

ST. LAWRENCE COUNTY BOARD OF HEALTH MEETING

September 18, 2018

The St. Lawrence County Board of Health (hereafter known as SLCBOH) met on Tuesday, September 18, 2018 in the Large Conference Room, Human Services Center, Canton, New York 13617.

MEMBERS PRESENT: Dr. Jessica Scillieri Smith Dr. Gregory Healey, Dr. Kathleen Terrence, Nancy Potter, John Burke, Todd Wells

MEMBERS ABSENT: Dr. Andrew Williams

OTHERS PRESENT: Dana Olzenak McGuire, Director; Shannon Beldock, Administrative Assistant; Lisa Peters, Brigitte Sanderson, Wil Neves, Kindra Cousineau, Renae Johnson (Public Health Staff).

CALL TO ORDER

Dr. Jessica Scillieri Smith, Vice President, called the meeting to order at 6:13 pm.

APPROVAL OF MINUTES

Upon motion by N. Potter, and seconded by Dr. Terrence, the minutes from the June 19, 2018 meeting were approved.

PUBLIC COMMENT

No public comment.

A copy of the proposed Board of Health Public Comment Guidelines was distributed for member review. These guidelines have been reviewed/approved by Stephen Button, County Attorney. Members were asked to review the guidelines prior to the next meeting. The Board of Health Public Comment Guidelines will be added as an agenda item and a motion to accept as written will take place at the October 16, 2018 meeting.

Potsdam Fluoridation Update:

Dana has been working with Greg Thompson since March. A study was completed on the implications of replacement of the equipment or not replacing. A village meeting was held four weeks ago with significant support to replace the system after an anti-fluoride meeting was held on July 26, 2018. Steven Jennings who runs "Keep the North Country Smiling" has been through this process before and was very supportive. Dr. Williams and Dr. Akin supplied t-shirts for individuals to wear at the meetings to indicate 'in favor' of fluoridation. A public hearing was also held two weeks ago. Last evening, the vote was held and Dr. Terrence noted Dr. Williams did a brilliant job getting physicians to attend and share. There were about 50 doctors in attendance and 10 of them spoke on the subject. Dana noted this topic was discussed at the NYSACHO meeting and now has a formal position in support of fluoridation. The vote passed to replace the system with a 4-1 vote. Dr. Terrence said dental health needs to be kept on the radar as well. Noted maybe we can get Canton to bring fluoridation back.

School Immunizations:

Dana noted the State says students who do not have their immunizations by the 14th day after school begins cannot return to school until they receive them. Education has been provided to the Superintendents – reminding them of the law and our role determined by the State. We help them find a provider and get an appointment if possible. If a provider is unable to give the immunizations in the time allotted, they are scheduled at the Public Health clinic – we are the last clinic. A “Nurse’s Day” was held in June outlining the requirements for immunizations. Additionally, reminder letters went out to the superintendents and nurses prior to the start of school. We have received approximately 500 exclusion letters from area schools since September 4th – students have until September 18th before being excluded. From the exclusion letters received we also clarify if the exclusion is correct. Only religious exemptions are allowed – no philosophical. Home school students and Amish do not have to be vaccinated unless they are affiliated with a school. Dr. Terrence asked if there was a way for Public Health to go to the schools to administer vaccines. Dana noted this was a good idea, but not feasible due to having to keep vaccine cool, the need for parent consent, kids with separated parents, etc. Also, NYSDOH does not want the Public Health Department providing this service. They want children in a medical home receiving their care and vaccines.

Public Health has been holding 3 additional, full-day clinics per week and is scheduling into next week to assist in getting children vaccinated. There is a back log of students due to fewer providers offering vaccinations – more students are utilizing the Public Health clinic. We have exhausted our supply and have been allowed to take from the purchased vaccine (a request from the state must be made). Kindra noted another issue is only being able to order vaccine from the VFC Program once per month but a second order has been allowed during this time. Stricter guidelines have been enforced over the last few years which has made running the VFC program more difficult. Some area clinics have ceased offering VFC. The Public Health Department is required to provide vaccinations until 2 weeks after the exclusion date (October 2, 2018). This situation will be shared at the next immunization subcommittee meeting on October 17th and possibly become part of the committee’s goal.

Dana feels Public Health has been successful in educating the schools and will work to smooth out the process for next year. Michele plans to create a form to share with area schools listing students by age group to be more specific on what immunizations are needed.

Public Health Program Updates:

Dana noted the Board of Health requested program updates to include how the program is working and the fiscal side of the program. Tonight’s updates were a first run and will be modified through the end of the year. The final template will be created by the end of the year for use in 2019 for monthly program updates.

The following are program updates for August 2018:

Early Intervention Program:

- There were (14) children discharged due to transitioning out of services (Preschool/CPSE/CSHCN).
- Received APR (annual performance review) for timeliness of service. There were two children with delayed services due to scheduling issue; two children were “first available provider,” four children were difficulty scheduling with family; one child was 1 day late

by provider; one child was a foster care child moving from one county to another. There were only a couple children for transition and referral. Review also looked at Cohort entries for children – child outcomes. This is completed on every child on entry and exit from July 1st to June 30th: a NYEIS ID# needed to be corrected and an exit survey was missing (crossed in process).

- The IPRO audit was received and is due back in September. Some corrective actions had already been submitted in June.
- Child Find Program had (5) referrals. This program is for high risk children – children born addicted, etc. It looks at the ages/stages of developmental milestones every six months.

Early Intervention billing statistics:

- There were (99) claims submitted: \$5,484 billed with \$43,199.00 billed YTD.
- Services provided are billed to Private Insurance or Medicaid. If child has no insurance or the Private Insurance does not cover 100%, the State covers half the balance with the county being responsible for the other half. The State has (2) years to reimburse Public Health – Medicaid pays monthly. The only services Public Health bills to private insurance is Speech Pathology and evaluations. Special Instruction and Service Coordination are not billable to private insurance, however, Medicaid will reimburse for these services.

Preschool Program:

- There are (7) children with parent reimbursement for transportation. Extended School Year (summer) there were (4) children with parent reimbursement for transporting them to school – families have this option.
- There are (9) busses scheduled for the fall - \$435.92 per day/per bus.
- There is currently (1) child on a bus going from Hammond to Watertown. Working with Ogdensburg to see if there are other options.
- Parent request for a change in transportation route is unable to be met by First Student for a child in Gouverneur who needs to go to Potsdam. Child is currently being brought to Mom's alternate/emergency place.

Preschool billing statistics:

Lisa noted Tari Burnett has been working in the Preschool Program for about 3-4 years now. Tracy Chase has been hired as an Account Clerk Typist to help with this program and she is learning very quickly. They are both a real benefit to the program.

- Medicaid payments received in 2017 = \$391,000
- Medicaid payments received as of August 2018 = \$356,000
- State Aid in 2017 = \$1.4 million – we are about halfway there right now. The State tells us when to submit the AVL reports. There are two due this month totaling approximately \$500,000.
- Parent transportation reimbursement for 2017 = \$47,000
- Parent transportation reimbursement through August 2018 = \$50,000

John asked where the money comes from for parent transportation reimbursement. The State reimburses 51% - County cost is 49%.

John asked if Public Health has checked with other county Public Health Departments. Dana noted not all counties have this program housed with the Public Health Department. A lot of recoupment has been done that wasn't done in the past. Renae noted if more school districts provided center-based services they could provide their own services to children.

John asked whose responsibility is it to provide these services. Renae stated it is the County's responsibility.

Children with Special Health Care Needs (CSHCN) Program:

- Currently there are (8) children in the CSHCN program. We have been encouraged after our State review to have children in a data base. Some of these children are transitioning from the Early Intervention program and some were telephone calls, and we are providing resources to all.

Maternal Child Health (MCH) Program:

- There have been (18) referrals. No home visits have been requested. They are receiving educational information via mail.
- We have been referring individuals to Community Home Health Agencies (CHHA) or other agencies. If baby weight checks are needed, individuals are referred to the North Country Prenatal/Perinatal Council.

Immunization Program:

- For the month of August, there were (63) vaccination appointments scheduled.
- There were (19) cancellation
- There were (4) no shows.
- (40) patients kept their appointment and a total of (80) shots were given.

Of the (80) vaccinations administered, the following is a breakdown of payment information for those vaccinations:

- (38) received vaccines from the VFC/VFA program – of these 38 vaccinations provided, (19) patients utilized the sliding fee scale
- (5) were self-pay (ie: PPD)
- (4) were employer paid PPD's
- (30) were private insurance
- (1) was Medicare
- (2) were Medicaid

There has been a major discussion about using the sliding fee scale for the Amish. Using VFC there is an administration fee of \$25 per shot. We need to come up with a plan on how to handle this situation for the Amish this population, as the \$25.00 administration fee for multiple children (even with use of the sliding scale) is a deterrent.

Immunization Program billing statistics:

- There has been \$5,400 in immunization charges billed – no reimbursement has been received in August. Most of these are billed to private insurance – we only contract with (3) insurance companies.

Travel Clinic:

- There was only (1) appointment scheduled. Fee was \$65 cash.

The numbers of appointments has decreased since we are unable to provide the yellow fever vaccine. There has been a shortage since 2017. Only a few places are provided this vaccine – Plattsburgh and Rochester. Dana noted a second Public Health Program Aide has been hired to help with answering the immunization phone line and providing assistance to the immunization and communicable disease programs – they can help with other programs as well.

The Immunization Action Plan (IAP) Coalition has started.

Letters were sent to (10) Amish families who had received vaccines in the past, but had not followed up. A return letter was received from one family requesting a visit. This was a mom with a new baby. When the nurse arrived at the home, mom and baby were vaccinated, but the (5) older children were working in the field were unable to be vaccinated. The nurse will return in October.

STD/HIV Program:

- There were (4) clinics held. (6) Appointments were scheduled – (3) showed – (3) were no shows.

This program is slower in the summer months. Chlamydia referrals have dropped down as the NYSDOH health representative is now covering (8) counties instead of (3) counties.

STD/HIV billing statistics:

- STD/HIV program budget is \$16,000 – this is used for expenses, (ie. medical supplies, Nurse Practitioner, etc.) There is no revenue is generated from this program.

Lead Program:

- This is a grant funded program.
- Currently (26) active cases – (2) kids with lead levels above 16 – (7) ages 10 to 14.
- One Environmental inspection for a case with a lead level over 15.
- Six discharged from the active list.

We had one child with EBLL greater than 45, which would prompt treatment – hopefully level is coming down. We have provided education to local practitioners on the importance of testing children at age 1 and then again at age 2.

A lot of time has been spent collaborating with different agencies. Dr. Healey recommended things like this need to be shared with parents regarding lead levels – noting it's a sense of urgency. *Vulnerable ages are 1 and 2 year olds.

Our county is still seeing lead poisoning in children. St. Lawrence County Provider's Lead Testing Rates as of June, 2018 are: 46.10% for 1 year olds and 36.29% for 2 year olds. Lead Grant goal is to increase lead testing by 5%.

Sanitarian Program:

- There were (6) garbage complaints – (2) septic system follow ups and (1) nuisance complaint.
- Still waiting for a code for enforcement of regulations.

The Madrid property that has had multiple complaints regarding garbage issue went up for tax sale – the complainant bought it.

Dana and Stephen Button, County Attorney, are still working on code enforcement regulations.

Rabies Program:

- One rabies clinic was held in August – (98) animals were vaccinated (72 dogs/26 cats).
- There have been (36) bites reported (24 dogs/12 cats).
- There were (28) animal submissions at a cost of \$1,621.45
- Nine individuals received rabies post exposure treatment. No reimbursement was received in August – this is a slow reimbursement process as Public Health is payer of last resort.

The USDA Rabies Bait Drop took place on August 13, 2018 with bait distributed by the villages. This is the 3rd year using ONRAB for the drop. Over 1 million baits were distributed in New York, Vermont and New Hampshire.

A child's hospital record that we received for rabies post exposure treatment, had conflicting documentation. It was documented in the chart having two different Human Rabies Immune Globulin doses given to the child. After numerous calls with multiple individuals at the hospital it was determined the child did receive the correct dosage. It was identified that the EMR has auto population for the other dosing of RIG, not the new one. As of the end of August, the information still had not been corrected and their patient record continues to have conflicting documentation.

Communicable Disease Program:

- There were (72) investigations that met NYSDOH guidelines.
 - a. 21 were GI/Stool related
 - 9 Salmonella
 - 2 Ecoli
 - 3 Campylobacteriosis
 - 1 Cryptosporidiosis
 - 2 Giardias
 - b. 19 Lyme
 - c. 1 Pertussis (20 contacts)

There is one hospital using BIO Fire for testing, which checks for every bacteria possible increasing the number of GI cases. There are no cases linked locally, but there are to nationwide cases. There was a case of latent TB infection at the jail. It has taken (8) weeks to coordinate his care and begin the 12 week treatment regimen.

Emergency Preparedness Program:

- AAR has been submitted and accepted (received praise for excellent report) for the POD exercise that took place in April.

- CART Plan was completed and ready for implementation.
- Yearly audit is completed – auditors have further questions/corrections and we will meet in a week to see what further documentation is required.
- The new Opioid Grant has been submitted.
- Working with the NYSDOH to revise the Medical Counter Measure Plan.
- Updating MOUs with local schools (we received a sample from Syracuse University) for us to have PODs (Point of Dispensing) agreements to facilitate the distribution of medication in an emergency.

Kindra noted Becky Allen submitted her resignation this week and we will be working on filling the Emergency Preparedness Coordinator position.

Opioid Funding:

Dana shared there are (24) counties in the State that have been selected for \$75,000 in funding (10/1/2018-6/30/2019). Counties were selected based on strong opioid usage and mortality and is part of the Federal Emergency Preparedness Grant. Funding will be utilized for increase in medication assisted treatment – trainings will be available for providers who provide this treatment. An assessment will be done of the statistics on overdoses – who are the providers in the area – outpatient/inpatient treatment availability. A plan will be written from the information received. We will hold forums with the community and key informant interviews as well.

Noted an Advisory Board and Task Force (asked for interest in being a part) will be created to work on the strategies. Ex: stigma of drug addiction, what types of medications are available, education for families to understand and cope, EMS/Law Enforcement and health practitioner involvement – more awareness! It's a chronic disease! Stay tuned for strategies – we have 9 months to do these strategies. Asked for member's input. Noted the State is recommending Suboxone instead of Vivitrol. Under this funding, we cannot provide treatment, drug disposal or media campaigns. We can promote, but not campaign.

Dana will try to schedule someone who provides this treatment option to speak at the next Board of Health meeting. John noted that Citizens Advocates is opening a Mental Health/Chemical Dependency Clinic in Massena.

Walk with a Doc:

There have been (3) walks so far: June was in Canton; July was in Waddington; August was in Gouverneur and September 29, 2018 the walk will take place in Massena. There have been some physicians who have attended more than one walk – Dana will highlight them to inquire as to why they come to the walks. Dr. Healey is scheduled to attend the November walk. The Walk with the Doc information has gotten out to towns on their websites. Nancy said it was a good event and shared a newspaper clipping of a picture of the first Walk with a Doc in Canton.

Coroners Program:

- This program is difficult to manage fiscally due to the unknown of who will be dispatched or the numbers of cases per year.
- There were (12) deaths in August: (6) autopsies were ordered (3 done at CHMC/3 done at MMH) – (6) legal (found alone and/or accidental) and (6) natural deaths.
- Morgue tour took place at CPH – tours will be scheduled for CHMC and Massena Memorial.

- Coroners have a preference on where autopsies are performed – we are looking at this as far as transportation cost.
- Elections are coming up for two of the four Coroners.
- Autopsy cases go to Onondaga County when Dr. Livingstone, medical examiner, is on vacation.
- There was a conversation on who is to transport medication from crime scenes.
- It was noted that some counties house the Coroners Program under different departments.

Lead Funding:

Dana is work with the Planning Office and Housing Authority to apply for a \$1 million grant. This funding will be used for rehabilitation and outreach. Wil shared that the funding will be used to purchase lead care machines for providers, educational materials, HEPA vacuums (to borrow) for older homes for safe clean up during lead abatement, a “Bucket Voucher” program which includes a bucket and educational information. The Public Health Department will also have a lead care machine onsite. There will be (50) grants given nationwide.

Other Items:

John asked about an agenda for projects for 2019. Suggested listing the top (5) concerns as it relates to Public Health. Also the biggest concerns in the department for Dana and for statewide.

Dr. Healey suggested a “retreat” (half day/full day) for the planning. What programs are needed – what are the priorities? Noted staff has tried to preserve the department – preserve the Director position. Said it is nice to sit back and say “we are going to survive and thrive – what are we going to do?” Asked that the strategic planning be shared with the Board. Dana noted options for a “retreat” will be added to the October agenda.

OTHER BUSINESS

No Other Business.

EXECUTIVE SESSION

No Executive Session.

ADJOURNMENT/NEXT MEETING

Meeting adjourned at 8:05 pm. Next meeting is scheduled for October 16, 2018 at 6:00 pm.