



# DELAWARE COUNTY PUBLIC HEALTH SERVICES

99 MAIN STREET, DELHI, NEW YORK 13753

Amanda Walsh, MPH Public Health Director

607-832-5200 Fax 607-832-6021

Early Intervention & Preschool Fax: 607-832-6022

## Health Services Committee Minutes

<b>Meeting Date/Time:</b>	January 21, 2021 10:06am		
<b>Attendees/Title:</b>			
Eugene Pigford, Town of Sidney Supervisor	Wayne Marshfield, Town of Hamden Supervisor		
Arthur Merrill, Town of Colchester Supervisor	Amanda Walsh, Public Health Director		
Joseph Cetta, Town of Walton Supervisor	Christina Gardner, Accounting Supervisor		
Ed Bartos, District Office			

<b>Topic:</b>	<b>Discussion:</b>	<b>Action:</b>
Approval of Minutes	The September 10, 2020 minutes were approved as written.	
Quality Assurance	The 2020 2 <sup>nd</sup> quarter quality assurance report and all incident reports were reviewed.	
Resolutions/Authorizations	Office equipment has been working 7 days a week at a high volume since March 2020. A new printer was purchased through IT already and it is already installed to maintain continuity of operations. Committee approved equipment authorization for this purchase.  Annual request for over time in lieu of comp time was approved.  Resolution for disposal of vehicle #95 no longer necessary for public use was approved.	
Public Health Programs Update	Mandatory public health programs continue to function as much as we can do with all of the COVID activities we are performing and without being able to do in person home visits. Optional public health programs are operating as much as we can. As additional activities are added, such as vaccination clinics, our priorities change and activities on hold are reevaluated.	



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	<p>Annual report has not been completed yet. Community Health Assessment annual update was submitted in December. There was not much to report as hospitals and health departments continue to be busy with COVID and many of the projects we had planned to work on are on hold as they were not mandatory activities.</p> <p>Wayne inquired about Rabies funding which is proposed to be cut in the interim state budget. Our Rabies program is funded by state grant funding and activities that exceed the grant funds are billed to article 6 state aid funding. This will impact all counties and is one of NYSACHO's priorities. This concern was brought to NYSAC to advocate on state level as cutting Rabies funding is detrimental and should not happen.</p>	
COVID-19 Update	<p>Our first covid-19 vaccination clinic is currently going on now. LHD's have been asked to focus on the 1b eligible essential worker group first. We can then migrate out to other 1b eligible categories. It will take months of continuous vaccinating to get the population vaccinated. We are currently in the 1a and 1b phases and must adhere to the NYS eligible groups.</p> <p>Businesses have reached out to us to ask to be considered for vaccine eligibility but we are not allowed to deviate from the NYS eligibility criteria. This is federal vaccine and we have to adhere to requirements to continue to receive vaccine. OFA is assisting us to field calls from the 65+ population which is a large portion of our population. There have been a tremendous amount of changes to the process and often times the changes are announced before the infrastructure is in place to accommodate the changes.</p> <p>Vaccine distribution has had issues and vaccine providers (local health departments and hospitals) only get a certain allotment and that allotment must be administered before they can receive additional vaccine. Each region is busy building websites to allow access to registration sites other than state sites as the state website now only directs people to available appointments at state vaccination sites. Registration is all online which is a barrier for the 65+ population. NYS CDMS appointment scheduling system, which we are required to use, has had glitches.</p>	



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OFA has approximately 700 people on a waitlist for vaccine. People have added their names to multiple lists which causes a need to de-duplicate lists to reach people once more vaccine and appointments become available. Pharmacies are vaccinating people but there are not many participating in Delaware County at this time. In response to Wayne, Mandy explained that when people call OFA they are not calling for an appointment, they are being added to a list to be contacted when an appointment becomes available. OFA will be helping seniors register for appointments as the required online registration is a big barrier to the senior population.

We do not have the staff to set up and tear down large clinic sites continuously. 97 main street is set up at this time as a clinic location. We are ready to begin as soon as vaccine arrives. County liability insurance does not allow us to utilize medical volunteers. We have very limited medical staff and there are only two departments with very limited additional nursing staff to utilize. This is a huge issue for staffing multiple clinics.

COVID cases are steady. Case levels increased during the holidays, they have gone down but not back down to levels as low as they were prior to the holidays. We have been migrating case investigations to the NYS contact tracers. Previously they were only handling quarantine cases but we are now utilizing them for case investigations to free up our staff for vaccination activities. We try to sort who we are sending to keep more complicated investigations including school investigations with our public health staff. We still continue to do the daily monitoring for all cases, even if NYS did the investigation.

Some newer COVID variants that have been identified include South African, UK, Brazilian strains. Some of these strains are more easily transmitted and can have a higher viral load. NYS and the CDC will be watching for these variants. We are hoping we will start to see some herd immunity. We have been doing all COVID work daily for just about one year.





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	<p>Joe inquired about the process a school follows when there is a positive case identified in their district. We work with each school's safety coordinator as a part of the investigation to identify affected classrooms and contacts. Schools assist with the gathering of information based on parameters set by public health. Schools may choose to go remote during this time based on the size of the potential exposure(s) and the time frame for quarantine interviews and call from VCC or public health. Once we have a list of contacts who have been exposed they are entered into the state system and contact tracers will call them to officially place them into quarantine. Sometimes if the state contact tracers are back logged this can take some time. Schools can do notification to students as a whole or individually to those immediately affected to notify the parent or staff person they have been exposed and to stay home until NYS contact tracers contact them.</p> <p>Cases within congregate settings/group homes are high and tend to spread more quickly. If an identified case is a resident it is important to separate the case from the rest of the residents. If a staff member is positive, especially if staff float from house to house, cases can spread throughout the houses before the initial positive case is identified. This is why congregate housing settings are eligible for vaccinations.</p> <p>In response to Art Merrill Mandy and Dr. Jay explained that general respiratory illnesses are decreased this year due to the amount of mask wearing/social distancing/screening for symptoms/general hygiene/virtual schooling/work that is happening.</p>	
NYSDOH District Office Update	Enforcement actions that occurred with illegal children's camp in Fleischmann's this summer are being finalized. Currently it is not known what summer activities will be allowed in 2021. District Office is doing a lot of COVID follow-up on complaints including mask wearing and food establishments that are not excluding reportedly positive employees from work. Staff continue to perform routine inspections which are not as routine as they used to be and now include extra questions and observations due to COVID including asking for the establishments COVID safety plan. The office is trying to stay on top of lead cases best as possible with all extra activities. Community water supplies are now required to do emergent contaminant sampling.	





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Fiscal Report	<p>Fiscal reports are running behind. Current 2020 Fiscal report was reviewed. (see attached). New COVID grants have been submitted 3 separate times with various additional requests from NYSDOH prior to approval. Salary in 2020 has been very intricate with extra employees and time. Salary did exceed the budgeted amount for 2020 in the end of December but with the COVID grants claimed, this will cover a large portion of the extra salary expenses.</p> <p>2017-2018 Preschool Cost report was delayed due to COVID but is currently in the desk review process. We once again are in a give back negative status where the revenue we received from Medicaid was more than our eligible expenses. NYS is holding harmless counties and school districts with this negative status and we will not need to payback money for this year. In the 2019-2020 school year, we increased our rate for preschool related services to bring our costs more in alignment with Medicaid reimbursement. One factor effecting our eligible Medicaid costs includes tuition based school program health services rates. The health service rate is the portion of tuition associated with health services vs the educational services provided by the program. Each school has a different health services rate calculated by NYS. One of the schools we pay a large amount of tuition to has an extremely low health services rate of only 4%. Only a very small portion of the tuition expenses are considered to be a Medicaid eligible expense.</p>	
Meeting Adjourned at: 11:52am		

Respectfully Submitted By,

Amanda C. Walsh, MPH  
Public Health Director

**Delaware County Public Health Services  
Summary of Revenues & Expenditures  
January 1, 2020 - December 31, 2020**

	REVENUES			EXPENDITURES			BUDGETED	ACTUAL
	BUDGET	ACTUAL	%	BUDGET	ACTUAL	%	NET COST	NET COST
14012 PUBLIC HEALTH	1,021,056.00	238,302.91	23%	1,522,677.00	1,083,697.38	71%	501,621.00	845,394.47
14013 IMMUNIZATION	31,300.00	19,110.86	61%	9,800.00	5,714.47	58%	(21,500.00)	(13,396.39)
14035 FAMILY HEALTH PLAN SERVICES	18,000.00	12,755.63	71%	7,250.00	6,979.14	96%	(10,750.00)	(5,776.49)
14042 RABIES CONTROL	16,000.00	3,379.83	21%	26,200.00	3,959.24	15%	10,200.00	579.41
14046 PHYSICALLY HANDICAPPED	2,575.00	0.00	0%	5,000.00	1,952.28	39%	2,425.00	1,952.28
14050 CHILDHOOD LEAD SCREENING	27,379.00	12,427.97	45%	4,150.00	2,010.15	48%	(23,229.00)	(10,417.82)
14051 CAR SEAT SAFETY PROGRAM	19,200.00	10,961.89	57%	27,200.00	16,521.54	61%	8,000.00	5,559.65
14054 SOCIAL HYGIENE	0.00	0.00	N/A	15,000.00	574.80	4%	15,000.00	574.80
14059 EARLY INTERVENTION PROGRAM	225,500.00	69,077.70	31%	551,414.00	486,684.45	88%	325,914.00	417,606.75
14060 CPSE 3-5	1,360,000.00	97,726.88	7%	3,071,849.00	1,707,245.70	56%	1,711,849.00	1,609,518.82
14070 CHILD HEALTH PROGRAM	1,000.00	735.00	74%	3,300.00	457.84	14%	2,300.00	(277.16)
14074 OTHER COMMUNICABLE DISEASES	0.00	0.00	N/A	12,000.00	2,737.26	23%	12,000.00	2,737.26
<b>TOTALS</b>	<b>2,722,010.00</b>	<b>464,478.67</b>	<b>17%</b>	<b>5,255,840.00</b>	<b>3,318,534.25</b>	<b>63%</b>	<b>2,533,830.00</b>	<b>2,854,055.58</b>