



ANNUAL REPORT

20

24

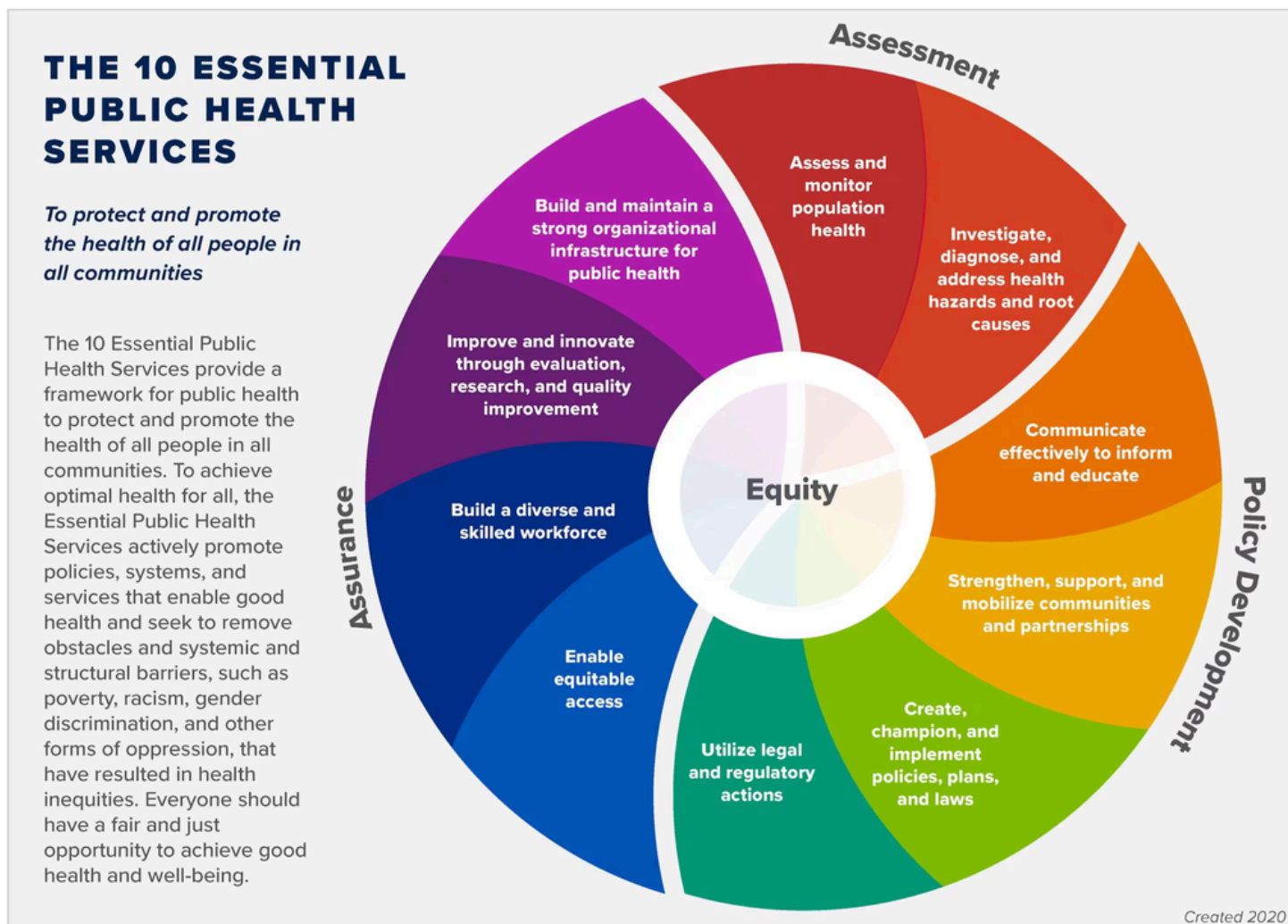
MISSION

To ensure the health, safety, and quality of life for all St. Lawrence County residents.

The department is dedicated to protecting the health of our community by:

- Controlling the spread of disease;
- Promoting healthy choices;
- Providing timely health information;
- Promoting the health and development of infants and children;
- Plan for and help to mitigate any public health emergency.

The department’s philosophy is that prevention is better than a cure, healthy families need healthy environments, safety first must be a way of life, and that people must be empowered to take care of themselves.



HISTORY OF THE DEPARTMENT

The SLCPHD has been serving the county since 1936. We uphold the essential public health services that help support all St. Lawrence County residents to attain their personal optimum health status.

Chapter 324 of the Laws of 1850 provided the first general law relating to establishing local boards of health.

Enactment of chapter 543 of the laws, which granted power to the State Board of Health to make rules and regulations to protect from contamination any and all public supplies of potable water and their sources within the State.

The State Board of Health was abolished and the State Department of Health was created with the overall administrative control vested in a single Commissioner.

The State Department of Health had 15 sanitary districts responsible for supervising the health work of the local boards of health in the 57 counties outside the City of New York.

The St. Lawrence County Board of Legislators establishes the Board of Health and the first organizational meeting is held.

1798

Public Health Services was established by an Act of Congress in the United States on July 16, 1798, to provide hospital care for American Merchant Seamen.

1850

1880

The State, for the first time, became directly involved in public health protection by the creation of a nine member State Board of Health. A major early accomplishment of the Board was its successful efforts to provide for a more efficient organization of local boards of health with power to adopt and enforce sanitary regulations.

1885

1893

Chapter 661 was established as new general law, to be known as the "public health law".

1901

1914

The NY State Department of Health adopts a Sanitary Code.

1921

1936

Establishment of the St. Lawrence County Public Health Department.

2010

QUARTERLY SNAPSHOT

CATEGORY	Q1	Q2	Q3	Q4
Personnel	\$404,032	\$478,685	\$462,803	\$540,154
Equipment	\$0.00	\$0.00	\$0.00	\$1,699
Contractual	\$852,968	\$1,470,213	\$921,718	\$1,776,354
Benefits	\$238,820	\$255,409	\$243,282	\$295,398
Revenue	\$(206,284)	\$(1,180,102)	\$(1,477,217)	\$(401,583)
NET COST	\$1,289,536	\$1,024,205	\$150,586	\$2,212,022

OVERALL ORIGINAL BUDGET

CATEGORY	ORIGINAL APPROPRIATIONS	ACTUAL EXPENDITURES	PERCENT USED
Personnel	\$2,414,881	\$1,885,674	78.1%
Equipment	\$11,000	\$1,699	15.4%
Contractual	\$6,274,394	\$5,021,253	80.0%
Benefits	\$1,340,530	\$1,032,910	77.1%
Revenue	\$(5,372,943)	\$(3,265,186)	60.8%
TOTAL	\$4,667,862	\$4,676,349	100.2%

QUARTER ONE

Personnel - In Q1 16.7% of our budget was expended. The following positions were vacant for all of Q1 Director, Public Health Nurse, and Public Health Sanitarian. Additionally there were two vacant Senior Account Clerk positions. Furthermore a Keyboard Specialist position was vacant until the middle of March, and the Secretary I position was vacated in February as a result of a promotion to Administrative Assistant.

Equipment - No equipment was purchased in Q1

Contractual – In Q1 14.6% of our overall contractual budget was expended, as follows:

- Admin = \$208 (.3%)
- Coroners = \$32,536 (9.9%)
- Early Intervention = \$76,920 (28.9%)
- Preschool \$648,114 (13.5%)
- Prevent \$115,616 (20.9%)

Revenue – In Q1 4% of our budgeted revenue was received.

QUARTER TWO

Personnel - In Q2 35.3% of our budget was expended for personnel. The following positions vacant: Director, Public Health Nurse, Public Health Sanitarian, two Public Health Specialists, two Early Intervention Service Coordinators, Administrative Assistant, and a Secretary I.

Equipment - No equipment was purchased in Q2

Contractual – In Q2 38.5% of our overall contractual budget were expended, as follows:

- Admin = \$42,037 (68.6%)
- Coroners = \$92,292 (28.2%)
- Early Intervention = \$190,496 (71.5%)
- Preschool \$1,631,090 (34.0%)
- Prevent \$382,299 (61.1%)

Revenue – In Q2 26% of our budgeted revenue was received.

QUARTER THREE

Personnel – In Q3 53.8% of our budget was expended on personnel. The following positions were vacant: Early Intervention Service Coordinator, two Senior Account Clerks, Public Health Nurse, and Nurse Practitioner.

Equipment - No equipment was purchased in Q3

Contractual – In Q3 53.8% of our overall contractual budget was expended as follows:

- Admin = \$49,877 (81.4%)
- Coroners = \$141,573 (43.2%)
- Early Intervention = \$253,355 (95.0%)
- Preschool \$2,346,751 (49.0%)
- Prevent \$343,300 (71.9%)

Revenue – In Q3 51.4% of our budgeted revenue was received.

QUARTER FOUR

Personnel – In Q4 78.1% of our budget was expended on personnel. The following positions were vacant two Senior Account Clerks, two Public Health Nurses, Nurse Practitioner, Early Intervention Service Coordinators, and Public Health Sanitarian.

Equipment - In Q4 15.4% of our budget was expended

Contractual – In Q4 80.0% of our overall contractual budget was expended as follows:

- Admin = \$58,629 (95.6%)
- Coroners = \$201,602 (61.5%)
- Early Intervention = \$304,249 (88.8%)
- Preschool \$3,898,797 (81.4%)
- Prevent \$413,164 (80.7%)

Revenue – In Q4 60.8% of our budgeted revenue was received.

ADMINISTRATION

CATEGORY	Original Budget	Actual Budget
Personnel	\$364,613	\$324,731.89
Contractual	\$66,300.81	\$58,691.65
Benefits	\$196,478	\$157,040.18
Revenue	\$(296,900)	\$(224,565.43)
TOTAL	\$330,491.81	\$315,898.29

FOCUS FOR 2025

We will audit job roles and responsibilities by program area to ensure continuity of operations and compliance with required activities per public health law.

We will continue to develop and update policies and procedures for all programs and areas, for standardization.

We will monitor grant processes, allocations, and progress throughout the year to modify as necessary in a timely manner. Additionally, we will continue to streamline coordination between fiscal and program quarterly reporting and documentation to prevent the need for multiple submissions.

We will continue work towards Public Health Accreditation including the finalization of a Quality Improvement and Performance Management (QIPM) plan, and also complete an updated Community Health Assessment (CHA) and corresponding Community Health Improvement Plan (CHIP) in conjunction with our local hospitals and community based organizations.

ACCOMPLISHMENTS

The Deputy Director, Carly Zimmermann, stepped into the Interim Director position in October 2023 and held both positions concurrently until August 2024, when Erin Streiff joined as the Public Health Director.

All programs continue to update their policies, procedures and provide quality services. The Department was able to pass all baseline requirements and audits that occurred within the year.

CHALLENGES

It has been a struggle to recruit and retain staff, especially nurses. Fiscally, with the increased grants and lack of staff, it was difficult to keep up with different requirements and reporting deadlines for each grant.

FISCAL

ACCOMPLISHMENTS

We underwent a thorough and smooth budget review and submission with engagement from all programs.

CHALLENGES

Two senior account clerk positions remained vacant for much of the year. The number of grants received by the Department increased by four since the start of 2020. This, combined with the reduction in staff, increased the workload of the remaining staff.

FOCUS FOR 2025

We will continue the development of fiscal policies and procedures. This will facilitate work flow during times of vacancies and/or staff transitions in the future. The fiscal unit will continue to cross train and develop a system for checks and balances, particularly in the areas of payroll and grant submissions.

COVID-19 GRANTS

This grant funding ended in July of 2024; funding during the first half of the year went toward staff salaries, operating expenses, and vaccine advertising.

ACCOMPLISHMENTS

In collaboration with SLC Transit, a bus wrap promoting COVID-19 vaccination was implemented; additionally other advertising was conducted promoting vaccination. Outreach and education was conducted at community events.

CHALLENGES

Community receptivity to COVID-19 messaging was saturated; inconsistent staffing toward the end of the grant period limited efficacy in community outreach.

FOCUS FOR 2025

Not applicable as funding has ended

CATEGORY	Original Budget	Actual Budget
Personnel	\$101,466.82	\$53,040.85
Equipment	\$0	\$0
Contractual	\$115,489.16	\$101,812.37
Benefits	\$45,277.25	\$12,565.38
Revenue	\$(262,233.23)	\$(167,292.81)
TOTAL	\$0	\$(216.79)

PUBLIC HEALTH CORPS FELLOWSHIP PROGRAM GRANT

The goal of the Public Health Corps Fellowship program is to boost the public health workforce by recruiting, training, deploying and managing fellows serving in LHDs and other community-based organizations in each region of New York State outside the City of New York.

ACCOMPLISHMENTS

Seven of the nine fellow positions were filled by the end of the program in June, five within the Department, two placed with the St. Lawrence Health Initiative, Inc and two with the Seaway Valley Prevention Council.

CHALLENGES

Hiring fellows was difficult, many qualified applicants were not from the north country so relocation would have been required along with few renting options made bringing new talent to the area difficult.

FOCUS FOR 2025

Not applicable as funding has ended

CATEGORY	Original Budget	Actual Budget
Personnel	\$9,118.65	\$4,185.51
Equipment	\$.37	\$0
Contractual	\$24,778.42	\$23,136.82
Benefits	\$7,427.28	\$2,347.23
Revenue	\$(41,324.72)	\$(29,669.56)
TOTAL	\$0	\$0

STRENGTHENING INFRASTRUCTURE, WORKFORCE AND DATA SYSTEMS GRANT

The goal of the Strengthening Infrastructure, Workforce and Data Systems Grant is to strengthen county public health departments. The funding may not supplant existing public health department resources, and maintenance of effort is a requirement of receiving these funds, the funds may be used to strengthen the public health workforce through hiring of public health positions, supporting retention of current staff, making upgrades to the workplace to increase employee satisfaction, providing training, and support services to public health department staff. The long-term outcomes of this funding investment include improvements in the public health of the jurisdiction, especially among socially and economically marginalized communities. The grant ends in November 2027.

CATEGORY	Original Budget	Actual Budget
Personnel	\$9,118.65	\$4,185.51
Equipment	\$.37	\$0
Contractual	\$24,778.42	\$23,136.82
Benefits	\$7,427.28	\$2,347.23
Revenue	\$(41,324.72)	\$(29,669.56)
TOTAL	\$0	\$0

COMMUNITY HEALTH EDUCATION

Educates the public on a variety of health topics and concerns through presentations, activities and media; coordinates and leads a variety of preventive programs.

ACCOMPLISHMENTS

The education division conducted approximately 60 community outreach events that included presentations, wellness fairs, and educational sessions. The Community Health Educator and Public Health Specialists began meeting on a regular basis to streamline health education efforts within the Department.

The Public Health Specialists created a Humans Don't Hibernate campaign. This campaign is designed to encourage residents to continue to be active, eat healthy and to practice self-care as the weather starts to turn cold and the days get shorter. The campaign kicked off with a 5k and Fun Day on the first day of fall, Sunday, September 22, 2024. Seventy-one participants complete the 5k with the youngest being just a couple months old and the oldest in his 80s.

The Humans Don't Hibernate campaign consisted of the following activities:

- Three (3) challenges per month for 3 months with one being a physical activity, one a nutritional activity and one a mental health activity.
- During the October challenge, Trick-or-Trail, LHD collaborated with 11 community agencies to host walks to complete the challenge and had over 80 participants in total.
- During the November challenge, Smile Mile, we had several community members participate.

The Community Health Educator and one of the Public Health Specialists participated in the Employee Assistance Committee and assisted in educating SLC employees on various health topics. They assisted in planning the County Wellness Fair, Walkathons, and developed 4 newsletter issues that were distributed to County employees. The Public Health Specialist organized a Learn to Lunch event. This event allowed county employees to attend an educational presentation during their lunch hour to learn about healthy eating. The Specialist also worked with a local farmer to bring fresh locally grown produce to county employee

CHALLENGES

One of the biggest challenges was ensuring the Department is reaching the appropriate audiences. Based on the health data for the county, there are many St. Lawrence County residents who live with chronic conditions and would benefit from health-promotion support and guidance; these are not always the same individuals who self-select to attend community events such as 5-Ks. We will continue to explore a variety of ways to engage with people who have varying interests and abilities to participate in engagement activities.

FOCUS FOR 2025

The Community Health Education and Public Health Specialists' goal for 2025 is to continue to strengthen collaborations with other county departments and community-based organizations to expand health education. The team will evaluate the program's performance, identify gaps, and make changes as necessary in concert with the Department's strategic plan.

CORONER PROGRAM

Responds to and determines, under certain circumstances, the manner of death of individuals within St. Lawrence County. There were a total of 254 deaths in SLC processed through the coroner program.

CATEGORY	Original Budget	Actual Budget
Personnel	\$49,359	\$43,846.72
Contractual	\$322,632.70	\$237,725.12
Benefits	\$75,197	\$71,351.98
Revenue	\$(49,000)	\$(118,889.47)
TOTAL	\$398,188.70	\$234,034.35

ACCOMPLISHMENTS

In 2024, Dr. Lapoint conducted 75 autopsies; an additional 3 were sent out-of-county for various reasons, for a total of 78 autopsies. The majority of our cases are being autopsied and having death certificates signed by Dr. LaPoint.

FOCUS FOR 2025

To ensure all relevant contracts are signed, as well as review the information collected in the Coroner Report, we will be working with Dr. Lapoint to update the form. The coroners will attend continuing education/training. We will hold quarterly coroner meetings. We have developed an updated tracking form for coroner related data and activities, and will continue to audit the program to identify areas for improvement.

CHALLENGES

We have continued to have rising costs due to increases in the number of deaths in the county attended to by our coroners. However, we have paid less in travel expenses, due to Dr. Lapoint performing the majority of our autopsies in-county. Consistently receiving timely documentation and reporting of deaths continues to be a challenge, resulting in delays in autopsy completion, reports, and paid invoices.

EMERGENCY PREPAREDNESS (EP)

The EP Program provides guidance and coordination of preparation, response, and recovery activities related to emergency situations and events under the direction of New York State Department of Health and Center for Disease Control and Prevention.

ACCOMPLISHMENTS

We continued to meet all EP grant deliverables which included completing mandatory training and surveys, attending and conducting meetings with Public Health Emergency Preparedness (PHEP) partners, and updating Public Health Emergency Preparedness plans, such as the Volunteer Management Plan (within the Public Health Emergency Preparedness and Response Plan). The Emergency Preparedness Coordinator participated in the Hazard Vulnerability Assessments at the local hospitals to assist in the identification of gaps in preparedness, and assisted the St. Lawrence Health System with ebola readiness drills.

The Emergency Preparedness Coordinator also went to local hospitals during staff education events to provide education regarding ServNY, New York State's volunteer management program. The Department hosted a Community Distribution Event led by the Emergency

Preparedness Coordinator in March of 2024. This event fulfilled the grant deliverable requirement of hosting a medical countermeasure point of dispensing (POD) activity, which focused on the inclusion of planning efforts for access and functional needs. This POD activity required collaboration with many local partners to ensure the event advertising, site, and distribution practices were inclusive for all populations in the County. The Emergency Preparedness Coordinator participated in planning efforts for the 2024 solar eclipse and contributed to the 2024 cooling center finder through New York State. We continued to collaborate with County departments and outside partners who would be supporting our department during any Public Health emergencies, including resuming the monthly St. Lawrence County Health Emergency Preparedness Coalition meetings.

The Emergency Preparedness Coordinator became a level 1 Certified Healthcare Emergency Coordinator through the National Disaster Life Support Foundation and Augusta University Medical College of Georgia. The Emergency Preparedness Coordinator was selected to participate in the Rural Public Health Emergency Preparedness Workshop hosted by the National Association of City and County Health Officials (NACCHO). The workshop took place in Cleveland, Ohio prior to the National Preparedness Summit. Participation in the national workshop granted the Coordinator a full scholarship to attend the Summit. In July of 2024, the Emergency Preparedness Coordinator attended a two-day Homeland Security Exercise and Evaluation program. The Emergency Preparedness Coordinator also accepted a full scholarship to the State University of New York at Albany Public Health Fundamentals and Principles graduate certificate program, and has been accepted into the Master of Public Health program.

CHALLENGES

One of the challenges faced was continuing to engage partners, staff and the community in emergency preparedness activities. Focus has been shifted from recovery (completing inventory, reviewing processes during the pandemic, etc.) to preparing for the future.

FOCUS FOR 2025

In 2025, we will continue to develop and update necessary plans based on risk assessment in St. Lawrence County. We will conduct a hazard vulnerability analysis specifically for our department to find our highest areas of vulnerability, and will build training for our staff based on the most vulnerable areas. We will work more on integrating special needs populations into our plans, and will continue to work with our partners in order to conduct group exercises, drills and training in the County. These exercises, drills and trainings will improve preparedness surrounding our CHEMPACK plan (distribution of antidotes from secure locations in response to a chemical incident), mass fatality plan, and our asset distribution plan. We are also laying the groundwork to do educational events in the community regarding citizen preparedness, specifically with special needs populations and in response to extreme weather for all populations. The emergency preparedness program has entered a new exercise and evaluation cycle, which will reinstate practices utilized prior to the pandemic, including additional exercises, drills, and training to ensure plan viability and to ensure our staff and partners are aware of their role during public health emergencies.

Furthermore, the Office of Local Health Services and the Center for Environmental Health have determined the Year 13 (2025) Health Department Performance Incentive Program will focus on extreme weather and climate health. Incentives for this program will be granted based on the local health department's ability to complete measures to:

1. Build capacity for climate and health information in the jurisdiction
2. Promote enhanced awareness of climate change/extreme weather and health
3. Improve access to cool and clean air.

This incentive program will be an additional focus for the emergency preparedness program through 2025 in order to be eligible for the additional state funding granted by meeting these deliverables.

SANITARIAN

The Sanitarian offers environmental health education and technical support to address public health issues associated with nuisance complaints that affect community well-being.

ACCOMPLISHMENTS

Despite the Public Health Sanitarian role remaining unfilled from April 2023 to June 2024, a total of 163 non-compliant calls were addressed in 2024, along with 13 formal complaints, of which 7 fell outside our jurisdiction. We maintained close collaboration with our partners throughout this period.

CHALLENGES

The Sanitarian position was vacated when the staff person transitioned to a different role within the department in April 2023 and was not filled until late June 2024. Calls were handled by staff in other positions during the vacancy. Many of the calls received fell under other jurisdictions and were referred to appropriate contacts.

FOCUS FOR 2025

We hope to be able to fill the vacant Sanitarian position. We are working on the finalization of an update to the County Sanitary Code, as well as programmatic policies and procedures.

Eastern Equine Encephalitis (EEE), a virus transmitted by mosquitoes that can be fatal to humans if they are infected, was detected in multiple horses in 2024, highlighting the need for establishing arboviral surveillance. Meetings were held in 2024 with academic colleagues from SUNY Potsdam, Clarkson, the Wanakena Ranger School, and SUNY ESF to discuss sustainable collaborative efforts for such work. The first St. Lawrence County government lead mosquito surveillance program is expected to begin in the Spring of 2025.

Non-Compliant
Calls Addressed

163

Formal
Complaints
Reviewed

13

EARLY INTERVENTION (EI)

The EI program supports and promotes the development of infants and toddlers (birth to 3 years of age) with special needs related to developmental delays and enhances the capacity of families to meet these needs.

ACCOMPLISHMENTS

In 2024 the follow up audit of the program and a review of records with Acentra Health were completed. We had two Service Coordinator resignations, and one retirement. All vacant Service Coordinator positions and the Administrative Assistant positions were filled. The Local Early Intervention Coordinating Council continues to meet twice a year.

In 2024, there were a total of 206 children referred to the EI program, with 347 home visits, and 862 phone contacts made by Service Coordinators. Of note, in August there was a record number of children on case load with 161 total.

CHALLENGES

In October 2024 Bureau of Intervention launched the new state system called the EI HUB. This system had significant challenges in data migration, portions of the system did not function, required time for data entry increased, fiscal i

ssues, the inability to pull required data from available reports and some provider agencies stopped providing services. At the conclusion of 2024, there was a wait list of 47 children for speech services, 32 children for special instruction services, 7 children for occupational therapy services, and 10 children for physical therapy service. Additionally, there were challenges of training new staff, while still performing regular work duties.

CATEGORY	Original Budget	Actual Budget
Personnel	\$484,877	\$402,375
Contractual	\$342,612.90	\$308,222.97
Benefits	\$275,824	\$206,144.27
Revenue	\$(417,433)	\$(320,546.76)
TOTAL	\$685,880.90	\$596,195.48

FOCUS FOR 2025

We will work on program requirements to continue to ensure annual performance measures meet state standards. We will continue utilizing Pandadoc for obtaining parent/guardian signatures, electronically via their email. We will continue to work with the Bureau of Intervention, PCG, Providers, and Public Health Staff on the EI HUB to promote optimal utilization and encourage positive change where needed. We will look to contract with additional service providers to augment the services available to children of our county and assist with the EI wait list. We will continue to encourage all Service Coordinators to pursue professional development, providing opportunities and time for growth.

CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS (CYSHCN)

ACCOMPLISHMENTS

In 2024, four story hours, four workshops, and two childhood to adulthood focused transition events were held at local libraries and community locations. Information was shared about the EI, CYSHCN, and other Department programs. Additionally, the Children's Programs Newsletter was distributed via email and paper copy at public locations such as Libraries, Daycares, Department of Social Services and the Human Services Building.

CHALLENGES

Prior to new staffing, staff time allocation was a challenge due to competing priorities.

The CYSHCN Program provides resources and referrals to ensure access to healthcare, insurance, information and support for children ages birth to 21 years, who have (or may have) a serious or chronic physical, developmental, behavioral, or emotional condition. In 2024, five referrals were received.

FOCUS FOR 2025

We will continue to improve outreach to schools, physicians and daycares, as well as work to enhance community knowledge of resources for children and their families through these partnerships. We plan to continue to hold several community workshops and events. Additionally, our Caregiver event will focus on strategies to prevent burnout and the importance of self care.

MATERNAL CHILD HEALTH

The MCH program educates new parents during the immediate postpartum period on breast/chestfeeding, postpartum self-care, and newborn care; offers a one-time nurse home visit for review of education and head-to-toe assessment of the newborn.

ACCOMPLISHMENTS

In 2023, 24 referrals were received but in 2024 there were 116 referrals to the program. Of the 116 referrals, 14 home visits were completed, and 58 educational telephone calls to parents were made. All families referred to the program received a Congratulations Parent Packet containing educational as well as community resources. In 2024, A Public Health Nurse with a certification as a Lactation Consultant along with 10 years of breastfeeding education experience was hired in April and trained in the MCH Program. Of note, referrals from Canton Potsdam Hospital increased 391% from 2023 to 2024. Feedback from families was positive with many indicating they were thankful to have free assistance in their own home.

CHALLENGES

With the loss of one MCH trained Public Health Nurse in August and referrals greatly increasing, it has been challenging for the remaining MCH Public Health Nurse to devote enough time and resources to this growing program.

FOCUS FOR 2025

We hope to continue to grow the MCH program by filling the vacant Public Health Nurse position and educating the community and our local hospitals on our services. While the number of referrals have increased greatly, we hope to be able to increase the number of home visits accepted in 2025. Another focus will be training a Public Health Specialist to the MCH program to assist with calls and lactation visits once they become a Certified Lactation Consultant, which is expected in 2025.

Educational
Telephone
Calls

58

Home
Visits

14

Program
Referrals

116

PRESCHOOL

The Preschool program coordinates the provision and payment of evaluations, education, remedial and/or therapeutic services. Additionally, transportation to services for children 2-5 years of age with developmental delays or disabilities to facilitate the child's education are facilitated, and services are provided by the school district, parents, or through a contract with First Student.

The average number of students who attended the extended school year (ESY, July & August) in 2024 was 166 and the average number of students attending the regular school year (RYS, Sept-June) was 203 students. Which is higher enrollment than in 2023 with 134 and 174 in the ESY and RSY respectively.

The average number of First Student buses in 2024 was 5 for the ESY and 6 for the RSY, which is about the same as the year prior. In 2024 there were about 7 parent transporters for the ESY and 5 for the RSY, which is about the same as 2023.

CHALLENGES

One major challenge has been the delay of classroom tuition rates from the New York State Education Department as a result of paperwork from school districts not submitted on time. As a result, reimbursement for the Department is impacted due to timeframe submission restrictions. Additionally, there has been turnover of school district staff which requires departmental staff time to review required processes.

CATEGORY	Original Budget	Actual Budget
Personnel	\$49,359	\$43,846.72
Contractual	\$322,632.70	\$237,725.12
Benefits	\$75,197	\$71,351.98
Revenue	\$(49,000)	\$(118,889.47)
TOTAL	\$398,188.70	\$234,034.35

ACCOMPLISHMENTS

Contracts have been maintained with 15 school districts for preschool transportation. Staff turnover resulted in a temporary backlog of Medicaid claims, but all pending claims have been submitted and continue to be on a regular basis. While Preschool program staff are relatively new to such work the team has persevered to become an efficient and knowledgeable group.

FOCUS FOR 2025

Department staff will continue to work with NYSED and school districts to receive necessary rates and information in order to process payments and reimbursement. We will continue to look at alternative transportation options and establish contracts with all school districts. We will continue to work to maximize Medicaid claims for services.

PREVENT PROGRAMS

OVERALL BUDGET

CATEGORY	Original Budget	Actual Budget
Personnel	\$1,068,8211	\$876,613.96
Contractual	\$512,183.69	\$416,675.04
Benefits	\$580,283	\$492,471.12
Revenue	\$(1,135,675.99)	\$(938,060.36)
TOTAL	\$1,025,611.700	\$847,699.76

2024 CLINIC REVENUE

	Projected	Actual
Immunizations		
Self Pay	(\$9,000)	(\$5,940.06)
Medicaid	(\$200)	(\$0)
Medicare	(\$200)	(\$182.92)
Private Insurance	(\$40,000)	(\$82,971)
PPD (TB Skin Test)	(\$1,000)	(\$1,580)
Travel Immunizations	(\$5,000)	(\$24,100.78)
Total	(\$54,400)	(\$114,774.76)

IMMUNIZATIONS

ACCOMPLISHMENTS

In April of 2024, a Public Health Nurse was hired as the Immunization Coordinator. In 2024, 104 immunization clinics were held with 912 vaccines administered to a total of 618 people in total. Of the 902 vaccines administered, 341 were part of the Vaccine for Children program, 8 were part of the Vaccine for Adults program, and 571 were paid for by insurance or privately by the client. Two influenza vaccination clinics on multiple farms within the county in November were held, where 30 farm workers were vaccinated. The Department collaborated with the New York Center for Agricultural Medicine and Health to vaccinate 30 additional farm workers.

Two pharmacy inspections were completed in 2024 with no deficiencies noted.

CHALLENGES

Staffing has been a challenge with a Public Health Nurse resignation in October and resignation of the Nurse Practitioner at the end of November. As a result, allocating time by remaining nursing staff to various projects has been difficult.

This program provides immunizations for children and adults, to decrease the incidence of vaccine preventable diseases; educates and provides resources to providers, schools, childcare centers, other partners, and the community at large.

FOCUS FOR 2025

We hope to hire a new Public Health Nurse and Nurse Practitioner to fill vacant positions. We will work to increase outreach to local providers in an attempt to decrease the number of students being excluded from school due to their vaccination status prior to the 2025-2026 school year.

The Immunization Quality Improvement for Providers (IQIP) grant activities will continue to be a priority for the 2024-2025 grant year. IQIP activities include the promotion and support of provider level quality improvement strategies to increase childhood and adolescent vaccination rates consistent with the Advisory Committee on Immunization Practices recommended immunization schedule. We will also continue to work with Cornell Cooperative Extension and NYCAM in the future to offer additional migrant farm worker vaccine clinics for the 2024-2025 grant year.

LEAD

The Childhood Lead Poisoning Prevention Program (CLPPP) identifies and monitors children who have been identified with Elevated Blood Lead Levels (EBLLs). We work closely with healthcare providers and the New York State Department of Health (NYSDOH) Canton District Office to identify how the child was exposed to lead and to help the family lower the child's blood lead level. In 2024, 29 children were newly diagnosed with lead poisoning, and 100 children were on active caseload. In St. Lawrence County 46% of one-year-olds and 41% of two-year-olds were tested for lead poisoning within New York State required time frames. **On average, approximately 118 children were tested each month for lead. Throughout the year, a total of 1,413 lead tests were conducted.**

ACCOMPLISHMENTS

In 2024 there was an overall increase in the number of lead tests conducted in St. Lawrence County since detailed reporting began in 2022. Informational handouts were created and provided to every lab and pediatric provider's office to highlight the CLPPP and inform parents of what to do if their child is lead poisoned.

CHALLENGES

Due to consistently low lead testing rates and the majority of the county's housing supply built before the federal ban on lead-based paint, lead poisoning is likely underrepresented. Some providers follow federal Healthcare Effectiveness Data and Information Set guidelines, which require only one blood lead test by age two, as opposed to New York State law which requires one blood test at age one and again at age two.

Maintaining patient lists by pediatric providers poses challenges for lead testing rates, as children who move or switch providers may still count in calculations unless marked as "inactive." This can lower testing scores for both providers and the county. Additionally, in 2024, shifts in duties occurred due to vacancies and leaves, and Care Coordination in the CLPPP program faced difficulties, as many parents were uncooperative in responding to follow-up calls.

FOCUS FOR 2025

We will continue to work on education and communication with healthcare providers regarding the necessity of blood lead testing. This will be accomplished with office visits, blood lead testing report cards, and assistance with maintaining patient lists. CLPPP staff also plans to provide technical assistance regarding Point-of-Care Testing at three Rochester Regional locations where capillary tests were implemented in 2024.

RABIES

The Rabies program prevents the spread of rabies through education, pet vaccination, and monitoring of domestic animals following an encounter, and facilitates post-exposure treatment when needed.

ACCOMPLISHMENTS

In 2024, there were 375 dog and cat bites reported. We continue to submit animals for rabies testing. Only one bat tested positive out of 123 animals submitted by the Department and the United States Department of Agriculture. **Rabies post-exposure treatment was offered to 72 people. As a result of the Department organized 21 rabies clinics 2,172 cats, dogs and ferrets were vaccinated.**

We continued to coordinate with the hospitals for rabies post exposure treatment and billing, as well as with area veterinarians for submitting animals for rabies testing as appropriate. Rabies post-exposure treatment is now being offered at Potsdam Urgent Care, Canton Urgent Care, Gouverneur Hospital, Massena Hospital, and Claxton Hepburn Medical Center. The Department offered refresher training for medical staff on how vaccines and rabies prevention medication should be administered, required documentation, and when it is appropriate to offer treatment for staff at all the hospitals and urgent care centers.

CHALLENGES

Continuing to educate the local hospital staff and urgent care staff on the treatment plans for people receiving Rabies Post Exposure Prophylaxis (RPEP) has been a challenge given significant healthcare staff turnover. Working with Massena Memorial Hospital to set up treatment for community members in the northern area of St. Lawrence County has presented itself with many obstacles and an MOU was not set in place at the end of 2023. Staffing remains an issue within the department, it has been challenging completing all required tasks while not having consistent staff working in the program.

FOCUS FOR 2025

In 2025 we are looking to cross training two Public Health Specialists to assist in animal bites to alleviate staffing issues. We will continue to utilize CDMS and require the towns to participate to streamline the process. Update training and provide to the towns about how to run the rabies clinics using the online process. We continue to work with the hospitals to facilitate coordination of RPEP and onboard MMH as a regular location to receive RPEP.

SEXUALLY TRANSMITTED INFECTIONS

ACCOMPLISHMENTS

Free or affordable access to STI testing and treatment for clients continue to be available. We continue to provide targeting social media campaigns and focus on advertising to increase the number of people utilizing our clinic services. We provide safe sex kits with education, in our bathrooms in the HCS building.

The STI/HIV program provides detection, treatment, and education related to sexually transmitted diseases; as well as anonymous and confidential HIV pre/post counseling and testing.

CHALLENGES

The decreased number of appointments continues to be an issue for our clinic as supplies are required to be on hand but often do not end up being used. Fewer scheduled appointments at the health department are likely due to the expanded hours available at other provider locations such as local urgent cares; we are also seeing fewer college students seeking out testing at our location. We provided service to three clients in 2024. At the end of November our Nurse Practitioner resigned due to relocation; we continue to advertise in order to back-fill this position.

FOCUS FOR 2025

With the increase in STIs across the state and country, we will continue to promote and educate our providers on the importance of treating partners of clients diagnosed with an STI such as chlamydia and gonorrhea, in order to decrease further spread. Targeted social media messaging to the community about testing and treatment to reduce the spread of disease will also continue to be shared.

SEXUALLY TRANSMITTED INFECTIONS

	2024	2023	2022	2021	2020	2019
CHLAMYDIA	211	268	237	277	242	308
GONORRHEA	26	41	28	35	28	23
HEPATITIS A (ACUTE INFECTION)	0	1	1	2	1	2
HEPATITIS B (ACUTE INFECTION)	0	0	0	0	2	3
HEPATITIS B (CHRONIC INFECTION)	17	17	11	16	7	7
HEPATITIS C (ACUTE INFECTION)	5	2	7	3	3	3
HEPATITIS C (CHRONIC INFECTION)	75	60	72	86	64	118
SYPHILIS	19	14	11	4	5	7
TOTAL	353	403	367	423	352	472

COMMUNICABLE DISEASE

ACCOMPLISHMENTS

In 2024, an intern from St. Lawrence University worked on food and tickborne illness prevention materials. The intern shared the materials regularly at farmers markets in Canton, Potsdam, and Gouverneur throughout the summer. A Public Health Specialist was assigned to communicable disease investigation and created a manual for providing more thorough instructions on using the Health Commerce System for tracking and investigating all the reportable illnesses, as each disease is done differently in the system.

CHALLENGES

The Department faced rising gastrointestinal and tickborne illnesses, requiring more surveillance and investigations. In 2024, 22 pertussis cases were reported, a significant increase from the 0-5 average in recent years. Investigations involve time-consuming interviews and identifying at-risk individuals. Post-pandemic mistrust in public health complicates interviews, and some healthcare providers have been unwilling to treat exposed individuals, necessitating assistance from the Department's Medical Consultant. Increased workload and staff turnover have further strained the department.

The Communicable Disease program prevents the spread of infectious diseases through surveillance, contact, follow up, and treatment. Reportable communicable diseases are defined in 10 NYCRR 2.1 or determined by the State Commissioner of Health to be communicable, rapidly emergent, or a significant threat to public health.

FOCUS FOR 2024

The Department will examine syphilis investigation workflows as this work was recently reassigned from the Regional Office back to Local Health Departments. Of note, there is now a requirement to have all pregnant people tested for syphilis in their first and third trimester; this is a change from once during the pregnancy.

Staff will continue to provide education to the community regarding communicable illnesses, prevention and treatments through social media and training opportunities.

TUBERCULOSIS (TB) PROGRAM

The TB program educates the community and providers on preventing the spread of TB; provides treatment, monitoring, and follow up for individuals with TB infection.

ACCOMPLISHMENTS

All clients in treatment for TB completed their medication regimen in 2024, with the contact investigation indicating no further spread of disease. In collaboration with our TB Consultant educational materials were created for local providers on best practices for how to test and treat clients with Latent Tuberculosis Infection (LTBI).

CHALLENGES

Case Management of TB clients was labor intensive for the department. The County is large and travel time for in person direct observation therapy was a challenge. Making sure clients have enough medication is a top priority, sometimes requiring assistance from multiple stakeholders. Including The TB Consultant, NYSDOH, the client's insurance company, and pharmacy.

FOCUS FOR 2025

We will continue to work on the policies and procedures. In 2025, we look to provide educational information on LTBI as many more people are being tested for TB prior to being placed on certain medications.

COMMUNITY HEALTH ASSESSMENT AND COMMUNITY HEALTH IMPROVEMENT PLAN (CHA/CHIP)

The St. Lawrence County Community Health Improvement Coalition, Bridge to Wellness, is an active committee with fifty-four participating organizations, including public health, higher education, hospitals, health centers, and community-based organizations. The St. Lawrence County Health Initiative, Inc. and the Local Public Health Department facilitate meetings. Partners work collaboratively to plan, implement, and oversee the St. Lawrence County Community Health Improvement Plan and Hospital Community Services Plans. Based on the Community Health Survey conducted by the Fort Drum Regional Health Planning Organization, regional needs are identified that guide a strong data-driven health improvement plan for St. Lawrence County. The community health survey is incorporated into a Community Health Assessment using New York State and local data sources.

ACCOMPLISHMENTS

The Bridge to Wellness (BTW) Committees have continued the work to Prevent Chronic Disease and Promote Well-Being and Prevent Mental and Substance Use Disorders for the current Community Health Improvement Plan (CHIP) in the following areas:

- Improving healthy eating and food security
- Physical activity
- Tobacco Prevention
- Preventative care and management
- Preventing mental health and substance use disorders
- *Added in 2024* - Promote Healthy Women, Infants and Children

The Department staff supported the work of the CHIP and the BTW Coalition partners. The following programs and events were led and organized by staff:

- Facilitated bi-monthly **committee meetings** (Chronic Disease Prevention, Mental Health and Substance Use, and Communications sub workgroups)
- **May the 4th Be with You Wellness Fair** - The BTW Communications committee partnered with Madrid-Waddington Central School district and over 20 community based organizations to provide a day of healthy activities around physical activity, injury prevention, and nutrition.

- **Dr. Paul Updike, Medical Director of Chemical Dependency** at Sisters Hospital visited each of the area hospitals and met with hospital providers and pharmacists to discuss the importance of providing medicated assisted treatment to patients that are admitted to the hospitals.
- The BTW along with Northern Area Health Education Center, Health Initiative, Public Health, Seaway Valley Prevention Council, and St. Lawrence County Addiction Services sponsored a training with Dr. Updike and local providers (Dr. Deborah Norris, Dr. Peter Dargie, and Aimee Raymonda, MS, FNP-C). The topic of the presentation was addressing barriers and strengthening the continuum of care. Approximately 30 people attended the presentation.

The BTW has partnered with the Seaway Valley Prevention Council to work with their Drug Free Community grant. This grant will work on decreasing youth use of alcohol, cannabis, and e-cigarettes.

CHALLENGES

Ensuring as many sectors as possible are represented at Coalition and Committee meetings is vital to keeping the work moving forward. The challenge for the Bridge to Wellness Coalition and Committees is keeping current partners engaged, identifying gaps, and finding new members to close those gaps.

FOCUS FOR 2025

Department staff will actively participate and assist in leading the Bridge to Wellness Coalition and Committee meetings. The SLCPHD team will work with the Committees to determine the goals the committee members would like to work on in 2025. Public Health staff has completed a survey of the BTW Coalition members to identify partners that are still interested in being an active member of the coalition and if there are individuals they would recommend to join the coalition. The survey results will be used to identify gaps and to ensure members are engaged in the BTW coalition work. The Bridge to Wellness Coalition will be planning the new 2025-2023 Community Health Improvement Plan in 2025.

OPIOID RESPONSE GRANT

SLCPHD supports the county's substance use prevention coalition by organizing awareness events and connecting resources; it also offers community education and pathways to care.

ACCOMPLISHMENTS

The SLCPHD was awarded \$56,000 from the Community Services Opioid Settlement funds. Goals have been focused on obtaining accurate and timely overdose data using the Overdose Detection Mapping Application Program (ODMap) system; providing education to various populations in the community surrounding stigma, language, harm reduction, and harm reduction training; and educating the public as a whole on Narcan and the Good Samaritan Law.

Overdose data continues to be monitored through the ODMap surveillance system. Public Health partnered with the St. Lawrence County Planning Office to develop an Overdose Dashboard. This dashboard will provide the public with a snapshot of overdose data on a quarterly basis. SLC Public Health staff worked with ODMap, High Intensity Drug Trafficking Areas (HIDTA), the SLC Sheriff's Office, and SLC Addiction Services to ensure overdose data is in ODMap within 24 hours. This data is used to alert the public of spike alerts (3 or more overdoses in a 24-hour period) and to monitor overdose trends within the county.

CATEGORY	Original Budget	Actual Budget
Personnel	\$9,244	\$7,454.31
Contractual	\$42,000	\$20,234.72
Benefits	\$4,756	\$3,834.50
Revenue	\$(56,000)	\$(31,787.52)
TOTAL	\$0.00	\$0.00

1,967

Resource guides have been shared with the community, schools, and community based organizations.

580

Harm reduction kits were provided to individuals who use drugs in order to minimize the risk of overdose.



The Overdose Dashboard.

CHALLENGES

Overdoses and overdose fatalities remain a significant concern in St. Lawrence County. One of the key challenges is to ensure the accuracy of the data being collected. Currently, the information gathered through ODMaps provides only a limited view of the overdose incidents. To better understand the situation, it is crucial to gather more comprehensive data on fatal overdoses to pinpoint gaps and risk factors associated with these events.

FOCUS FOR 2025

The Department is committed to enhancing community awareness regarding overdose prevention and harm reduction. Our staff will collaborate closely with behavioral health partners and local communities to identify the specific needs related to substance use and mental health. In response to these needs, we will support overdose prevention resources, events, and training initiatives in St. Lawrence County. Additionally, the Department will investigate the Overdose Fatality Review process to improve data collection following a fatal overdose incident.