

Cortland County Health Department Annual Report 2014



Public Health
Prevent. Promote. Protect.

Cortland County Health Department

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<http://cchd.cortland-co.org>

Currently the Cortland County Health Department employs 60 full time, part time and per-diem staff. Staffing is determined by program need and work load.

CCHD MISSION STATEMENT:

The mission of the Cortland County Health Department is to promote health, prevent disease, injury, and disability while enhancing the quality of life in our community.

LETTER FROM THE PUBLIC HEALTH DIRECTOR

The Year in Review

Catherine Feuerherm

Public Health Director

We survived another year of change and challenge! As Public Health restructures across the country, we continue to implement programmatic changes to remain effective and efficient. The successful transition of Hospice took much time and patience on the part of staff, as we held positions open to avoid layoffs. The transfer of the certificate in September was much welcome and everyone could finally concentrate on their new duties. Just as programs go, new programs come along. We were awarded two new grants- Advancing Tobacco Free Communities, which covers Cortland, Tompkins and Chenango counties and the Healthy Neighborhoods Grant, covering just Cortland County. By year's end, both were running smoothly. These will run for 5 years.

Chronic disease and healthy mothers and babies remain the focus of our prevention work. Community coalitions were developed, led by CCHD staff, to address our issues of smoking, obesity, and physical inactivity. Volunteers cleared trails, advocated for smoke free municipal parks and worked with local businesses to implement smoke free policy. Meanwhile, breastfeeding was the focus of our maternal child health team, who formed the Cortland County Breastfeeding Coalition. Grant funding was secured by the coalition to match the grant funds awarded by the NY Health Foundation for the "Pump it Up for Health" program- a program that supports breastfeeding moms to pump on return to work or school. The coalition works with local businesses to ensure compliance with labor laws to provide time and space for a new mother to continue to breastfeed on return to work.

The extent of our drug abuse problem became increasingly clearer as we encountered drug addicted women presenting for care already in labor, babies born in withdrawal, increases in children removed from care because of drug abusing parents and a steady stream of young people identified with Hepatitis C. We pushed in to the jail and drug court with our Hepatitis C prevention messaging and testing. We also became an approved Opioid Overdose Prevention Program.

We joined forces with the southern tier to apply for Delivery System Reform Incentive Payment (DSRIP) Program-a NYS Medicaid reform initiative to reduce Medicaid hospitalizations by 25% over 5 years. The regional focus is chronic obstructive pulmonary disease and diabetes.

The resurgence of measles signaled a return of diseases that were believed to be eradicated. In addition to reaching out to schools and colleges to determine vaccination rates, detect disease and offer vaccine, we held successful vaccination clinics with our Amish population- a group hit hard by a measles outbreak in Pennsylvania and Ohio. Measles paled in the sight of the Ebola epidemic that resulted in required training and drilling in preparation for a local event. Although we didn't see any disease, our efforts proved that we are ready to address any that might come our way. Through it all, we successfully implemented a new electronic medical records/billing system.

Moving into 2015, we continue to look to further our efficiency and efficacy, to strengthen our public health infrastructure. We have begun our strategic planning in preparation for Public Health Accreditation. Be it Hantavirus, Chikungunya or any of the effects of climate change that come our way, we are confident that we are prepared to deal with it.

Causes of Death

Cardiovascular disease remained the primary cause of death in Cortland County residents in 2014 (107 of 368), with dementia/old age and cancer essentially tied for second (78 and 79 respectively of 373). The major underlying risk factors were smoking (17%), hypertension and diabetes.

Cortland County Health Department developed a four year County Health Improvement Plan (CHIP) and began work with our community partners implementing and developing policies that will help Cortland residents live longer, healthier lives in a healthier community.

Cortland County Health Department

2014 Fiscal Overview

	Expenditures	Revenue	Net Cost
Health Admin	\$1,111,857	\$1,590,558	(\$478,701)
Nursing	\$857,630	\$265,537	\$592,093
Environmental Health	\$595,825	\$332,780	\$263,045
JCRH	\$912,936	\$806,607	\$106,329
Hospice	\$451,342	\$347,666	\$103,676
Children w/ Special Needs	\$772,426	\$577,883	\$194,543
Pre K	\$1,979,559	\$1,500,542	\$479,017
Youth Bureau	\$53,756	\$81,200	(\$27,444)
TOTAL HEALTH DEPT	\$6,735,331	\$5,502,773	\$1,232,558

TABLE OF CONTENTS

The Year In Review.....	2
Prevention Agenda.....	5
10 Essential Public Health Services.....	6
Cortland County Board of Health.....	7
Health Department Organizational Chart.....	8
Health Administration.....	9
Emergency Preparedness.....	10
Health Education.....	11
Youth Bureau.....	16
Nursing.....	18
Nursing Public Health Programs.....	19
Jacobus Center for Reproductive Health (JCRH).....	24
Children With Special Needs Division (CSN).....	27
Environmental Health.....	30

PREVENTION AGENDA

The [Prevention Agenda 2013-17](#) is New York State's Health Improvement Plan for 2013 through 2017, developed by the New York State Public Health and Health Planning Council (PHHPC) at the request of the Department of Health, in partnership with more than 140 organizations across the state. This plan involves a unique mix of organizations including local health departments, health care providers, health plans, community based organizations, advocacy groups, academia, employers as well as state agencies, schools, and businesses whose activities can influence the health of individuals and communities and address health disparities. This unprecedented collaboration informs a five-year plan designed to demonstrate how communities across the state can work together to improve the health and quality of life for all New Yorkers. Recent natural disasters in New York State that have had an impact on health and well-being re-emphasize the need for such a roadmap.

The Prevention Agenda serves as a guide to local health departments as they work with their community to develop their mandated Community Health Assessment and to hospitals as they develop mandated Community Service Plans and Community Health Needs Assessments required by the Affordable Care Act. The Prevention Agenda vision is *New York as the Healthiest State in the Nation*.

The plan features five priority areas:

- Prevent chronic diseases
- Promote healthy and safe environments
- Promote healthy women, infants and children
- Promote mental health and prevent substance abuse
- Prevent HIV, sexually transmitted diseases, vaccine-preventable diseases and healthcare associated infections.

Counties were asked to collaborate with the local hospital to identify two priority areas for the community and to establish goals to measure progress towards expected outcomes. Cortland and Cortland Regional Medical Center identified; *Chronic Disease* and *Healthy Women, Infants and Children*, as the two priority areas Cortland County will concentrate on through 2017. Specific activities, timelines and community partners are outlined in Cortland's [Community Health Improvement Plan](#) also known as CHIP.

In this second year of the Prevention Agenda, health department staff worked feverishly with community partners to implement the CHIP. Progress and data is reported to NYSDOH as required.

10 ESSENTIAL PUBLIC HEALTH SERVICES

American Public Health Association

The Ten Essential Public Health Services provide the framework for public health. The strength of a public health system rests on its capacity to effectively deliver the Ten Essential Public Health Services:

1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public health and personal healthcare workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

CORTLAND COUNTY BOARD OF HEALTH 2014

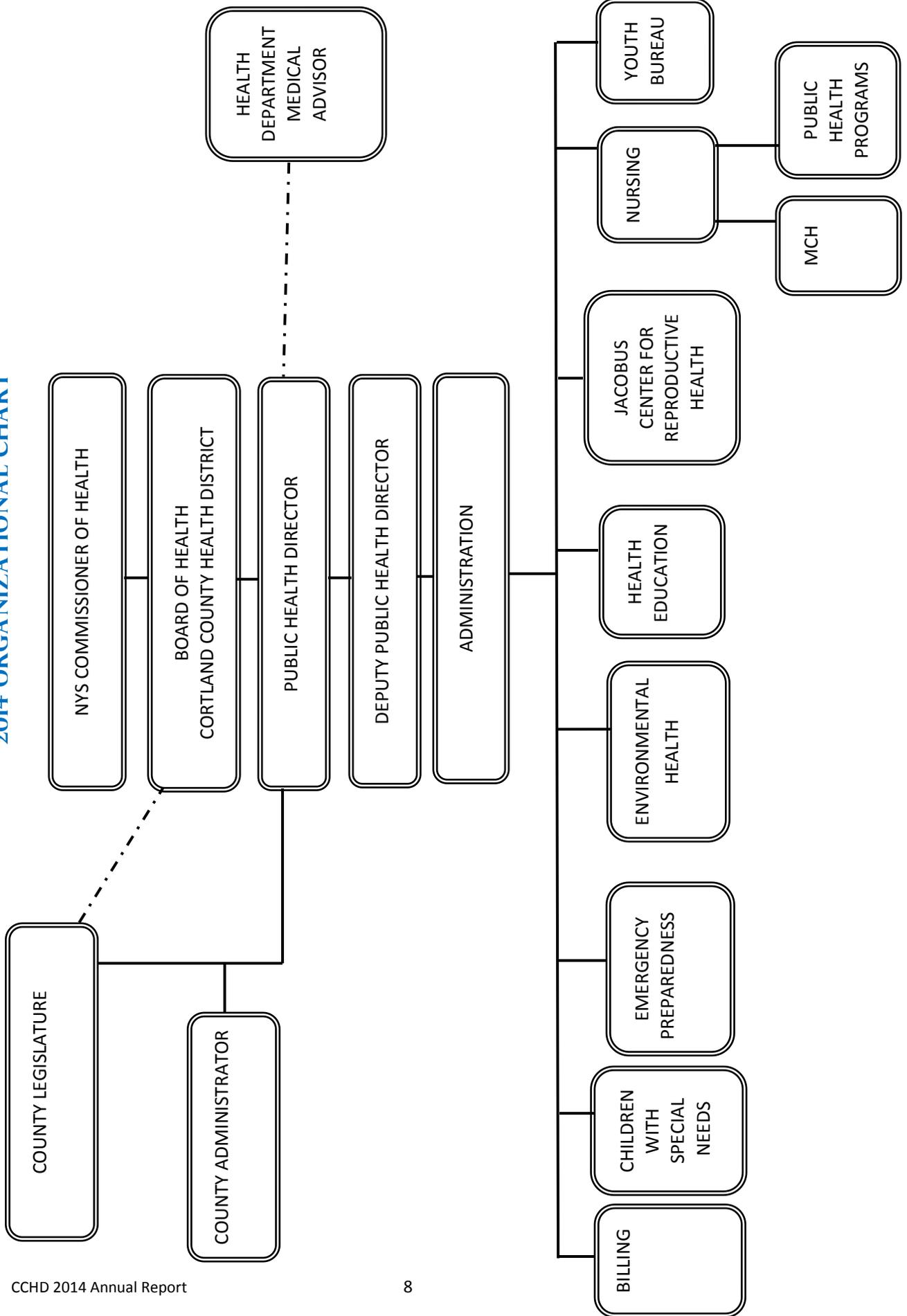
Barry L. Batzing, Ph. D. President	Term Expiration 12/31/2019
Marie Walsh Vice-President	Term Expiration 12/31/2020
Sandra Attleson, RN	Term Expiration 12/31/2015
Stuart Douglas, DDS	Term Expiration 12/31/2020
Cindy Johnson, MD	Term Expiration 12/31/2017
Christopher Moheimani, MD	Term Expiration 12/31/2016
Douglas A. Rahner, MD	Term Expiration 12/31/2018
Sandra Price Chair Health Committee	Term Expiration 12/31/2015

Meeting Schedule:

The Board of Health meets every third Tuesday of the month in the Cortland County Office Building, Room 304 at 4:00 p.m.

[Link to Meeting Minutes:](#)

**CORTLAND COUNTY HEALTH
DEPARTMENT
2014 ORGANIZATIONAL CHART**



HEALTH ADMINISTRATION

Counties are required by the state to produce a Community Health Assessment (CHA) every four (4) years. The CHA is a fundamental tool of public health practice. It describes the health of the community by presenting information on health status, community health needs, resources and current local health problems identifying target populations that may be at increased risk for poor health outcomes. The CHA enables public health professionals to gain a better understanding of their community's needs, as well as to assess the larger community environment and how it relates to the health of individuals. The CHA identifies areas where additional information is needed, especially information on health disparities among different subpopulations, quality of health care, and the occurrence and severity of disabilities in the population.

The Community Health Assessment is the basis for all local public health planning, giving local health units the opportunity to identify and interact with key community leaders, organizations and interested residents about health priorities and concerns. This information forms the basis of improving the health status of the community through a strategic plan.

The [Cortland County Community Health Assessment](#) is completed in collaboration with Seven Valleys Health Coalition, SUNY Cortland, Cortland Regional Medical Center and the United Way for Cortland County. With community partner input and participation, a document entitled [Cortland Counts, An Assessment of Health & Well Being in Cortland County](#) is produced annually using Healthy People 2020 goals established by the Center for Disease Control (CDC) as a guide in establishing local priorities.

Duties: A county's legal responsibility to provide public health services is authorized by state statute and by any agreements or contracts governing the use of grant money to provide such services.

Structure & staffing: Health Administration is led by the Public Health Director. Appointed by the Board of Health, s/he is subject to the provisions of Section 356 of Public Health Law and responsible for initiating, planning, and directing local public health programs to implement and enforce the State and County Sanitary Code. A part time Medical Advisor serves as a medical consultant for the Health Department and the medical community specific to public health issues. A full time Deputy Public Health Director is responsible in the absence of the Public Health Director, oversees the Nursing and CSN Divisions, special projects and serves as the Health Department Corporate Compliance Officer. A full time Fiscal Officer is responsible for planning, implementing and monitoring accounting and fiscal management functions for the department. Among other duties, a full time Confidential Secretary supports the Public Health Director, Board of Health, and Administrative staff. One (1) PHN spends part-time on Emergency Preparedness duties.

Revenue: Local Health Department State Aid (Article 6 State Aid) provides a base grant of \$650,000. This goes towards the cost of core programs (including salaries but no fringe benefit) after revenues are subtracted. Additional costs are reimbursed at 36% after revenues are subtracted. There is revenue off-set to reimburse for fringe benefit costs that were not included in any revenue received as well as other indirect costs.

Challenges/barriers: Cuts in state and federal funding along with the tax cap has decreased overall funding for state and local public health programs. Public Health funding has been reduced at the federal level to offset the increased costs of preventive care covered under the Affordable Care Act. Decreased funding, staff lost due to attrition, an aging (shrinking) public health workforce and program cuts all contribute to a weakening public health infrastructure that will ultimately impact the health and well-being of our community.

EMERGENCY PREPAREDNESS

Purpose: To be ready to deal effectively with all types of public health emergencies.

Staffing: .6 FTE PHN

Highlights: Develops and maintains plans for mass dispensing, receiving and distribution of state and federal assets, infectious disease control, isolation and quarantine, special medical needs shelters, pandemic influenza, radiological response, and continuity of public health operations.

Mandate, Regulatory Requirement: This program is mandatory to meet New York State public health preparedness requirements.

Required activities: All Health Department staff participate in Emergency Preparedness drills and exercises on an on-going basis. Emergency Management strategies (Examples: Incident Command System (ICS) and Risk Communication) are implemented during public health activities in order to maintain staff proficiency with these principles. Ebola became the preparedness focus in 2014. Health Departments were required to develop a local response plan, and oversee/support the plans of local emergency response personnel (EMS), hospitals and Article 28 facilities.

Challenges/barriers: Ebola mandates, including planning and staff training has required a substantial amount of staff time and effort in 2014. Guidance from CDC and DOH changed rapidly early on as events unfolded, which made “keeping up” a challenge. State Health Department is directly involved in each Ebola suspect monitoring, diagnosis and consultation.

Cost/Revenue: State Emergency Preparedness Grant pays Cortland County \$49,336 in 2013-2014.

HEALTH EDUCATION

Health Education is a mandated public health service and employs 5 full time (FTE) Public Health Educators, 1 FTE Public Health Programs Manager and 1 FTE Nurse whose salaries are covered almost exclusively by the following grants. Staff duties include grant writing, grant administration, reporting and public education. The full time Public Health Programs Manager oversees the Youth Bureau and Health Education Division.

Traffic Safety

Purpose: To decrease the number of preventable traffic related injuries in Cortland County.

Programs/Grants: Injury Prevention and Traffic Safety Program of Cortland County & Traveling Tots Program (reduced cost child car seats)

Staffing: .38 FTE Program Coordinator, .105 FTE Health Educator

Objectives: Cortland County will work to decrease the number of preventable injuries and deaths by 10%.

- Reduce the number of pedestrians injured in crashes
- Decrease the number of passengers who do not wear a seat belt
- Conduct Child Passenger Safety Seats Checks
- Decrease the number of crashes due to driver distraction/inattention
- Decrease the number of motorcycle crashes
- Decrease the number of impaired drivers
- Continue scheduling educational sessions with parents on proper child safety seat use and distribution.

Challenges/barriers: Motor Vehicle Crashes are a serious public health problem in Cortland County and the leading cause of injury related deaths. Our community continues to struggle with traffic safety concerns including but not limited to pedestrian safety and car seat installation. Contributing factors include; these laws can be difficult to enforce, there is inconsistent information among professionals (law enforcement, educators and physicians) and there is no money for promotion of our programs.

Cost/Revenue: Fully grant funded (\$49,920) by the Governor's Traffic Safety Committee (GTSC) through the National Highway Traffic Safety Administration (NHTSA). The Federal Highway Safety Program is a grant program from the National Highway Traffic Safety Administration (NHTSA). It is intended to support state and local efforts to improve highway safety by providing start up or "seed" money for new programs directed at identified highway safety problems. In New York State, this grant program is administered by the Governor's Traffic Safety Committee. The GTSC's grant projects are funded for one year periods, based on the availability of federal funding and the performance of the grantee.

Cancer Services of Cortland and Tompkins Counties

Purpose: To reduce cancer rates in Cortland and Tompkins County by assisting qualifying under/uninsured residents to obtain free breast, cervical and colorectal cancer screenings and provide case management/ensure follow-up.

Programs: Cancer Services Program of Cortland and Tompkins Counties.

Staffing: 1 FTE Program Coordinator/Case Manager/Fiscal and .65 FTE Outreach/Recruitment Coordinator/Data Manager for the Cancer Services Program of Cortland & Tompkins Counties.

Objectives: To screen all eligible uninsured/underinsured men and women for breast, cervical and colorectal cancers in Cortland and Tompkins Counties. Target population is women and men 50-64 years of age. Provide education to decision makers, general public, local legislatures, business, and agencies about the importance of routine cancer screening and how to access screenings if there is a lack of insurance.

Challenges/barriers: Ensuring that clients complete recommended screenings timely and locating uninsured qualified men and women in Cortland and Tompkins Counties. Enrolling new clients has become a challenge because of the ACA.

Highlights: In 2014 (237) screening and (82) diagnostic services for cancer were paid for by the CSP. The CSP staff has made strong collaborative relationships with Cayuga Medical Center, Regional Medical Practice, Ithaca Free Clinic and Cortland Regional Medical Center.

Cost/Revenue: Fully grant funded by NYSDOH Cancer Services Program Grant (\$110,000 for personnel and OTPS, \$52,422 for patient services), TC3's BIG PINK Trust Fund Donation account total (\$18,000) and donations from Royal Motors (\$1901) and Legislator Price/Carletta Edwards (\$3,000).

Tobacco Free Zone of Cortland, Tompkins and Chenango Counties (includes Reality Check)

NYS Bureau of Tobacco Control – Advancing Tobacco Free Communities

Purpose: To reduce morbidity and mortality and alleviate the social and economic burden caused by tobacco use in New York State.

Grant Goals:

- Create a local environment that successfully demands passage of one or more local laws or regulations that either;
 - requires tobacco products to be kept out of consumer view inside all non-adult-only retail establishments
 - restricts the number, location, and/or type of retailers that sell tobacco products within a municipality jurisdiction
 - restricts the redemption of coupons or use of multi-pack discounts from licensed tobacco retailer

- Create a local environment that successfully demands passage of one or more local laws or regulations that requires tobacco-free parks, playgrounds, grounds, and or entranceways. At least one major employer will adopt a tobacco-free outdoor air policy including worksite grounds, parking lots and proximity to building entranceways. Increase the number of voluntary policies that prohibit tobacco use in outdoor areas that cater to the mentally ill.
- Create a local environment in at least one municipality that successfully demands passage of one or more local laws or regulations requiring all landlords to fully disclose their smoking policies to all current and prospective tenants. At least 380 multi-unit housing will be covered by a smoke-free policy in the catchment area.
- The Motion Picture Association of America will implement the “R” rating recommendation of the Smoke-Free Movies network. YouTube will implement a policy that requires videos with pro-tobacco product messages be posted as age-restricted/adult-only content. At least one local media outlet will implement a policy that protects youth from pro-tobacco marketing and imagery.
- Engage in sustainability efforts as outlined by the NYS Bureau of Tobacco Control.
- Engage in infrastructure development efforts as outlined by the NYS Bureau of Tobacco Control.
- Complete a local level evaluation project. Community tobacco survey of adult residents in Cortland County of opinions, behaviors, and perceptions related to exposure to secondhand smoke, tobacco marketing, tobacco sales, and tobacco use.

Programs: Tobacco Free Zone is a component of the NYS Bureau of Tobacco Control’s *Advancing Tobacco Free Communities grant*. A component of the grant is the Reality Check program. Reality Check is a youth-led movement against tobacco companies and their manipulative marketing practices that appeal to their generation. The program works to change the community environment to support the tobacco-free norm. Partnerships engage local stakeholders; educate community leaders and the public; and mobilize the community to strengthen tobacco-related policies to:

- Reduce the impact of retail tobacco marketing on youth
- Establish tobacco-free community norms through tobacco-free outdoor air policies
- Reduce secondhand smoke exposure through smoke free housing policies
- Reduce tobacco imagery in youth-rated movies
- Reduce tobacco industry presence on social media

Staffing: 2 FTE Program Coordinators, .25 FTE Program Assistant, .15 FTE Program Manager, and two .50 FTE Program Liaisons in Tompkins & Chenango Counties (contract).

Highlights: (not all inclusive)

- Being awarded the Advancing Tobacco Free Communities grant- a competitive grant covering three counties.

- Nationwide, CVS Caremark implements a policy to no longer sell tobacco products in any of its stores.
- The Calvary Baptist Church in Preble, Cortland Free Library, and Cortland County Mental Health Department adopted 100% tobacco-free grounds policies.
- The Village of Marathon adopted a 100% tobacco-free park policy. The Village of McGraw adopted a 100% tobacco-free grounds policy for its office location.
- Strong partnership developed with the Tobacco Free Systems for a Tobacco-Free NY grantee St. Joseph’s Hospital (formerly “Cessation Center” Team ACT). Collaborating to reduce tobacco use among those with mental illness, lower incomes, and during pregnancy.
- Maintaining a dialogue with the Cortland Housing Authority to explore a smoke-free policy for its buildings.
- Partnering with the Environmental Health Office in creating GIS maps of tobacco retailer proximity to school property. Sharing smoke-free housing toolkits and a referral system for tenant complaints/landlord interest. Teaming up to promote NYS Public Health Law with smoking on municipal playgrounds.
- Conducting a county-wide adult community survey.
- Establishing Reality Check relationships with Cortland High School’s Relay for Life Club, South Otselic Valley School District and New Roots Charter School in Ithaca.

Challenges:

- Gaining a handle on overseeing 3 counties with less money.
- Resignation of and hiring a new Reality Check Coordinator.
- Locating and contracting with a Chenango County liaison.
- Re-building and raising awareness of the Reality Check program (a program not seen in these 3 counties since 2008) – playing catch-up to other contractors who have had established Reality Check programs.

Cost/Revenue: Fully grant funded (\$325,000) in year 1 of a 5-year grant.

Creating Healthy Places to Live Work and Play (Known as “HealthyNOW” Cortland County)

Purpose: Implement sustainable policy, systems and environmental changes in an effort to prevent chronic disease. The approach emphasizes supportive environments and population-wide efforts that accelerate improvements in individual health behaviors and health outcomes with the prevention of type 2 diabetes and obesity as the primary targets.

This is done through promotion of a healthy community. For example: easy access to information/instruction on how to obtain, grow and prepare healthy foods, promote home or community gardens, exercise opportunities in the community (walking, biking or hiking trails).

Highlights:

- Increased use of Lehigh Valley Trail at Lime Hollow and participation in Nordic events.

- TV commercials with local footage that educate about proper bike/vehicle and pedestrian safety issues.
- Common Ground Community garden established in the City of Cortland.
- Local stores featuring produce through the “Harvest to Home” campaign are featured in media promotion reminding the community of where produce is available in their neighborhood.

Grant Goals:

- Establish and promote the use of neighborhood and community trails.
- Transportation policies that ensure streets are safe & accessible for all users.
- Creation of community gardens.
- Innovative strategies to increase access to healthy foods in high need areas.
- Enhance variety and visibility of fruits and vegetables in convenience stores and small stores.

Challenges/barriers:

- Working with municipalities and towns to see the value in certain changes.
- Trying to get people to walk and bike as part of their daily commute.
- Asking stores to carry produce they don’t normally offer.
- Stores not collecting data on how much more they are selling using the harvest to home program.

Cost/Revenue: Fully grant funded (\$175,000) to the Seven Valleys Health Coalition of which Cortland County Health Department receives-\$25,400 -for its share of staff salary and fringe.

Public Health Programs Manager is in-kind (\$5,878) - ensures Health Educator meets grant deliverables, participates in coalition initiatives and acts as a liaison with County Legislature and Board of Health.

Healthy Neighborhoods Program

Purpose: The goal of the Cortland County Healthy Neighborhoods Program (CCHNP) is to improve the design and maintenance of home environments to promote health, reduce related illnesses, and reduce fall risks among the most vulnerable populations.

Grant Outcome Goals: CCHNP staff conduct home visits to assess, educate and refer residents of homes in vulnerable neighborhoods to reduce asthma triggers, reduce the incidence of residential fires, non-fire related carbon monoxide poisonings, increase radon testing, reduce the incidence of elevated blood levels among children and reduce the number of hospitalizations and deaths due to falls among children and residents over 65 years of age.

Staffing: 1 FTE Program Coordinator, .35 FTE Public Health Nurse

Highlights:

- Cortland County Health Department was awarded a 5-year grant in the amount of \$638,955 (\$127,791 per grant year) beginning April 1st, 2014-March 31, 2015.
- The first grant year's efforts were focused on the City of Cortland.
- Home visits began on August 11th with a total of 122 initial home visits completed.
- Asthma cases were identified at thirty two (32) of the homes visited.
- 90-day revisits began in December with twelve (12) home visits completed in 2014 and are scheduled via phone calls and postcards. Revisit schedule is dictated by the grant.
- Agencies that have a reciprocating referral service include: CAPCO-Weatherization Program, CAPCO-Community Health Worker, Cortland County Probation Department, CCHD- Nursing Division, MOMS/Maternal Child Health Program, Children with Special Needs, Jacobus Center for Reproductive Health, and Environmental Health Division, Cancer Services Program of Cortland and Tompkins Counties, Traveling Tots and Injury Prevention, Advancing Tobacco Free Communities of Chenango, Cortland, and Tompkins Counties, Safe and Sound with Amaya, Seven Valleys Health Coalition, American Red Cross, Cornell Cooperative Extension: Family Education and Coaching Partnership (CCE/FECP) and DSS-Family and Children Services Division.
- 104 referrals were made to other programs. These include, but not limited to: code enforcement, fire department, weatherization, HEAP, landlords, primary care physicians, DSS, WIC, and health insurance.
- CCHNP staff provides home safety education and free safety measures at home visits, including smoke detectors, CO alarms, fire extinguishers, child safety items, flashlights, first aid kits, etc.
- Forty (40) city streets were canvassed.
 - 12 participants received a radon kit through the CCHNP.

Challenges:

- Weather has been a barrier in canvassing many streets.
- Finding potential participants at home when canvassing is challenging. Door hangers and brochures are placed at each home on the targeted street. Staff continues to canvass at times other than the routine work day (evenings/weekends) as appropriate.
- Receiving referrals from outside agencies has been inconsistent.

Cost/Revenue: Fully grant funded for personnel and OTP (\$127,791) per grant year.

YOUTH BUREAU

Cortland County Youth Bureau employs one .5 (FTE) Public Health Programs Manager.

Purpose: The Cortland County Youth Bureau is charged with the responsibility of developing and accounting for a county wide system of youth services. To reach this objective, the Youth Bureau networks with county municipalities and not-for-profit agencies within the county.

The primary function of the Youth Bureau is to develop a three year plan with the Department of Social Services which includes data to determine youth needs and problems in the county and strategies to address these issues. Based on this plan, the New York State Office of Children and Family Services allocates funds to the county through the Youth Bureau to meet these needs and concerns.

Mission: To create and support countywide youth services in Cortland County which will provide opportunities for youth to become responsible, productive, and fully integrated members of our community.

Planning/Coordination: We assess youth needs by convening community planning groups, identifying problems and strengths and developing coordinated strategies to address them. We promote private and public partnerships in planning, bringing together towns, villages, cities, social agencies and private citizens including youth.

8 Features of Youth Bureau Programs

- *Physical and Psychological Safety:* Safe and Health-promoting facilities; practices that increase safe peer group interaction and decrease unsafe or confrontational peer interactions.
- *Appropriate Structure:* Limit setting; clear and consistent rules and expectations; firm enough control; continuity and predictability; clear boundaries, and age appropriate monitoring.
- *Supportive Relationships:* Warmth, closeness, connectedness, good communication, caring, support, guidance, secure attachment, and responsiveness.
- *Opportunities to Belong:* Opportunities for meaningful inclusion, regardless of one's gender, ethnicity, sexual orientation, or disabilities; social inclusion, social engagement, and integration; opportunities for socio-cultural identity formation; and support for cultural and bicultural competence.
- *Positive Social Norms:* Rules of behavior, expectations, injunctions, ways of doing things, values and morals, and obligations for service.
- *Support for Efficacy and Mattering:* Youth based; empowerment practices that support autonomy; making a real life difference in one's community, and being taken seriously. Practices include enabling, responsibility granting, and meaningful challenge. Practices focus on improvement rather than on relative current performance levels.
- *Opportunities for Skill Building:* Opportunities to learn physical, intellectual, psychological, emotional, and social skills; exposure to intentional learning experiences, opportunities to learn cultural literacy, media literacy, communication skills and good habits of mind; preparation for adult employment, and opportunities to develop social and cultural capital.
- *Integration of Family, School and Community Efforts:* Concordance; coordination and synergy among family, school and community.

Cost/Revenue: Determining the effectiveness of contracted services through monitoring and evaluation is the key responsibility of the Youth Bureau. The Children and Family Services Plan (CFSP), which is a five year provision written by a Planning Committee including a variety of stakeholders, in collaboration with not-for-profits, youth, schools, community and county agencies, identifies youth program assets and needs in the county, with strategies to address the area in need. The Plan is then implemented through continued networking with these same groups. It is only with that Plan in place that funds become available to Cortland County from the New York State Office of Children and Family Services. Cortland County was allocated \$7,669 in 2014.

Funded agencies are required to comply with OCFS and Youth Bureau policies and procedures, attend trainings, and turn in an Annual Report and final expenditure report (including financial backup documentation) quarterly.

NURSING

The MCH team is staffed by 2.5 FTE RN/PHN, 1 FTE Community Health Supervisor, .5 FTE MSW and 1 FTE support staff. Program oversight is provided by the Deputy Public Health Director. Staff time is split between two primary programs; Maternal Child Health (MCH) and Medicaid Obstetrical & Maternal Services (MOMS).

Licensed Home Care Services Agency (LHCSA)

Maternal Child Health (MCH) purpose: To promote the health and well-being of women and their infants. A core function of public health, the MCH program provides prenatal and postpartum preventative health services for women and their infants. The MCH team supplements OB care provided by the woman's medical provider through nursing, nutrition and psychosocial assessment and services, health education, coordination of care, referrals to other community resources and services that may be beneficial to a family such as WIC, Smoking Cessation Program, Mental Health and Early Intervention. The MCH nurse provides case management services and works closely with the OB provider to ensure a healthy birth outcome. All pregnant women and newborns are eligible for these services.

Medicaid Obstetrical & Maternal Services (MOMS) purpose: To promote the health and well-being of Medicaid eligible pregnant women and their infants. Similar to MCH, staff provides prenatal and postpartum Health Supportive Services (HSS) to women and their newborns working closely with the OB provider to ensure a healthy birth outcome. Women up to 200% of the federal poverty level are eligible for MOMS. HSS are provided to the woman until two months after delivery and the infant receives full health care coverage (Medicaid) up to one year of age.

Staffing: 2.5 FTE RN, 1 FTE Community Health Supervisor and .5 FTE MSW

Highlights:

- These programs focus on prevention services for women and their infants. The MCH team collaborates with the local birthing hospital on prenatal and postnatal initiatives like the importance of flu vaccination for pregnant women and Tdap immunizations for new parents, infant caregivers and family members.
- The Quality Improvement Committee (QIC) serves as the quality oversight for services provided under the Licensed Home Care Services Agency (LHCSA) meeting quarterly.
- An electronic health record (EHR) and billing system was purchased in 2014 through a NYSDOH grant and staff has been busy making the switch from paper to electronic. New laptop computers were purchased through state incentive funding. Nurses in the field are able to access remote internet in about 60% of Cortland County. The remaining visits are completed on paper and scanned into the system. Wireless connection, both in the field and County Office Building, continues to be a barrier to the full implementation of the EHR. Staff is working closely with the County IT Department to resolve technical issues.
- The MCH team continues an ongoing collaboration with local DSS, working closely with young families at risk.
- The MCH and Immunization teams work together to outreach to the Amish community through the local midwife, religious leaders and individual families.

Mandate/Regulations: A mandated service, MCH is regulated under Article 6 and Public Health Law.

Essential Stats: In 2014, 412 women and infants were referred and 287 admitted to the MCH & MOMS programs.

Challenges/barriers: MCH has been viewed a Public Health Prevention activity but local health departments are encouraged to bill private and public insurance in an effort to offset decreased funding. Billing private insurance and managed care Medicaid continues to be a challenge.

Cost/Revenue: MOMS visits are billable under Medicaid. MCH visits may be billable to the woman's insurance depending upon their policy or are partially funded under Article 6.

NURSING PUBLIC HEALTH PROGRAMS

Nursing Public Health Programs are staffed by 1 FTE RN, 1 PT PHN, 1 FTE SPHN and 1 FTE support staff. The nurses are cross-trained and cover all public health programs. They work closely with and serve as resources to physician offices, hospitals, community agencies, schools and the public.

Communicable Disease:

Purpose: To prevent and control infectious disease. Early identification and timely reporting of communicable disease is essential in order to minimize the impact to the community and protect the public's health.

Staffing: 1.2 FTE Nursing and .1 FTE Medical Services Clerk time

Highlights:

- Program staff identified a need for a forum of the adult homes and Long Term Care Facilities (LTCFs) where staff responsible for infection control could support and learn from each other. Meetings convened with a focus on infection and outbreak control, immunization best practices, and other pertinent topics identified by the group. The committee has met quarterly for two years, with representation from most of the LTCFs and adult homes with presentations on pertinent topics by subject experts were provided. The long term plan was for agencies to take the lead and make the meetings their own, which was accomplished at the close of 2014. CCHD will continue to be involved as needed and will attend meetings when scheduled by the committee facilitator from CRMC.
- Immunization staff continued to collaborate with MCH staff to provide outreach to Cortland County's Amish communities. Immunization staff provided more than 60 vaccinations to 3 Amish families (approximately 10% of the Amish families in the county according to the families vaccinated) through scheduled home visits, branching into both communities. The families were asked to invite interested community members to come as well. The focus for the initial visit was MMR and Td/Tdap, but other vaccines offered were accepted for many of the children. Publicly-funded vaccine was provided by NYSDOH. Childhood lead testing was discussed and recommended, but declined. Home visits for vaccinations are planned for 2015 and will include educational outreach on tick/ Lyme disease, oral hygiene, and cancer prevention services.
- Weekly joint meetings between Nursing and Environmental Health were initiated in 2014 to discuss reports of human exposure to animals that require additional follow-up to determine if rabies post-exposure treatment is indicated. This quality assurance activity further ensures the prevention of human rabies.
- NYSDOH launched an incentive program that measured the timeliness and completeness of communicable disease reports and investigation by local health departments. The goal of the project was to better protect the health and safety of residents. CCHD received a financial award for exceeding statewide performance standards with rates at 100%.
- Orders from the Acting Commissioner of Health required county health departments to meet an extensive list of requirements for Ebola Virus Disease (EVD) preparedness. In addition to policy development, the order added additional practice requirements which are ongoing for the Communicable Disease Program, as well as requirements for the Article 28 Diagnostic and Treatment Center. Although the requirements are labor-intensive, they promote preparedness for other more likely exposures.

Challenges/Barriers:

- Despite extensive efforts throughout 2014 to facilitate Hepatitis A&B vaccinations for inmates at the local jail, this continues to be a missed opportunity. The inmates are a high-risk and accessible population. Publicly-funded vaccine is available through NYSDOH.
- Preventing outbreaks of scabies remained a challenge. 2014 cases occurred in both an adult home and children's daycare center. It was difficult obtaining orders for prophylaxis within the recommended time frame especially for adult home residents. Collaboration with community partners is essential to avoiding future outbreaks.

Mandate/Regulations: Communicable Disease surveillance is a mandated service under Public Health Law Article 21. As a result of State and Federal mandates after September 11, 2001, this traditional Public Health activity has grown significantly in its requirements. Reporting of suspected or confirmed communicable diseases is required under the New York State Sanitary Code (10NYCRR 2.10).

Essential statistics: The number of communicable disease reports received in 2014 (excluding influenza) was comparable to those received in 2013.

- Reports of Hepatitis C were higher in 2014 than the previous year, with 50 new chronic and 6 acute cases compared to 30 new chronic and 3 acute in 2013.
- Lyme reports for 2014 (42) remained about the same compared to 2013 (45). However, the percent confirmed rose from 20% in 2013 to 38% in 2014.
- Influenza activity was widespread in New York State for twenty four weeks of the 2013-2014 season with 76 cases reported in Cortland County.
- Measles outbreaks in the U. S. prompted local outreach to populations that do not routinely immunize, primarily the Amish. Information about the measles outbreak among the Amish in Ohio was provided to key contacts in the local Amish communities and they were encouraged to distribute the information throughout their community, along with the offer from Cortland County Health Department to provide MMR vaccinations to their members. However, no additional families requested vaccination.

Cost/Revenue: Some activities are reimbursed by grant funds and the remainder reimbursed at 36% by State Aid.

Lead Poisoning Prevention

Purpose: To decrease environmental exposure to lead for children. One of the most common environmental toxins for young children in New York State, lead exposure can cause severe health and developmental effects. The Lead Poisoning Prevention Program is responsible for:

- Establishing and coordinating activities to prevent lead poisoning and to minimize risk of exposure to lead.
- Promoting routine universal screening and testing for lead poisoning in children.
- Coordinating case management for persons with elevated blood lead levels.

- Promoting lead screening of pregnant women and testing as indicated.

Mandate, Regulatory changes: New York State has a number of laws and regulations relating to lead poisoning prevention and treatment. Labs are required to report lead results to the Local Health Department in the county where that person resides. The Health Department is required to ensure appropriate follow up including lead reduction education and environmental inspection, as required. Control of Lead Poisoning - NYS Public Health Law, Title 10 of Article 13 (Amended April 2009) NYS Regulations for Lead Poisoning Prevention and Control - NYCRR Title X, Part 67 (Amended June 2009) and Public Health Law Section 2168 - Statewide Immunization Registry

Staffing: .32 FTE Nursing, .31 FTE Medical Services Clerk time along with assigned Environmental Health staff

Highlights: NYS Child Health Lead Poisoning Prevention Program Data continues to show Cortland County's testing rates well exceed the NYS average and those in other counties.

Mandate/Regulations: In 2009 significant changes were made to NYS Public Health Law and Regulations for blood lead testing and reporting and follow-up for early identification purposes and to reduce the risk of lead poisoning. In 2012, NYSDOH made another change, requiring follow-up at a lower blood lead level than the current action level. However, the follow-up required is limited and manageable.

Essential stats: The percent of 1-2 year old children lead tested in 2014 was comparable to 2013, at 79.4% for 1 year olds and 87.6% for 2 year olds.

Challenges/barriers: The primary barrier to higher testing rates continues to be a lack of parental follow-through when given a lab requisition to take their child for lead testing, and no follow-through on the part of the office to assure it gets done. This concern is addressed with each provider office that receives an immunization assessment which includes a summary of the lead testing status of the 19-35 month olds in the practice. Findings indicate that although offices have a policy that calls for follow-up when a lead test is ordered and a report is not received, it is not practiced.

Cost/Revenue: Lead Poisoning Prevention Grant (\$39,774 for 2013-14) and State Aid. We are billing Medicaid Managed Care insurance successfully for Nursing Home Visits.

Immunization:

Purpose: To help reduce the likelihood of vaccine-preventable diseases by assuring people of all ages receive necessary vaccines. A primary focus is on increasing immunization coverage levels of one and two-year-olds. Other areas of focus include the promotion of vaccination of adolescents, adults and healthcare workers. The Immunization Program staff serves as a resource both to the public and medical community, keeps the medical community apprised of

important immunization related updates and monitors vaccination coverage levels of one and two-year old children.

Immunization Staffing: .75 FTE Nursing and .4 FTE Medical Services Clerk time

Rabies Staffing: .11 FTE Nursing time

Highlights:

- Late in 2013 the Cortland County Health Department Immunization Program was awarded a \$40,000 grant to help offset the purchase of an electronic practice management system. Training started in the spring of 2014, and implementation of the system occurred immediately following the 6-week training. Modifications and additions are made on an as needed basis for organizational purposes and to continue to simplify documentation. Next steps are to obtain electronic signature consents and to use the system to generate meaningful reports.
- Access to influenza vaccination for those without insurance that pays for it was offered through public clinics at locations where this population is likely to seek other services including; food pantries, the soup kitchen, and rural services in Cincinnatus. This was a successful and efficient way to reach target population and collaborate with the agencies that serve them while reducing associated costs, such as advertising.
- Reports from NYSDOH continue to show improvement in immunization coverage levels for 19 – 35 month olds (by 35 months of age) in Cortland County, 41% in 2012, 63% in 2013 and 71% in 2014. Immunization coverage levels for Cortland County were the highest in the Central NY fourteen county region. Tracking and monitoring children in this age group through the initiatives of the Immunization Program and in collaboration with MCH and EI, as well as some community agencies, continues to be a key to improving county-wide coverage levels for this age group.
- Quarterly meetings of “Vaccine Champions” from medical provider offices were initiated and held to discuss best practices aimed at improving immunization coverage levels for 19-35 month olds. Representation was consistent from five pediatric and family practice offices.
- Monthly billing meetings and other quality assurance measures are in place to assess and assure Medicaid compliance.
- Staff continued successful collaboration with the Maternal Child Health team resulting in improved outreach activities and increased efficiencies.

Mandate/Regulations: No mandates or regulatory changes.

Essential stats: In 2014, 198 people attended regular immunization clinics, 59 flu vaccinations, 243 other vaccines and 129 TB tests were provided. 13 special clinics were held off-site offering influenza and Tdap vaccinations to under/uninsured adults and those with access issues. 21 individuals were referred from Environmental Health for rabies post exposure treatment.

Challenges/barriers:

- Visits to provider offices in 2014 to measure childhood (19 – 24 month olds) and adolescent (13 years) immunization rates continued to reveal low coverage levels. Coverage levels drop at the 12-15 month age. Avoiding missed opportunities to provide all of the immunizations for which a child or adolescent is due at each visit will significantly improve rates. Missed opportunities are the culprit at every office that is assessed with low coverage levels. Despite a discussion emphasizing the importance of avoiding them to help assure children do not leave under-immunized, missed opportunities to vaccinate continues to be the main barrier.
- Human Papilloma Virus (HPV) vaccination coverage levels are extremely low, well below 15% in the local pediatric and family practice offices that have been assessed.
- Efforts to implement a Hepatitis A and B vaccination policy for inmates at our local jail have been unsuccessful despite numerous attempts. This is a significant missed opportunity which we will continue to address.
- In addition, local medical specialists are not routinely vaccinating their patients but rather are referring insured patients to CCHD. This is a problem as local health departments are required to prioritize uninsured/underinsured populations.

Cost/Revenue: Immunization Grant (\$30,000) and State Aid funded. Client’s insurance is billed when “in-network”. The sliding fee scale is requested by the majority of self-pay clients.

JACOBUS CENTER FOR REPRODUCTIVE HEALTH (JCRH)

JCRH is staffed by 1.51 FTE RN, 2 FTE Nurse Practitioners, 1.4 FTE Clinic Aides, 2.5 FTE support staff, 1 FTE Health Educator, with division oversight provided by 1 FTE Jacobus Center Director.

Sexually Transmitted Diseases (STD):

Purpose: To prevent the spread of STDs by providing testing and treatment for reportable STDs (Chlamydia, gonorrhea, and syphilis) and prevention education for Cortland County residents.

Staffing: .20 FTE NP; .30 FTE MSCs; .03 FTE RN; .15 FTE Clinic Aide; .08 Jacobus Center Director

Highlights:

- There was a 12% decrease in Chlamydia cases in Cortland County from 2013 to 2014, and a 23% decrease from 2012 to 2014.
- Expedited Partner Therapy (EPT), treating the sex partners of patients diagnosed with Chlamydia, is employed.
- The NYSDOH Syracuse regional office provided follow-up investigation on all Cortland County Chlamydia cases as a result of a request by the JCRH Director. Previously follow-up investigation for Chlamydia was only performed for teens, pregnant women and their partners.

- Of reportable Communicable Disease cases in Cortland County, 50% were STD cases. A JCRH RN performs tracking, communication with the regional office, and follow-up for STD cases as appropriate.
- Public outreach and education is conducted in the community and schools.
- Rapid testing for Hepatitis C and HIV is available with appropriate referral.
- JCRH staff provided 33 vaccinations for HPV, flu, Tdap, Hepatitis A, Hepatitis B and Twinrix at STD visits.
- Billing was initiated for STD Clinic services in 2014, when NYS regulations changed to allow and encourage the practice.

Mandate/Regulations: The County is mandated to fund diagnosis and treatment for reportable STDs, including Chlamydia, gonorrhea, and syphilis. Communicable Disease surveillance is a mandated service under Public Health Law Article 21. JCRH staff provides the surveillance for reportable STDs.

Essential stats: In 2014, there were 387 people seen in STD Clinic for 430 visits. 318 HIV tests and 1,139 STD lab tests were done. Clients accessing STD clinic are screened for additional risk factors, educated regarding the prevention of STDs, and offered appropriate testing and treatment. County wide, 181 people tested positive for Chlamydia, 13 for Gonorrhea and 5 for Syphilis.

Challenges/barriers:

- About 40% of Cortland’s positive Chlamydia cases in 2014 were diagnosed in the JCRH STD Clinic. The decrease from 60% diagnosed by JCRH in 2012 and 46% in 2013 reflects an increase in testing by other providers (as encouraged in a memo sent to providers).
- Area prenatal providers do routine Chlamydia testing of pregnant women but it is difficult to know how much Chlamydia testing area providers are conducting otherwise.
- Partner contacts of identified STD cases sometimes go to the local emergency room instead of coming to the HD for testing which makes treatment tracking a challenge.
- “Hooking up” through social media sites, eBay and smart phone apps (using GPS to locate someone nearby) bypass the need to know partner names, making it virtually impossible to follow-up with partners.

Cost/Revenue: Costs involve staff time, testing materials and lab fees. Billing to Medicaid and private insurance and a sliding fee scale for self-pay patients were implemented in 2014.

Family Planning:

Purpose: To provide individuals the information and means to make decisions about, and access reproductive health care. The priority is to provide these services to underserved individuals in the community. Family Planning is recognized as an entry way into health care, as well as the source of primary care, for many women. The JCRH staff also performs other

essential primary care activities, such as immunization administration and Hepatitis C testing and follow-up.

Staffing: 1.8 FTE NPs; 2.2 FTE MSCs; 1.47 RNs; 1.25 Clinic Aides; 1.0 FTE Health Educator; .92 Director of Jacobus Center

Highlights:

- Research shows that for every \$1 spent on family planning services, \$4 is saved.
- The Jacobus Center services averted 289 unintended pregnancies (102 for teens) in 2014 according to *American Journal of Public Health* estimates. Cortland County's teen pregnancy rate has decreased steadily since 1991.
- The Jacobus Center Health Educator provided 305 educational programs for 5,533 participants in schools, agencies and the community, including probation, foster care parents and teens, LGBT Center, Career Works, the Horizon House, CAPCO, jail inmates, colleges and junior and senior high schools. Topics included relationships, birth control, STDs, bullying, resisting coercion, abstinence, HIV/AIDS, sexual harassment, puberty and sexual decision making.
- The September 2014 Medicaid Update provided clarification allowing use of the Family Planning Benefit Program to pay for STD services, even when not associated with a FP visit. This saves county funds.
- The 2014 8th Grade Survey of Cortland County students revealed a decrease in risky behaviors among 8th graders, such as smoking, alcohol and drug use and engaging in sexual activities.
- JCRH staff provided 107 vaccinations to clients in the family planning clinic in 2014 including Tdap, HPV, flu, Hepatitis A, Hepatitis B and Twinrix.
- HCV testing continues to be available at the JCRH center along with public outreach and education regarding risk factors and the need for testing.
- The annual Mother/Daughter Retreat was held in March to facilitate communication between mothers and their 10-13 year old daughters.

Mandate/Regulations: The Family Planning clinic is optional and regulated under Title X Family Planning and Article 28 Diagnostic and Treatment Centers.

Essential stats: In 2014, 1,289 patients were seen for 2,539 visits. 74% of these patients were at or below 100% Federal Poverty Level (a 6% increase from 2013), with 87% at or below 150% FPL. There were 1,568 STD tests done in Family Planning Clinic, many of which would have otherwise been done at the STD Clinic (causing an additional cost to the County).

Challenges/barriers:

- Many patients seeking care from JCRH do not have a primary care provider. Those with complex medical needs are referred to primary care providers for follow up. Family Health Network is the referral for those who need a sliding fee scale.

- Reaching under and uninsured people who would benefit from our services remains a challenge. The NYSDOH 2015 Performance Management Initiative will address this issue.
- The arduous process of setting up and implementing an electronic health record (EHR) system, began in 2014. Full implementation of EHR started January 2015, and measures are in place to attest for additional Meaningful Use Federal funding.
- NYSDOH continues to gather data from Family Planning programs through a system that does not interface with EHRs, so data must be entered into each system.

Cost/Revenue: Reimbursement from 3rd party payers, Title X Family Planning Grant (\$367,487); EHR Incentive Funds (\$42,500); HIT Grant (\$9,300); COLA (\$29,374); Article 6; direct patient payments; educational program fees.

CHILDREN WITH SPECIAL NEEDS DIVISION (CSN)

In addition to program staff the Health Department has a team of therapy providers. This clinical team travels throughout the county providing Early Intervention and Pre-School Special Education services to eligible children. The Health Department bills third party insurance and Medicaid for these services and seeks additional reimbursement from the NYS Health and Education Departments as appropriate. Staffing levels are determined based on program need. Currently there are 2.5 FTE Speech Language Pathologists, .5 FTE Clinical Team Leader, 1 FTE and 1 per diem Special Education Teachers, 1 per diem Occupational Therapist and 2 per diem Physical Therapists. In addition, the Health Department maintains service contracts with multiple individuals and agencies in order to meet the service needs of this community.

Child Find & Early Intervention (infants and toddlers birth – 3)

Purpose: To identify and evaluate as early as possible infants and toddlers at risk of or with a suspected or confirmed developmental delay or disability and to provide for appropriate intervention to improve that child's development. The New York State Early Intervention Program (EIP) is part of the national Early Intervention Program for infants and toddlers with disabilities and their families. To be eligible for services, children must be less than 3 years of age and have a confirmed disability or established developmental delay, as defined by the State, in one or more of the following areas of development: physical, cognitive, communication, social-emotional, and/or adaptive.

Staffing: 2.5 FTE Early Intervention Service Coordinators, .5 FTE Child Find staff, 1 FTE Supervising Early Intervention Service Coordinator

Highlights:

- In 2014 staff worked closely with LEICC to address local performance indicators.
- EI staff attended state sponsored mandatory trainings in order to keep current with program changes, as trainings became available.

- EI Service Coordinators began using the transition forms provided in the *Service Coordination Transition Toolkit* and the Insurance forms provided in the *Service Coordination Insurance Toolkit*.
- EI and Child Find Programs continue to work closely with the Cortland County Department of Social Services and the Maternal Child Health Program to identify children at risk for developmental delay.
- The Child Find Coordinator works closely with local physicians to determine the developmental status of children enrolled in Child Find. In addition the Coordinator, when needed, helps families secure a medical home for their children and refer for assistance to obtain health insurance.

Mandate/Regulations: A mandated program, counties are required to ensure Early Intervention services are provided. First created by Congress in 1986 under the Individuals with Disabilities Education Act (IDEA), the EIP is administered by the New York State Department of Health through the Bureau of Early Intervention. In New York State, the Early Intervention Program is established in Article 25 of the Public Health Law and has been in effect since July 1, 1993. Regulatory changes occurred in June 2010 increasing the role of the EI Service Coordinator.

Essential stats: 137 referrals were made to EI in 2014 and 185 children received services. 54 referrals were made to Child Find in 2014 and 24 children were tracked. The county clinical team completed 99 evaluations and provided 2,410 therapy visits. EI sessions are provided in the child's natural environment (home or day care) with the exception of specialty services (ex: teacher of the deaf, audiology) where families transport their children to facilities where these services are provided.

Challenges/barriers:

- There has been a decrease in reimbursement for service coordination activities based on recent regulatory changes.
- In 2014 we continued to see an increase of EI children in foster care. Children in foster care have very complex cases and their biological parents are often difficult to engage requiring extensive staff time and attention.
- An increase in the number of children diagnosed with hearing loss continues. These cases are challenging as there are limited services in Cortland County that focus on children birth to 3 with hearing deficits. On-going coordination with Hear-2-Learn in Syracuse has helped in the development of service plans for these children. With limited availability of these services locally there is an increase in parent payment to reimburse for the cost of transportation to Syracuse.
- The New York Early Intervention System (NYEIS) continues to cause difficulties placing additional responsibilities on EI and fiscal staff. Extensive amounts of time have been utilized to obtain correct reimbursement for EI services provided due to problems with billing in NYEIS.

- There are limited EI evaluation services in Cortland County. FRC generally has a waiting time that falls outside of the mandatory 45-day timeline established under EI regulations. Other agencies that provide services in Cortland have evaluations available but require that families travel to their home office, usually in Syracuse, which is not convenient for most of our families. As a result the CCHD team provides the majority of evaluations.

Cost/Revenue: Section 2559 of PHL and 10 NYCRR Section 69-4.22(a) require municipalities to seek reimbursement from commercial insurance and Medicaid in the first instance and prior to submitting a claim to the Department of Health for the state share of costs related to early intervention services. The only exception to this requirement is for services delivered to children whose family insurance policy is not subject to New York Insurance Law (e.g., employment-based self-insurance or New York residents insured by contracts delivered outside of New York State). NYS DOH provides some funding through an EI Grant (The 2014-15 grant year amount is \$21,880) to be used for administration of the program.

Pre-School Special Education (children ages 3-5)

Purpose: To identify and provide educational services to children with developmental disabilities/delays that impact a child’s ability to learn. The New York State Education Department (SED) Office of Special Education oversees the statewide preschool special education program with school districts, municipalities, approved providers and parents. Evaluations and specially planned individual or group instructional services or programs are provided to eligible children who have a disability that affects their learning.

Staffing: .5 FTE Pre-K Coordinator, 1 FTE support staff

Highlights:

- The Pre-K Coordinator works closely with the ten (10) Cortland County School Districts to ensure that the needs of Preschoolers with Disabilities are met, to monitor recommended services and make certain that NYS Education regulations are consistently followed.
- Services are provided in the least restrictive environment for each preschooler in community locations including but not limited to: the child’s home or daycare setting including Franziska Racker Centers (FRC), Family Enrichment Network; YWCA, Head Start; St. Mary’s; and Child Development Center.
- Cortland County continues to explore additional avenues to support children and families with disabilities, and to improve existing services.
- Contracts for several new service providers were obtained in 2013-14 thus increasing options for special education, related service and evaluations.

Mandate/Regulations: Established under Article 89 of the New York State Education Law. Medicaid in Education requirements continue to evolve including mandatory annual training for key staff.

Essential stats: In 2014, 203 students were served in the Pre-K program (56 students received center based programming and 147 students received related services in home/community based settings). Transportation, arranged for by Cortland County and provided through a 2 year contract with First Transit, was provided to 50 center-based students.

Challenges/barriers:

- While counties are obligated to fund preschool special education services they do not have a voting role in establishing a student’s education plan. There has been some statewide movement to bring fiscal responsibility to the school district where it belongs.
- Medicaid is billed for certain clinical Preschool services such as speech, occupational, physical therapies and nursing. Documentation requirements create a complex documentation and billing process when seeking Medicaid reimbursement.
- The need for specialty providers remains a challenge as these service agencies are housed in larger surrounding cities. The result is families or providers traveling longer distances, which is not cost effective.
- In June 2014 Family Enrichment Network opted to discontinue service in Cortland all together leaving only one center based program to serve Cortland County Pre-K students. Losing this provider is certain to have a negative impact on both services and cost to county for students with higher educational needs.

Cost/Revenue: Funding for special education programs and services is provided by municipalities and the State. Some services may be billed to Medicaid as appropriate.

Children with Special Health Care Needs (CSHCN) & Physically Handicapped Children’s Program (PHCP)

Purpose: To improve the system of care for children with special health care needs from birth to 21 years of age and their families. Children served by the CSHCN Program have an illness or condition for which they need extra health care and support services. New York State also supports programs in most counties in the state that help families of CSHCN by giving them information on health insurance and connecting them with health care providers. These programs will also work with families to help them meet the medical and non-medical needs of their children.

Staffing: .25 FTE professional staff

Highlights: PHCP was phased out in 2011. Staff continues to provide resources and assist families with referrals as appropriate.

ENVIRONMENTAL HEALTH

Environmental Health (EH) is composed of 8 staff members, 4 Public Health Sanitarians, 1 Supervising Sanitarian, 1 Director/Public Health Engineer, and 2 support staff. Program staff is crossed trained to allow for maximum program coverage. Technical staff is available after

business hours through a mandated on-call system. Time spent in each program is tracked electronically by NYSDOH although program activities often overlap so not all time is easily assigned to the programs listed below.

Rabies Control and Response

Purpose: To respond to and control rabies exposure. EH is responsible for the management of rabies (vector bite) exposures, ensuring appropriate confinement of the pet, submittal of rabies samples to NYSDOH, ensuring proper post-exposure treatment, and providing county pet rabies clinics.

Staffing: In 2014, 0.62 FTE was spent in this program in addition to nursing and billing staff time.

Highlights:

- Environmental Health staff works closely with Nursing Division Communicable Disease staff.
- As a result of budget cuts, we have partnered with the SPCA in offering animal rabies clinics allowing us to continue to serve the community at almost the same capacity as before. Towns and Villages with websites post rabies clinic schedules which helps defray advertising costs. Both have been great collaborative efforts.
- In July 2012, Cortland Regional Medical Center took the lead in purchasing Human Rabies Immune Globulin (HRIG) and vaccine for initial rabies post exposure treatment done in their ER thereby facilitating insurance billing. CCHD ensures appropriate follow up with the remainder of the post exposure series in the Nursing clinic, another cost cutting approach.

Mandate/Regulations: This is a mandated service under PHL Title 4 Section 2140.

Essential stats: In 2014, there were 218 incidents investigated, 103 pet confinements, 59 rabies specimens tested and 21 human post exposure treatments arranged.

Challenges/barriers: Billing private insurance is challenging as this Health Department is often not a member of the client's "provider network". The grant monies allocated do not keep up with the costs of veterinarian services, shipping charges for specimens and vaccine costs.

Cost/Revenue: 36% State Aid funding for staff, program expenditures are 100% funded up to \$13,702. Client's insurance is billed for post exposure treatment and NY State reimburses some of the cost if the client is under or uninsured.

Public Health Nuisances

Purpose: To respond to complaints and conditions that exist or may become a detriment or menace to human health or interfere with the free use of property so as to cause discomfort to the community or persons in the neighborhood. Nuisances include but are not limited to rodent

infestations, improper storage, disposal, or transportation of garbage, exposures to domestic waste, or other problems that could have a detrimental effect on the public's health.

Staffing: In 2014, 0.12 FTE was spent in this program.

Highlights: EH works closely with local Town and Village Code Enforcement Officers (CEO) to resolve issues.

Mandate/Regulations: This is a mandated service under PHL Article 13 Section 1300.

Essential stats: In 2014, 49 complaints were investigated.

Challenges/barriers: The economy has made it difficult to find/maintain affordable housing throughout the community. Conditions that are a result of code issues are referred to the local CEO's. The Health Department provides education to the tenant on safe cleaning/removal.

Cost/Revenue: Reimbursed 36% State Aid

Temporary Residences

Purpose: To ensure that public health standards are met in hotels, motels and campgrounds thus affording the highest degree of protection possible to the occupants.

Staffing: In 2014, 0.17 FTE was spent in this program.

Highlights: none

Mandate/Regulations: Mandated service under PHL Title 10 part 7 Subpart 7-1.

Essential stats: In 2014 there were 21 facilities.

Challenges/barriers: The economy has made it difficult to find/maintain affordable housing throughout the community. Some of the facilities are being utilized for short term housing for DSS clients. The return of bedbugs to the northeastern portion of the United States has required increased efforts on the part of sanitarians.

Cost/Revenue: Reimbursed 36% State Aid plus permit fees

Housing Hygiene

Purpose: To respond to and investigate all complaints originating from a tenant of rental housing units. Program addresses sanitary conditions and whether a dwelling is fit for human occupancy.

Staffing: In 2014, 0.02 FTE was spent in this program.

Highlights: Staff works closely with local Code Enforcement to resolve housing issues. Unresolved issues result in posting the house against occupancy. This action requires quarterly monitoring.

Mandate/Regulations: A non-mandated service - County Code is different from the State Building Code in that the local code addresses occupancy issues rather than construction issues. These include but are not limited to issues of no heat, no water, no hot water, inadequate kitchen and bathroom facilities, and insect infestations.

Essential stats: In 2014, 5 complaints were investigated.

Challenges/barriers: Although the City of Cortland has a multiple occupancy (3 or more units) housing program, the remaining municipalities do not. County Code also addresses 2 family units within the City. This program has been eliminated from State Aid reimbursement. We have been referring complaints to the CEOs when appropriate. The economy has made it difficult to find/maintain affordable housing throughout the community.

Cost/Revenue: No longer receive State Aid for activities.

Vector Surveillance and Control

Purpose: To educate and provide information to the public regarding personal protective measures and other precautions to reduce mosquito populations and minimize mosquito borne illness in humans. In light of climate change, mosquito borne emerging infections are increasing. We continue to respond to complaints with inspection, education and enforcement as necessary. West Nile Virus (WNV) interventions including larval control will be considered on a case by case basis. Similar activities would be provided if Eastern Equine Encephalitis enters the area. Staff is also involved in answering questions on tick related issues. Prevention of tick borne infection continues to be a focus of the Environmental Health Division. EH has distributed signs and information to municipalities having public participation in areas which might be prone to ticks for the purpose of prevention on Lyme disease. Articles have also been prepared and published in local publications. Currently EH, Nursing and Health Education are partnering to further disseminate public knowledge on awareness and prevention.

Staffing: In 2014, 0.10 FTE was spent in this program.

Highlights: none

Mandate/Regulations: Non-mandated services PHL Section 602 Article 15.

Essential stats: The number of calls to the office regarding dead birds has fallen considerably since the surveillance began in the late 90's. The focus has been personal protection and prevention. This is true for both mosquito and tick issues.

Challenges/barriers: This is primarily a seasonal issue. The State tick ID service is not available and we no longer have funding or staff available for intensive mosquito surveillance or larvacide activities.

Cost/Revenue: Reimbursed 36% with no cap for PH emergencies. Mosquito breeding sites may be considered a public health nuisance and some activities in the program could be mandated under PH Nuisances.

Food Service Establishments

Purpose: To conduct inspections of all food operations, including restaurants, schools, taverns, vending machines, temporary events and senior nutrition sites to assure that standards of food handling and sanitation are met to prevent food-borne illness. Complaints of suspected food-borne illnesses are investigated.

Staffing: In 2014, 0.82 FTE was spent in this program.

Highlights: The Division currently has two FSIO 1 certified staff members.

Mandate/Regulations: This is a mandated service under PHL Title 10 Part 14.

Essential stats: There are approximately 296 permitted facilities and 210 temporary food booths annually.

Challenges/barriers: Temporary food events/booths are always a challenge, impressing upon the operators the importance of proper food handling especially when this is an occasional operation with many different workers involved. Food Service is a program that crosses over to on-site sewage disposal and public water programs.

Cost/Revenue: 36% State Aid plus permit fees.

Public Water Supplies

Purpose: To oversee the quality of all public water supplies in the county through multiple contacts with water systems on a daily, monthly and annual basis. Public water supplies are monitored, inspected and assisted. Municipalities, campgrounds, children's camps, mobile home parks, apartment buildings, schools, and businesses are all components of the public water supply community. Some of the functions covered include:

- Oversight of all new public water systems for proper design and construction.
- Sanitary surveys of all public water systems within the county.
- Assistance to public water systems during normal operations and emergencies.
- Approval of credentials of licensed water operators for public water systems.

- Enforcement actions and compliance determination.
- Surveillance sampling, investigations and monitoring to ensure a safe water supply and delivery system.
- Local regulation of community water systems for compliance with the Part 5 requirements of the NYS Sanitary Code and directives of the NYSDOH.

According to the World Health Organization, “Access to safe drinking-water is essential to health, a basic human right and a component of effective policy for health protection.”

Staffing: In 2014, 0.70 FTE was spent in this program.

Highlights: In addition to NYS Public Health Law, this Program fulfills requirements of the Sanitary Code of the Cortland County Health District. The Safe Drinking Water Act (SDWA) is the main Federal law that ensures the quality of Americans' drinking water. Under SDWA, EPA sets standards for drinking water quality and oversees the states, localities, and water suppliers who implement those standards.

Mandate/Regulations: This is a mandated service under Public Health Law, Section 225, Part 5 Subpart 5.1 Public Water Supplies.

Essential stats: There were 28 community, 7 non-transient non-community, and 54 non-community public water supplies monitored in 2014.

Challenges/barriers: The Environmental Protection Agency consistently and methodically increases the rules, regulations and monitoring requirements for public water systems. There is an ever increasing need for more education and technical expertise in both the water systems and the regulatory agencies. At the same time as increased work load, there was a reduction in the State Drinking Water Grant from \$100,180 to \$97,241 in 2013.

Cost/Revenue: Funded through the \$97,241 Water Enhancement Grant money and permit fees, with the remaining costs funded at 36% State Aid.

Individual Water Supply

Purpose: This program guides the remainder of water supplies that serve people in Cortland County. Oversight includes issuing construction permits and certificates of completions for onsite drinking water wells (site plan approval and water quality testing of individual household water supplies) and disease investigations where testing is conducted to determine if the residential water supply is a contributing factor for various reportable communicable diseases.

Staffing: In 2014, 0.11 FTE was spent in this program.

Highlights: EH staff works closely with Communicable Disease team during disease investigations. This program fulfills requirements of the Sanitary Code of the Cortland County Health District.

Mandate/Regulations: This is a non-mandated service.

Essential stats: There were approximately 37 permits issued in 2014.

Challenges/barriers: The rural nature of many installations in this county uses much time and travel.

Cost/Revenue: Funded through the \$97,241 Water Enhancement Grant money and permit fees, with the remaining costs funded at 36% State Aid.

Well Head Protection and Aquifer Monitoring

Purpose: To ensure clean potable water. Groundwater is used by 98% of the county's population for drinking water. This program promotes drinking water well head protection activities and provides technical assistance to the Towns for protection programs. Aquifer surveillance and monitoring wells are coordinated with other agencies such as the NYSDEC and the Cortland County Soil and Water District.

Staffing: In 2014, 0.09 FTE was spent in this program.

Highlights: This program fulfills requirements of the Sanitary Code of the Cortland County Health District.

Mandate/Regulations: Some program activities are mandated; aquifer protection and monitoring are non-mandated.

Essential stats: none

Challenges/barriers: The economic benefit of development is often times in direct opposition to environmental concerns.

Cost/Revenue: Funded through the \$97,241 Water Enhancement Grant money and permit fees, with the remaining costs funded at 36% State Aid.

Petroleum Bulk Storage

Purpose: To establish the regulations for registration of Petroleum Bulk Storage Facilities in the Cortland County Health District. Review and approve plans for new facilities, inspect existing facilities annually. The goal of the program is to prevent gasoline spills to the groundwater.

Staffing: In 2014, 0.40 FTE was spent in this program.

Highlights: This program fulfills requirements of the Sanitary Code of the Cortland County Health District. Older high risk buried petroleum tanks have been steadily quantified and

eliminated by this program. This protects the irreplaceable ground water source which is used by 98% of the county's population for drinking water.

Mandate/Regulations: This is a non-mandated program.

Essential stats: There are approximately 442 registered tanks in Cortland County.

Challenges/barriers: The potential aquifer impact from both new and existing buried facilities requires a constant vigilant effort.

Cost/Revenue: Funded through the \$97,241 Water Enhancement Grant money and permit fees, with the remaining costs funded at 36% State Aid.

Mobile Home Parks

Purpose: To conduct annual inspections and issue permits. Water supplies, sewage disposal systems and refuse storage, disposal, etc. are inspected to assure health and safety of the occupants.

Staffing: In 2014, 0.03 FTE was spent in this program.

Highlights: none

Mandate/Regulations: This is a mandated service under PHL Title 10 Part 17.

Essential stats: There are fifteen (15) permitted facilities.

Challenges/barriers: Mobile Home Parks is a program that crosses over to on-site sewage disposal and public water. The majority of Mobile Home Parks within Cortland County have aging water and septic facilities which require enhanced scrutiny.

Cost/Revenue: 36% State Aid plus permit fees

Individual Sewage Systems

Purpose: To ensure adequate septic systems (also known as onsite wastewater disposal systems). When improperly used or operated, septic systems can be a significant source of ground water contamination that can lead to waterborne disease outbreaks and other adverse health effects. The division conducts site inspections, percolation tests, issues construction permits and certificates of completions and final inspections for onsite wastewater treatment systems.

Staffing: In 2014, 0.83 FTE was spent in this program.

Highlights: This program enhances the safety of drinking water at non-public water systems through technical assistance, sanitary quality review, and activities related to the safe operations of on-site wastewater treatment systems.

Mandate/Regulations: This is a non-mandated program.

Essential stats: There were approximately 74 permits issued in 2014.

Challenges/barriers: There are varying levels of local enforcement among the local municipalities, which makes it difficult to monitor all proposed installations within the County.

Cost/Revenue: Funded through the \$97,241 Water Enhancement Grant money and permit fees, with the remaining costs funded at 36% State Aid.

Pools and Beaches

Purpose: To inspect and issue permits to all public pools, beaches and water parks, including those at temporary residences. All new construction plans are reviewed for code compliance. Requirements concerning supervision, lifesaving equipment and training, water quality, and the operation and maintenance of the pool or beach are reviewed and reports of injuries or illnesses are investigated.

Staffing: In 2014, 0.13 FTE was spent in this program.

Highlights: There were no incidents of drowning at pools or beaches in the County in 2014.

Mandate/Regulations: This is a mandated service under PHL Title 10 Part 6.

Essential stats: There are 29 permitted facilities in Cortland County.

Challenges/barriers: Pools and Beaches cross over to temporary residences.

Cost/Revenue: 36% State Aid plus permit fees.

Children's Camps

Purpose: To ensure the safety of day camps and overnight camps through inspection. Camp operators are required to submit a safety plan for review and approval. Key emphasis is on supervision requirements.

Staffing: In 2014, 0.22 FTE was spent in this program.

Highlights: There were no disease outbreaks in 2014. Staff is proactive in notifying camp staff of trends in reportable illness.

Mandate/Regulations: This is a mandated service under PHL Title 10 Part 7. On July 6, 2011, the definition of a Children’s Camp was revised to include indoor camps with 2 or more activities, one of which is a non-passive activity with significant risk of injury.

Essential stats: There are 7 permitted facilities.

Challenges/barriers: The NYS code sets the permit fee for Children’s Camps at \$200 although municipal, charitable, philanthropic or religious organizations are exempt from paying that fee. Though seasonal, this is one of the most labor intensive programs for EH. The State Aid reimbursement does not keep up with the time spent in inspections and plan reviews required for permitting. Children’s Camps program crosses over to On-Site Sewage Disposal, Public Water, pools, beaches and food service.

Cost/Revenue: 36% State Aid, Fee set by NYS at \$200. Most camps are exempt.

Clean Indoor Air Act (CIAA)

Purpose: To limit smoking in indoor places of employment including bars and restaurants. Enforcement is conducted via complaint investigation and as an adjunct to any other EH program activity conducted by staff.

Staffing: In 2014, 0.01 FTE was spent in this program.

Highlights: none

Mandate/Regulations: This is a mandated service under PHL Article 13-E. CIAA limits smoking in indoor places of employment including all bars and restaurants. The amendment to the Act became effective on July 22, 2003.

Essential stats: In 2014, 1 complaint was received and investigated. It was unfounded.

Challenges/barriers: A small EH staff has made it difficult to conduct compliance checks as we lack the element of surprise. Most compliance checks in bars have to be conducted after hours and we are faced with overtime restrictions.

Cost/Revenue: 36% State Aid/ ATUPA grant of \$164,825.00 for 5 years 2013 – 2018.

Lead Poison Control Program

Purpose: To identify sources of lead exposure, through environmental inspections, for children who have been identified as having lead poisoning. To ensure that information is available to the public regarding environmental sources of lead poisoning and safe renovation techniques.

Staffing: 1 EPA certified lead risk assessor is on staff. In 2014, 0.14 FTE EH time was spent in this program along with nursing time.

Highlights: Environmental staff works closely with the Lead program nurse to coordinate medical and environmental aspects of lead poisoning. We have begun to use GIS mapping software to track lead in Cortland's housing stock.

Mandate/Regulations: This is a mandated service under PHL Title 10 of Article 13 Part 67. Beginning in April 2010, contractors performing renovation, repair and painting projects that disturb lead-based paint in homes, child care facilities, and schools built before 1978 must be certified by US EPA and follow specific work practices to prevent lead contamination.

Essential stats: In 2014, four (4) lead inspections were conducted.

Challenges/barriers: Risk assessors must be recertified every 3 years. Because the cost of purchasing and maintaining an XRF analyzer is prohibitive, EH utilizes the professional services of a consultant (Ecospect). We are dealing with more owner-occupied situations, which limit enforcement.

Cost/Revenue: State Aid & lead grant funded.

Adolescent Tobacco-Use Prevention Act (ATUPA)

Purpose: Grant work plans require compliance checks for all facilities that sell tobacco products. If the grant funds are not accepted, the County is still responsible, without funding, to do the enforcements and hearings for all violations cited by an outside contractual agency.

Staffing: In 2014, 0.07 FTE was spent in this program.

Highlights: EH works closely with Health Education Tobacco Free Program staff member.

Mandate/Regulations: This is a mandated service under PHL Section 1399. The enforcement for selling tobacco to minors has been shifted from the criminal justice system to the public health administrative system with the implementation of a law that took effect September 6, 1992.

Essential stats: In 2014 there were 44 tobacco retailers and no enforcements generated for sale to a minor.

Challenges/barriers: It has become increasingly difficult to recruit youth for compliance checks.

Cost/Revenue: Mandated 100% funded by ATUPA grant of \$164,825.00 for 5 years 2013 – 2018 and/or 36% State Aid

Radiation Protection

Purpose: To respond to radiation emergencies that affect the municipality and provide information on health effects from radiological exposures.

Staffing: We do not permit or conduct inspections of equipment.

Mandate/Regulations: This is a mandated service under PHL Title 10, Part 16.

Challenges/barriers: We would rely heavily on NYS for response to radiologic emergencies.

Cost/Revenue: 36% State Aid, some equipment and training can be paid through the Bio Terrorism grant

Environmental Assessment Program

Purpose: To investigate suspected hazardous waste sites; facilitation of remedial action at these sites; response to air quality and chemical exposure issues affecting public health. Assess exposures during oil spills and respond if people require relocation (relocation most often occurs as a result of home heating fuel spills).

- Hazardous Waste Sites – Working with State and Federal agencies on the investigation, monitoring and remediation of hazardous waste sites (Rosen Site, Smith-Corona Site).
- Indoor Air Quality – Investigate possible environmental exposures in the home.
- Chemical emergencies – Provide information on health effects from chemical exposures.
- Emergency Oil Spill Relocation Program.

Staffing: In 2014, 0.11 FTE was spent in this program.

Highlights: Staff actively participates in the Local Emergency Planning Committee (LEPC) and enlists the assistance of the State Bureau of Toxic Substance Assessment with the issue of meth labs in residential areas.

Mandate/Regulations: This is a mandated service under PHL section 206.

Essential stats: none

Challenges/barriers: This may be one of the programs significantly impacted by HVHF issues. Funding for this additional responsibility is still to be determined.

Cost/Revenue: 36% State Aid

Radon

Purpose: To decrease the incidence of lung cancer and other respiratory illness resulting from exposure to radon by encouraging radon testing in the home and remediation interventions.

Staffing: In 2014, 0.04 FTE was spent in this program.

Highlights: Cortland County has some of the highest indoor radon levels in NY State. Information on remediation system installation for new construction is handed out with each new septic system permit. We track radon test results with GIS mapping software.

Mandate/Regulations: This is a non-mandated program.

Essential stats: 29 Radon test kits were distributed to the public in 2014. GIS mapping was prepared in 2013 showing results of radon testing throughout Cortland County. Health Education’s Healthy Neighborhoods program also distributed detectors in the City of Cortland as a part of their grant.

Challenges/barriers: It has been difficult to ascertain how many systems were installed in new construction. If the Uniform Code required the installation, the program would be more successful.

Cost/Revenue: 36% State Aid plus a \$7,345 grant for a 5-year grant period from July 2010 through 2015. 25% of the grant each year is directed to home test kits which are given out free of charge to County residents.

Tanning

A new program as of 2009; EH has opted out of the program although we still answer questions from the public. (36% State Aid, optional)

Tattoo Parlors

At this time no guidelines have been established by NYSDOH. We do answer questions and investigate complaints.

Public Health Preparedness

EH is frequently called upon to participate in drills to enhance preparedness of Public Health within Cortland County. In 2014 EH staff spent 0.14 FTE within these efforts. In 2014, EH was involved in the Ebola response exercises and planning.

Date Approved by Board of Health	7/21/2015
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