenue increased by 4% resulting in a 5.5% decrease in cost to the county.

DIVISION	BUDGET	EXPENDED	BUDGET VARIANCE	BUDGET % VARIANCE	MODIFIED BUDGET
2960 Ed. Handicapped Children	\$ 7,082,851	\$ 10,752,429	-3669578	(0.52)	\$10,308,941
4010 Administration	\$ 596,122	\$ 606,034	-9912	(0.02)	\$ 609,068
4011 Nursing	\$ 2,159,317	\$ 2,195,071	-35754	(0.02)	\$ 2,239,290
4025 Laboratory	\$ 64,450	\$ 66,092	-1642	(0.03)	\$ 66,094
4036 Community Outreach	\$ 18,750	\$ 18,168	582	0.03	\$ 18,750
4058 LTHHCP	\$ 1,249,309	\$ 1,182,809	66500	0.05	\$ 1,189,785
4059 Early Intervention	\$ 5,879,767	\$ 5,513,982	365785	0.06	\$ 5,616,812
4090 Environmental	\$ 1,613,765	\$ 1,643,777	-30012	(0.02)	\$ 1,558,785
Grants	\$ 1,193,162	\$ 1,316,784	-123622	(0.10)	\$ 1,607,540
TOTAL WITH GRANTS	\$ 19,857,493	\$ 23,295,146	-3437653	(0.17)	\$ 23,215,065



Public Health 2008 Expenditures

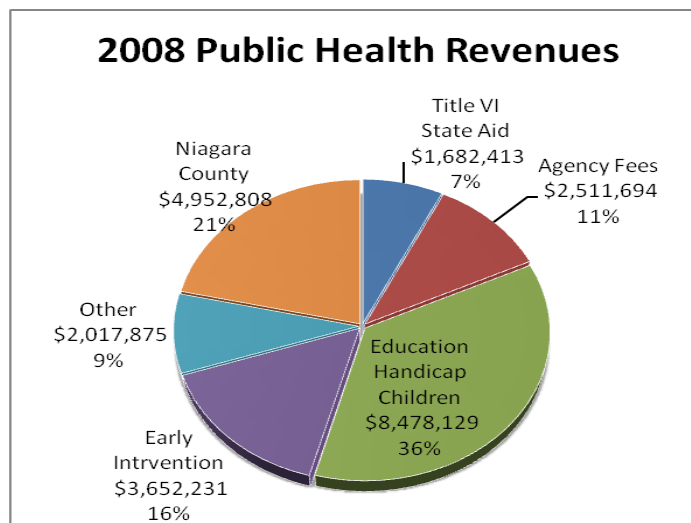
Division	Expended	%Budget w/Grants	07 Expenses	06 Expenses
2960 Ed. Handicapped children	\$ 10,752,429	46.16%	46.65%	41.70%
4010 Administration	\$ 606,034	2.60%	2.25%	2.90%
4011 Nursing	\$ 2,195,071	9.42%	8.46%	10.70%
4025 Laboratory	\$ 66,092	0.28%	0.30%	0.34%
4036 Community Outreach	\$ 18,168	0.08%	0.07%	0.08%
4058 LTHHCP	\$ 1,182,809	5.08%	5.50%	6.50%
4059 Early Intervention	\$ 5,513,982	23.67%	23.40%	25.10%
4090 Environmental	\$ 1,558,726	6.69%	7.74%	8.60%
Grants > \$25,000/year	\$ 1,401,839	6%	5%	4.10%
TOTAL WITH GRANTS	\$ 23,295,150	100%	\$22,843,993	\$19,329,162



2008 Public Health Revenues

	REVENUE COLLECTED	% TOTAL REVENUE	2007 REVENUE	2006 REVENUE
ARTICLE VI STATE AID				
Basic Services	\$ 1,240,302			
Optional Services	\$ 384,066			
Phys Hncd Child Program	\$ 58,045			
TOTAL ARTICLE VI	\$ 1,682,413	7.2%	9.30%	8.90%
AGENCY FEES				
Home Health Agency	\$ 1,248,728			
LTHHCP	\$ 1,262,966			
TOTAL AGENCY FEES	\$ 2,511,694	10.8%	15.90%	17.20%
Education of HNCD CHILDREN	\$ 8,478,129	36.4%	30.30%	15.90%
EARLY INTERVENTION	\$ 3,652,231	15.7%	12.50%	15.10%
OTHER REVENUES				
Grants > \$25,000/year	\$ 1,480,948			
Environmental Fees	\$ 477,148			
Clinic Fees	\$ 59,779			
TOTAL OTHER REVENUES	\$ 2,017,875	8.7%	8.30%	6.30%
subtotal	\$ 18,342,342			
NIAGARA COUNTY CONTRIBUTION	<u>\$4,952,808</u>	21.3%	23.60%	36.10%
TOTAL REVENUES	<u>\$ 23,295,150</u>	100.0%	\$22,405,373	\$19,405,991

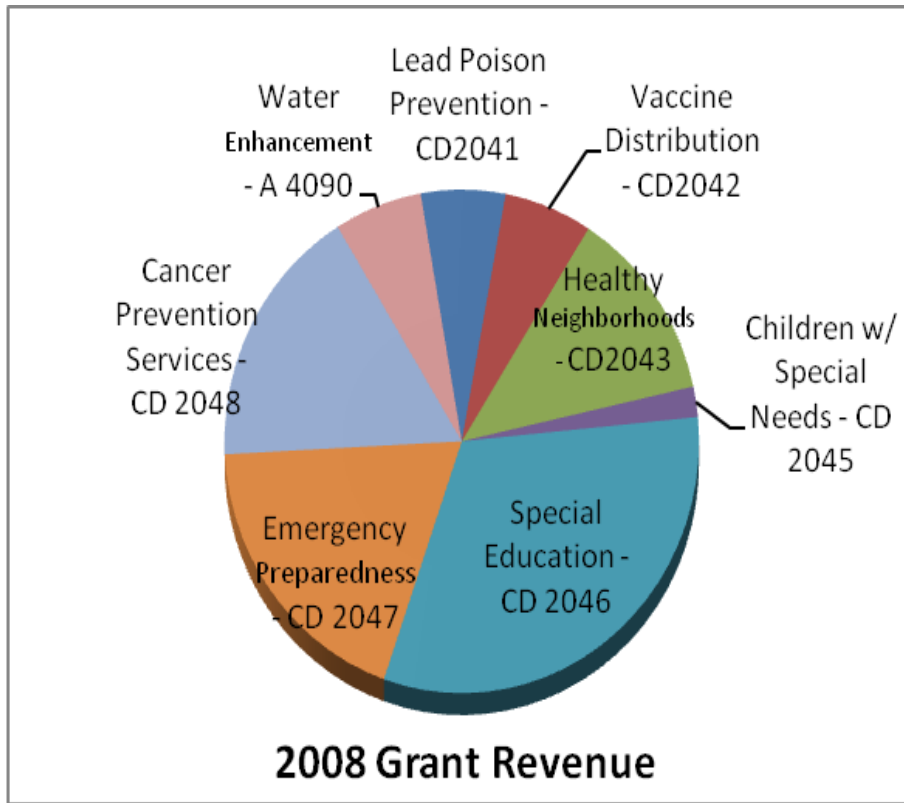
These figures do not include 2007 Revenue Accruals.



2008 Summary Large Grant Activity
 (Grants > \$25,000/year)

Grant	2008 Revenue	2007 Revenue	Revenue Variance from 2007
Lead Poison Prevention- CD2041	\$ 81,674	\$ 92,639	-10965
Vaccine Distribution- CD2042	\$ 85,152	\$ 47,991	37161
Healthy Neighborhoods- CD2043	\$ 178,155	\$ 191,855	-13700
Children w/ Special Needs- CD2045	\$ 27,722	\$ 29,202	-1480
Special Education- CD2046	\$ 452,700	\$ 430,068	22632
Emergency Preparedness- CD2047	\$ 267,815	\$ 219,874	47941
Cancer Prevention Services- CD2048	\$ 242,364	\$ 155,439	86925
Water Enhancement- A4090	\$ 85,051	\$ 88,850	-3799
Lake Ontario Ordinance Works- CD2049	\$ -	\$ 112,500	-112500
TOTAL	\$ 1,420,633	\$ 1,368,418	52215

Total 2006 grant revenue \$711,208



PUBLIC HEALTH NURSING DIVISION

**Wanda Smiley, RN, MSN
Director of Patient Services**

The Nursing Division of Niagara County Health Department (NCHD) provides professional services to Niagara County residents both in their homes and at clinic settings. Through health promotion, health maintenance and disease prevention, our goals are to achieve and maintain a high level of wellness in the community. To achieve these goals, we offer a multitude of programs that are divided into four areas administered by professional staff and supported by supervisors, clerical, a billing office and administrative personnel.

The nursing division is an active participant in the county's emergency preparedness planning efforts. The staff is kept updated by training sessions, teleconferences and audio conference calls. Our main emphasis has been on pre- and post-event planning and training. All staff has been trained in the ICS100, NIMS IS700, ICS800, Psychological First Aide and Orientation to Public Health, Project Public Health Ready Parts I & II. All supervisory staff has completed ICS200. Nursing division staff members attend the Health Emergency Alert Response Team (HEART) monthly meetings.

Quality and community service are integral elements that are incorporated into all aspects of the agency. Patient outcomes and adverse events are used to measure quality. The Center of Medicare and Medicaid Services publishes a comparison list of all Home Health Agencies in the United States. It compares us against a state and national percentage. Internally, patient outcomes and adverse event statistics are derived from clinical and functional data collected by the nurse and therapist on admission and at regular intervals during care. Record audits take place twice monthly for home care patient charts and on a rotating basis for prevention program records. On a quarterly basis, charts of home care patients with therapies are audited.

Telehealth is a service provided to the residents of Niagara County on a daily basis, Monday through Friday during regular business hours. Professional nurses who answer medical and informational inquiries man the Telehealth desk. They also direct people to resources in the community where their specific needs might be better met.

Our Speakers Bureau has a varied list of topics which staff presents to interested agencies in the community. This continues to grow every year.

CERTIFIED HOME HEALTH AGENCY (CHHA)

The Certified Home Health Agency (CHHA) provides home care to clients who are recovering from acute illnesses. The CHHA provides skilled nursing services, including wound care, infusion therapy, professional therapy services and home health aide services. Clients continue to need increasingly more complicated home care services for treatment of conditions that previously were provided strictly in the acute care setting. This requires nurses and therapists to possess both excellent technical as well as case management skills. Documentation requirements for home care services continue to consume much of the professional staffs' time.

The home care clients are primarily Medicaid and Medicare recipients, along with third-party payers and a minimal number of private-pay clients. The Medicare prospective payment system, or PPS, is based on a 60-day episode and includes all services and medical supplies required for the client. Reimbursement is at a capitated rate that is determined by the client's clinical severity, functional status, and service utilization.

The nursing division is able to provide public health visits under the auspices of the CHHA, provide back-up nurses for public health emergencies and assume a role with the occurrence of a natural emergency or bioterrorist event.

Total CHHA visits are as follows:

	<u>2006</u>	<u>2007</u>	<u>2008</u>
Nursing	7,344	6,990	7,131
IV visits included	639	563	894
TB/DOT visits included	768	751	415
Home Health Aide	3,608	2,864	2,499
Physical Therapy	1,636	1,711	1,827
Occupational Therapy	266	352	309
Speech Therapy	80	22	44
Medical Social Worker	28	40	47
Client caseload at end of year	97	128	136
Unduplicated patient count:	618	553*	588

* 2007 report had 533, which was a typographical error.

LONG TERM HOME HEALTH CARE PROGRAM (LTHHCP)

The LTHHCP, also known as the “Nursing Home Without Walls”, provides nursing home level care to disabled, chronically ill, invalid and medically eligible clients by providing a spectrum of professional and paraprofessional health care services in the home setting. The program’s flexibility and cost-effective focus allows clients’ care to be carefully matched to their needs. The coordination of all aspects of care for clients with diverse, complex and chronic health conditions make the Long Term Home Health Care Program unique.

The LTHHCP’s services are comprehensive enough to permit this population to live safely and independently at home. The LTHHCP and local departments of social services jointly assess the client’s medical condition, and determine their eligibility for the program. A professional nurse develops the client’s plans of care after a home evaluation, based on their needs and with the help of the client and his or her family. Through skillful management of a client’s care, involvement of family and other informal caregivers and an emphasis on the client’s independence and autonomy, costs under this program have consistently been about half to three-quarters the cost of comparable levels of institutional care.

Total LTHHCP visits are as follows:

	<u>2006</u>	<u>2007</u>	<u>2008</u>
Nursing	3,765	3,478	3,176
IV visits included	68	86	35
Home Health Aide	8,826	8,504	5,970
Personal Care Aide	4,763	3,737	3,575
Physical Therapy	1,041	1,438	1,424
Occupational Therapy	320	327	338
Speech Therapy	101	95	44
Medical Social Worker	603	733	854
Nutritionist	40	33	103
Lifeline	574	642	682
Respiratory Therapy	11	4	45
Client caseload at end of year	106	89	90
Unduplicated patient count	187	165	144

CHHA-MOMS

A total of 68 clients were visited through the CHHA-MOMS program in 2008 with 129 billable visits and 17 ineffective visits. Throughout 2008, there was an unduplicated census of 64 clients and at year end there were 3 clients enrolled in the program.

DSS AIDE EVALUATION VISITS

The NCHD nursing division continues to work as a liaison agency with the Niagara County Department of Social Services (DSS). Our home care nurses make home visits to all DSS clients receiving personal care aide services. They do a home evaluation, assess the client, review medications and assess the personal care aide's plan of care. The nurse completes a skilled nurse report and a DSS abstract. The findings and recommendations are reported to DSS in writing.

Statistics for DSS aide evaluation visits are as follows:

	<u>2006</u>	<u>2007</u>	<u>2008</u>
Unduplicated DSS Patient Count	372	383	393
Total Visits	1,130	999	927
Billable Visits	1,057	934	859
Non-Billable Visits	73	65	68
DSS Patient Caseload at end of year	361	372	472

PRI/SCREEN VISITS

Patient Review Instrument (PRI) and Screening is a skilled nurse evaluation performed by a trained/certified nurse upon receiving a referral from residents in the community or Department of Social Services. Clients are screened to determine their care level and eligibility for nursing home placement.

Statistics for PRI/Screen visits are as follows:

	<u>2006</u>	<u>2007</u>	<u>2008</u>
Unduplicated PRI/Screen Patient Count	22	36	30
Total Visits	29	41	31
Billable Visits	23	37	30
Non-Billable Visits	6	4	1

BRIARWOOD MANOR ASSISTED LIVING FACILITY CONTRACT

NCDOH provides home health care services to its residents on a non-exclusive basis. Services are provided as prescribed by the physician's plan of care on a part-time, as needed basis to fulfill the requirements of the agreement with Briarwood Manor. In the event that NCDOH provides services through subcontracts with third parties, NCDOH will have full responsibility to ensure that only quality services are provided. Services include, but are not limited to skilled nursing, physical therapy, occupational therapy, speech/language pathology, supplies for Medicare PPS clients, PRI's, assistance with ALP care plan and home health aide services for Medicare PPS clients as needed. In 2008, our services were provided to 63 residents from Briarwood Manor.

TUBERCULOSIS PROGRAM (TB)

The TB program uses early detection, targeted testing, treatment and directly observed therapy to combat the emergence of a TB epidemic in Niagara County. Our goal is to make people aware of the signs and symptoms of Tuberculosis and to implement immediate isolation, evaluation and treatment of suspected TB cases in order to decrease transmission to others. The TB program provides evaluation and preventive medication to individuals with a positive TB test. Dr. Norman Fiorica continues as the attending physician at the Tuberculosis clinics.

The TB program clinic is held once a month in Niagara Falls at the Trott Access Center and once a month at the Niagara County Jail. Clients are evaluated for latent TB infection. Dr. Fiorica assesses x-rays and determines who is eligible for preventive treatment. An average of 6-8 inmates is seen at the jail each month.

Upon request, TB program staff will teach PPD administration and reading of results to qualified clinicians of other agencies so they can develop their own PPD administration and follow-up policy.

The following statistics illustrate the Tuberculosis Clinic activities:

	<u>2006</u>	<u>2007</u>	<u>2008</u>
Tuberculosis cases	4	5	4
Suspect cases	6	2	3
Tuberculosis clinics	23	23	24
New visits to clinic	83	57	69
X-rays taken	10	15	13
Tuberculin tests	24	15	31
Positive	3	3	3
HIV tests	5 all neg.	6 all neg.	3 all neg.
Patients on DOT	9	5	4

SEXUALLY TRANSMITTED DISEASE (STD)

The focus of the STD clinic is to prevent and control sexually transmitted diseases by providing appropriate counseling, testing and follow-up. Clinics are held in the Trott Access Center in Niagara Falls on Mondays and Wednesdays. During STD clinics, the nursing staff test and treat sexually transmitted diseases. Counseling and testing for HIV are also offered. The STD clinic continues to operate with laboratory technicians from the Erie County Health Department. The technicians perform certain tests on site and others are performed at the Erie County laboratory. Dr. R. Keith Felstead remains the attending physician for the STD clinic.

Hepatitis A, Hepatitis B and Twinrix vaccines are administered at STD clinics upon request only to clients 19 years of age and older. The vaccine is provided by NYSDOH at no charge to the county or the client. The number of Hepatitis B vaccines administered has decreased as school requirements for Hepatitis B was changed. The New York State Department of Health now requires all children to have the Hepatitis B vaccine series before entering school. At this point, all 18 year olds and younger were mandated to be immunized. Those 19 and older still continue to be immunized at STD clinic.

All clients are surveyed regarding their risk of contracting Hepatitis C. Because Hepatitis C testing is very costly, only high-risk clients are tested. Clients are considered high-risk based on the following criteria:

- Client received an organ transplant
- Injection drug user
- Recipient of clotting factors produced prior to 1987
- Recipient of blood transfusions prior to 1992
- Recipient of organ transplant prior to 1992
- Hemodialysis patient
- Healthcare and public safety worker
- People who have multiple sex partners
- People who had a tattoo or body piercing.

STD program nurses visited Lockport, Newfane, Niagara Falls, North Tonawanda and Starpoint high schools with representatives from the Niagara County Youth Bureau ten times in 2008 to provide in-service presentations about STD's. Instruction was given on Chlamydia, Gonorrhea, Syphilis, HPV, HSV and Trich. Handouts were provided to all students (10th, 11th and 12th graders) in attendance. There were a total of 1,043 students in attendance at the 2008 presentations. The Federal Community Based Abstinence Education Grant, which was awarded to the Youth Bureau, began October 1, 2007 and if extended annually by the state, will run for five years.

Effective September 2008, the STD clinic has initiated Court Ordered HIV testing for defendants of sexual assault. This protocol is based on New York Criminal Procedure Law 210.16, which went into effect November 1, 2007. This new law allows for the testing of defendants indicted for certain sex offenses, for HIV, upon the request of the survivor. In 2008, the clinic performed one test.

Effective October 6, 2008, the STD clinic underwent a change of hours and staffing. The hours changed from 12:00 noon to 3:30 pm to 10:00 am to 3:30 pm and the staffing went from four nurses to three.

The following is a summary of STD clinic statistics:

	<u>2006</u>	<u>2007</u>	<u>2008</u>
Number of clinics	98	96	99
Attendance at clinics	1,378	1,421	1,515
Males attending clinics	878	916	981
Females attending clinics	500	505	534
Chlamydia cases (CT)	114	103	139
Gonorrhea cases (GC)	51	75	115
Human Papilloma Virus cases (HPV)	102	95	66
Non-Gonoccal Urethritis cases (NGU)	247	252	309
Syphilis cases	2	0	4
Trichomatis cases (Trich)	24	36	37
HIV tests done	602	669	756
Positive results	2	2	1
Confidential HIV tests	599	663	747
Anonymous HIV tests	3	6	9
Hep C tests done	48	30	54
Positive results	1	4	2
Hep A vaccine administered	10	16	16
Hep B vaccine administered	103	93	90
Twinrix vaccine administered	33	28	46

In conclusion, upon review of statistics listed above, it is noted that there is an increase in confirmed cases of gonorrhea and Chlamydia for 2008. Gonorrhea cases have increased by 40 and Chlamydia cases increased by 36. The increase of confirmed cases may be related to a general increase in the number of clients seen in clinic in 2008, but it should also be noted that

gonorrhea and Chlamydia rates in the general population of Niagara County are also higher. As a result, a New York State Health Department representative has been assigned to follow-up with each confirmed case of gonorrhea. This will insure that each client is treated appropriately and all contacts are notified of the need for testing and treating.

IMMUNIZATION PROGRAM

Niagara County Health Department offers all required and recommended immunizations at regularly scheduled Adult/Travel Clinics and Children's Immunization clinics on a monthly basis. Our goal is to prevent the occurrence and transmission of vaccine preventable diseases by ensuring the delivery and availability of vaccines to children and adults. We also provide education on the importance of immunizations for children and adults to the community and their providers.

Promotional clinics are held throughout the year, which include flu clinics and at times, clinics are held at ABCD Headstart program. We will also meet privately with a client if they are not able to attend our scheduled clinics. Pneumonia vaccine is offered throughout the year in our adult clinics and also to our homecare patients. Flu vaccine is offered in our immunization clinics and to our homecare patients during the flu season.

IMMUNIZATION GRANT

Beverly Lawler, PHN, lead nurse for the immunization program, actively participates in the Western New York Adult Immunization Coalition, which she chairs. She also is an active participant on the Western New York Pediatric and Adolescent Immunization Coalition. These two groups meet monthly.

In May, the second Annual Immunization Conference was held. Dr. William Atkinson and Donna Weaver, RN from the CDC presented at the program. A NYSIIS update was also presented as well as a presentation on HPV vaccine. The conference was well attended. Another conference is scheduled for May 20, 2009. Dr. Atkinson and Donna Weaver will be speaking again. Additional speakers are being planned for this conference.

On October 20, 2008 the Western New York Adult Immunization Coalition held a Round Table to discuss the importance of adult immunizations. Our goal was to inform providers and lawmakers about the importance of vaccines and to educate them on how to get reimbursed for the vaccines that they give. There was a turnout of 45 people for this event. Only a few lawmakers attended the roundtable. A subcommittee was formed and will meet throughout the year to further these goals and to improve adult immunization rates.

In December 2008, the Western New York Adult Immunization Coalition and the Western New York Adolescent and Pediatric Coalition sponsored two flu clinics. Beverly Lawler, PHN participated in these clinics. The clinics were held during National Influenza Week. There was an increase in attendance of 50 more people this year. Ninety-nine flu vaccines were given and flu mist was offered to adults and children nine years old and above.

ADULT / TRAVEL IMMUNIZATION CLINICS

Niagara County Health Department offers all recommended and required adult immunizations in our monthly adult / travel immunization clinic to adults 19 years and older. This is a fee for service clinic. Children are also seen in our adult / travel clinic if they are traveling alone or with their family. We routinely immunize adults who need specialized or routine vaccines for work or travel that their physician does not provide. If a client cannot come to our clinic, we will try to make special arrangements to have them come to an off clinic appointment for their immunizations. A consultation visit is held with all travelers to discuss issues related to their trip. Immunization and health information is available for travelers of all ages. We receive many calls for travel information throughout the year.

All healthcare workers that come to our clinic are educated on the importance of being immunized to protect the clients they work with. Increasing the immunization rates of healthcare workers is a priority.

Adult/Travel Immunization Program Summary is as follows:

	<u>2006</u>	<u>2007</u>	<u>2008</u>
Adult/Travel Clinics	23	24	25
Attendance	281	302	276
Immunizations given	366	401	334
PPDs given	40	28	25
Special Clinics (Off Clinics)	12	23	11
Attendance	50	66	29
Immunizations given	49	134	46
PPDs given	21	7	0

CHILDRENS' IMMUNIZATION CLINICS

Niagara County Health Department offers all recommended and required immunizations to children from six weeks through 18 years of age in our children's immunization clinics. We offer VFC vaccines provided by NYSDOH free of charge to children who attend our clinics. Referrals are made to the Early Intervention Program if needed and parents are informed of the WIC program, Child Health Plus and Family Health Plus insurance plans. Children without a physician that attend our clinic are given information on physicians in the area that are accepting patients with or without insurance. Healthcare information is also provided during the visit if needed.

In December, we started using three new vaccines in our childhood immunization clinics. These are Kinrix (Dtap/IPV), Rotarix and Pentacel (Dtap/IPV/HIB). We continue to defer the #4 HIB dose due to the shortage of HIB vaccine.

We have three children's immunization clinics each month and schedule more if needed during back to school time in September. Our goal is to make sure that all children are immunized with the required and recommended vaccines at the time of their visit. This will help to meet the Healthy People 2010 goal of 90% coverage level for two year olds for the 4-3-1-3-3 (4Dtap, 3 Polio, 1 MMR, 3 HIB, 3 Hep B).

Children’s Immunization Clinic statistics are as follows:

	<u>2006</u>	<u>2007</u>	<u>2008</u>
Attendance	512	721	780
Number of clinics held	29	34	43
Immunizations given	1,106	1,754	2,067
Special Clinics (ABCD Daycare)	3	2	0
Attendance	51	7	0
Immunizations given	54	7	0
PPDs given	6	0	0
Referred to Child Health Plus	25	25	45
Referrals to WIC program	5	0	0
Finger stick lead tests completed	28	30	52

INFLUENZA (FLU) CLINICS

For the 2008-2009 flu season, 600 doses of vaccine were ordered. Clinics conducted as follows:

- We held our first clinic of the season at Briarwood on 10/2/08. We administered 152 flu vaccines and 26 pneumonia vaccines to residents and staff.
- On 10/7/08, a flu clinic was held at the Niagara Falls office for staff; 13 flu vaccines were given.
- On 10/8/08 a presentation on the importance of flu vaccine was given to Sr. Companions at the Lockport Library. There were 25 people in attendance with six flu vaccines and four pneumonia vaccines given.
- On 10/9/08 a flu clinic was held at Lewiston Porter School where 44 flu vaccines and two pneumonia vaccines were given.
- On 10/10/08 a flu clinic was held at the Lockport office for staff; 24 flu vaccines were given.
- On 10/10/08 a flu presentation was given to Sr. Companions at the North Tonawanda Library where 20 people attended and 11 flu vaccines and three pneumonia vaccines were given.
- On 10/15/09 a flu presentation was given to Sr. Companions at the John Duke Center; 75 people attended and 28 flu vaccines and one pneumonia vaccine was given.
- On 10/20/08 a flu clinic was held at Niagara County Community College where 54 flu vaccines and two pneumonia vaccines were given.
- On 10/23/08 Niagara County Health Department participated in a Niagara County Health Fair to county employees. There were 44 flu vaccines and one pneumonia vaccine given.
- On 10/30/08 a flu clinic was held at Cambria Town Hall and 19 flu vaccines were given.
- On 12/12/08 a flu clinic was held at the Heart-n-Soul Soup Kitchen and 33 flu vaccines were given at that time.

Niagara County Health Department will continue to offer flu vaccine in our immunization clinics and to our homecare patients until flu season is over.

Flu clinics statistics are as follows:

	<u>2006</u>	<u>2007</u>	<u>2008</u>
Public flu clinics held	12	8	9
Flu shots administered	707	362	391
Pneumonia shots administered	72	42	47
VFC Clinics			
Whole flu shots administered	51	94	103
Split flu shots administered	35	35	29
Immunization clinics			
Flu shots administered	34	52	33
Pneumonia shots administered	7	2	6
Off Clinics			
Nursing Division Staff	23	27	21
Environmental Division Staff	17	18	15
Children w/Special Needs Division Staff	10	10	10
Administration Staff	3	7	5
Home Care patients	17	20	16
Adults from the community	*	12	14
Children (VFC)	*	3	0
Pneumonia shots administered	9	1	0
Briarwood (off clinic)			
Flu shots administered	*	9	6
Pneumonia shots administered	*	6	2

* Numbers not tracked prior to 2007

AFIX VISITS – ASSESSMENT, FEEDBACK, INCENTIVE AND EXCHANGE

AFIX visits are made to physicians offices to conduct assessments, reassessments and follow-up visits for the purpose of assessing immunization rates of one and two-year olds in their practice. AFIX is a continuous quality improvement strategy developed by the Centers for Disease Control (CDC) to increase immunization coverage levels and improve standards of practice.

The AFIX approach incorporates four elements; assessment of immunization coverage of providers, feedback of diagnostic information to improve service delivery, incentives to recognize and reward improved performance and exchange of information among providers.

The New York State Immunization Program, in conjunction with the Healthy People Year 2010 goals, seeks to meet or exceed a 90 percent statewide immunization coverage level for two-year old children with four Dtap, three Polio, one MMR, three HIB and three Hepatitis B (4-3-1-3-3). For the contract period 2007-2008 an AFIX visit was made on 3/14/08 to Niagara Family Medicine, on 3/20/08 to Rainbow Pediatrics and on 3/26/08 to Family Practice. AFIX visits for the 2008-2009 contract were not able to be made in the first three quarters and will be scheduled for the last quarter.

IMMUNIZATION REGISTRY

(New York State Immunization Information System-NYSIIS)

Niagara County Health Department's immunization program started using NYSIIS on 1/28/08. All childhood immunizations given in our clinics are entered into NYSIIS after the clinic visit. We also get consents from adults in our adult immunization clinics and enter these immunizations into NYSIIS.

On October 29, 2008 Patty Peck, immunization secretary attended NYSIIS training and is using NYSIIS to enter immunizations from our clinics.

Niagara County Health Department's immunization program staff attends any NYSIIS updates and conferences that are held. We also encourage providers to attend NYSIIS training and answer any questions that they may have regarding NYSIIS.

CHILDHOOD LEAD SCREENING AND PREVENTION PROGRAM

The program ensures that all children have access to lead screening. Children with elevated lead levels receive coordinated care to ensure that medical, educational and environmental services are provided. The Lead Poisoning Prevention Program also collaborates with the Healthy Neighborhood Program to evaluate children's lead testing status.

All children with elevated lead levels $>$ or $=$ to 10 mcg/dL are case-managed. New York State no longer limits case management to children under the age of six; however, we have not received any elevated results on children older than age six at this point.

A total of 37 children in this blood lead level range were newly identified. Seven (7) of these children had levels greater than 19 mcg/dl and received home inspections when appropriate. We continue to mail reminder letters to parents and physicians when follow-up testing is due. The new LeadWeb computer program is providing us with means of tracking children. We continue to run a report of children who received a lead test at age one and are now due for their two-year test. Since initiating two-year letters, we have observed an increase in testing of two-year olds.

Our calculations tell us that more than 60% of children are tested according to CDC and NYSDOH requirements.

Our outreach efforts have increased. We continue to attend WIC sites monthly, provide staff training to childcare and medical office personnel and attend numerous health fairs and community events. We serve on the Health Services Advisory Committees of ABCD Headstart and Niagara County Headstart and attend bimonthly meetings of the WNY Coalition to Prevent Lead Poisoning.

In January, we mailed a CD to pediatric and family practice offices. The CD was produced by the WNY Coalition to prevent lead poisoning. Information on lead poisoning and pregnancy was also presented to two OB/GYN groups in Lockport.

Lana Zahn, PHN, visited four daycare centers and provided a class on lead poisoning to children and staff. She also provided training on lead poisoning prevention to a group of foster parents and to Niagara County Department of Social Services staff.

Fingerstick lead testing was performed in NCHD immunization clinics and at ABCD Headstart. A total of 85 tests were done in 2008.

As a result of high lead levels found in paint scraped from a beam during renovations in the Newfane School District, fingerstick lead testing clinics were held November 20 and 21. Lana Zahn PHN, Laura Harding, RN and Jeanne Green, RN performed the testing on 127 children from three to five years of age who attend the Newfane Early Childhood Center. Blood samples were sent to Wadsworth Laboratory for testing. One child with a fingerstick result of 10 mcg/dL had a confirmatory test with a venous result of 8 mcg/dL. Her parents had performed home renovations and a younger sibling was also discovered to have a blood lead elevation. Another child tested at this mass clinic had a level of 5 mcg/dL. He had a previous history of lead poisoning and this was actually his lowest level in the past several years. All other children had levels of less than 3 mcg/dL.

Lana Zahn, PHN and Dawn King, Clerical I regularly participated in teleconferences with the New York State Childhood Lead Poisoning Prevention Program regarding LeadWeb issues.

Breakdown of lead testing information is as follows:

	<u>2006</u>	<u>2007</u>	<u>2008</u>
Number of children carried in the program			
Cumulative active cases	216	83	104
Number of children newly identified to have			
Elevated lead levels (equal to or above 10mcg.)	48	24	41
Home visits	65	42	47
Number of chelations	0	0	0
Number mobilizations	0	0	0

MEDICATION ADMINISTRATION TRAINING (MAT)

A trained/certified public health nurse teaches a mandatory training session for appropriate staff at child daycare centers. The training is in response to a need to prepare childcare facilities with the necessary skills for compliance with a state regulation to standardize medication administration in preschools and childcare facilities throughout New York State. The regulation affects all childcare providers that participate in medication administration including large daycares, home based daycares, small daycares, childcare sites for school-aged children and

Head Start programs. The course is the only such course approved by the Office of Child and Family Services, the agency that regulates daycare operations throughout New York State.

SUNY provides \$100 vouchers for cost reimbursement for each participant. Two (2) eight-hour classes were held in daycares and schools in Niagara County in 2008.

Breakdown of modalities and number of providers receiving MAT is as follows:

	<u>2006</u>	<u>2007</u>	<u>2008</u>
Daycare Center Staff	13	24	9
Group Family Daycare Staff	0	0	0
School Age Program Staff	3	0	0
Family Daycare Staff	0	0	0

OFF-SITE CAMP HEALTH DIRECTOR SERVICES

Each day camp must have a trained and qualified camp health director. This person, or a designee, would be responsible for on-site medical care and would be trained in CPR and first aid. If a camp does not have a staff person qualified to be a camp health director the camp would be required to have an off-site camp health director to act in an advisory role to the designee on-site. A public health nurse is assigned to provide this service and her duties include, but are not limited to, being available during camp hours of operation, making daily phone calls to the camp and assist if needed in reviewing health and immunization records. She also reviews all accident or illness reports to determine how they are handled and makes sure they are documented on a medical log.

In 2008 we provided off-site camp health director services for five (5) Niagara County summer camps. Services provided are as follows:

- Review of camp safety plan and emergency protocol
- Review of emergency equipment
- Review of campers' medical history and immunizations as needed and individual health care plans for children with special needs
- Frequent phone or e-mail contact to determine general health status of campers and provide answers to on-site Camp Health Director's questions
- Review of accident/injury reports
- To be available by phone/pager during hours of camp operation.

CHILD HEALTH PROMOTION (CHILD CARE HEALTH CONSULTANT)

This program is a nationwide initiative to encourage one-on-one partnerships for health and safety in childcare settings based on individual agreements between health professionals and child care providers. Child Health Promotion Specialists provide consultation, which involves assessment and teaching about health care, child development, and safety issues. The child care specialist will help child care providers to develop an action plan to remedy any hazards in the child care setting, clarify local health and safety policies, compare immunization records with state regulations, offer telephone consultation, link children, families or staff with local primary care providers or community resources. Our ultimate goal is to prevent harm and promote optimal health in childcare programs. Nurses have attended the intensive 6-day training to become Child Health Promotion Specialists.

There were three health and safety trainings provided to those who work with children in either the childcare or health services settings. Topics reviewed during the trainings were infection control, shaken baby, SIDS, head lice, scabies, communicable diseases, immunizations and child development. One presentation on MRSA was given to staff at the Niagara Falls Housing Authority. Numerous topics including nutrition, oral health and staff health are available. A fee is charged for this service.

MIGRANT AND SEASONAL FARM WORKER HEALTH PROGRAM

Through a grant with Niagara Falls Memorial Medical Center we are attempting to reduce the barriers that discourage migrants from obtaining care such as inconvenient hours, lack of bilingual staff and lack of transportation. We provide immunizations, lead screening, health education, referral and follow-up as needed.

REFUGEE PROGRAM

The Riverside Blackrock Family Care Center (RBFCC) continues to do all initial assessments and health evaluations. The main population served in this area is of Russian ethnicity. The RBFCC has a Russian-speaking physician on staff and they will continue to serve these families on-going in their practice. We will continue to follow up on reportable communicable diseases identified from their health assessment. We will provide immunization services to children and adults through the VFC and Adult Immunization clinics, lead testing, and agency referrals as requested. NYSDOH will continue to contact the NCHD with timely notification of refugee arrivals.

RABIES POST-EXPOSURE PROGRAM

Beginning March 10, 2008, the Niagara County Health Department changed its protocol pertaining to the administration of Rabies post-exposure vaccine. An individual with an exposure to rabies, whether it is a bite exposure or a non-bite exposure, is evaluated by their

personal physician or by a physician in the hospital emergency department to determine the need for treatment. The initial dose of Rabies vaccine and human Rabies Immune Globulin (HRIG) is administered in the hospital emergency department. The follow-up doses of Rabies vaccine are administered by a registered nurse at the Niagara County Health Department on days 3, 7, 14 and 28. The new protocol is preventing unnecessary use of hospital emergency departments for visits that are not emergencies in nature and taking up valuable staff time. It is also meeting the needs of Niagara County residents by avoiding long waits in hospital emergency departments.

COMMUNICABLE DISEASE AND SURVEILLANCE

New York State requires physicians, hospitals, laboratories, and clinics to report certain diseases to the local health unit. Surveillance and follow-up continues to expand as more diseases become reportable. Morbidity reporting and gathering, compiling and interpreting data and statistics for all communicable diseases reported in Niagara County continues to be a full-time job. The electronic state reporting system has greatly improved our efficiency and community education continues to be a vital component of the Communicable Disease Program.

Campylobacteriosis: Fourteen cases were investigated. The ages ranged from 1 to 85 years of age. Two traveled outside of the country and three were hospitalized.

E. coli 0157:H7: Three cases investigated. Two cases diagnosed with Hemolytic Uremic Syndrome (HUS). Age range was 2 years old to 24 years of age. All were hospitalized and recovered.

Encephalitis, other viral: One case; a 66 year-old who was hospitalized and recovered.

Encephalitis, unknown: One case; a 45-year old that was hospitalized and recovered.

Giardiasis: Nine cases were investigated with an age range of 8 to 72 years of age. One case required hospitalization. Two cases traveled outside of the United States. Two cases traveled outside of New York State. One case was a food handler and was restricted from work.

Haemophilus Influenzae, invasive non B: Six cases investigated with ages ranging from 62 to 97 years of age. All cases required hospitalization and one case died.

Hepatitis A (acute): Sixteen cases were investigated and none of the cases met the case definition.

Hepatitis B (acute): Two cases were investigated; one 33 year old and one 54 year old.

Hepatitis B (chronic): Twenty cases were investigated.

Hepatitis B (perinatal): Five cases followed.

Hepatitis C (acute): One case investigated.

Hepatitis C (chronic): Ninety cases investigated.

Herpes infection, infant = <60 days: Three cases investigated and two of those cases met case definition.

Legionellosis: Five cases were investigated with an age range from 44 to 68 years of age. All required hospitalization and all recovered.

Lyme disease: Thirty-eight cases were investigated and three of those cases were confirmed.

Malaria: One case investigated; a 25 year old who traveled to Africa. The individual did not take prophylactic medication prior to or during the trip.

Meningitis, aseptic: Nine cases investigated with an age range from 7 weeks old to 59 years of age. Eight required hospitalization; one case was in the emergency room only. All recovered.

Meningitis, other bacterial: Two cases were investigated; a 21 year old and a 59 year old. Both recovered.

Meningococcal Infection: One 54 year old who was hospitalized and recovered.

Pertussis: Four cases were investigated with an age range from 3 weeks old to 15 years of age. One required hospitalization; one was seen in the emergency room only and all recovered.

Q-Fever: One case was investigated but did not meet case definition.

Rabies: Eighty-one individuals were authorized to receive post exposure prophylaxis, of which sixty-seven received rabies vaccine at NCHD. A total of 221 doses of Rabies vaccine were administered by NCHD nurses. Reasons why Rabies vaccine was not administered at NCHD in 2008 are as follows:

- Received treatment prior to March 1, 2008 before PEP program was started at NCHD (2)
- Conflict due to clients' work schedule (2)
- Transportation issues (3)
- Services covered through the VA (1)
- Work schedule/exposure occurred in another county (4)
- Worker's compensation issue (1)
- Off schedule and injection due dates fell on a weekend (1)

Rubella: One case investigated but did not meet case definition.

Salmonella: Fifteen cases were investigated. One case was linked to a nation-wide peanut butter outbreak. Two cases were hospitalized. The ages ranged from 57 days old to 85 years old.

Shigellosis: Two cases were investigated; a 35 year old and a 41 year old. One case traveled outside of the United States and one case traveled within the United States. Both recovered.

Streptococcal Group A, Invasive: Five cases were investigated. Four of the cases were confirmed. All cases were hospitalized and one individual died. The ages ranged from 42 to 93 years of age.

Streptococcal Group B, Invasive: Seventeen cases were investigated with an age range from 1 to 89 years of age. Fifteen of the cases were hospitalized; one was seen in the emergency room only and one individual died. Fifteen of the cases had positive blood cultures and two of the cases had positive joint fluid.

Streptococcus Pneumoniae Invasive (Intermediate): Ten cases were investigated with an age range from 1 to 89 years of age. All cases had positive blood cultures and all required hospitalization. Four of the cases were vaccinated, five had unknown vaccination history and one case refused vaccination.

Streptococcus Pneumoniae Invasive (Sensitive): Twenty-three cases were investigated with an age range from 18 months old to 87 years of age. All had positive blood cultures. Seven were vaccinated, four were not vaccinated and twelve had an unknown vaccination history. All of the cases were hospitalized and one individual died.

Vibrio, non 01 Cholera: Two cases were investigated; only one met the case definition.

Yersiniosis: One case investigated; a 17 year old who recovered.

Respectfully submitted,

Wanda Smiley
Director of Patient Services

PUBLIC HEALTH EDUCATION

Claudia Kurtzworth Public Health Educator

The Western New York Public Health Alliance became the contractor for the Healthy Living Partnership of Niagara County. This is a five year grant from the New York State Department of Health which provides breast, cervical and colorectal cancer screening free of charge to women and men 18-64 years of age. The infrastructure and clinical services funding were increased to allow for a position of Outreach and Recruitment Coordinator. This position is responsible for educational presentations and social marketing to enlist eligible clients into the program for cancer screening. In the program year of 2008-2009 over 1900 free cancer screenings were provided to individuals that had little or no health insurance. The Healthy Living Partnership of Niagara County has over 20 Niagara County physicians and refers to all 5 Niagara County Hospitals.

The Niagara County Department of Health is a subcontractor for the Western New York Diabetes Prevention grant. This is a five year grant scheduled to end in September of 2009. The objectives of the grant are to increase physical activity and encourage healthy eating to lower risk factors for diabetes. The Niagara County Department of Health partnered with DeGraff Hospital, the Niagara County Office for the Aging and Mental Health Association of Niagara County to develop and implement Stay Well. This is a 6 week program for older adults that included information regarding physical activity, healthy eating, stress management, falls prevention, and emergency preparedness. In 2008 6 Stay Well programs were provided throughout Niagara County. Each week participants weighed in and had blood pressure checks. A self reported success was the overwhelming increase in physical activity. Other activities specific to lowering risk factors for diabetes were done during the year including ADA risk assessments at health fairs and presentations and 2 cable TV show dedicated to diabetes.

The Niagara County Department of Health was a subcontractor to the Western New York Healthy Heart grant which is a five year grant scheduled to end in March 2010. The program focused on worksite wellness programs. Along with the subcontracted Cornell Cooperative Extension consultant 6 worksites were engaged in this program. Human Resource and management were involved in pre-heart checks to determine the health needs of employees. Worksite wellness committees were formed and educational presentations and walking programs were established.

Each month the Niagara County Department of Health produces Health Scope a cable TV program. This program is seen throughout Niagara County with a viewing audience of 62,000. The programs focus on public health topics through interviews or demonstrations.

PUBLIC HEALTH PLANNING & INFORMATION OFFICER

Elaine Roman RN, BSN

Public Health Planning and Information Officer/Emergency Preparedness Director

The primary functions of the Public Health Planning and Information Division are public health emergency preparedness planning for all hazards, public health information and public health policy development and evaluation. Federal and state grants fund 100% of the program, including staff positions and all associated required activities. The program coordinator manages several grant-funding streams.

The Centers for Disease Control and Prevention (CDC) Cooperative Agreement for Preparedness Grant formula is population-based at \$1.00 per capita according to the 2000 census (\$219, 864) and generally spans a 12- month fiscal period. (New York State reduced the grant to cover only 11.25 months in 2007, and restored to cover 12 months in 2008). The New York State Department of Health (NYSDOH) Grant serves as the pass- through, controls work plan and deliverable criteria and provides fiscal oversight.

The Cities Readiness Initiative Grant is another CDC grant and funding allocations are based on population ranges, not per capita. Niagara County received \$50,000 in 2008.

The preparedness program structure and design is consistent with the Federal Department of Homeland Security (DHS) and CDC directives and guidelines to support the achievement of national preparedness goals. We made great strides in 2008, while working to meet new requirements and initiatives introduced by federal and state agencies who maintain oversight of our program management.

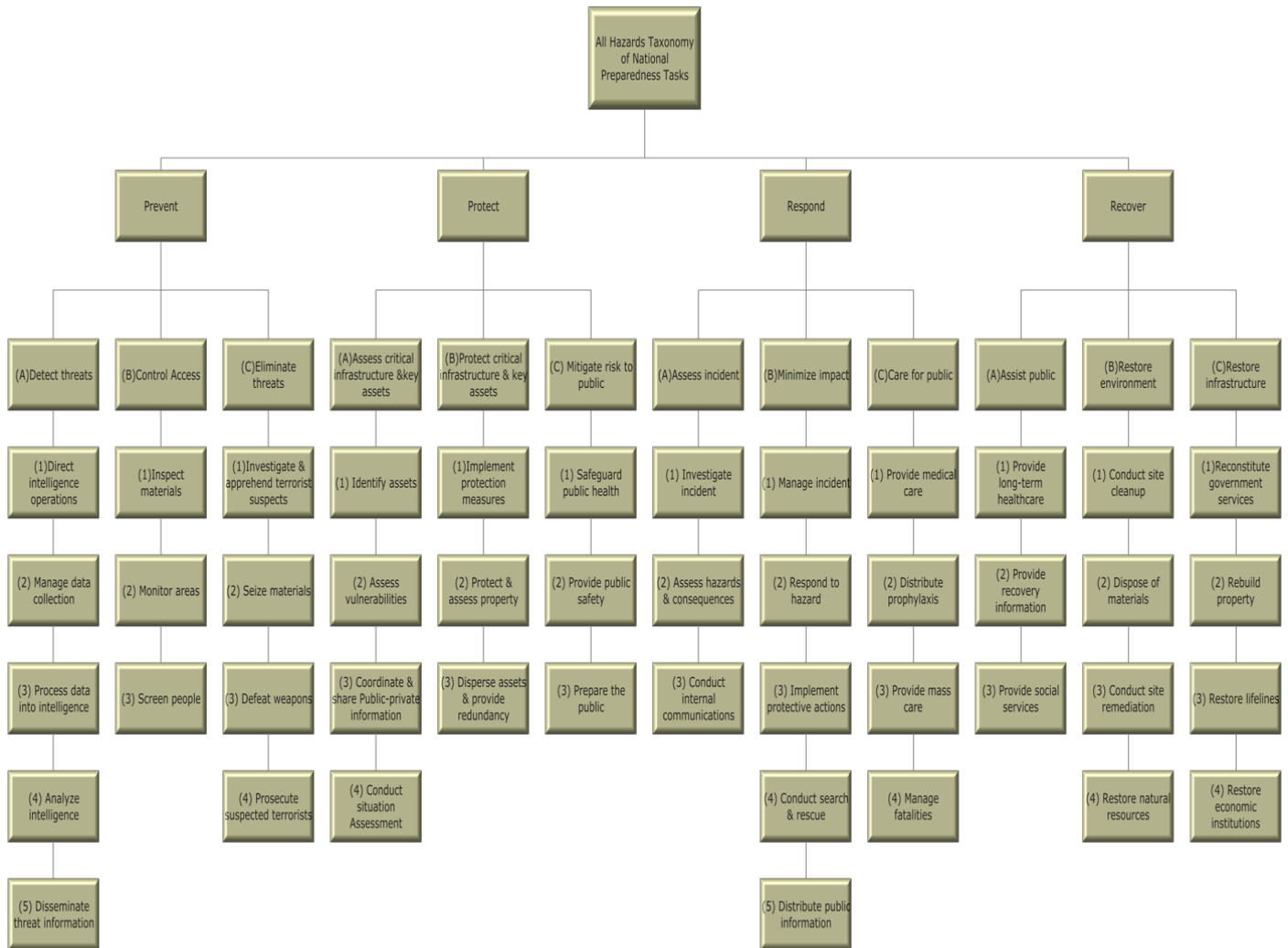
Like other more traditional response agencies, all of our emergency planning is capability-based, and predicated upon tasks according to the four homeland security missions: Prevent, Protect, Respond and Recover. The public health sector takes an all-hazardous approach to any disaster that occurs from a variety of manmade or natural hazards, which may affect population health.

The DHS pushed out the Target Capabilities List (TCL) in September 2007 that provides metrics that we must achieve to demonstrate our emergency readiness for all-hazards. The TCL serves as a baseline-planning tool, providing methods of evaluating and measuring preparedness. Often times all-hazard, planning is developed for unpredictable challenges while working within a defined economic framework.

To support the achievement of the national preparedness goal, the DHS Office of State and Local Government Coordination and Preparedness (DHS/SLGCP) established a Universal Task List (UTL) composed of actions required to prevent, protect against, respond to, and recover from major events. The UTL serves as the basis for defining the target capabilities required by the national preparedness goal.

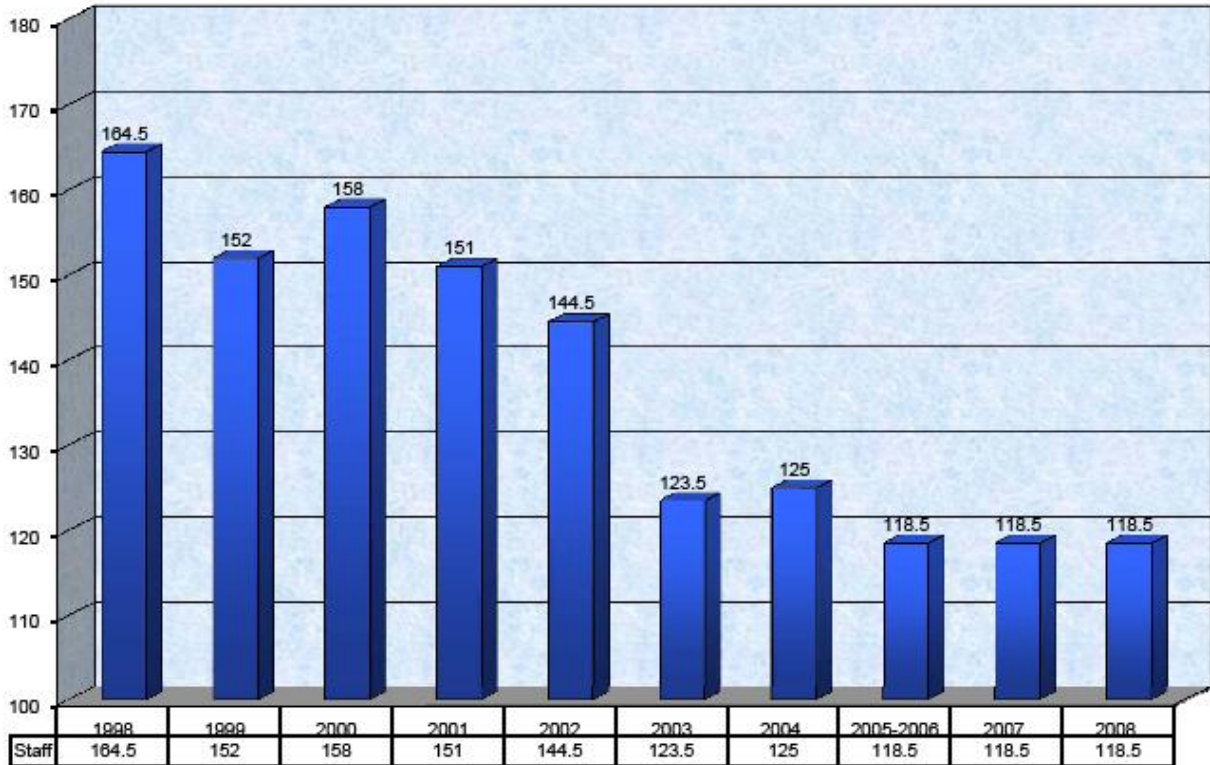
All disciplines, including public health have certain tasks deemed critical by the federal government we must accomplish to demonstrate acceptable preparedness capabilities.

Activities associated with the public health mission to prepare, prevent and protect the health and safety of our communities is included in the all-hazards taxonomy schematic below:



Preparedness requires a national effort among federal, state, local, and tribal jurisdictions and the private sector to strengthen capabilities to prevent, protect against, respond and recover from domestic terrorist attacks, major disasters, and public health emergencies such as pandemics. How well we manage a public health threat at the local level impacts our performance at the national level. Public Health threats are often unexpected, despite the best planning. Moreover, the economic framework in which public health day-to-day operations must ensue at the local level is limited at best, and emergency preparedness grant allocations are unpredictable. In addition, the health department has experienced a 28% reduction in the public health workforce since 1998.

Figure 1 HEALTH DEPARTMENT STAFFING



Despite economic and manpower restraints, the health department must maintain operations and protect the public health of the community without state or federal assistance for at least 72 hours during an emergency or disaster. Therefore, it is essential that public health form a multidisciplinary environment that promotes collaboration and resource sharing. A strong multidisciplinary partnership includes representation from both the public and private sectors; volunteer groups, government and non-government organizations, businesses, community-based organizations, academic institutions, first nations, healthcare facilities, emergency responders, law enforcement agencies, and the military all support public health preparedness. Working together helps our health department and its partners build resilience in the face of threats and disasters that affect the health and safety of our Niagara County communities.

Utilizing Volunteers in Emergencies

Building a volunteer workforce is crucial for planning emergency support for augmenting public health staff during threats and disasters. The Niagara County Medical Reserve Corps (MRC) is recognized by the U.S. Office of the Surgeon General (USOSG) and consists of over eighty dedicated members who support our health department and train with us to prepare for emergencies requiring medical surge. The MRC has worked with us at every mass vaccination Point of Dispensing (POD) and has participated in all trainings, health fairs and most community events.

Our Preparedness Program applies for grants to help sustain the MRC and has a lead role in the coordination and training its members. This was the second year the National Association for City and County Health Officials (NACCHO) awarded Niagara County grant monies for MRC

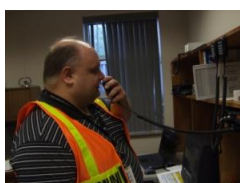
preparedness training, supplies and recruitment. Second-year awardees received \$5,000.00 and new MRC's received \$10,000.00.

NACCHO conducts annual Technical Assistance Reviews (TARs) annually to evaluate our MRC performance and progress in achieving core competencies. Core Competencies are standards set by the Office of the Surgeon General and the National Association of City and County Health Officials (NACCHO). Core Competencies represent basic knowledge and skill levels that all MRC members should have in common. The Office of the Surgeon General has provided an *MRC Core Competencies Matrix* that lists specific competencies, approved trainings, and links to trainings and tools that we can reference. The accomplishment of Core Competencies forms a strong foundation on which we continue to build additional skills.

Our MRC exceeded expectations of the evaluation team in 2008. Because Medical Reserve Corps are critical to providing surge capacity to health departments and hospitals during emergencies and disasters, many of the MRC Core competencies are the same or similar those required of health departments. Some examples include Public Health 101, Personal Preparedness, ICS 100-200, NIMS 700 -800, POD training, Introduction to Chemical, Biological Radiological, Nuclear and Explosion (CBRNE) Disasters, Simple Triage And Rapid Treatment (START), Standard Precautions and Respiratory Hygiene, and Psychological First Aid (PFA)..

One of our most persistent and daunting challenges is acquiring the ability to provide liability insurance to our Medical Reserve Corps for when they are deployed by Niagara County. Our risk management director has continued to work on this effort on our behalf. On October 29, 2008, our Public Health Director Mr. Daniel Stapleton and our program director met with the Niagara County Director of Risk Management, County, District and State attorneys, and the State Volunteer Program Coordinator to discuss our need for MRC volunteer liability insurance coverage. This challenge remained an issue at the end of 2008.

Niagara County Department of Health also values our good working relationship with other volunteer groups such as our Citizen Emergency Response Teams (CERT), County Animal Response Team (CART), the American Red Cross and our Amateur Emergency Radio groups.

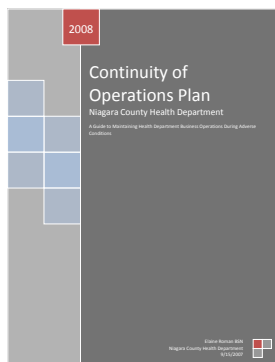


We can use our volunteer amateur radio operators to assist hospitals, health departments and emergency management communicate in a statewide emergency if we lose power, phones, e-mail and our cell phone towers. In Niagara County, we have two amateur radio operator groups: ARES and RACES. ARES is affiliated with the American Red Cross and can be deployed locally. RACES is affiliated with our Emergency Management Office and can be deployed during a State of Emergency Declaration by the Governor.

On July 16, 2008, our radio groups participated in the Western New York COMMEEx Full-Scale Communications Exercise coordinated by the NYSDOH. The purpose of the exercise was to evaluate amateur radio response at all of the hospitals and Emergency Operations Centers (EOCs) located in the eight-county Western New York Region, using RACES protocol. Niagara County radio operators were deployed, and tested their capabilities from all five Niagara County hospitals, one Orleans County Hospital (Medina Memorial) and our EOC. Representatives

served as evaluators for the exercise while stationed at separate locations in a hospital and at the Niagara County Public Safety Training Facility. Operators tested communications with 47 hospitals, 8 county EOCs and New York State Central Command from 5:00 p.m. to 8:00 p.m. After the exercise, 17 operators reported to the EOC for debriefing. This exercise was extremely valuable in identifying problems and gaps at the hospital sites that the affected hospitals addressed and corrected before the end of 2008. Our radio volunteers work at all of our public health exercises and preparedness events, and are a valuable asset to the Niagara County Department of Health.

Continuity of Operations Planning



In 2008, we rolled out the revised version of the Niagara County Department of Continuity of Operations Plan (COOP). A COOP is a document developed by our health department to assure essential services will continue during a disaster or emergency. The COOP is a “living document” that is continually improved and reviewed annually. Many people in our community depend on our health department to educate, prevent and protect them from illness, disease and environmental hazards.

Types of emergencies that may trigger our Public Health Director to activate the COOP could be weather or other natural disaster, fire, pandemic, explosion, extended loss of utilities, nuclear, chemical release or other intentional or accidental event. Activating the COOP may mean evacuating to another building, using alternate means of communications, continuing operations with reduced staff because of illness, or prioritizing services and reallocating staff responsibilities to respond to emergency needs. It may also include devolution of operations, which means temporarily assigning, contracting or transferring some vital health department services to volunteers or other support agencies during an emergency. Emergencies are often not predictable, but having a good plan that is tested, exercised and improved frequently will help us be ready to serve our community under any adverse condition.

National Response Framework (NRF) and National Incident Management System (NIMS)

All Emergency Preparedness and Response activities at the county level must be consistent with the NRF and NIMS. The revised NRF places additional emphasis on local capabilities and responsibilities, multi-jurisdictional cooperation, and on special needs populations. The NYSDOH required our health department to complete the course, *IS-800.A- National Response Plan and National Incident Management Compliance* by the end of 2008. It is important that our health department training requirements are consistent with those of other responder agencies, as we are part of our Niagara County Homeland Security and Strategic Security Teams. We must know where we fit in the incident command system (ICS) structure when response time is crucial to protect the health and well-being of our population during a disaster or threat. In 2008, 99% of staff had completed their required training, and Niagara County Department of Health had one of the highest rates of ICS and NIMS training compliance in Niagara County and in New York State.

National Preparedness Month Activities

September was National Preparedness Month and the Emergency Preparedness Division sponsored two Emergency Preparedness Fairs at the Trott Access Center in Niagara Falls and the Civil Defense Building in Lockport on the 19th and 26th. The goal was to encourage everyone to take simple steps to prepare for emergencies in their home, work, and in their children's schools.

The American Red Cross, Children with Special Needs, RACES HAM Radio Operators, Emergency Management, the Medical Reserve Corps, Office for the Aging, NU Border Community SERVICE, and NY Connects Niagara County all participated to provide comprehensive preparedness information to benefit everyone. Tim Horton provided coffee and doughnuts, and Wegman's provided over \$500.00 in supplies for two emergency preparedness kits for a raffle. In all, we participated in seven fairs and even provided vaccinations for teachers, students and parents at several school fairs. Attendees left the fairs with an enhanced understanding of Emergency Preparedness, with materials and immunizations to help them become better prepared for themselves and their families.

Hepatitis A Mutual Aid Emergency Response

In February 9, 2008, when Hepatitis A hit a Wegman's produce handler in Erie County, Niagara County Department of Health sprang to action to provide assistance at an emergency regional POD, erected at the Erie County Community College North in Williamsville. On Saturday evening, when Erie County requested assistance with supplies, we rounded up 975 needles from our Public Health Preparedness Program POD stock, and from the Nursing Division.

On the snowy and blustery morning of Sunday, February 10, I, and 11 other experienced public health nurses deployed to the local college. We spent over 11 hours administering Hepatitis A vaccine and immune globulin to individuals who had eaten Wegman's produce handled by the ill worker. Over 84 thousand people had shopped at Wegman's during the time the worker was infectious. Our nurses continued to assist Erie County at the giant POD for two additional days. In the end, we had vaccinated over 10,153 Wegman's consumers from Erie, Niagara and the surrounding counties. Additionally, we assisted at a subsequent Hepatitis A POD shot clinic on September 13, 2008 to administer Hepatitis A vaccine booster shots. Because of the timely public health emergency response to the exposure incident, no secondary cases of Hepatitis A occurred, preventing a potential Hepatitis A epidemic.

Strategic National Stockpile Planning

The Strategic National Stockpile (SNS) is a national repository of medicines, vaccines and critical medical supplies and equipment that can be deployed anywhere in the United States to support public health agencies during a national emergency involving bioterrorism or catastrophic natural disease outbreak. Niagara County has been preparing for the SNS since 2002 by planning and exercising the request process and operating PODs.

In late 2007, the CDC selected Niagara County as a Cities Readiness Initiative (CRI) grant recipient. This CRI was designed to enhance local readiness to receive, distribute and dispense SNS assets within 48 hours of a national emergency. After receiving the final \$50,000.00 grant contract in February of 2008, we had only a few months in which to develop plans and demonstrate our capabilities.

On Friday May 16, 2008, we experienced our first CDC Technical Assistance Review (TAR) site visit for evaluation of our SNS Plan. Representatives from all county departments and hospitals attended the review along with our NYSDOH Regional Office staff. Despite our limited planning time, we scored a 79 on our review. The CDC evaluator identified SNS security and hospital planning as areas needing further development. In response, we immediately began working with our hospitals and the Niagara County Sheriff's Office to begin planning for a multi-disciplinary SNS meeting, scheduled for late August. Shortly after the review, NYSDOH notified us of the CDC's decision to double our grant allocation to \$100,000.00 for the grant period September 2008 – August 30, 2009.

The Niagara County Department of Health Preparedness Program held a 4-hour multi-disciplinary SNS Meeting and Workshop at the Public Safety Training Facility on August 22, 2008. Over 50 representatives from schools/university, hospitals, volunteer agencies, Niagara County Department of Health, NYSDOH, transportation, Sheriff's Office, Emergency Management, Mental Health and others attended our session. Workshop objectives focused on the participant's ability to:

- demonstrate increased awareness of the TAR purpose and focus areas to be built upon in the County SNS Plan
- demonstrate increased understanding of partnership roles in the SNS planning
- demonstrate increased understanding of the interaction among local, state and Federal partners in SNS plan development and review
- demonstrate multi-agency collaboration and information sharing capabilities
- identify areas for improvement in the plan most relevant to their agencies

We reviewed our plan and TAR scores, and then conducted/facilitated workgroup breakout sessions. Twenty-one representatives signed up to join the new SNS Advisory Group to strengthen planning in anticipation of another review in 2009.

Cross-border Activities

Infectious diseases do not recognize borders. We live in a global society in which an infectious organism can travel around the world in 24 hours. International and inter-state planning for disease control is a priority. The Niagara County Department of Health participated in two major events in 2008.

On January 31, 2008, the Niagara County Department of Health and NYSDOH hosted an all-day meeting of International Joint Commission (IJC) Public Health Annex Workgroup at the Crown Plaza Hotel Conference Center. Attendees included cross-border representatives and officials

from public health, emergency management/emergency medical system, Customs and Border Protection and federal officials from CDC Division of Global Migration and Quarantine. The Early Warning Disease System (EWIDS) Grant managed by the New York State Department of Health covered expenses incurred by the meeting.

Since 2004, the Niagara County Department of Health has participated in the Great Lakes Border Health Initiative (GLBHI) workgroup for improving early warning infectious disease surveillance at international borders. GLBHI members include New York, Minnesota, Michigan, Ontario, Quebec, Ohio, Wisconsin, and Pennsylvania. The Preparedness Program coordinator served on the inter-state/international exercise design and evaluation team of a multi-state and province tabletop exercise that took place at the 2008 GLBHI Conference in Ann Arbor Michigan. The tabletop was a discussion-based exercise to identify strengths and areas for improvement in cross-border notification and response to a food borne infectious disease. Lessons learned from the exercise resulted in improvements to our notification and disease surveillance systems and improvements in our plans and policies to make them more compatible across jurisdictions.

Public Health Emergency Planning for Pandemic Flu

Pandemic Flu prevention remained on the forefront of public health concern in 2008. The CDC had warned that the H5N1 bird flu virus had the capacity to combine with human flu viruses thereby, increasing risk of a pandemic.

To prepare for a possible pandemic, the Niagara County Department of Health placed heavy emphasis on educating and training our partners, stakeholders and the community on flu prevention, planning and response. We expanded the number of proposed POD sites and Memoranda of Understanding according to population densities and characteristics, and mapped them on our geographic information system (GIS). Grant funds enabled purchases of necessary supplies and equipment to build our emergency response cache.

Along with building up our resources and supplies, we evaluated our existing workforce and recognized a need to continue cross-training staff to prepare for mass vaccination and to maintain continuity of operations during a pandemic. The Niagara County Department of Health needed to build up resilience through staff cross training so staff members can fill in for sick colleagues to perform critical jobs during a public health emergency.

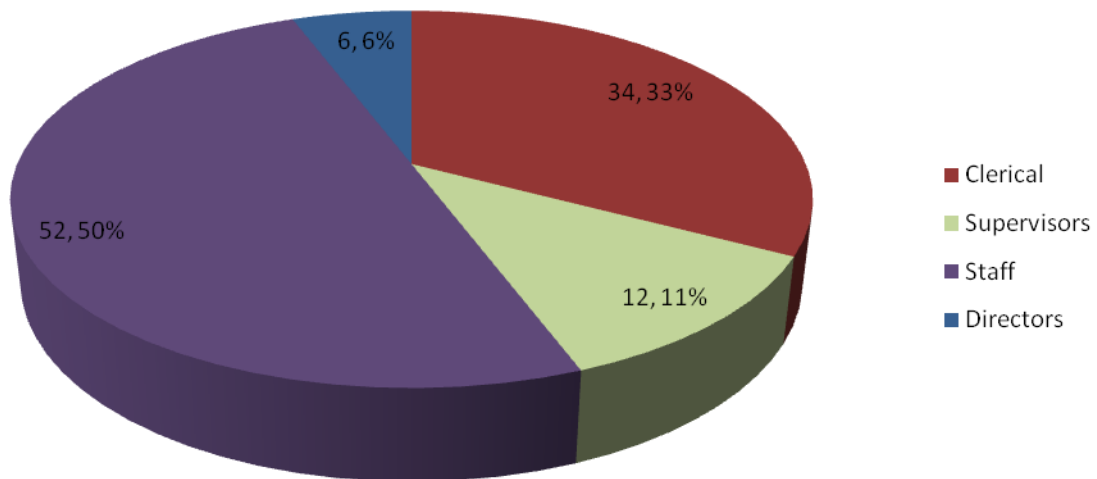
Public Health experts had predicted that if a pandemic were to strike, up to 40 percent of our public health workforce could be too ill to report to work for several weeks. If this would occur in Niagara County, less than 70 health department employees would be healthy enough to work. Of this group, several may be unavailable to work because of family illness or childcare issues if flu illness caused schools to close. Despite any reduction in public health staff, the department would need to continue operating to ensure essential public health services, such as disease control and investigation, nursing services, running mass clinics, environmental safety and public information.

To continue operations during a catastrophic event like pandemic influenza, a system of prioritization and back-up planning must be in place. Cross training is also critical for

sustaining POD operations during a pandemic, especially if the County needed to run multiple PODs simultaneously in different locations. Our goal was to engage all staff in training to maximize our human capital of our health department. Engaging all staff in training and cross training for a variety of roles and responsibilities strengthens our capabilities by fortifying our readiness skills, enhancing the concept of teamwork and reinforcing the inherent value of all staff and their contributions. Inclusion is important for fostering acceptance, commitment and sustainability of staffing in emergencies.

In the schematic below, the key leadership cohort is the smallest; non-supervisory staff and clerical staff form the largest cohorts. This breakdown of staff is conducive to successful operation of the health department. In an emergency, staff roles may not reflect duties conducted during a routine workday. Cross training, along with service prioritization can offset reduction(s) in any one or several cohorts during an emergency.

Niagara County Health Department Workforce



Flu planning with the Tuscarora Nation

On January 30, 2008, we formed a team with two NYSDOH representatives to conduct SNS/POD training for the Tuscarora Nation. In preparation for the training, Tuscarora nation member trainees completed the ICS - 100 and NIMS 700 level courses.



We conducted the POD and SNS training on Wednesday March 12, 2008. After the training, Federal officials from Indian Health Services and the US Department of Health and Human Services (DHHS) joined us for a meeting to discuss Native preparedness, training needs and concerns. The Tuscarora Emergency Manager served as liaison and training support.

The Emergency Manager has been a long-standing partner in helping to facilitate the Nation’s participation in mutual planning endeavors. Several of the Tuscarora Nation members also provide volunteer work in communities

outside their Nation boundaries with our Niagara County MRC, CERTs and the American Red Cross. Our Nation partners worked in various roles at our previous PODs and SNS exercises.

Our program worked with the Tuscarora Nation to establish a written Memorandum of Understanding to provide assets and support for their POD if requested by the Nation leaders. The Tuscarora Nation POD site will serve as a closed POD that will operate independently to serve its own population. The Nation will operate the POD with its own staff with minimal support of health department personnel. The department will however provide training as well as coordinate the procurement and delivery of assets.

By expanding the POD worker pool, this is a practical way to assure surge capacity in an emergency. Serving a population on-site will reduce traffic and community POD congestion. Moreover, closed PODs allow both fully functional and special needs citizens to receive preventive vaccine or medication from their own people, within their own familiar environments. Because the Tuscarora are a federally recognized Sovereign Nation that strives to maintain its unique history and cultural identity, some special considerations and sensitivities exist, for which we made some creative planning adaptations. Routine activities we perform at our health department, such as data reporting, tracking and information sharing required compromise and earnest discussion with our Nation partners.

Combined Animal and Human Vaccination POD (FluRab)

Because cats, dogs and ferrets are also susceptible to H5N1 Bird Flu, we developed a plan to test the feasibility of vaccinating both humans and pets at the same POD. The concept of simultaneous animal and human vaccination at a POD was a unique idea developed in our preparedness program to test our response capabilities to zoonotic illness (diseases that animals can transmit to humans) outbreaks.

On Saturday, December 6, 2008, the Niagara County Department of Health held a successful combined human and animal POD exercise at which we vaccinated both domestic animals and humans. The FluRab exercise planning and operations were extremely complex; the development and full implementation of this alternate dispensing model is unprecedented anywhere else in New York State and the nation. We were very fortunate to have the full support of our Public Health Director, all health department divisions, multiple volunteer groups, local public officials and the City of North Tonawanda departments of Public Works, Police, Fire, Emergency Management and Emergency Medical System.

Three NYSDOH representatives attended our planning meetings and were present at the POD to monitor, assist and evaluate the exercise. In all, we vaccinated about 100 adults and children, and almost 400 animals in less than 2 hours. To enhance the flow of clients, we devised a successful color-coded system that can be replicated and modified for use in future PODs. The average throughput from beginning to end of the clinic was about 6 minutes, as gauged by one of our state representatives.

Volunteer animal handlers assisted with the animals while pet owners received their flu shots. No animal bites or scratch injuries occurred at this POD. The outcome of this exercise clearly

demonstrates the activation and operation of targeted concurrent human/ animal vaccination PODS during a zoonotic disease pandemic is a viable option to contain and prevent disease spread in animal -human units within households and the community.

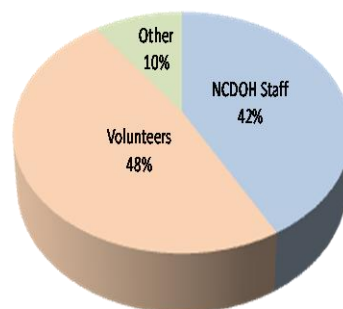
The engagement of a robust volunteer workforce was critical to the success of this exercise. Forty-eight percent of the POD workers were volunteers that were a combination of trained affiliated volunteers and unaffiliated volunteers to whom we provided just-in-time training.

Volunteer groups that augmented our POD workforce included:

- Niagara County Medical Reserve Corps (MRC)
- Niagara County Animal Response Team (CART)
- Domestic Animal Handlers
- Wildlife Rehabilitators
- Niagara County CERT
- Niagara Falls CERT
- North Tonawanda CERT
- Town of Tonawanda CERT
- Lockport CERT
- Grand Island CERT
- Buffalo CERT
- Niagara University Border Community SERVICE
- Niagara County RACES and ARES
- Amateur Radio Association of the Tonawanda's (ARATS).
- North Tonawanda Auxiliary Police

About 5% of the volunteers were unaffiliated with any official volunteer group. Experienced staff and trained affiliated volunteers provided just-in-time training and mentoring to naïve volunteers.

FluRab Staff to Volunteer Ratio



Other participants included:

- Niagara County Legislature
- All Niagara County Department of Health Divisions
- New York State Department of Health
- Niagara County Veterinary Society
- North Tonawanda Department of Public Works
- North Tonawanda Office of Emergency Management
- North Tonawanda Fire Department
- Pinewoods Animal Hospital
- North Tonawanda Police Department
- Mayor of North Tonawanda
- WLVL Radio.

At this clinic, we were able to capture adults and children who had never before received the influenza immunization because they were lower income, uninsured or had not established a primary health provider. We were able to vaccinate them without charge and provide insurance and referral information. Since influenza disease activity peaks in February and March, we were very pleased to offer influenza protection to these individuals. With the downward spiral of our economy, many people are losing their jobs or cannot afford health benefits. This worsening economic condition will predictably influence the public health of our community. We continued to reach out to underserved members of our community to use the free supply of State vaccine where most needed.

At the end of November 2008, the CDC announced the upcoming week of December 8th-14th, as National Influenza Vaccination Week. They continued to emphasize the importance of continuing influenza (flu) vaccination, as well as foster greater use of flu vaccine through the months of November, December and beyond. In December of 2008, the CDC posted the Niagara County FluRab on their website (<http://www.cdc.gov/flu/nivw/activities.htm#NY>) for National Influenza Vaccination Week. Although we scheduled our POD the Saturday before the official start of National Influenza week, the CDC granted us special permission. The original posting is below.

New York, Lockport	
Date	December 6, 2008; 2-4 p.m.
Activity	Combined Vaccination Clinic (Flu/Rabies)
Description	The Niagara County Department of Health [www.niagaracounty.com] will combine flu and rabies vaccination clinics in a Point of Dispensing (POD) exercise to be conducted on Saturday, December 6. Both vaccinations will be offered free of charge with intent to

	<p>capture uninsured and lower income high-risk consumers and advertise to the public. A hot wash and after-action report will be conducted as a part of evaluating the proposed mission, target capabilities, and objectives. Among those assisting in the efforts are: Niagara County Medical Reserve Corps, Community Emergency Response Team (CERT), Niagara University, Border Community SERVICE, Niagara County Veterinary Society, and the City of North Tonawanda Department of Public Works. Contact: Elaine Roman at 716-439-7436 or elaine.roman@niagaracounty.com</p>
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Public Information and Press Releases

Informing the public of health risks, interventions and services is one of the primary responsibilities of our program. It is important to give the community consistent, accurate and useful information during any stage of an event that could influence the health and well-being of the public. The community depends on us to provide information that can help them make good decisions any day, especially during public health emergencies. In 2008, our health department released over 31 press releases and spoke with news media representatives from television, radio and newspapers at least 60 times. News media reporters attend our monthly Board of Health meetings, public health trainings, and PODs. Having a good partnership with our media helps them to chronicle the progression of public health issues and responses accurately as they unfold.

Training

All staff is involved in preparedness activities are cross-trained to assure a robust and competent workforce, capable of supporting each other and county partners in an emergency. Our program also provides clerical support personnel with training opportunities to learn, practice, process, and contribute. Divisions maintain training certificates and training records for their staff members in addition to those maintained by our program.

During the orientation phase, all new staff members are required to complete basic core competency training that includes incident management courses, Psychological First Aid and an emergency preparedness course entitled “Public Health Ready”.

Staff from all divisions of the health department helped us to meet our third quarter Psychological First Aid training deliverable requirement in the State Preparedness grant. NYSDOH identified completion of this training as a Core Competency for Public Health. We had to prove 35% of our health department completed this certificate training by August 9, 2008. At 52%, we exceeded our goal by 4%. The State required health departments to have 100% of public health staff trained by the end of February 2009.

Homeland Security trainings are ongoing, and documentation of completion is necessary to meet our grant requirements. Our program staff completes at least two trainings a month, either onsite or online.

2008 On-site Training and Conference Activity

Date	Activity	Audience/Participants
01/08	National Preparedness Initiatives Training – Cheektowaga, NY	Leaders, managers, planners with responsibility for Federal, National Response Plan (NRP) and the NIMS
01/10	CERT Training – North Tonawanda, NY	Volunteer training
01/31	International Joint Committee – Cross Border Contingency Plan Conference – Niagara Falls, NY	Health Departments, Local & Tribal units bordering Ontario
02/18-22	Public Health Preparedness Summit – Atlanta, Georgia	Local, State and Federal Public Health Preparedness partners
03/01	CERT Simulated Disaster Training Exercise – Niagara Falls, NY	Volunteers
03/10-11	NYSDOH Radiological Emergency Planning Rochester, NY	Health departments and emergency responders
03/12	Conducted POD Training at Tuscarora Health Center	Health clinic employees
03/13-14	Crossing Borders Emergency Preparedness Conference – Buffalo, NY	Niagara County DOH, Canadian Health Officials
03/15	MRC Practice call up drill – Niagara Falls, NY	Medical Reserve Corp and Emergency Responders
04/23-24	Quality Improvement Training for LHD (pt. 1) – Auburn, NY	Local Health Departments, hospitals
04/28-30	2008 Annual Public Health Conference – Cooperstown, NY	Health Departments
05/07-08	Quality Improvement Training for LHD (pt. 2) – Auburn, NY	Local Health Departments, hospitals
05/16	SNS Site visit and TAR Review – Lockport, NY	CDC, NYSDOH, NCDOH, NC Emergency Services, Public Works, NC Sheriff's, NC Engineering
05/29	NYSDOH Emerging Infections Program – Buffalo, NY	Preparedness & Epi staff
6/10-11	SEMO Effective Communications	Preparedness staff
6/17	CRP training – Wrights Corner	Public
7/7-10	Great Lakes Border Health Initiative Conference – Ann Arbor, Michigan	Health Departments
7/16	WNY COMMEX drill	Local Health Department, Hospitals, Emergency Management
8/11	L-7 HSC training – Office	Local Health Dept.
8/16	DeGraff Hospital Evacuation Drill – North Tonawanda	Hospital
8/19	Being Prepared Before Disaster Strikes Conference – Buffalo	Public Health staff
8/22	SNS Planning Workshop – Lockport	Emergency Management, representatives from hospitals, schools, Universities, POD site contacts, Mental Health, DSS, Volunteer Corps, etc.
9/8	Medical Countermeasure distribution & dispensing – Erie Co.	Emergency Preparedness Coordinators
9/13	Hep A POD – Erie Co.	Health Depts.
9/19	N C Employees Preparedness Fair – Niagara Falls	Niagara County Employees
9/26	NC Employees Preparedness Fair – Lockport	Niagara County Employees

10/14	Wellness & Safety Fair – North Tonawanda	Public
10/21-23	Homeland Security Exercise and Evaluation Program Training	Preparedness Program planners
11/12-14	MRC Conference – Atlantic City, New Jersey	Coordinators
11/18	Free Flu Vaccination Clinic – Lockport	N.C. Employees
11/19-21	ARC GIS II Training – Lockport	Public health staff responsible for mapping
12/6	Free Flu & Rabies Vaccinations POD– North Tonawanda	Public

Goals for 2009

Program goals for 2009 include:

- Updating, improving and validating all plans with county partners and leadership
- Expanding partnerships and establishing additional Memoranda of Understanding for response assistance, resource sharing and POD operations
- Continue recruiting and training volunteers to support public health response and medical surge in emergencies
- Continue to build capabilities for pandemic flu response and recovery

Submitted by Elaine Roman RN, BSN

Public Health Planning and Information Officer/Emergency Preparedness Director

This concludes Niagara County Department of Health's 2008 Annual Report